

1861(r)(1) of the Act; that is, State-licensed doctors of medicine or osteopathy. The remaining 4 members may include dentists, podiatrists, optometrists and chiropractors. Members serve for overlapping 4-year terms; terms of more than 2 years are contingent upon the renewal of the Council by appropriate action prior to its termination. Section 1868(a) of the Act provides that nominations to the Secretary for Council membership must be made by medical organizations representing physicians.

The Council held its first meeting on May 11, 1992. The current members are: James Bergeron, M.D.; Ronald Castellanos, M.D.; Rebecca Gaughan, M.D.; Carlos R. Hamilton, M.D.; Joseph Heyman, M.D.; Dennis K. Iglar, M.D.; Joe Johnson, D.C.; Christopher Leggett, M.D.; Barbara McAneny, M.D.; Angelyn L. Moultrie-Lizana, D.O.; Laura B. Powers, M.D.; Michael T. Rapp, M.D.; Amilu Rothhammer, M.D.; Robert L. Urata, M.D.; and Douglas L. Wood, M.D. The meeting will commence with a Council update on the status of prior recommendations, followed by discussion and comment on the following agenda topics:

- Physician's Regulatory Issues Team (PRIT).
- Power Operated Vehicles.
- Current Status on Physicians Providing Professional Courtesy.
- Provider Communications (GAO Report 02-249: Communications with Physicians can be Improved; February 2002).
- Outpatient Prospective Payment System for CY 2004 and Physician Fee Schedule Final Rules for CY 2004.
- Update on Current Procedural Terminology/Evaluation and Management Coding Guidelines.
- Update on Prescription Drug Card Benefit.
- End Stage Renal Disease (ESRD) Quality Initiative.
- IG Statutory Authority and FY 2004 Work Plan.

For additional information and clarification on these topics, contact the Executive Director, listed under the **FOR FURTHER INFORMATION CONTACT** section of this notice. Individual physicians or medical organizations that represent physicians wishing to make a 5-minute oral presentation on agenda issues should contact the Executive Director by 12 noon, October 31, 2003, to be scheduled. Testimony is limited to agenda topics only. The number of oral presentations may be limited by the time available. A written copy of the presenter's oral remarks must be submitted to Diana Motsiopoulos, Administrative Coordinator, no later

than 12 noon, November 7, 2003, for distribution to Council members for review prior to the meeting. Physicians and medical organizations not scheduled to speak may also submit written comments to the Administrative Coordinator for distribution. The meeting is open to the public, but attendance is limited to the space available. *Special Accommodations:* Individuals requiring sign language interpretation or other special accommodation should contact Diana Motsiopoulos by e-mail at dmotsiopoulos@cms.hhs.gov or by telephone at (410) 786-3379 at least 10 days before the meeting.

Authority: Section 1868 of the Social Security Act (42 U.S.C. 1395ee) and section 10(a) of Public Law 92-463 (5 U.S.C. App. 2, section 10(a)).

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: October 17, 2003.

Thomas A. Scully,

Administrator, Centers for Medicare & Medicaid Services.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 1999N-1168]

Relative Risk to Public Health From Foodborne *Listeria monocytogenes* Among Selected Categories of Ready-to-Eat-Foods; Risk Assessment; Availability

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) of the Department of Health and Human Services (HHS), in cooperation with the Food Safety and Inspection Service (FSIS) of the U.S. Department of Agriculture, and the Centers for Disease Control and Prevention (CDC) of HHS, are announcing the availability of a quantitative risk assessment on the relationship between foodborne *Listeria monocytogenes* and human health that considers 23 ready-to-eat food categories.

ADDRESSES: Submit written requests for single copies of the risk assessment document and CD-ROM of the model, to Sherri Dennis, Center for Food Safety and Applied Nutrition (CFSAN) (see

FOR FURTHER INFORMATION CONTACT: The document is entitled "Quantitative Assessment of Relative Risk to Public Health From Foodborne *Listeria monocytogenes* Among Selected Categories of Ready-to-Eat-Foods." Send one self-adhesive label with your address to assist that office in processing your request. You also may request a copy of the risk assessment document by faxing your name and mailing address with the name of the document you are requesting to the CFSAN Outreach and Information Center at 1-877-366-3322. See the **SUPPLEMENTARY INFORMATION** section for electronic access to this document.

A copy of the risk assessment document may be reviewed at the FDA Division of Dockets Management (HFA-305)(Docket No. 99N-1168) at 5630 Fishers Lane, rm. 1061, Rockville, MD 20852, between 9 a.m. and 4 p.m., Monday through Friday, and at the FSIS Docket Clerk's Office (Docket No. 00-048N), U.S. Department of Agriculture, rm. 102, Cotton Annex, 300 12th St. SW., Washington, DC 20250, between 8:30 a.m. and 4:30 p.m., Monday through Friday.

FOR FURTHER INFORMATION CONTACT:

Sherri B. Dennis, Risk Assessment Coordinator, Center for Food Safety and Applied Nutrition (HFS-006), Food and Drug Administration, 5100 Paint Branch Pkwy., College Park, MD, 20740, 301-436-1914.

SUPPLEMENTARY INFORMATION:

I. Background

In the **Federal Register** of January 19, 2001 (67 FR 5515), FDA and FSIS announced the availability of a draft risk assessment on the relationship between foodborne *Listeria monocytogenes* and human health that considers categories of ready-to-eat food. FDA, FSIS, and CDC held a public meeting on March 19, 2001 (66 FR 13544), to receive comments on the technical aspects of the draft risk assessment. Interested persons were given until March 20, 2001, with extensions to May 21, 2001, and to July 18, 2001, to comment on the document. The risk assessment has been revised in response to the public comments, newly available data, and updated modeling techniques.

II. Risk Assessment

The purpose of the quantitative risk assessment is to examine systematically available scientific data and information to estimate the relative risks of serious illness and death associated with consumption of different types of ready-to-eat foods that may be contaminated with *L. monocytogenes*. This