regarding proceeds from sale of agency-owned vehicles?

General Services Administration,Office of Governmentwide Policy,Vehicle Management Policy Division (MTV),Washington, DC 20405,Telephone Number: 202–501–1777,E-mail Address: *vehicle.policy@gsa.gov.*

[FR Doc. 04–24229 Filed 10–28–04; 8:45 am]

BILLING CODE 6820–14–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Assistant Secretary for Planning and Evaluation

Medicare Program; Meeting of the Technical Advisory Panel on Medicare Trustee Reports

AGENCY: Assistant Secretary for Planning and Evaluation, HHS.

ACTION: Notice of meeting.

SUMMARY: This notice announces a public meeting of the Technical Advisory Panel on Medicare Trustee Reports (Panel). Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. App. 2, section 10(a)(1) and (a)(2)). The Panel will discuss the long-term rate of change in health spending and may make recommendations to the Medicare Trustees on how the Trustees might more accurately estimate health spending in the long run. The Panel's discussion is expected to be very technical in nature and will focus on the actuarial and economic methods by which Trustees might more accurately measure health spending. Although panelists are not limited in the topics they may discuss, the Panel is not expected to discuss or recommend changes in current or future Medicare provider payment rates or coverage policy.

DATES: November 15, 2004, 8 a.m.–4 p.m. e.d.t.

ADDRESSES: The meeting will be held at HHS headquarters at 200 Independence Ave., SW., 20201, Room 705A.

Comments: The meeting will allocate time on the agenda to hear public comments. In lieu of oral comments, formal written comments may be submitted for the record to Jacob Kaplan, OASPE, 200 Independence Ave., SW., 20201, Room 447D. Those submitting written comments should identify themselves and any relevant organizational affiliations.

FOR FURTHER INFORMATION CONTACT: Jacob Kaplan at (202) 401–6119, *jacob.kaplan@hhs.gov. Note:* Although the meeting is open to the public, procedures governing security procedures and the entrance to Federal buildings may change without notice. Those wishing to attend the meeting should call or e-mail Mr. Kaplan by November 11, 2004, so their name may be put on a list of expected attendees and forwarded to the security officers at HHS Headquarters.

SUPPLEMENTARY INFORMATION: On April 22, 2004, we published a notice announcing the establishment of and requesting nominations for individuals to serve on the Panel. The panel members are: Mark Pauly, Edwin Hustead, Alice Rosenblatt, Michael Chernew, David Meltzer, John Bertko, and William Scanlon.

Topics of the Meeting: The Panel is specifically charged with discussing and possibly making recommendations to the Medicare Trustees on how the Trustees might more accurately estimate the long term rate of health spending in the United States. The discussion is expected to focus on highly technical aspects of estimation involving economics and actuarial science. Panelists are not restricted, however, in the topics that they choose to discuss.

Procedure and Agenda: This meeting is open to the public. Interested persons may observe the deliberations and discussions, but the Panel will not hear public comments during this time. The Commission will also allow an open public session for any attendee to address issues specific to the topic.

Authority: 42 U.S.C. 217a; Section 222 of the Public Health Services Act, as amended. The panel is governed by provisions of Public Law 92–463, as amended (5 U.S.C. Appendix 2), which sets forth standards for the formation and use of advisory committees.

Dated: October 25, 2004.

Michael J. O'Grady,

Assistant Secretary for Planning and Evaluation.

[FR Doc. 04–24170 Filed 10–28–04; 8:45 am]

BILLING CODE 4150–05–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Committee on Vital and Health Statistics: Meeting

Pursuant to the Federal Advisory Committee Act, the Department of Health and Human Services (HHS) announces the following advisory committee meeting.

Name: National Committee on Vital and Health Statistics (NCVHS) Subcommittee on Privacy and Confidentiality.

Time and Date: November 18, 2004, 9 a.m.–5 p.m.; November 19, 2004, 8:30 a.m.–12:30 p.m.

Place: Hubert H. Humphrey Building, Room 505A, 200 Independence Avenue, SW., Washington, DC 20201.

Status: Open.

Purpose: On the first day of this meeting the Subcommittee will hear presentations and hold discussions on privacy and confidentiality issues in e-prescribing. On the morning of the second day the Subcommittee will focus on the impact of the HIPAA Security Rule on current and emerging technologies in medical equipment.

For Further Information Contact: Substantive program information as well as summaries of meetings and a roster of committee members may be obtained from Amy Chapper, Lead Staff for Subcommittee on Privacy and Confidentiality, Centers for Medicare and Medicaid Services, 7500 Security Boulevard, Baltimore, Maryland 21244, telephone (410) 786–0367; or Marjorie S. Greenberg, Executive Secretary, NCVHS, National Center for Health Statistics, Centers for Disease Control and Prevention, 3311 Toledo Road, Room 2402, Hyattsville, Maryland 20782, telephone (301) 458–4245. Information also is available on the NCVHS home page of the HHS Web site: *http://www.ncvhs.hhs.gov/*, where further information including an agenda will be posted when available.

Should you require reasonable accommodation, please contact the CDC Office of Equal Employment Opportunity on (301) 458–4EEO (4336) as soon as possible.

