

hour, which includes time to review the interview protocol with the interviewer, respond to the interview questions, and review a summary report about the Champion's practices. The summary will be written as a success story and will be posted on the CDC Web site.

Additional Information

Information received from nominees will be stored in a password protected file on a secure server. The challenge Web site may post the number of nominations received but will not include information about individual nominees. The database of information submitted by nominees will not be posted on the Web site. Personal information collected and stored from nominees will only include general details, such as the organization name, address, and contact information of the nominee. This type of information is generally publically available. The nomination form and submission will collect and store only aggregate clinical data through the nomination process; no individual identifiable patient data will be collected or stored. Confidential or proprietary data, clearly marked as such, will be secured to the full extent allowable by law.

Information for selected Champions, such as the hospital or health system's name, location, VTE prevention outcomes, and practices that support HA-VTE prevention will be shared through press releases, the challenge Web site, social media, and other HHS/CDC resources. Summary data on the types of systems and processes used to increase VTE prevention will be shared in documents or other communication products that describe generally used practices for successful VTE prevention. HHS/CDC will use the summary data only as described.

Compliance With Rules and Contacting Contest Winners

Finalists must comply with all terms and conditions of these official rules, and winning is contingent upon fulfilling all requirements herein. The finalists will be notified by email, telephone, or mail after the date of judging.

Privacy

Personal information provided by entrants on the nomination form through the challenge Web site will be used to contact selected finalists. Information is not collected for commercial marketing. Winners are permitted to cite that they won this challenge.

The names, cities, and states of selected Champions will be made

available in HHS/CDC's educational materials on VTE prevention and at recognition events.

General Conditions

HHS/CDC reserves the right to cancel, suspend, and/or modify the challenge, or any part of it, for any reason, as HHS/CDC's sole discretion.

Dated: September 15, 2015.

Sandra Cashman,

Acting Director, Division of the Executive Secretariat, Office of the Chief of Staff, 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 80 FR 34643-34644, dated June 6, 2015) is amended to reflect the reorganization of the National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention.

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

Delete in its entirety the title and function statements for the *Division of Respiratory Disease Studies (CCH)* and insert the following:

Respiratory Health Division (CCH). The Respiratory Health Division (RHD) seeks to advance protection against work-related hazards and exposures that cause or contribute to respiratory illness, injury, and death and to promote workplace-based interventions that improve respiratory health. To accomplish its mission, the Division gathers and synthesizes information, makes recommendations, and delivers products and services to a range of stakeholders, including partners able to effect prevention. Specifically, RHD: (1) Prevents work-related respiratory disease and improves workers' respiratory health by generating new knowledge and transferring that knowledge into practice; (2) plans, designs, and conducts a national research program relevant to preventing

occupational respiratory disease and optimizing workers' respiratory health; (3) upon request, conducts hazard evaluations and provides technical assistance to address challenges, including emerging issues, in occupational respiratory disease; (4) plans, designs, and conducts a national surveillance program for occupational and work-related respiratory disease; (5) communicates study findings to prevent occupational respiratory disease and optimize workers' respiratory health, and evaluates the effectiveness of these communications; (6) administers a program of legislatively mandated medical monitoring services for coal miners under the Federal Mine Safety and Health Act of 1977; and (7) provides rewarding educational and training opportunities in occupational and work-related respiratory disease prevention to visiting scientists, Epidemiologic Investigations Service Officers, fellows, residents, interns, students and others through a variety of temporary assignments in various Division activities.

Office of the Director (CCH1). Directs and manages the operations of the Respiratory Health Division.

