

Estimated Cost Burden

The cost per respondent should be negligible. Participation is voluntary and will not require start-up, capital, or labor expenditures by respondents.

Christian S. White,

Acting General Counsel.

[FR Doc. 05-16464 Filed 8-18-05; 8:45 am]

BILLING CODE 6750-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Office of the Secretary****Office of the Assistant Secretary for Planning and Evaluation (ASPE)—Area Poverty Research Centers**

ACTION: Notice, correction.

SUMMARY: The Department of Health and Human Services published a document in the **Federal Register** of June 20, 2005 concerning a notice of funding availability to establish Area Poverty Research Centers. The document contained an incorrect date.

FOR FURTHER INFORMATION CONTACT: Theresa Jarosik, 301-496-7075.

Correction

In the **Federal Register** of June 20, 2005, in **Federal Register** document 05-12018 on page 35443, in the third column, correct the Award Notices caption to read:

A successful applicant can expect to receive notification of grant award on or about September 30, 2005.

Dated: August 15, 2005.

Michael J. O'Grady,

Assistant for Secretary for Planning and Evaluation.

[FR Doc. 05-16451 Filed 8-18-05; 8:45 am]

BILLING CODE 4154-05-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Public Meeting of the President's Council on Bioethics on September 8-9, 2005**

AGENCY: The President's Council on Bioethics, HHS.

ACTION: Notice.

SUMMARY: The President's Council on Bioethics (Leon R. Kass, M.D., Chairman) will hold its twenty-first meeting, at which, among other things, it will continue its discussion of ethical issues relating to the treatment of the aged and the long-term care of patients with dementia. Subjects discussed at

past Council meetings (though not on the agenda for the present one) include: Cloning, assisted reproduction, reproductive genetics, IVF, ICSI, PGD, sex selection, inheritable genetic modification, patentability of human organisms, neuroscience, aging retardation, lifespan-extension, and organ procurement for transplantation. Publications issued by the Council to date include: Human Cloning and Human Dignity: An Ethical Inquiry (July 2002); Beyond Therapy: Biotechnology and the Pursuit of Happiness (October 2003); Being Human: Readings from the President's Council on Bioethics (December 2003); Monitoring Stem Cell Research (January 2004), Reproduction and Responsibility: The Regulation of New Biotechnologies (March 2004), and Alternative Sources of Human Pluripotent Stem Cells: A White Paper (May 2005).

DATES: The meeting will take place Thursday, September 8, 2005, from 9 a.m. to 4:30 p.m. e.t.; and Friday, September 9, 2005, from 8:30 a.m. to 12:30 p.m. e.t.

ADDRESSES: Wyndham City Center, 1143 New Hampshire Avenue, NW., Washington, DC 20037. Phone 202-775-0800.

Agenda: The meeting agenda will be posted at <http://www.bioethics.gov>.

Public Comments: The Council encourages public input, either in person or in writing. At this meeting, interested members of the public may address the Council, beginning at 11:30 am, on Friday, September 9. Comments are limited to no more than five minutes per speaker or organization. As a courtesy, please inform Ms. Diane Gianelli, Director of Communications, in advance of your intention to make a public statement, and give your name and affiliation. To submit a written statement, mail or e-mail it to Ms. Gianelli at one of the addresses given below.

FOR FURTHER INFORMATION CONTACT: Ms. Diane Gianelli, Director of Communications, The President's Council on Bioethics, Suite 700, 1801 Pennsylvania Avenue, Washington, DC 20006. Telephone: 202-296-4669. E-mail: info@bioethics.gov. Web site: <http://www.bioethics.gov>.

Dated: August 10, 2005.

Richard Roblin,

Acting Executive Director, The President's Council on Bioethics.

