

Governors not later than December 26, 2006.

A. Federal Reserve Bank of Philadelphia (Michael E. Collins, Senior Vice President) 100 North 6th Street, Philadelphia, Pennsylvania 19105-1521:

1. *EHPW Acquisition Company*, Harrisburg, Pennsylvania; to become a bank holding company by merging with Vartan Financial Corporation, Harrisburg, Pennsylvania, and thereby acquire Vartan National Bank, Harrisburg, Pennsylvania.

B. Federal Reserve Bank of Kansas City (Donna J. Ward, Assistant Vice President) 925 Grand Avenue, Kansas City, Missouri 64198-0001:

1. *Investment Opts, LLC*, Wray, Colorado; to become a bank holding company by acquiring 60 percent of the voting shares of FarmBank Holding, Inc., and thereby acquire First FarmBank, both in Greeley, Colorado (in organization). In connection with this proposal FarmBank Holding, Inc. has applied to become a bank holding company by acquiring 100 percent of the voting shares of First FarmBank, both of Greeley, Colorado (in organization).

Board of Governors of the Federal Reserve System, November 27, 2006.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. E6-20283 Filed 11-29-06; 8:45 am]

BILLING CODE 6210-01-S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Federal Financial Participation in State Assistance Expenditures; Federal Matching Shares for Medicaid, the State Children's Health Insurance Program, and Aid to Needy Aged, Blind, or Disabled Persons for October 1, 2007 Through September 30, 2008

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: The Federal Medical Assistance Percentages and Enhanced Federal Medical Assistance Percentages for Fiscal Year 2008 have been calculated pursuant to the Social Security Act (the Act). These percentages will be effective from October 1, 2007 through September 30, 2008. This notice announces the calculated "Federal Medical Assistance Percentages" and "Enhanced Federal Medical Assistance Percentages" that we will use in determining the amount of Federal matching for State medical assistance (Medicaid) and State

Children's Health Insurance Program (CHIP) expenditures, and Temporary Assistance for Needy Families (TANF) Contingency Funds, the federal share of Child Support Enforcement collections, Child Care Mandatory and Matching Funds of the Child Care and Development Fund, Foster Care Title IV-E Maintenance payments, and Adoption Assistance payments.

The table gives figures for each of the 50 States, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands. Programs under title XIX of the Act exist in each jurisdiction; programs under titles I, X, and XIV operate only in Guam and the Virgin Islands; while a program under title XVI (Aid to the Aged, Blind, or Disabled) operates only in Puerto Rico. Programs under title XXI began operating in fiscal year 1998. The percentages in this notice apply to State expenditures for most medical services and medical insurance services, and assistance payments for certain social services. The statute provides separately for Federal matching of administrative costs.

Sections 1905(b) and 1101(a)(8)(B) of the Act require the Secretary of Health and Human Services to publish the Federal Medical Assistance Percentages each year. The Secretary is to calculate the percentages, using formulas in sections 1905(b) and 1101(a)(8)(B), from the Department of Commerce's statistics of average income per person in each State and for the Nation as a whole. The percentages are within the upper and lower limits given in section 1905(b) of the Act. The percentages to be applied to the District of Columbia, Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands are specified in statute, and thus are not based on the statutory formula that determines the percentages for the 50 states.

The "Federal Medical Assistance Percentages" are for Medicaid. Section 1905(b) of the Act specifies the formula for calculating Federal Medical Assistance Percentages as follows:

"Federal medical assistance percentage" for any State shall be 100 per centum less the State percentage; and the State percentage shall be that percentage which bears the same ratio to 45 per centum as the square of the per capita income of such State bears to the square of the per capita income of the continental United States (including Alaska) and Hawaii; except that (1) the Federal medical assistance percentage shall in no case be less than 50 per centum or more than 83 per centum, (2) the Federal medical assistance percentage for Puerto Rico, the Virgin Islands, Guam, the Northern Mariana

Islands, and American Samoa shall be 50 per centum.

Section 4725 of the Balanced Budget Act of 1997 amended section 1905(b) to provide that the Federal Medical Assistance Percentage for the District of Columbia for purposes of titles XIX and for the purpose of calculating the enhanced FMAP under title XXI shall be 70 percent. For the District of Columbia, we note under the table of Federal Medical Assistance Percentages the rate that applies in certain other programs calculated using the formula otherwise applicable, and the rate that applies in certain other programs pursuant to section 1118 of the Social Security Act.