Field Studies Branch (CCHB). (1) Plans, designs, and conducts short- and long-term field investigations relevant to preventing occupational respiratory diseases and optimizing workers' respiratory health; (2) responds to requests for health hazard evaluations and technical assistance relevant to occupational respiratory disease; (3) conducts morbidity and mortality studies relating to occupational respiratory diseases in selected worker populations and the general population in order to identify causal agents and other risk factors, quantify exposure effect relationships, and evaluate prevalence and severity of specific respiratory diseases; (4) conducts environmental studies, medical test evaluations, industrial hygiene research, laboratory research, demonstrations of workplace exposures and controls, and studies the challenges created by new technologies; (5) provides statistical design and implements data analysis and verification for Division research projects; and (6) develops and evaluates research methods of data collection, processing, and statistical analysis that are relevant to the Division mission, including medical tests, sampling approaches and equipment, sample analyses, exposure and dose assessment and modeling (including dermal exposure), bioavailability of exposures, biomarkers of exposure and health effects, and protective measures.

Surveillance Branch (CCHD). (1) Collects, analyzes, and disseminates accurate and timely health and hazard information related to occupational respiratory diseases and workers' respiratory health, and collaborates in the establishment and analysis of health surveillance systems at the national and state level in order to: (a) provide information relating to overall incidence, prevalence, mortality, and impact of occupational respiratory diseases and workers' respiratory health; (b) describe the occurrence of specific diseases with regard to occupation, industry, exposures, geography, demographic characteristics, temporal trends, and other relevant factors for which information is available; (c) describe the distribution and trends in occupational exposure to agents responsible for respiratory diseases; (d) identify emerging risks for respiratory disease; (e) assess racial/ethnic and other disparities in the occurrence of occupational respiratory diseases and occupational exposures to agents responsible for respiratory diseases; and (f) evaluate impact of interventions, policies, and program activities on the occurrence of occupational respiratory disease; (2) synthesizes data to frame recommendations for priority setting, hypothesis generation, and improved methods for data collection; (3) disseminates information through development and publication of timely information and reports describing workplace hazards and exposures and work-related occupational lung diseases, and application of communication science, media principles, and web design to enhance access to and use of data and information; (4) develops and evaluates innovative surveillance methods; (5) coordinates with other Federal agencies, promulgates rules, and implements programs as authorized by the Federal Mine Safety and Health Act of 1977 and its subsequent amendments, to provide for the collection and reporting of health and hazard surveillance data related to occupational respiratory diseases in coal miners, including planning, coordinating, and processing the medical examinations provided for miners, operating an approval program for participating medical facilities and physicians, and evaluating and approving employer programs for the examination of miners in accordance with published regulations; (6) provides technical assistance and recommendations concerning medical

screening and health surveillance of workers exposed to respiratory hazards in the workplace, including administering a national program of spirometry training, providing training and testing on the classification of radiographs for the pneumoconioses, and collaborating with national (*e.g.*, American College of Radiology, American Thoracic Society) and international (*e.g.*, International Labour Organization) groups to develop and improve occupational respiratory disease medical surveillance methods; and (7) establishes collaborations to identify, support, and evaluate interventions designed to improve respiratory health in the workplace.

James Seligman,

Acting 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

[30 Day-15-15AOX]

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

Harmful Algal Bloom Illness Surveillance System (HABISS)—NEW—National Center for Emerging and Zoonotic Infectious Diseases, Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) is requesting approval for surveillance activities through Harmful Algal Bloom-related Illness Surveillance System (HABISS). HABISS data surveillance was previously covered under OMB Control No. 0920-0004. Previous Harmful Algal Bloom (HAB) surveillance under HABISS ceased due to defunding. NCEZID is now managing the HAB surveillance module. Surveillance through HABISS is now a priority within NCEZID due to the Great Lakes Restorative Initiative.

The goal of the Harmful Algal Bloom-related Illness Surveillance System (HABISS) is to receive data on harmful algal blooms (HABs) and human and animal illnesses related to HAB exposures. Data reported to HABISS will be accessible to state health departments, federal partners and other stakeholders to better characterize HABs and single human and animal illness related to HAB exposures and to inform future prevention efforts.

Data will be collected electronically, with data elements collected via the National Outbreak Reporting System (NORS). Single human and animal illnesses related to HAB exposures, and environmental data about HABs will be voluntarily reported by state agencies. The data collected will be analyzed and presented through summaries and reports.

The total burden is 57 hours.