

FOR FURTHER INFORMATION CONTACT: William Freas or Pearlne Muckelvene, Center for Biologics Evaluation and Research (HFM-21), Food and Drug Administration, 1401 Rockville Pike, Rockville, MD 20852. 301-594-1054.

SUPPLEMENTARY INFORMATION: In the *Federal Register* of April 15, 1994, FDA announced that a meeting of the Biological Response Modifiers Advisory Committee would be held on May 25 and 26, 1994. On page 18135, in the third column, under "Type of meeting and contact person" and "Open committee discussion" portions of the agenda are amended to read as follows:

Type of meeting and contact person. Open public hearing, May 25, 1994, 10:30 a.m. to 11:15 a.m., unless public participation does not last that long; open committee discussion, 11:15 a.m. to 5:30 p.m.; open public hearing, May 26, 1994, 8 a.m. to 8:45 a.m., unless public participation does not last that long; open committee discussion, 8:45 a.m. to 3 p.m.; William Freas or Pearlne Muckelvene, Center for Biologics Evaluation and Research (HFM-21), Food and Drug Administration, 1401 Rockville Pike, Rockville, MD 20852, 301-594-1054.

Open committee discussion. The committee will discuss issues related to the safety and efficacy of hematopoietic support regimens in the setting of myelotoxic chemotherapy.

Dated: May 9, 1994.

Linda A. Suydam,
Interim Deputy Commissioner for Operations.
[FR Doc. 94-11641 Filed 5-12-94; 8:45 am]
BILLING CODE 4160-01-F

Public Health Service

Final Notice Regarding Section 602 of the Veterans Health Care Act of 1992 Entity Guidelines

AGENCY: Public Health Service, HHS.

ACTION: Final notice.

INFORMATION: Section 602 of Public Law 102-585, the "Veterans Health Care Act of 1992," enacted section 340B of the Public Health Service Act, "Limitation on Prices of Drugs Purchased by Covered Entities." Section 340B provides that a manufacturer who sells covered outpatient drugs to eligible entities must agree to charge a price that will not exceed the amount determined under a statutory formula. The purpose of this notice is to inform interested parties of final program guidelines regarding eligible covered entities.

FOR FURTHER INFORMATION CONTACT: Marsha Alvarez, R.Ph., Director, Drug Pricing Program, Bureau of Primary

Health Care, Health Resources and Services Administration, East West Towers rm 10-3A1, Bethesda, Maryland 20814. Phone: (301) 594-4353.

EFFECTIVE DATE: June 13, 1994.

SUPPLEMENTARY INFORMATION:

(A) Background

Proposed entity guidelines were announced in the *Federal Register* at 58 FR 68922 on December 29, 1993. A comment period of 30 days was established to allow interested parties to submit comments. The Office of Drug Pricing received 7 letters with comments concerning confidential drug pricing information, retroactive discounts, drug diversion, audit requirements, entity participation, group purchasing, purchasing agents, manufacturer contracts, and 4 general comments.

The following section presents a summary of all major comments, grouped by subject, and a response to each comment. All comments were considered in developing this final notice. Changes were also made to increase clarity and readability.

(B) Comments and Responses

Confidential Drug Pricing Information

Comment: Establish specific sanctions for entities which knowingly make unauthorized disclosures.

Response: No change. The quoted price or the actual price given by the manufacturer to the covered entity is not confidential. Covered entities do not have access to confidential drug pricing information (i.e., average manufacturer price and best price).

Eligibility for Retroactive Discounts

Comment: Do not impose a deadline on requesting retroactive discounts.

Response: No change. It is a reasonable administrative decision to establish a time limit for requesting refunds. Manufacturers were given sufficient time in which to implement the discount program, and entities were given an adequate opportunity to elect whether to participate in the program. An entity may preserve its right to retroactive discounts, after the deadline, by sending each manufacturer a letter requesting such refunds and providing adequate documentation of drug purchases.

Comment: Exclude from eligibility for retroactive discounts any disproportionate share hospital (DSH) which purchased its outpatient drugs through a group purchasing organization (GPO).

