

from the Commission's copy contractor, Qualex International, (202) 863-2893. Oppositions to these petitions must be filed by January 21, 2004. See section 1.4(b)(1) of the Commission's rules (47 CFR 1.4(b)(1)). Replies to an opposition must be filed within 10 days after the time for filing oppositions have expired.

Subject: In the Matter of the Table of Allotments FM Broadcast Stations (Fortuna Foothills, Arizona and Wellton, Arizona) (MB Docket No. 03-163, RM-10734).

Number of Petitions Filed: 1.

Subject: In the Matter of the Establishment of Policies and Service Rules for the Non-Geostationary Satellite Orbit, Fixed Satellite Service in the Ka-Band (IB Docket No. 02-19).

Number of Petitions Filed: 1.

Subject: In the Matter of the Implementation of the Pay Telephone Reclassification and Compensation Provisions of the Telecommunications Act of 1996 (CC Docket No. 96-128).

Number of Petitions Filed: 3.

Subject: In the Matter of the FM Table of Allotments FM Broadcast Stations (Charles Town, West Virginia and Stephens City, Virginia) (MB Docket No. 03-12, RM-10627).

Number of Petitions Filed: 1.

William F. Caton,

Deputy Secretary.

[FR Doc. 04-105 Filed 1-5-04; 8:45 am]

BILLING CODE 6712-01-M

Federal Reserve System

Sunshine Act Meeting

AGENCY HOLDING THE MEETING: Board of Governors of the Federal Reserve System.

TIME AND DATE: 11:30 a.m., Monday, January 12, 2004.

PLACE: Marriner S. Eccles Federal Reserve Board Building, 20th and C Streets, NW., Washington, DC 20551.

STATUS: Closed.

MATTERS TO BE CONSIDERED:

1. Personnel actions (appointments, promotions, assignments, reassignments, and salary actions) involving individual Federal Reserve System employees.

2. Any items carried forward from a previously announced meeting.

FOR FURTHER INFORMATION CONTACT:

Michelle A. Smith, Director, Office of Board Members; 202-452-2955.

SUPPLEMENTARY INFORMATION: You may call 202-452-3206 beginning at approximately 5 p.m. two business days before the meeting for a recorded announcement of bank and bank

holding company applications scheduled for the meeting; or you may contact the Board's Web site at <http://www.federalreserve.gov> for an electronic announcement that not only lists applications, but also indicates procedural and other information about the meeting.

Board of Governors of the Federal Reserve System, January 2, 2004.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. 04-333 Filed 01-02-04; 2:03 pm]

BILLING CODE 6210-01-S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Office of Public Health and Science and Centers for Disease Control and Prevention; Statement of Organization, Functions, and Delegations of Authority

Part A, Office of the Secretary (OS) of the Statement of Organization, Functions, and Delegations of Authority for the Department of Health and Human Services, Chapter AC, Office of Public Health and Science (OPHS), as last amended at 67 FR 71568-70, dated December 2, 2002; and Part H, Centers for Disease Control and Prevention, as last amended at 68 FR 47065-76, dated August 7, 2003, are being amended to reflect the transfer of the National Vaccine Program Office (NVPO) from the Centers for Disease Control and Prevention to the Office of Public Health and Science. The NVPO will be headed by a Director who will report to the Assistant Secretary for Health. The changes are as follows:

I. Under Part H, Centers for Disease Control and Prevention, Chapter CA, "Office of the Director": delete the title and functional statement for the National Vaccine Program Office (HCA8) in its entirety.

II. Under Part A, Chapter AC, Office of Public Health and Science, make the following changes:

A. Under paragraph AC.10 Organization, insert the following line at the end of the listing:

M. *National Vaccine Program Office (ACP).*

B. Under paragraph AC.20, Functions, make the following changes:

1. Delete paragraph, "B. Immediate Office (ACA)," in its entirety, and replace with the following:

B. *The Immediate Office (ACA):* (1) Provides direction to program offices within OPHS; (2) provides advice to assure that the Department conducts

broad based public health assessments designed to better define public health problems and to design solutions to those problems; assists other components within the Department in anticipating future public health issues and problems, and provides assistance to ensure that the Department designs and implements appropriate approaches, interventions, and evaluations, to maintain, sustain, and improve the health of the Nation; (3) at the direction of the Secretary, provides assistance in leading and managing the implementation and coordination of Secretarial decisions for Public Health Service Operating Divisions and, at the Secretary's direction, and for that purpose, draws on staff divisions and other organizational units for assistance in regard to legislation, budget, communications, and policy analysis; (4) provides a focus for leadership on matters including recommendations for policy on population-based public health and science and at the Secretary's direction leads and/or coordinates initiatives that cut across agencies and operating divisions; (5) provides advice to the Secretary and senior Department officials on budget and legislative issues of the Public Health Service Operating Divisions; (6) provides support for the Office of the Surgeon General in the exercise of statutory requirements and assigned activities; (7) works in conjunction with the Public Health Service Operating Divisions, and others, in promoting relationships among and between State and local health departments, academic institutions, professional and constituency organizations, and the Department; (8) works in conjunction with the Assistant Secretary for Planning and Evaluation on matters of science policy analysis and development; (9) provides administrative support to the Office of Global Health Affairs; (10) provides leadership for and participates in public health system improvement and development activities, particularly as they relate to population-based public health and the public health infrastructure; (11) communicates and interacts with national professional and constituency organizations on matters of public health and science; (12) provides departmental liaison for military and veterans issues in the form of advice and counsel to departmental officials; works with veterans associations and organizations; develops approaches within the Department to improve services to veterans and the military; and assists to bring focus on the needs of veterans and military families; (13) proposes findings of research

misconduct and administrative actions in response to allegations of research misconduct involving research conducted or supported by the Public Health Service (PHS) OPDIVs, including reversal of an institution's no misconduct finding or opening of a new investigation; (14) responsible for management and oversight of human research subjects protections functions and related activities where research involves human subjects; (15) provides oversight and direction to the Regional Health Administrators (I–X) and their associated staff; (16) directs and manages the PHS Commissioned Corps, which includes a cadre of health professionals, and the associated personnel systems in support of the missions of the Department of Health and Human Services, U.S. Public Health Service, and agencies in which officers are assigned or detailed to, and provides oversight and direction for officer assignments and professional development; (17) provides policy and related oversight of the Commissioned Corps; and (18) manages the vaccine and immunization related activities for the Secretary.

2. At the end of Paragraph L, insert the following new component: “*M. National Vaccine Program Office (ACPO): The Office:* (1) Advises the Assistant Secretary for Health (the Director of the National Vaccine Program) regarding issues and concerns identified with the implementation of the responsibilities of the National Vaccine Program; (2) develops and provides the Assistant Secretary for Health an annual plan for the implementation of the responsibilities of the NVPO; (3) develops data and conducts analyses of Federal spending on vaccines and vaccine-related activities; (4) provides executive-secretary, staff and administrative support to the National Vaccine Advisory Committee; and (5) coordinates preparation and submission of the annual National Vaccine Report for transmittal by the Assistant Secretary for Health.

III. Delegation for Authority: All delegations and redelegations of authority made by officials and employees of affected organizational components will continue in them or their successors pending further redelegation, provided they are consistent with this reorganization.

Effective Date: This reorganization is effective on the date of signature.

Dated: December 22, 2003.

Tommy G. Thompson,
Secretary.

[FR Doc. 04–120 Filed 1–5–04; 8:45 am]

BILLING CODE 4150–28–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–1373–N]

RIN 0938–AN00

Medicare Program; Notice of One-Time Appeal Process for Hospital Wage Index Classification

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Notice.

SUMMARY: In accordance with section 508(a) of the Medicare Prescription Drug, Improvement and Modernization Act of 2003, this notice establishes a one-time appeal process by which a hospital may appeal the wage index classification otherwise applicable to the hospital.

DATES: *Effective Date:* This notice is effective January 1, 2004.

Deadline for Submission of Appeal Requests: Appeal requests will be considered if the Medicare Geographic Classification Review Board receives them, at the appropriate address, no later than 5 p.m. EDT on February 15, 2004.

Applicability: Geographic redesignations granted under this process are applicable to discharges occurring during the 3-year period beginning with discharges on or after April 1, 2004 and before April 1, 2007.

FOR FURTHER INFORMATION CONTACT: Stephen Phillips, (410) 786–4548.

SUPPLEMENTARY INFORMATION:

I. Background

Under section 1886(d)(10) of the Act, the Medicare Geographic Classification Review Board (MGCRB) considers applications by hospitals for geographic reclassification for purposes of payment under the inpatient prospective payment system (IPPS). Hospitals can elect to reclassify for the wage index or the standardized amount, or both, and as individual hospitals or as groups. Generally, hospitals must be proximate to the labor market area to which they are seeking reclassification and must demonstrate characteristics similar to hospitals located in that area. Hospitals must apply for reclassification to the MGCRB. The MGCRB issues its

decisions by the end of February for reclassifications to become effective for the following fiscal year (beginning October 1). The regulations applicable to reclassifications by the MGCRB are located in §§ 412.230 through 412.280.

Section 1886(d)(10)(D)(v) of the Act provides that, beginning with FY 2001, an MGCRB decision on a hospital reclassification for purposes of the wage index is effective for 3 fiscal years, unless the hospital elects to terminate the reclassification. Section 1886(d)(10)(D)(vi) of the Act provides that the MGCRB must use the 3 most recent years' average hourly wage data in evaluating a hospital's reclassification application for FY 2003 and any succeeding fiscal year.

Section 304(b) of Public Law (Pub. L.) 106–554 provides that the Secretary must establish a mechanism under which a statewide entity may apply to have all of the geographic areas in the State treated as a single geographic area for purposes of computing and applying a single wage index, for reclassifications beginning in FY 2003. The implementing regulations for this provision are located at § 412.235.

Section 1886(d)(8)(B) of the Act permits a hospital located in a rural county adjacent to one or more urban areas to be designated as being located in the Metropolitan Statistical Areas (MSA) to which the greatest number of workers in the county commute if—(1) the rural county would otherwise be considered part of an urban area under the standards published in the **Federal Register** for designating MSAs (and for designating New England County Metropolitan Areas (NECMAs)), and (2) if the commuting rates used in determining outlying counties (or, for New England, similarly recognized areas) were determined on the basis of the aggregate number of resident workers who commute to (and, if applicable under the standards, from) the central county or counties of all contiguous MSAs (or NECMAs). Hospitals that meet these criteria are deemed urban for purposes of the standardized amounts and for purposes of assigning the wage index.

On June 6, 2003, the Office of Management and Budget (OMB) issued OMB Bulletin No. 03–04, announcing revised definitions of MSAs and new definitions of Micropolitan Statistical Areas and Combined Statistical Areas. The new definitions recognize 49 new Metropolitan Statistical Areas and 565 new Micropolitan Statistical Areas, as well as extensively revising the construct of many of the existing Metropolitan Areas. We are in the process of evaluating these new MSA