Title: Section 87.109, Station logs.
Form No.: N/A.
Type of Review: Extension of a currently approved collection.
Respondents: Business or other for-profit entities.
Number of Respondents and Responses: 5 respondents and 5 responses.
Estimated Time per Response: 100 hours.
Frequency of Response: Recordkeeping requirement.
Obligation to Respond: Required to obtain or retain benefits. Statutory authority for this collection of information is contained in 47 U.S.C. 154, 303 and 307(e) unless otherwise noted.
Total Annual Burden: 500 hours.
Annual Cost Burden: No cost.
Privacy Act Impact Assessment: No impact(s).
Nature and Extent of Confidentiality: There is no need for confidentiality with this collection of information.
Needs and Uses: Section 87.109 of the Commission’s rules require that a station at a fixed location in the international aeronautical mobile service (IAMS) must maintain a log (written or automatic log) in accordance with the Annex 10 provisions of the International Civil Aviation Organization (ICAO) Convention. This log is necessary to document the quality of service provided by fixed stations, including the harmful interference, equipment failure, and logging of distress and safety calls where applicable. This information is used by the Commission to ensure that particular stations are licensed and operated in compliance with applicable rules, statutes, and treaties.
Federal Communications Commission.
Gloria J. Miles,
Federal Register Liaison Officer, Office of the Secretary.
[FR Doc. 2016-01823 Filed 2–1–16; 8:45 am]
BILLING CODE 6712–01–P

FEDERAL TRADE COMMISSION
[Docket No. 9357]
LabMD, Inc. Oral Argument Before the Commission

AGENCY: Federal Trade Commission.
ACTION: Oral argument; open meeting.

SUMMARY: The Federal Trade Commission (“FTC” or “Commission”) will meet on Tuesday, March 8, 2016, in Room 532 of the FTC Building for an Oral Argument In the Matter of LabMD, Inc. The public is invited to attend and observe the open portion of the meeting, which is scheduled to begin at 1:00 p.m. The remainder of the meeting will be closed to the public.

DATES: Oral argument is scheduled for March 8, 2016 at 1:00 p.m.


FOR FURTHER INFORMATION CONTACT:
Donald S. Clark, Secretary, Office of the Secretary, 600 Pennsylvania Avenue NW., Washington, DC 20580, 202–326–2515.

SUPPLEMENTARY INFORMATION:

Open Meeting
(1) Oral Argument In the Matter of LabMD, Inc., Docket No. 9357.

Closed Meeting
(2) Executive Session to follow Oral Argument In the Matter of LabMD, Inc., Docket No. 9357.

Record of Commission’s Vote
On January 20, 2016, Commissioners Ramirez, Ohlhausen, and McSweeney were recorded as voting in the affirmative to close Matter Number (2), and to withhold from this meeting notice such information as is exempt from disclosure under 5 U.S.C. 552b(c)(10), Commissioner Brill was recorded as not participating.

Commission’s Explanation of Closing
The Commission has determined that Matter Number (2) may be closed under 5 U.S.C. 552b(c)(10), and that the public interest does not require the matter to be open.

General Counsel Certification
The General Counsel has certified that Matter Number (2) may properly be closed, citing the following relevant provision: 5 U.S.C. 552b(c)(10).

Expected Attendees
Expected to attend the closed meeting are the Commissioners themselves, an advisor to one of the Commissioners, and such other Commission staff as may be appropriate.
By direction of the Commission, Commissioner Brill not participating.

Donald S. Clark,
Secretary.
[FR Doc. 2016–01852 Filed 2–1–16; 8:45 am]
BILLING CODE 6750–01–P

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 81 FR 4912–4913, dated January 28, 2016) is amended to reflect the reorganization of the National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention. Section C–B, Organization and Functions, is hereby amended as follows:
(1) Delete in its entirety the title and function statements for the Division of Birth Defects and Developmental Disabilities (CUBB) and insert the following:
Division of Congenital and Developmental Disorders (CUBB). (1) Conducts research to determine the causes and prevention of birth defects and developmental disabilities; (2) maintains and expands support for state-based surveillance; (3) evaluates the effectiveness of efforts to prevent birth defects and developmental disabilities; (4) conducts and disseminates findings of epidemiologic research, investigations, demonstrations, and programs directed toward the prevention of selected adverse reproductive outcomes that are environmentally related; (5) provides assistance to State and local health departments on community exposures to teratogenic, mutagenic, embryotoxic, other environmental agents, and genetic influences adversely interfering with normal growth and development; (6) conducts research and develops programs to identify women at high risk of an alcohol-exposed pregnancy and to fund epidemiologic and clinical research studies aimed at early identification and intervention of children affected by prenatal alcohol exposure; (7) works closely with international organizations and entities in developing strategies and programs for reducing the number of birth defects and developmental disabilities; (8) develops and evaluates prevention strategies and provides training, technical consultation, and assistance to States and localities in developing their
capacity for planning, establishing, and maintaining surveillance and prevention programs; (9) maintains and oversees funding and technical assistance to state-based institutions (e.g., the Centers for Birth Defects Research and Prevention that seek causes and promotes prevention of birth defects); (10) plans, develops, establishes, and maintains systems of surveillance including registries for monitoring, evaluating and disseminating information; (11) assists in increasing the capacity of States to prevent and control birth defects and developmental disabilities through training, technology transfer, grants, cooperative agreements, contracts, and other means; (12) provides information and education to the public; (13) provides services, consultation, technical assistance, and information to States, localities, other Federal agencies, international organizations, and other public and private organizations; (14) provides training in the epidemiology to professionals throughout the U.S. and abroad; and (15) collaborates and coordinates activities with other CIOs and HHS agencies.

