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(Catalogue of Federal Domestic Assistance Program Nos. 93.879, Medical Library of Assistance, National Institutes of Health, HHS)

Dated: January 29, 1999.

**Laverne Y. Stringfield,**

*Committee Management Officer, NIH.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Public Health Service

#### 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 corrected at 45 FR 69296, October 20, 1980, as amended most recently at 64 FR 2903-2904, dated January 19, 1999) is amended to reflect organizational changes within the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). The restructuring will (1) abolish the Office of Surveillance and Analysis within the Office of the Director, NCCDPHP; (2) retitle the Division of Chronic Disease Control and Community Intervention as the Division of Adult and Community Health and restructure the functions of the Division; and (3) retitle the Division of Nutrition as the Division of Nutrition and Physical Activity and restructure the functions of the Division.

Section C-B, Organization and Functions, is hereby amended as follows:

After the functional statement for the *Office of the Director (CL1)*, *National Center for Chronic Disease Prevention and Health Promotion (CL)*, delete in their entirety the title and functional statement for the *Office of Surveillance and Analysis (CL11)*.

After the functional statement for the *Office of the Director (CL21)*, *Division of Adolescent and School Health (CL2)*, delete the title and functional statement for the *Division of Chronic Disease Control and Community Intervention (CL3)* and insert the following:

*Division of Adult and Community Health (CL3)*. (1) Develops and manages nationwide and State-based surveillance

systems for chronic disease risk factors and health promotion activities; (2) develops and promotes community-based interventions and programs; (3) provides national and international leadership in health education and health promotion; (4) conducts studies to enhance public health activities in health services and managed care; (5) manages public health research, training, cooperative, and intervention activities and diverse settlements such as cities, universities, State health departments, and other countries; (6) promotes the understanding and improvements of the determinants and issues related to cardiovascular health, aging, and epilepsy; (7) in cooperation with other components of NCCDPHP, coordinates activities with other Federal, State, and local governmental agencies, academia, and nongovernmental organizations.

Delete the functional statement for *Office of the Director (CL31)* and insert the following:

(1) Manages, coordinates, and evaluates the activities and programs of the Division; (2) ensures that Division activities are coordinated with other components of CDC both within and outside the Center, with Federal, State, and local health agencies, and with voluntary and professional health agencies; (3) provides leadership and coordinates Division responses to requests for research, consultation, training, collaboration and technical assistance or information on managed care, health promotion, behavioral surveys, cardiovascular health, aging, epilepsy, and arthritis; (4) provides administrative, logistical, and management support for Division field staff; (5) ensures the coordination of NCCDPHP internal activities related to Prevention Health and Health Services Block Grant (PHHSBG) programs and develops and administers, guidelines, uniform reporting procedures, and evaluation criteria for programs supported by PHHSBG; (6) provides administrative and management support for the Division including guidance on the organization of personnel and the use of financial resources, and oversight of grants, cooperative agreements, contracts, and reimbursement agreements.

*Behavioral Surveillance Branch (CL32)*. (1) Manages a nationwide program for State-specific surveillance of behavioral risk factors and other antecedents of health conditions, particularly chronic diseases; (2) provides support to build State capacity for telephone survey operations and data management, and for the analysis, dissemination, and use of the data by

State agencies, and universities to set public health priorities and monitor public health programs; (3) develops guidelines and criteria for the assessment of behavioral risk factors in State and local populations; (4) analyzes and disseminates the results of analyses to policy and decision makers, public health professionals, and other relevant audiences through communication channels and formats appropriate to these constituencies; (5) coordinates analyses and use of survey methods to enhance behavioral risk factor data; (6) develops guidelines and criteria for monitoring public health policies directed at affecting behavioral and other risk factors leading to chronic diseases and other conditions; (7) promotes the broad use and application of Behavioral Risk Factors Surveillance Survey (BRFSS) results and findings through current information systems; (8) works closely with other Divisions in NCCDPHP and other CDC Centers/Institute/Offices (CIO's) to formulate a cross-cutting surveillance system for the States and CDC; (9) provides administrative and management support for the branch, including oversight of grants, cooperative agreements, contracts, and reimbursable agreements.

