Comments submitted in response to this notice will be summarized and included in the Agency’s subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: November 22, 2013.

Richard Kronick,
AHRQ Director.

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 78 FR 70049–70057, dated November 22, 2013) is amended to reflect the reorganization of the Center for Global Health, Centers for Disease Control and Prevention. Section C–B, Organization and Functions, is hereby amended as follows:

Delete in its entirety the mission and function statements for the Center for Global Health (CW) and insert the following:

Center for Global Health (CW): (1) Leads the coordination and execution of the Centers for Disease Control and Prevention’s (CDC) global health strategy; (2) works in partnership to assist ministries of health to build capacity, maximize public health impact and promote country ownership and sustainability; (3) achieves U.S. government and international organization goals to improve health, including disease eradication and elimination targets; (4) strengthens CDC’s global health programs that focus on the leading causes of mortality, morbidity and disability, including chronic disease and injuries; (5) generates and applies new knowledge to achieve health goals; and (6) strengthens health systems and their impact.

Office of the Director (CWA): (1) Provides strategic direction and guidance on the execution of CDC’s global health strategy, including decision-making, policy development and program planning and evaluation; (2) leads divisions in implementing public health programs and ensures the impact and effectiveness of administration initiatives, Congressionally-mandated programs and other public health programs; (3) serves as the lead for coordination of CDC global programs and cross-cutting areas of global public health; (4) harmonizes CDC global health priorities with host country priorities and works with ministries of health to improve essential public health functions, maximize positive health outcomes and promote country ownership and sustainability; (5) provides leadership and direction to all CDC country directors in their role as a senior CDC representative with the U.S. Embassy and ministry of health and in implementing CDC’s global health strategy in country; (6) measures the performance of CDC’s global health programs in terms of public health impact and fiscal accountability; (7) provides scientific leadership in developing and implementing evidence-based public health interventions and promotes best scientific practice; (8) facilitates the conduct and maintenance of ethical and high quality, scientific investigations by implementing regulatory requirements, monitoring human subjects’ compliance and clearing scientific products; (9) harmonizes CDC’s global laboratory activities to strengthen laboratory capacity globally; (10) promotes the introduction of innovative technologies and approaches to improve the diagnostic and screening capability of programs to better detect and respond to emerging pathogens; (11) provides leadership to promote growth and improvement of CDC global health programs; (12) works with divisions to strengthen surveillance systems to analyze, measure and evaluate the global burden and distribution of disease; (13) promotes scientific innovation and advances in global health surveillance, epidemiology, monitoring and evaluation, and informatics; (14) provides leadership and coordination for CDC’s global health security programs, policy and partnerships; (15) provides leadership on issues management, budget formulation and performance integration and country-specific issues through triaging to programs; (16) coordinates prioritization and planning for visits of high level officials to CDC and other strategic engagements; (17) participates in defining, developing, shaping and prioritizing U.S. global health policy and actions; (18) manages inter-governmental and external affairs and cultivates strategic partnerships; (19) plans and executes CDC’s global health communications strategy and public affairs media response/outreach; (20) provides oversight, guidance and accountability for all operations functions, human resources, workforce management, budget formulation and distribution, extramural reviews and processing, internal and domestic travel and property management responsibilities of the Center for Global Health (CGH); (21) develops and maintains an effective global health workforce for CDC through strategic and innovative personnel solutions, policies and training initiatives, while demonstrating accountability for personnel resources and results of human capital investment; (22) provides leadership and guidance on informatics, information technology systems implementation, security, governance and planning for CGH and CDC country offices; and (23) develops standardized management processes and solutions for CDC country offices.

Delete in its entirety the mission and function statements for the Division of Public Health Systems and Workforce Development (CWF) and the Division of Global Disease Detection and Emergency Response (CWI).

