

Name of Committee: Transmissible Spongiform Encephalopathies Advisory Committee.

General Function of the Committee: To provide advice and recommendations to the agency on FDA's regulatory issues.

Date and Time: The meeting will be held on December 15, 2006, from 8 a.m. to 3:30 p.m.

Location: Crown Plaza Silver Spring, 8777 Georgia Ave., Silver Spring, MD. The hotel telephone number is 301-589-0800.

Contact Person: William Freas, or Rosanna L. Harvey, Center for Biologics Evaluation and Research (HFM-71), Food and Drug Administration, 1401 Rockville Pike, Rockville, MD 20852-1448, 301-827-0314, or FDA Advisory Committee Information Line, 1-800-741-8138 (301-443-0572 in the Washington, DC area), code 3014512392. Please call the Information Line for up-to-date information on this meeting.

Agenda: On December 15, 2006, the committee will discuss FDA's risk assessment for potential exposure to variant Creutzfeldt-Jakob disease in human plasma-derived antihemophilic factor (FVIII) products manufactured from U. S. plasma donors and related communication materials. In the afternoon, the committee will discuss levels of transmissible spongiform encephalopathy clearance in the manufacture of plasma-derived Factor VIII products. FDA intends to make background material available to the public no later than one business day before the meeting. If FDA is unable to post the background material on its Web site prior to the meeting, the background material will be made publicly available at the location of the advisory committee meeting, and the background material will be posted on FDA's Web site after the meeting. Background material is available at <http://www.fda.gov/ohrms/dockets/ac/acmenu.htm>, click on the year 2006 and scroll down to the appropriate advisory committee link.

Procedure: Interested persons may present data, information, or views, orally or in writing, on issues pending before the committee. Written submissions may be made to the contact person on or before December 11, 2006. Oral presentations from the public will be scheduled between approximately 10:25 and 10:55 a.m. and 1:35 and 2:05 p.m. on December 15, 2006. Those desiring to make formal oral presentations should notify the contact person and submit a brief statement of the general nature of the evidence or arguments they wish to present, the

names and addresses of proposed participants, and an indication of the approximate time requested to make their presentation on or before December 7, 2006. Time allotted for each presentation may be limited. If the number of registrants requesting to speak is greater than can be reasonably accommodated during the scheduled open public hearing session, FDA may conduct a lottery to determine the speakers for the scheduled open public hearing session. The contact person will notify interested persons regarding their request to speak by December 8, 2006.

Persons attending FDA's advisory committee meetings are advised that the agency is not responsible for providing access to electrical outlets.

FDA welcomes the attendance of the public at its advisory committee meetings and will make every effort to accommodate persons with physical disabilities or special needs. If you require special accommodations due to a disability, please contact William Freas or Rosanna L. Harvey at least 7 days in advance of the meeting.

Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. app. 2).

Dated: November 22, 2006.

Randall W. Lutter,

Associate Commissioner for Policy and Planning.

[FR Doc. E6-20251 Filed 11-28-06; 8:45 am]

BILLING CODE 4160-01-S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Statement of Organization, Functions and Delegations of Authority

This notice amends Part R of the Statement of Organization, Functions and Delegations of Authority of the Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA) (60 FR 56605, as amended November 6, 1995; 67 FR 46519, July 15, 2002; and 68 FR 787-793, January 7, 2003; 68 FR 64357-64357, November 13, 2003; 68 FR 64357-64357-64358, and as last amended at 70 FR 42347-42348, July 22, 2005.)

This notice reflects organizational changes in the Health Resources and Services Administration, Bureau of Primary Health Care (RC). Specifically, this notice updates the functional statements of the Bureau of Primary Health Care.

