Evaluation on matters of health science policy analysis and development; (7) Provides a focus for leadership on matters including recommendations for policy on population-based public health, science and public health infrastructure; and the Secretary's direction leads and/or coordinates initiatives that cut across agencies and OPDIVs; (8) Works in conjunction with the Department's PHS OPDIVs, and others, in building and promoting relationships among and between State and local health departments, academic institutions, professional and constituency organizations (9) Communicates and interacts with national and international professional and constituency organizations on matters of public health and science; (10) Manages the vaccine and immunization related activities for the Secretary; (11) Provides leadership and coordinates public health activities that addresses health disparities related to sexual orientation; (12) Responsible for management and oversight of human research subjects protections functions and related activities where research involves human subjects; (13) Proposes findings of research misconduct and administrative actions in response to allegations of research misconduct involving research conducted or supported by the PHS OPDIVs, including reversal of an institution's no misconduct finding or opening of a new investigation; (14) Provides administrative and management support on bioethical issues; (15) Provides support for the Office of the Surgeon General (OSG) in the exercise of statutory requirements and assigned activities as the Department's liaison for military and veterans issues and works with veterans associations and organizations to bring focus on the health needs of veterans and military families; (16) Through the OSG directs and manages the PHS Commissioned Corps, which includes a cadre of health professionals, and the associated personnel systems in support of the missions of the Department and public health activities of non-HHS agencies in which officers are assigned or detailed to, and provides oversight and direction for officer assignments and professional development; and (17) Provides policy, related administrative management, oversight, and routinely measure the effectiveness of the Commissioned Corps.

II. Delegations of Authority. Pending further re-delegation, Directives or orders made by the Secretary, or the Assistant Secretary for Health, all delegations and re-delegations of authority made to officials and employees of the affected organizational component will continue in effect pending further re-delegations, provided they are consistent with this reorganization.

Dated: December 27, 2011.

Kathleen Sebelius,

Secretary.

[FR Doc. 2012–12172 Filed 5–18–12; 8:45 am]

BILLING CODE 4150–42–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Office of the Assistant Secretary for Health, Statement of Organization, Functions, and Delegations of Authority

Part A, Office of the Secretary, Statement of Organization, Function, and Delegation of Authority for the U.S. Department of Health and Human Services is being amended at Chapter AC, Office of the Assistant Secretary for Health (OASH), as last amended at 72 FR 58095–96, dated October 12, 2007; 69 FR 660–661, dated January 6, 2004; 68 FR 70507–10, dated December 18, 2003; 67 FR 71568–70, dated December 2, 2002; and most recently at 75 FR 53304–05, dated August 31, 2010. The amendment reflects the realignment of personnel oversight, administration and management functions for the U.S. Public Health Service (PHS) Commissioned Corps in the OASH. Specifically, it realigns these functions in the Office of the Surgeon General (ACM) and abolishes the Office of Commissioned Corps Force Management (ACQ). The changes are as follows:

I. Under Part A, Chapter AC, Office of the Assistant Secretary for Health, make the following changes:

A. Under Section AC.10 Organization, delete ''L. Office of Commissioned Corps Force Management (ACQ),'' in its entirety.

B. Under Section AC.20, Functions, delete Paragraph ''I. Office of Surgeon General (ACM),'' in its entirety and replace with the following:

I. Office of the Surgeon General (ACM)

Section ACM.00 Mission: The Office of the Surgeon General (OSG) is under the direction of the Surgeon General (SG) of the United States Public Health Service (PHS), who reports to the Assistant Secretary for Health (ASH) and provides staff support for: (1) Assuring day-to-day management of the PHS Commissioned Corps' operations, training, force readiness, and field command of deployments; (2) Issuing warnings to the public on identified health hazards; (3) Reviewing of the particulars of Department of Defense (DoD) plans for transportation, open air testing and disposal of lethal chemicals or biological warfare agents with respect to any hazards to public health and safety such transportation, testing, or disposal may pose and in recommending precautions necessary to protect the public health and safety (50 U.S.C. 1512 (2) & (3)); (4) Communicating with professional societies to receive, solicit, and channel concerns regarding health policy on behalf of the ASH; (5) Maintaining liaison with the Surgeons Generals of the Military Departments and the Under Secretary for Health of the Department of Veterans Affairs; (6) Representing PHS at national and international health and professional meetings to interpret PHS missions, policy, organizational responsibilities and programs, as assigned; (7) Maintaining and overseeing the activities of the Volunteer Medical Reserve Corps program (42 U.S.C. 300hh–15; (8) Providing liaison with governmental and non-governmental organizations on matters pertaining to military and veterans affairs. The Office provides staff support for: (9) Activities relating to membership on the Boards of Regents of the Uniformed Services University of the Health Sciences (per 10 U.S.C. 2113a(a)(3)) and other such positions as are authorized by law, further OASH's programmatic interests, and comply with Federal ethics, laws and regulations.

