

mission is supported by delegated legal authorities.

Section 361 of the Public Health Service (PHS) Act (42 USC 264) authorizes the Secretary of Health and Human Services (HHS) to make and enforce regulations necessary to prevent the introduction, transmission, or spread of communicable diseases from foreign countries or possessions into the United States and from one state or possession into any other state or possession. These regulations are codified in 42 Code of Federal Regulations (CFR) Parts 70 and 71.

The Secretary of Health and Human Services also has the legal authority to establish regulations outlining the requirements for the medical examination of aliens before they may be admitted into the United States. This authority is provided under Section 212(a)(1)(A) of the Immigration and Nationality Act (8 U.S.C. 1182(a)(1)(A)) and Section 325 of the Public Health Service Act. These regulations are codified in 42 CFR part 34, which

establish requirements that determine whether aliens can be admitted into the United States.

Successful implementation of DGMQ's regulatory authority and public health mission requires a variety of information collections with foreign-born, migrant and other mobile populations with current or future ties to the United States. These include but are not limited to: Immigrants, international travelers, asylees and refugees, expatriates, border region residents, temporary migrants, and permanent alien residents.

Numerous types of information will be collected under the auspices of this generic OMB clearance. These include, but are not limited to, knowledge, attitudes, beliefs, behavioral intentions, practices, behaviors, skills, self-efficacy, and health information needs and sources.

The proposed generic clearance is needed for DGMQ to fulfill its regulatory authority and public health mission, and will allow DGMQ to

quickly collect important health-related information from the aforementioned hard-to-reach populations in order to improve routine and emergency public health programs and activities.

DGMQ staff proposes that data collection methods for this package will include but are not limited to: interviews, focus groups, and surveys. Depending on the specific purpose, data collection methods may be conducted either in-person, by telephone, on paper, or online. Data may be collected in quantitative and/or qualitative forms. Each proposed information collection will submit the tools used for data collection, including screenshots of web-based surveys, in the statement provided to OMB.

DGMQ estimates that 59,550 respondents will be screened in order for 19,850 to be involved in information collection activities each year. It is estimated that information collection activities will total 21,992 burden hours per year.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Foreign-born, migrant, refugee and other mobile populations.	Screeners for Surveys, Focus Groups, Interviews.	39,700	1	10/60	6,617
Foreign-born, migrant, refugee and other mobile populations.	Surveys .....	19,200	1	45/60	14,400
Foreign-born, migrant, refugee and other mobile populations.	Focus Groups, Interviews .....	650	1	1.5	975
Total .....	.....	.....	.....	.....	21,992

Dated: August 28, 2012.

**Ron A. Otten,**

*Director, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.*

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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 77 FR 43837-43841, dated July 26, 2012) is amended to reflect the reorganization of the Office of Public Health Preparedness and Response, Centers for Disease Control and Prevention.

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

Delete in its entirety the title and functional statements for the Program Services Branch (CGCB), and Applied Science Evaluation Branch (CGCC), within the Division of State and Local Readiness (CGC), and insert the following:

Program Services Branch (CGCB). (1) Provides consultation and technical assistance to state, territorial, tribal and local health departments in management and operation of activities to support public health preparedness, response and recovery including the infrastructure and systems necessary to

manage and use deployed Division of Strategic National Stockpile (DSNS) assets; (2) facilitates partnerships between public health preparedness programs at federal, state, and local levels to ensure their consistency, sharing promising practices, and integration; (3) collaborates with and supports other divisions in OPHPR and other national centers across CDC to ensure high quality technical assistance is available to the grantees on preparedness capabilities; (4) supervises federal field staff providing technical assistance to state and local public health preparedness programs; (5) provides oversight to partnership organization cooperative agreements and maintains a strong working relationship with national partners; (6) monitors activities of cooperative agreements and grants of partners and state, local, tribal and territorial organizations to assure program objectives and key performance

indicators are achieved including reviews of Cities Readiness Initiative response plans; (7) provides assistance to state and local governments and public health agencies in engaging communities of major metropolitan areas to prepare for effective responses to large scale public health events; (8) provides health communications guidance and products before, during, and after an event to assist state/local public health departments in developing risk communicating strategies and messages; and (9) collaborates with the DSNS Response and Logistics Branches during exercises or upon a federal deployment of DSNS assets.

