

Officers: Jenny M. Ma, Vice President Exports, (Qualifying Individual)
Richard Yuan, Treasurer.
RPM Cargo Express, Inc. dba Carib-Link Services, 7150 NW, 36th Avenue, Miami, FL 33147.
Officer: Vladimir Vazquez, President (Qualifying Individual).

Non-Vessel-Operating Common Carrier and Ocean Freight Forwarder Transportation Intermediary Applicant

USL Logistics, LLC, 3621 S. Harbor Blvd., Suite 225, Santa Ana, CA 92704.
Officers: Robert A. Beilin, President, (Qualifying Individual) Kevin W. T. Kroft, Treasurer.

Dated: May 13, 2005.

Bryant L. VanBrakle,

Secretary.

[FR Doc. 05-9929 Filed 5-17-05; 8:45 am]

BILLING CODE 6730-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Statement of Organization, Functions, and Delegations of Authority

Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772-76, dated October 14, 1980, and 60 FR 56605-06, dated November 9, 1995, and as amended most recently at 69 FR 77756, dated December 28, 2004) is amended to reflect the realignment of functions within the Centers for Disease Control and Prevention (CDC). The reorganization of CDC is being undertaken to better align CDC's organizational structure and workforce to achieve public health goals, increase health protection, health impact, and ensure CDC's emergency response capabilities to public health threats and events. The changes are as follows:

A. Under Part C, the Centers for Disease Control and Prevention (CDC), as an Operating Division within the Department of Health and Human Services, is headed by a Director, who reports directly to the Secretary, and includes the following organizational components:

- Office of the Director (CA)
- Coordinating Office for Global Health (CW)
- Coordinating Office for Terrorism Preparedness and Emergency Response (CG)

- Coordinating Center for Environmental Health & Injury Prevention (CT)
- National Center for Environmental Health (CTB)
- National Center for Injury Prevention and Control (CTC)
- Coordinating Center for Health Information and Services (CP)
- National Center for Health Marketing (CPB)
- National Center for Health Statistics (CPC)
- National Center for Public Health Informatics (CPE)
- Coordinating Center for Health Promotion (CU)
- National Center on Birth Defects and Developmental Disabilities (CUB)
- National Center for Chronic Disease Prevention and Health Promotion (CUC)
- Office of Genomics and Disease Prevention (CUE)
- Coordinating Center for Infectious Diseases (CV)
- National Center for HIV, STD, & TB Prevention (CVB)
- National Center for Infectious Diseases (CVC)
- National Immunization Program (CVE)

• National Institute for Occupational Safety and Health (CC)

- B. Under Part C, delete the following organizational units in their entirety:
- National Center on Birth Defects and Developmental Disabilities (CF)
 - National Center for Chronic Disease Prevention and Health Promotion (CL)
 - National Center for Environmental Health (CN)
 - National Center for Health Statistics (CS)
 - National Center for HIV, STD, & TB Prevention (CK)
 - National Center for Infectious Diseases (CR)
 - National Center for Injury Prevention and Control (CE)
 - National Immunization Program (CJ)
 - Office of Genomics and Disease Prevention (CAK)
 - Office of Global Health (CAB)

C. Under Part C, Section titled Functions, add the following changes:

1. *Coordinating Office for Global Health (CW)*
2. *Coordinating Office for Terrorism Preparedness and Emergency Response (CG)*
3. *Coordinating Center for Environmental Health and Injury Prevention (CT):* The Coordinating Center for Environmental Health and Injury Prevention (CCEHIP), which is headed by a Coordinating Center

Director, shall include an Office of the Director (CTA) and the following components are transferred intact to the CCEHIP: National Center for Environmental Health (CTB); and the National Center for Injury Prevention and Control (CTC).

4. *Coordinating Center for Health Information and Services (CP):* The Coordinating Center for Health Information and Services (CCHIS), is headed by a Coordinating Center Director and shall include: An Office of the Director (CPA); the National Center for Health Marketing (CPB) and the National Center for Public Health Informatics (CPE); and the National Center for Health Statistics (CPC) is transferred intact to the CCHIS.

5. *Coordinating Center for Health Promotion (CU):* The Coordinating Center for Health Promotion (CCHP), which is headed by a Coordinating Center Director, shall include an Office of the Director (CUA) and the following components are transferred intact to the CCHP: National Center on Birth Defects and Developmental Disabilities (CUB); National Center for Chronic Disease Prevention and Health Promotion (CUC); and the Office of Genomics and Disease Prevention (CUE).

