

Medicare & Medicaid Services not later than December 31 of each year.

The Council consists of 15 physicians, each of whom has submitted at least 250 claims for physicians' services under Medicare in the previous year. Members of the Council include both participating and nonparticipating physicians, and physicians practicing in rural and underserved urban areas. At least 11 of the members of the Council shall be physicians described in section 1861(r)(1) of the Act. The remaining members may include dentists, podiatrists, optometrists, and chiropractors. Members serve for overlapping 4-year terms; terms of more than 2 years are contingent upon the renewal of the Council by appropriate action before its termination. Section 1868(a) of the Act provides that nominations to the Secretary for Council membership must be made by medical organizations representing physicians.

The Council held its first meeting on May 11, 1992. The current members are: James Bergeron, M.D.; Richard Bronfman, D.P.M.; Ronald Castellanos, M.D.; Rebecca Gaughan, M.D.; Joseph Heyman, M.D.; Stephen A. Imbeau, M.D.; Joe Johnson, D.O.; Christopher Leggett, M.D.; Dale Lervick, O.D.; Angelyn L. Moultrie-Lizana, D.O.; Barbara McAneny, M.D.; Michael T. Rapp, M.D. (Chairman); Amilu Rothhammer, M.D.; Victor Vela, M.D.; and Douglas L. Wood, M.D.

Council members will be updated on the status of recommendations made during the past year. The agenda will provide for discussion and comment on the following topics:

- Physician's Regulatory Issues Team (PRIT) update.
- Update on the Physician Fee Schedule.
- Beneficiary access.
- Funding for provider education.
- Medicaid access provision.
- Evaluation and management guidelines.
- Health Insurance Portability and Accountability Act.
- Local medical review policy-variation.
- Self-administered drug policy.
- Preventative services.

For additional information and clarification on the topics listed, call the contact person in the "For Further Information Contact" section of this notice. Individual physicians or medical organizations that represent physicians wishing to make 5-minute oral presentations on agenda issues should contact the Executive Director by 12 noon, Friday, September 13, 2002, to be scheduled. Testimony is limited to agenda topics. The number of oral

presentations may be limited by the time available. A written copy of the presenter's oral remarks should be submitted to the meeting coordinator at dmotsiopoulos@cms.hhs.gov no later than 12 noon, September 13, 2002, for distribution to Council members for review before the meeting. Physicians and organizations not scheduled to speak may also submit written comments to the Executive Director and Council members. The meeting is open to the public, but attendance is limited to the space available. Individuals requiring sign language interpretation for the hearing impaired or other special accommodation should contact Diana Motsiopoulos at dmotsiopoulos@cms.hhs.gov or (410) 786-3379 at least 10 days before the meeting.

This notice also serves as an invitation to all organizations representing physicians to submit nominees for membership on the Council. Each nomination must state that the nominee has expressed a willingness to serve as a Council member and must be accompanied by a short resume or description of the nominee's experience. To permit an evaluation of possible sources of conflicts of interest, potential candidates will be asked to provide detailed information concerning financial holdings, consultant positions, research grants, and contracts. Section 1868(b) of the Act provides that the Council meet quarterly, as requested by the Secretary, to discuss proposed changes in regulations and manual issuances that relate to physicians' services. Council members are expected to participate in all meetings. Section 1868(c) of the Act provides for payment of expenses and a per diem allowance for Council members at a rate equal to payment provided members of other advisory committees. In addition to making these payments, the Department of Health and Human Services/Centers for Medicare & Medicaid Services provides management and support services to the Council. The Secretary will appoint new members to the Council from among those candidates determined to have the expertise required to meet specific agency needs and in a manner to ensure appropriate balance of membership.

(Section 1868 of the Social Security Act (42 U.S.C. 1395ee) and section 10(a) of Public Law 92-463 (5 U.S.C. App. 2, section 10(a)); 45 CFR part 11)

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: August 16, 2002.

Thomas A. Scully,

Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 02-21371 Filed 8-22-02; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Statement of Organization, Functions, and Delegations of Authority

Part F of the Statement of Organization, Functions, and Delegations of Authority for the Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS), (FR, Vol. 67, No. 125, pp. 43632-43633 dated June 28, 2002) is amended to reflect a change to the Office of Communications and Operations Support.

The specific amendments to part F are described below:

- Section F.10. (Organization) is amended to read as follows:
 1. Public Affairs Office (FAC)
 2. Center for Beneficiary Choices (FAE)
 3. Office of Legislation (FAF)
 4. Center for Medicare Management (FAH)
 5. Office of Equal Opportunity and Civil Rights (FAJ)
 6. Office of Research, Demonstration, and Information (FAK)
 7. Office of Clinical Standards and Quality (FAM)
 8. Office of the Actuary (FAN)
 9. Center for Medicaid and State Operations (FAS)
 10. Northeastern Consortium (FAU)
 11. Southern Consortium (FAV)
 12. Midwestern Consortium (FAW)
 13. Western Consortium (FAX)
 14. Office of Operations Management (FAY)
 15. Office of Internal Customer Support (FBA)
 16. Office of Information Services (FBB)
 17. Office of Financial Management (FBC)
 18. Office of Strategic Operations and Regulatory Affairs (FGA)

• Section F.20. (Functions) is amended by restructuring the Office of Communications and Operations Support and changing their title to the Office of Strategic Operations and Regulatory Affairs. The new functional statement reads as follows:

18. Office of Strategic Operations and Regulatory Affairs (FGA)

- Manages the Agency's decision-making and regulatory process.

