

request; object class, appropriation code and Central Accounting Number (CAN) of the item requested; HHS requesting organization name; and location, HHS point of contact name and business contact phone number within the requesting organization; a description of the item requested and corresponding quantity and cost required. Other information collected includes; proposal, solicitation, market research, and contract award documentation.

**SYSTEMS EXEMPTED FROM CERTAIN PROVISIONS OF THE ACT:**

None.

[FR Doc. 2011-9467 Filed 4-18-11; 8:45 am]

BILLING CODE 4150-24-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**Notice of Intent To Award Affordable Care Act Funding to Approved Applications Formerly Received in Response to the Centers for Disease Control and Prevention Funding Opportunity IP11-010, "Enhanced Surveillance for New Vaccine Preventable Disease"**

**AGENCY:** Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

**ACTION:** Notice.

**SUMMARY:** This notice provides public announcement of CDC's intent to fund Approved cooperative agreement applications previously received and competed in response to CDC Funding Opportunity, CDC-RFA-IP11-010, "Enhanced Surveillance for New Vaccine Preventable Disease." It is the intent of CDC to fund the applications with Patient Protection Affordable Care Act (ACA), Section 4002, appropriations.

CFDA Number 93.533 is the ACA-specific CFDA number for this initiative.

**Award Information**

*Approximate Current Fiscal Year Funding:* \$2,750,000.

*Approximate Number of Awards:* 3-5.

*Approximate Average Award:* \$500,000.

*Fiscal Year Funds:* Patient Protection and Affordable Health Care Act of 2011.  
*Anticipated Award Date:* 31 May 2011.

*Budget Period:* 12 months.

*Project Period:* 5 years.

*Application Selection Process:* CDC will apply the same selection

methodology published in the FOA, CDC-RFA-IP11-010.

The following will be considered in making funding decisions:

- Scientific and technical merit of the proposed project as determined by scientific peer review.

- Availability of funds.

- Relevance of the proposed project to program priorities.

- Funding decision criteria will include a priority score, programmatic importance/value relative to program priorities, past and current surveillance performance and capabilities, research portfolio, geographic locations, and study population consideration (ethnicity, etc.)

- Preference may be given to a medical institution catchment area having a total population of greater than 500,000 persons.

- Applicants must have a letter of support with a research laboratory for rotavirus analyses or they will not be funded.

CDC will add the following Authority to that which is reflected in the published Funding Opportunity:

—Section 4002 of the Patient Protection and Affordable Care Act (Public Law 111-148.)

**DATES:** The effective date for this action is April 19, 2011 and remains in effect until the expiration of the project period of the ACA funded applications..

**FOR FURTHER INFORMATION CONTACT:**

Elmira Benson, Deputy Director, Centers for Disease Control and Prevention, 2920 Brandywine Road, Atlanta, GA 30341, telephone (770) 488-2802, e-mail [Elmira.Benson@cdc.gov](mailto:Elmira.Benson@cdc.gov).

**SUPPLEMENTARY INFORMATION:** On March 23, 2010, the President signed into law the Patient Protection and Affordable Care Act (ACA). ACA is designed to improve and expand the scope of health care coverage for Americans. Cost savings through disease prevention is an important element of this legislation and ACA has established a Prevention and Public Health Fund (PPHF) for this purpose. Specifically, the legislation states in Section 4002 that the PPHF is to "provide for expanded and sustained national investment in prevention and public health programs to improve health and help restrain the rate of growth in private and public sector health care costs. ACA and the Prevention and Public Health Fund make improving public health a priority with investments to improve public health.

The PPHF states that the Secretary shall transfer amounts in the Fund to accounts within the Department of Health and Human Services to increase

funding, over the fiscal year 2008 level, for programs authorized by the Public Health Services Act, for prevention, wellness and public health activities including prevention research and health screenings, such as the Community Transformation Grant Program, the Education and Outreach Campaign for Preventative Benefits, and Immunization Programs.

ACA legislation affords an important opportunity to advance public health across the lifespan and to reduce health disparities by supporting an intensive community approach to chronic disease prevention and control.

Therefore, the FOA program activities CDC proposes to fund with ACA appropriations are authorized by the amendment to the Public Health Services Act which authorized the Prevention and Wellness Program.