Section ACM.10 Organization: The OSG is comprised of the following components:

- Immediate Office of the Surgeon General (ACM)
- Division of Science and Communications (ACM1)
- Division of Commissioned Corps Personnel & Readiness (ACM2)
- Division of the Civilian Volunteer Medical Reserve Corps (ACM5)
- Division of Systems Integration (ACM6)

Section ACM.20 Functions:

(a) Immediate Office of the Surgeon General (ACM): (1) Advises the ASH on matters relating to protecting and advancing the public health of the Nation; (2) Manages special deployments that address Presidential and Secretarial initiatives directed toward resolving critical public health problems; (3) Serves, as requested, as the spokesperson on behalf of the Secretary and the ASH, addressing the quality of public health practice on the Nation; (4) Provides supervision of activities relating to the day-to-day management of operations, training, force readiness, and deployment of officers of the PHS Commissioned Corps; (5) Provides advice to the ASH on the policies and implementation related to the appointment, promotion, assimilation, recognition, professional development, retirement, and other matters required for the efficient management of the Commissioned Corps; (6) Provides liaison with

governmental and non-governmental organizations on matters pertaining to military and veterans affairs; (7) Directs and oversees internal office administrative operations (including proposing office budgets); and (8) Convenes periodic meetings of the Assistant Surgeon Generals (flag officers) to obtain senior level advice concerning the management of Corps' operations.

(b) Division of Science and Communications (ACM1): (1) Coordinates activities to plan, develop, introduce and evaluate Surgeon General's Reports, Call to Action, workshops, and other authoritative statements and communications of the SG; (2) Advises the SG on science, data, evidence pertaining to population based public health and the furtherance of public health priorities; (3) Represents the SG in efforts to coordinate federal public health activities with similar activities in the States and local areas, as assigned; (4) Coordinates and is responsible for the preparation of SG correspondence, speeches and communications, as assigned; (5) Represents the SG at conferences, symposia, and community events; (6) Coordinates the receipt of senior-level advice and input from the Chief Professional Officers, the Surgeon General's Professional Advisory Council, and category-based Professional Advisory Committees, and conveys such advice and input to the SG; and (7) Provides administrative and management support to Public Health Reports.

(c) Division of Commissioned Corps Personnel and Readiness (ACM2) includes the following components:

- Immediate Office of the Director (ACM21)
- Recruitment Branch (ACM22)
- Assignments & Career Management Branch (ACM23)
- Ready Reserve Affairs Branch (ACM24)