Dated: October 19, 2004.

James Scanlon,

Acting Deputy Assistant Secretary for Science and Data Policy, Office of the Assistant Secretary for Planning and Evaluation.

[FR Doc. 04–24219 Filed 10–28–04; 8:45 am]

BILLING CODE 4151–05–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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 69 FR 60400, dated October 8, 2004) is amended to reorganize the Division of Global Migration and Quarantine, National Center for Infectious Diseases.

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

Delete in its entirety the functional statement for the *Division of Global Migration and Quarantine (CR2)* and insert the following:

(1) Administers a national quarantine program to protect the United States against the introduction of diseases from foreign countries and the transmission of communicable disease between states; (2) administers an overseas program for the medical examination of immigrants, refugees, and as necessary other migrant populations destined for legal entry to the U.S., with inadmissible health conditions that would pose a threat to public health and impose a burden on public health and hospital facilities; (3) conducts surveillance, research, and prevention programs to prevent minimize morbidity and mortality among the globally mobile populations entering and leaving the United States; (4) maintains liaison with and provides information on global migration and quarantine matters to other Federal agencies, state and local health departments, and other stake holders; (5) provides liaison with international health organizations, such as the Pan American Health Organization and the World Health Organization, and participates in the development of international agreements affecting quarantine; (6) evaluates and provides technical support on the development and enforcement of policies necessary for implementation of federal quarantine authority; (7) conducts studies to provide new information about health hazards abroad, measures for their prevention, and the potential threat of disease introduction into the United States; and (8) provides logistic support to other programs of the Centers for Disease Control and Prevention in the distribution of requested biological agents and movement of biological specimens through U.S. ports of entry.

Delete in its entirety the functional statement for the *Office of the Director, (CR21)* and insert the following:

(1) Manages, directs, and coordinates the activities of the Division; (2) provides leadership in development of Division policy, program planning, implementation, and evaluation; (3) identifies needs and resources for new initiatives and assigns responsibilities for their development; (4) coordinates liaison with other Federal agencies, State and local health departments, and interested industries; (5) coordinates liaison with international health organizations; (6) provides administrative services, including procurement, property and supply management, travel arrangements, space and facilities maintenance, and timekeeper coordination; (7) provides budgeting and fiscal management for the Division; (8) provides personnel support to the Division, both for Civil Service and Commissioned Corps employees, and assures compliance with HRMO regulations for all personnel matters; and (9) reviews and evaluates all administrative services for both headquarters and Quarantine Stations and provides policy procedures and guidance on such matters.

Delete in its entirety the title and functional statement for the *Field Operations Branch (CR22)* and insert the following:

Quarantine and Border Health Services Branch (CR22). (1) Develops and implements strategies to monitor for diseases of public health interest arriving persons, animals, cargo, and conveyances at ports of entry to the United States and its possessions; (2) evaluates and revises public health preparedness activities at airports, seaports, and land crossings in the United States and its possessions; (3) reviews operations to assure the effective application of scientific data in implementing programs to monitor the importation of quarantinable and other specified diseases; (4) develops and initiates surveillance and other public health activities at sea, air, and land ports of entry to the United States and its possessions; (5) trains and supervises field staff in the epidemiologica, technical, management, and administrative aspects of quarantine operations; (6) works cooperatively with other agencies and organizations in the United States and abroad to implement, improve, and enhance division activities at ports of entry to the United States and its possessions; (7) provides technical consultation and public health training to federal inspection services to implement the division's activities, apply CDC regulations on quarantine, and ensure appropriate occupational safety and health protection for their staff; (8) collaborates with State and local health departments to prevent transmission and spread of quarantinable diseases and other diseases of public health significance associated with travel; (9) monitors arriving immigrants and refugees at ports of entry to the United States and its possessions and notifies State health departments on identified health conditions; (10) provides logistic support to other CDC programs and expedites the movement of persons, clinical specimens, lifesaving medications, and other materials through federal security; (11) serves as CDC's representative at U.S. ports of entry for operational issues related to bio security and emerging infections; and (12) administers Deratting Certification program.

Delete the title and functional statement for the *Surveillance and Epidemiology Branch (CRS23)* and insert the following:

Immigrant Refugee and Migrant Health Branch (CRS23). (1) Develops and maintains surveillance systems for infectious diseases among immigrant, refugee, and migrant populations entering the United States or designated for resettlement in the United States; (2) conducts infectious disease surveillance and epidemiological investigations in communities along the U.S.-Mexico border; (3) recommends appropriate, effective intervention and prevention strategies to decrease morbidity and mortality among globally mobile populations and to prevent entry of disease into the United States; (4) performs epidemiologic investigations and scientific research projects related to health issues for immigrant, refugee, and migrant populations; (5) develops, reviews, and evaluates operations in the United States and abroad involving immigrant and refugee medical examination activities; (6) conducts enhanced refugee medical screening examinations; (7) responds to refugee resettlement emergencies, including the provision of technical assistance regarding clinical management and effective interventions to prevent and control infectious diseases in this setting; (8) conducts a continuing review of medical screening procedures to assure the most effective application of current medical practices; administers and monitors activities related to the overseas and domestic medical examinations of immigrants and refugees, convening boards of medical officers to reexamine immigrants and refugees, when necessary, and preparing, publishing, and distributing manuals for examining physicians; (9) works cooperatively and in concert with other Federal and international agencies, voluntary agencies, and foreign governments, both in the United States and abroad, in administering the immigrant and refugee medical screening program; (10) establishes, maintains, and evaluates medical inspection and notification procedures regarding immigrants and refugees, providing coordination and liaison with local and state health departments on the follow-up of those with serious disease or mental problems, in particular notifiable diseases such as tuberculosis; (11) establishes and maintains procedures to process requests for waivers of inadmissible medical conditions; (12)

