

Dated: July 24, 2008.

Penelope Slade Royall,

RADM, USPHS, Deputy Assistant Secretary for Health, (Disease Prevention and Health Promotion).

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Center for Preparedness, Detection, and Control of Infectious Diseases

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announces the following committee meeting.

Name: Clinical Laboratory Improvement Advisory Committee (CLIAC).

Times and Dates: 8:30 a.m.–5 p.m., September 10, 2008; 8:30 a.m.–3 p.m., September 11, 2008.

Place: Centers for Disease Control and Prevention, 1600 Clifton Road, NE., Tom Harkin Global Communications Center, Building 19, Room 232, Auditorium B, Atlanta, Georgia 30333.

New Information—Online Registration Required: In order to expedite security clearance process at the CDC Roybal Campus located on Clifton Road, all CLIAC attendees are required to register in advance for the meeting at <http://www.cdc.gov/cliac/default.aspx> by clicking the Register for a "Meeting" link and completing all forms according to the instructions given. Please complete all the required fields and submit your registration as far in advance of the meeting date as possible.

Note: The cut-off date for registration for domestic attendees is Thursday, September 4, 2008; the cut-off date for international attendees to register is Monday, August 25, 2008.

Status: Open to the public, limited only by the space available. The meeting Room accommodates approximately 100 people.

Purpose: This Committee is charged with providing scientific and technical advice and guidance to the Secretary of Health and Human Services, the Assistant Secretary for Health, and the Director, CDC, regarding the need for, and the nature of, revisions to the standards under which clinical laboratories are regulated; the impact on medical and laboratory practice of proposed revisions to the standards; and the modification of the standards to accommodate technological advances.

Matters to Be Discussed: The agenda will include updates from the CDC, the Centers for Medicare & Medicaid Services, and the Food and Drug Administration; a report from the CLIAC Workgroup on Good Laboratory Practices for Genetic Testing, and discussion

of the Workgroup's proposals related to such; presentations and discussion related to laboratory quality control through risk management; and an introduction to the status of waived testing and discussion of the potential for waiver of automated hematology devices. Agenda items are subject to change as priorities dictate.

Providing Oral or Written Comments: It is the policy of CLIAC to accept written public comments and provide a brief period for oral public comments whenever possible.

Oral Comments: In general, each individual or group requesting to make an oral presentation will be limited to a total time of five minutes (unless otherwise indicated). Speakers must also submit their comments in writing for inclusion in the meeting's Summary Report. To assure adequate time is scheduled for public comments, individuals or groups planning to make an oral presentation should, when possible, notify the contact person below at least one week prior to the meeting date.

Written Comments: For individuals or groups unable to attend the meeting, CLIAC accepts written comments until the date of the meeting (unless otherwise stated). However, the comments should be received at least one week prior to the meeting date so that the comments may be made available to the Committee for their consideration and public distribution. Written comments, one hard copy with original signature, should be provided to the contact person below. Written comments will be included in the meeting's Summary Report.

Contact Person for Additional Information: Nancy Anderson, Chief, Laboratory Practice Standards Branch, Division of Laboratory Systems, National Center for Preparedness, Detection, and Control of Infectious Diseases, Coordinating Center for Infectious Diseases, CDC, 1600 Clifton Road, NE., Mailstop F-11, Atlanta, Georgia 30333; telephone (404) 498-2741; fax (404) 498-2219; or via e-mail at Nancy.Anderson@cdc.hhs.gov.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** Notices pertaining to announcements of meetings and other committee management activities, for CDC and the Agency for Toxic Substances and Disease Registry.

Dated: July 28, 2008.

Elaine L. Baker,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. E8-18285 Filed 8-7-08; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Center for Health Statistics (NCHS), Classifications and Public Health Data Standards Staff; Modifications to the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), Supplementary Classification of External Causes of Injury and Poisoning

ACTION: Notice.

National Center for Health Statistics (NCHS), Classifications and Public Health Data Standards Staff, announces the following modifications to the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), Supplementary Classification of External Causes of Injury and Poisoning. These codes will become effective October 1, 2008.

External Cause Tabular

New code E927.0 Overexertion from sudden strenuous movement. Sudden trauma from strenuous movement

New code E927.1 Overexertion from prolonged static position

New code E927.2 Excessive physical exertion from prolonged activity

New code E927.3 Cumulative trauma from repetitive motion

New code E927.4 Cumulative trauma from repetitive impact

New code E927.8 Other overexertion and strenuous and repetitive movements or loads

New code E927.9 Unspecified overexertion and strenuous and repetitive movements or loads

CONTACT PERSON FOR ADDITIONAL

INFORMATION: Donna Pickett, Medical Systems Specialist, Classifications and Public Health Data Standards Staff, NCHS, 3311 Toledo Road, Room 2402, Hyattsville, Maryland 20782, e-mail djp4@cdc.gov, telephone 301-458-4434. The complete diagnosis addenda may be accessed on the NCHS Web site using the URL: <http://www.cdc.gov/nchs/datawh/ftpserve/ftp9/ftp9.htm#addenda>.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to modifications to the ICD-9-CM, for both CDC and the

Agency for Toxic Substances and Disease Registry.