1. Immediate Office of the Director (ACM21). (1) Provides overall management of Commissioned Corps personnel including active duty Regular Corps, Ready Reservists and of those issues and PHS processes pertinent to retired Corps officers; (2) Develops, issues, implements and maintains all personnel policy issuances and directives related to Corps operations, personnel, training, readiness, assignment, deployment, promotion, and retirement (including publication of such policy in the electronic Commissioned Corps Issuance System (eCCIS)); (3) Manages the process for disciplinary actions and decisions involving Corps officers; (4) Ensures the appropriate exercise of delegated Commissioned Corps authorities and responsibilities; (5) Establishes precepts for appointment, promotion, assimilation, retirement, fitness for duty, awards and commendations, discipline, grievance, and other such matters; (6) With respect to Board of Inquiry (BOI) disciplinary proceedings, ensures documentation of board proceedings, preparation of correspondence to applicants and officers, timely and accurate advice and assistance to Board members and other support as required; (7) Conducts force planning, including working with agencies, and advises OSG and ASH on Commissioned Corps strategic long-term readiness planning; (8) Maintains liaison with all other relevant Federal Services as appropriate, including with components of the Departments of Defense and Veterans Affairs; (9) Coordinates as appropriate to seek Departmental legal advice, assistance, and legislative support; (10) Advises the OSG on mission nature, size, duration and usage of Regular Corps and Ready Reserve officers; (11) Serves as a central point of contact and prepares necessary communications for all Corps Agency Liaison Offices; (12) Oversees the determination of fitness-for-duty and disability evaluations; administers the Servicemembers' Group Life Insurance and Traumatic Serviceman's Group Life Insurance Programs; and oversees Line of Duty determinations of the evaluation and issuance of medical waivers; (13) Serve as the principal advisor to the SG on activities and policy related to preparedness, Corps activation, training, deployment operations and total force fitness of the Corps; (14) Manages the Corps readiness and response activities to include establishing, maintaining and ensuring compliance with force readiness standards; ensuring that members of the Corps are trained, equipped and otherwise prepared to fulfill their public health and emergency response roles; and managing the timely, effective and appropriate response to urgent or emergency public health care needs; and (15) Conducts after action assessments and evaluations for the SG and ASH pertaining to the use of the Corps for deployment and other non-routine use of officers.

2. Recruitment Branch (ACM22).

(1) Implements programs to recruit new health professionals to the Regular and Ready Reserve Corps components, including the management of an Associate Recruiter Program; and (2) Develops recruitment strategies, programs, materials, and other resource to market and/or promote the use of the Corps for specific programs.

3. Assignments & Career Management Branch (ACM23).

(1) Addresses short- and long-term force management of Corps officers by assessing placement requirements in conventional and emergency response assignments, including the issuance of personnel orders; (2) Provides force management by identifying and categorizing types of assignments for which Regular and Ready Reserve Corps officers are required; (3) Develops, evaluates and grades personnel billets using the Commissioned Corps Billet Management System to assure that assignments match officer profiles to the requirements identified in the position billet; (4) Implements, manages, and monitors approved blanket personnel agreements and individual details to non-HHS governmental and non-governmental organizations; (5) Implements and administers Corps officer training, leadership, and career development programs and provides individual career counseling, pre-retirement, death benefit, and survivor benefit counseling; (6) Coordinates the Commissioned Officers Student Training Extern Program (COSTEP); (7) Establishes and monitors Commissioned Corps officer training and education requirements to ensures compliance; (8) Develops career development guidelines and materials to Regular and Ready Reserve Corps officers; (9) Ensures compliance and periodic evaluation of professional credentialing, licensing, and other regulatory compliance of Regular and Ready Reserve Corps officers; (10) Conducts periodic officer personnel reviews and performance evaluations to assure that Corps standards are maintained; and (11) Maintains the official Officer Personnel Folders (OPFs) and records for Regular and Ready Reserve Corps, excluding health (medical/dental/mental health) records.

4. Ready Reserve Affairs Branch (AMC24). (1) Advises the SG on activities related to the preparedness and activation of the Corps' Ready Reserve personnel assets; (2) Develops and maintains Ready Reserve components or assets, except for officers assigned for extended active duty periods; and (3) Conducts force management planning of all elements of the Ready Reserve assets and recommends personnel policy issuance to support the mission and goals of the Corps' Ready Reserve.

(d) Division of the Civilian Volunteer Medical Reserve Corps (ACM5): (1) Serves as the principal advisor to the SG and the ASH on Volunteer Medical Reserve Corps activities; (2) Supports local efforts to establish, implement,

and sustain the Medical Reserve Corps (MRC) units nationwide; (3) Maintains close liaison with the Assistant Secretary for Preparedness and Response (ASPR) regarding MRC policy, budget, and operations; (4) Provides national leadership and coordination of the MRC program; (5) Promotes awareness and understanding of MRC units' critical role in communities across the Nation; (6) Enhances the capacity of MRC units to achieve their missions, through technical assistance and information sharing, as well as contract and grants management; and (7) Supports efforts to utilize willing, able and approved MRC members, as needed in a Federal Response.