Chapter RC—Office of the Associate Administrator

Section RC-10, Organization

Delete in its entirety and replace with the following: The Bureau of Primary Health Care (BPHC) is headed by an Associate Administrator, who reports directly to the Administrator, Health Resources and Services Administration. The Bureau of Primary Health Care includes the following components:

- (1) Office of the Associate Administrator (RC);
- (2) Office of Minority and Special Populations (RCG);
- (3) Office of Policy and Program Development (RCH);
- (4) Office of Quality and Data (RCK);
- (5) Office of Administrative Management (RCM);
- (6) Eastern Division (RCN);
- (7) Central Mid-Atlantic Division (RCP);
- (8) Western Division (RCQ);
- (9) Division of National Hansen's Disease Programs (RC7); and
- (10) Division Immigration Health Service (RC9).

Section RC-20, Functions

(1) Delete the functional statement for the Office of the Associate Administrator (RC) and replace in its entirety; (2) Establish the Office of Administrative Management (RCM); (3) Delete the Division of Health Center Management (RCJ) in its entirety and replace with the following new Divisions: Eastern Division (RCN), Central Mid-Atlantic Division (RCP), and Western Division (RCQ); (4) Delete the Division of State and Community Assistance (RCL) in its entirety; (5) Re-title the Division of Policy and Development (RCH) as the Office of Policy and Program Development (RCH) and replace its functional statement in its entirety; (6) Re-title the Division of Clinical Quality (RCK) as the Office of Quality and Data (RCK) and replace its functional statement in its entirety; and (7) Delete the functional statement for the Office of Minority and Special Populations (RCG) and replace in its entirety.

Office of the Associate Administrator (RC)

Provides overall leadership, direction, coordination, and planning in support of Bureau programs: (1) Establishes program goals, objectives and priorities, and provides oversight as to their execution; (2) plans, directs, coordinates and evaluates Bureau-wide management activities; and (3) maintains effective relationships within HRSA and with other Department of Health and Human

Services (HHS) organizations, other Federal agencies, State and local governments, and other public and private organizations concerned with primary health care, eliminating health disparities, and improving the health status of the Nation's underserved and vulnerable populations.

Office of Minority and Special Populations (RCG)

Serves as the organizational focus for the coordination of Bureau activities relating to the delivery of health services to minority and special populations, including migrant and seasonal farmworkers, homeless persons, and residents of public housing. Specifically, (1) ensures that the needs and special circumstances of minority and special populations and the provider organizations that serve them are addressed in BPHC programs and policies; (2) advises BPHC about the needs of minority and special populations; (3) identifies, provides and coordinates assistance to communities, community-based organizations and BPHC programs related to the development, delivery and expansion of services targeted to minority and special populations; (4) coordinates Bureau activities for minority and special populations within HRSA and HHS, and with other Federal agencies, State and local governments, and other public and private organizations concerned with primary health care, eliminating health disparities, and improving the health status of the Nation's underserved and vulnerable populations; and (5) provides support to the National Advisory Council on Migratory Health.

Office of Policy and Program Development (RCH)

Serves as the organizational focus for the development of BPHC policies and programs. Specifically, (1) leads and monitors the development and expansion of health centers and health systems infrastructure; (2) identifies, provides and coordinates assistance to communities, community-based organizations and BPHC programs related to the development and expansion of health centers and health systems infrastructure; (3) manages the Bureau's loan guarantee program; (4) oversees and coordinates the Federally Qualified Health Center (FQHC) Look-Alike program; (5) leads and coordinates the analysis, development and drafting of policy impacting BPHC's programs; (6) consults and coordinates with other components within HRSA and HHS, and with other Federal agencies, State and local governments, and other public and private organizations on issues

affecting BPHC's policies and programs; (7) performs environmental scanning on issues that affect BPHC's programs; (8) monitors BPHC's activities in relation to HRSA's Strategic Plan; and (9) serves as the Bureau's focal point for communication and program information.