- Serves in a neutral broker coordination role which includes: Scheduling meetings and briefings for the Administrator and coordinating communications between and among central and regional offices to ensure that emerging issues are identified early, all concerned components are directly and fully involved in policy development/decision making, and that all points of view are presented.

- Provides leadership, direction, and advocacy, on behalf of top CMS officials in connection with official policy matters for presentation to the Administrator and Deputy Administrator/Chief Operating Officer to insure that all points of view and program interests of concern to the Administrator and Deputy Administrator/Chief Operating Officer are developed and properly presented for consideration. Reviews policy statements by component Directors and others to anticipate potential problems or inconsistencies with views of the Administrator, Deputy Administrator/Chief Operating Officer, and the Administration. Assists in resolving these matters to the satisfaction of the Agency and top management.

- Manages meeting requests for or on behalf of the Administrator, and Deputy Administrator/Chief Operating Officer. Coordinates the preparation of briefing materials for the Administrator, Deputy Administrator/Chief Operating Officer, and the Department in advance of the Administrator and Deputy Administrator/Chief Operating Officer's participation in meetings, appointments with major groups, etc. Works with CMS components to assure that appropriate briefing materials are presented to Senior Leadership. Senior officials in CMS and the Department, as well as officials of other Federal agencies, state and local governments, and outside interest groups attend these meetings.

- Coordinates the preparation of manuals and other policy instructions to ensure accurate and consistent implementation of the Agency's programs.

- Manages the Agency's system for developing, clearing and tracking regulations, setting regulation priorities and corresponding work agendas; coordinates the review of regulations received for concurrence from departmental and other government agencies, and develops routine and special reports on the Agency's regulatory activities.

- Manages the regulations development process to ensure timely decision making by the Administrator and Deputy Administrator/Chief Operating Officer on CMS regulations.

- Provides leadership and management of the Agency's Executive Correspondence system. Operates the agency-wide correspondence tracking and control system and provides guidance and technical assistance on standards for content of correspondence and memoranda.

- Manages the agency-wide clearance system to ensure appropriate involvement from Agency components and serves as a primary focal point for liaison with the Executive Secretariat in the Office of the Secretary.

- Provides management and administrative support to the Office of the Attorney Advisor and staff.

- Acts as audit liaison with the General Accounting Office (GAO) and the HHS Office of Inspector General (OIG).

- Monitors and coordinates major CMS legislative initiatives such as tracking the status of the Agency's implementation of Balanced Budget Act, Balanced Budget Refinement Act, and the Benefits Improvement and Protection Act provisions.

- Coordinates and prepares the advance planning reports for the Secretary and the Administrator (Secretary's Forecast Report).

- Acts as the liaison with the Office of the Secretary for Reports to the Congress and maintains a tracking system to monitor status. Also serves as the CMS liaison with the Small Business Administration's Office of the National Ombudsman.

- Develops standard processes for all CMS FACA committees and provides operational and logistical support to CMS components for conferences and on all matters relating to Federal Advisory Committees.

- Conducts activities necessary to the receipt, management, response, and reporting requirements of the Department under the Freedom of Information Act (FOIA) regarding all requests received by CMS.

- Maintains a log of all FOIA requests received by the central office, refers requests to the appropriate components within headquarters, the regions or among carriers and intermediaries for the collection of the documents requested. Makes recommendations and prepares replies to requesters, including denials of information as permitted under FOIA, and drafts briefing materials and responses in connection with appeals of denial decisions.

- Directs the maintaining and amending of CMS-wide records for confidentiality and disclosure to the Privacy Act to include: planning, organizing, initiating and controlling privacy matching assignments.

Dated: August 12, 2002.

Ruben J. King-Shaw, Jr.,

Deputy Administrator and Chief Operating Officer, Centers for Medicare & Medicaid Services.

[FR Doc. 02-21370 Filed 8-22-02; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Center on Minority Health and Health Disparities; Notice of 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 a meeting of the National Advisory Council on Minority Health and Health Disparities.

The meeting will be open to the public as indicated below, with attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the 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 Advisory Council on Minority Health and Health Disparities.

Date: September 12-13, 2002.

Open: September 12, 2002, 8:30 AM to 1:30 PM.

Agenda: The agenda will include the Director's Report, NCMHD, NCMHD Staff reports including the NCMHD Organization/Structure/Resources, NIH Strategic Research Plan, NCMHD Programs, Peer Review Process, Grants Management, Ethics, and other business of the Council.

Place: Pooks Hill Marriott, 5151 Pooks Hill Road, Bethesda, MD 20814.

Closed: September 12, 2002, 1:30 PM to Adjournment.

Agenda: To review and evaluate grant applications.

Place: Pooks Hill Marriott, 5151 Pooks Hill Road, Bethesda, MD 20814.

Contact Person: Jean L. Flagg-Newton, PhD, Deputy Director, National Center on Minority Health and Health Disparities, 6707 Democracy Boulevard, Democracy 2, Suite 800, Bethesda, MD 20892-5465. (301) 402-2518. flaggnej@od.nih.gov.