

Dates and Times: September 6, 2006, 8:30 a.m.–5 p.m.; and September 7, 2006, 8:30 a.m.–4 p.m.

Place: Hilton Washington DC North/Gaithersburg, 620 Perry Parkway, Gaithersburg, Maryland 20877.

Status: The meeting will be open to the public.

Agenda: The agenda for September 6 in the morning will include: Welcome and opening comments from the Acting Chair and Acting Executive Secretary of COGME and senior management staff of the Health Resources and Services Administration. Following will be an election of the Chair of COGME.

There will be an orientation for new council members. Later that morning there will be a presentation of resource papers on the issue of National Service for Physicians, followed by discussion. In the afternoon there will be a presentation of resource papers on the need for graduate medical education financing flexibility; a discussion of the papers will follow. There will be a discussion of next day's activities needed for the preparation of two COGME reports covering the two issues presented in the resource papers. Writing group members within COGME will be identified for each of the two reports.

In the morning of September 7, COGME members will receive ethics training as appropriate. There will be a presentation and discussion of a sixth resource paper on the need for GME flexibility. Following these discussions, the Council members will break out into two writing groups. After about four hours of writing group discussions, COGME members will reconvene in plenary session. A report will be given by the two writing group chairs of draft recommendations, proposed outline and list of members to draft each section of the two reports. There will be a discussion of the process and time-frame for producing the two report drafts.

Agenda items are subject to change as priorities dictate.

FOR FURTHER INFORMATION CONTACT:

Jerald M. Katzoff, Acting Executive Secretary, COGME, Division of Medicine and Dentistry, Bureau of Health Professions, Parklawn Building, Room 9A–27, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone (301) 443–6785.

Dated: August 7, 2006.

Cheryl R. Dammons,

Director, Division of Policy Review and Coordination.

[FR Doc. E6–13214 Filed 8–10–06; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Statement of Organization, Functions and Delegations of Authority

This notice amends Part R of the Statement of Organization Functions and Delegations of Authority of the Department of Health and Human Services (DHHS), Health Resources and Services Administration (HRSA) (60 FR 56605, as amended November 6, 1995; amended at 67 FR 46519, July 15, 2002; 68 FR 787–793, January 7, 2003, 68 FR 64357–64358, November 13, 2003; at 69 FR 56433–56434, September 21, 2004 and; last amended at 70 FR 61293–61294, October 21, 2005.)

This notice reflects changes to the organization and functions of the Office of the Administrator (AO) and the HIV/AIDS Bureau (RV).

Chapter RA—Office of the Administrator

Section RA–10, Organization

- (1) Immediate Office of the Administrator (RA);
- (2) Office of Equal Opportunity and Civil Rights (RA2);
- (3) Office of Planning and Evaluation (RA5);
- (4) Office of Communications (RA6);
- (5) Office of Minority Health and Health Disparities (RA9);
- (6) Office of Legislation (RAE);
- (7) Office of Information Technology (RAG); and
- (8) Office of International Health Affairs (RAH).

Section RA–20, Function

Delete the functional statement in its entirety and replace with the following:

Immediate Office of the Administrator (RA)

(1) Leads and directs programs and activities of the Agency and advises the Office of the Secretary of Health and Human Services on policy matters concerning them; (2) provides consultation and assistance to senior Agency officials and others on clinical and health professional issues; (3) serves as the Agency's focal point on efforts to strengthen the practice of public health as it pertains to the HRSA mission; (4) establishes and maintains verbal and written communications with health organizations in the public and private sectors to support the mission of HRSA; (5) directs the Center for Quality; and (6) manages the legislative and communications programs for the agency.

Chapter RV—HIV/AIDS Bureau

Section RV–10, Organization

Section RV–20, Functions

Delete the functional statement for the Office of the Associate Administrator in its entirety and replace with the following:

Provides leadership and direction for the HIV/AIDS programs and activities of the Bureau and oversees its relationship with other national health programs. Specifically: (1) Coordinates the formulation of an overall strategy and policy for HRSA AIDS programs; (2) coordinates the internal functions of the Bureau and its relationships with other national health programs; (3) establishes AIDS program objectives, alternatives, and policy positions consistent with broad Administration guidelines; (4) provides direction and leadership for the Agency's AIDS grants and contracts programs; (5) reviews AIDS related program activities to determine their consistency with established policies; (6) represents the Agency and the Department at AIDS related meetings, conferences and task forces; (7) serves as principal contact and advisor to the Department and other parties concerned with matters relating to planning and development of health delivery systems related to HIV/AIDS; (8) develops and administers operating policies and procedures for the Bureau; (9) directs and coordinates Bureau Executive Secretariat activities; (10) serves in developing and coordinating Telehealth programs and in facilitating electronic dissemination of best practices in health care to health care professionals; (11) provides grantees/States with accurate and timely interpretations of the Bureau's program expectations, requirements, guidance, and Federal legislation; and (12) arranges and provides technical assistance to assure that the grantees meet program expectations.

