and (6), title 5 U.S.C., and the
Determination of the Director,
Management Analysis and Services
Office, CDC, pursuant to Public Law 92–
463.

Matters for Discussion: The meeting
will include the initial review,
discussion, and evaluation of
applications received in response to
“NIOSH National Mesothelioma Virtual
Bank Translational Research Review”,
RFA 16–010.

Contact Person for More Information:
Michael Goldcamp, Ph.D., Scientific
Review Officer, NIOSH, CDC, 1095
Willowdale Road, Mailstop C905,
Morgantown, West Virginia 26506.
Telephone: (304) 283–5951.

The Director, Management Analysis
and Services Office, has been delegated
the authority to sign Federal Register
notices pertaining to announcements of
meetings and other committee
management activities, for both the
Centers for Disease Control and
Prevention and the Agency for Toxic
Substances and Disease Registry.

Elaine L. Baker, MPH, DLP,
Director, Management Analysis and Services
Office, Centers for Disease Control and
Prevention.

[Docket No. ATSDR–2016–0002]

Proposed Data Collection Submitted
for Public Comment and
Recommendations: Collections
Related to Synthetic Turf Fields With
Crumb Rubber Infill; Extension of
Public Comment Period

AGENCY: Agency for Toxic Substances
and Disease Registry (ATSDR),
Department of Health and Human
Services (HHS).

ACTION: Extension of public comment
period.

SUMMARY: On February 18, 2016, the
Agency for Toxic Substances and
Disease Registry (ATSDR), located
within the Department of Health and
Human Services (HHS) published a
notice in the Federal Register [Volume
81, No. 32, page 8201–8202] requesting
public comment on the proposed
information collection entitled
“Collections Related to Synthetic Turf
Fields with Crumb Rubber Infill”. Written
and electronic comments were
to be received on or before April 18,
2016. HHS/ATSDR has received
requests asking for an extension of the
comment period. In consideration of
these requests, HHS/ATSDR is
extending the comment period to May 2,
2016.

DATES: Written comments must be
received on or before May 2, 2016.

ADDRESSES: You may submit
comments, identified by Docket No. ATSDR–2016–
0002 by any of the following methods:
• Federal eRulemaking Portal:
Regulation.gov. Follow the instructions
for submitting comments.
• Mail: Leroy A. Richardson,
Information Collection Review Office,
Centers for Disease Control and
Prevention, 1600 Clifton Road NE., MS–
D74, Atlanta, Georgia 30329.

Instructions: All submissions received
must include the agency name and
Docket Number. All relevant comments
received will be posted without change to
Regulations.gov, including any
personal information provided. For
access to the docket to read background
documents or comments received, go
to Regulations.gov. For this docket,
ATSDR is only accepting comments on
the proposed studies’ data collections
referenced in the original notice.

Please note: All public comment should
be submitted through the Federal
eRulemaking portal (Regulations.gov) or by U.S. mail to the
address listed above.

FOR FURTHER INFORMATION CONTACT:
To request more information on the
proposed project or to obtain a copy of
the information collection plan and
instruments, contact the Information
Collection Review Office, Centers for
Disease Control and Prevention, 1600
Clifton Road NE., MS–D74, Atlanta,
Georgia 30329; phone: 404–639–7570;
Email: omb@cdc.gov.

SUPPLEMENTARY INFORMATION: Under the
Paperwork Reduction Act of 1995 (PRA)
(44 U.S.C. 3501–3520), Federal agencies
must obtain approval from the Office of
Management and Budget (OMB) for each
collection of information they conduct
or sponsor. In addition, the PRA also
requires Federal agencies to provide
notice in the Federal Register
concerning each proposed collection of
information, including each new
proposed collection, each proposed
extension of existing collection of
information, and each reinstatement of
previously approved information
collection before submitting the
collection to OMB for 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.

Leroy A. 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.

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
Background and Brief Description

Section 306 of the Public Health Service (PHS) Act (42 U.S.C. 242k), as amended, authorizes that the Secretary of Health and Human Services (DHHS), acting through NCHS, “shall collect statistics on health resources . . . [and] utilization of health care, including extended care facilities, and other institutions.”

NCHS seeks approval to collect data for the residential care community (RCC) and adult day services center (ADSC) survey components of the third wave of the National Study of Long-Term Care Providers (NSLTCP). A two-year clearance is requested.

The NSLTCP is designed to (1) broaden NCHS’ ongoing coverage of paid, regulated long-term care (LTC) services; (2) merge with existing administrative data on LTC providers and service users (i.e., Centers for Medicare and Medicaid Services (CMS) data on nursing homes and residents, home health agencies and patients, and hospices and patients); (3) update data more frequently on LTC providers and service users for which nationally representative administrative data do not exist; and (4) enable comparisons across LTC sectors and timely monitoring of supply, use, and key characteristics of these sectors over time.

Data will be collected from two types of LTC providers in the 50 states and the District of Columbia: 11,690 RCCs and 5,440 ADSCs. Data were collected in 2012 and 2014. The data to be collected beginning in 2016 include the basic characteristics, services, staffing, and practices of RCCs and ADSCs; and aggregate-level distributions of the demographics, selected health conditions and health care utilization, physical functioning, and cognitive functioning of RCC residents and ADSC participants.

