

exclusions, and requirements for an environmental assessment.

## V. Comments

Written comments regarding the agenda may be submitted and should be identified with the docket number found in brackets in the heading of this document. Comments should be annotated and organized to identify the specific issues to which they refer. These comments should be submitted by June 13, 2003, to the Dockets Management Branch (HFA-305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. Comments may also be sent to the Dockets Management Branch at the following e-mail address: [fdadockets@oc.fda.gov](mailto:fdadockets@oc.fda.gov) or via the FDA Web site at <http://www.fda.gov>.

Dated: June 5, 2003.

**Jeffrey Shuren,**

*Assistant Commissioner for Policy.*

[FR Doc. 03-14607 Filed 6-5-03; 2:50 pm]

BILLING CODE 4160-01-S

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Fiscal Year 2003 Competitive Cycle for the Graduate Geropsychology Education Program (GPEP)—CFDA 93.191

**AGENCY:** Health Resources and Services Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Health Resources and Services Administration (HRSA) announces that applications will be accepted for the Graduate Geropsychology Education Program (GPEP) for Fiscal Year 2003.

**Authorizing Legislation:** These applications are solicited under section 755(b)(1)(j) of the Public Health Service Act as amended, and the FY 2003 Appropriations Act, Pub. L. 108-7 which provides \$1.5 million to support graduate geropsychology education programs to train clinical geropsychologists in accredited psychology programs.

**Purpose:** Grants will be awarded to assist eligible entities in meeting the costs to plan, develop, operate, or maintain graduate geropsychology education programs to train clinical geropsychologists to work with underserved elderly populations to foster an integrated approach to health care services and address access for underserved elderly populations. The

Graduate Geropsychology Education Program addresses the interrelatedness of behavior and health and the critical need for integrated health care services for the underserved elderly. Funding may be made available to doctoral programs, doctoral internship programs, and post-doctoral residency programs accredited by the American Psychological Association (APA).

**Eligible Applicants:** Eligible entities: accredited health profession schools, universities, and other public or private nonprofit entities. Applicant programs must be accredited by the American Psychological Association (APA). As provided in section 750, to be eligible to receive assistance, the eligible entity must use such assistance in collaboration with two or more disciplines.

**Statutory Funding Preference:** A funding preference is defined as the funding of a specific category or group of approved applications ahead of other categories or groups of applications. This statutory general preference will only be applied to applications that rank above the 20th percentile of applications recommended for approval by the peer review group.

As provided in section 791(a) of the Public Health Service Act, preference will be given to any qualified applicant that: (1) Has a high rate for placing graduates in practice settings having the principal focus of serving residents of medically underserved communities; or (2) during the 2-year period preceding the fiscal year for which such an award is sought, has achieved a significant increase in the rate of placing graduates in such settings. "High Rate" refers to a minimum of 20 percent of graduates in academic year 2000-2001 or academic year 2001-2002, whichever is greater, who spend at least 50 percent of their worktime in clinical practice in the specified settings and that not less than 15% of graduates from the most recent years are working in these settings.

"Significant Increase in the Rate" means that, between academic years 2000-2001 and 2001-2002, the rate of placing graduates in the specified settings has increased by a minimum of 50 percent.

If the applicant is applying for the Funding Preference as a New Program, please note the following: New programs (*i.e.*, programs that have graduated less than three classes) can qualify for the statutory funding preference if four or more of the following criteria are met:

1. The mission statement of the program identifies a specific purpose of preparing health professionals to serve underserved populations.

2. The curriculum includes content that will help to prepare practitioners to serve underserved populations.

3. Substantial clinical training experience is required in medically underserved communities.

4. A minimum of 20 percent of the faculty spend at least 50 percent of their time providing/supervising care in medically underserved communities.

5. The entire program or a substantial portion of the program, (*i.e.*, the primary, ambulatory education training sites) is physically located in a medically underserved community.

