likely to reveal personal information concerning individuals associated with the grant applications. This information is exempt from mandatory disclosure.

Anyone wishing to obtain a roster of members or other relevant information should contact Linda Blankenbaker, Agency for Health Care Policy and Research, Suite 602, 2101 East Jefferson Street, Rockville, Maryland 20852, telephone (301) 594–1438.

Agenda items for this meeting are subject to change as priorities dictate.

Dated: March 31, 1995.

Clifton R. Gaus,

Administrator.

[FR Doc. 95–8577 Filed 4–6–95; 8:45 am]

BILLING CODE 4160–90–M

Health Care Financing Administration

Notice of Hearing: Reconsideration of Disapproval of Utah State Plan Amendment (SPA)

AGENCY: Health Care Financing Administration (HCFA), HHS.

ACTION: Notice of hearing.

SUMMARY: This notice announces an administrative hearing on May 17, 1995 in Room 578, 1961 Stout Street, Denver, Colorado to reconsider our decision to disapprove Utah SPA 93–033.

CLOSING DATE: Requests to participate in the hearing as a party must be received by the presiding officer by April 24, 1995.

FOR FURTHER INFORMATION CONTACT: Stan Katz, Presiding Officer, Groundfloor, Meadowwood East Building, 1849 Gwynn Oak Avenue, Baltimore, Maryland 21207, telephone: (410) 597–3013.

SUPPLEMENTARY INFORMATION: This notice announces an administrative hearing to reconsider our decision to disapprove Utah State plan amendment (SPA) number 93–033.

Section 1116 of the Social Security Act (the Act) and 42 CFR part 430 establish Department procedures that provide an administrative hearing for reconsideration of a disapproval of a State plan or plan amendment. The Health Care Financing Administration (HCFA) is required to publish a copy of the notice to a State Medicaid agency that informs the agency of the time and place of the hearing and the issues to be considered. If we subsequently notify the agency of additional issues that will be considered at the hearing, we will also publish that notice.

Any individual or group that wants to participate in the hearing as a party must petition the presiding officer within 15 days after publication of this notice, in accordance with the requirements contained at 42 CFR 430.76(b)(2). Any interested person or organization that wants to participate as amicus curiae must petition the presiding officer before the hearing begins in accordance with the requirements contained at 42 CFR 430.76(c). If the hearing is later rescheduled, the presiding officer will notify all participants.

The State of Utah submitted SPA 93–033 which proposed changes in an asset test for poverty level pregnant women. Specifically, Utah's amendment required certain poverty level pregnant women who did not meet the resource test to make a one-time payment equal to 4 percent of the individual's total non-exempt resources. In addition, Utah's amendment would waive this requirement for high risk pregnant women.

The issues in this matter are whether Utah SPA 93–033 adheres to the Federal law at section 1902(a)(14) of the Act (referencing section 1916 of the Act) section 1902(l) and section 1902(a)(17).

Section 1902(a)(14) of the Act specifies that enrollment fees, premiums, deductions, cost sharing, or similar charges may be imposed *only* as provided in section 1916. Section 1916(a)(1) prohibits the application of any enrollment fee with respect to the categorically needy. It restricts States from charging a premium for Medicaid for the categorically needy. An exception is made regarding poverty level pregnant women with income at or above 150 percent of the Federal Poverty Level. For these women, the amount of that premium is restricted to 10 percent of the amount by which the family income (less expense for care of a dependent child) exceeds 150 percent of the poverty level. In addition, section 1916(a)(2)(B) prohibits States from imposing any deduction, cost sharing or similar charge with respect to services furnished to pregnant women, provided the services relate to the pregnancy or a complicating condition. HCFA disapproved Utah's amendment finding contrary to the statute's prohibition on imposing premiums (other than those authorized in section 1916(c) of the Act) enrollment fees, or similar charges on categorically needy individuals.

Utah believes its proposed policy to waive the resource spenddown for pregnant women determined to be in the high risk category is supported by section 1902(1)(3) of the Act. Utah believes this is the only statutory authority over resource standards and methodologies for poverty level pregnant women. Utah also claims that section 1902(a)(17) explicitly exempts pregnant women from all requirements in that section. HCFA did not agree with Utah's interpretation of the statute that section 1902(l) exempts this group from the comparability requirements in section 1902(a)(17).