Response: No change. The Office of Drug Pricing considers the outpatient

drug purchases of DSHs bought through a GPO or any group purchasing arrangement ineligible for retroactive discounts.

Comment: Allow covered entities to request an extension of the deadline for retroactive discounts for good cause (e.g., offsite DSH clinics whose eligibility has not yet been determined).

Response: We have amended part 3 of the notice to permit a DSH outpatient clinic which was not participating in a GPO or any group purchasing arrangement during the period for which it is requesting retroactive discounts to preserve its right by sending manufacturers a letter requesting such refunds and providing adequate documentation of purchases.

Comment: Extend the deadline for those manufacturers which have refused to give PHS pricing to the date on which the manufacturer begins discounting its covered outpatient drugs in accordance with the law.

Response: No change. At every opportunity, the Office of Drug Pricing has communicated its willingness to assist entities with problems of accessing PHS pricing. It has responded to all entity complaints dealing with manufacturer noncompliance. We believe that one year is a reasonable time in which to have resolved any difficulty with pricing access.

Comment: Require manufacturers to respond within 30 days to requests for retroactive discounts, even if the response is just a request for additional information, or face possible termination from the Medicaid program.

Response: No change. Because this issue deals with manufacturer guidelines, it is beyond the scope of this notice. However, should a covered entity have difficulty obtaining retroactive discounts, we encourage the entity to contact the Office of Drug Pricing for assistance.

Comment: Establish that a DSH, which did not submit its Medicaid provider number for the period for which it is requesting retroactive discounts, would be ineligible for the refund.

Response: No change. A DSH which did not submit its Medicaid provider number may still be eligible for retroactive discounts if it (1) did not bill Medicaid for the drugs, (2) billed for covered outpatient drugs using an all-inclusive rate, or (3) has adequate documentation proving that drugs for which retroactive discounts are being requested did not generate Medicaid rebates.

Drug Diversion

Comment: Develop and publish a mechanism whereby manufacturers can report to the Office of Drug Pricing when they suspect an entity of diversion.

Response: No change. The Office of Drug Pricing has currently developed a proposed dispute resolution process which will be published in the *Federal Register* with a public comment period.

Comment: Require PHS preclearance of all safeguard systems developed by entities to deter diversion and require this information to be supplied to the manufacturers upon request.

Response: No change. Guidelines concerning separate purchasing accounts and dispensing records are quite specific, and procedures in these areas need no prior approval. If a manufacturer believes that a covered entity is involved in drug diversion, it has the statutory authority to audit the entity records that directly relate to drugs of that manufacturer purchased at PHS pricing. Proposed audit guidelines have been developed and will be published in the *Federal Register* with a public comment period.

Comment: Issue criteria for measuring the adequacy of the safeguards.

Response: No change. If a manufacturer believes that a covered entity has established inadequate safeguards and is involved in drug diversion, then the manufacturer can either audit the entity or file a complaint with the Office of Drug Pricing.

Comment: Develop a broad definition of "patient" to include all necessary services provided to individuals served by the covered entities.

Response: No change. The notice does not address the definition of patient. The Office of Drug Pricing is in the process of developing a definition of patient, which will be published in the *Federal Register*. Public comment will be invited, and this comment will be considered at that time.

Comment: Do not require separate inventories, as this would place a hardship on most hospitals.

Response: No change. There is no requirement for separate inventories.

Comment: Do not permit entities to develop alternate tracking systems or develop criteria for these systems by March 1, 1994.

Response: No change. It is essential that the Office of Drug Pricing maintain some flexibility during this period of implementation. Because these alternate tracking systems require prior approval from the Office of Drug Pricing before they can be implemented, sufficient

control is maintained. The Office will develop criteria at a later date and welcomes all suggestions.

Audit Requirements

Comment: Specify the statutory basis for the Secretary to authorize manufacturer audit guidelines.

Response: We have amended part 5 of the notice to include a reference to section 340B(a)(5)(C) of the PHS Act, which gives the Secretary the authority to establish procedures relating to the number, duration, and scope of manufacturer audits.

Comment: Move quickly to develop procedures to allow manufacturers to audit records of entities' purchases of covered outpatient drugs and of Medicaid claims for reimbursement for such drugs.

