

of soliciting public comment. Interested parties were given sixty (60) days in which to submit comments, suggestions or objections regarding the proposed form of the order.

No comments having been received, the Commission has ordered the issuance of the complaint in the form contemplated by the agreement, made its jurisdictional findings and entered an order to cease and desist, as set forth in the proposed consent agreement, in disposition of this proceeding.

(Sec. 6, 38 Stat. 721; 15 U.S.C. 46. Interpret or apply sec. 5, 38 Stat. 719, as amended; sec. 7, 38 Stat. 731, as amended; 15 U.S.C. 45, 18)

Donald S. Clark,

Secretary.

[FR Doc. 95-8863 Filed 4-10-95; 8:45 am]

BILLING CODE 6750-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Meeting of the U.S. Advisory Board on Child Abuse and Neglect

AGENCY: Administration for Children and Families, DHHS.

ACTION: Notice of Meeting.

SUMMARY: The U.S. Advisory Board on Child Abuse and Neglect will hold a meeting in the Stonehenge Room in the Humphrey Building, Department of Health and Human Services, 200 Independence Avenue, SW., Washington, DC, 20201, from 9 a.m., Tuesday, April 25, through 4 p.m., Thursday, April 27, 1995.

During this meeting, the Advisory Board will hold a press conference and release its report: *A Nation's Shame: Fatal Child Abuse and Neglect in the U.S.*, on Wednesday, April 26, in the Small Auditorium of the Humphrey Building. This meeting is open to the public. If a sign language interpreter is needed, you may contact Michael Kharfen at (202) 401-9215.

FOR FURTHER INFORMATION CONTACT: Eileen H. Lohr, Program Analyst, U.S. Advisory Board on Child Abuse, and Neglect, Room 303-D, Humphrey Building, Washington, DC 20201, (202) 690-6053.

SUPPLEMENTARY INFORMATION: During this meeting, the Advisory Board will release the Board's Report: *A Nation's Shame: Fatal Child Abuse and Neglect in the U.S.*, on Wednesday, April 26; discuss a proposed Board report on cultural diversity; the reauthorization of the Child Abuse Prevention and

Treatment Act; and future Board endeavors.

Dated: April 13, 1995.

Preston Bruce,

Executive Director, U.S. Advisory Board on Child Abuse and Neglect.

[FR Doc. 95-8890 Filed 4-10-95; 8:45 am]

BILLING CODE 4184-01-P

Agency for Health Care Policy and Research

Health Care Policy and Research Special Emphasis Panel; Notice of Meeting

In accordance with section 10(a) of the Federal Advisory Committee Act (5 U.S.C. Appendix 2), announcement is made of the following special emphasis panel meeting scheduled for the month of May 1995:

Name: Health Care Policy and Research, Special Emphasis Panel.

Date and Time: May 24, 1995, 10:00 a.m.

Place: Executive Office Center, 2101 East Jefferson Street, Suite 502 Conference Room, Rockville, Maryland 20852. This meeting will be closed to the public.

Purpose: The Panel's charge is to provide advice and recommendations to the Secretary and to the Administrator, Agency for Health Care Policy and Research (AHCPR), regarding the scientific and technical merit of Phase II contract proposals submitted in response to a specific Request for Proposals (PHS 94-2). The purpose of the Phase I contract, entitled Children's Severity of Illness Index, was to develop preliminary identification items within each proposed scale. The contractors were to define the methodology and actions to achieve critical steps in the development of the model for measures of severity for children in critical care; identify a multidisciplinary team of experts in severity measurement, childhood growth and development, pediatrics and computer technology to staff the projects. The purpose of the Phase II contract is to utilize the best available methodologies to refine and test the Index. The offerors are to describe key steps in the process and factors which will be utilized to determine satisfactory completion of each step or the need for revision and identify appropriate clinical facilities as test sites.

