Dated: August 13, 1996.

Nancy C. Hirsch,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. 96–21035 Filed 8–16–96; 8:45 am]

BILLING CODE 4163–18–M

Citizens Advisory Committee on Public Health Service Activities and Research at Department of Energy (DOE) Sites: Fernald Health Effects Subcommittee

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Agency for Toxic Substances and Disease Registry (ATSDR) and the Centers for Disease Control and Prevention (CDC) announce the following meeting.

Name: Citizens Advisory Committee on Public Health Service Activities and Research at DOE Sites: Fernald Health Effects Subcommittee.

Times and Dates:

9 a.m.–4:45 p.m., September 4, 1996.

9 a.m.–5 p.m., September 5, 1996.

Place: Sheraton Springdale Hotel, 11911 Sheraton Lane, Springdale, Ohio 45246, telephone 513/671–6600, FAX 513/671–0507.

Status: Open to the public, limited only by the space available. The meeting room accommodates approximately 50 people.

Background

Under a Memorandum of Understanding (MOU) signed in December 1990 with DOE, the Department of Health and Human Services (HHS) has been given the responsibility and resources for conducting analytic epidemiologic investigations of residents of communities in the vicinity of DOE facilities, workers at DOE facilities, and other persons potentially exposed to radiation or to potential hazards from non-nuclear energy production use. HHS delegated program responsibility to CDC.

In addition, an MOU was signed in October 1990 and renewed in November 1992 between ATSDR and DOE. The MOU delineates the responsibilities and procedures for ATSDR's public health activities at DOE sites required under sections 104, 105, 107, and 120 of the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA or ''Superfund''). These activities include health consultations and public health assessments at DOE sites listed on, or proposed for, the Superfund National Priorities List and at sites that are the subject of petitions from the public; and other health-related activities such as epidemiologic studies, health surveillance, exposure and disease registries, health education, substance-specific applied research, emergency response, and preparation of toxicological profiles.

Purpose

This subcommittee is charged with providing advice and recommendations to the Director, CDC, and the Administrator, ATSDR, regarding community, American Indian Tribes, and labor concerns pertaining to CDC's and ATSDR's public health activities and research at respective DOE sites. The purpose of this meeting is to provide a forum for community, and labor interaction and serve as a vehicle for community concern to be expressed as advice and recommendations to CDC and ATSDR.

Matters To Be Discussed

Agenda items include: presentations from the National Center for Environmental Health (NCEH) on current activities; and from the National Institute for Occupational Safety and Health and ATSDR on the progress of current studies.

Agenda items are subject to change as priorities dictate.

Contact Persons for More Information

Steven A. Adams, or Nadine Dickerson, Radiation Studies Branch, Division of Environmental Hazards and Health, NCEH, CDC, 4770 Buford Highway, NE, (F–35), Atlanta, Georgia 30341–3724, telephone 770/488–7040, FAX 770/488–7044.

Dated: August 13, 1996.

Nancy C. Hirsch,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. 96–21036 Filed 8–16–96; 8:45 am]

BILLING CODE 4163–18–M

Food and Drug Administration

[Docket No. 96D–0267]

Compliance Policy Guides; Revocation and Availability

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the revocation of three compliance policy guides (CPG's) because they are outdated and have been superseded by the more comprehensive seafood nomenclature guidance contained in FDA's ''Seafood List.'' To reflect its reliance on the ''Seafood List,'' FDA also is announcing the availability of a new CPG. These actions are being taken to ensure that FDA's CPG's accurately reflect current agency views on compliance policy.

DATES: Written comments may be submitted at any time.

ADDRESSES: Submit written requests for single copies of CPG Sec. 540.750 ''Common or Usual Names for Seafood In Interstate Commerce'' (CPG 7108.26) to the Director, Division of Enforcement Policy (HFC–230), Office of Enforcement, Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857. Send a self-addressed adhesive label to assist that office in processing your requests. Submit written comments on CPG 7108.26 to the Dockets Management Branch (HFA–305), Food and Drug Administration, 12420 Parklawn Dr., rm. 1–23, Rockville, MD 20857. Requests and comments should be identified with the docket number found in brackets in the heading of this document. A copy of CPG Sec. 540.100 ''Capelin; Prohibited From Being Labeled as Smelt'' (CPG 7108.22), CPG Sec. 540.300 ''Crabmeat—Product Name'' (CPG 7108.04), and CPG Sec. 540.350 ''Common or Usual Names for Crustaceans'' (CPG 7108.23) and received comments are available for public examination in the Dockets Management Branch between 9 a.m. and 4 p.m., Monday through Friday.

FOR FURTHER INFORMATION CONTACT: Spring C. Randolph, Center for Food Safety and Applied Nutrition (HFS–416), Food and Drug Administration, 200 C St. SW., Washington, DC 20204.

SUPPLEMENTARY INFORMATION: FDA is revoking three of its CPG's that address the labeling of seafood because they have been superseded by more comprehensive guidance provided by the ''Seafood List.'' The following three compliance policy guides are being revoked: (1) CPG Sec. 540.100 ''Capelin; Prohibited From Being Labeled as Smelt'' (CPG 7108.22); (2) CPG Sec. 540.300 ''Crabmeat—Product Name'' (CPG 7108.04); and (3) CPG Sec. 540.350 ''Common or Usual Names for Crustaceans'' (CPG 7108.23). The above CPG's are superseded by FDA's ''Seafood List.'' The ''Seafood List'' includes more accurate and comprehensive guidance than that contained in these CPG's.