Response: No change. The Office of Drug Pricing is developing proposed audit guidelines which will be published in the *Federal Register* with public comment invited. All comments regarding suggested audit procedures, currently received, will be considered at that time.

Entity Participation

Comment: An entity should be viewed as not participating in the program (and therefore as ineligible to receive its discounts) if it has not given its Medicaid provider number of the Office of Drug Pricing.

Comment: We have amended part 2 of the notice to require entities to provide one of the following: (1) A pharmacy Medicaid number (the number which the entity uses to bill Medicaid for medications), or (2) their all-inclusive Medicaid number (e.g., "FQ" number), or (3) notification that it does not bill Medicaid for all outpatient drugs. These numbers will be posted on the electronic bulletin board (Electronic Data Retrieval System or EDRS), maintained by the Office of Drug Pricing, to indicate which covered entities have elected to participate in the program. For access to the EDRS call (301) 549-4992.

Comment: All covered entities should be required to notify manufacturers 30 days before they wish to access PHS pricing.

Response: We have amended part 6 of the notice to provide that entities will be added to or deleted from the eligibility list on a quarterly basis only. The Office of Drug Pricing will update the list 2 weeks before each calendar quarter, giving lead time for pricing changes and appropriate communications with wholesalers, GPOs, and purchasing agents.

Group Purchasing Arrangements

Comment: Allow eligible DSHs to continue GPO participation for manufacturers who are not offering PHS pricing and prohibit GPO participation with respect to all complying manufacturers.

Response: No change. Generally, we have found that entities are receiving PHS pricing. The Office of Drug Pricing has, at every opportunity, communicated its willingness to assist entities when there are problems with accessing PHS pricing. The Office has investigated all complaints of manufacturer noncompliance immediately and was and is willing to take appropriate enforcement action if necessary. This is the proper course for dealing with any manufacturer non-compliance, rather than attempting to compensate for continued non-compliance by disregarding the statutory GPO provisions.

Purchasing Agents

Comment: Distinguish clearly between a purchasing agent and a GPO for purposes of the DSH/GPO prohibition, only.

Response: We have amended part 8 of the notice to distinguish a purchasing agent from a group purchasing arrangement for purposes of the DSH/GPO prohibition. A purchasing agent would not be considered operating as a group purchasing arrangement if the following conditions are met: (1) the purchasing agent is not associated with a group purchasing organization; (2) no collective bargaining by a group of hospitals occurs; (3) the negotiations of PHS pricing are separate activities for each individual DSH; (4) a separate agreement with each DSH is executed; (5) as part of the agreement, there will be no sharing or pricing information; and (6) all final decisions concerning product and price acceptance will be made by each individual DSH.

Comment: Do not require manufacturers to sell directly to a purchasing agent, a GPO, or a contract pharmacy, but solely to covered entities and their wholesalers.

Response: No change. It is a customary business practice for manufacturers to sell to intermediaries as well as directly to the entity. Entities often use purchasing agents or contract pharmacies, or participate in GPOs. By placing such limitations on sales transactions, manufacturers could be discouraging entities from participating in the program.

Manufacturers may not single out covered entities from their other customers for restrictive conditions that

would undermine the statutory objective.

Manufacturer Contracts Which Require Entity Compliance

Comment: Permit a manufacturer to require the covered entities to sign a contract containing only the manufacturer's normal business policies (e.g., routine information necessary to set up and maintain an account) if this is a usual business practice of the manufacturers.

Response: We have amended part 11 of the notice to state that this prohibition against a contract between a manufacturer and a covered entity regarding entity compliance with section 340B provisions or the Office of Drug Pricing program guidelines does not encompass entity/manufacturer contracts that contain provisions relating to normal business activities, requests for standard information, or other appropriate contract provisions.

Comment: Declare null and void provisions in manufacturer contracts signed by entities pursuant to section 340B which deal with assurances of entity compliance with section 340B.

Response: No change. While the Office of Drug Pricing has no legal authority to declare null and void provisions of contracts between covered entities and manufacturers, it is our position that manufacturers may not enforce such provisions.

