

## II. Provisions of the Notice

The purpose of this notice is to notify the public that the OIG has informed us of their need for additional information before the provision may be used and implemented to reduce monthly payment amounts for oxygen and oxygen equipment, based on the percentage difference between Medicare's 2002 monthly payment amounts for each State and the median 2002 Federal Employee Health Benefit plan price reported by the OIG.

## III. Collection of Information Requirements

This document does not impose information collection and recordkeeping requirements. Consequently, it need not be reviewed by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995.

## IV. Regulatory Impact Statement

We have examined the impact of this notice as required by Executive Order 12866 (September 1993, Regulatory Planning and Review), the Regulatory Flexibility Act (RFA) (September 19, 1980, Pub. L. 96-354), section 1102(b) of the Social Security Act, the Unfunded Mandates Reform Act of 1995 (Pub. L. 104-4), and Executive Order 13132.

Executive Order 12866 directs agencies to assess all costs and benefits of available regulatory alternatives and, if regulation is necessary, to select regulatory approaches that maximize net benefits (including potential economic, environmental, public health and safety effects, distributive impacts, and equity). A regulatory impact analysis (RIA) must be prepared for major rules with economically significant effects (\$100 million or more in any 1 year). This notice does not reach the economic threshold and thus is not considered a major rule.

The RFA requires agencies to analyze options for regulatory relief of small businesses. For purposes of the RFA, small entities include small businesses, nonprofit organizations, and government agencies. Most hospitals and most other providers and suppliers are small entities, either by nonprofit status or by having revenues of \$6 million to \$29 million in any 1 year. Individuals and States are not included in the definition of a small entity. We are not preparing an analysis for the RFA because we have determined that this notice will not have a significant economic impact on a substantial number of small entities. In addition, section 1102(b) of the Act requires us to prepare a regulatory impact analysis if

a rule may have a significant impact on the operations of a substantial number of small rural hospitals. This analysis must conform to the provisions of section 604 of the RFA. For purposes of section 1102(b) of the Act, we define a small rural hospital as a hospital that is located outside of a Metropolitan Statistical Area and has fewer than 100 beds. We are not preparing an analysis for section 1102(b) of the Act because we have determined that this notice will not have a significant impact on the operations of a substantial number of small rural hospitals.

Section 202 of the Unfunded Mandates Reform Act of 1995 also requires that agencies assess anticipated costs and benefits before issuing any rule that may result in expenditure in any 1 year by State, local, or tribal governments, in the aggregate, or by the private sector, of \$110 million. This notice will have no consequential effect on the governments mentioned or on the private sector.

Executive Order 13132 establishes certain requirements that an agency must meet when it promulgates a proposed rule (and subsequent final rule) that imposes substantial direct requirement costs on State and local governments, preempts State law, or otherwise has Federalism implications. Since this regulation does not impose any costs on State or local governments, the requirements of E.O. 13132 are not applicable.

In accordance with the provisions of Executive Order 12866, this document was not reviewed by the Office of Management and Budget.

**Authority:** Section 302(c) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA).

(Catalog of Federal Domestic Assistance Program No. 93.774, Medicare-Supplemental Medical Insurance Program)

Dated: January 19, 2005.

**Mark B. McClellan,**

*Administrator, Centers for Medicare & Medicaid Services.*

[FR Doc. 05-2176 Filed 2-3-05; 8:45 am]

**BILLING CODE 4120-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS-1366-N]

### Medicare Program; Meeting of the Practicing Physicians Advisory Council—March 7, 2005

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

**ACTION:** Notice.

**SUMMARY:** In accordance with section 10(a) of the Federal Advisory Committee Act, this notice announces a meeting of the Practicing Physicians Advisory Council (the Council). The Council will be meeting to discuss certain proposed changes in regulations and carrier manual instructions related to physicians' services, as identified by the Secretary of the Department of Health and Human Services (the Secretary). This meeting is open to the public.

**DATES:** The meeting is scheduled for Monday, March 7, 2005, from 8:30 a.m. until 5 p.m. e.s.t.

**ADDRESSES:** The meeting will be held in Room 705A 7th floor, in the Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201.

*Meeting Registration:* Persons wishing to attend this meeting must contact John P. Lanigan, the Designated Federal Official (DFO) by e-mail at [JLanigan@cms.hhs.gov](mailto:JLanigan@cms.hhs.gov) or by telephone at (410) 786-2312, at least 72 hours in advance of the meeting to register. Persons not registered in advance will not be permitted to enter the Hubert H. Humphrey Building and will not be permitted to attend the Council meeting. Persons attending the meeting will be required to show a photographic identification, preferably a valid driver's license, before entering the building.

**FOR FURTHER INFORMATION CONTACT:** Kenneth Simon, M.D., Executive Director, Practicing Physicians Advisory Council, 7500 Security Blvd., Mail Stop C4-10-07, Baltimore, MD, 21244-1850, telephone (410) 786-2312, or e-mail [Ksimon@cms.hhs.gov](mailto:Ksimon@cms.hhs.gov). News media representatives must contact the CMS Press Office, (202) 690-6145. Please refer to the CMS Advisory Committees Information Line (1-877-449-5659 toll free)/(410)786-9379 local) or the Internet at <http://www.cms.hhs.gov/faca/ppac/default.asp> for additional information and updates on committee activities.

**SUPPLEMENTARY INFORMATION:** The Secretary is mandated by section 1868(a) of the Social Security Act (the

Act) to appoint a Practicing Physicians Advisory Council (the Council) based on nominations submitted by medical organizations representing physicians. The Council meets quarterly to discuss certain proposed changes in regulations and carrier manual instructions related to physicians' services, as identified by the Secretary. To the extent feasible and consistent with statutory deadlines, the consultation must occur before publication of the proposed changes. The Council submits an annual report on its recommendations to the Secretary and the Administrator of the Centers for Medicare & Medicaid Services no later than December 31st of each year.