provides scientific and technical support to the operation and regulatory responsibilities of the Division; and (13) provides liaison and coordination of efforts with counterparts in other divisions and centers of CDC, as well as national and international agencies involved in addressing and preventing infectious diseases among globally mobile populations.

Geographic Medicine and Health Promotion Branch (CR24). (1) Through the GeoSentinel Network develops geographic-specific infectious disease risk profiles among mobile populations; (2) coordinates and provides immunization data and recommends appropriate and effective intervention and prevention strategies to decrease morbidity and mortality among international travelers; (3) develops and issues vaccination documents and validation stamps in accordance with the International Health Regulations; (4) conducts surveillance for and assists in investigations of adverse events following administration of traveler vaccines; (5) alerts appropriate disease-specific CDC programs about possible imported cases if disease and supports the relevant program to investigate these events; (6) monitors and analyzes reports of health threats overseas and issues travel notices, alerts and advisors when appropriate; (7) notifies the World Health Organization of the incidence of quarantinable diseases in the United States, as required by the International Health Regulations; (8) inspects shipments of nonhuman primates to ensure compliance with CDC regulations regarding quarantine, conditions of shipment and occupational safety and health of employees exposed to primates; (9) works to decrease the risk of importing zoonotic diseases of public health significance to humans via animals and cargo; (10) performs epidemiologic investigations and scientific research projects among U.S. travelers and imported animals; (11) periodically conducts active surveillance for infectious diseases among imported animals; (12) provides scientific and technical support to the operation and regulatory responsibilities of the Division; and (13) provides liaison and coordination of efforts with counterparts in other divisions of CDC, state and local health authorities, the travel industry, as well as national and international agencies involved in addressing and preventing infectious diseases among international travelers and translocated animals.

Dated: October 19, 2004.

William H. Gimson,

Chief Operating Officer, Centers for Disease Control and Prevention (CDC).

[FR Doc. 04–24213 Filed 10–28–04; 8:45 am]

BILLING CODE 4160–18–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 2004N–0436]

Agency Information Collection Activities: Proposed Collection; Comment Request; Medical Device Registration and Listing

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing an opportunity for public comment on the proposed collection of certain information by the agency. Under the Paperwork Reduction Act of 1995 (the PRA), Federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing information collection, and to allow 60 days for public comment in response to the notice. This notice solicits comments on information collection requirements for medical device registration and listing.

DATES: Submit written and electronic comments on the collection of information by December 28, 2004.

ADDRESSES: Submit electronic comments on the collection of information to: *http://www.fda.gov/dockets/ecomments*. Submit written comments on the collection of information to the Dockets Management Branch (HFA–305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. All comments should be identified with the docket number found in brackets in the heading of this document.

FOR FURTHER INFORMATION CONTACT: Peggy Robbins, Office of Management Programs (HFA–250), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–827–1223.

SUPPLEMENTARY INFORMATION: Under the PRA (44 U.S.C. 3501–3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. ''Collection of information'' is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, FDA is publishing notice of the proposed collection of information set forth in this document.

With respect to the following collection of information, FDA invites comments on: (1) Whether the proposed collection of information is necessary for the proper performance of FDA's functions, including whether the information will have practical utility; (2) the accuracy of FDA's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques, when appropriate, and other forms of information technology.

Medical Device Registration and Listing—21 CFR Parts 807.22, 807.31, and 807.40 (OMB Control No. 0910–0387—Extension)

Section 510 of the Federal Food, Drug, and Cosmetic Act (the act) (21 U.S.C. 360) requires domestic establishments engaged in the manufacture, preparation, propagation, compounding, assembly, or processing of medical devices intended for human use and commercial distribution register their establishments and list the devices they manufacture with FDA. This is accomplished by completing FDA Form 2891 ''Registration of Device Establishment'' and FDA Form 2892 ''Medical Device Listing.'' The term ''device'' is defined in section 201(h) of the act (21 U.S.C. 321) and includes all in vitro diagnostic products and in vitro diagnostic biological products not subject to licensing under section 351 of the Public Health Service Act (42 U.S.C. 262). The FDA Modernization Act of 1997 (FDAMA) added a requirement for foreign establishments to appoint a United States agent and submit the information to FDA on Form 2891 as part of its initial and updated registration information. In addition, each year, active, registered establishments must notify FDA of changes to the current registration and