

FEDERAL RESERVE ELECTRONIC ACCESS FEE SCHEDULE
 [Effective January 3, 2005. Bold indicates changes from 2004 prices]

FedLine	
FedLine® Select Package (monthly)	\$200.00
Includes:	
One dial—DOS-based FedLine	
One FedLine Web institution fee	
Three individual subscriptions	
Additional FedLine Web individual subscriber fee (monthly)	15.00
Additional DOS-based FedLine—Dial (monthly)	100.00
Additional DOS-based FedLine—Frame Relay less than 56 kbps (monthly)	825.00
Test and Contingency Options for Frame Relay:	
Full Circuit Backup ⁵² —less than 56 kbps (monthly)	825.00
Frame Connection Only ⁵³ —less than 56 kbps (monthly)	693.00
Redundant Component Set ⁵⁴ —less than 56 kbps (monthly)	155.00
FedLine® Web (monthly)	50.00
Set-up fee (one time)	50.00
Individual subscriber fee (monthly)	15.00
FedLine® Advantage (monthly)	250.00
Includes:	
One FedLine Advantage institution fee	
Three FedLine Advantage individual subscriber digital certificates	
Set-up fee (one time)	400.00
VPN (monthly)	50.00
Individual subscriber fee beyond first three (one time)	100.00
Individual subscriber fee (monthly)	20.00
FedPhone & FedMail	
FedMail® Fax (monthly per fax line) ⁵⁵	15.00
Computer Interface⁵⁶	
Frame Relay-Computer Interface (CI) @ 56 kbps (monthly)	1,000.00
Frame Relay-CI @ 256 kbps (monthly)	2,000.00
Frame Relay-CI T1 (monthly)	2,500.00

TEST AND CONTINGENCY OPTIONS FOR FRAME RELAY

Connection type	Full circuit backup ⁵²	Frame connection only ⁵³
CI @ 56 kbps ...	\$845	\$765
CI @ 256 kbps	1,750	1,585
CI T1	2,230	2,010

By order of the Board of Governors of the Federal Reserve System, November 4, 2004.
Jennifer J. Johnson,
Secretary of the Board.
 [FR Doc. 04-24967 Filed 11-8-04; 8:45 am]
BILLING CODE 6210-01-P

⁵² This option applies to test systems or contingency systems that are located at separate facilities, including another bank office or a third-party contingency site. Prices shown are for full-circuit backup only located at the customer site. Multiple customers sharing a single disaster-recovery connection at a third-party provider require custom implementations.

⁵³ This option applies to test systems or contingency systems that are located at separate facilities. The institution uses a frame relay link connection with no ISDN dial-up backup. Prices shown are for frame connection only located at the customer site. Multiple customers sharing a single disaster recovery connection at a third-party provider require custom implementations.

⁵⁴ Includes a Cisco router, a digital service unit, and a link encryptor.

⁵⁵ FedPhone and FedMail e-mail are free options.

⁵⁶ Some large computer interface customers may be required to ensure that their contingency connections to the Federal Reserve are diversely

FEDERAL RETIREMENT THRIFT INVESTMENT BOARD

Sunshine Act Meeting

TIME AND DATE: 9 a.m. (e.s.t.), November 15, 2004.

PLACE: SI International, 12012 Sunset Hills Road, Suite 800, Reston, VA 20190.

STATUS: Parts will be open to the public and parts closed to the public.

MATTERS TO BE CONSIDERED:

Parts Open to the Public

1. Approval of the minutes of the October 18, 2004, Board member meeting.
2. Thrift Savings Plan activity report by the Executive Director.

Parts Closed to the Public

3. Procurement.
4. Personnel matters.

CONTACT PERSON FOR MORE INFORMATION: Thomas J. Trabucco, Director, Office of External Affairs, (202) 942-1640.

routed, and they will be expected to defray the costs incurred by the Federal Reserve of providing this network diversity. Depending on the cost of providing specific circuits, one of five tiered price points would apply: \$250/\$500/\$1,000/\$2,000/\$2,500 per month. Additionally, a group of the Reserve Banks' largest frame relay customers will incur a \$1,000 per circuit supplemental fee to recover the additional costs associated with this effort. The Reserve Banks began charging this select group on September 30, 2004.

Dated: November 5, 2004.
Elizabeth S. Woodruff,
Secretary to the Board, Federal Retirement Thrift Investment Board.
 [FR Doc. 04-25139 Filed 11-5-04; 3:54 pm]
BILLING CODE 6760-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Meeting of the President's Council on Bioethics on December 2-3, 2004

AGENCY: The President's Council on Bioethics, HHS.

ACTION: Notice.

SUMMARY: The President's Council on Bioethics (Leon R. Kass, M.D., chairman) will hold its nineteenth meeting, at which, among other things, it will continue its discussion of ethical issues relating to the treatment of the aged, and end-of-life care. Subjects discussed at past Council meetings (though not on the agenda for the present one) include: cloning, stem cell research, embryo research, assisted reproduction, reproductive genetics, IVF, ICSI, PGD, sex selection, inheritable genetic modification, patentability of human organisms, aging retardation, lifespan-extension, and organ procurement for transplantation. Publications issued by the Council to

date include: *Human Cloning and Human Dignity: An Ethical Inquiry* (July 2002); *Beyond Therapy: Biotechnology and the Pursuit of Happiness* (October 2003); *Being Human: Readings from the President's Council on Bioethics* (December 2003); *Monitoring Stem Cell Research* (January 2004), and *Reproduction and Responsibility: The Regulation of New Biotechnologies* (March 2004).

DATES: The meeting will take place Thursday, December 2, 2004, from 9 a.m. to 4:30 p.m. ET; and Friday, December 3, 2004, from 8:30 a.m. to 12:30 p.m. ET.

ADDRESSES: The Stephen Decatur House, 1610 H Street, NW., Washington, DC 20002. Phone 202-842-0920.

Agenda: The meeting agenda will be posted at <http://www.bioethics.gov>.

Public Comments: The Council encourages public input, either in person or in writing. At this meeting, interested members of the public may address the Council, beginning at 11:30 a.m., on Friday, December 3. Comments are limited to no more than five minutes per speaker or organization. As a courtesy, please inform Ms. Diane Gianelli, Director of Communications, in advance of your intention to make a public statement, and give your name and affiliation. To submit a written statement, mail or e-mail it to Ms. Gianelli at one of the addresses given below.

FOR FURTHER INFORMATION CONTACT: Ms. Diane Gianelli, Director of Communications, The President's Council on Bioethics, Suite 700, 1801 Pennsylvania Avenue, Washington, DC 20006. Telephone: 202/296-4669. E-mail: info@bioethics.gov. Web site: <http://www.bioethics.gov>.

Dated: November 3, 2004.

Yuval Levin,

Acting Executive Director, The President's Council on Bioethics.

[FR Doc. 04-24945 Filed 11-8-04; 8:45 am]

BILLING CODE 4150-03-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-04-0012]

Proposed Data Collections Submitted for Public Comment and Recommendations

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 498-1210 or send an e-mail to omb@cdc.gov. Send written comments to CDC Desk Officer, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503 or by fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

Proposed Project

National Nosocomial Infections Surveillance (NNIS) System—Reinstatement with change—National Center for Infectious Disease (NCID), Centers for Disease Control and Prevention (CDC).

The NNIS system, which was instituted in 1970, is an ongoing surveillance system currently involving 345 hospitals that voluntarily report nosocomial infections data to CDC, who aggregate the data into a national database. The data are collected using surveillance protocols developed by CDC for high risk patient groups (ICU, high-risk nursery, and surgical patients). Instructional manuals, training of surveillance personnel and computer surveillance software are among the support that CDC provides without cost to participating hospitals to ensure the reporting of accurate and uniform data.

In the very near future this data collection will be merged with two other collections to form the National Healthcare Safety Network (NHSN).

This network will be a computer-based system. Since this system will be phased in over time, CDC will need to continue using the forms within this clearance request until the transformation has been completed.

The purpose of the NNIS system is to provide national data on the incidence of nosocomial infections and their risk factors, and on emerging antibiotic resistance. The data are used to determine: (1) The magnitude of various nosocomial infection problems; (2) trends in infection rates among patients with similar risks; and (3) changes in the epidemiology of nosocomial infections resulting from new medical therapies and changing patient risks.

New to the NNIS system is the monitoring of antibiotic resistance and antimicrobial use in groups of patients. Data from the monitoring of antibiotic resistance and antimicrobial use in the NNIS system will be used to describe the epidemiology of antibiotic resistance and understand the role of antimicrobial therapy to the growing problem of antibiotic resistance. The NNIS system can also serve as a sentinel system for the detection of nosocomial infection outbreaks in the event of national distribution of a contaminated medical product or device.

The respondent burden is not the same in each hospital since the hospitals can select from a wide variety of surveillance options. A typical hospital will monitor patients for infections in two ICUs and surgical site infections following three surgical operations. The respondent burden includes the time and cost to: (1) Collect data on nosocomial infections in patients in these groups and the denominator data to characterize risk factors in the patients who are being monitored; (2) to enter the data as well as a surveillance plan into the surveillance software; (3) send the data to CDC by electronic transmission; and (4) complete a short annual survey and administrative forms. The total annualized burden is 66,775 hours.

Form title	Number of respondents	Number of responses/respondent	Average burden per response (in hrs.)
Hospital Personnel List	297	1	15/60
Annual Participating Institution Survey	297	1	45/60
NNIS Infection Worksheet:			
Hospitals with High Risk Nursery	100	240 (20x12)	25/60
Hospitals without High Risk Nursery	197	180 (15x12)	25/60
Adult & Pediatric ICU Monthly Report	235	12	6
High Risk Nursery Surveillance Monthly Report	100	12	4
Surgical Patient Surveillance-Operative Procedure Daily Report	205	12	2
Monthly Surveillance Plan	277	12	25/60
Supplementary Data Collection, Cesarean Patient Report	29	240	27/60