The Council consists of 15 physicians, each of whom must have submitted at least 250 claims for physicians' services under Medicare in the previous year. Members of the Council include both participating and nonparticipating physicians, and physicians practicing in rural and underserved urban areas. At least 11 members of the Council must be physicians as described in section 1861(r)(1) of the Act; that is, State-licensed doctors of medicine or osteopathy. The remaining 4 members may include dentists, podiatrists, optometrists and chiropractors. Members serve for overlapping 4-year terms; terms of more than 2 years are contingent upon the renewal of the Council by appropriate action prior to its termination. Section 1868(a)(1) of the Act provides that nominations to the Secretary for Council membership must be made by medical organizations representing physicians.

The Council held its first meeting on May 11, 1992. The current members are—Jose Azocar, M.D.; James Bergeron, M.D.; Ronald Castellanos, M.D.; Rebecca Gaughan, M.D.; Peter Grimm, D.O.; Carlos R. Hamilton, M.D.; Dennis K. Iglar, M.D.; Joe Johnson, D.C.; Christopher Leggett, M.D.; Barbara McAneny, M.D.; Geraldine O'Shea, D.O.; Laura B. Powers, M.D.; Michael T. Rapp, M.D. (Chairperson); Anthony Senagore, M.D.; and Robert L. Urata, M.D.

The meeting will commence with the swearing-in of three Council members. The Council's Executive Director will give a status report and the CMS responses to the recommendations made by the Council at the November 22, 2004 meeting and prior meeting recommendations. Additionally, updates will be provided on the CMS Report to the Congress on Contractor Reform, and the Physician Regulatory Issues Team. In accordance with the Council charter, CMS is requesting assistance with the following agenda topics:

- Pay for Performance Initiatives.
- Competitive Bidding on Drugs.
- Physician Regulation Proposed Rule; and
- Medicare Prescription Drug Benefit: CMS' Physician Education Plan.

For additional information and clarification on these topics, contact the Executive Director, listed under the **FOR FURTHER INFORMATION CONTACT** section of this notice. Individual physicians or medical organizations that represent physicians wishing to make a 5-minute oral presentation on agenda issues must contact the Executive Director by 12 noon (e.s.t.) on February 18, 2005, to be scheduled. Testimony is limited to agenda topics only. The number of oral presentations may be limited by the time available. A written copy of the presenter's oral remarks must be submitted to John P. Lanigan, Designated Federal Official (DFO), no later than 12 noon (e.s.t.) on February 18, 2005, for distribution to Council members for review prior to the meeting. Physicians and medical organizations not scheduled to speak may also submit written comments to the DFO for distribution at the same times as listed for oral presentations. The meeting is open to the public, but attendance is limited to the space available.

*Special Accommodations:* Individuals requiring sign language interpretation or other special accommodation must contact John P. Lanigan by e-mail at [JLanigan@cms.hhs.gov](mailto:JLanigan@cms.hhs.gov) or by telephone at (410) 786-2312 at least 10 days before the meeting.

**Authority:** (Section 1868 of the Social Security Act (42 U.S.C. 1395ee) and section 10(a) of Pub. L. 92-463 (5 U.S.C. App. 2, section 10(a)).

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: January 31, 2005.

**Mark B. McClellan,**

*Administrator, Centers for Medicare & Medicaid Services.*

[FR Doc. 05-2175 Filed 2-3-05; 8:45 am]

**BILLING CODE 4120-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Food and Drug Administration

#### Conference Grants to Support State Food Safety Task Force Meetings; Availability of Funds Grants; Request for Applications; Correction

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice.

The Food and Drug Administration (FDA) is correcting notice document 04-14395 beginning on page 35651 in the issue of Friday, June 25, 2004, by making the following corrections:

On page 35651 in the second column, the **DATES** section is corrected to read: "**DATES:** The application receipt date for new applications is March 15, 2005. The application receipt date for new applications for each subsequent year this program is in effect will be March 15."

On page 35651, in the second column, the "**ADDRESSES**" section should read: "**ADDRESSES:** FDA is accepting new applications for this program electronically via [Grants.gov](http://www.grants.gov); applicants are strongly encouraged to apply electronically by visiting the Web site <http://www.grants.gov> and following the instructions under "APPLY." The applicant must register in the Central Contractor Registration (CCR) database in order to be able to submit the application."

Information about CCR is available at <http://www.grants.gov/CCRRegister>. The applicant must register with the Credential Provider for [Grants.gov](http://www.grants.gov).

Information about this requirement is available at <http://www.grants.gov/CredentialProvider>. If it is necessary for applicants to submit applications other than through the electronic process, application forms are available from, and completed applications should be submitted to Michelle Caraffa, Division of Contracts and Grants Management (HFA-500), Food and Drug Administration, 5600 Fishers Lane, rm. 2129, Rockville, MD 20857, 301-827-7025, e-mail: [mcaraffa@oc.fda.gov](mailto:mcaraffa@oc.fda.gov). Application forms PHS 5161-1 are available via the Internet at: <http://www.psc.gov/forms> (Revised 7/00). Applications handcarried or commercially delivered should be addressed to 5630 Fishers Lane (HFA-500), rm. 2129, Rockville, MD 20857. An application not received in time for orderly processing will be returned to the applicant without consideration.

On page 35651, beginning in the second column, "**FOR FURTHER INFORMATION CONTACT**" should read: