

frontier communities to support the direct delivery of health care and related services, expand existing services, or enhance health service delivery through education, promotion, and prevention programs.

The purpose of the Small Health Care Provider Quality Improvement Grant (Rural Quality) Program is to provide support to rural primary care providers for implementation of quality improvement activities. The goal of the program is to promote the development of an evidence-based culture and delivery of coordinated care in the primary care setting. Additional objectives of the program include improved health outcomes for patients, enhanced chronic disease management, and better engagement of patients and their caregivers. Organizations participating in the program are required to use an evidence-based quality improvement model, perform

tests of change focused on improvement, and use health information technology (HIT) to collect and report data. HIT may include an electronic patient registry or an electronic health record, and is a critical component for improving quality and patient outcomes. With HIT it is possible to generate timely and meaningful data, which helps providers track and plan care.

Need and Proposed Use of the Information: FORHP collects this information to quantify the impact of grant funding on access to health care, quality of services, and improvement of health outcomes. FORHP uses the data for program improvement and grantees use the data for performance tracking. No changes are proposed from the current data collection effort.

Likely Respondents: Grantees of the Small Health Care Provider Quality Improvement Program.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose, or provide the information requested. 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 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. The total annual burden hours estimated for this Information Collection Request are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN HOURS

Form Name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total Burden Hours
Name of instrument	32	1	32	8	256
Total	32	32	256

HRSA specifically requests comments on (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.

Jason E. Bennett,

Director, Division of the Executive Secretariat.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Statement of Organization, Functions and Delegations of Authority

AGENCY: Office for Civil Rights, Office of the Secretary, HHS.

Part A, Office of the Secretary, Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (HHS) is being amended at Chapter AT, Office for Civil Rights

(OCR), as last amended at 190 FR 60757, dated October 1, 2010, is amended to reflect the restructuring of the Office for Civil Rights (OCR) as follows:

I. Under Part A, Chapter AT, "Office for Civil Rights (OCR)," delete "Section AT.10 Organization" in its entirety and replace with the following:

Section AT.10 Organization. The Office for Civil Rights (OCR) is under the direction of the Director of the Office for Civil Rights (Director) who reports to the Secretary. OCR consists of the following components:

- A. Office of the Director (AT)
- B. Operations and Resources Division (ATA)
- C. Civil Rights Division (ATB)
- D. Health Information Privacy Division (ATC)

II. Under Chapter AT, Office for Civil Rights (OCR) delete "Section AT.20 Functions" in its entirety and replace with the following:

A. Office of the Director (AT). As the Department's chief officer and adviser to the Secretary for implementation and enforcement of HHS civil rights and Health Insurance Portability, Accountability Act (HIPAA) privacy, security, and breach notification rules, the Director provides leadership, priorities, guidance and supervision to

and is responsible for overall policy, programs, and operations of OCR. The Director also is responsible for representing the Secretary and the Department, in coordination and consultation with the Assistant Secretary for Legislation, before Congress and the Executive Office of the President on matters relating to civil rights and the privacy, security, and breach rules and for liaising with other Federal departments and agencies charged with civil rights and privacy, security, and breach enforcement and compliance responsibilities.

B. Operations and Resources Division (ATA). The Operations and Resources Division (ORD) is headed by a Deputy Director who reports to the Director. Responsibilities of the Deputy Director for Operations and Resources include: Advising on all regional operations and the Centralized Case Management Operation (CCMO); resource management; and other staff functions that include management operations, budget, human resources, travel, information technology, support activities, management analysis, ethics, Continuity of Operations, property management, accountability, and performance metrics. Regional offices

are led by Regional Managers who report to the Deputy Director for ORD and are responsible for civil rights and HIPAA complaint investigations, enforcement, and outreach. ORD is responsible for responding to stakeholder calls and triaging civil rights and HIPAA complaints at intake.

C. Civil Rights Division (ATB). The Civil Rights Division is headed by the Deputy Director for Civil Rights, who reports to the Director. The Civil Rights Division oversees OCR's national civil rights program, including Section 1557 of the Affordable Care Act, as well as other federal civil rights statutes and regulations that prohibit non-discrimination on the basis of race, color, national origin, sex, disability, and age; the Division also enforces provider conscience laws. The Civil Rights Division provides national leadership in OCR's enforcement and compliance activities, including advising OCR staff nationwide on case development and quality and assisting in developing negotiation, enforcement, and litigation strategies; promulgates regulations, policies, and guidance and provides technical assistance to assist covered entities with compliance; and provides subject matter expertise for public education and outreach activities to stakeholders nationwide. The Civil Rights Division also leads national civil rights compliance reviews; identifies and designs civil rights specific training programs for OCR staff; reviews challenges to OCR's regional civil rights findings; coordinates OCR's government-wide responsibilities for implementation of Age Discrimination Act requirements; and liaises with and provides civil rights technical assistance and advisory services to HHS Operating Divisions, as well as national advocacy, beneficiary, and provider groups, and to other Federal departments and agencies, including serving on intra- and interagency workgroups.