General

Comment: Post Medicaid provider numbers of all eligible DSH outpatient clinics on the electronic bulletin board.

Response: No change. The Office of Drug Pricing has developed proposed criteria to determine the eligibility of DSH outpatient clinics. These criteria will be published in the **Federal Register**, and the public will be invited to comment.

Comment: Might certain activity generate a new Medicaid Best Price?

Response: No change. Because the Health Care Financing Administration (HCFA) Medicaid Rebate Program deals with Best Price calculations, the Office of the Drug Pricing will refer all Best Price questions to the agency. For further information in this regard, please call Al Beachley, Branch Chief, Medicaid Drug Rebate Operations Branch, HCFA, at (410) 966-3225.

Comment: Establish a procedure whereby manufacturers will be able to determine which purchasing groups are eligible to purchase on behalf of covered entities and receive the PHS pricing.

Response: We have amended part 7 of the notice to require any group which purchases covered outpatient drugs at

OHS pricing on behalf of an eligible covered entity to have written authority from the entity to purchase its covered outpatient drugs. The purchasing group must provide documentation of this purchase authority to the manufacturer upon request. This rule does not supersede the statutory limitations regarding DSH participation in GPOs or group purchasing arrangements.

Comment: Establish a prime vendor program designating certain wholesalers to service PHS covered entities similar to programs established with the Department of Veterans Affairs (VA), Department of Defense (DOD), and the Bureau of Prisons (BOP).

Response: No change. The Office of Drug Pricing is in the early stages of developing a pilot prime vendor program and has considered, among others, the various programs of VA, DOD, and BOP.

(C) Revised Entity Guidelines

Set forth below are the final entity guidelines, revised based on the analysis of the comments described above.

(1) Confidential Drug Pricing Information

"Confidential drug pricing information" includes both "best price" and "average manufacturer price." The quoted price and the actual price given by the manufacturer to the covered entity are not confidential.

(2) Duplicate Discount/Rebate Potential

First, a covered entity billing on a cost basis for drug purchases must provide the Office of Drug Pricing with a pharmacy Medicaid number (the number which the entity uses to bill Medicaid for medications). Second, a covered entity using an all-inclusive rate (either per encounter or visit) must submit its all-inclusive Medicaid number (e.g., "FQ" number). Third, if a covered entity does not bill Medicaid for outpatient drugs, then the entity must notify the Office of this decision. Fourth, a large facility which houses many different clinics, only several of which are eligible, must obtain a separate Medicaid provider number for the eligible clinics. For those States which cannot generate additional Medicaid provider numbers for entities, covered entities must discuss an alternative arrangement with the States to accomplish this objective.

This information will be posted on the Electronic Data Retrieval System (EDRS), maintained by the Office of Drug Pricing, to indicate which covered entities have elected to participate in the program. For access to the EDRS call (301) 594-4992.

If a drug is purchased by or on behalf of a Medicaid beneficiary, the amount billed may not exceed the entity's actual acquisition cost for the drug, as charged by the manufacturer at a price consistent with the Veterans Health Care Act of 1992, plus a reasonable dispensing fee established by the State Medicaid agency.

(3) Eligibility for Retroactive Discounts

Until 30 days after publication of this notice, eligible covered entities included on the initial eligibility list may request retroactive discounts (discounts, rebates, or account credit) for covered outpatient drugs purchased retroactive to December 1, 1992. Entities added to the eligibility list at a later date may only request discounts retroactive to the date of their inclusion on the list. Of the entities listed on the eligibility list, only the following may request these discounts: The covered entity that—(1) has billed for covered outpatient drugs using an all-inclusive rate (either per visit or per encounter), or (2) has not billed Medicaid for covered outpatient drugs since December 1, 1992, (or since its inclusion on the eligibility list), or (3) has submitted its Medicaid provider number and is requesting refunds for subsequent periods, or (4) has adequate documentation proving that drugs for which a retroactive discount is being requested have not generated Medicaid rebates.

A DSH is not eligible for retroactive discounts for covered outpatient drugs purchased through a group purchasing organization (GPO) or any group purchasing arrangement. Any DSH outpatient clinic which is or will be eligible for retroactive discounts may preserve its rights by sending manufacturers a letter requesting such refunds and providing adequate documentation of purchases.

(4) Entity Guidelines Regarding Drug Diversion

Covered entities are required not to resell or otherwise transfer outpatient drugs purchased at the statutory discount to an individual who is not a patient of the entity. There are several common situations in which this might occur. First, if individuals other than patients of the covered entity obtain covered outpatient drugs from its pharmaceutical dispensing facility, the entity must develop and institute adequate safeguards to prevent the transfer of discounted outpatient drugs to individuals who are not eligible for the discount (e.g., separate purchasing accounts and dispensing records). Second, a larger institution which

contains an eligible entity within its structure is required to establish separate purchasing accounts and maintain separate dispensing records for the eligible entity. Third, the covered entity itself may not use the covered outpatient drug in excluded services (e.g., inpatient services). If an entity offers services excluded from the drug discount program, the entity must develop a separate method for purchasing and dispensing drugs for excluded services.

The covered entity may, at its option, develop an alternative system, short of tracking each discounted drug through the purchasing and dispensing process, by which it can prove compliance. If an alternate system of tracking is proposed to be used, this system must be approved by the Drug Pricing Program. The Office will develop criteria for alternative systems at a later date and welcomes all suggestions.

(5) Audit Requirement

All entities receiving statutory prices are required to maintain records of purchases of covered outpatient drugs and of any claims for reimbursement submitted for such drugs under title XIX of the Social Security Act. The entity must permit HHS and the manufacturer to audit any record of a covered drug purchase that was subject to the discount, as provided by section 340B(a)(5)(C) of the PHS Act. Manufacturer audits will be conducted in accordance with procedures developed by the Secretary of HHS. The Office of Drug Pricing is developing proposed audit guidelines which will be published in the *Federal Register* with public comment invited. The notice will address only audits related to purchases as a covered entity; it does not address other audit requirements related to participation in State Medicaid programs or receipt of Federal funding.

(6) Entity Participation

Covered entity participation in the section 340B drug discount program is voluntary. Once an entity has elected to participate in the program, it must wait to enter or withdraw from the program until the next official updating of the eligible entity list. The Office of Drug Pricing will update this list two weeks before each calendar quarter. The entity must comply with all program guidelines until the date it is removed from the eligibility list.

(7) Group Purchasing

A DSH may participate in a group purchasing arrangement for inpatient drug use without affecting its eligibility to purchase section 340B discounted

drugs. If a DSH participates in a GPO or other group purchasing arrangement for covered outpatient drugs, the DSH will no longer be an eligible covered entity and cannot purchase covered outpatient drugs at the section 340B discount prices.

States, or other groups, which purchase drugs for covered entities (other than disproportionate share hospitals) are not included on the list of covered entities; however, they are eligible to purchase at the section 340B discount if the following requirements are met: (1) the group purchasing arrangement must be comprised of only covered entities, (2) if group purchasing arrangements contain entities which are not eligible for the discount, separate purchasing accounts and dispensing/distribution must be maintained, and (3) the purchasing group has written authority from the covered entity to purchase covered outpatient drugs on its behalf.

(8) Purchasing Agents

A covered entity is permitted to use a purchasing agent without forfeiting its right to the section 340B drug discounts. If a purchasing agent is used, the arrangement must be in writing and the terms of the agent's relationship with the entity must be clearly defined. The entity and the agent should decide whether the agent simply negotiates the drug purchasing contracts on behalf of the entity or actually receives drug shipments for distribution to the entity. If the latter, the transfer of purchased pharmaceuticals from an agent to the entity would not be viewed as drug diversion.

For purposes of the DSH/GPO prohibition only, a purchasing agent may be distinguished from and would not be considered operating as a GPO or other group purchasing arrangement if the following conditions are met: (1) the purchasing agent is not associated with a GPO or other purchasing arrangement; (2) no collective bargaining by a group of hospitals occurs; (3) the negotiations for PHS pricing are separate activities for each individual DSH; (4) a separate agreement with each DSH is executed; (5) as part of the agreement, there will be no sharing of pricing information; and (6) all final decisions concerning product and price acceptance will be made by each individual DSH.

