

12, 2002, the President declared a major disaster under the authority of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121–5206 (Stafford Act), as follows:

I have determined that the damage in certain areas of the State of Vermont, resulting from severe storms and flooding on June 5, 2002, through June 13, 2002, is of sufficient severity and magnitude to warrant a major disaster declaration under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121–5206 (Stafford Act). I, therefore, declare that such a major disaster exists in the State of Vermont.

In order to provide Federal assistance, you are hereby authorized to allocate from funds available for these purposes, such amounts as you find necessary for Federal disaster assistance and administrative expenses.

You are authorized to provide Individual Assistance and Public Assistance, in the designated areas, and Hazard Mitigation throughout the State, and any other forms of assistance under the Stafford Act you may deem appropriate. Consistent with the requirement that Federal assistance be supplemental, any Federal funds provided under the Stafford Act for Public Assistance and Hazard Mitigation, and the Individual and Family Grant program will be limited to 75 percent of the total eligible costs.

Further, you are authorized to make changes to this declaration to the extent allowable under the Stafford Act.

The time period prescribed for the implementation of section 310(a), Priority to Certain Applications for Public Facility and Public Housing Assistance, 42 U.S.C. 5153, shall be for a period not to exceed six months after the date of this declaration.

Notice is hereby given that pursuant to the authority vested in the Director of the Federal Emergency Management Agency under Executive Order 12148, I hereby appoint Thomas P. Davies of the Federal Emergency Management Agency to act as the Federal Coordinating Officer for this declared disaster.

I do hereby determine the following areas of the State of Vermont to have been affected adversely by this declared major disaster:

Caledonia, Franklin, Lamoille, and Orleans Counties for Individual Assistance.

Caledonia, Essex, Franklin, and Orleans Counties for Public Assistance.

All counties within the State of Vermont are eligible to apply for assistance under the Hazard Mitigation Grant Program.

(The following Catalog of Federal Domestic Assistance Numbers (CFDA) are to be used for reporting and drawing funds: 83.537, Community Disaster Loans; 83.538, Cora Brown Fund Program; 83.539, Crisis Counseling; 83.540, Disaster Legal Services Program; 83.541, Disaster Unemployment

Assistance (DUA); 83.542, Fire Suppression Assistance; 83.543, Individual and Family Grant (IFG) Program; 83.544, Public Assistance Grants; 83.545, Disaster Housing Program; 83.548, Hazard Mitigation Grant Program.)

Joe M. Allbaugh,
Director.

[FR Doc. 02–18954 Filed 7–25–02; 8:45 am]

BILLING CODE 6718–02–P

GENERAL SERVICES ADMINISTRATION

Office of Management Services; Cancellation of an Optional Form by the Department of State

AGENCY: General Services Administration.

ACTION: Notice.

SUMMARY: The Department of State is cancelling the following Optional Form because of low demand in the Federal Supply Service:

OF 171, Appointment Letter for Immigrant Visa Applicants.

This form will be converted to a State Department. You can request copies of the new form from: Department of State, A/RPS/DIR, 18th and G Streets, NW., Suite 2400, Washington, DC 20522–2201.

DATES: Effective July 26, 2002.

FOR FURTHER INFORMATION CONTACT: Mr. Charles Cunningham, Department of State, 202–312–9605.

Dated: July 17, 2002.

Barbara M. Williams,
*Deputy Standard and Optional Forms
Management Officer, General Services
Administration.*

[FR Doc. 02–18948 Filed 7–25–02; 8:45 am]

BILLING CODE 6820–34–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Program Support Center

Agency Information Collection Activities: Submission for OMB Review; Comment Request

The Department of Health and Human Services, Program Support Center (PSC), publishes a list of information collections it has submitted to the Office of Management and Budget (OMB) for clearance in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35) and 5 CFR 1320.5. The following information collection was recently submitted to OMB:

1. *Proposed Project:* Application to the Board for Correction of Public

Health Service (PHS) Commissioned Corps Records (PSC–54)—(OMB 0937–0095)—Extension.