After the mission and function statement for the Global Immunization Division (CWG), insert the following:

Division of Global Health Protection (CWL): (1) Provides country-based and international coordination for disease detection, International Health Regulations (IHR) implementation and public health emergency response; (2) leads the agency’s efforts to address the public health emergency continuum from prevention, to detection, to response and finally through post-emergency health systems recovery; (3) provides epidemic intelligence and response capacity for early warning about international disease threats and coordinates with partners throughout the U.S. government as well as international partners to provide rapid response; (4) provides resources and assists in developing country-level epidemiology, laboratory and other capacity to ensure country emergency preparedness and response to outbreaks and incidents of local importance as well as international importance; (5) in coordination and communication with other CDC Centers, Institute, or Offices (CIsOs), leads CDC activities on global Non-Communicable Disease; and (6) collaborates with other divisions in CDC, federal agencies, international agencies, and non-governmental organizations assisting ministries of health to build public...
health capacity for addressing communicable diseases and Non-Communicable Diseases (NCDs).

Office of the Director (CW1L): (1) Provides leadership, management and oversight for all division activities; (2) develops the division’s overall strategy and division policies on planning, evaluation, management and operations; (3) coordinates with CGH and the Office of the Chief Financial Officer on budget and spending; (4) ensures that CGH strategies are executed by the division and aligned with overall CDC goals; (5) ensures that division activities in the field are well coordinated with the CDC country office and support a “one-CDC” approach at the country level; (6) ensures scientific quality, ethics and regulatory compliance; (7) evaluates strategies, focus and prioritization of branch research, program and budget activities; (8) coordinates division policy and communication activities including liaison with other CDC policy and communications offices and those of our partner agencies; (9) develops and promotes partnerships with both national and international organizations, including other U.S. government agencies, in support of division activities; (10) serves as a liaison and coordinates with other CDC offices engaged in global activities in communicable diseases and NCDs; (11) leads CDC NCD strategic planning and prioritization and coordinates planning and communication with external stakeholders around global NCDs; (12) provides technical assistance, subject matter expertise and engages in program development and implementation of select cross-cutting or priority global NCD project areas; (13) provides CDC leadership on the development of National Public Health Institutes (NPHI); (14) ensures coordination of division’s overall activities with subject matter experts (SME) across CDC; and (15) fosters an integrated and collaborative approach to research, program and policy activities.

Emergency Response and Recovery Branch (CW1L): (1) Coordinates, supervises and monitors CDC’s work in international emergency settings and in refugee or displaced populations in collaboration with other U.S. government agencies (Office of Foreign Disaster Assistance and Department of State), United Nations agencies and nongovernmental organizations; (2) provides direct technical assistance to refugees, internally displaced persons and emergency-affected populations in the field, focusing on rapid health and nutrition assessments, public health surveillance, assessment of public health threats and prioritization of public health interventions, epidemic investigations, communicable disease prevention and control and supports program implementation and program evaluation; (3) develops and implements operational research projects aimed at developing the most effective public health interventions for populations in emergency settings; (4) plans, implements, and evaluates training courses and workshops to help strengthen CDC technical capacity in emergency and post-emergency public health, as well as that of other U.S. government agencies, international, non-governmental, other organizations and schools of public health; (5) develops technical guidelines on public health issues associated with international complex humanitarian emergencies; (6) serves as the CDC liaison to maintain strong working relationships with other international, bilateral and non-governmental relief organizations involved with humanitarian emergencies; (7) supports CDC’s post-earthquake health systems reconstruction work in Haiti to help achieve agency objectives in Haiti and Haiti’s public health legacy goals; (8) systematically applies the agency’s skill set and lessons learned from Haiti and elsewhere to aid in health systems recovery after acute or protracted emergencies; and (9) leads CGH’s global water, sanitation and hygiene programs.