Delete the title and functional statement for the *Cardiovascular Health Studies Branch (CL33)* and insert the following:

*Cardiovascular Health Branch (CL33)*.

(1) Develops and evaluates effective interventions to be used by State and local health agencies and health care organizations to mitigate risk factors for cardiovascular disease; (2) conducts evaluation studies to document the efficacy and effectiveness of disease prevention and health promotion interventions; (3) provides leadership in the development of components and guidelines for effective chronic disease prevention and health promotion strategies related to cardiovascular disease; (4) provides consultation to State and local health agencies and health care delivery organizations in planning, establishing, and evaluating cardiovascular health activities; (5) carries out epidemiologic research related to the prevention of cardiovascular disease and improvement of cardiovascular health; (6) disseminates findings from research and program evaluations to policy and decision makers, public health professionals and other relevant audiences through communication channels and formats appropriate to these constituencies; (7) provides administrative and management support for the branch, including oversight of

grants, cooperative agreements, contracts, and reimbursable agreements.

Delete the title and functional statement for the *Community Health Promotion Branch (CL35)* and insert the following:

*Community Health and Program Services Branch (CL35)*. (1) Provides technical assistance to State health agencies and other Federal, national, and international organizations to plan, implement, and evaluate community-based chronic disease prevention and health promotion programs; (2) develops, implements, and evaluates training in the area of chronic disease intervention and community health promotion for State health departments and other agencies; (3) supports health promotion and disease prevention research conducted at university-based prevention centers; (4) develops chronic disease epidemiology capacity in State health departments through training and support of chronic disease field epidemiologists and other capacity building efforts; (5) provides statistical and programming support to the Division, including assistance in design of data collection instruments, computer programming, and statistical analysis; (6) provides administrative and management support for the branch, including oversight of grants, cooperative agreements, contracts, and reimbursable agreements.

Delete in their entirety the title and functional statement for the *Statistics Branch (CL37)*.

Delete the title and functional statement for the *Aging Studies Branch (CL38)* and insert the following:

*Health Care and Aging Studies Branch (CL38)*. (1) Coordinates and fosters research and programs in managed care settings for the Center; (2) reviews and develops policy for using health care settings as a focus for public health activities related to disease prevention and health promotion; (3) examines issues related to cost effectiveness in the management and care of chronic diseases; (4) assists in setting health care standards for prevention of chronic diseases; (5) studies potentially modifiable causes of chronic disease and conditions of older adults; (6) develops and evaluates measures of public health impact concerned with such issues as quality of life and disability adjusted life years; (7) assesses the health and economic burden of chronic diseases and conditions in older adults through activities such as demographic, economic, and behavioral studies; (8) disseminates findings from research and program evaluations to policy and decision makers, public health

professionals, and other relevant audiences through communication channels and formats appropriate to these constituencies; (9) provides administrative and management support for the branch, including oversight of grants, cooperative agreements, contracts, and reimbursable agreements.

Delete in their entirety the title and functional statement for the *Health Interventions and Translation Branch (CL39)*.

After the functional statement for the *Office of the Director (CL41)*, *Division of Diabetes Translation (CL4)*, delete the title and functional statement for the *Division of Nutrition (CL5)* and insert the following:

*Division of Nutrition and Physical Activity (CL5)*. (1) Provides national leadership to chronic disease prevention and maternal and child health in the areas of nutrition and physical activity; (2) implements systems to track and analyze nutrition problems, physical inactivity, and related risk factors; builds State capacity to collect and utilize surveillance data; (3) builds international, national, State, and local expertise and capacity in nutrition and physical activity through consultation and training; (4) provides technical assistance and other support to enable State and local health agencies to plan, implement, and evaluate nutrition and physical activity programs; (5) contributes to the science base by conducting epidemiologic and intervention studies related to nutrition and physical activity; (6) ensures that both scientific and programmatic efforts span the arenas of policy, environment, communications, social and behavioral interventions; (7) develops and disseminates new methods, guidelines, and criteria for effective nutrition and physical activity programs; (8) collaborates with appropriate Federal and State agencies, international/national/community organizations, and other CDC partners; (9) provides national leadership in health communications to promote nutrition and physical activity and integrate health communications efforts with overall program efforts; (10) facilitates the translation of nutrition and physical activity research findings into public health practice.