Section RA–30, Delegation of Authority

All delegations of authority which were in effect immediately prior to the effective date hereof have been continued in effect in them or their successors pending further re-delegation. I hereby ratify and affirm all actions taken by any HRSA official which involves the exercise of these authorities prior to the effective date of this delegation.

This reorganization is effective upon the date of signature.

Dated: August 2, 2006.
Elizabeth M. Duke,
Administrator.
 [FR Doc. E6-13216 Filed 8-10-06; 8:45 am]
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a summary of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (240) 276-1243.

Proposed Project: Drug and Alcohol Services Information System (DASIS)—(OMB No. 0930-0106)—Revision

The request for OMB approval is a supplement to the full DASIS request approved on November 8, 2005, and is being submitted in accordance with the Terms of Clearance in that 2005 OMB Notice of Action. The supplemental submission requests extension and revision of DASIS, including approval to revise and conduct the National Survey of Substance Abuse Treatment Services (N-SSATS) following the pretest of the questionnaire changes. The request revises only the N-SSATS-

related portion of the DASIS data collection. There are no changes to the other DASIS components.

The DASIS consists of three related data systems: The Inventory of Substance Abuse Treatment Services (I-SATS); the National Survey of Substance Abuse Treatment Services (N-SSATS), and the Treatment Episode Data Set (TEDS). The I-SATS includes all substance abuse treatment facilities known to SAMHSA. The N-SSATS is an annual survey of all substance abuse treatment facilities listed in the I-SATS. The TEDS is a compilation of client-level admission data and discharge data submitted by States on clients treated in facilities that receive State funds. Together, the three DASIS components provide information on the location, scope and characteristics of all known drug and alcohol treatment facilities in the United States, the number of persons in treatment, and the characteristics of clients receiving services at publicly-funded facilities. This information is needed to assess the nature and extent of these resources, to identify gaps in services, to provide a database for treatment referrals, and to assess demographic and substance-related trends in treatment.

The request for OMB approval includes changes to the N-SSATS survey and the Mini-N-SSATS. The Mini-N-SSATS is a procedure for collecting services data from newly identified facilities between main cycles of the N-SSATS survey and will be used to improve the listing of treatment facilities in the on-line treatment facility Locator. The request includes the

following changes to the 2007 N-SSATS questionnaire, as refined by the pretest findings: modification of the treatment categories to incorporate terminology currently used in the substance abuse treatment field; modification of the detoxification question, including the addition of a follow-up question on whether the facility uses drugs in detoxification and for which substances; the addition of questions on clinical/therapeutic approaches; the addition of a question on quality control procedures used by the facility; the addition of a question on how many annual admissions to treatment were funded by Access to Recovery (ATR) vouchers; and, the addition of a question on whether the facility has a National Provider Identifier (NPI.) The request will also include changes to the Mini-N-SSATS questionnaire to modify the treatment categories to incorporate terminology currently used in the substance abuse treatment field. The remaining sections of the N-SSATS questionnaires will remain unchanged except for minor modifications to wording. The request for OMB approval will include a change in burden hours to include the full three years of N-SSATS and mini-N-SSATS data collection, now that the N-SSATS pretest has been completed. Also, the burden hours for the pretest are being dropped.

No significant changes are expected in the other DASIS activities.

The estimated annual burden for the DASIS activities is as follows [note—only the estimates for N-SSATS-related activities are changing]:

Type of respondent and activity	No. of respondents	Responses per respondent	Hours per response	Total burden hours
STATES:				
TEDS Admission data	52	4	6	1,248
TEDS Discharge data	40	4	8	1,280
TEDS Discharge crosswalks	5	1	10	50
I-SATS Update	56	67	.08	300
State Subtotal ¹	56	2,878
FACILITIES:				
I-SATS update	100	1	.08	8
N-SSATS questionnaire	17,000	1	.67	11,390
Augmentation screener	1,000	1	.08	80
Mini-N-SSATS	700	1	.42	294
Facility Subtotal	19,000	11,772
Total	19,056	14,650

¹ The burden for the listed State activities is unchanged from the currently approved level. Only the burden for N-SSATS and Mini-N-SSATS is changing, and the burden for the N-SSATS pretest, which is now complete, has been removed.

Written comments and recommendations concerning the

proposed information collection should be sent by September 11, 2006 to:

SAMHSA Desk Officer, Human Resources and Housing Branch, Office