(9) Definition of Covered Outpatient Drug

Section 1927(k)(2) of the Social Security Act defines "covered outpatient drug" to include most drugs and biologicals which may be dispensed only by prescription and which require

approval by the Food and Drug Administration or a license under section 351 of the PHS Act. Section 1927(k)(3) limits the definition of "covered outpatient drug" to exclude certain settings (e.g., such services as emergency room, hospice, dental, physician, nursing facilities, x-ray, lab, and renal dialysis) in some instances. In these settings, if a covered drug is included in the per diem rate (i.e., bundled with other payments in an all-inclusive, per visit, or an encounter rate), it will not be included in the section 340B discount program. However, if a covered drug is billed and paid for instead as a separate line item as an outpatient drug in a cost basis billing system, this drug will be included in the program.

(10) Dealing Direct or Through a Wholesaler

If a manufacturer has customarily dealt directly with a particular covered entity, then requiring the manufacturer to continue this form of purchasing with the covered entity is reasonable. When dealing directly with a covered entity, manufacturers must offer covered outpatient drugs at or below the section 340B discount prices. If a manufacturer customarily uses a wholesaler as a means of distribution, then requiring the manufacturer to continue this form of purchasing with covered entities is also reasonable. If the manufacturer's drugs are available to covered entities through wholesalers, the discount must be made available through that avenue. Manufacturers may not single out covered entities from their other customers for restrictive conditions that would undermine the statutory objective. Manufacturers must not place limitations on the transactions (e.g., minimum purchase amounts) which would have the effect of discouraging entities from participating in the discount program.

(11) Manufacturer's Contracts Requiring Entity Compliance

A manufacturer may not condition the offer of statutory discounts upon an entity's assurance of compliance with section 340B provisions. Covered entity assurances regarding the following activities may not be required: (1) eligibility to participate in the program; (2) utilization of covered outpatient drugs only in authorized services; (3) maintaining the confidentiality of the drug pricing information; (4) permitting the manufacturers to audit purchase, inventory, and related records prior to the publication of approved PHS guidelines; and (5) submitting information related to drug acquisition,

purchase, and inventory systems. Entities are not required to sign agreements assuring manufacturers of their compliance with section 340B provisions. (If a manufacturer asks a covered entity whether the entity is in fact participating in the section 340B discount program, the entity must supply the manufacturer with this information). This prohibition does not include provisions that address customary business practice, request standard information, or include other appropriate contract provisions.

Dated: May 9, 1994.

John H. Kelso,

Acting Administrator, Health Resources and Services Administration.

[FR Doc. 94-11643 Filed 5-12-94; 8:45 am]

BILLING CODE 4160-15-P-M

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Office of the Assistant Secretary for Community Planning and Development

[Docket No. N-94-1917; FR-3350-N-83]

Federal Property Suitable as Facilities To Assist the Homeless

AGENCY: Office of the Assistant Secretary for Community Planning and Development, HUD.

ACTION: Notice.

SUMMARY: This notice identifies unutilized, underutilized, excess, and surplus Federal property reviewed by HUD for suitability for possible use to assist the homeless.

ADDRESSES: For further information, contact Barbara Richards, room 7262, Department of Housing and Urban Development, 451 Seventh Street SW., Washington, DC 20410; telephone (202) 708-4300; TDD number for the hearing- and speech-impaired (202) 708-2565 (these telephone numbers are not toll-free), or call the toll-free Title V information line at 1-800-927-7588.

SUPPLEMENTARY INFORMATION: In accordance with 56 FR 23789 (May 24, 1991) and section 501 of the Stewart B. McKinney Homeless Assistance Act (42 U.S.C. 11411), as amended, HUD is publishing this Notice to identify Federal buildings and other real property that HUD has reviewed for suitability for use to assist the homeless. The properties were reviewed using information provided to HUD by Federal landholding agencies regarding unutilized and underutilized buildings and real property controlled by such agencies or by GSA regarding its

inventory of excess or surplus Federal property. This Notice is also published in order to comply with the December 12, 1993 Court Order in *National Coalition for the Homeless v. Veterans Administration*, No. 88-2503-OG (U.D.C.).

