

including text, graphics, and files that you may download to a personal computer with access to the Internet. Updated on a regular basis, the CDRH home page includes the guidance as well as the current list of recognized standards and other standards related documents. After publication in the **Federal Register**, this notice announcing "Modification to the List of Recognized Standards, Recognition List Number: 025" will be available on the CDRH home page. You may access the CDRH home page at <http://www.fda.gov/MedicalDevices>.

You may access "Guidance on the Recognition and Use of Consensus Standards," and the searchable database for "FDA Recognized Consensus Standards" through the hyperlink at <http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/Standards>.

This **Federal Register** document on modifications in FDA's recognition of consensus standards is available at <http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/Standards/ucm123792.htm>.

VII. Submission of Comments and Effective Date

Interested persons may submit to the contact person (see **FOR FURTHER INFORMATION CONTACT**) either electronic or written comments regarding this document. It is only necessary to send one set of comments. It is no longer necessary to send two copies of mailed comments. Comments are to be identified with the docket number found in brackets in the heading of this document. FDA will consider any comments received in determining whether to amend the current listing of modifications to the list of recognized standards, Recognition List Number: 025. These modifications to the list or recognized standards are effective upon publication of this notice in the **Federal Register**.

Dated: September 28, 2010.

Nancy K. Stade,

Deputy Director for Policy, Center for Devices and Radiological Health.

[FR Doc. 2010-24788 Filed 10-1-10; 8:45 am]

BILLING CODE 4160-01-S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute on Aging; Notice of Closed Meetings

Pursuant to section 10(d) of the Federal Advisory Committee Act, as

amended (5 U.S.C. App.), notice is hereby given of the following meetings.

The meetings will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Institute on Aging Special Emphasis Panel, Relationships and Health.

Date: November 16, 2010.

Time: 1:30 p.m. to 5:30 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institute on Aging, Gateway Building, 7201 Wisconsin Avenue, Suite 2C218, Bethesda, MD 20892. (Telephone Conference Call.)

Contact Person: Alfonso R. Latoni, PhD, Deputy Chief and Scientific Review Officer, Scientific Review Branch, National Institute on Aging, 7201 Wisconsin Avenue, Suite 2C218, Bethesda, MD 20892. 301-402-7702. Alfonso.Latoni@nih.gov.

Name of Committee: National Institute on Aging Special Emphasis Panel, Aging Bone and Muscle.

Date: November 18, 2010.

Time: 1 p.m. to 4:30 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institute on Aging, Gateway Building, 7201 Wisconsin Avenue, Suite 2C212, Bethesda, MD 20892. (Telephone Conference Call.)

Contact Person: William Cruce, PhD, Scientific Review Officer, National Institute on Aging, Scientific Review Branch, Gateway Building 2C-212, 7201 Wisconsin Ave., Bethesda, MD 20814. 301-402-7704. crucew@nia.nih.gov.

Name of Committee: National Institute on Aging Special Emphasis Panel, Restless Leg Syndrome.

Date: November 22, 2010.

Time: 1 p.m. to 4 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institute on Aging, Gateway Building, 7201 Wisconsin Avenue, Suite 2C212, Bethesda, MD 20892. (Telephone Conference Call.)

Contact Person: William Cruce, PhD, Scientific Review Officer, National Institute on Aging, Scientific Review Branch, Gateway Building 2C-212, 7201 Wisconsin Ave., Bethesda, MD 20814. 301-402-7704. crucew@nia.nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.866, Aging Research, National Institutes of Health, HHS)

Dated: September 28, 2010.

Jennifer S. Spaeth,

Director, Office of Federal Advisory Committee Policy.

[FR Doc. 2010-24784 Filed 10-1-10; 8:45 am]

BILLING CODE 4140-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Center For Scientific Review; Amended Notice of Meeting

Notice is hereby given of a change in the meeting of the Center for Scientific Review Special Emphasis Panel, October 19, 2010, 11 a.m. to October 19, 2010, 5 p.m., National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892 which was published in the **Federal Register** on September 17, 2010, 75 FR 57042-57043.

The meeting will be two days—October 18, 2010, from 8 a.m. to October 19, 2010, 5 p.m. The meeting location remains the same. The meeting is closed to the public.

