

Working Group, at (301) 443-1514 or [ctaplin@ahrq.gov](mailto:ctaplin@ahrq.gov). If sign language interpretation or other reasonable accommodation for a disability is needed, please contact Mr. Donald L. Inniss, Director, Office of Equal Employment Opportunity Program, Program Support Center, on (301) 443-1144.

The agenda for this Working Group meeting will be available on the Citizens' Working Group Web site, <http://www.citizenshealthcare.gov>. Also available at that site is a roster of Working Group members. When transcripts of these meetings are completed, they will also be available on the Web site.

**SUPPLEMENTARY INFORMATION:** Section 1014 of Public Law 108-173, (known as the Medicare Modernization Act) directs the Secretary of the Department of Health and Human Services (DHHS), acting through the Agency for Healthcare Research and Quality, to establish a Citizens' Health Care Working Group (Citizen Group). This statutory provision, codified at 42 U.S.C. 299 n., directs the Working Group to: (1) Identify options for changing our health care system so that every American has the ability to obtain quality, affordable health care coverage; (2) provide for a nationwide public debate about improving the health care system; and (3) submit its recommendations to the President and the Congress.

The Citizens' Health Care Working Group is composed of 15 members: The Secretary of DHHS is designated as a member by statute and the Comptroller General of the U.S. Government Accountability Office (GAO) was directed to name the remaining 14 members whose appointments were announced on February 28, 2005.

#### Working Group Meeting Agenda

The Working Group meeting on December 14th and 15th will be devoted to ongoing Working Group business. Topics to be addressed are expected to include: logistics of community meetings, the questions and discussion guide for community meetings and the Working Group's Web site, involvement of national organizations in outreach, background and possible frameworks for future recommendations, and future plans and budgets.

#### Submission of Written Information

The Working Group invites written submissions on those topics to be addressed at the Working Group business meeting listed above. In general, individuals or organizations wishing to provide written information

for consideration by the Citizens' Health Care Working Group should submit information electronically to [citizenshealth@ahrq.gov](mailto:citizenshealth@ahrq.gov). Since all electronic submissions will be posted on the Working Group Web site, separate submissions by topic will facilitate review of ideas submitted on each topic by the Working Group and the public.

This notice is published less than 15 days in advance of the meeting due to logistical difficulties.

Dated: November 30, 2005.

**Carolyn M. Clancy,**

*Director.*

[FR Doc. 05-23673 Filed 12-6-05; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Agency for Healthcare Research and Quality

#### Notice of Meeting

In accordance with section 10(d) of the Federal Advisory Committee Act (5 U.S.C., Appendix 2), announcement is made of a Health Care Policy and Research Special Emphasis Panel (SEP) meeting.

A Special Emphasis Panel is a group of experts in fields related to health care research who are invited by the Agency for Health Care Research and Quality (AHRQ), and agree to be available, to conduct on an as needed basis, scientific reviews of applications for AHRQ support. Individual members of the Panel do not attend regularly-scheduled meetings and do not serve for fixed terms or a long period of time. Rather, they are asked to participate in particular review meetings which require their type of expertise.

Substantial segments of the upcoming SEP meeting listed below will be closed to the public in accordance with the Federal Advisory Committee Act, section 10(d) of 5 U.S.C., Appendix 2 and 5 U.S.C. 552b(c)(6). Grant applications for "Small Research Grants for Primary Care Practice-Based Research Networks" (PBRN) RFA, are to be reviewed and discussed at this meeting. These discussions are likely to reveal personal information concerning individuals associated with the applications. This information is exempt from mandatory disclosure under the above-cited statutes.

**SEP Meeting on:** "Small Research Grants for Primary Care Practice-Based Research Networks" (PBRN) RFA.

**Date:** January 26-27, 2005 (Open on January 26 from 8:00 a.m. to 8:15 a.m.

and closed for the remainder of the meeting).

**Place:** John Eisenberg Building, 540 Gaither Road, AHRQ Conference Center, Rockville, Maryland 20850.

**Contact Person:** Anyone wishing to obtain a roster of members, agenda or minutes of the non-confidential portions of this meeting should contact Mrs. Bonnie Campbell, Committee Management Officer, Office of Extramural Research, Education and Priority Populations, AHRQ, 540 Gaither Road, Room 2038, Rockville, Maryland 20850, Telephone (301) 427-1554.

Agenda items for this meeting are subject to change as priorities dictate.

Dated: November 23, 2005.

**Carolyn M. Clancy,**

*Director.*

[FR Doc. 05-23674 Filed 12-6-05; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Agency for Toxic Substances and Disease Registry

#### Statement of Organization, Functions, and Delegations of Authority

Part T (Agency for Toxic Substances and Disease Registry) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (50 FR 25129-25130, dated June 17, 1985, as amended most recently at 70 FR 59350, dated October 12, 2005) is amended to reflect the reorganization of the Agency for Toxic Substances and Disease Registry (ATSDR).

Section T-B, Organization and Functions, is hereby amended as follows:

Delete in its entirety the title and functional statements for the *Program Services Activity (TV612)*, *Division of Health Assessment and Consultation (TB6)*.

