

Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 5216, MSC 7852, Bethesda, MD 20892, (301) 594-6377, sigmonh@csr.nih.gov.

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Dated: June 29, 2010.

Jennifer Spaeth,

Director, Office of Federal Advisory Committee Policy.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

National Advisory Council for Healthcare Research and Quality: Request for Nominations for Public Members

AGENCY: Agency for Healthcare Research and Quality (AHRQ), HHS.

ACTION: Notice of request for nominations for public members.

SUMMARY: Section 921 (now Section 941 of the Public Health Service Act (PHS Act)), 42 U.S.C. 299c, established a National Advisory Council for Healthcare Research and Quality (the Council). The Council is to advise the Secretary of HHS (Secretary) and the Director of the Agency for Healthcare Research and Quality (AHRQ) on activities proposed or undertaken to carry out the agency mission including providing guidance on (A) Priorities for health care research, (B) the field of health care research including training needs and information dissemination on health care quality and (C) the role of the Agency in light of private sector activity and opportunities for public private partnerships.

Seven current members' terms will expire in November 2010. To fill these positions in accordance with the legislative mandate establishing the Council, we are seeking individuals who are distinguished: (1) In the conduct of research, demonstration projects, and evaluations with respect to health care; (2) in the fields of health care quality research or health care improvement; (3) in the practice of medicine; (4) in other health professions; (5) in the fields of health care economics, information systems, law, ethics, business, or public policy; and (6) individuals who could represent the interests of patients and consumers

of health care; and (7) the private health care sector (including health plans, providers, and purchasers) possibly including distinguished administrators of health care delivery systems., Individuals are particularly sought with experience and success in activities specified in the summary above.

DATES: Nominations should be received on or before 60 days after date of publication.

ADDRESSES: Nominations should be sent to Ms. Karen Brooks, AHRQ, 540 Gaither Road, Room 3006, Rockville, Maryland 20850. Nominations may also be e-mailed to [mailto: AHRQ_National_Advisory_Council@AHRQ.hhs.gov](mailto:AHRQ_National_Advisory_Council@AHRQ.hhs.gov) or faxed to (301) 427-1201.

FOR FURTHER INFORMATION CONTACT: Ms. Karen Brooks, AHRQ, at (301) 427-1801.

SUPPLEMENTARY INFORMATION: Section 941 of the PHS Act, 42 U.S.C. 299c, provides that the Secretary shall appoint to the National Advisory council for Healthcare Research and Quality twenty one appropriately qualified individuals and specifies that at least seventeen members shall be representatives of the public and at least one member shall be a specialist in the rural aspects of one or more of the professions or fields listed in the above summary. In addition, the Secretary is directed to designate, as *ex officio* members, representatives from Federal agencies specified in the authorizing legislation, principally agencies that conduct or support health care research, as well as other Federal officials the Secretary may consider appropriate. The Council meets in the Washington, DC, metropolitan area, generally in Rockville, Maryland, approximately three times a year to provide broad guidance to the Secretary and AHRQ's Director, as described above, on the direction of and programs undertaken by AHRQ.

Seven individuals will be selected presently by the Secretary to serve on the Council beginning with the meeting in the spring of 2011. Members generally serve 3-year terms. Appointments are staggered to permit an orderly rotation of membership.

Interested persons may nominate one or more qualified persons for membership on the Council. Self-nominations are accepted. Nominations shall include: (1) A copy of the nominee's resume or curriculum vitae; and (2) a statement that the nominee is willing to serve as a member of the Council. Selected candidates will be asked to provide detailed information concerning their financial interests,

consultant positions and research grants and contracts, to permit evaluation of possible sources of conflict of interest. Please note that once you are nominated, AHRQ may consider your nomination for future positions on the Council. In accordance with a Memorandum from the President dated June 18, 2010, Federally registered lobbyists are not eligible for positions on Federal advisory councils.

