

related international matters. It also). The changes are as follows:

I. Under Chapter AA, make the following changes:

A. Under Section AA.10 Organization, delete the "Office of Global Health Affairs AAE," and replace with the "Office of Global Health Affairs AQ"

B. Under Section AA.20 Function, delete the "Office of Global Health Affairs (AAE)," in its entirety.

II. Under Part A, establish a new Chapter AQ, "Office of Global Health Affairs (OGHA)," to read as follows:

#### **SECTION AQ.00 MISSION**

#### **SECTION AQ.10 ORGANIZATION**

#### **SECTION AQ.20 FUNCTIONS**

*Section AQ.00 Mission.* The mission of the Office of Global Health Affairs (OGHA) is to provide policy advice and direction to the Secretary, Deputy Secretary and other Department of Health and Human Services (HHS) senior officials in the area of international health, family and social affairs, including health diplomacy in support of U.S. foreign policy. OGHA's mission is to ensure a centralized and coordinated approach to all international matters to promote the health of the world's population by advancing the U.S. and HHS' global strategies and partnerships, thus serving the health of the people of the United States.

*Section AQ.10 Organization:* The Office of Global Health Affairs (OGHA) is headed by a Director who reports directly to the Secretary.

*Section AQ.20 Functions: Office of Global Health Affairs (AQ)*—The Office of Global Health Affairs (OGHA) is headed by a Director who reports directly to the Secretary. It receives most of its administrative support from the Office of the Secretary Executive Office (OSEO), but retains primary responsibility for budget and travel management. OGHA advises the Secretary and other senior officials on activities that are of a global nature, including international travel, meetings, and presentations. The Office of Global Health Affairs is responsible for ensuring a centralized approach to all international matters in the following areas: represents the Secretary and other senior officials in international negotiations on health, family and social matters; coordinates and leads Departmental participation in the meetings of multilateral organizations, including the World Health Organization, the Pan American Health Organization, the United Nations Children's Fund (UNICEF), the Global

Fund to Fight AIDS, Tuberculosis and Malaria, the United Nations AIDS Programme (UNAIDS), and other international agencies; represents the Department in relevant interagency working groups convened by the National Security Council, the Domestic Policy Council and the Office of the U.S. Trade Representative; in consultation with appropriate OPDIV and STAFFDIV leadership and staff, clears all documents related to international health, family and social affairs; coordinates and reviews international travel and long-term international assignments and details for all Departmental employees—including civil servants and members of the Commissioned Corps, and special government employees; promotes cooperative health programs with other countries; coordinates the Department's technical and policy-related input into international humanitarian issues and international and domestic refugee health issues; represents the Department on international health issues with other federal departments and agencies, international organizations, the private sector and foreign countries; carries out the Department's responsibilities under the U.S. Exchange Visitor Program; and, ensures protocol at all international functions and events.

III. Under Chapter AN, Office of the Assistant Secretary for Public Health Emergency Preparedness, make the following changes:

Retitle chapter AN, "Office of the Assistant Secretary for Public Health Emergency Preparedness (OASPHEP)" as the "Office of Public Health Emergency Preparedness (OPHEP)" and change all references within HHS of OASPHEP to read OPHEP.

IV. *Continuation of Policy:* Except as inconsistent with this reorganization, all statements of policy and interpretations with respect to the Office of Global Health Affairs heretofore issued and in effect prior to this reorganization are continued in full force and effect.

V. *Delegation of Authority:* All delegations and redelegations of authority made to officials and employees of the Office of Global Health Affairs will continue in them or their successors pending further redelegation, provided they are consistent with this reorganization.

VI. *Funds, Personnel, and Equipment:* Transfer of organizations and functions affected by this reorganization shall be accompanied by direct and support funds, positions, personnel, records, equipment, supplies and other sources.

VII. *Continuation of the Public Health Service:* Delete Paragraph VI, title "Continuation of the Public Health

Service," as last amended at 61 FR 21470, dated May 10, 1996, and replace with the following:

*Continuation of the U.S. Public Health Service:* Within the Department of Health and Human Services, the U.S. Public Health Service Operating Divisions, the Office of Public Health and Science, the Office of Global Health Affairs (AQ), the Office of Public Health Emergency Preparedness (AN), and the Federal Occupational Health Service (PG) and associated staff shall constitute the U.S. Public Health Service.

Dated: August 11, 2004.

**Tommy G. Thompson,**  
*Secretary.*

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## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **Centers for Medicare & Medicaid Services**

[Document Identifier: CMS–R–312, CMS–102/CMS–105, and CMS–18F5]

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

**AGENCY:** Centers for Medicare & Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS) (formerly known as the Health Care Financing Administration (HCFA), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

1. *Type of Information Collection Request:* Revision of a currently approved collection.