Agenda: This meeting of the Panel will be devoted entirely to the technical review and evaluation of Phase II contract proposals submitted in response to a specific Request for Proposals. The Administrator, AHCPR, has made a formal determination that this meeting will not be open to the public. This is necessary to protect the free exchange of views and avoid undue interference with Panel and Department operations, and safeguard confidential proprietary information and personal information concerning individuals associated with the proposals that may be revealed during the sessions. This is in accordance with section 10(d) of the Federal Advisory Committee Act,

5 U.S.C. Appendix 2, Department regulations, 45 CFR section 11.5(a)(6), and procurement regulations, 48 CFR section 315.604(d).

Anyone wishing to obtain information regarding this meeting should contact Frantz Wilson, Center for General Health Services Extramural Research, Division of Primary Care, Agency for Health Care Policy and Research, Executive Office Center, 2101 E. Jefferson Street, Suite 502, Rockville, Maryland 20852, (301) 594-1357 extension 140.

Dated: April 4, 1995.

Clifton R. Gaus,

Administrator.

[FR Doc. 95-8898 Filed 4-10-95; 8:45 am]

BILLING CODE 4160-90-M

Agency for Health Care Policy and Research

Health Care Policy and Research Special Emphasis Panel; Notice of Meeting

In accordance with section 10(a) of the Federal Advisory Committee Act (5 U.S.C. Appendix 2), announcement is made of the following special emphasis panel meeting scheduled for the month of May 1995:

Name: Health Care Policy and Research, Special Emphasis Panel.

Date and Time: May 23, 1995, 9:00 a.m.

Place: Executive Office Center, 2101 East Jefferson Street, 6th Floor Conference Room 1, Rockville, Maryland 20852. This meeting will be closed to the public.

Purpose: The Panel's charge is to provide advice and recommendations to the Secretary and to the Administrator, Agency for Health Care Policy and Research (AHCPR), regarding the scientific and technical merit of Phase II contract proposals submitted in response to a specific Request for Proposals (PHS 94-2). The purpose of the Phase I contract, entitled Consumer Choices and Health Care Reform, was to determine factors important to consumers who make decisions about choosing health care plans, providers, and practitioners. The contractors were to develop a prototype decision support system, workbook, interactive video, or other tools for consumers to use when making these choices. The purpose of the Phase II contract is to develop an operational system with the capacity to be adapted to new categories of choices related to a reformed system of health care.

Agenda: This meeting of the Panel will be devoted entirely to the technical review and evaluation of Phase II contract proposals submitted in response to a specific Request for Proposals. The Administrator, AHCPR, has made a formal determination that this meeting will not be open to the public. This is necessary to protect the free exchange of views and avoid undue interference with Panel and Department operations, and safeguard confidential proprietary

information and personal information concerning individuals associated with the proposals that may be revealed during the sessions. This is in accordance with section 10(d) of the Federal Advisory Committee Act, 5 U.S.C. Appendix 2, Department regulations, 45 CFR section 11.5(a)(6), and procurement regulations, 48 CFR section 315.604(d).

Anyone wishing to obtain information regarding this meeting should contact Frantz Wilson, Center for General Health Services Extramural Research, Division of Primary Care, Agency for Health Care Policy and Research, Executive Office Center, 2101 E. Jefferson Street, Suite 502, Rockville, Maryland 20852, (301) 594-1357 extension 140.

Dated: April 4, 1995.

Clifton R. Gaus,
Administrator.

[FR Doc. 95-8899 Filed 4-10-95; 8:45 am]

BILLING CODE 4160-90-M

Food and Drug Administration

Public Health Service; Statement of Organization, Functions, and Delegations of Authority

Part H, Chapter HE (Food and Drug Administration) of the Statement of Organization, Functions, and Delegations of Authority for the Department of Health and Human Services (35 FR 3685, February 25, 1970, and 56 FR 29484, June 27, 1991, as amended most recently in pertinent part 59 FR 52552, October 18, 1994) is amended to reflect an organizational change in the Food and Drug Administration (FDA).

