

and disregard as resources one vehicle with a market value up to \$10,000, the balance in an Individual Development Account (IDA) up to \$10,000, and the cash value of life insurance; disregard from income up to \$10,000 in lump sum payments deposited in an IDA within 30 days of receipt, earned income of children attending school, and interest and dividend income up to \$400; require participation in a family skills training program; require certain AFDC recipients to submit to random drug tests and/or participate in alcohol or drug treatment; require children to attend school; increase amount of child support passed through to AFDC recipients; require more extensive information for child support enforcement purposes; modify JOBS exemptions and good cause criteria, and increase sanctions for non-compliance; make job search a condition of eligibility; allow non-custodial parents of AFDC children to participate in JOBS; pay transitional grant equaling 3 percent of the maximum family grant following employment; and provide transitional grant Medicaid and child care for 12 months from the date of employment for cases previously closed due to time limit.

Date Received: 6/12/95.

Type: AFDC.

Current Status: Pending.

Contact Person: Linda Martin (804) 737-6010.

Project Title: Texas—Achieving Change for Texans.

Description: Statewide, would implement requirement for a personal responsibility agreement which addresses issues such as child support cooperation, early medical screening for children, work requirements, drug and alcohol abuse, school attendance, and parenting skills training; would limit the caretaker exemption from employment services, disregard the earned income and resources from earnings of a child, set resource limits which promote independence from AFDC, eliminate work history and 100-hour rules for otherwise eligible two-parent families. In Bexar County would time-limit AFDC benefits to 12, 24, and 36 months depending on education and job experience, with extensions of the time-limit based on severe personal hardship, or in cases where the State could not provide supportive services, or where the local economy was in such state that the recipient could not reasonably be expected to find employment, if State funds are available to continue assistance. Transitional Medicaid and child care services would be provided to individuals who exhaust

their time-limited cash benefits. In two metropolitan statistical areas establish Individual Development Accounts to promote the transition to independence from AFDC, through allowable account deductions for education, business start-up costs and the like. In Fort Bend County would allow at recipient option, one-time AFDC cash emergency assistance payments of \$1,000 in lieu of ongoing regular AFDC payments with prohibition from applying for regular AFDC for a period of 12 months from date of receipt. In Dallas-Fort Worth would require electronic imaging (fingerprinting combined with photographic identification).

Date Received: 10/6/95.

Title: AFDC/Medicaid.

Current Status: Pending.

Contact Person: Kent Gummerman, (512) 438-3743.

Project Title: Utah—Untitled.

Description: Statewide, would exclude the value of a vehicle for AFDC recipient families, including those also receiving Food Stamps. Would not apply to initial eligibility determination.

Date Received: 10/3/95.

Type: AFDC.

Current Status: New.

Contact Person: Bill Biggs, (801) 538-4337.

III. Listing of Approved Proposals Since October 1, 1995

Project Title: Georgia—Work for Welfare Project.

Contact Person: Nancy Meszaros, (404) 657-3608.

IV. Requests for Copies of a Proposal

Requests for copies of an AFDC or combined AFDC/Medicaid proposal should be directed to the Administration for Children and Families (ACF) at the address listed above. Questions concerning the content of a proposal should be directed to the State contact listed for the proposal.

(Catalog of Federal Domestic Assistance Program, No. 93562; Assistance Payments—Research)

Dated: November 3, 1995.

Howard Rolston,

Director, Office of Planning, Research and Evaluation.

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Office of the Secretary

Office of the Secretary and Public Health Services; Statement of Organization, Functions, and Delegations of Authority

Under the authority of Section 6 of Reorganization Plan No. 1 of 1953 and

Section 2 of Reorganization Plan No. 3 of 1966, 5 U.S.C. 301, and pursuant to the authorities vested in me as Secretary of Health and Human Services, I hereby order a reorganization within the DHHS that affects the Office of the Secretary and the U.S. Public Health Service. This Notice amends the following portions of Part A and Part H of the Statement of Organization, Functions, and Delegation of Authority for the Department of Health and Human Services: Part A, Chapter AA, Office of the Secretary, as amended at 49 FR 32257-58 and last amended at 60 FR 51480, 10/2/95; and Part H, Chapter H as last amended at 52 FR 47053-4, 12/11/87, and Chapter HA as last amended at 60 FR 51480, 10/2/95. The changes designate the Public Health Service agencies as Operating Divisions reporting directly to the Secretary, establish the Office of Public Health and Science within the Office of the Secretary and delete the Office of the Assistant Secretary for Health. The changes are as follows:

I. Amend Chapter H of the Statement of Organization, Functions, and Delegations of Authority. Delete Section H-10 Public Health Service, Organization; and Section H-30 Public Health Service, Order of Succession, in their entirety.

II. Designate the following Public Health Service agencies as Operating Divisions within the Department of Health and Human Services and assign the following new Part designations in the Statement of Organization, Functions, and Delegations of Authority:

- Agency for Health Care Policy and Research—Part (E)
- Agency for Toxic Substances and Disease Registry—Part (J)
- Centers for Disease Control and Prevention—Part (C)
- Food and Drug Administration—Part (D)
- Health Resources and Services Administration—Part (R)
- Indian Health Service—Part (G)
- National Institutes of Health—Part (N)
- Substance Abuse and Mental Health Services Administration—Part (M)

The Statement of Organization, Functions and Delegations of Authority, for the newly established Operating Divisions, and their respective Chapters, will remain intact, until either superseded or amended.