Delete in its entirety the functional statement for the *Community Involvement Branch (TB67)*, and insert the following:

*Health Promotion and Community Involvement Branch (TB67)*. (1) Plans, directs, coordinates and implements the division's health promotion and community involvement program; communicates ATSDR's roles and responsibilities to communities and tribes; and, provides technical advice, guidance and support on site-specific community involvement and participation to the division, and to

other agency entities upon request; (2) participates in the design, implementation, and impact evaluation of health promotion interventions at sites at the individual and community level to mitigate health effects from potential and actual exposures; provides leadership in using the best available science for health promotion products and activities in communities; advocates for public health promotion in support of community concerns and needs; (3) plans, designs and implements strategies for engaging (site entry) in site-specific community and tribal public health activities and, upon completion of activities strategies for disengagement; (4) provides leadership in developing, managing, and implementing the health education component of the ATSDR's state-based cooperative agreement program with external partners; ensures that the technical and administrative requirements of the health education component of the program are met; (5) provides leadership in establishing linkages between communities and technical and science staff; where appropriate, maintains and coordinates community contact; maintains database of site-specific community concerns and needs and actions taken to respond; and, advocates for the public health needs of the community and serves to mediate and assist in resolving areas of dispute or conflict; (6) in activities that involve communities, tribes, tribal governments and tribal organizations, collaborates with ATSDR programs to ensure cultural awareness and respect are observed and practiced.

Delete in its entirety the titles and functional statements for the *Division of Health Education and Promotion (TB7)*

Delete in its entirety the titles and functional statements for the *Division of Toxicology (TB9)* and inserting the following:

*Division of Toxicology and Environmental Medicine (TB9)*. (1) Develops and applies innovative research methods to expand knowledge of the relationship between exposure to hazardous substances and adverse human health effects; (2) coordinates all activities associated with toxicological profiles including associated research; (3) develops and applies science-based health educational tools, methods and strategies to deliver messages, education, and training; (4) develops educational materials in support of environmental medicine; (5) provides expertise and service to site-specific activities across ATSDR including chemical-specific consultations as needed; (6) provides technical expertise and site specific support in addressing

the health issues presented by emergency or acute release events and threatened releases of hazardous materials; (7) coordinates agency toxicology and environmental medicine activities with the Environmental Protection Agency, National Toxicology Program, and other appropriate federal, state, local, or public programs.

*Applied Toxicology Branch (TB94)*. (1) Provides scientific expertise for the development of toxicological information and disseminates educational information in multiple formats; (2) develops and disseminates toxicological profiles; (3) develops, implements, and coordinates a program of research designed to identify priority data needs and determine the health effects of those data needs for various hazardous substances; (4) works as an integral partner with other division branches to ensure that toxicological activities incorporate environmental medicine and emergency preparedness perspectives into their basic message; (5) coordinates toxicological information and research activities with the Environmental Protection Agency, the National Toxicology Program, the Interagency Testing Committee, other appropriate federal, state, and local programs, and other public and private concerns, as appropriate.

*Prevention, Response and Medical Support Branch (TB95)*. (1) Provides technical expertise and site specific support in addressing the health issues presented by emergency or acute release events and threatened releases of hazardous materials; (2) conducts special priority setting and evaluation activities; (3) provides technical expertise to conduct special evaluation activities necessary for support of division programs; (4) provides infrastructure to support planning and evaluation activities for the toxicology programs of the division; (5) works within the National Response Program and CDC guidelines to collaborate with other federal, state, and local agencies during emergency response situations; (6) develops information resources and guidance for first responders and health care providers for use in responding to unplanned release and spills; (7) works as an integral partner with other division branches to ensure that environmental medicine activities incorporate toxicological and emergency preparedness perspectives into their basic message.

*Environmental Medicine and Educational Services Branch (TB96)*. (1) Establishes program goals and objectives for health education and environmental medicine practices; (2) develops and applies science-based health education

strategies, services, and tools to deliver key messages, education, and training to state public health partners, other public health partners, health professionals, and community groups to improve environmental health outcomes at the local, state, and national levels; (3) coordinates and facilitates practice development in environmental medicine across ATSDR divisions and offices; (4) develops educational materials in support of health education and environmental medicine; (5) provides leadership in development, implementation, and evaluation of internal and external professional health education and environmental medicine activities; and (6) provides expertise and service to site-specific activities across ATSDR.

Dated: November 28, 2005.

**William H. Gimson,**

*Chief Operating Officer, Centers for Disease Control and Prevention (CDC).*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Agency for Toxic Substances and Disease Registry

[ATSDR-217]

#### Notice of the Revised Priority List of Hazardous Substances That Will Be the Subject of Toxicological Profiles

**AGENCY:** Agency for Toxic Substances and Disease Registry (ATSDR), U.S. Department of Health and Human Services (HHS).

**ACTION:** Notice.

**SUMMARY:** The Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA or Superfund), as amended by the Superfund Amendments and Reauthorization Act (SARA), requires that ATSDR and the Environmental Protection Agency (EPA) revise the Priority List of Hazardous Substances. This list includes substances most commonly found at facilities on the CERCLA National Priorities List (NPL) which have been determined to be of greatest concern to public health at or around these NPL hazardous waste sites. This announcement provides notice that the agencies have developed and are making available a revised CERCLA Priority List of 275 Hazardous Substances, based on the most recent information available. Each substance on the priority list is a candidate to become the subject of a toxicological profile prepared by ATSDR and