Dated: September 28, 2010.

Jennifer S. Spaeth,

Director, Office of Federal Advisory Committee Policy.

[FR Doc. 2010-24783 Filed 10-1-10; 8:45 am]

BILLING CODE 4140-01-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 (HHS), Health Resources and Services Administration (HRSA) (60 FR 56605, as amended November 6, 1995; as last amended at 75 FR 58416-58417 dated September 24, 2010).

This notice reflects organizational changes to the Health Resources and Services Administration and updates the functional statement for the Bureau of Primary Health Care (RC). Specifically, this notice (1) Creates the Office of Administrative Management (RCM) and the Office of Training and Technical Assistance Coordination (RCS); (2) abolishes the Division of Health Information Technology State and Community Assistance (RCR); (3) renames the Office of Minority and Special Populations (RCG) to the Office

of Special Population Health (RCG); and (4) abolishes the Eastern Division (RCN), the Central Mid-Atlantic Division (RCP), and the Western Division (RCQ); and establishes the Northeast Division (RCU), Central Southeast Division (RCV), the North Central Division (RCT); and the Southwest Division (RCW), to better align the regional functions of the Bureau.

Chapter RC—Bureau of Primary Health Care

Section RC-10, Organization

Delete in its entirety and replace with the following:

The Office of the Associate Administrator (RC) is headed by the Associate Administrator, Bureau of Primary Health Care (BPHC), who 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 Administrative Management (RCM);
- (3) Office of Training and Technical Assistance Coordination (RCS);
- (4) Office of Policy and Program Development (RCH);
- (5) Office of Quality and Data (RCK);
- (6) Office of Special Population Health (RCG);
- (7) Northeast Division (RCU);
- (8) Central Southeast Division (RCV);
- (9) North Central Division (RCT);
- (10) Southwest Division (RCW); and
- (11) Division of National Hansen's Disease Program (RC7).

Section RC-20, Functions

(1) Delete the functional statement for the Bureau of Primary Health Care (RC) and replace in its entirety.

Office of the Associate Administrator (RC)

Provides overall leadership, direction, coordination, and planning in support of BPHC programs. Specifically: (1) Establishes program goals, objectives and priorities, and provides oversight to their execution; (2) plans, directs, coordinates and evaluates BPHC-wide management activities; and (3) maintains effective relationships within HRSA and with other Department of Health and Human Services (HHS) organizations, other Federal agencies, State and local governments, and other public and private organizations concerned with primary health care, eliminating health disparities, and improving the health status of the Nation's underserved and vulnerable populations.

Office of Administrative Management (RCM)

Plans, directs and coordinates BPHC-wide administrative management activities. Specifically: (1) Serves as BPHC's principal source for administrative and management advice and assistance; (2) provides guidance and coordinates personnel activities for BPHC; (3) provides organization and management analysis, coordinating the allocation of personnel resources, developing policies and procedures for internal operations, interpreting and implementing BPHC management policies, procedures and systems; (4) develops and coordinates BPHC program and administrative delegations of authority activities; (5) provides guidance to BPHC on financial management activities; (6) provides BPHC-wide support services such as continuity of operations and emergency planning, contracts, procurement, supply management, equipment utilization, printing, property management, space management, records management, and management reports; (7) serves as BPHC Executive Secretariat; (8) serves as BPHC focal point for the design and implementation of management information systems to assess and improve program performance and internal operations; and (9) coordinates BPHC administrative management activities with other components within HRSA and HHS, and with other Federal agencies, State and local governments, and other public and private organizations, as appropriate.

Office of Training and Technical Assistance Coordination (RCS)

Serves as the organizational focus for the coordination of training and technical assistance activities for BPHC programs and staff. Specifically: (1) Leads and coordinates training and technical assistance activities and resources for BPHC programs and staff; (2) serves as BPHC principal contact and information resource for training and technical assistance; (3) identifies key training and technical assistance needs of BPHC programs and staff, and develops programs to address them; (4) manages training and technical assistance cooperative agreements and contracts; (5) coordinates BPHC technical assistance and training activities within HRSA and HHS, and with other Federal agencies, State and local governments, and other public and private organizations concerned with primary health care, eliminating health disparities, and improving the health status of the Nation's underserved and

vulnerable populations; and (6) provides support and coordination for emergency preparedness and response.