Properties reviewed are listed in this Notice according to the following categories: Suitable/available, suitable/unavailable, suitable/to be excess, and unsuitable. The properties listed in the three suitable categories have been reviewed by the landholding agencies, and each agency has transmitted to HUD: (1) Its intention to make the property available for use to assist the homeless, (2) its intention to declare the property excess to the agency's needs, or (3) a statement of the reasons that the property cannot be declared excess or made available for use as facilities to assist the homeless.

Properties listed as suitable/available will be available exclusively for homeless use for a period of 60 days from the date of this Notice. Homeless assistance providers interested in any such property should send a written expression of interest to HHS, addressed to Judy Breitman, Division of Health Facilities Planning, U.S. Public Health Service, HHS, room 17A-10, 5600 Fishers Lane, Rockville, MD 20857; (301) 443-2265. (This is not a toll-free number.) HHS will mail to the interested provider an application packet, which will include instructions for completing the application. In order to maximize the opportunity to utilize a suitable property, providers should submit their written expressions of interest as soon as possible. For complete details concerning the processing of applications, the reader is encouraged to defer to the interim rule governing this program, 56 FR 23789 (May 24, 1991).

For properties listed as suitable/to be excess, that property may, if subsequently accepted as excess by GSA, be made available for use by the homeless in accordance with applicable law, subject to screening for other Federal use. At the appropriate time, HUD will publish the property in a Notice showing it as either suitable/available or suitable/unavailable.

For properties listed as suitable/unavailable, the landholding agency has decided that the property cannot be declared excess or made available for use to assist the homeless, and the property will not be available.

Properties listed as unsuitable will not be made available for any other purpose for 20 days from the date of this Notice. Homeless assistance providers interested in a review by HUD of the

determination of unsuitability should call the toll free information line at 1-800-927-7588 for detailed instructions or write a letter to Barbara Richards at the address listed at the beginning of this Notice. Included in the request for review should be the property address (including zip code), and the date of publication in the *Federal Register*, the landholding agency, and the property number.

For more information regarding particular properties identified in this Notice (*i.e.*, acreage, floor plan, existing sanitary facilities, exact street address), providers should contact the appropriate landholding agencies at the following addresses: U.S. Navy: John J. Kane, Deputy Division Director, Dept. of Navy, Real Estate Operations, Naval Facilities Engineering Command, 200 Stovall Street, Alexandria, VA 22332-2300; (703) 325-0474; GSA: Leslie Carrington, Federal Property Resources Services, GSA, 18th and F Streets NW., Washington, DC 20405; (202) 208-0619; U.S. Air Force: Bob Menke, Area-MI, Bolling AFB, 172 Luke Avenue, suite 104, Washington, DC 20332-5113; (202) 767-6235; Dept. of Transportation: Ronald D. Keefer, Director, Administrative Services & Property Management, DOT, 400 Seventh St. SW., room 10319, Washington, DC 20590; (202) 366-4246; Corps of Engineers: Pete Digel, Headquarters, Army Corps of Engineers, Attn: CERE-MC, room 4224, 20 Massachusetts Ave. NW., Washington, DC 20314-1000; (202) 272-1753; Dept. of Interior: Lola D. Knight, Property Management Specialist, Dept of Interior, 1849 C St. NW., Mail stop 5512-MIB, Washington, DC 20240; (202) 208-4080; (These are not toll-free numbers).

Dated: May 6, 1994.

Jacquie M. Lawing,

Deputy Assistant Secretary for Economic Development.

Title V, Federal Surplus Property Program Federal Register Report for 05/13/94

Suitable/Available Properties

BUILDINGS (by State)

Arkansas

Murray Overlook & Info. Center
McClellan-Kerr Arkansas River
Navigation Project
Little Rock Co: Pulaski AR 72203-
Landholding Agency: GSA
Property Number: 549410007
Status: Excess

Comment: 1003 sq. ft.; 1 story with basement;
bldg. on 4.80 acres includes paved parking;
concrete; needs rehab.; most recent use—
info. center/observation area
GSA Number: 7-D-AR-548