Delete the functional statement for the *Office of the Director (CL51)* and insert the following:

*Office of the Director (CL51)*. (1) Provides direction in establishing Division priorities, strategies, programs, and policies; (2) mobilizes and coordinates partnerships and constituencies to build a national infrastructure for nutrition and physical

activity promotion; (3) educates the public and key decision makers about the importance of nutrition and physical activity to public health; (4) ensures that Division activities are coordinated within NCCDPHP and with other CIOs, constituencies, and Federal agencies; (5) monitors progress toward achieving Division objectives and assesses the impact of programs; (6) provides special training and capacity building activities in support of Division programs; (7) provides administrative and management support for Division activities including guidance on the organization of personnel and the use of financial resources; (8) provides leadership to the Division and field staff on health communication efforts to promote nutrition and physical activity.

*Physical Activity and Health Branch (CL52)*. (1) Conducts epidemiologic research related to physical activity, health, and the prevention of chronic disease; (2) develops and evaluates disease prevention and health promotion interventions involving physical activity; (3) develops monitoring and tracking systems for physical activity behaviors; (4) provides leadership in the development of guidelines for effective chronic disease prevention and health promotion strategies through physical activity; (5) develops and produces communication tools and public affairs strategies related to physical activity and health in collaboration with the Division's communications team; (6) provides technical assistance to State and local health agencies in planning, establishing, and evaluating physical activity promotion strategies; (7) translates physical activity and exercise research findings into public health practice; (8) disseminates findings from epidemiologic research and program evaluations through publications in the scientific literature; (9) collaborates with appropriate groups internal and external to CDC.

Delete the title and functional statement for the *Chronic Disease Prevention Branch (CL56)* and insert the following:

*Chronic Disease Nutrition Branch (CL56)*. (1) Designs, implements, and evaluates surveillance activities, epidemiologic studies, and intervention projects related to chronic disease nutrition problems and risk factors; (2) develops and coordinates State-based dietary surveillance relating to chronic disease nutrition problems and risk factors, and builds State capacity to collect and utilize surveillance data; (3) provides assistance, consultation, and training to State, local, and international agencies to prevent and control chronic

disease and relevant risk factors; (4) analyzes, interprets, and disseminates data from surveys, surveillance activities, and epidemiologic studies related to chronic disease nutrition problems and related risk factors; (5) develops and disseminates guidelines for chronic disease nutrition assessment, intervention, and surveillance; (6) coordinates and/or collaborates with appropriate Federal agencies and national organizations to strengthen and extend chronic disease nutrition surveillance, epidemiology, and intervention activities; (7) develops new methods, techniques, and criteria for the assessment of chronic disease nutrition problems and related risk factors in the United States and other countries; (8) coordinates and/or collaborates with other divisions in NCCDPHP to develop and strengthen the chronic disease nutrition components of their programs, as appropriate.

Delete the title and functional statement for the *Maternal and Child Health Branch (CL57)* and insert the following:

*Maternal and Child Nutrition Branch (CL57)*. (1) Designs, implements, and evaluates epidemiological studies and intervention projects related to nutritional and behavioral risks in maternal and child populations; (2) designs, implements, and evaluates epidemiologic studies and intervention projects related to micronutrient nutrition, especially iron; (3) develops and coordinates State-based maternal and child nutrition surveillance and surveys, and builds State capacity to carry out surveillance activities; (4) provides assistance, consultation, and training to local, State, and international agencies to prevent and control adverse maternal and child health outcomes related to nutritional and behavioral risk factors; (5) analyzes, interprets, and disseminates data from surveys, surveillance activities, and epidemiologic studies related to health and nutrition in domestic and international maternal and child populations; (6) develops and disseminates new methods, techniques, guidelines, and criteria for nutrition assessment, surveillance, and intervention in domestic and international maternal and child populations; (7) coordinates and/or collaborates with appropriate Federal agencies and national/international organizations to develop and strengthen maternal and child nutrition programs; (8) coordinates and collaborates with other divisions in NCCDPHP and other CDC CIOs to develop and strengthen the maternal and child nutrition

components of their programs, as appropriate.

