

Amy P. McNulty,  
 Acting Director, Division of the Executive  
 Secretariat.  
 [FR Doc. 2019-01107 Filed 2-4-19; 8:45 am]  
 BILLING CODE 4165-15-P

**DEPARTMENT OF HEALTH AND  
 HUMAN SERVICES**

**Health Resources and Services  
 Administration**

**Agency Information Collection  
 Activities: Proposed Collection: Public  
 Comment Request; Information  
 Collection Request Title: Medicare  
 Rural Hospital Flexibility Program  
 Performance, OMB No. 0915-0363—  
 Extension**

**AGENCY:** Health Resources and Services  
 Administration (HRSA), Department of  
 Health and Human Services.

**ACTION:** Notice.

**SUMMARY:** In compliance with the  
 requirement for opportunity for public  
 comment on proposed data collection  
 projects of the Paperwork Reduction Act  
 of 1995, HRSA announces plans to  
 submit an Information Collection  
 Request (ICR), described below, to the  
 Office of Management and Budget  
 (OMB). Prior to submitting the ICR to  
 OMB, HRSA seeks comments from the  
 public regarding the burden estimate,  
 below, or any other aspect of the ICR.

**DATES:** Comments on this ICR should be  
 received no later than April 8, 2019.

**ADDRESSES:** Submit your comments to  
[paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or mail to Lisa  
 Wright-Solomon, the HRSA Information  
 Collection Clearance Officer, Room  
 14N136B, 5600 Fishers Lane, Rockville,  
 MD 20857.

**FOR FURTHER INFORMATION CONTACT:** To  
 request more information on the

proposed project or to obtain a copy of  
 the data collection plans and draft  
 instruments, email [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov)  
 or call Lisa Wright-Solomon, the HRSA  
 Information Collection Clearance Officer  
 at (301) 443-1984.

**SUPPLEMENTARY INFORMATION:** When  
 submitting comments or requesting  
 information, please include the  
 information request collection title for  
 reference.

*Information Collection Request Title:*  
 Medicare Rural Hospital Flexibility  
 Program Performance Measures, OMB  
 No. 0915-0363—Extension

*Abstract:* This information collection  
 comment request is for continued  
 approval of the Medicare Rural Hospital  
 Flexibility Program Performance  
 Measures. HRSA is proposing to  
 continue this data collection with no  
 changes. The current performance  
 measures are collected electronically in  
 the Performance Improvement and  
 Measurement System, which awardees  
 access securely through the HRSA  
 Electronic Handbooks.

The Medicare Rural Hospital  
 Flexibility Program (Flex Program) is  
 authorized by Section 1820 of the Social  
 Security Act (42 U.S.C. 1395i-4), as  
 amended. The purpose of the Flex  
 Program is to enable state designated  
 entities to support critical access  
 hospitals in quality improvement,  
 quality reporting, performance  
 improvement, and benchmarking; to  
 assist facilities seeking designation as  
 critical access hospitals; and to create a  
 program to establish or expand the  
 provision of rural emergency medical  
 services.

*Need and Proposed Use of the  
 Information:* For this program,  
 performance measures were developed  
 to provide data useful to the Flex  
 program and to enable HRSA to provide

aggregate program data required by  
 Congress under the Government  
 Performance and Results Modernization  
 Act of 2010 (GPRA). These measures  
 cover principal topic areas of interest to  
 the Federal Office of Rural Health  
 Policy, including: (a) Quality reporting,  
 (b) quality improvement interventions,  
 (c) financial and operational  
 improvement initiatives, (d) population  
 health management, and (e) innovative  
 care models. In addition to informing  
 the Office's progress toward meeting the  
 goals set in GPRA, the information is  
 important in identifying and  
 understanding programmatic  
 improvement across program areas, as  
 well as guiding future iterations of the  
 Flex Program and prioritizing areas of  
 need and support.

*Likely Respondents:* Respondents are  
 the Flex Program coordinators for the  
 states participating in the Flex Program.  
 There are currently 45 states  
 participating in the Flex 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 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. The total annual burden  
 hours estimated for this ICR are  
 summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN HOURS

| Form name   | Number of<br>respondents | Number of<br>responses per<br>respondent | Total<br>responses | Average<br>burden per<br>response<br>(in hours) | Total Burden<br>Hours |
|---|--------------------------|--|--------------------|---|-----------------------|
| Medicare Rural Hospital Flexibility Program ..... | 45                       | 1  | 45                 | 70  | 3,150                 |
| Total .....                                       | 45                       | .....                                    | 45                 | .....   | 3,150                 |

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.