(e) Division of Systems Integration (ACM6). (1) Coordinates the application of information technology and support for the execution of OSG activities in accordance with the policies and direction of the Office of the Secretary's Chief of Information Office (OCIO) under the Assistant Secretary for Administration (ASA); (2) Oversees information technology and systems to support recruitment, personnel operations and support, training, mobilization, deployment, and other Commissioned Corps system requirements including updates to the SG and the ASH on the migration to and implementation of systems provided by entities with expertise in uniformed services (e.g., the U.S. Coast Guard Direct Access system and TRICARE); and (3) Assures that system migration plans contain appropriately time framed goals, objectives, and metrics.

C. Under Section AC.20, Functions, delete Section ''L. Office of Commissioned Corps Force Management (ACQ)'' in its entirety.

II. Delegations of Authority. Pending further re-delegation, Directives or orders made by the Secretary, ASH, or Surgeon General, all delegations and re-delegations of authority made to officials and employees of the affected organizational component will continue in effect pending further re-delegations, provided they are consistent with this reorganization.

Dated: December 27, 2011.

Kathleen Sebelius,

Secretary.

Editorial Note: This document was received at the Office of the Federal Register on May 15, 2012.

[FR Doc. 2012–12173 Filed 5–18–12; 8:45 am]

BILLING CODE 4150–42–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Notice.

SUMMARY: This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) approve the proposed information collection project: ''Demonstration of a Health Literacy Universal Precautions Toolkit.'' In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501–3521, AHRQ invites the public to comment on this proposed information collection.

This proposed information collection was previously published in the **Federal Register** on March 9th, 2012 and allowed 60 days for public comment. No substantive comments were received. The purpose of this notice is to allow an additional 30 days for public comment.

DATES: Comments on this notice must be received by June 20, 2012.

ADDRESSES: Written comments should be submitted to: AHRQ's OMB Desk Officer by fax at (202) 395–6974 (attention: AHRQ's desk officer) or by email at *OIRA_submission@omb.eop.gov* (attention: AHRQ's desk officer).

Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer.

FOR FURTHER INFORMATION CONTACT: Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427–1477, or by email at *doris.lefkowitz@AHRQ.hhs.gov.*

SUPPLEMENTARY INFORMATION:

Proposed Project

Demonstration of Health Literacy Universal Precautions Toolkit

A goal of Healthy People 2020 is to increase Americans' health literacy, defined as, ''the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.'' The effects of limited literacy are numerous and serious, including medication errors resulting from patients' inability to read labels; underuse of preventive measures such as Pap smears and vaccines; poor self-management of conditions such as asthma and diabetes; and higher rates of hospitalization and longer hospital stays.

According to the 2003 National Assessment of Adult Literacy (NAAL), more than one-third of Americans—77 million people—have limited health literacy. Although some adults are more likely than others to have difficulty understanding and acting upon health information (e.g., minority Americans, elderly), providers cannot tell by looking which patients have limited health literacy. Experts recommend that providers assume all patients may have difficulty understanding health-related information. Known as adopting ''health literacy universal precautions,'' providers create an environment in which all patients benefit from clear communication.

AHRQ contracted with the University of North Carolina at Chapel Hill to develop the Health Literacy Universal Precautions Toolkit to help primary care practices ensure that systems are in place to promote better understanding of health-related information by all patients. As part of Toolkit development, testing of a ''prototype Toolkit'' was conducted in eight primary care practices over an eight-week period. Testing provided important information about implementation and resulted in refinement of the Toolkit, which AHRQ made publically available in Spring 2010. At this time, the Toolkit includes 20 tools to prepare practices for health literacy-related quality improvement activities and to guide them in improving their performance related to four domains: (1) Improving spoken communication with patients, (2) improving written communication with patients, (3) enhancing patient self-management and empowerment, and (4) linking patients to supportive systems in the community. The tools included in the Health Literacy Universal Precautions Toolkit are listed below:

Tools to Start on the Path to Improvement

Tool 1: Form a Team
Tool 2: Assess Your Practice
Tool 3: Raise Awareness

Tools to Improve Spoken Communication

Tool 4: Tips for Communicating Clearly
Tool 5: The Teach-Back Method
Tool 6: Follow up with Patients
Tool 7: Telephone Considerations
Tool 8: Brown Bag Medication Review
Tool 9: How to Address Language Differences
Tool 10: Culture and Other Considerations

Tools to Improve Written Communication

Tool 11: Design Easy-to-Read Material
Tool 12: Use Health Education Material