Office of Quality and Data (RCK)

Serves as the organizational focus for quality and program performance reporting. Specifically, (1) provides leadership for implementing BPHC clinical and quality strategies; (2) oversees BPHC Federal Tort Claims Act (FTCA) malpractice programs, clinical, quality improvement, risk management, and patient safety activities to improve policies and programs for primary health care services; (3) serves as the Bureau's focal point for the design and implementation of data systems to assess and improve program performance, including health information technology systems; (4) coordinates BPHC clinical, quality, workforce, health information technology, and performance reporting activities within HRSA and HHS, and with other Federal agencies, State and local governments, and other public and private organizations concerned with primary health care, eliminating health disparities, and improving the health status of the Nation's underserved and vulnerable populations; and (5) identifies, provides and coordinates assistance to BPHC programs around clinical, quality and performance reporting activities.

Office of Administrative Management (RCM)

Plans, directs and coordinates Bureau-wide administrative management activities and has responsibilities related to the awarding of BPHC grant funds. Specifically, (1) serves as the Bureau's principal source for administrative and management advice and assistance; (2) formulates budget justifications for BPHC's programs and provides input into the analysis of BPHC budget execution; (3) provides advice, guidance and coordinates personnel activities for the Bureau including EEO, timekeeping, labor relations, and ethics; (4) provides organization and management analysis, coordinating the allocation of personnel resources, developing policies and procedures for internal operation, and interpreting and implementing the Bureau's management policies, procedures and systems; (5) develops and coordinates Bureau program and administrative delegations of authority activities; (6) provides guidance to the

Bureau on financial management activities; (7) provides Bureau-wide support services such as continuity of operations and emergency planning, employee training, contracts, procurement, supply management, equipment utilization, printing, property management, space management, records management, and management reports; (8) performs a range of functions relating to the awarding of appropriated funds, working on recommended grant actions, and maintaining commitment levels for Bureau grantees and programs; (9) serves as the Bureau's Executive Secretariat; and (10) maintains effective relationships within HRSA and HHS, and with other Federal agencies, State and local governments, and other public and private organizations.

Eastern Division (RCN)

Manages BPHC primary health care grant programs and activities within HHS Regions 1, 2 and 4. Specifically, for regions 1, 2 and 4: (1) Manages the post-award administration of the Bureau's primary health care grant programs; (2) serves as the BPHC representative to organizations receiving Bureau grants; (3) promotes a continued focus on efficient and effective care for underserved and vulnerable populations; (4) communicates and interprets program statutory/regulatory requirements, policy, expectations and reporting requirements, providing technical guidance to grantees on the management and integration of community-based systems of care, the adaptation of successful strategies/models, and the resolution of difficult issues; (5) monitors the performance of BPHC primary health care grantees, making programmatic recommendations and providing assistance to improve performance, where appropriate; (6) reviews findings and recommendations of periodic and episodic grantee assessments, developing actions needed to assure continuity of services to underserved and vulnerable populations and appropriate use of Federal resources; (7) identifies, provides and coordinates training and technical assistance activities for BPHC primary health care grant programs, including State-based training and technical assistance; (8) conducts State and regional surveillance on issues that affect BPHC grant programs; and (9) provides consultation to and coordinates activities within HRSA and HHS, and with other Federal agencies, State and local governments, and other public and private organizations involved in the implementation of program activities.

Central Mid-Atlantic Division (RCP)

Manages BPHC primary health care grant programs and activities within HHS Regions 3, 5 and 6. Specifically, for regions 3, 5 and 6: (1) Manages the post-award administration of the Bureau's primary health care grant programs; (2) serves as the BPHC representative to organizations receiving Bureau grants; (3) promotes a continued focus on efficient and effective care for underserved and vulnerable populations; (4) communicates and interprets program statutory/regulatory requirements, policy, expectations and reporting requirements, providing technical guidance to grantees on the management and integration of community-based systems of care, the adaptation of successful strategies/models, and the resolution of difficult issues; (5) monitors the performance of BPHC primary health care grantees, making programmatic recommendations and providing assistance to improve performance, where appropriate; (6) reviews findings and recommendations of periodic and episodic grantee assessments, developing actions needed to assure continuity of services to underserved and vulnerable populations and appropriate use of Federal resources; (7) identifies, provides and coordinates training and technical assistance activities for BPHC primary health care grant programs, including State-based training and technical assistance; (8) conducts State and regional surveillance on issues that affect BPHC grant programs; and (9) provides consultation to and coordinates activities within HRSA and HHS, and with other Federal agencies, State and local governments, and other public and private organizations involved in the implementation of program activities.