[FR Doc. 05-16449 Filed 8-18-05; 8:45 am]

BILLING CODE 4154-06-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Office of the Secretary****Office of the National Coordinator for Health Information Technology; Statement of Organization, Functions, and Delegations of Authority**

Part A, Office of the Secretary, Statement of Organization, Functions, and Delegations of Authority for the Department of Health and Human Services, Part A, as last amended at 69 FR 51679-51680, dated August 20, 2004, and Chapter AA, Office of the Secretary, as last amended at 69 FR 51679-51680, dated August 20, 2004, are being amended to establish a new Chapter AR, the Office of the National Coordinator for Health Information Technology (ONC) within the Office of the Secretary. The changes are as follows:

I. Under Part A, Chapter AA, Section AA.10 Organization, insert the following: "Office of the National Coordinator for Health Information Technology (AR)"

II. Under Part A, establish a new Chapter AR, "Office of the National Coordinator for Health Information Technology (ONC)" to read as follows:

Section AR.00 Mission
Section AR.10 Organization
Section AR.20 Functions

Section AR.00 Mission: The Office of the National Coordinator for Health Information Technology provides leadership for the development and nationwide implementation of an interoperable health information technology infrastructure to improve the quality and efficiency of health care and the ability of consumers to manage their care and safety. The National Coordinator for Health Information Technology serves as the Secretary's principal advisor on the development, application, and use of health information technology; coordinates the Department of Health and Human Services' (HHS) health information technology programs; ensures that HHS health information technology policy and programs are coordinated with those of other relevant executive branch agencies; and to the extent permitted by law, develops, maintains, and directs the implementation of a strategic plan to guide the nationwide implementation of interoperable health information technology in both the public and private health care sectors that will reduce medical errors, improve quality, and produce greater value for health care expenditures, and coordinates outreach and consultation by the

relevant executive branch agencies with the public and private sectors. The National Coordinator for Health Information Technology provides comments and advice at the request of OMB regarding specific Federal health information technology programs.

Section AR.10 Organization: The Office of the National Coordinator for Health Information Technology (ONC) is under the direction of the National Coordinator for Health Information Technology who reports directly to the Secretary. The office consists of the following components.

- A. Immediate Office of the National Coordinator (ARA)
- B. Office of Health Information Technology Adoption (ARB)
- C. Office of Interoperability and Standards (ARC)
- D. Office of Programs and Coordination (ARE)
- E. Office of Policy and Research (ARF)

Section AR.20 Functions:

A. Immediate Office of the National Coordinator (ARA): The Immediate Office of the National Coordinator (IO/ONC) is headed by the National Coordinator, who provides executive direction to the office. The National Coordinator is responsible for carrying out ONC's mission and implementing the functions of the ONC. The IO/ONC: (1) Ensures that key health information technology initiatives are coordinated across HHS programs; (2) ensures that health information technology policy and programs of HHS are coordinated with those of relevant executive branch agencies (including Federal commissions and advisory committees) with a goal of avoiding duplication of efforts and of helping to ensure that each agency undertakes activities primarily within the areas of its greatest expertise and technical capability; (3) review Federal health information technology investments to ensure Federal health information technology programs are meeting the objectives of the strategic plan, required under Executive Order 13335, to create a nationwide interoperable health information technology infrastructure; (4) at the request of OMB, provides comments and advice regarding specific Federal health information technology programs; (5) develops, maintains, and reports on measurable outcome goals for health information technology to assess progress within HHS and other executive branch agencies; and in the private sector, in developing and implementing a nationwide interoperable health infrastructure; and (6) fulfills the administrative, reporting, infrastructure, and budget-preparation support needs of the office.