While HCFA acknowledges that subsection (l)(3) exempts the States from using a resource test for high-risk pregnant women, this exemption does not override the remainder of section 1902 (a)(17) which requires comparability of services to all such women. Utah cites the phrase, ''except as provided in subsections (l)(3), (m)(3), and (m)(4) include reasonable standards (which shall be comparable for all groups * * *)'' as a rationale for this assertion. However, section 1902(1)(3) applies only in cases in which its application would be inconsistent with the requirements of subsection (a)(17). HCFA believed that subsection (l)(3) authorizes States to establish a more liberal resource standard or to drop the resource test for all section 1902(l)(A) pregnant women, but not to adopt either of these approaches for a specific segment of that group. While the goal of removing barriers to ensure positive birth outcomes is a shared one, HCFA did not approve foregoing a resource test exclusively for high-risk pregnant women because they are not a separate group described in section 1902(l).

Utah points out that subsection (l)(3) prescribes that a resource standard or methodology may not be more restrictive than applied under Title XVI. Utah also believes that exclusion of all resources based upon the level of medical risk factors is less restrictive than Title XVI, and is also reasonable. However, HCFA believed that section 1902(a)(17) is explicitly meant to be inclusive of whole eligibility groups and not portions of groups. HCFA contended it cannot authorize a State to single out any part of an eligibility group for preferential treatment. HCFA's position was, in order to drop the resource test for high risk pregnant women, the State must do so for the entire poverty level group of pregnant women.

The notice to Utah announcing an administrative hearing to reconsider the disapproval of its SPA reads as follows:

Mr. Rod L. Betit,

Executive Director, Utah Department of Health, 288 North 1460 West, P.O. Box 16700, Salt Lake City, Utah 84116–0700.

Dear Mr. Betit: I am responding to your request for reconsideration of the decision to disapprove Utah State Plan Amendment (SPA) 93–033.

The State of Utah submitted SPA 93–33 which proposed changes in an asset test for poverty level pregnant women. Specifically, Utah proposed policy regarding a one-time payment equal to 4 percent of the individual's total non-exempt resources if

they are equal to or exceed $5,000. In addition, Utah proposed to waive this payment requirement for high risk pregnant women.

The issues in this matter are whether Utah SPA 93–033 adheres to the Federal law at section 1902(a)(14) of the Act (referencing section 1916 of the Act), section 1902(l) and section 1902(a)(17).

I am scheduling a hearing on your request for reconsideration to be held on May 17, 1995, in Room 578, 1961 Stout Street, Denver, Colorado. If this date is not acceptable, we would be glad to set another date that is mutually agreeable to the parties. The hearing will be governed by the procedures prescribed at 42 CFR, Part 430.

I am designating Mr. Stanley Katz as the presiding officer. If these arrangements present any problems, please contact the residing officer. In order to facilitate any communication which may be necessary between the parties to the hearing, please notify the presiding officer to indicate acceptability of the hearing date that has been scheduled and provide names of the individuals who will represent the State at the hearing. The presiding officer may be reached at (410) 597–3013.

Sincerely,

Bruce C. Vladeck,

Administrator.

(Section 1116 of the Social Security Act (42 U.S.C. 1316); 42 CFR section 430.18)

(Catalog of Federal Domestic Assistance Program No. 13.714, Medicaid Assistance Program)

Dated: March 30, 1995.

Bruce C. Vladeck,

Administrator, Health Care Financing Administration.

[FR Doc. 95–8524 Filed 4–6–95; 8:45 am]

BILLING CODE 4120–01–P

Public Health Service

Centers for Disease Control and Prevention; Statement of Organization, Functions, and Delegations of Authority

Part H, Chapter HC (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 69696, October 20, 1980, as amended most recently at 59 FR 63406–62407, dated December 5, 1994) is amended to reflect the transfer of the Division of HIV/AIDS, excluding the Hematologic Diseases Branch, Immunology Branch, and Laboratory Investigations Branch, from the National Center for Infectious Diseases to the National Center for Prevention Services.