*Title of Information Collection:* Conflict of Interest and Ownership and Control Information.

*Form No.:* CMS–R–312 (OMB #: 0938–0795).

*Use:* This information is required by Public Law 95–142 as a condition of participation in the Medicare program. The Fiscal Intermediaries and Carriers are contractually required as a condition for renewal of their contracts to submit to CMS any ownership and control interest information.

*Frequency:* Annually.

*Affected Public:* Not-for-profit institutions and Business or other for-profit.

*Number of Respondents:* 37.

*Total Annual Responses:* 37.

*Total Annual Hours:* 11,100.

## 2. Type of Information Collection

*Request:* Extension of a currently approved collection.

*Title of Information Collection:* CLIA Budget Workload Reports and Supporting Regulations Contained in 42 CFR 493.1–2001.

*Form No.:* CMS–102 and CMS–105.

*OMB #:* 0938–0599.

*Use:* Information collected will be used by CMS in determining the amount of Federal Reimbursement for compliance surveys. Use of the information includes program evaluation, audit, budget formulation, and budget approval.

*Frequency:* Quarterly and Annually.

*Affected Public:* State, Local, or Tribal Government.

*Number of Respondents:* 50.

*Total Annual Responses:* 50.

*Total Annual Hours:* 4,500.

## 3. Type of Information Collection

*Request:* Extension of a currently approved collection.

*Title of Information Collection:* Application for Hospital Insurance and Supporting Regulations in 42 CFR 406.7.

*Form No.:* CMS–18F5.

*OMB #:* 0938–0251.

*Use:* The CMS–18F5 is used to establish entitlement to Hospital Insurance and Supplementary Medical Insurance for beneficiaries entitled under Title XVIII of the Social Security Act. The HCFA–18F5-SP is included in this renewal. (The Agency name change on the Spanish language form has not been done because there is still stock on hand.)

*Frequency:* On occasion.

*Affected Public:* Individuals or Households, Business or other for-profit, Not-for-profit institutions, Farms, Federal government, and State, local, or tribal gov.

*Number of Respondents:* 50,000.

*Total Annual Responses:* 50,000.

*Total Annual Hours:* 12,500.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS Web site

address at <http://www.cms.hhs.gov/regulations/prd/>, or e-mail your request, including your address, phone number, OMB number, and CMS document identifier, to [Paperwork@hcfa.gov](mailto:Paperwork@hcfa.gov), or call the Reports Clearance Office at (410) 786–1326. Written comments and recommendations for the proposed information collections must be mailed within 30 days of this notice directly to the OMB desk officer: OMB Human Resources and Housing Branch, Attention: Christopher Martin, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: August 6, 2004.

**John P. Burke, III,**

*Paperwork Reduction Act Team Leader, CMS Reports Clearance Officer, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development and Issuances.*

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**BILLING CODE 4120–03–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifier: CMS–10109]

#### Agency Information Collection Activities: Proposed Collection; Comment Request

**AGENCY:** Centers for Medicare & Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS) (formerly known as the Health Care Financing Administration (HCFA)), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

#### 1. Type of Information Collection

*Request:* Extension of a currently approved collection.

*Title of Information Collection:* Hospital Reporting Initiative—Hospital Quality Measures.

*Use:* The purpose is to collect data to produce valid, reliable, comparable, and salient quality measures to provide a potent stimulus for clinicians and providers to improve the quality of care they provide. This reporting initiative in which hospitals may participate is a significant step toward a more informed public and a means to sustain health care quality improvement. The data is currently being collected from hospitals by CMS. The hospitals submitting data have volunteered to participate in public reporting. This effort places no additional data collection requirements or burdens on hospitals. Section 501(b) of the MMA offers monetary incentives for hospitals participating in reporting.

*Form Number:* CMS–10109.

*OMB #:* 0938–0918.

*Frequency:* Quarterly.

*Affected Public:* Business or other for-profit and Not-for-profit institutions.

*Number of Respondents:* 4,000.

*Total Annual Responses:* 16,000.

*Total Annual Hours:* 238,000.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS's Web site address at <http://www.cms.hhs.gov/regulations/prd/>, or e-mail your request, including your address, phone number, OMB number, and CMS document identifier, to [Paperwork@hcfa.gov](mailto:Paperwork@hcfa.gov), or call the Reports Clearance Office on (410) 786–1326. Written comments and recommendations for the proposed information collections must be mailed within 60 days of this notice directly to the CMS Paperwork Clearance Officer designated at the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development and Issuances, Attention: Melissa Musotto, Room C5–14–03, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

Dated: August 6, 2004.

**John P. Burke, III,**

*Paperwork Reduction Act Team Leader, Office of Strategic Operations and Strategic Affairs, Division of Regulations Development and Issuances.*

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