B. Office of Health Information Technology Adoption (ARB): The Office of Health Information Technology Adoption (OHITA) is headed by a Director. OHITA works and coordinates with all other ONC offices to identify health information technology strategies, and works with other relevant HHS offices to implement these strategies and monitor outcomes in fulfillment of the President's goals. Specifically, in coordination with other HHS offices, OHITA: (1) Develops and coordinates strategies to incentivize adoption of health information technology, to reduce the risk of health information technology investment, and to promote health information technology diffusion; (2) coordinates the development of strategies and guidance to create electronic personal health management tools and to enhance informed consumer choice for health care; (3) coordinates with relevant executive branch agencies in promoting and transferring health information technology to public sector; (4) identifies and documents evidence on the benefits and costs of interoperable health information technology and to whom the benefits and costs accrue; (5) assesses the current state of health information technology adoption, specifies measurable goals and methods for evaluating strategies and determines approaches that can accelerate health information technology adoption in a cost-effective manner; and (6) coordinates with other offices within ONC to develop recommendations regarding health information technology compliance certification processes, evaluates compliance certification processes for health information technology and assesses its effect on health information technology implementation.

C. Office of Interoperability and Standards (ARC): The Office of Interoperability and Standards (OIS) is headed by a Director. OIS works with and coordinates with other offices in ONC and HHS to provide leadership in the development and implementation of a nationwide interoperable health information technology infrastructure and advance the development, adoption, and implementation of interoperable health information technology standards. Specifically, in coordination with relevant HHS offices, OIS: (1) Fosters mechanisms that support the secure and seamless exchange of health information, including the use of standards, certified technology, and requirements for a nationwide architecture; (2) manages the federal health architecture program

efforts and works with Federal agencies to ensure that Federal health information systems are coordinated and interoperable with any nationwide interoperable health information technology infrastructure; (3) advances the development, adoption, and implementation of health information technology standards nationally through collaboration among public and private interests that are consistent with current efforts of the Federal Government; (4) works with relevant HHS offices to evaluate mechanisms for harmonizing security and privacy practices in an interoperable health information technology architecture; and (5) promotes the development of performance measures related to the adoption of interoperable health information technology standards.

D. Office of Programs and Coordination (ARE): The Office of Programs and Coordination (OPC) is headed by a Director. OPC ensures complete integration of all efforts across ONC and supports the dissemination and adoption of the Administration's policy on health information technology. Specifically, in coordination with relevant HHS offices, OPC: (1) Provides infrastructure and management support for Secretary initiatives related to health information technology including FACA and other advisory committees; (2) provides the infrastructure support for health information technology programs to coordinate interrelating activities including workgroups and subcommittees; (3) monitors and measures all outcomes in support of health information technology initiatives; and (4) develops and coordinates with relevant HHS offices, including the Assistant Secretary for Public Affairs, outreach campaigns to educate the public about health information technology and its use of Web site materials, and other documents regarding ONC activities.

E. Office of Policy and Research (ARF): The Office of Policy and Research (OPR) is headed by a Director. The OPR coordinates with other ONC offices and conducts studies in support of ongoing health information technology and supports and coordinates efforts that inform policy decisions related to health IT. Specifically, in coordination with relevant HHS offices, OPR: (1) Ensures the smooth and efficient implementation of policies under the direction of the National Coordinator; (2) supports efforts to determine to what extent health information technology affects public and private business practices; (3) identifies privacy and

security issues related to a nationwide health information technology infrastructure and strategies to ensure that patients' individually identifiable health information is secure and protected; (4) leads health information technology research efforts for ONC to help inform policy decisions and conducts key technical, scientific, economic, statistical and other studies related to health information technology; (5) develops procedures and pilot efforts for how medical knowledge can be collected, validated and available at the point of care; (6) facilitates discussions within HHS on the policy implications of key health information technology activities, and supports the National Coordinator in considering the policy implications of key health information technology activities; and (7) provides specialized technology and statistical expertise in support of policy proposal analysis.

Dated: August 11, 2005.

Michael O. Leavitt,
Secretary.