Office of Policy and Program Development (RCH)

Serves as the organizational focus for the development of BPHC programs and policies. Specifically: (1) Leads and monitors the development and expansion of primary care programs, including health centers and other health systems; (2) identifies and provides assistance to communities, community-based organizations, and BPHC programs related to the development and expansion of primary care programs; (3) manages BPHC capital and loan guarantee programs; (4) leads and coordinates the analysis, development and drafting of policy impacting BPHC programs; (5) consults and coordinates with other components within HRSA and HHS, and with other Federal agencies, State and local governments, and other public and private organizations on issues affecting BPHC programs and policies; (6) performs environmental scanning on issues that affect BPHC programs; (7) monitors BPHC activities in relation to the HRSA and HHS Strategic Plan; and (8) serves as BPHC focal point for communication and program information.

Office of Quality and Data (RCK)

Serves as the organizational focus for BPHC program performance, clinical and operational quality improvement, data reporting, and program evaluation. Specifically: (1) Provides leadership for implementing BPHC clinical quality and performance improvement strategies/initiatives, including health information technology; (2) oversees BPHC Federal Tort Claims Act (FTCA) medical malpractice liability programs, reviewing clinical, quality improvement, risk management, and patient safety activities to improve policies and programs for primary health care services, including clinical information systems; (3) leads and coordinates BPHC accreditation and national quality recognition programs; (4) coordinates BPHC clinical, quality and performance reporting activities within HRSA and HHS, and with other Federal agencies, State and local governments, and other public and private organizations concerned with primary health care, eliminating health disparities, and improving the health status of the Nation's underserved and vulnerable populations; (5) identifies and provides assistance to BPHC programs around clinical, quality and performance reporting activities; and (6)

serves as BPHC focal point for the design and implementation of program evaluations.

Office of Special Population Health (RCG)

Serves as the organizational focus for the coordination of BPHC activities relating to the delivery of health services to special populations, including: migrant and seasonal farm workers, homeless persons and residents of public housing, school children, minorities and other vulnerable populations. Specifically: (1) Ensures that the needs and special circumstances of special populations and the provider organizations that serve them are addressed in BPHC programs and policies; (2) advises BPHC about the needs of special populations; (3) identifies and provides assistance to communities, community-based organizations and BPHC programs related to the development, delivery and expansion of services targeted to special populations; (4) coordinates BPHC activities for special populations within HRSA and HHS, and with other Federal agencies, State and local governments, and other public and private organizations concerned with primary health care, eliminating health disparities, and improving the health status of the Nation's underserved and vulnerable populations; and (5) provides support to the National Advisory Council on Migrant Health.

Northeast Division (RCU)

Manages BPHC primary health care service delivery programs and associated activities within HHS Regions I, II and III. Specifically: for Regions I, II and III, (1) Manages the post-award/designation administration of BPHC primary health care service delivery programs, including State-based training and technical assistance; (2) serves as BPHC representative to organizations receiving BPHC service delivery grants/designations; (3) promotes a continued focus on quality, cost-effective care for underserved and vulnerable populations; (4) identifies and provides assistance on program-related statutory/regulatory policy, and program reporting requirements; (5) monitors the performance of BPHC primary health care service delivery programs, making programmatic recommendations and providing assistance to improve performance, where appropriate; (6) reviews findings and recommendations of periodic and episodic grantee assessments, developing actions needed to assure continuity of services to underserved and vulnerable populations and

appropriate use of Federal resources; (7) provides technical guidance to grantees on the management and integration of community-based systems of care, the adaptation of successful strategies/models, and the resolution of difficult issues; (8) conducts State and regional surveillance on issues that affect BPHC primary health care service delivery programs; and (9) provides consultation to and coordinates activities within HRSA and HHS, and with other Federal agencies, State and local governments, and other public and private organizations involved in the implementation of BPHC primary health care service delivery programs.