Dated: April 8, 2011.

**John Murphy,**

*Business Operation Manager, Centers for Disease Control and Prevention.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[60-Day-11-11EF]

**Proposed Data Collections Submitted for Public Comment and Recommendations**

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404-639-5960 and send comments to Daniel Holcomb, CDC Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to [omb@cdc.gov](mailto:omb@cdc.gov).

*Comments are invited on:* (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the

burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

**Proposed Project**

Dynamic Decision Making in Mine Emergency Situations—Existing Collection in use without an OMB control number—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

Mining is a context filled with tragic outcomes, as thousands of miners die in mining accidents each year throughout the world. In the process of examining workers' responses in emergency situations in mines, researchers at the NIOSH-Pittsburgh Research Laboratory (PRL) have found that one of the key human behavior processes that need to be better understood to better handle emergency situations is Decision Making (Vaught, Brnich, & Mallett, 2004). Decision Making, the process by which alternatives are constructed and a choice is made, continues to be one of the critically understudied aspects of mine emergencies. For example, The Mine Safety Technology and Training (MSTT) Commission suggests that escape/rescue decision-making is one of the most critical skill/knowledge gaps

identified in mining (MSTTC, 2006). Their report strongly supports the need for additional training in decision-making during emergency situations to improve the ability of miners to escape (or be rescued).

The research proposed here will help address this gap by integrating the theoretical knowledge of human decision making in dynamic situations with the practical aspects of training miners. The research will result in the improved science of decision making and practical guidelines and tools that demonstrate how to best train decision making in the unique conditions of accidents when under workload, uncertainty, and time constraints.

A simple Decision Making Game (DMGame) will be used in a laboratory study to investigate choice strategies based on the dynamic development of cues. Through a contract with the Centers for Disease Control and Prevention (Contract #200–2009–31403), the Dynamic Decision Making Laboratory at Carnegie Mellon University will investigate several independent variables relevant to Instance-Based Learning Theory, including: The diversity of instances, the number of instances (base rates) needed to improve accuracy in the triage process, and the effects of time constraints and workload on the effectiveness of triage. The manipulation of these independent variables will reveal training scenarios

and conditions that are more effective during learning and at transfer. Knowledge acquired during training will be tested in transfer conditions. The transfer conditions will vary depending on the participants used in the experiment. New guidelines for training for unexpected situations will be developed from the results of the laboratory experiment. The results and guidelines will be published in journal research papers and presented in international conferences and meeting.

The Dynamic Decision Making Laboratory conducted this research with a total of 28 students from Carnegie Mellon University and the University of Pittsburgh between January 2010 and December 2010. Participants were recruited through an online research participant pool from Carnegie Mellon University and the University of Pittsburgh to participate in a simple DMGame, called the "Work Hazard Game." Participants were asked to read and sign a consent form. After signing the form, participants were provided with instructions on how to play the game. They then completed the Work Hazard Game. Overall, participation lasted about 30 minutes. The game recorded participants' actions and the data was transferred to statistical software (i.e., SPSS) for analysis. Participants were not asked to identify which school they were affiliated with. There were no costs to respondents other than their time.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Respondents/form name	Number of respondents	Number of responses per respondent	Average burden response (in hours)	Total burden (in hours)
Student .....	28	1	30/60	14
Total .....				14

**Daniel Holcomb,**

*Reports Clearance Officer, Centers for Disease Control and Prevention.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[Docket No. CDC–2011–0002]

**Draft Action Plan—A Public Health Action Plan To Combat Antimicrobial Resistance**

**AGENCY:** Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (DHHS).

**ACTION:** Extension of public comment period.

**SUMMARY:** On March 16, 2011, the Centers for Disease Control and

Prevention (CDC), located within the Department of Health and Human Services (HHS) published a notice in the **Federal Register** requesting public comment on the draft, *A Public Health Action Plan to Combat Antimicrobial Resistance* (76 FR 14402). Written and electronic comments were to be received on or before April 15, 2011. CDC/HHS received requests asking for a 60-day extension of the comment period. In consideration of those requests, HHS/CDC is extending the comment period by 60 days to June 14, 2011.

**DATES:** Written or electronic comments must be received on or before June 14,