II. Criteria for Nominees

The Panel must be fairly balanced in its membership in terms of the points of view represented and the functions to be performed. The Panel shall consist of up to 15 members who are representatives of providers. Each Panel member must be employed full-time by a hospital, hospital system, or other Medicare provider subject to payment under the OPPS. All members must have technical expertise to enable them to participate fully in the Panel's work. Such expertise encompasses hospital payment systems; hospital medical care delivery systems; provider billing systems; APC groups; Current Procedural Terminology codes; and alpha-numeric Health Care Common Procedure Coding System codes; and the use of, and payment for, drugs and medical devices, as well as other forms of relevant expertise.

It is not necessary for a nominee to possess expertise in all of the areas listed, but each must have a minimum of 5 years experience and currently have full-time employment in his or her area of expertise. Generally, members of the Panel serve overlapping terms of 4 years, based on the needs of the Panel and contingent upon the re-chartering of the Panel.

Any interested person or organization may nominate one or more qualified individuals. Self-nominations will also be accepted. Each nomination must include the following:

- Letter of Nomination,
- Curriculum Vitae of the nominee, and
- Written statement from the nominee that the nominee is willing to serve on the Panel under the conditions described in this notice and further specified in the Charter.

III. Copies of the Charter

To obtain a copy of the Panel's Charter, submit a written request to the DFO at the address provided in the **ADDRESSES** section or by e-mail at *CMS APCPanel@cms.hhs.gov,* or call 410–786–4474.

Copies of the Charter are also available on the Internet at the following: *http://www.cms.hhs.gov/FACA/05_AdvisoryPanelonAmbulatoryPaymentClassificationGroups.asp#TopOfPage.*

IV. 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 (44 U.S.C. 35).

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

Dated: March 18, 2010.

Charlene Frizzera,

Acting Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 2010–6789 Filed 3–25–10; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2010–D–0141]

Small Entity Compliance Guide: Bottled Water: Total Coliform and *E. coli*; Availability

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the availability of a guidance for industry entitled "Bottled Water: Total Coliform and *E. coli*—Small Entity Compliance Guide" for a final rule published in the **Federal Register** of May 29, 2009. This small entity compliance guide (SECG) is intended to set forth in plain language the requirements of the regulation and to help small businesses understand the regulation.

DATES: Submit electronic or written comments on the SECG at any time.

ADDRESSES: Submit electronic comments on the SECG to *http://www.regulations.gov*. Submit written comments on the SECG to the Division of Dockets Management (HFA–305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. Submit written requests for single copies of the SECG to the Division of Plant and Dairy Food Safety (HFS–317), Office of Food Safety, Center for Food Safety and Applied Nutrition, Food and Drug Administration, 5100 Paint Branch Pkwy., College Park, MD 20740, or fax your request to 301–436–2651. Send one self-addressed adhesive label to assist that office in processing your request. See the **SUPPLEMENTARY INFORMATION** section for electronic access to the SECG.

FOR FURTHER INFORMATION CONTACT: Lauren Posnick Robin, Center for Food Safety and Applied Nutrition (HFS–317), Food and Drug Administration, 5100 Paint Branch Pkwy., College Park, MD 20740, 301–436–1639.

SUPPLEMENTARY INFORMATION:

I. Background

In the **Federal Register** of May 29, 2009 (74 FR 25651), FDA issued a final rule amending its bottled water regulations to require that bottled water manufacturers test source water for total coliform, as is required for finished bottled water products, and to require, if any coliform organisms are detected in source water, that bottled water manufacturers determine whether any of the coliform organisms are *Escherichia coli* (*E. coli*), an indicator of fecal contamination. FDA also amended its bottled water regulations to require, if any coliform organisms are detected in finished bottled water products, that bottled water manufacturers determine whether any of the coliform organisms are *E. coli*. FDA also amended the adulteration provision of the bottled water standard to reflect the possibility of adulteration caused by the presence of filth. Under the amended regulations, bottled water containing *E. coli* will be considered adulterated, and source water containing *E. coli* will not be considered to be of a safe, sanitary quality and will be prohibited from use in the production of bottled water. FDA also amended its bottled water regulations to require that, before a bottler can use source water from a source that has tested positive for *E. coli*, the bottler must take appropriate measures to rectify or eliminate the cause of *E. coli* contamination of that source, and that the bottler must keep records of such actions. Existing regulatory provisions require bottled water manufacturers to keep records of new testing required by this rule. The effective date of the final rule is December 1, 2009.