Daniel Riedford,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

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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 73 FR 35140, dated June 20, 2008) is amended to reflect the reorganization of the Office of the Director, Centers for Disease Control and Prevention.

Section C-B, Organization and Functions, is hereby amended as follows: Delete in their entirety the titles and functional statements for the *Office of Strategy and Innovation (CAM)* and the *Office of Chief of Public Health Practice (CAR)* and insert the following:

Office of Strategy and Innovation (CAM). The Office of Strategy and Innovation (OSI) serves as the focal point for accelerating the health impact of CDC's work within and beyond CDC's programs. In carrying out its mission, OSI: (1) Leads CDC's efforts to develop, monitor, evaluate, and advance agency strategic direction, planning, and priorities; (2) fosters strategic excellence and innovation across the agency; (3) provides superior decision support to CDC's executive leadership; (4) leads the development of health in all policies; (5) promotes the health, safety, and quality of life of women; and (6) improves the health of the public through law.

Office of the Director (CAM1). (1) Develops, monitors, and advances CDC's strategic direction, planning, and priorities; (2) provides leadership and vision for formulating and evaluating policy; (3) fosters strategic excellence and innovation across the agency; (4) applies knowledge management tools and decision support systems in allocation of resources and improves agency decision-making; (5) communicates key messages to CDC

employees and partners about CDC's strategic direction, planning, and priorities; and (6) works directly with the strategy and innovation officers within the coordinating centers to develop, monitor, and advance CDC strategic direction and priorities and institutionalize organizational change, improvement, and accountability.

Office of Women's Health (CAM12). The Office of Women's Health (OWH) aims to promote and improve the health, safety, and quality of life of women. As a leader for women's health issues at CDC, the Office of Women's Health: (1) Advises the CDC Director on matters relating to women's health research, programs, and strategies; (2) promotes the health and well-being of women; (3) communicates health information, research findings, and prevention strategies to a diverse group of providers, consumers, and organizations; (4) advances sound scientific knowledge for public health action, promotes the role of prevention, and works to improve the understanding of women's health priorities; (5) fosters partnerships and collaborations within CDC and with other public and private organizations, agencies, institutions, and others to improve the health and safety of women; (6) publishes newsletters and other documents that highlight prevention programs, research findings, publications, health campaigns, health promotion strategies, and other information available at CDC; (7) leads CDC Women's Health Committee by facilitating and coordinating agency-wide efforts and enhancing channels for communication and cooperation; (8) supports the development of future women's health and public health professionals through various training and student positions within the office; (9) prepares agency reports, briefing documents, and other materials addressing women's health issues; (10) stimulates and supports prevention research, programs, and other activities through funding; (11) represents the agencies at meetings, committees, workgroups, conferences, and briefings; (12) serves as liaison for women's health between CDC and other agencies and organizations; (13) develops opportunities for, promotes, and supports the agency as a resource for women's health issues; and (14) provides assistance to state and local programs on women's health issues.

Public Health Law Program (CAM13). The mission of the Public Health Law Program is to improve the health of the public through law. The program: (1) Provides technical assistance to CDC centers and to extramural partners in

developing their legal preparedness to address the full spectrum of health protection goals; (2) collaborates with CDC and extramural partners in developing tools for use in assessing and improving the public health legal preparedness of the health system; (3) strengthens the competencies of practitioners in public health, emergency management, law, and other sectors to apply law to improve public health; (4) supports and conducts applied research in public health law and translates findings into practice; (5) provides consultation and analysis in public health law to CDC programs and extramural constituents; (6) establishes partnerships among CDC and other organizations active in public health law and assists in strengthening their public health law capacity and expertise; and (7) develops and disseminates authoritative information on public health law and public health law best practices to practitioners and policy makers.

Office of Chief of Public Health Practice (CAR). The Office of Chief of Public Health Practice (OCPHP) serves as the advocate, guardian, promoter, and conscience of public health practice throughout CDC and in the larger public health community; ensures coordination and synergy of CDC's scientific and practice activities; and promotes and protects the public's health through science-based, practice-relevant standards, policies, and legal tools. To carry out its mission, OCPHP: (1) Establishes robust partnerships among CDC programs, public health practitioners and key sectors, including elected officials, the legal community, and law enforcement and emergency response organizations; (2) establishes a functional area focused specifically on standards and improvement in practice among state and local public health systems; (3) advances the development and implementation of a national agency accreditation system; (4) relates relevant research and policy analysis to public health practice; (5) monitors and anticipates public health practice trends and issues; and (6) coordinates and addresses cross-cutting issues related to public health practice within CDC; and (7) develops, monitors and advances agency-wide goals for improving health equity, fostering strategic excellence and innovation across CDC, and organizational development and the transition process.