**Amy P. McNulty,**

*Acting Director, Division of the Executive Secretariat.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office of the Secretary

#### Center for Faith and Opportunity Initiatives (The Partnership Center); Statement of Organization, Functions, and Delegations of Authority

37814 Part A, Office of the Secretary, Statement of Organization, Functions, and Delegations of Authority for the Department of Health and Human Services (HHS), as last amended at 75 FR 20364-5, dated April 19, 2010, and Chapter AA, Immediate Office of the Secretary, as last amended at 75 FR 20364-5, dated April 19, 2010, is being amended to update Chapter AW, "Center for Faith and Opportunity Initiatives (The Partnership Center)," in the Office of the Secretary. The changes are as follows:

A. Under Part A, Chapter AA, Section AA.10 Organization, insert the following: "Center for Faith and Opportunity Initiatives (The Partnership Center) (AW)."

B. Under Part A, update Chapter AW, "Center for Faith and Opportunity Initiatives (The Partnership Center)" to read as follows:

Chapter AW, Center for Faith and Opportunity Initiatives (The Partnership Center).

AW.00 Mission

AW.10 Organization

AW.20 Functions

AW.00 Mission. The Center for Faith and Opportunity Initiatives (The Partnership Center) coordinates the Department of Health and Human Services' (HHS') efforts to support partnerships between HHS and faith and community-based nonprofit organizations in the health care and human services sectors in order to better serve people and communities.

AW.10 Organization. The Partnership Center is headed by a Director, appointed by the Secretary in consultation with the White House Faith and Opportunity Initiative, who reports to the Secretary and serves as the Secretary's principal advisor on HHS' activities relating to faith-based and community partnerships.

AW.20 Functions. The Partnership Center engages and communicates with national, regional, and local faith and community-based organizations and service providers, ensuring that local institutions that hold community trust and deliver essential services have up-to-date information regarding health and human service activities and resources in their area. The Partnership Center also works to enable community and faith-based organizations to collaborate with the government, through both non-fiduciary and fiduciary partnerships, to achieve the strategic priorities of HHS and the President.

**Scott W. Rowell,**

*Assistant Secretary for Administration.*

[FR Doc. 2019-01038 Filed 2-4-19; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Statement of Organization, Functions, and Delegations of Authority

Part A, Office of the Secretary, Statement of Organization, Function, and Delegation of Authority for the U.S. Department of Health and Human Services is being amended at Chapter AC, Office of the Assistant Secretary for Health (OASH), as amended at 72 FR 58095-96, dated October 1 2, 2007; 69 FR 660-661, dated January 6, 2004; 68 FR 70507-10, dated December 18, 2003; 67 FR 71568, dated December 2, 2002; 75 FR 53304-05, dated August 31, 2010; and most recently at 77 FR 30005-07 dated May 21, 2012 and 77 FR 60996, dated October 5, 2012. This amendment reflects the realignment of personnel oversight, administration and management functions for the Office of the Surgeon General and the U.S. Public Health Service (PHS) Commissioned Corps in the OASH. Specifically, this notice establishes the Office of Commissioned Corps Headquarters (CCHQ) within the Office of the Surgeon General (OSG) and deletes the Division of Systems Integration and the Division of Science and Communications.

The changes are as follows:

I. Under Part A, Chapter AC, under the Office of the Assistant Secretary for Health, make the following changes:

A. Under Section ACM.00 Mission, delete "(7) Maintaining and overseeing activities of the Volunteer Medical Reserve Corps program (42 U.S.C. 300hh)."

B. Under Section ACM.10, Organization, delete the following components "Division of Science and Communications, Division of Commissioned Corps Personnel and Readiness, and Division of Systems Integration".

C. Under Section ACM.10, Organization, add "Commissioned Corps Headquarters".

D. Under Section ACM.20 Functions replace the entire section with:

Section ACM .20 Functions: (a) Office of the Surgeon General (ACM): (1) Advises the Assistant Secretary for Health (ASH) on matters relating to protecting and advancing the public health of the Nation; (2) Manages special deployments that address Presidential and Secretarial initiatives directed toward resolving critical public health problems; (3) Serves, as requested, as the spokesperson on behalf of the Secretary and the ASH, addressing the quality of public health practice on the Nation; (4) Provides administrative and management support to Public Health Reports; (5) Provides supervision of activities relating to the day-to-day management of operations, training, force readiness, and deployment of officers of the PHS Commissioned Corps; (6) Provides advice to the ASH on the policies and implementation related to the appointment, promotion, recognition, professional development, retirement, and other matters required for the efficient management of the Commissioned Corps; (7) Provides liaison with governmental and non-governmental organizations on matters pertaining to military and veterans affairs; (8) Supports the Surgeon General's mandate to bring focused attention and up-to-date scientific and evidence-based data and information concerning matters of health and science to federal and non-federal stakeholders in the general public; (9) Directs and oversees internal office management (including programmatic assessments and evaluations) and administrative operations (including proposing office budgets); and (10) Convenes periodic meetings of the Assistant Surgeon Generals (flag officers) to obtain senior level advice concerning the management of Corps' operations.

(b) Commissioned Corps Headquarters (ACM 2), under the leadership of the Office Director, who reports to the Office of the Surgeon General, provides