FDA examined the economic implications of the final rule as required by the Regulatory Flexibility Act (5 U.S.C. 601–612). Because the costs per entity of this rule are small, the agency believes that the final rule will not have a significant economic impact on a substantial number of small entities. However, FDA could not certify that the final rule would not have a significant economic impact on a substantial number of small entities. Therefore, in compliance with section 212 of the Small Business Regulatory Enforcement Fairness Act (Public Law 104–121), FDA is making available this SECG stating in plain language the legal requirements of the May 29, 2009, final rule set forth in 21 CFR parts 129 and 165 concerning the monitoring requirements for total coliform and *E. coli* in source water and finished bottled water products, the allowable levels of total coliform and *E.*

coli in finished bottled water products, and requirements for recordkeeping and corrective measures.

FDA is issuing this SECG as level 2 guidance consistent with FDA's good guidance practices regulation (21 CFR 10.115(c)(2)). The SECG represents the agency's current thinking on this topic. It does not create or confer any rights for or on any person and does not operate to bind FDA or the public. An alternative approach may be used if such approach satisfies the requirements of the applicable statutes and regulations.

II. Comments

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

III. Paperwork Reduction Act of 1995

This guidance refers to previously approved collections of information found in FDA regulations. These collections of information are subject to review by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501–3520). The collections of information in § 129.35(a)(3)(i) and § 129.80(g) and (h) have been approved under OMB control no. 0910–0658.

IV. Electronic Access

Persons with access to the Internet may obtain the document at *http://www.fda.gov/FoodGuidances* or *http://www.regulations.gov*.

Dated: March 22, 2010.

Leslie Kux,

Acting Assistant Commissioner for Policy.

[FR Doc. 2010–6699 Filed 3–25–10; 8:45 am]

BILLING CODE 4160–01–S

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 75 FR 10296, dated March 5, 2010) is amended to reflect the reorganization of the Office of the Chief Science Officer, Office of the Director, Centers for Disease Control and Prevention.

Section C–B, Organization and Functions, is hereby amended as follows: Delete in its entirety the title and functional statement for the Office of the Chief Science Officer (CAS), and insert the following:

Office of the Associate Director for Science (CAS). The Associate Director for Science (OADS) and staff provide CDC/ATSDR with scientific vision and leadership in promoting quality and integrity of CDC science, and helping to encourage the application of science to solving important public health problems.

Office of the Director (CAS1). (1) Directs, manages, and coordinates the activities of the OADS; (2) develops goals and objectives, provides leadership, policy formation, scientific oversight, and guidance in program planning and development; and (3) oversees functions of Office of Science Quality and Translation, Office of Scientific Integrity, and Innovation and Special Projects Activity.

Innovation and Special Projects Activity (CAS13). (1) Provides oversight and leadership in major or cross-cutting scientific activities; (2) represents the agency and the director on high-level internal and external scientific activities and groups; (3) develops and advances CDC research priorities; (4) handles high-profile or controversial issues and mediates (internally and externally) in difficult, contentious situations; (5) helps to develop and encourage innovation throughout the spectrum from scientific discovery to the application of science to solving health problems; (6) maintains regular, open, and transparent communication with CDC science community and uses the results to contribute to problem solving; (7) provides oversight for CDC science-related workgroups; (8) provides leadership opportunities for scientists; and (9) encourages appropriate internal and external collaborations and partnerships related to science issues.

Office of Science Quality and Translation (CASH). (1) Provides consultation and advice and support to the CDC OD, National Centers, programs, ADSs, MMWR, and other relevant organizations related to intramural and extramural scientific activities; (2) leads development of policies related to intramural and extramural science; (3) performs and facilitates good quality internal and external peer review; (4) ensures transparency and accountability of CDC extramural research programs; (5) provides oversight of knowledge management activities involving Documentum and eClearance; (6) supports and champions evidence-based decisionmaking to support practice, program, and policy inside and outside of CDC; (7) encourages the production and communication of science products that address essential questions for practice and policy; (8) assures that science products are perceived as timely and useful for decisionmaking; (9) enhances access to CDC publications; (10) feeds back key program and policy research gaps into the research agenda; and (11) links the needs of public health practitioners and decisionmakers into the development of CDC research projects and publications (in collaboration with Associate Directors for Program, and State, Tribal, Local, and Territorial Support).

Office of Scientific Integrity (CASJ). (1) Protects the rights and welfare of human beings who participate in research; (2) complies with laws and principles in the care and use of laboratory animals at CDC; (3) ensures compliance with Paperwork Reduction Act to protect the privacy of individuals in records maintenance; (4) serves as the agency research integrity liaison officer; (5) ensures leadership in public health ethics and integrate ethical analysis into day-to-day decisions and activities across CDC; (6) oversees emergency use authorization (EUA); (7) establishes newly required oversight and regulatory activities; (8) provides independent assessment and resolution of contentious situations/issues; and (9) provides training relevant to science quality and integrity to CDC community.

Dated: March 11, 2010.

William P. Nichols,

Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2010–6594 Filed 3–25–10; 8:45 am]

BILLING CODE 4160–18–M