Western Division (RCQ)

Manages BPHC primary health care grant programs and activities within HHS Regions 7, 8, 9 and 10. Specifically, for regions 7, 8, 9 and 10: (1) Manages the post-award administration of the Bureau's primary health care grant programs; (2) serves as the BPHC representative to organizations receiving Bureau grants; (3) promotes a continued focus on efficient and effective care for underserved and vulnerable populations; (4) communicates and interprets program statutory/regulatory requirements, policy, expectations and reporting requirements, providing technical guidance to grantees on the management and integration of community-based systems of care, the

adaptation of successful strategies/models, and the resolution of difficult issues; (5) monitors the performance of BPHC primary health care grantees, making programmatic recommendations and providing assistance to improve performance, where appropriate; (6) reviews findings and recommendations of periodic and episodic grantee assessments, developing actions needed to assure continuity of services to underserved and vulnerable populations and appropriate use of Federal resources; (7) identifies, provides and coordinates training and technical assistance activities for BPHC primary health care grant programs, including State-based training and technical assistance; (8) conducts State and regional surveillance on issues that affect BPHC grant programs; and (9) provides consultation to and coordinates activities within HRSA and HHS, and with other Federal agencies, State and local governments, and other public and private organizations involved in the implementation of program activities.

Section RC-30, Delegations of Authority

All delegations of authority and re-delegations of authority made to HRSA officials that were in effect immediately prior to this reorganization, and that are consistent with this reorganization, shall continue in effect pending further re-delegation.

This reorganization is effective upon the date of signature.

November 7, 2006.

Elizabeth M. Duke,

Administrator.

[FR Doc. E6-20171 Filed 11-28-06; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES**National Institutes of Health****National Heart, Lung, and Blood Institute; Amended Notice of Meeting**

Notice is hereby given of a change in the meeting of the National Heart, Lung, and Blood Institute Special Emphasis Panel, December 12, 2006, 2 p.m. to December 12, 2006, 5 p.m., National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892 which was published in the **Federal Register** on November 3, 2006, FR-06-9030.

The December 12, 2006 meeting date was changed to December 11, 2006. The meeting is closed to the public.

Dated: November 21, 2006.

David Clary,

Acting Director, Office of Federal Advisory Committee Policy.

[FR Doc. 06-9457 Filed 11-28-06; 8:45 am]

BILLING CODE 4140-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES**National Institutes of Health****National Health, Lung, and Blood Institute; Notice of Closed Meeting**

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Heart, Lung, and Blood Institute Special Emphasis Panel; Childhood Asthma Follow-up Study.

Date: November 28, 2006.

Time: 10 a.m. to 1 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892. (Telephone Conference Call).

Contact Person: Valerie L. Prenger, PhD, Health Scientist Administrator, Division of Extramural Affairs, National Heart, Lung, and Blood Institute, 6701 Rockledge Drive, MSC 7924, Room 7214, Bethesda, MD 20892-7924. (301) 435-0270. prengerv@nhlbi.nih.gov.

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

(Catalogue of Federal Domestic Assistance Program Nos. 93.233, National Center for Sleep Disorders Research; 93.837, Heart and Vascular Diseases Research; 93.838, Lung Diseases Research; 93.839, Blood Diseases and Resource Research, National Institute of Health, HHS)

Dated: November 21, 2006.

David Clary,

Acting Director, Office of Federal Advisory Committee Policy.

[FR Doc. 06-9458 Filed 11-28-06; 8:45 am]

BILLING CODE 4140-01-M