

Services Administration (HRSA) (60 FR 56605, as amended November 6, 1995; as last amended at 68 FR 787–793, January 7, 2003). This notice is to amend the functional statements of the Bureau of Primary Health Care. Specifically, this notice (1) abolishes in their entirety the Division of Community and Migrant Health and the Division of Programs for Special Populations; (2) revise the Office of the Associate Administrator; (3) establish the Office of Program Support; the Office of Policy, Evaluation and Data; the Office of Minority and Special Populations; the Division of Health Center Development; the Division of Health Center Management; the Division of Clinical Quality; and the Division of State and Community Assistance.

Section RC–00 Mission

The Bureau of Primary Health Care (BPHC) directs national health programs which improve the health of the Nation by assuring access to high quality comprehensive preventive and primary health care services and improving the health status of the Nation's underserved and vulnerable populations.

Section RC–10 Organization

The Bureau of Primary Health Care (BPHC) headed by the Associate Administrator for Primary Health Care reports directly to the Administrator, Health Resources and Services Administration. The BPHC includes the following components:

- (1) Office of the Associate Administrator (RC)
- (2) Office of Policy, Evaluation, and Data (RCE)
- (3) Office of Minority and Special Populations (RCG)
- (4) Division of Health Center Development (RCH)
- (5) Division of Health Center Management (RCJ)
- (6) Division of Clinical Quality (RCK)
- (7) Division of State and Community Assistance (RCL)
- (8) Division of National Hansen's Disease Program (RC7)
- (9) Division of Immigration Health Services (RC9)

1. In the Office of the Associate Administrator Delete the Migrant Health Advisory Council Function and Place It in the Office of Minority and Special Populations. Revise the Functional Statement of the Office of the Associate Administrator as Follows:

Office of the Associate Administrator (RC)

Provides overall leadership, direction, coordination, and strategic planning in

support of Bureau programs. Specifically: (1) Has lead responsibility to bring primary health care services to the Nation's neediest communities; (2) serves as a central point of contact for Bureau communication and information; (3) establishes program policies, goals, and objectives and provides oversight as to their execution; (4) interprets program policies, guidelines, and priorities; (5) stimulates, coordinates and evaluates program development and progress; (6) maintains effective relationships with HRSA, other Department of Health and Human Services (HHS) organizations, other Federal agencies, State and local governments, and other public and private organizations concerned with primary health and improving the health status of the Nation's underserved and vulnerable populations; and (7) plans, directs, coordinates and evaluates Bureau-wide administrative management activities; (8) assures that BPHC's funding recommendations are consistent with authorizing legislation, program expectations and HHS and HRSA policies.

2. Establish the Office of Office of Policy, Evaluation and Data as Follows:

Office of Policy, Evaluation and Data

(1) Provides leadership, direction, and overall coordination of the analysis and clearance of policy across Bureau programs; (2) provides leadership, direction, and coordination for health workforce planning as it supports health center development; (3) serves as focal point to design, establish and implement an evaluation plan for assessing and improving program performance; (4) serves as the focal point for the development and monitoring of the Bureau's Strategic Plan and annual spending plans; (5) provides leadership and overall coordination for tracking and monitoring health center growth; (6) serves as focal point for external communication, publication, and dissemination; (7) provides surveillance, monitoring, and analysis of a variety of media, newsletters, trade journals, and periodicals in order to detect external trends which could potentially affect grantee performance; (8) detects potential trends in program performance data on a State, regional, and national level to inform the development of program policies and the design of evaluation studies to improve program performance; (9) provides consultation to and coordinates activities with other components within HRSA, other

Federal agencies, consumer and constituency groups, national and state organizations involved in policy, evaluation and data; and (10) manages the Bureau's executive secretariat functions.

3. Establish the Office of Minority and Special Populations as Follows:

Office of Minority and Special Populations (RCG)

Provides overall coordination of Bureau activities relating to the delivery of health services to special populations such as migrant and seasonal farmworkers, homeless persons, women, and other minority and special populations, including residents of public housing, students served by School-based Health Centers, and Asian American Pacific Islanders. Specifically, (1) ensures that the needs and special circumstances of special populations and the provider organizations that serve them are addressed in internal BPHC policies; (2) advises BPHC staff and leadership about the special needs of special populations; (3) coordinates with private, professional, and academic health care organizations in developing and designing public health interventions aimed at reducing disparities in the health status of the special populations; (4) represents BPHC at regional and national meetings focused on special population issues, and shares information regarding the BPHC's response to such issues; and (5) provides staff support to the National Advisory Council on Migrant Health.

4. In the Division of Programs for Special Populations Delete the Community-based Systems Function and Place It in the Division of Health Center Development (DHCD). Establish the Division of Health Center Development as Follows:

Division of Health Center Development (RCH)

Serves as the organizational focus of the competitive grant process for BPHC. Specifically, DHCD: (1) Provides leadership and direction, including tactical planning for the development and expansion of new health centers, health systems infrastructure, and pharmacy services; (2) manages and expands the number and types of organizations that participate in the 340B drug pricing program; (3) provides pre-application assistance to communities and community-based organizations related to health center development, health systems infrastructure development and pharmacy services development; (4) provides consultation to and