Central Southeast Division (RCV)

Manages BPHC primary health care service delivery programs and associated activities within HHS Regions IV and VII. Specifically: For regions IV and VII, (1) Manages the post-award/designation administration of BPHC primary health care service delivery programs, including State-based training and technical assistance; (2) serves as BPHC representative to organizations receiving BPHC service delivery grants/designations; (3) promotes a continued focus on quality, cost-effective care for underserved and vulnerable populations; (4) identifies and provides assistance on program-related statutory/regulatory policy, and program reporting requirements; (5) monitors the performance of BPHC primary health care service delivery programs, making programmatic recommendations and providing assistance to improve performance, where appropriate; (6) reviews findings and recommendations of periodic and episodic grantee assessments, developing actions needed to assure continuity of services to underserved and vulnerable populations and appropriate use of Federal resources; (7) provides technical guidance to grantees on the management and integration of community-based systems of care, the adaptation of successful strategies/models, and the resolution of difficult issues; (8) conducts State and regional surveillance on issues that affect BPHC primary health care service delivery programs; and (9) provides consultation to and coordinates activities within HRSA and HHS, and with other Federal agencies, State and local governments, and other public and private organizations involved in the implementation of BPHC primary health care service delivery programs.

North Central Division (RCT)

Manages BPHC primary health care service delivery programs and

associated activities within HHS Regions V, VIII and X. Specifically: for Regions V, VIII and X, (1) Manages the post-award/designation administration of BPHC primary health care service delivery programs, including State-based training and technical assistance; (2) serves as BPHC representative to organizations receiving BPHC service delivery grants/designations; (3) promotes a continued focus on quality, cost-effective care for underserved and vulnerable populations; (4) identifies and provides assistance on program-related statutory/regulatory policy, and program reporting requirements; (5) monitors the performance of BPHC primary health care service delivery programs, making programmatic recommendations and providing assistance to improve performance, where appropriate; (6) reviews findings and recommendations of periodic and episodic grantee assessments, developing actions needed to assure continuity of services to underserved and vulnerable populations and appropriate use of Federal resources; (7) provides technical guidance to grantees on the management and integration of community-based systems of care, the adaptation of successful strategies/models, and the resolution of difficult issues; (8) conducts State and regional surveillance on issues that affect BPHC primary health care service delivery programs; and (9) provides consultation to and coordinates activities within HRSA and HHS, and with other Federal agencies, State and local governments, and other public and private organizations involved in the implementation of BPHC primary health care service delivery programs.

Southwest Division (RCW)

Manages BPHC primary health care service delivery programs and associated activities within HHS Regions VI and IX. Specifically: for Regions VI and IX, (1) Manages the post-award/designation administration of BPHC primary health care service delivery programs, including State-based training and technical assistance; (2) serves as BPHC representative to organizations receiving BPHC service delivery grants/designations; (3) promotes a continued focus on quality, cost-effective care for underserved and vulnerable populations; (4) identifies and provides assistance on program-related statutory/regulatory policy, and program reporting requirements; (5) monitors the performance of BPHC primary health care service delivery programs, making programmatic recommendations and providing assistance to improve performance,

where appropriate; (6) reviews findings and recommendations of periodic and episodic grantee assessments, developing actions needed to assure continuity of services to underserved and vulnerable populations and appropriate use of Federal resources; (7) provides technical guidance to grantees on the management and integration of community-based systems of care, the adaptation of successful strategies/models, and the resolution of difficult issues; (8) conducts State and regional surveillance on issues that affect BPHC primary health care service delivery programs; and (9) provides consultation to and coordinates activities within HRSA and HHS, and with other Federal agencies, State and local governments, and other public and private organizations involved in the implementation of BPHC primary health care service delivery programs.

Division of National Hansen's Disease Program (RC7)

Manages the National Hansen's Disease Program in accordance with regulations of the Public Health Service. Specifically: (1) Provides care and treatment for persons with Hansen's disease, including managing a national outpatient health care delivery program; (2) conducts research and provides education and training on Hansen's disease; and (3) provides consultation to and coordinates activities within HRSA and HHS, and with other Federal agencies, State and local governments, and other public and private organizations involved in Hansen's disease activities.

