E. Center for Quality Improvement and Patient Safety.

F. Office of Communications and Knowledge Transfer.

G. Office of Extramural Research, Education, and Priority Populations.

H. Office of Management Services.

II. Under Section E–20, Functions, delete Center for Outcomes and Evidence (EJ) and Center for Primary Care, Prevention, and Clinical Partnerships (EK) in its entirety and replace with the following:

Center for Evidence and Practice Improvement (EK). Generates new knowledge, synthesizes evidence, translates science for multiple stakeholders, and catalyzes practice improvement. Specifically: (1) Conducts and supports evidence synthesis and research on health care delivery and improvement that is informed by the needs of patients, clinicians, and policy makers, including providing scientific, administrative and dissemination support for the U.S. Preventive Services Task Force; (2) advances decision and communication sciences and implementation research to facilitate informed treatment and health care decision making by patients and their health care providers and serving as a trusted source for evidence-based tools, decision aids, and other products about what works in health care and practice improvement; (3) explores how health information technology can improve clinical decision making and health care quality and helping Federal partners and health care stakeholders use this evidence; (4) catalyzes and sustains ongoing improvements in clinical practice across health care settings through research, demonstration projects, and partnership development; (5) operates the National Center for Excellence in Primary Care Research.

Division of the Evidence-Based Practice Center Program (EKB). Produces evidence syntheses by conducting systematic evidence reviews using robust and rigorous methodologies to advance the methods of evidence synthesis to ensure scientific rigor and unbiased reviews of evidence.

Division of U.S. Preventive Services Task Force Support (EKC). Provides scientific, administrative, and dissemination support for the independent U.S. Preventive Services Task Force, enabling the Task Force to make evidence-based recommendations on clinical preventive services.

Division of Decision Science and Patient Engagement (EKD). Provides evidence-based tools, decision aids, and other products that address what works in health care and practice improvement. Specifically: (1) Translates complex scientific evidence into tools and products targeted to diverse stakeholders that facilitate informed health care decision making and (2) engages with stakeholders to advance the field of evidence-based decision making to improve methods for engagement of all communities in health care decision making.

Division of Health Information Technology (EKE). Develops and disseminates evidence and evidence-based tools to inform policy and practice on how health information technology can improve the quality of health care.

Division of Practice Improvement Science and Implementation (EKF). Engages stakeholders and communities of learning for practice improvement, serves as a trusted resource of evidence and tools for methods, measures, and evaluation of practice improvement. Specifically: (1) Explores how to facilitate practice transformation and improvement in diverse settings and (2) pilots innovative models of practice improvement.

All delegations and redelegations of authority to officers and employees of the Agency for Healthcare Research and Quality that were in effect immediately prior to the effective date of this reorganization shall continue in effect pending further redelegation provided they are consistent with this reorganization.

These changes are effective upon date of signature.

Dated: July 9, 2014.

Richard Kronick,

AHRQ Director.

[FR Doc. 2014–17126 Filed 7–18–14; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–14–14YK]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) has submitted the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995. The notice for the proposed information collection is published to obtain comments from the public and affected agencies.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address any of the following: (a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (c) Enhance the quality, utility, and clarity of the information to be collected; (d) Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses; and (e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639–7570 or send an email to *omb@cdc.gov.* Written comments and/or suggestions regarding the items contained in this notice should be directed to the Attention: CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Information Collection on Cause-Specific Absenteeism in Schools—New—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Division of Global Migration and Quarantine (DGMQ), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention (CDC), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Division of Global Migration and Quarantine (DGMQ), requests approval of a new information collection to better understand the triggers, timing and duration of the use of school related measures for preventing and controlling the spread of influenza during the next pandemic.

The information collection for which approval is sought is in accordance with DGMQ/CDC's mission to reduce morbidity and mortality in mobile populations, and to prevent the introduction, transmission, or spread of communicable diseases within the United States. Insights gained from this information collection will assist in the

planning and implementation of CDC Pre-Pandemic Guidance on the use of school related measures, including school closures, to slow transmission during an influenza pandemic.

School closures were considered an important measure during the earliest stage of the 2009 H1N1 pandemic, because a pandemic vaccine was not available until October (6 months later), and sufficient stocks to immunize all school-age children were not available until December. However, retrospective review of the U.S. government response to the pandemic identified a limited evidence-base regarding the effectiveness, acceptability, and feasibility of various school related measures during mild or moderately severe pandemics. Guidance updates will require an evidence-based rationale for determining the appropriate triggers, timing, and duration of school related measures, including school closures, during a pandemic.

CDC staff proposes that the information collection for this package will target adult and child populations in a school district in Wisconsin. CDC will collect reports of individual student symptoms, vaccination status, recent travel, recent exposure to people with influenza symptoms and duration of illness; this will be accomplished through telephone and in-person interviews.

Findings obtained from this information collection will be used to inform the update CDC's Pre-pandemic Guidance on the implementation of school related measures to prevent the spread of influenza, especially school closures. This Guidance is used as an important planning and reference tool for both State and local health departments in the United States.

CDC estimates that 1,500 participants could be recruited by information collections covered by this information collection. It is estimated that information collection activities will total 3,500 burden hours per year. There is no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Parents of children/adolescents attending schools (Wisconsin).	Screening Form	1,500	4	5/60
Parents of children/adolescents attending schools (Wisconsin).	Acute Respiratory Infection and Influenza Surveillance Form.	1,500	4	30/60

Leroy Richardson,

Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2014–17051 Filed 7–18–14; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60-Day–14–0556]

Proposed Data Collections Submitted for Public Comment and Recommendations

The Centers for Disease Control and Prevention (CDC), as part of its continuing effort to reduce public burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995. To request more information on the below proposed project or to obtain a copy of the information collection plan and instruments, call 404–639–7570 or send comments to Leroy Richardson, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an email to *omb@cdc.gov.*

Comments submitted in response to this notice will be summarized and/or included in the request for Office of Management and Budget (OMB) approval. 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; (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; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information, to search data sources, to complete and review the collection of information; and to transmit or otherwise disclose the information. Written comments should be received within 60 days of this notice.

Proposed Project

Assisted Reproductive Technology (ART) Program Reporting System (OMB No. 0920–0556, expires 8/31/2015)—Revision—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Section 2(a) of Public Law 102–493 (known as the Fertility Clinic Success Rate and Certification Act of 1992 (FCSRCA), 42 U.S.C. 263a–1(a)), requires that each assisted reproductive technology (ART) program shall annually report to the Secretary through the Centers for Disease Control and Prevention: (1) Pregnancy success rates achieved by such ART program, and (2) the identity of each embryo laboratory used by such ART program and whether the laboratory is certified or has applied for such certification under the Act. The required information is reported by ART programs to CDC as specified in the Assisted Reproductive Technology (ART) Program Reporting System (OMB No. 0920–0556, exp. 8/31/2015).

The currently approved program reporting system, also known as the