[FR Doc. 05-16446 Filed 8-18-05; 8:45 am]

BILLING CODE 4150-24-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Request for Application AA213]

Building and Strengthening Haiti's National Plan for the Prevention and Treatment of HIV/AIDS, Including Support for the Coordination of a National HIV/AIDS Service Delivery Protocol and New HIV/AIDS Training Initiatives; Notice of Intent To Fund Single Eligibility Award

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the intent to fund fiscal year (FY) 2005 funds for a cooperative agreement program to provide a funding mechanism for joint activities between CDC and the Haitian Ministry of Health-Ministère de la Santé Publique et de la Population (MSPP) in the area of HIV/AIDS prevention, care and treatment. Joint activities during the project period will focus on strengthening the MSPP's capacity to lead, coordinate and oversee the monitoring and evaluation (M&E) of HIV/AIDS-related health activities, including diagnostic laboratories and programs such as VCT, prevention of mother-to-child transmission (PMTCT), and other care and treatment interventions. These goals will be

accomplished through collaboration between the MSPP, CDC Haiti and its partners including, but not limited to, the National Association of State and Territorial AIDS Directors (NASTAD), American Public Health Laboratories (APHL), University Technical Assistance Program (UTAP), International Training and Education Center for HIV/AIDS (ITECH) and local partners. Collaborative activities between CDC and the MSPP are intended to produce measurable improvements in the delivery of public-sector HIV/AIDS services in Haiti.

The Catalog of Federal Domestic Assistance number for this program is 93.067.

B. Eligible Applicant

This is a single eligibility request for application (RFA) from the Haitian MSPP. No other applicants are solicited.

The national public health system in Haiti remains the primary source of care for the majority of the Haitian Population. This system is directly managed by the Haitian Ministry of Health as it is an inherently governmental role to provide a basic level of health care to ensure that a minimum standard of public health is achieved. The MSPP is responsible for the National Strategic Plan for HIV/AIDS in Haiti. This responsibility includes updating the national protocols for care and treatment and as well as national coordination of HIV/AIDS service delivery and training.

It would be inefficient and unsustainable to develop a parallel system outside of the public health system to provide prevention, treatment, and other service delivery solely for HIV/AIDS.

C. Funding

Approximately \$11,620,000 is available over a five year project period. \$2,324,000 will be available in FY 2005 for a 12-month budget period. The approximate date for the award is September 15, 2005. Funding estimates may change.

D. Where To Obtain Additional Information

For general comments or questions about this announcement, contact: Technical Information Management, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341-4146, Telephone: 770-488-2700.

For program technical assistance, contact: Kathy Grooms, CDC Global AIDS Program, 1600 Clifton Road, NE., Mailstop E-04, Atlanta, GA 30333, Telephone: 404-639-8394, E-mail: Kgrooms@cdc.gov.

For financial, grants management, or budget assistance, contact: Vivian Walker, Grants Management Specialist, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341, Telephone: 770-488-2724, E-mail: vew4@cdc.gov.

Dated: August 12, 2005.

William P. Nichols,

*Director, Procurement and Grants Office,
Centers for Disease Control and Prevention.*

[FR Doc. 05-16443 Filed 8-18-05; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement AA083]

Enhancement of Palliative Care Tuberculosis (TB)/Human Immunodeficiency Virus (HIV) Collaboration in the United Republic of Tanzania Under the President's Emergency Plan for AIDS Relief; Notice of Intent To Fund Single Eligibility Award

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the intent to fund fiscal year (FY) 2005 funds for a cooperative agreement program to increase and build the capacity of health care workers in Tanzania that are in the early diagnosis and treatment stage of TB and/or HIV in co-infected patients.

The purpose of the announcement is to support the efforts to increase and build the capacity of health care workers in Tanzania and Zanzibar in the early diagnosis and treatment of TB and/or HIV in co-infected patients by building upon the existing framework of health policy and programming the NTLP has itself initiated. The Government of the United Republic of Tanzania has mandated the NTLP to coordinate and implement activities necessary for the control of TB and leprosy, including HIV/AIDS among TB patients. The NTLP also has the technical ability to oversee the project, by ensuring the activities implemented are integrated into the national strategy for TB and leprosy in Tanzania.

The Catalog of Federal Domestic Assistance number for this program is 93.067.

B. Eligible Applicant

Assistance will only be provided to the National Tuberculosis and Leprosy Program (NTLP) for this project.