III. Amend Chapter HA as follows:

A. Transfer from the Office of the Assistant Secretary Part H, Chapter HA, Office of the Assistant Secretary for Health, the following components, along with their respective functional

responsibilities to Part A, Office of the Secretary:

- Office on Women's Health (HAW)
- Office of Minority Health (HAM)
- President's Council on Physical Fitness and Sports (HAC)
- Office of Research Integrity (HAG)
- Office of Population Affairs (HA5)
- Office of International and Refugee Health (HAL)
- Office of HIV/AIDS Policy (HAH)
- Office of Emergency Preparedness (HAP)
- Office of Disease Prevention and Health Promotion/Planning and Evaluation (HAV)
- Office of the Surgeon General (HAN)

B. Delete the remaining portion of Chapter HA, in its entirety.

IV. Amend Part A, Chapter AA, "the Office of the Secretary," Section AA.10 *Organization* by inserting the following title at the end of the section: "Office of Public Health and Science."

V. Establish a new Chapter AC, under Part A, to read as follows:

Office of Public Health and Science

- AC.00 Mission
- AC.10 Organization
- AC.20 Functions
- AC.30 Delegations of Authority

Section AC.00 Mission. The Office of Public Health and Science (OPHS) is under the direction of the Assistant Secretary for Health, who serves as the Secretary's Senior Advisor for Public Health and Science. The Office serves as the focal point for leadership and coordination across the Department in public health and science; provides direction to program offices within OPHS, and, where required by law, to other HHS components; and provides advice and counsel on public health and science issues to the Secretary.

Section AC.10 Organization. The Office of Public Health and Science (AC) is under the direction of the Assistant Secretary for Health and consists of the following components:

- A. Immediate Office (ACA)
- B. Office on Women's Health (ACB)
- C. Office of Minority Health (ACC)
- D. Office of the President's Council on Physical Fitness and Sports (ACE)
- E. Office of Research Integrity (ACF)
- F. Office of Population Affairs (ACG)
- G. Office of International and Refugee Health (ACH)
- H. Office of HIV/AIDS Policy (ACJ)
- I. Office of Emergency Preparedness (ACK)
- J. Office of Disease Prevention and Health Promotion (ACL)
- K. Office of the Surgeon General (ACM)

Section AC.20 Functions.

A. Office of Public Health and Science (AC). The Office of Public Health and Science (OPHS), and, where required by law, other HHS components, are under the direction of the Assistant Secretary for Health (ASH) who is responsible to the Secretary for the conduct of a variety of advisory, coordinative, implementation, management, developmental, and representational activities in public health and science. The Office consists of specialized staffs that focus on cross-cutting public health and science issues of major significance to the Nation.

B. The Immediate Office (ACA). The Immediate Office: (1) Provides direction to program offices within OPHS; (2) provides advice to assure that the Department conducts broad based public health assessments designed to better define public health problems and to design solutions to those problems; assists other components within the Department in anticipating future public health issues and problems, and provides assistance to ensure that the Department designs and implements appropriate approaches, interventions, and evaluations, to maintain, sustain, and improve the health of the Nation; (3) at the direction of the Secretary, provides assistance in leading and managing the implementation and coordination of Secretarial decisions for Public Health Service Operating Divisions and, at the Secretary's direction, and for that purpose, draws on staff divisions and other organizational units for assistance in regard to legislation, budget, communications, and policy analysis; (4) provides a focus for leadership on matters including recommendations for policy on population-based public health and science and at the Secretary's direction leads and/or coordinates initiatives that cut across agencies and operating divisions; (5) provides advice to the Secretary and senior Department officials on budget and legislative issues of the Public Health Service Operating Divisions; (6) at the direction of the ASH, provides support for the Office of the Surgeon General in the exercise of statutory requirements and assigned activities, including policy setting for the Commissioned Corps; (7) works in conjunction with the Office of Intergovernmental Affairs in promoting relationships among and between State and local health departments, academic institutions, professional and constituency organizations, and the Department; (8) works in conjunction with the Assistant Secretary for Planning and Evaluation on matters of science policy analysis; (9) in

consultation with the Office of International Affairs provides advice on international and refugee health policy and coordinates international health-related activities and provides advice on a broad range of health activities that may be intra- and interdepartmental in scope; coordinates and manages Departmental liaison with bilateral and multilateral health agencies; (10) provides leadership for and participates in public health system improvement and development activities, particularly as they relate to population-based public health and the public health infrastructure; and (11) communicates and interacts with national professional and constituency organizations on matters of public health and science.

C. Transfer the functional statements for Items B through K, identified under Section AC.10 Organization, to the Office of Public Health and Science, intact, from Part H, Chapter HA, Statement of Organization, Functions and Delegations of Authority.

VI. Continuation of the Public Health Service: The newly established Operating Divisions and the Office of Public Health and Science shall constitute the Public Health Service.

VII. Continuation of Policy: Except as inconsistent with this reorganization, all statements of policy and interpretations with respect to the Office of the Secretary, and the Public Health Service heretofore issued and in effect prior to the date of this reorganization are continued in full force and effect.

VIII. Delegations of Authority: All delegations and redelegations of authority made to officials and employees of affected organizational components will continue in them or their successors pending further redelegation, provided they are consistent with this reorganization.

IX. Funds, Personnel and Equipment: Transfer of organizations and functions affected by this reorganization shall be accompanied in each instance by direct and support funds, positions, personnel, records, equipment, supplies and other resources.

Dated: October 31, 1995.

Donna E. Shalala,
Secretary.

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Administration for Children and Families

Statement of Organization, Functions and Delegations of Authority

AGENCY: Administration for Children and Families, HHS.