

Dated: July 21, 2003.

Alvin Hall,

*Director, Management Analysis and Services
Office, Centers for Disease Control and
Prevention.*

[FR Doc. 03-18955 Filed 7-24-03; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality (AHRQ)

Statement of Organization, Functions, and Delegations of Authority

Part E, Chapter E (Agency for Healthcare Research and Quality), of the Statement of Organization, Functions, and Delegations of Authority for the Department of Health and Human Services (61 FR 15955-58, April 10, 1996, most recently amended at 66 FR 44149-50 on August 22, 2001) is further amended to reflect recent organizational changes. The specific amendments are as follows:

Under *Section E-10, Organization*, delete A. through K. and replace with the following:

- A. Office of the Director.
- B. Center for Delivery, Organization, and Markets.
- C. Center for Financing, Access, and Cost Trends.
- D. Center for Outcomes and Evidence.
- E. Center for Primary Care, Prevention, and Clinical Partnerships.
- F. Center for Quality Improvement and Patient Safety.
- G. Office of Communications and Knowledge Transfer.
- H. Office of Extramural Research, Education, and Priority Populations.
- I. Office of Performance, Accountability, Resources and Technology.

Under *Section E-20, Functions*, delete all titles and statements and replace with the following:

Office of the Director (EA). Directs the activities of the Agency for Healthcare Research and Quality (AHRQ) to ensure the achievement of strategic objectives. Specifically: (1) Provides overall leadership for the Agency; (2) maintains the scientific integrity and objectivity of the Agency's research; (3) directs and coordinates the Agency's research, research training programs, and dissemination activities; (4) ensures that Agency programs support Administration goals and objectives; (5) represents the Agency within the Department, at the highest level of Government, and to the public; (6) coordinates the legislative activities of the Agency, the review and clearance of

Department and other Federal policies and regulations, and reports to Congress; (7) controls the flow of correspondence and official documents entering and leaving the Agency; (8) manages the National Advisory Council; and (9) supports the AHRQ Ombuds.

Center for Financing, Access, and Cost Trends (EC). Conducts, supports and manages studies of the cost and financing of health care, the access to health care services and related trends. Develops data sets to support policy and behavioral research and analyses. These studies and data development activities are designed to provide health care leaders and policymakers with the information and tools they need to improve decisions on health care financing, access, coverage and cost. Specifically: (1) Conducts, supports and manages research and analysis of trends and patterns of health expenditures, public and private insurance coverage, use of personal health services, health status and access to care for the general population and subgroups of policy interest; (2) conducts and manages health sector surveys such as medical expenditure surveys; surveys of medical care providers, employers and other sources of insurance coverage and health benefits; and surveys of the use, cost, and financing of care for special populations; (3) collects, reorganizes, and analyzes administrative databases related to health care use, health status, cost and financing; (4) provides modeling and projections of health care use, status, expenditures, and payments for policy research; (5) conducts and supports statistical and methodological research on survey design, sampling and estimation techniques, and data quality; (6) conducts and supports surveys and research of institutional and community based long term care; (7) evaluates administrative data sets for intramural and extramural research including policy and methodological studies; and (8) builds research and data collection partnerships with the health care sector, employers, and foundations, and represents the Agency in meetings with Federal agencies and experts on health policy issues especially issues related to health expenditures, access, and insurance, Federal and State health care programs.

Division of Modeling and Simulation (ECB). Provides research, models, and data bases to support microsimulation analyses of household impacts and trends in health expenditures from health policies embodied in current law and from health care policies embodied in generic versions of proposed health care reforms. Specifically: (1) Projects the National Medical Expenditure

Survey and the Medical Expenditure Panel Survey household expenditure data to future years; (2) aligns the projected household expenditure data to the Health Care Financing Administration's National Health Expenditures by type of health service and payment source; (3) uses a variety of outside data sources to project, for example, the household population, Medicaid enrollees, household income, and private and public health insurance benefits; (4) develops and updates the Agency's MEDSIM microsimulation model's software to estimate current household income and payroll taxes, current private and public insurance coverage and benefits, and the costs and consequences of generic versions of proposed health care reforms; (5) provides the latest versions of the projected expenditure data bases and associated research products on the Agency home page; (6) uses MEDSIM and its data bases to conduct and publish research on current and proposed health policies and on trends in household health care expenditures; and (7) provides cost and distributional MEDSIM estimates of specific legislative health care reform proposals to provide predecisional guidance to requesting federal officials.

Division of Social and Economic Research (ECC). Provides basic descriptive and behavioral analyses of the population's access to, use of expenditures and sources of payment for health care; the availability and costs of private health insurance in the employment-related and non-group markets; the population enrolled in public health insurance coverage and those without health care coverage; and the role of health status in health care use, expenditures, and household decision-making, and in health insurance and employment choices. Specifically: (1) Provides analytical input to the design and development of primary data collection efforts and research-related data bases; (2) develops a research agenda related to health care use, expenditures, access to care, sources of payment, health insurance, and health status; (3) conducts applied research in these areas by applying substantive research tools from the fields of health services research, health economics, medical sociology, public policy analysis, demography, statistics and econometrics; (4) disseminates research findings through presentations at conferences, publications in peer reviewer journals, book chapters, and conference volumes; (5) provides substantive technical expertise on health care use, expenditures, and