Applied Science and Evaluation Branch (CGCC). (1) Assesses the effectiveness of the Public Health Emergency Preparedness (PHEP) Cooperative Agreement;

(2) provide analytic support and evaluation expertise to the Division of State and Local Readiness and the Office of Public Health Preparedness and Response; (3) conducts, integrates, translates, and leverages interdisciplinary preparedness science; (4) fosters innovation and efficiency in evaluation and research through collaboration with healthcare and health security partners; and (5) develops evidence based recommendations to improve the quality of decision-making on preparedness, response and recovery activities.

Delete in its entirety the title and functional statements for the Office of the Director (CGE1), within the Division of Strategic National Stockpile (CGE), and insert the following:

Office of the Director (CGE1). (1) Conducts the executive planning and management of the division; (2) plans strategies and methods for educating the public health and emergency response communities about the Strategic National Stockpile (SNS) and its effective use; (3) represents the DSNS in state, local, and federally sponsored exercises to test community response to a catastrophic health event; (4) directs and monitors a comprehensive strategy for managing and executing the critical systems in operating a successful commercial good manufacturing practice compliance program; (5) provides medical, pharmaceutical, and scientific oversight of the SNS formulary; (6) partners with other governmental agencies, public health organizations, and commercial entities with interest and involvement in DSNS activities and information; (7) coordinates the Stockpile Configuration Management Board that is responsible for reviewing, reconciling, and adjusting

SNS package and kit design and contents to maintain consistency with medical, scientific, resource, and end user requirements; (8) provides leadership, guidance, and technical integration of preparedness planning across the public health, healthcare, and emergency management sectors; (9) provides status of DSNS assets and deployment strategies to inform development and refinement of SNS guidance and communications to PHEP awardees; (10) serves as the point of contact for federal agencies, non-governmental organizations, and partners for initiatives and issues relating to the contents, management, deployment and use of DSNS assets; (11) develops and implements innovative strategies and solutions to reduce the burden of medical countermeasure distribution and dispensing from state and local public health agencies; (12) collaborates with Division of State and Local Readiness (DSLRL) to promote and encourage PHEP awardees to pilot and implement private-public partnerships and initiatives to enhance medical countermeasure distribution and dispensing capabilities; (13) provides guidance to prepare healthcare systems partners for medical surge events and supply chain awareness, access, to public sector pathways; and (14) develops and leverages systems to manage, track and report the disposition of deployed SNS assets.

Delete in its entirety the title and functional statements for the Program Preparedness Branch (CGEC).

After item (12) of the functional statement for the Response Branch (CGEE), add the following: (13) supports response capabilities with state and local medical countermeasure receipt, distribution and dispensing training courses and exercise; and (14) coordinate staff training in support of the SNS response capabilities.

After item (8) of the functional statement for the Operations Branch (CGFB), Division of Select Agents and Toxins (CGF), add the following: and (9) performs inspections of foreign select agent laboratories in accordance with National Institutes of Health/National Institute of Allergy and Infectious Diseases agreements.

Delete item (2) of the functional statement for the Program Services Branch (CGFD), and insert the following: (2) processes permit applications to import etiological agents, hosts, and vectors of human disease (not limited to select agents) into the United States from international sources.

Dated: August 16, 2012.

**Sherri A. Berger,**

*Chief Operating Officer, Centers for Disease Control and Prevention.*

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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 77 FR 43837-43841, dated July 26, 2012) is amended to reorganize the Epidemiology and Analysis Program Office, Office of Surveillance, Epidemiology and Laboratory Services, Centers for Disease Control and Prevention.

Section C-B, Organization and Functions, is hereby amended as follows: Delete in its entirety the titles and functional statements for the Division of Epidemiology and Analytic Methods (CPKB) and the Division of Community Preventive Services (CPKC) and insert the following:

Division of Epidemiologic and Analytic Methods for Population Health (CPKE). (1) Provides leadership and overall direction for execution of programs that support the development and dissemination of epidemiological and analytical methods for improving population health, and that identify what works in community preventive services; (2) establishes division goals, objectives and priorities and assures alignment with EAPO and CDC goals, objectives and priorities; (3) provides leadership and guidance for a portfolio of projects and activities that address cross cutting topics including measurement and assessment of population health, burden of disease, health disparities, social determinants of health, and community preventive services; (4) supports the development and dissemination of publications and reports on cross cutting topics and community preventive services; (5) monitors progress in implementation of division projects and activities that support the achievement of CDC and EAPO goals, objectives, and priorities; (6) provides oversight and approval of