collections; receivables, income, and expenses; and managed care.

The estimated burden is as follows:

Type of report	Number of respondents	Responses per respondent	Hours per response	Total burden hours
Universal Report	1200	1	27	32,400

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: John Kraemer, Desk Officer, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: July 15, 2005.

Tina M. Cheatham,

Director, Division of Policy Review and Coordination.

[FR Doc. 05–14484 Filed 7–21–05; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Statement of Organization, Functions and Delegations of Authority

This notice amends Part R of the Statement of Organization, Functions and Delegations of Authority of the Department of Health and Human Services (DHHS), Health Resources and Services Administration (HRSA) (60 FR 56605, as amended November 6, 1995; as amended 68 FR 787–93, January 7, 2003; as amended at 68 FR 8515–8517, February 21, 2003, as last amended 69 FR 56433–56445, September 21, 2004.)

This notice reflects several revisions to the organizational and functional statements of the Bureau of Primary Health Care. Specifically, this notice (1) Renames the Division of Health Center Development to the Division of Policy and Development; (2) Moves the policy function from the Office of the Director; (3) Establishes the Policy Branch in the Division of Policy and Development; and (4) Establishes a new description for the Division Director.

Section RC–00 Mission

The Bureau of Primary Health Care (BPHC) directs national health programs which improve the health of the Nation by assuring access to high quality comprehensive preventive and primary health care services and improving the health status of the Nation's underserved and vulnerable populations.

Section RC–10 Organization

The Bureau of Primary Health Care (BPHC) headed by the Associate Administrator for Primary Health Care reports directly to the Administrator, Health Resources and Services Administration. BPHC includes the following components:

(1) Office of the Associate Administrator (RC)

(2) Office of Minority and Special Populations (RCE)

(3) Division of Policy and Development (RCH)

(4) Division of Health Center Management (RCJ)

(5) Division of Clinical Quality (RCK)

(6) Division of State and Community Assistance (RCL)

(7) Division of National Hansen's Disease Program (RC7)

(8) Division of Immigration Health Services (RC9)

Remove the policy function from the Office of the Associate Administrator and place it in the Division of Policy and Development; and change the functional statement as follows: The Division of Policy and Development (RCH) serves as the organizational focus of the competitive grant process for BPHC; and leads in drafting policy and conducting analyses of performance across BPHC's programs. Specifically, the Division of Policy and Development executes the following activities: (1) Leads and monitors the development and expansion of health centers and health systems infrastructure; (2) provides pre-application assistance to communities and community-based organizations related to the development and expansion of health centers and health systems infrastructure; (3) consults and coordinates with other components within HRSA, other Federal agencies, consumer and constituency groups, and national and State organizations on issues affecting BPHC's programs; (4) formulates budget justifications for BPHC's programs and provides input into the analysis of BPHC budget execution; (5) leads and coordinates the analysis, development and drafting of policy impacting BPHC's programs; (6) performs environmental scanning on issues that affect BPHC's programs; (7) serves as the focal point for designing and implementing a plan for assessing and improving program performance; and (8) serves as the focal point for monitoring BPHC's activities in relation to HRSA's Strategic Plan.

Revise the functional statement for the Office of the Associate Administrator as follows: Provides overall leadership, direction, coordination, and strategic planning in support of Bureau programs. Specifically: (1) Has lead responsibility to bring primary health care services to the Nation's neediest communities; (2) serves as a central point of contact for Bureau communication and information; (3) establishes program policies, goals, and objectives and provides oversight as to their execution; (4) interprets program policies, guidelines, and priorities; (5) stimulates, coordinates and evaluates program development and progress; (6) maintains effective relationships with HRSA, other Department and Health and Human Services (HHS) organizations, other Federal agencies, State and local governments, and other public and private organizations concerned with primary health and improving the health status of the Nation's underserved and vulnerable populations; and (7) plans, directs, coordinates and evaluates Bureau-wide administrative management activities; (8) assures BPHC's funding recommendations are consistent with authorizing legislation, program expectations and HHS and HRSA policies.

Section RC–30 Delegation of Authority

All delegations of authority which were in effect immediately prior to the effective date hereof have been continued in effect in them or their successors pending further re-delegation. I hereby ratify and affirm all actions taken by any HHS official which involves the exercise of these authorities prior to the effective date of this delegation.

This reorganization is effective upon the date of signature.

Dated: July 6, 2005.

Elizabeth M. Duke,

Administrator.