D. Health Information Privacy Division (ATC). The Health Information Privacy Division is headed by the Deputy Director for Health Information Privacy, who reports to the Director. The Health Information Privacy Division oversees OCR's enforcement of the HIPAA Privacy, Security and Breach Notification Rules, as well as the confidentiality provisions of Section 922 of the Public Health Service Act, as amended by the Patient Safety and Quality Improvement Act of 2005 (PSQIA). The Health Information Privacy Division provides national leadership in OCR's enforcement and compliance activities, including advising OCR staff nationwide on case development and quality and assisting

in developing negotiation, enforcement, and litigation strategies; promulgates regulations, policies, and guidance and provides technical assistance to assist covered entities with compliance; and provides subject matter expertise for public education and outreach activities to stakeholders nationwide. The Division also identifies OCR training needs and designs HIPAA and PSQIA specific training programs for OCR staff; reviews challenges to OCR's regional offices' HIPAA investigative findings; leads national HIPAA compliance reviews, including audits; and liaises with and provides technical assistance and advisory services to HHS OPDIVS, as well as national advocacy, beneficiary, and provider groups, and to other Federal departments and agencies with respect to health information privacy, security, and breach initiatives and mandates, including serving on intra- and interagency workgroups.

III. Delegation of Authority. Pending further delegation, directives or orders by the Secretary or by the Director of the Office for Civil Rights, all delegations and re-delegations of authority made to officials and employees of affected organizational components will continue in them or their successors pending further re-delegations, provided they are consistent with this reorganization.

Dated: December 12, 2016.

Colleen Barros,

Acting Assistant Secretary for Administration.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Docket Number CDC-2016-0121; NIOSH-285]

Closed-Circuit Escape Respirators; Guidance for Industry; Availability

AGENCY: Centers for Disease Control and Prevention, HHS.

ACTION: Notice of availability.

SUMMARY: The National Institute for Occupational Safety and Health (NIOSH), within the Centers for Disease Control and Prevention, Department of Health and Human Services, announces publication of a guidance document which addresses the availability of closed-circuit escape respirators (CCERs) for purchase and the readiness of respirator manufacturers to comply with the provisions in Part 84, Subpart O, of Title 42 of the Code of Federal Regulations. Pursuant to a **Federal**

Register notice published on February 10, 2016, beginning on January 4, 2017, manufacturers are no longer authorized to manufacture, label, and sell 1-hour escape respirators, known in the mining community as self-contained self-rescuers (SCSRs), approved in accordance with the certification testing standards in Part 84, Subpart H (81 FR 7121). This guidance announces that NIOSH does not intend to revoke any certificate of approval for 1-hour escape respirators, approved in accordance with 42 CFR part 84, Subpart H, that are manufactured, labeled, or sold prior to January 4, 2018, provided that there is no cause for revocation under existing NIOSH regulation.

DATES: NIOSH is soliciting public comment, but is implementing this guidance immediately because NIOSH has determined that prior public participation is not feasible or appropriate. Comments must be received by February 27, 2017.

ADDRESSES: You may submit comments, identified by "CDC-2016-0121" by any of the following methods:

Internet: Access the Federal e-rulemaking portal at <http://www.regulations.gov>. Follow the instructions for submitting comments.

Mail: NIOSH Docket Office, 1090 Tusculum Avenue, MS C-34, Cincinnati, OH 45226-1998.

Instructions: All submissions received must include the agency name and docket number for this guidance. All relevant comments will be posted without change to <http://www.regulations.gov> including any personal information provided.

Docket: For access to the docket to read background documents or comments received, go to <http://www.regulations.gov>.

FOR FURTHER INFORMATION CONTACT:

Maryann D'Alessandro, NIOSH National Personal Protective Technology Laboratory, 626 Cochran Mill Road, Pittsburgh, PA 15236; 1-888-654-2294 (this is a toll-free phone number); PPEconcerns@cdc.gov.

SUPPLEMENTARY INFORMATION: Pursuant to the Federal Mine Safety and Health Act of 1977, at 30 U.S.C. 957, NIOSH is authorized to promulgate regulations to carry out its duties mandated by such Act. Under 42 CFR part 84—Approval of Respiratory Protective Devices, NIOSH approves respirators used by workers in mines and other workplaces for protection against hazardous atmospheres.¹ The Department of

¹ The cited statutory authorities for Part 84 are 29 U.S.C. 651 *et seq.* and 657(g), and 30 U.S.C. 3, 5, 7, 811, 842(h), 844.