An application is submitted by commissioned officers of the PHS Commissioned Corps, former officers, their spouses or heirs who appeal to the Board for Correction to request removal of an alleged error or injustice in an officer's record. The information submitted is used by the Board for Correction to determine if an error or injustice has occurred and to rectify such error or in justice. An appeal cannot be considered without the information furnished on this form. *Respondents:* Individuals or households and Federal employees. Total Number of Respondents: ten per calendar year. Number of Responses per Respondent: one response per request. Average Burden per Response: four hours. Estimated Annual Burden: 40 hours.

OMB Desk Officer: Allison Eyd.

Copies of the information collection package listed above can be obtained by calling the PSC Reports Clearance Officer on (301) 443–0433. Written comments and recommendations for the proposed information collection should be sent directly to the OMB desk officer designated above at the following address: Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, 725 17th Street, NW., Washington, DC 20503.

Comments may also be sent to Irene S. West, PSC Reports Clearance Officer, Room 17A39, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 30 days of this notice.

Dated: July 18, 2002.

Curtis L. Coy,

Director, Program Support Center.

[FR Doc. 02–18974 Filed 7–25–02; 8:45 am]

BILLING CODE 4168–17–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Office of the Assistant Secretary for Public Health Emergency Preparedness; Statement of Organization, Function, and Delegation of Authority

Part A, Office of the Secretary, Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (HHS) is being amended at Chapter AA, Immediate Office of the Secretary, as last amended at 67 FR 1980, dated 1/15/2002; and at Chapter

AC, "Office of Public Health and Science (OPHS)," as last amended at 62 FR 33081-82, dated 6/18/1997. This reorganization will establish a new Chapter (AN), "Office of the Assistant Secretary for Public Health Emergency Preparedness (OASPHEP)" within the Office of the Secretary. OASPHEP will be headed by an Assistant Secretary for Public Health Emergency Preparedness (ASPHEP) as authorized under the Public Health Security and Bioterrorism Preparedness and Response Act of 2002. This reorganization will transfer the Office of Emergency Preparedness (ACK), Office of Public Health and Science, to OASPHEP, and rename the Office of Emergency Preparedness as the Office of Emergency Response. Further, this reorganization will transfer the Office of Public Health Preparedness from the Immediate Office of the Secretary to OASPHEP and rename it as the Office of BioDefense, and will place the Secretary's Emergency Operations Center in OASPHEP.

The changes, which will among other things, centralize related preparedness and response activities, are as follows:

I. Under Part A, Chapter AC, "Office of Public Health and Science," make the following changes:

A. Under Section AC.10 Organization, delete the following: "I. Office of Emergency Preparedness."

B. Under Section AC.20 Functions, delete paragraph, "I. Office of Emergency Preparedness (ACK)," in its entirety.

II. Under Part A, Office of the Secretary, make the following changes:

A. Under Chapter AA, delete Chapter AAB, the "Office of Public Health Preparedness," in its entirety.

B. Establish a new Chapter AN, "Office of the Assistant Secretary for Public Health Emergency Preparedness (OASPHEP)" to read as follows:

Office of the Assistant Secretary for Public Health Emergency Preparedness (AN)

AN.00 Mission

AN.10 Organization

AN.20 Functions

Section AN.00 Mission. On behalf of the Secretary, the Office of the Assistant Secretary for Public Health Emergency Preparedness (OASPHEP) directs and coordinates HHS-wide efforts with respect to preparedness for and response to bioterrorism and other public health emergencies. OASPHEP will direct the National Disaster Medical System (NDMS) and any other emergency response activities within the Department of Health and Human

Services that are related to bioterrorism and other public health emergencies. OASPHEP is responsible for ensuring a "One-Department" approach to developing such preparedness and response capabilities and directs and coordinates relevant activities of the OPDIVs.

Section AN.10 Organization: The Office of the Assistant Secretary for Public Health Emergency Preparedness (OASPHEP) is headed by an Assistant Secretary for Public Health Emergency Preparedness (ASPHEP), who reports directly to the Secretary, and includes the following components:

- Immediate Office of the ASPHEP (ANA)
- Office of BioDefense (ANB)
- Office of Emergency Response (ANC)
- Secretary's Emergency Operations Center (ANE)

Section AN.20 Functions

1. *Immediate Office of the Assistant Secretary for Public Health Emergency Preparedness (ANA).* The Immediate Office of the ASPHEP provides executive direction to OASPHEP components. The ASPHEP is the principal advisor to the Secretary on matters relating to bioterrorism and other public health emergencies, and for coordinating interagency interfaces between HHS, other Departments, agencies, offices of the United States, State and local entities with responsibility for emergency preparedness, and directing activities relating to protecting the civilian population from acts of bioterrorism and other public health emergencies. The ASPHEP provides the necessary leadership and coordinates activities for emergency preparedness matters internal to the Office of the Secretary's components and represents the DHHS in working closely with the Federal Emergency Management Agency and other Federal departments and agencies. OASPHEP acts as the lead Federal agency for Emergency Support Function #8 within the Federal Response Plan.