Bureau of Primary Health Care (BPHC) (RC)

Provides overall leadership, direction, coordination, and strategic planning in support of Bureau programs. Specifically:(1) Has lead responsibility to bring primary health care services to the Nation's neediest communities; (2) serves as a central point of contact for Bureau communication and information; (3) establishes program policies, goals, and objectives and provides oversight as to their execution; (4) interprets program policies, guidelines, and priorities; (5) stimulates, coordinates and evaluates program development and progress; (6) maintains effective relationships with HRSA, other Department and Health and Human Services (HHS) organizations, other Federal agencies, State and local governments, and other public and private organizations concerned with primary health and improving the health status of the Nation's underserved and vulnerable populations; (7) plans, directs, coordinates and evaluates Bureau-wide administrative management activities; and (8) assures BPHC's funding recommendations are consistent with authorizing legislation, program expectations and HHS and HRSA policies.

Dated: July 6, 2005.

Elizabeth M. Duke,

Administrator.

Bureau of Primary Health Care (BPHC) (RC)Division of Policy and Development (RCH)

The Division of Policy and Development serves as the organizational focus of the competitive grant process for BPHC; and leads in drafting policy and conducting analyses of performance across BPHC's programs. Specifically, the DPD executes the following activities: (1) Leads and monitors the development and expansion of health centers and health systems infrastructure; (2) provides pre-application assistance to communities and community-based organizations related to the development and expansion of health centers and health systems infrastructure; (3) consults and coordinates with other components within HRSA, other Federal agencies, consumer and constituency groups, and national and State organizations on issues affecting BPHC's programs; (4) formulates budget justifications for BPHC's programs and provides input into the analysis of BPHC budget execution; (5) leads and coordinates the analysis, development and drafting of policy impacting BPHC's programs; (6) performs environmental scanning on issues that affect BPHC's programs; (7) serves as the focal point for designing and implementing a plan for assessing and improving program performance; and (8) serves as the focal point for monitoring BPHC's activities in relation to HRSA's Strategic Plan.

Dated: July 6, 2005.

Elizabeth M. Duke,

Administrator.

[FR Doc. 05–14485 Filed 7–21–05; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; The National Diabetes Education Program Survey of the Public

SUMMARY: Under provisions of Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below. This proposed information collection was previously published in the **Federal Register** on September 9, 2003, pages 53176–53177, and allowed 60 days for public comment. No public comments were received. The purpose of this notice is to allow an additional 30 days for public comment. The National Institutes of Health may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

Proposed Collection: Title: The National Diabetes Educations Program Survey of the Public. *Type of Information Collection Request:* New. *Need and Use of Information Collection:* The National Diabetes Education Program (NDEP) is a partnership of the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC) and more than 200 public and private organizations. The long-term goals of the NDEP are to improve the treatment and health outcomes of people with diabetes, to promote early diagnosis, and, ultimately, to prevent the onset of diabetes. The NDEP objectives are: (1) To increase awareness of the seriousness of diabetes, its risk factors, and strategies for preventing diabetes and its complications among people at risk for diabetes; (2) to improve understanding about diabetes and its control and to promote better self-management behaviors among people with diabetes; (3) to improve health care providers' understanding of diabetes and its control and to promote an integrated approach to care; (4) to promote health care policies that improve the quality of and access to diabetes care.

Multiple strategies have been devised to address the NDEP objectives. These have been described in the NDEP Strategic Plan and include: (1) Creating partnerships with other organizations concerned about diabetes; (2) developing and implementing awareness and education activities with special emphasis on reaching the racial and ethnic populations disproportionately affected by diabetes; (3) identifying, developing, and disseminating educational tools and resources for the program's diverse audiences; (4) promoting policies and activities to improve the quality of and access to diabetes care.

The NDEP evaluation will document the extent to which the NDEP program has been implemented, and how successful it has been in meeting program objectives. The evaluation relies heavily on data gathered from existing national surveys such as National Health and Nutrition Examination Survey (NHANES), the National Health Interview Survey (NHIS), the Behavioral Risk Factor Surveillance System (BRFSS), among others for this information. This clearance request is for the collection of additional primary data from NDEP target audiences on some key process and impact measures that are necessary to effectively evaluate the program. Approval is requested for survey of the public including people at risk for diabetes, people with diabetes and their families.

Frequency of Response: On occasion. *Affected Public:* Individuals or households. *Type of Respondents:* Adults. The annual reporting burden is as follows: *Estimated Number of Respondents:* 1600; *Estimated Number of Responses per Respondent:* 1; *Average Burden Hours per Response:* .25; and *Estimated Total Annual Burden Hours Requested:* 400. The annualized cost to respondents is estimated at: $8,000.00. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.