The Department seeks broad and diverse geographic representation on the Council. In addition, since AHRQ is mandated to conduct and support research concerning priority populations, which under 42 U.S.C. 299(c) includes: Low-income groups; minority groups; women; children; the elderly; and individuals with special health care needs, including individuals with disabilities and individuals who need chronic care or end-of-life health care, nominations of individuals with expertise in health care for these priority populations are encouraged.

Dated: June 25, 2010.

Carolyn M. Clancy,

Director.

[FR Doc. 2010-16102 Filed 7-2-10; 8:45 am]

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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 22821-29, dated April 30, 2010) is amended to reflect the reorganization of the Division of Blood Disorders within the National Center on Birth Defects and Developmental Disabilities, Office of Noncommunicable Diseases, Injury and Environmental Health, Centers for Disease Control and Prevention.

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

Delete in its entirety the title and function statement for the Office of the Director (CUBD1) and insert the following.

Office of the Director (CUBD1). (1) Provides leadership and guidance on strategic planning and implementation,

program priority setting, and policy development, to advance the mission of the Division of Blood Disorders, NCBDDD and CDC; (2) develops goals, objectives, and budget; monitors progress and allocation of resources, and reports accomplishments, future directions, and resource requirements; (3) facilitates scientific, policy and program collaboration among divisions and centers, and between CDC and other Federal/non-Federal partners; (4) promotes advancement of science throughout the division, supports program evaluation, and ensures that research meets the highest standards in the field; (5) provides medical expertise and consultation to planning, projects, policies and program activities; (6) advises the Office of the Director of NCBDDD on matters relating to prevention of complications due to blood disorders and coordinates division responses to requests for technical assistance or information on activities supported by the division; (7) develops and produces communications tools and public affairs strategies to meet the needs of division programs and mission; (8) represents the division at official professional and scientific meetings, both within and outside of CDC; (9) applies evaluation and prevention effectiveness functions in the assessment of blood disorder programs, projects and activities; (10) develops, implements and evaluates long term plans for surveillance, research and prevention activities pertaining to blood disorders; and (11) drafts and disseminates reports of future plans and needs to inform policy.

After the Office of the Director (CUBD1) Division of Blood Disorders, National Center on Birth Defects and Developmental Disabilities, Office of Noncommunicable Diseases, Injury and Environmental Health, Centers for Disease Control and Prevention, insert the following:

Epidemiology and Surveillance Branch (CUBDB). (1) Provides scientific leadership in the design and implementation of monitoring systems as well as designs and conducts epidemiologic and genetic research to identify causes, risk factors and complications of blood disorders in affected populations; (2) designs and manages surveillance systems to evaluate the incidence, morbidity, and mortality associated with blood diseases and disorders; (3) plans, develops and coordinates special surveys and populations studies to monitor and assess the complications of blood disorders; (4) designs and implements studies using surveillance data to identify risk factors for the

complications of blood disorders, and evaluates the effectiveness of the prevention activities; (5) provides epidemiologic and medical consultation and technical assistance, including epidemic aids to State and local health departments, other governmental agencies, and other public and private institutions in the investigation of blood disorders and related complications; (6) designs and implements studies to evaluate the effectiveness of implemented prevention strategies in the treatment centers; (7) works closely with internal and external organizations in applying prevalence and incidence data to target and evaluate programs to prevent the complications of blood diseases and chronic hereditary disorders; (8) publishes findings and advances arising out of surveillance and epidemiologic research to the scientific and public health communities; (9) provides training services to States, localities, and other countries in investigation, diagnosis, prevention, and control of blood diseases and chronic hereditary disorders; (10) assists in designing, implementing, and evaluating prevention and counseling programs for persons and their families with chronic blood diseases and selected chronic hereditary disorders; (11) designs, implements and coordinates the prevention and surveillance activities of specialized Federally funded prevention centers organized to prevent the complications of blood diseases and chronic hereditary disorders; (12) conducts and supports both qualitative and quantitative research to expand the knowledge base related to blood disorders across the lifespan; and (13) collaborates with laboratory research branch and prevention research branch and incorporates the findings of these branches' activities which leads to prevention of complications of blood disorders.