Section 2105(b) of the Act specifies the formula for calculating the Enhanced Federal Medical Assistance Percentages as follows:

The "enhanced FMAP", for a State for a fiscal year, is equal to the Federal medical assistance percentage (as defined in the first sentence of section 1905(b)) for the State increased by a number of percentage points equal to 30 percent of the number of percentage points by which (1) such Federal medical assistance percentage for the State, is less than (2) 100 percent; but in no case shall the enhanced FMAP for a State exceed 85 percent.

The "Enhanced Federal Medical Assistance Percentages" are for use in the State Children's Health Insurance Program under Title XXI, and in the Medicaid program for certain children for expenditures for medical assistance described in sections 1905(u)(2) and 1905(u)(3) of the Act. There is no specific requirement to publish the Enhanced Federal Medical Assistance Percentages. We include them in this notice for the convenience of the States.

These percentages are being announced today to provide States with advance notice of Fiscal Year 2008 changes in their FMAP percentages and to allow States to make any necessary preparations. However, these percentages may change for Titles XIX and XXI of the Social Security Act, pending comments received on the implementation of Section 6053 (b) of the Deficit Reduction Act (DRA) of 2005, Public Law 109-171. Section 6053 (b) relates to any state(s) affected by an influx of a significant number of evacuees as a result of Hurricane Katrina as of October 1, 2005. HHS plans to soon release a notice and seek comments on proposed adjustments to the FMAP percentages based on Section 6053 (b). The final percentages may change from those in this notice for affected states pending receipt and review of those comments.

EFFECTIVE DATES: The percentages listed will be effective for each of the four (4)

quarter-year periods in the period beginning October 1, 2007 and ending September 30, 2008.

FOR FURTHER INFORMATION CONTACT:
Thomas Musco or Robert Stewart, Office of Health Policy, Office of the Assistant Secretary for Planning and Evaluation,

Room 447D—Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201, (202) 690–6870.

(Catalog of Federal Domestic Assistance Program Nos. 93.778: Medical Assistance

Program; 93.767: State Children’s Health Insurance Program)

Dated: October 18, 2006.

Michael O. Leavitt,
Secretary of Health and Human Services.

FEDERAL MEDICAL ASSISTANCE PERCENTAGES AND ENHANCED FEDERAL MEDICAL ASSISTANCE PERCENTAGES

[Effective October 1, 2007–September 30, 2008 (Fiscal Year 2008)***]

State	Federal medical assistance percentages	Enhanced federal medical assistance percentages
Alabama	67.62	77.33
Alaska	52.48	66.74
American Samoa *	50.00	65.00
Arizona	66.20	76.34
Arkansas	72.94	81.06
California	50.00	65.00
Colorado	50.00	65.00
Connecticut	50.00	65.00
Delaware	50.00	65.00
District of Columbia **	70.00	79.00
Florida	56.83	69.78
Georgia	63.10	74.17
Guam *	50.00	65.00
Hawaii	56.50	69.55
Idaho	69.87	78.91
Illinois	50.00	65.00
Indiana	62.69	73.88
Iowa	61.73	73.21
Kansas	59.43	71.60
Kentucky	69.78	78.85
Louisiana	72.47	80.73
Maine	63.31	74.32
Maryland	50.00	65.00
Massachusetts	50.00	65.00
Michigan	58.10	70.67
Minnesota	50.00	65.00
Mississippi	76.29	83.40
Missouri	62.42	73.69
Montana	68.53	77.97
Nebraska	58.02	70.61
Nevada	52.64	66.85
New Hampshire	50.00	65.00
New Jersey	50.00	65.00
New Mexico	71.04	79.73
New York	50.00	65.00
North Carolina	64.05	74.84
North Dakota	63.75	74.63
Northern Mariana Islands *	50.00	65.00
Ohio	60.79	72.55
Oklahoma	67.10	76.97
Oregon	60.86	72.60
Pennsylvania	54.08	67.86
Puerto Rico *	50.00	65.00
Rhode Island	52.51	66.76
South Carolina	69.79	78.85
South Dakota	60.03	72.02
Tennessee	63.71	74.60
Texas	60.53	72.37
Utah	71.63	80.14
Vermont	59.03	71.32
Virgin Islands *	50.00	65.00
Virginia	50.00	65.00
Washington	51.52	66.06
West Virginia	74.25	81.98
Wisconsin	57.62	70.33
Wyoming	50.00	65.00

* For purposes of section 1118 of the Social Security Act, the percentage used under titles I, X, XIV, and XVI will be 75 per centum.

** The values for the District of Columbia in the table were set for the state plan under titles XIX and XXI and for capitation payments and DSH allotments under those titles. For other purposes, including programs remaining in Title IV of the Act, the percentage for DC is 50.00.

