medical records are available and in proper order; (B) provide for the identification of refugees who have been determined to have medical conditions affecting public health and requiring treatment; (C) assure that State or local health officials at the resettlement destination of each refugee within the United States are promptly notified of the refugee's arrival and provided with all applicable medical records; and (D) provide for such monitoring of refugees identified under subparagraph (B) as will insure that they receive appropriate and timely treatment. The Secretary, DHHS, shall develop and implement methods for monitoring and assessing the quality of medical screening and related health services provided to refugees awaiting resettlement in the United States.

On July 3, 2003, the Secretary, DHHS, delegated to the Director, CDC, the authority to re-delegate the authorities vested in the Secretary, DHHS, under section 412(b)(4) of the INA (8 U.S.C. 1522(b)(4)), as amended hereafter. The Division of Global Migration and Quarantine (DGMQ), CDC, is responsible for monitoring the performance and quality of the required overseas medical examinations of refugees and immigrants applying for permanent residence in the United States, and notifying state and local public health officials of the arrival of all refugees and immigrants who have Class A and B health conditions, (as defined in 42 CFR 34.2) to facilitate the recommended follow-up evaluation in the U.S. Currently, the Department of State uses medical examination forms DS 2053, 3024, 3025, and 3026, under OMB control number 1405–0113, to conduct the overseas medical evaluation of refugees and immigrants. This type of communication and data exchange with local partners has been critical in identifying medical conditions among refugees that require overseas interventions.

In 2004, several outbreaks of vaccine-preventable diseases among refugees in overseas refugee camps were identified and controlled because of rapid notification by U.S. state and local health departments of cases in resettled refugees. Since March 2004, DGMQ has been working with the U.S. Department of State, Bureau of Population, Refugees, and Migration and the International Organization for Migration (IOM) to resettle approximately 15,000 Laotian Hmong refugees accepted for U.S. resettlement. Approximately 8,800 refugees have arrived into the United States through early January 2005, and resettled to 27 states. DGMQ and the Division of Tuberculosis Elimination (DTBE) at CDC have recently received reports from one state of six active TB cases among Hmong refugees. Two of the three cultures confirmed TB cases were multi-drug resistant. In addition, IOM, the group performing overseas medical examinations has reported that since July, 2004 to present, 166 suspect active TB cases have been identified among U.S.-bound Hmong refugees. Completing the worksheet and furnishing the requested information is essential. Accurate information will allow important public health functions and follow-up of significant health events to be performed in preventing the spread of a disease. Respondents include state and local health departments. There is no cost to the respondents other than their time.

Annualized Burden Table:

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hrs.)
State and local health agencies	300	170	5/60	4,250
Total	300			4,250

Dated: March 7, 2005.

Betsey Dunaway,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. 05–4937 Filed 3–14–05; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Center for Injury Prevention and Control Initial Review Group

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

Name: National Center for Injury Prevention and Control (NCIPC), Initial Review Group (IRG).

Times and Dates: 6:30 p.m.–9:30 p.m., April 18, 2005. 8:30 a.m.–5 p.m., April 19, 2005. 8 a.m.–5 p.m., April 20, 2005.

Place: Hilton Atlanta Airport and Towers, 1031 Virginia Avenue, Atlanta, Georgia 30354.

Status: Closed: 6:30 p.m.–9:30 p.m., April 18, 2005. Closed: 8:30 a.m.–5 p.m., April 19, 2005. Closed: 8 a.m.–5 p.m., April 20, 2005.

Purpose: This group is charged with providing advice and guidance to the Secretary of Health and Human Services and the Director, CDC, concerning the scientific and technical merit of grant and cooperative agreement applications received from academic institutions and other public and private profit and nonprofit organizations, including State and local government agencies, to conduct specific injury research that focuses on prevention and control and supports Injury Control Research Centers (ICRCs).

Matters To Be Discussed: Agenda items include an overview of the injury program, discussion of the review process and panelists' responsibilities, and the review of and vote on applications. Beginning at 7 p.m., April 18, through 3 p.m., April 20, the Group will review individual research grant and cooperative agreement applications submitted in response to 10 Fiscal Year 2005 Request for Applications (RFAs) related to the following individual research announcements: #05012, Grants for Violence related Injury Prevention: Suicidal Behavior, Child Maltreatment, Youth Partner, Sexual Violence; #05017, Grants for Prevent Intimate Partner Violence; #05018, Cooperative Agreement National Academic Center of Excellence; #05020, Youth Violence through Community-Level Change; #05021, Grants for New Investigator; #05022, Grants to Prevent Unintentional Injury; #05023, Grants for Traumatic Injury Biomechanics Research; #05024, Alcohol impaired driving; #05025, Grants for Dissertation; #05029, Dissemination Research on Fall Prevention. In addition, the IRG will vote on the results of a mid-course site visit conducted on a current grantee in response to previous IRG recommendations in accordance to RFA #02043, pertaining to (ICRC). This portion of the meeting will be closed to the public in accordance with provisions set forth in section 552b(c)(4) and (6), title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Pub. L. 92–463.

Agenda items are subject to change as priorities dictate.

Contact Person for More Information: Gwendolyn H. Cattledge, Ph.D., M.S.E.H., Executive Secretary, NCIPC IRG, CDC, 4770 Buford Highway, NE., M/S K02, Atlanta, Georgia 30341–3724, telephone (770) 488–1430.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** Notices pertaining to announcements of meetings and other committee management activities for both CDC and the Agency for Toxic Substances and Disease Registry.