Dated: January 22, 1999.

**Jeffrey P. Koplan,**  
Director.

[FR Doc. 99-2473 Filed 2-2-99; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Substance Abuse and Mental Health Services Administration

#### Center for Substance Abuse Prevention, Drug Testing Advisory Board; Notice of Meeting

Pursuant to Pub. L. 92-463, notice is hereby given of the meeting of the Drug Testing Advisory Board of the Center for Substance Abuse Prevention in March 1999.

The first day (March 8) of the Drug Testing Advisory Board meeting will be closed from 8:30 a.m. until 1:00 p.m. and involves the review of sensitive National Laboratory Certification Program (NLCP) internal operating procedures and program development issues. Therefore, this portion of the meeting will be closed to the public as determined by the Administrator, SAMHSA, in accordance with 5 U.S.C. 552b(c)(2), (4), and (6) and 5 U.S.C. App.2, § 10(d).

The Drug Testing Advisory Board meeting will be open from 1:00 p.m. until 5:00 p.m. on March 8 and open from 8:00 a.m. until 3:30 p.m. on March 9. The open session will include a roll call, general announcements, and a discussion of the information submitted by industry representatives regarding the use of alternative matrices (hair, sweat, oral fluids) and on-site tests to test for drugs of abuse. A public comment period will be scheduled during the open session. If anyone needs special accommodations for persons with disabilities please notify the Contact listed below.

An agenda for this meeting and a roster of board members may be obtained from: Ms. Giselle Hersh, Division of Workplace Programs, 5600 Fishers Lane, Rockwall II, Suite 815, Rockville, MD 20857, Telephone: (301) 443-6014.

Substantive program information may be obtained from the contact whose name and telephone number is listed below.

*Committee Name:* Drug Testing Advisory Board

*Meeting Date:* March 8-9, 1999

*Place:* Holiday Inn, 5520 Wisconsin Avenue, Chevy Chase, Maryland 20815

*Closed:* March 8, 1999; 8:00 a.m.-1:00 p.m.

*Open:* March 8, 1999; 1:00 p.m.-5:00 p.m.

*Open:* March 9, 1999; 8:00 a.m.-3:30 p.m.

*Contact:* Donna M. Bush, Ph.D., Executive Secretary, Telephone: (301) 443-6014 and FAX: (301) 443-3031

Dated: January 28, 1999.

**Sandi Stephens,**

*Extramural Activities Team Leader, Substance Abuse and Mental Health Services Administration.*

[FR Doc. 99-2511 Filed 2-2-99; 8:45 am]

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## DEPARTMENT OF THE INTERIOR

### Fish and Wildlife Service

#### Notice of Receipt of Applications for Permit

The following applicants have applied for a permit to conduct certain activities with endangered species. This notice is provided pursuant to Section 10(c) of the Endangered Species Act of 1973, *as amended* (16 U.S.C. 1531, *et seq.*):

PRT-006180

*Applicant:* PE AgGen, Davis, CA.

The applicant requests a permit to import blood samples taken from captive-held and captive-hatched Komodo dragon (*Varanus komodoensis*) worldwide for the purpose of scientific research.

PRT-007309

*Applicant:* The Lube Foundation, Inc., Gainesville, FL

The applicant requests a permit to export biological samples taken from captive-held and captive born specimens of Rodrigues fruit bat (*Pteropus rodricensis*) to the University of Aberdeen, Scotland, UK, for the purpose of scientific research.

PRT-007372

*Applicant:* San Diego Wild Animal Park, Escondido, CA

The applicant requests a permit to export two male and four female captive-held and captive born Arabian oryx (*Oryx leucoryx*) to Municipality de Tunis, Tunisia, to enhance the survival of the species through propagation.

PRT-005794

*Applicant:* The Detroit Zoological Institute, Detroit, MI

The applicant requests a permit to import three male and three female captive hatched Japanese giant salamanders from the Asa Zoological Park, Hiroshima, Japan, for the purpose of enhancement of the survival of the species through conservation education, propagation, and scientific research.