2. *Office of BioDefense (ANB).* The Office of BioDefense (OB) is headed by a Director, who reports to the ASPHEP and supports his/her roles as the Secretary's principal advisor on matters relating to bioterrorism and public health emergencies, the Department's principal liaison with the Office of Homeland Security; and the principal representative of the Department to other Federal agencies and the private sector in all matters related to bioterrorism, and other public health emergencies. On behalf of the ASPHEP, OB directs and coordinates HHS

Operating and Staff Divisions implementation of a comprehensive HHS strategy to protect the civilian population from acts of bioterrorism and other public health emergencies. In carrying out these responsibilities, the OB directs and coordinates the OPDIVs and STAFFDIVs to ensure the adequacy of HHS strategy for preparing, preventing, responding to, and recovering from acts of bioterrorism and other public health emergencies. The OB develops national plans and programs and executes necessary actions to ensure that HHS components are prepared to perform essential functions during major disasters.

3. *Office of Emergency Response (ANC).* The Office of Emergency Response (OER) is headed by a Director, who reports to the ASPHEP and serves as the principal advisor to the ASPHEP for emergency actions. OER provides staff support to the ASPHEP in the accomplishment of emergency preparedness responsibilities. In support of the ASPHEP, OER maintains the operational readiness required for timely and effective responses to Federal, State, and local government requests for social services, health and medical assistance following major disasters or terrorist incidents.

a. *The Division of Program Development (ANC1).* The Division of Program Development (DPD) is responsible for developing planning and implementation of processes to improve local response capabilities and the integration of national and local response resources. A key function of DPD is the development of Metropolitan Medical Response Systems. DPD also supports the Director of OER and the ASPHEP in coordinating activities with the Centers for Disease Control and Prevention, Agency for Toxic Substances and Disease Registry, and the Food and Drug Administration and other OPDIVs to develop technical support systems to deal with the consequences of Weapons of Mass Destruction (WMD) terrorist events.

b. *The Division of Emergency Readiness and Operations (ANC2).* The Division of Emergency Readiness and Operations (DERO) is responsible for improving the range of emergency response capabilities and for assuring emergency response readiness. To accomplish these tasks, DERO supports the interdepartmental National Disaster Medical System (NDMS) Senior Policy Group, Directorate, and Directorate Staff; coordinates the NDMS Disaster Medical Assistance Teams (DMATs) and provides administrative support to DMAT personnel; manages the Rockville Emergency Operations Center

during emergencies; develops national WMD response capable DMATs; improves the communications infrastructure to support DMAT deployments; works with the Department of Veterans Affairs to assure appropriate pharmaceutical availability, especially for WMD incidents; and establishes Medical Support Units at the site of emergencies.

c. The Division of Administration and Support (ANC3). The Division of Administration and Support (DAS) is responsible for OER budget execution and formulation, personnel and procurement actions, as well as other administrative activities. To accomplish these tasks, DAS works with the OASPHEP Operations Officer, the Office of the Secretary Executive Office (OSEO) and OER Division Directors to develop solutions to administrative related problems and to develop more effective and efficient administrative support for accomplishing OER activities. DAS also provides staff support for the OASPHEP Operations Officer in coordinating cross-cutting activities, such as, the management of Regional Emergency Coordinator Work Plans and Regional Advice of Allowance.

4. Secretary's Emergency Operations Center (AND). The Secretary's Emergency Operations Center (SEOC) is the focal point of a secure command, control, and communications system to support the HHS Secretary and overall needs of the Department in the prevention, response and mitigation activities during major national security mobilizations such as a bioterrorism event. The SEOC ensures that all HHS emergency operations centers, emergency response teams, and other critical emergency personnel located throughout HHS are linked to the Secretary.