6. *Coordinating Center for Infectious Diseases (CV):* The Coordinating Center for Infectious Diseases (CCID), which is headed by a Coordinating Center Director, shall include an Office of the Director (CVA) and the following components are transferred intact to the CCID: National Center for HIV, STD, & TB Prevention (CVB); National Center for Infectious Diseases (CVC); and the National Immunization Program (CVE).

C. *Continuation of Policy:* Except as inconsistent with this reorganization, all statements of policy and interpretations with respect to the Centers for Disease Control and Prevention heretofore issued and in effect prior to the date of this reorganization are continued in full force and effect.

D. *Delegations of Authority:* All delegations and redelegations of authority made to officials and employees of affected organizational components will continue in them or other successors pending further redelegation, provided they are consistent with this reorganization.

E. *Funds, Personnel and Equipment.* Transfer of organizations and functions affected by this reorganizations shall be accompanied in each instance by direct and support funds, positions, personnel, records, equipment and other resources.

Dated: May 6, 2005.

Michael O. Leavitt,

Secretary.

[FR Doc. 05-9899 Filed 5-17-05; 8:45 am]

BILLING CODE 4160-18-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-1269-N4]

Medicare Program; Emergency Medical Treatment and Labor Act (EMTALA) Technical Advisory Group (TAG) Meeting—June 15, 2005 Through June 17, 2005

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 second 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. The primary purpose of the second meeting is to enable the EMTALA TAG to hear testimony and consider written responses from medical societies and other organizations on specific issues considered by the TAG at its initial meeting. However, the public is permitted to attend this meeting and, to the extent that time permits and at the discretion of the Chairperson, the EMTALA TAG may hear comments from the floor.

DATES: Meeting Dates: The meetings of the EMTALA TAG announced in this notice are as follows:

Wednesday, June 15, 2005, 11 a.m. to 5 p.m.

Thursday, June 16, 2005 from 9 a.m. to 5 p.m.

Friday, June 17, 2005 from 9 a.m. to 12 noon.

Registration and Deadline: You may register by sending an e-mail to EMTALATAG@cms.hhs.gov, sending a fax to the attention of Ronda Allen at fax number (410) 786-0681 or (410) 786-0169, or calling (410) 786-4548. To attend this meeting, all individuals must register by June 8, 2005.

Comment Deadline: Comments to be distributed to the EMTALA TAG may be

submitted in writing up to three business days following the meeting. If anyone wishes to submit written comments, Beverly J. Parker must receive the comments by 5 p.m., June 22, 2005 at the address listed below.

Special Accommodations: Individuals requiring sign-language interpretation or other special accommodations should send a request for these services to Beverley J. Parker by 5 p.m., June 1, 2005 at the address listed below.

ADDRESSES: Meeting Address: The EMTALA TAG meeting will be held in Room 705A at the Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201.

Mailing and Email 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 emailed 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>.

FOR FURTHER INFORMATION CONTACT:

Beverly J. Parker at (410) 786-5320 or George Morey at (410) 786-4653. 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.

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. Section 945 of the Medicare Prescription Drug, Improvement, and Modernization Act of

2003 (MMA) (Pub. 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—

- Review the EMTALA regulations;
- Provide advice and recommendations to the Secretary concerning these regulations and their application to hospitals and physicians;
- Solicit comments and recommendations from hospitals, physicians, and the public regarding implementation of these regulations; and
- Disseminate information concerning the application of these regulations to hospitals, physicians, and the public.

The EMTALA TAG, as chartered under the legal authority of section 945 of the MMA, is also governed by the provisions of the Federal Advisory Committee Act (FACA) (5 U.S.C. Appendix 2) for the selection of members and the conduct of all meetings.

In the May 28, 2004 **Federal Register** (69 FR 30654), we specified the statutory requirements regarding the charter, general responsibilities, and structure of the EMTALA TAG. That notice also solicited nominations for members based on the statutory requirements for the EMTALA TAG. We received no nominations. In the August 27, 2004 **Federal Register** (69 FR 52699), we again solicited nominations for members in two categories (patient representatives and a State survey agency representative.) In the March 15, 2005 **Federal Register** (70 FR 12691), we announced the inaugural meeting of the EMTALA TAG and the membership selection.

II. Meeting Format, Agenda, and Suggested Presentation Topics

A. Meeting Format

The initial portion of the meeting (convening at 11 a.m. on June 15) will involve opening remarks and presentations by CMS staff, as requested by the TAG, followed by testimony from representatives of organizations invited to present information on specific topics. TAG members will have the opportunity to ask questions, prioritize the topics presented, and to conduct other necessary business. At the conclusion of each day's meeting, to the extent that time is available and at the discretion of the Chairperson, the public will be permitted a reasonable time to comment on issues being considered by the TAG.