Dated: February 23, 2005.

Alvin Hall,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 05–5019 Filed 3–14–05; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–1269–N3]

Medicare Program; Emergency Medical Treatment and Labor Act (EMTALA) Technical Advisory Group (TAG) Meeting and Announcement of Members

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

ACTION: Notice of meeting.

SUMMARY: In accordance with section 10(a) of the Federal Advisory Committee Act (FACA) (5 U.S.C. Appendix 2), this notice announces the first meeting of the Emergency Medical Treatment and Labor Act (EMTALA) Technical Advisory Group (TAG). The purpose of the EMTALA TAG is to review regulations affecting hospital and physician responsibilities under EMTALA to individuals who come to a hospital seeking examination or treatment for medical conditions. This notice also announces the newly appointed members of the EMTALA TAG. Interested parties are invited to this meeting to present their comments on the EMTALA regulations and implementation.

DATES: *Meeting Date:* The meetings of the EMTALA TAG announced in this notice will be held on Wednesday, March 30, 2005 and Thursday, March 31, 2005, from 9 a.m. until 5 p.m. each day.

Registration Deadline for All Participants: All presenters must register by March 22, 2005.

Comment Deadline: Comments or statements must be received by March 22, 2005.

ADDRESSES: *Meeting Address:* The EMTALA TAG meeting will be held in Room 305 A at the Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201.

Mailing and E-mail Addresses for Inquiries or Comments: Inquiries or comments regarding this meeting may be sent to—Beverly J. Parker, Division of Acute Care, Centers for Medicare & Medicaid Services, Mail Stop C4–08–06, 7500 Security Boulevard, Baltimore, MD 21244–1850. Inquiries or comments may also be e-mailed to *EMTALATAG@cms.hhs.gov.*

Web Site Address for Additional Information: For additional information on the EMTALA TAG meeting agenda topics, updated activities, and to obtain Charter copies, please search our Internet Web site at: *http://www.cms.hhs.gov/faca/emtalatag/emtalatagpage.asp.*

Mailing Address for Copies of the EMTALA TAG Charter: Written requests for copies of the EMTALA TAG Charter should be sent to—Marianne M. Myers, Division of Acute Care, Centers for Medicare & Medicaid Services, Mailstop C4–08–06, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

Submission of Comments or Statements: Comments or statements regarding EMTALA may be sent by postal mail or e-mail to the inquiry/comment addresses listed above. We will accept written comments/statements of three single-spaced, typed pages or less that are received by March 22, 2005.

FOR FURTHER INFORMATION CONTACT: Beverly J. Parker, (410) 786–5320.

Press inquiries are handled through the CMS Press Office at (202) 690–6145.

SUPPLEMENTARY INFORMATION:

I. Background

Sections 1866(a)(1)(I), 1866(a)(1)(N), and 1867 of the Social Security Act (the Act) impose specific obligations on Medicare-participating hospitals that offer emergency services. These obligations concern individuals who come to a hospital emergency department and request or have a request made on their behalf for examination or treatment for a medical condition. EMTALA applies to all these individuals, regardless of whether or not they are beneficiaries of any program under the Act. Section 1867 of the Act sets forth requirements for medical screening examinations for emergency medical conditions, as well as necessary stabilizing treatment or appropriate transfer. In addition, section 1867(h) of the Act specifically prohibits a delay in providing required screening or stabilization services in order to inquire about the individual's payment method or insurance status. Section 1867(d) of the Act provides for the imposition of civil monetary penalties on hospitals and physicians responsible for negligently violating a requirement of that section.

These provisions, taken together, frequently referred to as the Emergency Medical Treatment and Labor Act (EMTALA), are also known as the patient antidumping statute. EMTALA was passed in 1986 as part of the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). Congress enacted these antidumping provisions in the Social Security Act because of its concern with an ''increasing number of reports'' that hospital emergency rooms were refusing to accept or treat individuals with emergency conditions if the individuals did not have insurance.

Regulations implementing the EMTALA legislation are set forth at 42 CFR 489.20(l), (m), (q) and (r)(1), (r)(2), (r)(3), and 489.24. These regulations incorporate changes made by a final rule published in the September 9, 2003 **Federal Register** (68 FR 53222). We published a final rule to clarify policies relating to the responsibilities of Medicare-participating hospitals and physicians, under the provisions of EMTALA, in treating individuals with emergency medical conditions who present to a hospital.

Section 945 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) (P.L. 108–173), requires that the Secretary establish a Technical Advisory Group (TAG) for advice concerning issues related to EMTALA regulations and implementation.

Section 945 of the MMA specifies that the EMTALA TAG—

- Shall review the EMTALA regulations;
- May provide advice and recommendations to the Secretary concerning these regulations and their application to hospitals and physicians;
- Shall solicit comments and recommendations from hospitals, physicians, and the public regarding implementation of such regulations; and
- May disseminate information concerning the application of these regulations to hospitals, physicians and the public.

Section 945 of the MMA also specifies the structure of the EMTALA TAG. It states that the EMTALA TAG will be composed of 19 members including the Administrator of the Centers for Medicare & Medicaid Services (CMS) and the Inspector General of the Department of Health and Human Services (DHHS) in addition to the number and type of individuals as specified in each of the following categories: