

to have, such collections may still be eligible for submission for other generic mechanisms that are designed to yield quantitative results.

The FTC received no comments in response to the 60-day notice published in the **Federal Register** on December 22, 2010 (75 FR 80542).

Below are the FTC's projected average annual estimates for the next three years:<sup>1</sup>

*Current Actions:* New collection of information.

*Type of Review:* New collection.

*Affected Public:* Individuals and Households, Businesses and Organizations, State, Local or Tribal Government.

*Average Expected Annual Number of Activities:* 3.

*Respondents:* 1,656.

*Frequency of Response:* Once per request.

*Annual Responses:* 1,656.

*Average Minutes per Response:* 23 (rounded to nearest whole minute).

*Burden Hours:* 631.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

#### *Request for Comments*

You can file a comment online or on paper. For the FTC to consider your comment, we must receive it on or before May 9, 2011. Write "FTC Generic Clearance ICR, Project No. P035201" on your comment. Your comment—including your name and your state—will be placed on the public record of this proceeding, including, to the extent practicable, on the public Commission Web site, at <http://www.ftc.gov/os/publiccomments.shtm>. As a matter of discretion, the Commission tries to remove individuals' home contact information from comments before placing them on the Commission Web site.

Because your comment will be made public, you are solely responsible for making sure that your comment doesn't include any sensitive personal information, like anyone's Social Security number, date of birth, driver's license number or other state

identification number or foreign country equivalent, passport number, financial account number, or credit or debit card number. You are also solely responsible for making sure that your comment doesn't include any sensitive health information, like medical records or other individually identifiable health information. In addition, don't include any "[t]rade secret or any commercial or financial information which is obtained from any person and which is privileged or confidential \* \* \*," as provided in Section 6(f) of the FTC Act, 15 U.S.C. 46(f), and FTC Rule 4.10(a)(2), 16 CFR 4.10(a)(2). If you want the Commission to give your comment confidential treatment, you must file it in paper form, with a request for confidential treatment, and you have to follow the procedure explained in FTC Rule 4.9(c), 16 CFR 4.9(c).<sup>2</sup> Your comment will be kept confidential only if the FTC General Counsel, in his or her sole discretion, grants your request in accordance with the law and the public interest.

Postal mail addressed to the Commission is subject to delay due to heightened security screening. As a result, we encourage you to submit your comments online, or to send them to the Commission by courier or overnight service. To make sure that the Commission considers your online comment, you must file it at <https://ftcpublic.commentworks.com/ftc/genericclearance> by following the instructions on the web-based form. If this Notice appears at <http://www.regulations.gov/#/home>, you also may file a comment through that Web site.

If you file your comment on paper, write "FTC Generic Clearance ICR, Project No. P035201" on your comment and on the envelope, and mail or deliver it to the following address: Federal Trade Commission, Office of the Secretary, Room H-113 (Annex J), 600 Pennsylvania Avenue, NW., Washington, DC 20580. If possible, submit your paper comment to the Commission by courier or overnight service.

Comments on any proposed information collection requirements subject to review under the PRA should additionally be submitted to OMB. If sent by U.S. mail, they should be addressed to Office of Information and Regulatory Affairs, Office of Management and Budget, Attention:

Desk Officer for the Federal Trade Commission, New Executive Office Building, Docket Library, Room 10102, 725 17th Street, NW., Washington, DC 20503. Comments sent to OMB by U.S. postal mail, however, are subject to delays due to heightened security precautions. Thus, comments instead should be sent by facsimile to (202) 395-5167.

Visit the Commission Website at <http://www.ftc.gov> to read this Notice and the news release describing it. The FTC Act and other laws that the Commission administers permit the collection of public comments to consider and use in this proceeding as appropriate. The Commission will consider all timely and responsive public comments that it receives on or before May 9, 2011. You can find more information, including routine uses permitted by the Privacy Act, in the Commission's privacy policy, at <http://www.ftc.gov/ftc/privacy.htm>.

**Willard K. Tom,**  
*General Counsel.*

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**BILLING CODE 6750-01-P**

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## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **Office of the Assistant Secretary for Planning and Evaluation; Medicare Program; Meeting of the Technical Advisory Panel on Medicare Trustee Reports**

**AGENCY:** Assistant Secretary for Planning and Evaluation, HHS.

**ACTION:** Notice of meeting.

**SUMMARY:** This notice announces public meetings of the Technical Advisory Panel on Medicare Trustee Reports (Panel). Notice of these meetings is given under the Federal Advisory Committee Act (5 U.S.C. App. 2, section 10(a)(1) and (a)(2)). The Panel will discuss the short-term (10 year) projection methods and assumptions in projecting Medicare health spending and may make recommendations to the Medicare Trustees on how the Trustees might more accurately estimate health spending in the short run. The Panel's discussion is expected to be very technical in nature and will focus on the actuarial and economic assumptions and methods by which Trustees might more accurately measure health spending. Although panelists are not limited in the topics they may discuss, the Panel is not expected to discuss or recommend changes in current or future

<sup>1</sup> The 60-day notice included the following estimate of the aggregate burden hours for this generic clearance federal-wide:

*Average Expected Annual Number of Activities:* 25,000.

*Average Number of Respondents per Activity:* 200.

*Annual Responses:* 5,000,000.

*Frequency of Response:* Once per request.

*Average Minutes per Response:* 30.

*Burden Hours:* 2,500,000.

