

Executive Director, Presidential Advisory Council on HIV/AIDS, Department of Health and Human Services, 200 Independence Avenue, SW, Room 701H, Washington, DC 20201; (202) 690-5560. Information about PACHA and the draft townhall meeting agenda will be posted on the Council's Web site at <http://www.pacha.gov>. Directions to the National Press Club can be obtained through the Web site at <http://www.press.org> or by calling (202) 662-7500.

SUPPLEMENTARY INFORMATION: PACHA was established by Executive Order 12963, dated June 14, 1995, as amended by Executive Order 13009, dated June 14, 1996. The Council was established to provide advice, information, and recommendations to the Secretary regarding programs and policies intended to (a) promote effective prevention of HIV disease, (b) advance research on HIV and AIDS, and (c) promote quality services to persons living with HIV disease and AIDS. PACHA was established to serve solely as an advisory body to the Secretary of Health and Human Services. The Council is composed of not more than 35 members. Council membership is determined by the Secretary from individuals who are considered authorities with particular expertise in, or knowledge of, matters concerning HIV/AIDS.

The International Subcommittee is hosting this townhall meeting for the purpose of eliciting public comment on the implementation of the President's Emergency Plan for AIDS Relief. Individuals, agencies, and organizations with practical experience implementing health programs in the developing countries are asked to consider the following questions in preparing their oral or written comments: (1) What lessons can you provide/share regarding planning, implementation, and outcome measurement strategies that have worked best and what did not work and why?; (2) What are the vital aspects of effective partnerships and with whom?; and (3) How have you been able to effectively involve people living with HIV/AIDS in your work?

Public attendance at the townhall meeting is limited to space available and pre-registration is required. Any individual who wishes to participate should call the telephone number listed in the contact information to register. For purposes of planning and coordination, individuals are asked to designate an affiliation from the following categories: (1) Non-Governmental/Community-Based

Organization (NGO/CBO); (2) Academic and/or Research Institution; (3) Faith-Based Organization; (4) Private Sector Sponsored Organization; or (5) Other. Individuals must provide a photo ID for entry into the meeting. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the designated contact person.

Members of the public will have the opportunity to provide comments at the townhall meeting. Pre-registration is required for public comment. Public comment will be limited to three (3) minutes per speaker. Any members of the public who wish to have printed material distributed to the International Subcommittee members should submit materials to the Acting Executive Director, PACHA, electronically at info@phnlp.com, prior to close of business December 15, 2003. Printed text cannot exceed five (5) pages.

Dated: November 26, 2003.

Josephine Bias Robinson,

Executive Director (Acting), Presidential Advisory Council on HIV/AIDS.

[FR Doc. 03-30036 Filed 12-2-03; 8:45 am]

BILLING CODE 4150-28-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Federal Financial Participation in State Assistance Expenditures; Federal Matching Shares for Medicaid, the State Children's Health Insurance Program, and Aid to Needy Aged, Blind, or Disabled Persons for October 1, 2004 Through September 30, 2005

AGENCY: Office of the Secretary, DHHS.

ACTION: Notice.

SUMMARY: The Federal Medical Assistance Percentages and Enhanced Federal Medical Assistance Percentages for Fiscal Year 2005 have been calculated pursuant to the Social Security Act (the Act). These percentages will be effective from October 1, 2004 through September 30, 2005. This notice announces the calculated "Federal Medical Assistance Percentages" and "Enhanced Federal Medical Assistance Percentages" that we will use in determining the amount of Federal matching for State medical assistance (Medicaid) and State Children's Health Insurance Program (CHIP) expenditures, and Temporary Assistance for Needy Families (TANF) Contingency Funds, the federal share of Child Support Enforcement collections,

Child Care Mandatory and Matching Funds of the Child Care and Development Fund, Foster Care Title IV-E Maintenance payments, and Adoption Assistance payments. The table gives figures for each of the 50 States, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands. Programs under title XIX of the Act exist in each jurisdiction; programs under titles I, X, and XIV operate only in Guam and the Virgin Islands; while a program under title XVI (Aid to the Aged, Blind, or Disabled) operates only in Puerto Rico. Programs under title XXI began operating in fiscal year 1998. The percentages in this notice apply to State expenditures for most medical services and medical insurance services, and assistance payments for certain social services. The statute provides separately for Federal matching of administrative costs.

Sections 1905(b) and 1101(a)(8)(B) of the Act require the Secretary of Health and Human Services to publish the Federal Medical Assistance Percentages each year. The Secretary is to figure the percentages, by formulas in sections 1905(b) and 1101(a)(8)(B), from the Department of Commerce's statistics of average income per person in each State and in the Nation as a whole. The percentages are within the upper and lower limits given in section 1905(b) of the Act. The percentages to be applied to the District of Columbia, Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands are specified in statute, and thus are not based on the statutory formula that determines the percentages for the 50 states.

The "Federal Medical Assistance Percentages" are for Medicaid. Section 1905(b) of the Act specifies the formula for calculating Federal Medical Assistance Percentages as follows:

"Federal medical assistance percentage" for any State shall be 100 per centum less the State percentage; and the State percentage shall be that percentage which bears the same ratio to 45 per centum as the square of the per capita income of such State bears to the square of the per capita income of the continental United States (including Alaska) and Hawaii; except that (1) the Federal medical assistance percentage shall in no case be less than 50 per centum or more than 83 per centum, (2) the Federal medical assistance percentage for Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa shall be 50 per centum.

A provision in the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of

2000 modified the formula to calculate the percentages to be applied to Alaska for purposes of titles XIX and XXI of the Act for fiscal years 2001 through 2005. For Alaska only, the formula requires dividing the state's three-year average per capita income by 1.05 instead of 1.0. In addition, section 4725 of the Balanced Budget Act of 1997 amended section 1905(b) to provide that the Federal Medical Assistance Percentage for the District of Columbia for purposes of titles XIX and XXI shall be 70 percent. For both Alaska and the District of Columbia, we note under the table of Federal Medical Assistance Percentages the rates that apply in certain other programs calculated using the formula otherwise applicable, and the rates that apply in certain other programs pursuant to section 1118 of the Social Security Act.

Section 2105(b) of the Act specifies the formula for calculating the Enhanced Federal Medical Assistance Percentages as follows:

The "enhanced FMAP", for a State for a fiscal year, is equal to the Federal medical assistance percentage (as defined in the first sentence of section 1905(b)) for the State increased by a number of percentage points equal to 30 percent of the number of percentage points by which (1) such Federal medical assistance percentage for the State, is less than (2) 100 percent; but in no case shall the enhanced FMAP for a State exceed 85 percent.

The "Enhanced Federal Medical Assistance Percentages" are for use in the State Children's Health Insurance Program under Title XXI, and in the Medicaid program for certain children for expenditures for medical assistance described in sections 1905(u)(2) and 1905(u)(3) of the Act. There is no specific requirement to publish the Enhanced Federal Medical Assistance Percentages. We include them in this notice for the convenience of the States.

EFFECTIVE DATES: The percentages listed will be effective for each of the 4 quarter-year periods in the period

beginning October 1, 2004 and ending September 30, 2005.

FOR FURTHER INFORMATION CONTACT:

Adelle Simmons or Robert Stewart, Office of Health Policy, Office of the Assistant Secretary for Planning and Evaluation, Room 442E—Hubert H. Humphrey Building, 200 Independence Avenue, SW, Washington, DC 20201, (202) 690-6870.

(Catalog of Federal Domestic Assistance Program Nos. 93.558: TANF Contingency Funds; 93.563: Child Support Enforcement; 93-596: Child Care Mandatory and Matching Funds of the Child Care and Development Fund; 93.658: Foster Care Title IV-E; 93.659: Adoption Assistance; 93.769: Ticket-to-Work and Work Incentives Improvement Act (TWWIA) Demonstrations to Maintain Independence and Employment; 93.778: Medical Assistance Program; 93.767: State Children's Health Insurance Program)

Dated: November 26, 2003.

Tommy G. Thompson,

Secretary of Health and Human Services.

**FEDERAL MEDICAL ASSISTANCE PERCENTAGES AND ENHANCED FEDERAL MEDICAL ASSISTANCE PERCENTAGES,
EFFECTIVE OCTOBER 1, 2004–SEPTEMBER 30, 2005**

[Fiscal year 2005]

