

Dated: December 8, 2003.

**Thomas A. Scully,**

*Administrator, Centers for Medicare & Medicaid Services.*

[FR Doc. 03-30791 Filed 12-12-03; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

#### SES Performance Review Board

**ACTION:** Notice.

**SUMMARY:** Notice is hereby given of the appointment of members of the CMS Senior Executive Service (SES) Performance Review Board.

**EFFECTIVE DATE:** December 8, 2003.

**FOR FURTHER INFORMATION CONTACT:**

Donna Mueller, Executive Resources Management Team, Office of Operations Management, Centers for Medicare and Medicaid Services, C2-12-16, 7500 Security Boulevard, Baltimore, MD 21244-1850, (410) 786-5554.

**SUPPLEMENTARY INFORMATION:** Section 4314(c) (1) through (5) of Title 5, U.S.C., requires each agency to establish, in accordance with regulations prescribed by the Office of Personnel Management, one or more SES performance review boards. The purpose of the board is to provide fair and impartial review of the initial appraisal prepared by the senior executive's immediate supervisor; to make recommendations to the appointing authority regarding the performance of the senior executive; and to make recommendations for monetary performance awards.

Composition of the specific PRB will be determined on an ad hoc basis from among the individuals listed below:

Gale Arden, Director, Private Health Insurance Group  
 Gary Bailey, Deputy Director for Health Plans, Center for Beneficiary Choices  
 Dara Bendavid, Deputy Director, Office of Financial Management  
 Judith Berek, Senior Advisor on National Policy Implementation  
 Charlene Brown, Deputy Director, Center for Medicaid and State Operations  
 Gregory Carson, Director, Medicare Contractor Management  
 Rose Crum-Johnson, Atlanta Regional Administrator  
 James R. Farris, Dallas Regional Administrator  
 Jeffrey Flick, San Francisco Regional Administrator

Robert Foreman, Director, Office of Legislation

Richard Foster, Chief Actuary/Director Office of the Actuary

Wallace Fung, Deputy Director (Technology)

Jacqueline Garner, Chicago Regional Administrator

Thomas L. Grissom, Director, Center for Medicare Management

Thomas Gustafson, Deputy Director, Center for Medicare Management

Stuart Guterman, Director, Office of Research, Development and Information

Thomas Hamilton, Director, Office of Survey and Certification

Timothy B. Hill, Director, Office of Financial Management

Gary Kavanagh, Director, Business Systems Operations Group

Carmen Keller, Director, Office of Medicare Adjudication

James Kerr, New York Regional Administrator

Thomas Kickham, Director, Partnership and Promotion Group

Mary Laurenno, Director, Beneficiary Information Services Group

Timothy Love, Director, Office of Information Services

Sonia A. Madison, Philadelphia Regional Administrator

Gail McGrath, Director, Center for Beneficiary Choices

Michael McMullan, Deputy Director, Center for Beneficiary Choices

Regina McPhillips, Director, Beneficiary Education and Analysis Group

Solomon Mussey, Director, Office of Medicare and Medicaid Cost Estimates Group

Leslie V. Norwalk, Acting Deputy Administrator, Chair

Elizabeth Richter, Director, Hospital and Ambulatory Policy Group

Jean Sheil, Director, Family and Children's Health Program Group

Dennis Smith, Director, Center for Medicaid and State Operations

Robert A. Streimer, Deputy Director, Office of Clinical Standards and Quality

Stewart Streimer, Director, Provider Billing Group

Dallas Sweezy, Director, Public Affairs Office

Deborah Taylor, Deputy Director, Office of Financial Management

Joe Tilghman, Kansas City Regional Administrator

Alexander Trujillo, Denver Regional Administrator

Sean Tunis, Director, Office of Clinical Standards and Quality

Jacqueline White, Director, Office of Strategic Operations and Regulatory Affairs

Laurence Wilson, Director, Chronic Care Policy Group

Charlotte Yeh, Boston, Regional Administrator

Dated: December 2, 2003.

**Leslie V. Norwalk,**

*Acting Deputy Administrator and Chief Operating Officer, Centers for Medicare & Medicaid Services.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Food and Drug Administration

[Docket No. 2003D-0554]

#### Compliance Policy Guide Sec. 110.310—"Prior Notice of Imported Food Under the Public Health Security and Bioterrorism Preparedness and Response Act of 2002"; Availability

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

**ACTION:** Notice.

**SUMMARY:** The Food and Drug Administration (FDA) is announcing the availability of a Compliance Policy Guide (CPG) Sec. 110.310 entitled "Prior Notice of Imported Food Under the Public Health Security and Bioterrorism Preparedness and Response Act of 2002." The CPG provides written guidance to FDA's and Customs and Border Protection's (CBP's) staff on enforcement of section 307 of the Public Health Security and Bioterrorism Preparedness and Response Act of 2002 (the Bioterrorism Act) and the agency's implementing regulations, which require, beginning on December 12, 2003, prior notice for all food imported or offered for import into the United States.

**DATES:** This guidance is final upon the date of publication. However, you may submit written or electronic comments at any time.

**ADDRESSES:** Submit written requests for single copies of the guidance to the Division of Compliance Policy (HFC-230), Office of Enforcement, Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857. Send one self-addressed adhesive label to assist that office in processing your request or include a fax number to which the guidance may be sent.

Submit written comments on the guidance to the Division of Dockets Management (HFA-305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. Submit electronic comments to <http://www.fda.gov/dockets/ecomments>. See the **SUPPLEMENTARY INFORMATION** section

for electronic access to the guidance document.