<sup>2</sup> In particular, the written request for confidential treatment that accompanies the comment must include the factual and legal basis for the request, and must identify the specific portions of the comment to be withheld from the public record. See FTC Rule 4.9(c), 16 CFR 4.9(c).

Medicare provider payment rates or coverage policy.

*Meeting Date:* April 12, 2011, 9 a.m. to 5 p.m. e.t.

**ADDRESSES:** The meetings will be held at HHS headquarters at 200 Independence Ave., SW., Washington, DC 20201, Room 425A.

*Comments:* The meeting will allocate time on the agenda to hear public comments at the end of the meeting. In lieu of oral comments, formal written comments may be submitted for the record to Donald T. Oellerich, OASPE, 200 Independence Ave., SW., 20201, Room 405F. Those submitting written comments should identify themselves and any relevant organizational affiliations.

**FOR FURTHER INFORMATION CONTACT:** Donald T. Oellerich (202) 690-8410, *Don.oellerich@hhs.gov*. **Note:** Although the meeting is open to the public, procedures governing security procedures and the entrance to Federal buildings may change without notice. Those wishing to attend the meeting must call or e-mail Dr. Oellerich by Thursday April 7, 2011, so that their name may be put on a list of expected attendees and forwarded to the security officers at HHS Headquarters.

**SUPPLEMENTARY INFORMATION:**

*Topics of the Meeting:* The Panel is specifically charged with discussing and possibly making recommendations to the Medicare Trustees on how the Trustees might more accurately estimate health spending in the United States. The discussion is expected to focus on highly technical aspects of estimation involving economics and actuarial science. Panelists are not restricted, however, in the topics that they choose to discuss.

*Procedure and Agenda:* This meeting is open to the public. The Panel will likely hear presentations by HHS staff presentations regarding short range projection methods and assumptions. After any presentations, the Panel will deliberate openly on the topic. Interested persons may observe the deliberations, but the Panel will not hear public comments during this time. The Panel will also allow an open public session for any attendee to address issues specific to the topic.

**Authority:** 42 U.S.C. 217a; Section 222 of the Public Health Services Act, as amended. The panel is governed by provisions of Public Law 92-463, as amended (5 U.S.C. Appendix 2), which sets forth standards for the formation and use of advisory committees.

Dated: March 29, 2011.

**Sherry Glied,**

*Assistant Secretary for Planning and Evaluation.*

[FR Doc. 2011-8359 Filed 4-6-11; 8:45 am]

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Office of the Secretary**

**Office of the Assistant Secretary for Planning and Evaluation; Statement of Organization, Functions and Delegations of Authority**

Part A (Office of the Secretary), Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (HHS) is being amended at Chapter AE, Office of the Assistant Secretary for Planning and Evaluation (ASPE) as last amended at 67 FR 61341-42 dated September 30, 2002 and most recently at 73 FR 19977, dated April 16, 2010. This reorganization is to realign the functions of ASPE to reflect the current structure and areas of focus. The changes are as follows:

I. Under Section AE.20 Functions, delete Paragraph D, Office of Disability, Aging and Long-Term Care Policy (AEW), in its entirety and replace with the following:

D. The Office of Disability, Aging and Long-Term Care Policy is responsible for the development, coordination, research and evaluation of HHS policies and programs that support the independence, productivity, health and well being of children, working age adults, and older persons with disabilities. The office is also responsible for policy coordination and research to promote the economic and social well-being of older Americans. The Office coordinates its work with aging and disability-related agencies and programs throughout the government, including the Departments of Justice, Labor, Education, Transportation, Housing and Urban Development, the Social Security Administration and the Office of National Drug Control Policy.

1. The Division of Disability and Aging Policy is responsible for policy development, coordination, research and evaluation of policies and programs focusing on persons with disabilities and older Americans (Older Americans Act). Activities related to the Older Americans Act are carried out in coordination with the Office of the Assistant Secretary for Aging. This includes measuring and evaluating the

impact of programs authorized by the Older Americans Act. The Division is also responsible for supporting the development and coordination of crosscutting disability and aging data and policies within the Department and other federal agencies. Areas of focus include assessing the interaction between the health, disability, and economic well-being of persons of all ages with disabilities including the prevalence of disability and disabling conditions; describing the socio-demographic characteristics of relevant populations; determining service use, income, employment, and program participation patterns; and coordinating the development of disability and aging data and policies that affect the characteristics, circumstances and needs of older Americans and disabled populations. The Division's responsibilities include long-range planning, budget and economic analysis, program analysis, review of regulations and reports on legislation, review and conduct of research and evaluation activities, and information dissemination.

2. The Division of Long-Term Care Policy is responsible for coordination, development, research and evaluation of HHS policies and programs which address the long-term care and personal assistance needs of people of all ages with functional impairments and disabilities. The Division is the focal point for policy development and analysis related to the long-term care services components of the Affordable Care Act as well as Medicare, Medicaid, and including nursing facility services, community residential services, personal assistance services, home health and rehabilitation services, and the integration of acute, post-acute and long-term care services. The Division's responsibilities include long-range planning, budget and economic analysis, program analysis, review of regulations and reports on legislation, review and conduct of research and evaluation activities, and information dissemination.

3. The Division of Behavioral Health and Intellectual Disabilities Policy is responsible for analysis, coordination, research and evaluation of policies related to individuals with severe intellectual disabilities, severe addictions and/or severe and persistent mental illness. The Division's responsibilities include long-range planning, budget and economic analysis, data development and analysis, program analysis, review of regulations and reports on legislation, review and conduct of research and evaluation activities, and information