Office of the Director (CUBB1). (1) Manages, directs, and coordinates the research agenda and activities of the division; (2) provides leadership and guidance on strategic planning, policy, program and project priority planning and setting, program management, and operations; (3) establishes division goals, objectives, and priorities; (4) monitors progress in implementation of projects and achievement of objectives; (5) plans, allocates, and monitors resources; (6) provides management, administrative, and support services, and coordinates with appropriate NCBD/DD offices on program and administrative matters; (7) provides liaison with other CDC organizations, other governmental agencies, international organizations, and other outside groups; (8) provides support for internal scientific advisory groups; (9) provides scientific leadership and guidance to the division to assure highest scientific validity and professional standards; and (10) provides coordinative support for CDC’s efforts to reduce adverse consequences from birth defects, developmental disabilities, and pediatric genetic conditions.

Birth Defects Branch (CUBBB). (1) Designs and conducts surveillance of selected birth defects to identify rates, trends, and patterns of occurrence, and to evaluate the effectiveness of prevention programs; (2) disseminates findings of studies to the scientific and public health communities, and to the general public; (5) provides technical assistance to state and local agencies on surveillance of birth defects, epidemiologic research, prevention program design and evaluation, and prevention effectiveness research; (6) funds and coordinates grant and cooperative agreement programs and other extramural activities to improve the knowledge base for the prevention of birth defects and developmental disabilities through surveillance, epidemiologic research, and applies research of preventive interventions; (7) coordinates activities with other CDC functional units, HHS, other federal agencies and appropriate private organizations regarding research and prevention programs for birth defects and developmental disabilities; (8) funds and coordinates grant and cooperative agreement programs and other extramural activities to improve the knowledge base for the prevention of birth defects and developmental disabilities through surveillance, epidemiologic research, and applies research of preventive interventions; (9) coordinates activities with other CDC functional units, HHS, other federal agencies and appropriate private organizations regarding research and prevention programs for birth defects and developmental disabilities; (10) works with international organizations in developing strategies for the prevention of birth defects and developmental disabilities; and (11) disseminates findings of research through direct contact with health authorities, publication and distribution of special reports, publication in scientific and technical journals, conference presentations, and other appropriate means.

Developmental Disabilities Branch (CUBBD). (1) Designs and conducts surveillance of developmental disabilities to identify rates, trends, and patterns of occurrence, and to evaluate the effectiveness of preventive programs; (2) conducts epidemiologic studies of developmental disabilities to identify causes and risk factors for these conditions; (3) disseminates findings of epidemiologic studies to the scientific and public health communities and to the general public; (4) conducts prevention effectiveness research to evaluate interventions strategies for the prevention of developmental disabilities; (5) conducts epidemiologic studies to identify and describe specific conditions and long-term outcomes of developmental disabilities; (6) provides technical assistance to state and local agencies on surveillance of developmental disabilities, epidemiologic research, prevention program design and evaluation, and prevention effectiveness research; (7) funds and coordinates grant and cooperative agreement programs and other extramural activities to improve the knowledge base for the prevention of developmental disabilities through surveillance, epidemiologic research, and applies research of preventive interventions; (8) coordinates activities with other CDC functional units, HHS, other federal agencies and appropriate private organizations regarding research and prevention programs for for
developmental disabilities; (9) collaborates with international organizations in developing strategies for the prevention of developmental disabilities; (10) disseminates findings of research through direct contact with health authorities, publication and distribution of special reports, publication in scientific and technical journals, conference presentations, and other appropriate means; and (11) provides training in the epidemiology of developmental disabilities to professionals throughout the United States and abroad.