6. Student assistance, which is linked to service in medically underserved communities following graduation, is available to the students in the program.

7. The program provides a placement mechanism for deploying graduates to medically underserved communities.

**Administrative Funding Preference:** An administrative funding preference will be given to qualified applicants who have an existing clinical geropsychology education program.

**Administrative Funding Priority:** A funding priority will be given to qualified applicants who educate and train clinical geropsychologists in rural and frontier areas.

**Administrative Special Consideration:** Special consideration will be given to applicants who (a) develop new and innovative approaches to education and training using distance learning methodologies/telehealth, or (b) enhance or expand existing distance learning educational programs with the purpose of preparing health professionals and health professional students to deliver quality health care in medically underserved communities.

**Estimated Amount of Available Funds:** \$1,300,000.

**Estimated Number of Awards:** 6.

**Estimated Average Size of Each Award:** \$225,000-\$250,000.

**Estimated Funding Period:** 3 years.

**Application Requests, Availability, Date and Addresses:** Application materials will be available for downloading via the Web at <http://bhpr.hrsa.gov/grants/default.htm> on June 10, 2003. Applicants may also request a hardcopy of the application material by contacting the HRSA Grants Application Center, 901 Russell Avenue, Suite 450, Gaithersburg, Maryland, 20879, by calling at 1-877-477-2123, or by fax at 1-877-477-2345. In order to be considered for competition, applications must be postmarked or submitted to the address listed above by the due date July 11, 2003. Applicants should request a legibly dated U.S. Postal postmark or obtain a legibly dated receipt from a

commercial carrier or U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing. An application receipt will be provided. Applications submitted after the deadline date will be returned to the applicant and not processed. Applicants should note that HRSA anticipates accepting grant applications online in the last quarter of the Fiscal Year (July through September). Please refer to the HRSA grants schedule at <http://www.hrsa.gov/grants.htm> for more information.

*Projected Award Date:* September 15, 2003.

**FOR FURTHER INFORMATION CONTACT:**

Barbara Broome, Division of State, Community and Public Health, Bureau of Health Professions, HRSA, Room 8-103, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857; or e-mail at [bbroome@hrsa.gov](mailto:bbroome@hrsa.gov). Telephone number is (301) 443-6866.

*Paperwork Reduction Act:* The application for the Graduate Geropsychology Education Program has been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act. The OMB clearance number is 0915-0060. The program is not subject to the provisions of Executive Order 12372, Intergovernmental Review of Federal Programs (as implemented through 45 CFR part 100).

Dated: May 22, 2003.

**Elizabeth M. Duke,**  
*Administrator.*

[FR Doc. 03-14548 Filed 6-9-03; 8:45 am]

**BILLING CODE 4165-15-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Indian Health Service**

**Redesignation of Contract Health Service Delivery Area; Rosebud Sioux Tribe of the Rosebud Indian Reservation**

**AGENCY:** Indian Health Service, HHS.

**ACTION:** Final notice.

**SUMMARY:** This notice advises the public that the Indian Health Service (IHS) is redesignating the geographic boundaries of the Contract Health Service Delivery Area (CHSDA) for the Rosebud Sioux Tribe ("The Tribe"). The Tribe's CHSDA was comprised of Bennett, SD, Cherry, NE, Mellette, SD, Todd, SD, and Tripp, SD counties in South Dakota and Nebraska. These counties were designated as the Tribe's CHSDA when the IHS published its updated list of CHSDAs in the **Federal Register** of

January 10, 1984 (49 FR 1291). The redesignated CHSDA is comprised of seven counties in the States of South Dakota and Nebraska, Bennett, SD, Cherry, NE, Mellette, SD, Todd, SD, Tripp, SD, Gregory, SD and Lyman, SD. This notice is issued under authority of 43 FR 34654, August 4, 1978.