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

Delete in its entirety the title and functional statement for the *Division of HIV/AIDS (HCRK).*

Following the functional statement for the *Division of Oral Health (HCM6), Office of the Director (HCM61),* insert the following:

Division of HIV/AID (HCM7). (1) Conducts national surveillance of infectious diseases and other illnesses associated with human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), and sentinel surveillance of HIV infection; (2) conducts national and international surveillance, epidemiologic investigations, and studies to determine risk factors and transmission patterns of HIV/AIDS; (3) develops recommendations and guidelines on the prevention and control of HIV/AIDS; (4) evaluates prevention and control activities in collaboration with other CDC components; (5) provides epidemic aid, epidemiologic and surveillance consultation, and financial assistance for HIV/AIDS surveillance activities to State and local health departments; (6) provides consultation to other PHS agencies, medical institutions, and private physicians; (7) provides information to the scientific community through publications and presentations; (8) works closely with NCID on HIV/AIDS surveillance activities and epidemiologic studies that require laboratory support and collaboration.

Office of the Director (HCM71). (1) Plans, directs, and coordinates the activities of the Division; (2) develops goals and objectives and provides leadership, policy formulation, and guidance in program planning and development; (3) provides program management and administrative support services for HIV/AIDS activities, both domestic and international.

International Activity (HCM712). (1) Designs and executes epidemiologic studies of HIV infection in developing nations of Africa and other continents; (2) develops and conducts epidemiologic studies of risk factors for AIDS and HIV transmission; (3) provides technical assistance to developing nations to develop AIDS case surveillance systems; (4) assists foreign governments in carrying out seroprevalence studies and surveys; (5) implements strategies to protect the blood supply in developing countries; (6) assists in the design, implementation, and evaluation of AIDS prevention and control activities; (7) performs epidemiologic studies of HIV/AIDS interventions in foreign countries; (8) coordinates with other CIOs in CDC that have similar international responsibilities; (9) provides consultation to WHO, USAID, and AIDSTECH, and other organizations whose mission is to prevent and control HIV infection and related outcomes.

Technical Information Activity (HCM713). (1) Provides scientific information, in cooperation with other CDC organizations, to health-care professionals, public health officials, and the general public; handles controlled and general correspondence and prepares responses to Freedom of Information Act requests; (2) coordinates preparation of responses and provision of material requested by Congress; (3) coordinates preparation of documents for annual program review with the Directors of NCPS and CDC; (4) prepares HIV/AIDS briefing reports for Director, CDC, and the Assistant Secretary for Health; (5) prepares printed and audiovisual materials on HIV/AIDS in cooperation with other CDC organizations; (6) assists in preparing guidelines for prevention of HIV infection; (7) maintains library of HIV/AIDS reprints and MMWR articles and distributes on request; (8) coordinates requests for presentations at scientific, medical, and public health meetings; (9) assists in preparing, editing, and clearing manuscripts; (10) plans and arranges for HIV/AIDS conferences and scientific meetings sponsored by CDC.

Epidemiology Branch (HCM72). (1) Designs and conducts epidemiologic studies to determine risk factors, co-factors, and modes of transmission for AIDS and HIV infection; (2) conducts epidemic aid investigations of HIV infection, infectious disease, and other illnesses associated with HIV/AIDS; (3) conducts technical reviews of proposals submitted for epidemiologic studies, arranges for ad hoc panel reviews, and recommends funding levels; (4) provides epidemiologic consultation to State and local health departments, other PHS agencies, and other groups and individuals investigating the syndrome; (5) responds to inquiries from physicians and other health providers for information on the medical and epidemiologic aspects of HIV/AIDS.

Pediatric and Family Studies Section (HCM722). (1) Designs and conducts epidemiologic studies of AIDS and HIV infection that examine risk factors, modes of transmission, and the natural history of disease in children, adolescents, mothers, and other family members; (2) develops guidelines and recommendations to reduce transmission in these populations, particularly aspects related to transmission from mother to child and