

Signatures, Glossary of Terms.” The document published with an inadvertent error. This document corrects that error.

**DATES:** October 3, 2001

**FOR FURTHER INFORMATION CONTACT:**

Joyce Strong, Office of Policy, Planning, and Legislation (HF-27), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301-827-7010.

**SUPPLEMENTARY INFORMATION:** In FR Doc. 01-23805, appearing in the **Federal Register** of Monday, September 24, 2001, the following correction is made: On page 48886, in the third column, “[Docket No. 00N-1543]” is corrected to read, “[Docket No. 00D-1543]”.

Dated: September 27, 2001.

**Margaret M. Dotzel,**

*Associate Commissioner for Policy.*

[FR Doc. 01-24768 Filed 10-2-01; 8:45 am]

**BILLING CODE 4160-01-S**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Amendment to the Charter of the Advisory Committee on Organ Transplantation

**AGENCY:** Health Resources and Services Administration (HRSA), HHS.

**ACTION:** Notice of amendment to the Charter of the Advisory Committee on Organ Transplantation.

**SUMMARY:** The Acting Administrator, HRSA, announces an amendment to the Charter of the Advisory Committee on Organ Transplantation (ACOT) to expand the scope of its responsibilities and increase the size of its membership. In addition to its current responsibilities, the Committee has been charged with advising the Secretary on ways to improve Federal and other efforts to increase organ donation nationally. The number of allowable Committee members has been increased from 20 to 41. Further, it has been specified that the term of service of the Committee Chairperson shall be 1 year; new member terms have been restricted to 2, 3 and 4 years; management and support services have been transferred to the Office of Special Programs, HRSA; and meeting frequency has been specified as approximately 3 times per year. Revised annual cost estimates have been provided.

**ADDRESSES:** Questions concerning this action may be addressed to Jack Kress, Executive Director, Advisory Committee on Organ Transplantation, Office of

Special Programs, Health Resources and Services Administration, 5600 Fishers Lane, Room 7-100, Rockville, MD 20857. A request for a copy of the Charter, as amended, for the Advisory Committee on Organ Transplantation should be submitted to Miguel Kamat, M.D., M.P.H., Division of Transplantation, Health Resources and Services Administration, 5600 Fishers Lane, Room 7C-22, Rockville, MD 20857, or may be viewed on the Division's Web site at [www.hrsa.gov/osp/dot](http://www.hrsa.gov/osp/dot).

**FOR FURTHER INFORMATION, CONTACT:** Jack Kress, (301) 443-8653.

**SUPPLEMENTARY INFORMATION:**

On September 28, 2000, HRSA published a **Federal Register** Notice regarding establishment of the ACOT pursuant to 42 CFR 121.12 and Public Law 92-463, the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2) (65 FR 58279). The unamended Charter included sections on the purpose, authority, function, structure, meetings, compensation, annual cost estimates, reports and termination dates of the Committee. The expanded scope of responsibilities and increased membership of the ACOT will ensure that the Secretary will receive advice on all aspects of organ donation, procurement, allocation, and transplantation. The Amendment specifies that, as one of its principal functions, the Committee shall advise the Secretary on ways to maximize Federal efforts to increase living and cadaveric organ donation nationally. The additional members will provide expert input to the deliberations of the ACOT when it considers questions on organ donation, including issues on living donation. The Committee will advise the Secretary through the Administrator, HRSA, on all the above issues, as well as on other matters that the Secretary may seek recommendation.

The Charter, as amended, is reprinted below.

#### Advisory Committee on Organ Transplantation Charter, as Amended

##### *Purpose*

The Department of Health and Human Services (HHS) has a vital role in safeguarding and promoting public health by overseeing the development of an equitable and effective organ donation, procurement, allocation, and transplantation system in the United States. The recommendations of the Advisory Committee on Organ Transplantation will facilitate HHS efforts to oversee the Organ Procurement and Transplantation

Network (OPTN), as envisioned in the National Organ Transplant Act of 1984, as amended.

##### *Authority*

42 U.S.C. 217a; Sec. 222 of the PHS Act, as amended; 42 CFR 121.12 (64 FR 56661). The Committee is governed by the 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.

##### *Function*

The Committee shall advise the Secretary, acting through the Administrator, Health Resources and Services Administration (HRSA), on all aspects of organ donation, procurement, allocation, and transplantation, and on such other matters that the Secretary determines. One of its principal functions shall be to advise the Secretary on ways to maximize Federal efforts to increase living and cadaveric organ donation nationally.

The Committee shall, at the request of the Secretary, review significant proposed OPTN policies submitted for Secretarial approval to recommend whether they should be made enforceable. It shall provide expert input to the Secretary on the latest advances in the science of transplantation, the OPTN's system of collecting, disseminating and ensuring the validity, accuracy, timeliness and usefulness of data, and additional medical, public health, ethical, legal, financial coverage, and socioeconomic issues that are relevant to transplantation.

##### *Structure*

The Committee shall consist of up to 41 members, including the Chair. Members and Chair shall be selected by the Secretary from individuals knowledgeable in such fields as organ donation, health care public policy, transplantation medicine and surgery, critical care medicine and other medical specialties involved in the identification and referral of donors, non-physician transplant professions, nursing, epidemiology, immunology, law and bioethics, behavioral sciences, economics and statistics, as well as representatives of transplant candidates, transplant recipients, organ donors, and family members. To the extent practicable, Committee members should represent the minority, gender and geographic diversity of transplant candidates, transplant recipients, organ donors and family members served by the OPTN. The Secretary may appoint non-voting Ex-Officio members, or designees of such officials, as the

Secretary deems necessary for the Committee to effectively carry out its function.