Laboratory Research Branch (CUBDC). (1) Identifies new genetic markers of risk factors and clotting defects for affected groups; (2) provides reference laboratory diagnosis for multi-site epidemiologic and surveillance studies; (3) develops techniques and interpretation methods to improve molecular and coagulation diagnosis; (4) provides diagnostic support for epidemiologic studies and epidemic aids on emerging blood disorders and chronic hereditary disorders; (5) determines the mechanisms of pathogenesis and complications of blood disorders and chronic hereditary disorders; (6) conducts research and provides reference services on

diagnostic techniques for blood disorders and chronic hereditary disorders; (7) conducts research to improve laboratory methodologies and materials; (8) where appropriate, maintains the national reference laboratory for blood disorders and chronic hereditary disorders; (9) works closely with entities and organizations within the agency and organizations external to the agency to provide laboratory services in support of projects whose primary aim is to prevent and reduce complications associated with blood disorders and chronic hereditary disorders; and (10) publishes findings and advances arising out of surveillance and epidemiologic research to the scientific and public health communities.

Prevention Research and Informatics Branch (CUBDD). (1) Performs health services research; (2) translates and evaluates the latest scientific advances from surveillance, epidemiology and laboratory support into enhanced delivery of care, prevention services, and information for affected populations; (3) develops, implements, evaluates and disseminates education and communication interventions that seek to identify and educate affected populations, providers and the public on health risks, protective factors and measures of effectiveness of health promotion activities and prevention of complications related to blood disorders; (4) collects, analyzes and prepares reports to document the prevalence and incidence of blood disorders and related complications and provides this information to affected populations through reports, publications, and public access data sets; (5) supports public health analysis to include facilitating data collection, data management, data manipulation, analysis, project reporting and presentation; (6) coordinates partnership activities; (7) assesses informatics needs and develops strategies to ensure accurate collection of data related to blood disorders and the division's activities; (8) conducts applied research to develop, evaluate, improve and standardize public information systems and educational modules which support the prevention of complications from blood disorders; (9) develops and maintains systems for collection, processing, validation, storage and dissemination of the highest quality information to study and monitor blood disorders; (10) disseminates findings and advances arising out of surveillance and epidemiologic research to the scientific and public health communities, and the

general public; (11) collaborates with and provides technical assistance, consultation, and training to local, State, Federal, and international agencies, universities and governmental and non-governmental organizations on blood disorders and health related issues; (12) collaborates with local, State, Federal, and international agencies, and appropriate governmental and non-governmental organizations to develop, review, and implement policies that advance the health of people with blood disorders across the lifespan; (13) collaborates with funded non-governmental agencies to disseminate best practices, identify areas of need, facilitate development and distribution of educational materials, and provide informational resources to States and affected populations and their caregivers; and (14) develops informatics related trainings and communicates informatics changes to external partners.

Dated: June 21, 2010.

William P. Nichols,

Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2010-16101 Filed 7-2-10; 8:45 am]

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DEPARTMENT OF HOMELAND SECURITY

[DHS Docket No. DHS-2009-0032]

Office for Civil Rights and Civil Liberties: Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons

AGENCY: Office for Civil Rights and Civil Liberties, DHS.

ACTION: Notice; extension of comment period to July 17, 2010.

SUMMARY: The Department of Homeland Security is extending the public comment period until July 17, 2010, for proposed guidance to recipients of Federal financial assistance regarding Title VI's prohibition against national origin discrimination affecting limited English proficient persons. This proposed guidance is issued pursuant to Executive Order 13166 and is consistent with government-wide guidance previously issued by the Department of Justice.

DATES: Written comments are invited from interested persons and organizations no later than July 17, 2010.

ADDRESSES: Comments should be sent to:

- *Federal eRulemaking Portal:* <http://www.regulations.gov>. Follow the instructions for submitting comments.
 - *Mail:* Officer for Civil Rights and Civil Liberties, U.S. Department of Homeland Security, 245 Murray Lane, SW., Building 410, Washington, DC 20528, Mail Stop 0190. To ensure proper handling, please reference DHS Docket No. DHS-2009-0032 on the correspondence. This mailing address may also be used for paper, disk, or CD-ROM submissions. DHS will accept comments in alternate formats such as Braille, audiotape, etc. by mail.
 - *E-Mail:* crci@dhs.gov. The subject line should include "LEP Docket DHS-2009-0032."
 - *TTY:* 202-401-0470, Toll Free TTY: 1-866-644-8361. TTY callers may also contact us through the Federal Relay Service TTY at (800) 877-8339. Other Federal Relay Service options are available at www.gsa.gov/fedrelay.
 - *Facsimile:* (202) 401-4708 (not a toll-free number).

Instructions for filing comments: All submissions received must include the agency name and DHS docket number DHS-2009-0032. All comments received (including any personal information provided) will be posted without change to <http://www.regulations.gov>.

Reviewing comments: Public comments may be viewed online at <http://www.regulations.gov>.

FOR FURTHER INFORMATION CONTACT: Rebekah Tosado, Senior Advisor to the Officer for Civil Rights and Civil Liberties, Office for Civil Rights and Civil Liberties, Department of Homeland Security, 245 Murray Lane, SW., Building 410, Washington, DC 20528, Mail Stop 0190. Toll free: 1-866-644-8360 or TTY 1-866-644-8361. Local: 202-401-1474 or TTY: 202-401-0470.

SUPPLEMENTARY INFORMATION: The Department of Homeland Security issued proposed guidance on June 17, 2010, for recipients of Federal financial assistance regarding Title VI's prohibition against national origin discrimination affecting limited English proficient persons. 75 FR 34465. Due to inadvertence, the date specified for receipt of comments did not permit a full 30 day comment period. Accordingly, the Department of Homeland Security is extending the comment period to July 17, 2010.

Margo Schlanger,
Officer for Civil Rights and Civil Liberties.
[FR Doc. 2010-16362 Filed 7-2-10; 8:45 am]
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DEPARTMENT OF HOMELAND SECURITY

U.S. Customs and Border Protection

Agency Information Collection Activities: Application—Alternative Inspection Services (SENTRI Application and FAST Commercial Driver Application)

AGENCY: U.S. Customs and Border Protection, Department of Homeland Security.

ACTION: 60-Day Notice and request for comments; Extension of an existing collection of information: 1651-0121.

SUMMARY: As part of its continuing effort to reduce paperwork and respondent burden, U.S. Customs and Border (CBP) invites the general public and other Federal agencies to comment on an information collection requirement concerning the Application—Alternative Inspection Services including the SENTRI Application (CBP Form 823S) and the FAST Commercial Driver Application (CBP Form 823F). This request for comment is being made pursuant to the Paperwork Reduction Act of 1995 (Pub. L. 104-13; 44 U.S.C. 3506(c)(2)(A)).

DATES: Written comments should be received on or before September 7, 2010, to be assured of consideration.

ADDRESSES: Direct all written comments to U.S. Customs and Border Protection, Attn.: Tracey Denning, U.S. Customs and Border Protection, Office of Regulations and Rulings, 799 9th Street, NW., 7th Floor, Washington, DC 20229-1177.

FOR FURTHER INFORMATION CONTACT: Requests for additional information should be directed to U.S. Customs and Border Protection, Attn.: Tracey Denning, U.S. Customs and Border Protection, Office of Regulations and Rulings, 799 9th Street, NW., 7th Floor, Washington, DC 20229-1177, at 202-325-0265.

SUPPLEMENTARY INFORMATION: CBP invites the general public and other Federal agencies to comment on proposed and/or continuing information collections pursuant to the Paperwork Reduction Act of 1995 (Pub. L. 104-13; 44 U.S.C. 3506(c)(2)(A)). The comments should address the accuracy of the burden estimates and ways to minimize the burden including the use of automated collection techniques or the use of other forms of information technology, as well as other relevant aspects of the information collection. The comments that are submitted will be summarized and included in the CBP request for Office of Management and