**EFFECTIVE DATE:** June 10, 2003.

**FOR FURTHER INFORMATION CONTACT:**

Leslie Morris, Director, Division of Regulatory and Legal Affairs, Office of Management Support, Indian Health Service, 12300 Twinbrook Parkway, Suite 450, Rockville, MD 20857, Telephone 301-443-1116. (This is not a toll-free number.)

**SUPPLEMENTARY INFORMATION:** On August 4, 1978, the IHS published regulations establishing eligibility criteria for receipt of contract health services and for the designation of CHSDAs (43 FR 34654, codified at 42 CFR 136.22, last published in the 2002 version of the Code of Federal Regulations). On September 16, 1987, the IHS published new regulations governing eligibility for IHS services. Congress has repeatedly delayed implementation of the new regulations by imposing annual moratoriums. Section 719(a) of the Indian Health Care Amendments of 1988, Pub. L. 100-713, explicitly provides that during the period of the moratorium placed on implementation of the new eligibility regulations, the IHS will provide services pursuant to the criteria in effect on September 15, 1987. Thus, the IHS contract health services program continues to be governed by the regulations in effect on September 15, 1987. See 42 CFR 136.21, et seq. (2002).

As applicable to the Tribe, these regulations provide that, unless otherwise designated, a CHSDA shall consist of a county which includes all or part of a reservation and any county or counties which have a common boundary with the reservation (42 CFR 136.22). The regulations also provide that after consultation with the tribal governing body or bodies of those reservations included in the CHSDA, the Secretary may, from time to time, redesignate areas within the United States for inclusion in or exclusion from a CHSDA. The regulations require that certain criteria must be considered before any redesignation is made. The criteria are as follows:

(1) The number of Indians residing in the area proposed to be so included or excluded;

(2) Whether the tribal governing body has determined that Indians residing in the area near the reservation are socially

and economically affiliated with the tribe;

(3) The geographic proximity to the reservation of the area whose inclusion or exclusion is being considered; and

(4) The level of funding which would be available for the provision of contract health services.

Additionally, the regulations require that any redesignation of a CHSDA must be made in accordance with the procedures of the Administrative Procedure Act (5 U.S.C. 553). In compliance with this requirement, the IHS published a proposal in 68 FR 12914, March 18, 2003, to redesignate the CHSDA for the Rosebud Sioux Tribe of the Rosebud Indian Reservation, South Dakota. No comments were received.

Pursuant to a Tribal Resolution 2000-32, dated March 9, 2000, the Tribe requested the IHS to redesignate their current CHSDA, which incorporates Mellette, Bennett, Todd, Trip and Cherry Counties in the State of South Dakota and Nebraska, to include Gregory and Lyman counties.

In applying the aforementioned CHSDA redesignation criteria required by 42 CFR 136.22, the following findings are made:

(1) The Tribe enrollment and census records identify 519 tribal members residing in Gregory County and 0 tribal members residing in Lyman County.

(2) The Tribe has determined that contract health services would be available to all its members and members of other federally recognized tribes who reside in Gregory County and Lyman County having close social and economic ties with the Tribe.

(3) Gregory County is presently a CHSDA county for the Yankton Sioux Tribe. There are 158 Tribal members, of the 519 total, who are eligible for the Yankton Sioux CHS program because of close economic-social ties. The Yankton Sioux and Rosebud Sioux CHS programs will work together on the eligibility and CHS coverage on a case-by-case basis. Lyman County is presently a CHSDA county for the Lower Brule Sioux Tribe. There are 0 Tribal members who are eligible for the Lower Brule Sioux CHS program. The Lower Brule and Rosebud CHS program will work together on the eligibility and CHS coverage on a case-by-case basis if/when there are Rosebud Sioux residing within Lyman County.

(4) At this time, although Gregory County does not border the Rosebud Sioux's reservation, Gregory County was within the original boundaries of the reservation and continues to have a significant population of Rosebud Sioux. The Tribe chose to include