III. Continuation of Policy: Except as inconsistent with this reorganization, all statements of policy and interpretations with respect to the Office of Public Health Preparedness (AAB) and the Office of Emergency Preparedness (ACK) Office of the Secretary, heretofore issued and in effect prior to the date of this reorganization are continued to full force and effect.

IV. 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.

V. 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: July 22, 2002.

Tommy G. Thompson,
Secretary.

[FR Doc. 02-19006 Filed 7-25-02; 8:45 am]

BILLING CODE 4150-03-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-4037-N]

Medicare Program: Meeting of the Advisory Panel on Medicare Education—September 26, 2002

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Notice of meeting.

SUMMARY: In accordance with the Federal Advisory Committee Act, 5 U.S.C. Appendix 2, section 10(a) (Pub. L. 92-463), this notice announces a meeting of the Advisory Panel on Medicare Education (the Panel) on September 26, 2002. The Panel advises and makes recommendations to the Secretary of the Department of Health and Human Services (HHS) and the Administrator of the Centers for Medicare & Medicaid Services (CMS) on opportunities to enhance the effectiveness of consumer education strategies concerning the Medicare program. This meeting is open to the public.

DATES: The meeting is scheduled for September 26, 2002, from 9 a.m. to 4 p.m., e.d.s.t.

Deadline for Presentations and Comments: September 19, 2002, 12 noon, e.d.s.t.

ADDRESSES: The meeting will be held at the Holiday Inn on the Hill, 415 New Jersey Avenue, NW., Washington, DC, 20001, (202) 638-1616.

FOR FURTHER INFORMATION CONTACT: Nancy Caliman, Health Insurance Specialist, Division of Partnership Development, Center for Beneficiary Choices, Centers for Medicare & Medicaid Services, 7500 Security Boulevard, S2-23-05, Baltimore, MD, 21244-1850, (410) 786-5052. Please refer to the CMS Advisory Committees Information Line (1-877-449-5659 toll free)/(410-786-9379 local) or the Internet (<http://www.hcfa.gov/events/apme/homepage.htm>) for additional information and updates on committee activities, or contact Ms. Caliman via E-

mail at ncaliman@cms.hhs.gov. Press inquiries are handled through the CMS Press Office at (202) 690-6145.

SUPPLEMENTARY INFORMATION: Section 222 of the Public Health Service Act (42 U.S.C. 217a), as amended, grants to the Secretary the authority to establish an advisory panel if the Secretary finds the panel necessary and in the public interest. The Secretary signed the charter establishing this Panel on January 21, 1999 (64 FR 7849) and approved the renewal of the charter on January 18, 2001. The Panel advises and makes recommendations to the Secretary and the Administrator of the Centers for Medicare & Medicaid Services on opportunities to enhance the effectiveness of consumer education strategies concerning the Medicare program.

The goals of the Panel are as follows:

- To develop and implement a national Medicare education program that describes the options for selecting a health plan under Medicare.
- To enhance the Federal government's effectiveness in informing the Medicare consumer, including the appropriate use of public-private partnerships.
- To expand outreach to vulnerable and underserved communities, including racial and ethnic minorities, in the context of a national Medicare education program.
- To assemble an information base of best practices for helping consumers evaluate health plan options and build a community infrastructure for information, counseling, and assistance.

The current members of the Panel are: Dr. Jane Delgado, Chief Executive Officer, National Alliance for Hispanic Health; Joyce Dubow, Senior Policy Advisor, Public Policy Institute, AARP; Timothy Fuller, Executive Director, National Gray Panthers; John Graham IV, Chief Executive Officer, American Diabetes Association; Dr. William Hagggett, Senior Vice President, Government Programs, Independence Blue Cross; Thomas Hall, Chairman and Chief Executive Officer, Cardio-Kinetics, Inc.; David Knutson, Director, Health System Studies, Park Nicollet Institute for Research and Education; Brian Lindberg, Executive Director, Consumer Coalition for Quality Health Care; Katherine Metzger, Director, Medicare and Medicaid Programs, Fallon Community Health Plan; Dr. Laurie Powers, Co-Director, Center on Self-Determination, Oregon Health Sciences University; Dr. Marlon Priest, Professor of Emergency Medicine, University of Alabama at Birmingham; Dr. Susan Reinhard, Co-Director, Center for State