State	Federal medical assistance percentages	Enhanced Federal medical assistance percentages
Alabama	70.83	79.58
Alaska**	57.58	70.31
American Samoa*	50.00	65.00
Arizona	67.45	77.22
Arkansas	74.75	82.33
California	50.00	65.00
Colorado	50.00	65.00
Connecticut	50.00	65.00
Delaware	50.38	65.27
District of Columbia**	70.00	79.00
Florida	58.90	71.23
Georgia	60.44	72.31
Guam*	50.00	65.00
Hawaii	58.47	70.93
Idaho	70.62	79.43
Illinois	50.00	65.00
Indiana	62.78	73.95
Iowa	63.55	74.49
Kansas	61.01	72.71
Kentucky	69.60	78.72
Louisiana	71.04	79.73
Maine	64.89	75.42
Maryland	50.00	65.00
Massachusetts	50.00	65.00
Michigan	56.71	69.70
Minnesota	50.00	65.00
Mississippi	77.08	83.96
Missouri	61.15	72.81
Montana	71.90	80.33
Nebraska	59.64	71.75
Nevada	55.90	69.13
New Hampshire	50.00	65.00
New Jersey	50.00	65.00
New Mexico	74.30	82.01
New York	50.00	65.00
North Carolina	63.63	74.54
North Dakota	67.49	77.24

FEDERAL MEDICAL ASSISTANCE PERCENTAGES AND ENHANCED FEDERAL MEDICAL ASSISTANCE PERCENTAGES,
EFFECTIVE OCTOBER 1, 2004–SEPTEMBER 30, 2005—Continued
[Fiscal year 2005]

State	Federal medical assistance percentages	Enhanced Federal medical assistance percentages
Northern Mariana Islands*	50.00	65.00
Ohio	59.68	71.78
Oklahoma	70.18	79.13
Oregon	61.12	72.78
Pennsylvania	53.84	67.69
Puerto Rico*	50.00	65.00
Rhode Island	55.38	68.77
South Carolina	69.89	78.92
South Dakota	66.03	76.22
Tennessee	64.81	75.37
Texas	60.87	72.61
Utah	72.14	80.50
Vermont	60.11	72.08
Virgin Islands*	50.00	65.00
Virginia	50.00	65.00
Washington	50.00	65.00
West Virginia	74.65	82.26
Wisconsin	58.32	70.82
Wyoming	57.90	70.53

*For purposes of section 1118 of the Social Security Act, the percentage used under titles I, X, XIV, and XVI will be 75 per centum.

**The values for Alaska and the District of Columbia in the table were set for the state plan under titles XIX and XXI and for capitation payments and DSH allotments under those titles. For other purposes, including programs remaining in Title IV of the Act, the percentage for Alaska is 53.23 and for D.C. is 50.00.

[FR Doc. 03–30095 Filed 11–28–03; 12:19 pm]

BILLING CODE 4120–03–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 2003N–0106]

Agency Information Collection Activities; Announcement of Office of Management and Budget Approval; Submission of Petitions: Food Additive, Color Additive (Including Labeling), and Generally Recognized as Safe Affirmation; and Electronic Submission Using FDA Forms 3503 and 3504

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that a collection of information entitled “Submission of Petitions: Food Additive, Color Additive (Including Labeling), and Generally Recognized as Safe Affirmation; and Electronic Submission Using FDA Forms 3503 and 3504” has been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995.

FOR FURTHER INFORMATION CONTACT:

Peggy Robbins, Office of Management Programs (HFA–250), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–827–1223.

SUPPLEMENTARY INFORMATION: In the *Federal Register* of July 28, 2003 (68 FR 44342), the agency announced that the proposed information collection had been submitted to OMB for review and clearance under 44 U.S.C. 3507. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. OMB has now approved the information collection and has assigned OMB control number 0910–0016. The approval expires on November 30, 2006. A copy of the supporting statement for this information collection is available on the Internet at <http://www.fda.gov/ohrms/dockets>.

Dated: November 25, 2003.

Jeffrey Shuren,

Assistant Commissioner for Policy.

[FR Doc. 03–30029 Filed 12–2–03; 8:45 am]

BILLING CODE 4160–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 2003E–0261]

Determination of Regulatory Review Period for Purposes of Patent Extension; STRATTERA

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) has determined the regulatory review period for STRATTERA and is publishing this notice of that determination as required by law. FDA has made the determination because of the submission of an application to the Director of Patents and Trademarks, Department of Commerce, for the extension of a patent that claims that human drug product.

ADDRESSES: Submit written comments and petitions to the Division of Dockets Management (HFA–305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. Submit electronic comments to <http://www.fda.gov/dockets/ecomments>.

FOR FURTHER INFORMATION CONTACT:

Claudia V. Grillo, Office of Regulatory Policy (HFD–013), Food and Drug