FDA has increasing demands for integration and coordination among Agency information systems both in pursuit of new initiatives and in the continued execution of existing responsibilities. The Commissioner of Food and Drugs has determined that this integration and coordination can best be accomplished by establishing a Strategic Systems Staff, an Administrative Systems Automation Staff, and a Division of Plans, Methods, and Resources within the Office of Information Resources Management (OIRM). In addition, the Division of Information Management, and the Parklawn Computer Center will be transferred from the Office of Management to OIRM under the Office of Management and Systems.

Under Chapter HF, Section HF-B, Organization

- Under the Office of Management and Systems (HFA7), Office of Information Resources Management (HFA8), insert the following new subparagraphs, Strategic Systems Staff

(HFA8A), Administrative Systems Automation Staff (HFA8B), Division of Plans, Methods, and Resources (HFA8C), Division of Information Management (HFA8D), and Parklawn Computer Center (HFA8E) reading as follows:

Strategic Systems Staff (HFA8A). Provides overall coordination of strategic systems initiatives to ensure that Agency strategic goals and priorities are met while being responsive to users. Coordinates strategic systems project development, prioritization, and funding estimates and provides oversight accountability to assure sound project management practices for strategic systems initiatives. Represents Agency in discussions with PHS, HHS other governmental components, and external groups regarding strategic systems initiatives.

Coordinates the development of tactical implementation plans for strategic systems initiatives, including objectives, deliverables, funding, and timeframes. Monitors performance related to project plans and surfaces critical issues needing to be addressed.

Provides expert technical guidance to senior Agency officials on strategic systems development to improve operating efficiencies and capabilities.

Provides Agency leadership in the development and implementation of an overall information systems architecture, including technical information standards.

Provides technical oversight for major contracts which support the planning for, development of, and implementation of strategic systems initiatives (which provide support for, or are critical to, multiple Agency components). Evaluates and documents contractor performance, including costs, technical specifications, and schedules.

Administrative Systems Automation Staff (HFA8B). Develops strategic goals and objectives for the automation of FDA administrative processes in conjunction with overall Agency strategic plans and represents the Agency in discussions with PHS, HHS, other governmental components, and external groups regarding administrative management systems automation initiatives.

Manages the design, development, implementation, and operation of the Agency's automated administrative management system, including the modification of business practices to maximize the efficiency and effectiveness of administrative processes.

Coordinates administrative systems automation initiatives to ensure that

Agency management goals and priorities are consistent with statutory and regulatory requirements, Federal and HHS standards and policies, and internal operating needs.

Monitors performance related to project plans, contractor deliverables, and process improvements associated with automation of administrative management operations.

Provides support to FDA's administrative organizations for the enhancement modification, and maintenance of FDA's Integrated Administrative Management Systems.

Division of Plans, Methods, and Resources (HFA8C). Coordinates the development and integration of IRM planning processes. This includes development of the FDA Information Systems Strategic Plan in conjunction with the overall Agency Strategic Plan and the FDA 5-year Long Range IRM Strategic Plan developed to meet OMB requirements. Represents the Agency in discussions with PHS, HHS, other governmental components, and external groups regarding IRM planning issues. Provides support to other OIRM components in the development of tactical ADP plans. Serves as a central point for coordinating, consolidating, and developing IRM policy.

Develops and directs Agency management programs relating to reports, directives, correspondence, records, and forms. Conducts records and paperwork management studies for the Agency on either a periodic, self-initiated basis, or in response to requests for assistance.

Consolidates annual resource requests for all OIRM components, prepares annual budget requests, and administers OIRM's approved budgets from different funding sources. Provides administrative support services required by all OIRM components.

Serves as a focal point for certain Agencywide IRM activities such as support of FDA's IRM Council, coordination of FDA responses to IRM audit activities, and other external IRM initiatives. Carries out high-priority IRM projects and monitors major IRM projects managed by other FDA elements.

Division of Information Management (HFA8D). Supervises specific information resources management functions, including ADP security and the telecommunications program for FDA. Represents FDA on all Federal IRM issues (FIRMR) with HHS and other governmental and external organizations.

Provides FDA telecommunications services and initiates or reviews all