Delete in its entirety the title and function statement for the Epidemiology and Surveillance Branch (CUBDBD) and insert the following:

Epidemiology and Surveillance Branch (CUBDBD). (1) Provides scientific leadership in the design and implementation of monitoring systems as well as designs and conducts epidemiologic and genetic research to identify causes, risk factors and complications of blood disorders in affected populations; (2) designs and manages surveillance systems to evaluate the incidence, morbidity, and mortality associated with blood diseases and disorders; (3) plans, develops and coordinates special surveys and populations studies to monitor and assess the complications of blood disorders; (4) designs and implements studies using surveillance data to identify risk factors for the complications of blood disorders, and evaluating the effectiveness of the prevention and control strategies; (5) provides epidemiologic and medical consultation and technical assistance, including epidemic aids to state and local health departments, other governmental agencies, and other private and public institutions in the investigation of blood disorders and related complications; (6) designing and implements studies to evaluate the effectiveness of implemented prevention strategies in the treatment centers; (7) works closely with federal and state agencies in applying prevalence and incidence data to target and evaluate programs to prevent the complications of blood diseases and chronic hereditary disorders, (8) publishes findings and advances arising out of surveillance and epidemiologic research to the scientific and public health communities; (9) provides training services to states, localities, and other countries in investigation, diagnosis, prevention, and control of blood diseases and chronic hereditary disorders; (10) assists in designing, implementing, and evaluating prevention and counseling programs for persons and their families with chronic blood diseases and selected chronic hereditary disorders; (11) designs, implements and coordinates the prevention and surveillance activities of specialized federally funded prevention centers organized to prevent the complications of blood diseases and chronic hereditary disorders; (12) conducts and supports both qualitative and quantitative research to expand the knowledge base related to blood disorders across the lifespan; (13) collaborates with hemostasis laboratory branch and incorporates the findings of these branches’ activities which leads to prevention of complications of blood disorders; (14) supports public health analysis to include facilitating data collection, data management, data manipulation, analysis, project reporting and presentation; and (15) conducts applied research to develop, evaluate, improve and standardize public information systems and educational modules which support the prevention of complications from blood disorders.

Delete in its entirety the title and function statement for the Laboratory Research Branch (CUBDC) and insert the following:

Hemostasis Laboratory Branch (CUBDC). (1) Identifies new genetic markers of risk factors and clotting defects for affected groups; (2) provides reference laboratory diagnosis for multi-site epidemiologic and surveillance studies; (3) develops techniques and interpretation methods to improve molecular and coagulation diagnosis; (4) provides diagnostic support for epidemiologic studies and epidemic aids on emerging blood disorders and chronic hereditary disorders; (5) determines the mechanisms of pathogenesis and complications of blood disorders and chronic hereditary disorders; (6) conducts research and providing reference services on diagnostic techniques for blood disorders and chronic hereditary disorders; (7) conducts research to improve laboratory methodologies and materials; (8) where appropriate, maintains the national reference laboratory for blood disorders and chronic hereditary disorders; (9) works closely with entities and organizations within the agency and organizations external to the agency to provide laboratory services in support of projects whose primary aim is to prevent and reduce complications associated with blood disorders and chronic hereditary disorders; and (10) publishes findings and advances arising out of surveillance and epidemiologic research to the scientific and public health communities.

Delete in its entirety the title and function statement for the Prevention Research and Informatics Branch (CUBDD).

Sherri A. Berger,
Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2016–01833 Filed 2–1–16; 8:45 am]

BILLING CODE 4160–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–6059–N4]

Medicare, Medicaid, and Children’s Health Insurance Programs:
Announcement of the Extended Temporary Moratoria on Enrollment of Ground Ambulance Suppliers and Home Health Agencies in Designated Geographic Locations

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Extension of temporary moratoria.

SUMMARY: This document announces the extension of temporary moratoria on the enrollment of new Medicare Part B ground ambulance suppliers and Medicare home health agencies, subunits, and branch locations in specific locations within designated metropolitan areas in Florida, Illinois, Michigan, Texas, Pennsylvania, and New Jersey to prevent and combat fraud, waste, and abuse. These moratoria also apply to the enrollment of home health agencies and ground ambulance suppliers in Medicaid and the Children’s Health Insurance Program.

DATES: Effective Date: January 29, 2016.

FOR FURTHER INFORMATION CONTACT: Belinda Gravel, (410) 786–8934. News media representatives must contact CMS’ Public Affairs Office at (202) 690–6145 or email them at press@cms.hhs.gov.

SUPPLEMENTARY INFORMATION:

I. Background

A. CMS’ Imposition of Temporary Enrollment Moratoria

Section 6401(a) of the Affordable Care Act added a new section 1866(m)(7) to the Social Security Act (the Act) to provide the Secretary with authority to impose a temporary moratorium on the enrollment of new Medicare, Medicaid, or Children’s Health Insurance Program...