Section RC-30, Delegations of Authority

All delegations of authority and re-delegations of authority made to HRSA officials that were in effect immediately prior to this reorganization, and that are consistent with this reorganization, shall continue in effect pending further re-delegation.

This reorganization is upon date of signature.

Dated: September 27, 2010.

Mary K. Wakefield,

Administrator.

[FR Doc. 2010-24749 Filed 10-1-10; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HOMELAND SECURITY

[Docket No. DHS-2010-0079]

National Protection and Programs Directorate; National Infrastructure Advisory Council

AGENCY: National Protection and Programs Directorate, DHS.

ACTION: Committee Management; Notice of Federal Advisory Council Meeting.

SUMMARY: The National Infrastructure Advisory Council (NIAC) will meet on Tuesday, October 19, 2010, at the Hilton Washington Embassy Row, 2015 Massachusetts Ave, NW., Washington, DC 20036.

DATES: The NIAC will meet Tuesday, October 19, 2010, from 1:30 p.m. to 4:30 p.m. Please note that the meeting may close early if the committee has completed its business. For additional information, please consult the NIAC Web site, <http://www.dhs.gov/niac>, or contact the NIAC Secretariat by phone at 703-235-2888 or by e-mail at NIAC@dhs.gov.

ADDRESSES: The meeting will be held at the Hilton Washington Embassy Row, 2015 Massachusetts Ave., NW., Washington, DC 20036.

SUPPLEMENTARY INFORMATION: Notice of this meeting is given under the Federal Advisory Committee Act, 5 U.S.C. App. (Pub. L. 92-463). The NIAC shall provide the President through the Secretary of Homeland Security with advice on the security of the critical infrastructure sectors and their information systems.

The NIAC will meet to address issues relevant to the protection of critical infrastructure as directed by the President. At this meeting the committee will receive work from two NIAC working groups to review, deliberate on, and provide further direction to the working groups.

Meeting Agenda

- I. Opening of Meeting
- II. Roll Call of Members
- III. Opening Remarks and Introductions
- IV. Approval of July 13, 2010 Minutes
- V. Deliberation: *A Framework for Establishing Critical Infrastructure Resilience Goals*
- VI. Deliberation: *Optimization of Resources for Mitigating Infrastructure Disruptions*
- VII. Discussion of Potential New Study Topics
- VIII. Public comment
- IX. Closing Remarks
- X. Adjournment

Procedural

While this meeting is open to the public, participation in the NIAC deliberations is limited to committee members and appropriate Federal Government officials. Discussions may include committee members, appropriate Federal Government officials, and other invited persons attending the meeting to provide information that may be of interest to the council.

Immediately following the committee member deliberation and discussion period, there will be a limited time period for public comment on any listed agenda items only. Relevant public comments may be submitted in writing or presented in person for the Council to consider. Be aware that off-topic questions or comments will not be permitted or discussed. In person presentations will be limited to three minutes per speaker, with no more than 30 minutes for all speakers. Parties interested in presenting in person must register no less than 15 minutes prior to the beginning of the meeting, at the meeting location. Oral presentations will be permitted based upon the order of registration; all registrants may not be able to speak if time does not permit. Written comments may be sent to Nancy Wong, Department of Homeland Security, National Protection and Programs Directorate, 245 Murray Lane, Mail Stop 0607, Washington, DC 20598-0607. Written comments must be received by Nancy Wong by no later than October 12, 2010, identified by **Federal Register** Docket Number DHS-2010-0079 and may be submitted by any *one* of the following methods:

- **Federal eRulemaking Portal:** <http://www.regulations.gov>. Follow the instructions for submitting written comments.

- **E-mail:** NIAC@dhs.gov. Include the docket number in the subject line of the message.

- **Fax:** 703-603-5098

- **Mail:** Nancy Wong, National Protection and Programs Directorate, Department of Homeland Security, 245 Murray Lane, Mail Stop 0607, Washington, DC 20528-0607.

Instructions: All written submissions received must include the words "Department of Homeland Security" and the docket number for this action. Written comments received will be posted without alteration at <http://www.regulations.gov>, including any personal information provided.

Docket: For access to the docket to read background documents or comments received by the NIAC, go to <http://www.regulations.gov>.