Field Epidemiology Training Program Branch (CWLC): (1) Leads the agency in partnering with ministries of health to determine manpower needs for capacity in surveillance, epidemiology and response and to develop strategies to address those needs; (2) designs, implements and evaluates short-course training in the development, analysis, evaluation, improvement and use of surveillance systems to provide data for evidence-based decision-making in health; (5) implements and coordinates the training and capacity building needs for specific programs such as high-impact diseases (HIV, TB, malaria), NCDs, one health and laboratory capacity building in partnership with ministries of health; (6) develops and promotes the use of competency-based training materials in field epidemiology for use by FETPs and other partners, CDC, academic programs and others; (7) maintains a training material library and Web site while utilizing innovative technologies to support training, investigation, surveillance and response activities; (8) sustains international, regional and global networks of FETP programs and graduates; (9) supports partner ministries of health’s systems strengthening efforts through provision of technical assistance, including facilitating provision of assistance from relevant subject matter expert programs across the agency; (10) plans, directs, supports, implements and coordinates public health leadership and management development and organizational excellence effort; (11) serves as the World Health Organization Collaborating Center for Global Public Health Workforce Development; and (12) conducts the Sustainable Management Development Program.

Global Disease Detection Branch (CWLD): (1) Provides program support, resources and technical assistance to the Global Disease Detection (GDD) Centers around the world; (2) in collaboration and coordination with CIO partners, supports and facilitates emerging infectious disease detection and response, pandemic influenza preparedness, zoonotic disease investigation, laboratory systems strengthening and biosafety, global health security and training in field epidemiology through the GDD Centers; (3) leads and administers CDC’s GDD program through coordination with relevant implementing programs across the agency; (4) provides leadership, guidance and technical assistance support and resources for global infectious disease surveillance, applied epidemiology and laboratory research and response to emerging infectious disease threats through the GDD Centers; (5) provides resources and assists in developing country-level epidemiologic, laboratory, human and other capacity within GDD Centers to ensure country emergency preparedness and response to outbreaks and incidents of local and international interests; (6) facilitates work throughout CDC with SMEs engaged and providing technical assistance to GDD Center activities; (7) collaborates with other divisions and CIOs to define and promote only good public health laboratory standards and practices; (8) develops and conducts training, in collaboration with SMEs and public and private sector laboratory organizations, to facilitate timely transfer of newly emerging laboratory technology and standards for laboratory practice; and (9) in collaboration with SMEs and with public and private
sector laboratory organizations, provides
technical assistance, consultation and
training to GDD health centers and other
international partners to develop and
maintain international public health
laboratories.

Global Health Security Branch
(CWLE): (1) Serves as the WHO
Collaborating Center for Implementation
of National IHR Surveillance and
Response Capacities; (2) provides
leadership and coordination of CDC’s
relationships with WHO for IHR
international capacity development
activities; (3) responsible for CDC’s
support to WHO’s Integrated Disease
Surveillance and Response (IDSR)
strategy; (4) supports the
implementation of IHR and IDSR at the
country level; (5) assess, coordinates,
implements and measures the
effectiveness of international public
health preparedness activities in
partnership with WHO, ministries of
health and United States Government
(USG) security, development, and
disaster response agencies in the context
of IHR; (6) manages CDC’s relationship
and develops partnerships with U.S.
government security (National Security
Staff (NSS), Department of Defense,
Department of State) and development
agencies (USAID) engaged in global
health security activities; (7) leads in the
development and implementation of
CDC’s Global Health Strategic Goals for
Global Health Security (GHS); (8)
ensures CDC’s activities supported by
Interagency Global Health Security
Partners align with CDC GHS goals and
partner country public health
preparedness priorities and meet CDC’s
high standard for quality and fiduciary
responsibility; (9) serves as principal
point of coordination for USG
interagency partners involved in
international disease surveillance and
situational awareness activities; (10)
ensures CDC’s interests are represented
at NSS GHS policy committees; (11)
provides support, coordination and
issues management services to HHS
Office of Global Affairs (OGA) for U.S.
government Global Health Security
policy development activities; (12)
provides early warning on disease
threats via CDC’s event based
surveillance and other epidemic
intelligence activities conducted in
partnership with U.S. government
agencies, WHO, ministries of health,
other international, public health and
security partners to assure compliance
with IHR; (13) serves as CDC’s lead for
supporting and facilitating CDC’s
response to international outbreaks; (14)
develops and implements in
coordination with other CDC CIOs and
U.S. government partners, information
technology solutions for emergency
preparedness information management,
surveillance and executive decision
support to enhance the effectiveness
of public health emergency detection
response around the globe; and (15)
coordinates international aspects of
CDC’s public health preparedness and
emergency response activities in
collaboration with the Office of Public
Health Preparedness and Response, the
National Center for Emerging and
Zoonotic Infectious Diseases, the
National Center for Environmental
Health and other CDC organizational
units involved in chemical, biological,
radiological and nuclear hazard
preparedness and emergency response
activities.