Developed in recognition of the need for a single source of recommended market names for an expanding variety of seafood, the ''Seafood List'' is a revision of the ''FDA Guide to Acceptable Market Names for Food Fish Sold in Interstate Commerce'' (sometimes referred to as the ''Fish

List''). FDA developed the ''Fish List'' jointly with the National Marine Fisheries Service, U.S. Department of Commerce, to provide a source of names that would facilitate uniform species identification and labeling within the industry and would reduce confusion among consumers. The ''Seafood List'' revises and expands the list of names to include invertebrate seafood species (mollusks and crustaceans). FDA announced the availability of, and solicited comments on, the ''Seafood List'' in the Federal Register of September 14, 1994 (59 FR 47144). The ''Seafood List'' represents an extensive, although not complete, listing of seafood commonly sold in the United States.

FDA also is announcing the availability of CPG Sec. 540.750 ''Common or Usual Names for Seafood in Interstate Commerce,'' which announces FDA's intent to use the ''Seafood List'' as guidance for the selection of suitable common or usual names of a wide range of seafood products. FDA considers the ''Seafood List'' to represent the type of statement of agency policy that normally appears in the Compliance Policy Guides Manual.

Therefore, CPG's Sec. 540.100, Sec. 540.300, and Sec. 540.350 are obsolete and are hereby revoked. In their place, FDA is issuing CPG Sec. 540.750 to reflect how the agency intends to use the ''Seafood List.''

Interested persons may, at any time, submit written comments on CPG Sec. 540.750 or any of its CPG's to the Dockets Management Branch (address above). Comments should be identified with the docket number found in brackets in the heading of this document. The agency accepts comments but is not compelled to respond to each comment. All comments will be included in the docket and will be available for public review.

Although CPG Sec. 540.750 does not create or confer any rights for, or on, any person and does not operate to bind FDA or the public, it does represent the agency's current thinking on the most appropriate common or usual names for seafood. FDA is making it available to ensure that both the public and agency employees are fully aware of that thinking.

Dated: August 12, 1996.

Ronald G. Chesemore,

Associate Commissioner for Regulatory Affairs.

[FR Doc. 96–21048 Filed 8–16–96; 8:45 am]

BILLING CODE 4160–01–F

Health Resources and Services Administration

Program Announcement and Review Criteria for a Cooperative Agreement To Support Innovative Projects Relating to Public Health Education and Services

The Health Resources and Services Administration (HRSA) announces that applications will be accepted for a Cooperative Agreement for fiscal year 1996 with a professional association located in the Washington, D.C. area with an established relationship with the accredited schools of public health. Such an association should be recognized as a National representative of schools of public health; have proprietary information concerning student enrollment, graduates, faculty and curricula in schools of public health; and have access to the leadership in schools of public health. The purpose of the Cooperative Agreement is to support a program of innovative projects which would demonstrate the sharing of expertise between public health faculty and public health practitioners in States and communities, to both improve public health and health care services at the State and community level and provide meaningful feedback to schools of public health concerning the efficacy of their curricula in educating and training the public health workforce. This Cooperative Agreement is solicited under the authority of Title III, section 301, of the Public Health Service Act, as amended. Section 301 authorizes the award of grants, contracts, and cooperative agreements to public and non-profit entities for several purposes, including the demonstration of innovative models.

Up to $750,000 may be available to fund one Cooperative Agreement in fiscal year 1996 and up to $1,000,000 for each of the succeeding four years. The Cooperative Agreement will be awarded for a project period of up to five years, funded each fiscal year depending on performance and the availability of appropriate funds.

Background

As part of its overall mission, HRSA is responsible for providing national leadership to assure that high quality health care and services are provided to the most vulnerable populations in the Nation and to improve the basic and continuing education of public health professionals to assess, develop and assure that a high level of health care services are available to these populations. In carrying out this responsibility for the education of public health professionals, HRSA works collaboratively with educational institutions—especially schools of public health—and with professional organizations to develop and implement improved basic and continuing education curricula to assure competent public health practice and leadership in the United States.

At the present time there are 27 accredited schools of public health in the United States. These schools represent the primary educational system that trains personnel needed to operate the Nation's local, State and Federal public health agencies. They address issues of disease prevention and health promotion, emphasize teaching and research focused on epidemiology; biostatistics; occupational and environmental health; health services administration, including health policy development, health services delivery, etc.; and the behavioral sciences, including health education, nutrition, maternal and child health, health promotion, etc.

It has been recognized that the quality of public health personnel plays a critical role in the promotion of health, prevention and control of disease, and the management of health resources. The schools of public health's principal purpose is to promote and improve the education and training of professional public health personnel.

An area of major concern to HRSA is the lack of individuals trained and prepared to manage and/or provide services in community settings. It is these settings where a majority of HRSA funding and attention is directed, because it is at the community-level that our most vulnerable populations need care. The disconnect between public health training and community settings where these individuals are needed continues to be a significant problem in public health and for the efficient delivery of HRSA-sponsored care and services.

A second major concern is the proliferation of managed care programs and their impact on HRSA-sponsored organizations. There is a clear gap between the thrust of managed care (both its services orientation and funding policies) and the traditional provision of care and services by HRSA grantees. This gap is exacerbated by the lack of trained individuals who understand managed care and are capable of using this understanding in the HRSA grantee community.

HRSA also is concerned over the low number of faculty, students and practitioners from minority backgrounds in academic and practice settings. The