**FOR FURTHER INFORMATION CONTACT:** Joe McCallion, Office of Regulatory Affairs, Food and Drug Administration, (301) 443-6553 or Ted Poplawski, Office of Regulatory Affairs, Food and Drug Administration, (301) 443-6553.

**SUPPLEMENTARY INFORMATION:**

**I. Background**

FDA is announcing the availability of CPG Sec. 110.310 entitled "Prior Notice of Imported Food Under the Public Health Security and Bioterrorism Preparedness and Response Act of 2002." This guidance is issued jointly with CBP and explains to FDA and CBP staff the FDA and CBP policies on enforcement of section 307 of the Bioterrorism Act and its implementing regulations, which require, beginning on December 12, 2003, prior notice to FDA of all food imported or offered for import into the United States. (68 FR 58974 (Oct. 10, 2003) (to be codified at 21 CFR 1.276-1.285).)

FDA is issuing this document as level 1 guidance consistent with FDA's good guidance practices regulation (21 CFR 10.115). The CPG Sec. 110.310 is being implemented immediately without prior public comment, under § 10.115(g)(2), because the agency has determined that prior public participation is not feasible or appropriate. Under section 307 of the Bioterrorism Act, the prior notice requirements are effective December 12, 2003, making it urgent that the agencies explain how they intend to enforce those requirements.

**II. Comments**

Interested persons may submit to the Division of Dockets Management (see **ADDRESSES**) written or electronic comments on the guidance document. Submit two copies of written comments, except that individuals may submit one copy. Comments are to be identified with the docket number found in brackets in the heading of this document. The guidance and received comments may be seen in the Division of Dockets Management between 9 a.m. and 4 p.m., Monday through Friday.

**III. Electronic Access**

An electronic version of this guidance is available on the Internet at <http://www.fda.gov/ora> under "Compliance References."

Dated: December 10, 2003.

**John M. Taylor, III,**

*Associate Commissioner for Regulatory Affairs, Food and Drug Administration.*

**Jayson P. Ahern,**

*Assistant Commissioner, Office of Field Operations, U.S. Customs and Border Protection.*

[FR Doc. 03-30920 Filed 12-11-03; 8:45 am]

**BILLING CODE 4160-01-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Recruitment of Sites for Assignment of Corps Personnel**

**AGENCY:** Health Resources and Services Administration (HRSA), HHS.

**ACTION:** General notice.

**SUMMARY:** The Health Resources and Services Administration (HRSA) announces that the listing of entities, and their Health Professional Shortage Area (HPSA) scores, that will receive priority for the assignment of National Health Service Corps (NHSC) personnel (Corps Personnel) for the period July 1, 2003, through June 30, 2004, is posted on the NHSC Web site at <http://nhsc.bhpr.hrsa.gov/resources/fedreg-hpol/>. This list specifies which entities are eligible to receive assignment of Corps members who are participating in the NHSC Scholarship Program; the NHSC Loan Repayment Program; and Corps members who have become Corps members other than pursuant to contractual obligations under the Scholarship or Loan Repayment Programs. Please note that not all vacancies associated with sites on this list will be for Corps members, but could be for individuals serving an obligation to the NHSC through the Private Practice Option.

**Eligible HPSAs and Entities**

To be eligible to receive assignment of Corps personnel, entities must: (1) Have a current HPSA designation by the Shortage Designation Branch in the National Center for Workforce Analysis, Bureau of Health Professions, Health Resources and Services Administration; (2) enter into an agreement with the State agency that administers Medicaid, accept payment under Medicare and the State Children's Health Insurance Program, see all patients regardless of their ability to pay, and use and post a discounted fee plan; and (3) be determined by the Secretary to have (a) a need and demand for health

manpower in the area; (b) appropriately and efficiently used Corps members assigned to the entity; (c) general community support for the assignment of Corps members; (d) made unsuccessful efforts to recruit; and (e) a reasonable prospect for sound fiscal management by the entity with respect to Corps members assigned there. Priority in approving applications for assignment of Corps members goes to sites that (1) provide primary, mental or oral health services to a HPSA of greatest shortage; (2) are part of a system of care that provides a continuum of services, including comprehensive primary health care and appropriate referrals or arrangements for secondary and tertiary care; (3) have a documented record of sound fiscal management; and (4) will experience a negative impact on its capacity to provide primary health services if a Corps members is not assigned to the entity.

Entities that receive assignment of Corps personnel must assure that (1) the vacancy will permit the full scope of practice and that the clinician meets the credentialing requirements of the State and site; and (2) the Corps member assigned to the entity is engaged in full-time clinical practice for a minimum of 40 hours per week with at least 32 hours in the ambulatory care setting. Obstetricians/gynecologists and certified nurse midwives (CNMs) are required to engage in a minimum of 21 hours per week of outpatient clinical practice. The remaining hours, making up the 40-hour per week total, include delivery and other clinical hospital-based duties. Time spent on-call does not count toward the 40 hours per week. In addition, sites receiving assignment of Corps personnel are expected to (1) report to the NHSC all absences in excess of the authorized number of days (up to 35 days or 280 hours); (2) report to the NHSC any change in the status of an NHSC clinician at the site; (3) provide the time and leave records, schedules, and any related personnel documents (including documentation, if applicable, of the reason(s) for the termination of an NHSC clinician's employment at the site prior to his or her obligated service end date); and (4) submit a Uniform Data System (UDS) report. This system allows the site to assess the age, sex, race/ethnicity and provider encounter records for its user population. The UDS reports are site specific. Providers fulfilling NHSC commitments are assigned to a specific site or, in some cases, more than one site. The scope of activity to be reported in UDS includes all activity at the site(s) to which the Corps member is assigned.