*** These percentages may change for some states pending comments received on implementation of Section 6053 (b) of the Deficit Reduction Act.

[FR Doc. E6-20264 Filed 11-29-06; 8:45 am]
BILLING CODE 4150-24-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Statement of Organization, Functions, and Delegations of Authority

Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772-76, dated October 14, 1980, and corrected at 45 FR 69296, October 20 1980, as amended most recently at 17 FR 50065, dated August 24, 2006) is amended to reflect the title change for the Division of Hereditary Blood Disorders, National Center on Birth Defects and Developmental Disabilities, Coordinating Center for Health Promotion, Centers for Disease Control and Prevention.

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

Delete in its entirety the title for the *Division of Hereditary Blood Disorders (CUBD)*, and insert the *Division of Blood Disorders (CUBD)*.

Dated: November 15, 2006.

William H. Gimson,

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

[FR Doc. 06-9472 Filed 11-29-06; 8:45 am]

BILLING CODE 4160-18-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Blood Products Advisory Committee; Notice of Meeting

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

This notice announces a forthcoming meeting of a public advisory committee of the Food and Drug Administration (FDA). The meeting will be open to the public.

Name of Committee: Blood Products Advisory Committee.

General Function of the Committee: To provide advice and

recommendations to the agency on FDA's regulatory issues.

Date and Time: The meeting will be held on December 14, 2006, from 8 a.m. to 6 p.m.

Location: Crown Plaza Silver Spring, 8777 Georgia Ave, Silver Spring, MD. The hotel telephone number is 301-589-0800.

Contact Person: Donald W. Jehn, or Pearline K. Muckelvene, Center for Biologics Evaluation and Research (HFM-71), Food and Drug Administration, 1401 Rockville Pike, Rockville, MD 20852, 301-827-0314, or FDA Advisory Committee Information Line, 1-800-741-8138 (301-443-0572 in the Washington, DC area), code 3014519516. Please call the Information Line for up-to-date information on this meeting.

Agenda: On December 14, 2006, the committee will hear an update summary of the October 11, 2006, Public Hearing on Emergency Research. The committee will then discuss pre-clinical and clinical studies of the hemoglobin-based oxygen carrier, bovine polymerized hemoglobin (HBOC-201). In addition, the committee will discuss an emergency research study of HBOC-201, proposed by the Naval Medical Research Center. FDA intends to make background material available to the public no later than one business day before the meeting. If FDA is unable to post the background material on its Web site prior to the meeting, the background material will be made publicly available at the location of the advisory committee meeting, and the background material will be posted on FDA's Web site after the meeting. Background material is available at <http://www.fda.gov/ohrms/dockets/ac/acmenu.htm>, click on the year 2006 and scroll down to the appropriate advisory committee link.

Procedure: Interested persons may present data, information, or views, orally or in writing, on issues pending before the committee. Written submissions may be made to the contact person on or before December 11, 2006. Oral presentations from the public will be scheduled between approximately 1:15 p.m. and 2:15 p.m. Those desiring to make formal oral presentations should notify the contact person and submit a brief statement of the general nature of the evidence or arguments they wish to present, the names and addresses of proposed participants, and an indication of the approximate time requested to make their presentation on

or before December 6, 2006. Time allotted for each presentation may be limited. If the number of registrants requesting to speak is greater than can be reasonably accommodated during the scheduled open public session, FDA may conduct a lottery to determine the speakers for the scheduled open public hearing session. The contact person will notify interested persons regarding their request to speak by December 7, 2006.

Persons attending FDA's advisory committee meetings are advised that the agency is not responsible for providing access to electrical outlets.

FDA welcomes the attendance of the public at its advisory committee meetings and will make every effort to accommodate persons with physical disabilities or special needs. If you require special accommodations due to a disability, please contact Donald W. Jehn or Pearline K. Muckelvene at least 7 days in advance of the meeting.

FDA regrets that it was unable to publish this notice 15 days prior to the December 14, 2006, Blood Products Advisory Committee meeting. Because the agency believes there is some urgency to bring this issue to public discussion and qualified members of the Blood Products Advisory Committee were available at this time, the Commissioner of Food and Drugs concluded that it was in the public interest to hold this meeting even if there was not sufficient time for the customary 15-day public notice.

Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. app. 2).

Dated: November 22, 2006.

Randall W. Lutter,

Associate Commissioner for Policy and Planning.

[FR Doc. E6-20265 Filed 11-29-06; 8:45 am]

BILLING CODE 4160-01-S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Cancer Institute; Notice of Closed Meetings

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), 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.,