As necessary, standing and ad hoc subcommittees, composed of members of the parent committee, may be established to perform specific functions within the Committee's jurisdiction. The Department Committee Management Officer shall be notified upon establishment of each subcommittee, and shall be provided information on its name, membership, function, and estimated frequency of meetings.

Members shall be invited to serve for overlapping 4-year terms, except that initially the Secretary shall appoint a portion of the members to terms of 2 years, and 3 years. Terms past the termination date of the Committee are contingent upon renewal of the Committee by appropriate action prior to this date. Members may serve after the expiration of their terms until their successors have taken office. The Secretary shall appoint a Chair from among the Committee members to serve for a term of 1 year, and may invite the Chair to serve additional term(s).

A vacancy on the Advisory Committee shall be filled in the manner in which the original appointment was made and shall be subjected to any conditions that applied with respect to the original appointment. An individual chosen to fill a vacancy shall be appointed for the remainder of the term of the member replaced. The vacancy shall not affect the power of the remaining members to execute the duties of the Committee.

Management and support services shall be provided by the Office of Special Programs, Health Resources and Services Administration.

#### Meetings

Meetings shall be held approximately 3 times per year at the call of the Chair with the advance approval of a Government official, who shall also approve the agenda. A Government official shall be present at all meetings.

A majority of the Committee shall constitute a quorum.

Meetings shall be open to the public except as determined otherwise by the Secretary or other officials to whom the authority has been delegated. Notice of all meetings shall be provided to the public.

Meetings shall be conducted, and records of the proceedings kept, as required by applicable laws and Departmental regulations.

#### Compensation

Members shall be paid at a rate not to exceed the daily equivalent of the rate in effect for Executive Level IV of the Executive Schedule, for each day they are engaged in the performance of their duties as members of the Committee. Members shall receive per diem and travel expenses as authorized by 5 U.S.C. 5703, Title 5 U.S.C., as amended, for persons employed intermittently in the Government service. Members who are officers or employees of the United States shall not receive compensation for service on the Committee.

#### Annual Cost Estimate

Estimated annual cost for operating the Committee, including compensation and travel expenses for members but excluding staff support, is \$281,144. Estimated annual person-years of staff support required is 2.45, at an estimated annual cost of \$218,425.

#### Reports

In the event a portion of a meeting is closed to the public, a report shall be prepared that shall contain, at a minimum, a list of members and their business addresses, the Committee's function, dates and places of meetings, and a summary of Committee activities and recommendations made during the fiscal year. A copy of the report shall be provided to the Department Committee Management Officer.

#### Termination Date

Unless renewed by appropriate action prior to its expiration, the Advisory Committee on Organ Transplantation shall terminate two years from the date this charter is approved.

Dated: September 27, 2001.

**Elizabeth M. Duke,**

*Acting Administrator.*

[FR Doc. 01-24638 Filed 10-2-01; 8:45 am]

**BILLING CODE 4165-15-U**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Indian Health Service

#### Statement of Mission, Organization, Functions and Delegation of Authority

*Part G*, of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services, as amended at 60 FR 56606, November 9, 1995, and most recently amended at 61 FR 67048, December 19, 1996, is amended to reflect a reorganization of the Bemidji Area

Indian Health Service (GFE). The changes are as follows:

Delete the functional statements for the Bemidji Area in their entirety and replace with the following:

*Section GFE-00, Bemidji Area Indian Health Service-Mission.* The Bemidji Area IHS defines its mission as a commitment to the well-being and cultural integrity of Indian people through a participatory and consultative process. The goal of the Bemidji Area IHS is to elevate the health status of American Indian and Alaska Native (AI/AN) people to the highest possible level by (1) providing and/or assuring availability, (2) providing increasing opportunities for Indians to manage and operate their own health programs; and (3) serving as an advocate for Indian people.

*Section GFE-10, Functions. Office of the Director (GFE1).* (1) Plans, develops and directs the Area program within the framework of IHS policy in pursuit of the IHS mission; (2) coordinates the IHS activities and resources internally and externally with those of other governmental and non-governmental programs; (3) ensures the full application of the principles of Indian Preference and Equal Employment Opportunity; (4) provides Indian Tribes and other Indian community groups with ways of participating in the development of Indian health programs through the use of communications with the Tribal Health Board that develop the goals and objectives of the Bemidji Area IHS; and (5) promotes optimum utilization of health care services through development of networking strategies between State Health Offices and IHS Tribal participation.

*Office of Self-Determination (GFE1-1).* (1) Plans, coordinates, evaluates, directs, and implements Public Law 93-638, the Indian Self Determination and Education Assistance Act program; (2) plans, coordinates, evaluates, directs and implements Public Law 106-260, Section 513, the Tribal Self-Governance Amendments of 2000; (3) develops, coordinates, and monitors the program aspects of Tribal contracts and grants; (4) provides technical assistance to Tribal organizations and urban groups; (5) coordinates and stimulates consultant activities designed to promote Indian participation in IHS health programs; (6) serves as liaison with State and Tribal governments as well as with other agencies and organizations; (7) provides a bi-annual report to Tribes and Federal Service Units on the state of public health in the Bemidji Area; (8) interprets policy and provides direction in the conduct of Self-Determination, contracting,