Delete in its entirety the title and
function statements for the Laboratory
Systems Development Branch (CVLGG),
Division of Preparedness and Emerging
(CVLG), National Center for Emerging
and Zoonotic Infectious Diseases (CVL).

Dated: November 26, 2013.
Sherri A. Berger,
Chief Operating Officer, Centers for Disease
Control and Prevention.

[FR Doc. 2013–29056 Filed 12–5–13; 8:45 am]
BILLING CODE 4160–18–M

DEPARTMENT OF HEALTH AND
HUMAN SERVICES

Centers for Medicare & Medicaid
Services

[Document Identifiers: CMS–18F5, CMS–
10120, and CMS–10346]

Agency Information Collection
Activities: Proposed Collection;
Comment Request

AGENCY: Centers for Medicare &
Medicaid Services, HHS.

ACTION: Notice.

SUMMARY: The Centers for Medicare &
Medicaid Services (CMS) is announcing
an opportunity for the public to
comment on CMS’ intention to collect
information from the public. Under the
Paperwork Reduction Act of 1995 (the
PRA), federal agencies are required to
publish notice in the Federal Register
concerning each proposed collection of
information (including each proposed
extension or reinstatement of an existing
collection of information) and to allow
60 days for public comment on the
proposed action. Interested persons are
invited to send comments regarding our
burden estimates or any other aspect of
this collection of information, including
any of the following subjects: (1) The
necessity and utility of the proposed
information collection for the proper
performance of the agency’s functions;
(2) the accuracy of the estimated
burden; (3) ways to enhance the quality,
utility, and clarity of the information to
be collected; and (4) the use of
automated collection techniques or
other forms of information technology to
minimize the information collection
burden.

DATES: Comments must be received by
February 4, 2014.

ADDRESSES: When commenting, please
reference the document identifier or
OMB control number (OCN). To be
assured consideration, comments and
recommendations must be submitted in
any one of the following ways:

1. Electronically. You may send your
comments electronically to http://
www.regulations.gov. Follow the
instructions for “Comment or
Submission” or “More Search Options”
to find the information collection
document(s) that are accepting
comments.

2. By regular mail. You may mail
written comments to the following
address: CMS, Office of Strategic
Operations and Regulatory Affairs,
Division of Regulations Development,
Attention: Document Identifier/OMB
Control Number, Room C4–26–05,
7500 Security Boulevard, Baltimore,
Maryland 21244–1850.

To obtain copies of a supporting
statement and any related forms for the
proposed collection(s) summarized in
this notice, you may make your request
using one of following:

1. Access CMS’ Web site address at
http://www.cms.hhs.gov/

2. Email your request, including your
address, phone number, OMB number,
and CMS document identifier, to
Paperwork@cms.hhs.gov.

3. Call the Reports Clearance Office at
(410) 786–1326.

FOR FURTHER INFORMATION CONTACT:
Reports Clearance Office at (410) 786–
1326.

SUPPLEMENTARY INFORMATION:

Contents
This notice sets out a summary of the
use and burden associated with the
following information collections. More
detailed information can be found in
each collection’s supporting statement
and associated materials (see
ADDRESSES).

CMS–18F5 Application for Hospital
Insurance and Supporting Regulations
CMS–10120 1932(a) State Plan
Amendment Template, State Plan
Requirements, and Supporting
Regulations