Expected users of data from this collection effort include, but are not limited to CDC; other Department of Health and Human Services (DHHS) agencies, such as the Office of the Assistant Secretary for Planning and Evaluation, the Office of the National Coordinator for Health Information Technology, and the Administration for Community Living; associations, such as LeadingAge (formerly the American Association of Homes and Services for the Aging), National Center for Assisted Living, American Seniors Housing Association, Argentum (formerly the Assisted Living Federation of America), and National Adult Day Services Association; universities; foundations; and other private sector organizations such as the Alzheimer’s Association and the AARP Public Policy Institute.

Expected burden from data collection is 30 minutes per respondent. We estimate that 5% of RCC and ADSC directors will be called for an additional 5 minutes of data retrieval when there are errors or omissions in their returned questionnaires.

The burden for the collection is shown in the Table below. As a result of the addition, deletion, and revision of select items, along with the development of two versions of the questionnaires for both the directors of RCCs and ADSCs, this submission includes 4,310 burden hours, a reduction of 4,626 hours since the previously approved information collection.

There is no cost to respondents other than their time to participate.

<table>
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<th>Type of respondents</th>
<th>Form name</th>
<th>Number of respondents</th>
<th>Number of responses per respondent</th>
<th>Average burden per response (in hours)</th>
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<td>RCC Questionnaire—Version A .................</td>
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<td>30/60</td>
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<td>1</td>
<td>30/60</td>
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<tr>
<td>RCC and ADSC Directors/Designated Staff Members.</td>
<td>Data Retrieval ..................................</td>
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<td>5/60</td>
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</table>
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Initial Review

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces a meeting for the initial review of applications in response to Funding Opportunity Announcement Number, (FOA) DP16–006, Health Promotion and Disease Prevention Research Centers: Special Interest Project Competitive Supplements (SIPS).

**Time and Date:** 11:00 a.m.–6:00 p.m., EDT, May 17, 2016 (Closed).

**Place:** Teleconference.

**Status:** The meeting will be closed to the public in accordance with provisions set forth in section 552b(c)(4) and (6), title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92–463.

**Matters for Discussion:** The meeting will include the initial review, discussion, and evaluation of applications received in response to “Health Promotion and Disease Prevention Research Centers: Special Interest Project Competitive Supplements (SIPS)” FOA DP16–006.

**Contact Person for More Information:** Brenda Colley Gilbert, Ph.D., M.S.P.H., Director, Extramural Research Program Operations and Services, CDC, 4770 Buford Highway NE., Mailstop F–80, Atlanta, Georgia 30341, Telephone: (770) 488–6295, BJCA@cdc.gov.

The Director, Management Analysis and Services Office, has been delegated the authority to sign Federal Register notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Elaine L. Baker, MPH, DLP,
Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

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 5442–5444, dated February 2, 2016) is amended to reflect the reorganization of the Division of Health Care Statistics, National Center for Health Statistics, Centers for Disease Control and Prevention.

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

Insert item (2) develops a mathematical and survey statistical program for weighting, estimation, variance analysis, and inference that will be used to obtain, evaluate, analyze, and disseminate health care statistics data: of the functional statement for the Technical Services Branch (CPCDE) within the Division of Health Care Statistics, and renumber remaining items accordingly.

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Subcommittee on Procedures Review (SPR), Advisory Board on Radiation and Worker Health (ABRW or the Advisory Board), National Institute for Occupational Safety and Health (NIOSH)

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC), announces the following meeting for the aforementioned subcommittee:

**Time and Date:** 11:00 a.m.–4:30 p.m., EDT, May 16, 2016.

**Place:** Audio Conference Call via FTS Conferencing.

**Status:** Open to the public, but without a public comment period. The public is welcome to submit written comments in advance of the meeting, to the contact person below. Written comments received in advance of the meeting will be included in the official record of the meeting. The public is also welcome to listen to the meeting by joining the teleconference at the USA toll-free, dial-in number at 1–866–659–0537 and the pass code is 9933701.

**Background:** The Advisory Board was established under the Energy Employees Occupational Illness Compensation Program Act of 2000 to advise the President on a variety of policy and technical functions required to implement and effectively manage the new compensation program. Key functions of the Advisory Board include providing advice on the development of probability of causation guidelines that have been promulgated by the Department of Health and Human Services (HHS) as a final rule; advice on methods of dose reconstruction, which have also been promulgated by HHS as a final rule; advice on the scientific validity and quality of dose estimation and reconstruction efforts being performed for purposes of the compensation program; and advice on petitions to add classes of workers to the Special Exposure Cohort (SEC).

In December 2000, the President delegated responsibility for funding, staffing, and operating the Advisory Board to HHS, which subsequently delegated this authority to CDC. NIOSH implements this responsibility for CDC. The charter was issued on August 3, 2001, renewed at appropriate intervals, rechartered on March 22, 2016, pursuant to Executive Order 13708, and will expire on September 30, 2017.

**Purpose:** The Advisory Board is charged with (a) providing advice to the Secretary, HHS, on the development of guidelines under Executive Order 13179; (b) providing advice to the Secretary, HHS, on the scientific validity and quality of dose reconstruction efforts performed for this program; and (c) upon request by the Secretary, HHS, advise the Secretary on whether there is a class of employees at any Department of Energy facility who were exposed to radiation but for whom it is not feasible to estimate their radiation dose, and on whether there is...