

Agency for Toxic Substances and Disease Registry.

Daniel Riedford,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. E8-18284 Filed 8-7-08; 8:45 am]

BILLING CODE 4163-18-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 73 FR 35140, dated June 20, 2008) is amended to reflect the reorganization of the Office of the Director, Centers for Disease Control and Prevention.

Section C-B, Organization and Functions, is hereby amended as follows: Delete in their entirety the titles and functional statements for the *Office of Strategy and Innovation (CAM)* and the *Office of Chief of Public Health Practice (CAR)* and insert the following:

Office of Strategy and Innovation (CAM). The Office of Strategy and Innovation (OSI) serves as the focal point for accelerating the health impact of CDC's work within and beyond CDC's programs. In carrying out its mission, OSI: (1) Leads CDC's efforts to develop, monitor, evaluate, and advance agency strategic direction, planning, and priorities; (2) fosters strategic excellence and innovation across the agency; (3) provides superior decision support to CDC's executive leadership; (4) leads the development of health in all policies; (5) promotes the health, safety, and quality of life of women; and (6) improves the health of the public through law.

Office of the Director (CAM1). (1) Develops, monitors, and advances CDC's strategic direction, planning, and priorities; (2) provides leadership and vision for formulating and evaluating policy; (3) fosters strategic excellence and innovation across the agency; (4) applies knowledge management tools and decision support systems in allocation of resources and improves agency decision-making; (5) communicates key messages to CDC

employees and partners about CDC's strategic direction, planning, and priorities; and (6) works directly with the strategy and innovation officers within the coordinating centers to develop, monitor, and advance CDC strategic direction and priorities and institutionalize organizational change, improvement, and accountability.

Office of Women's Health (CAM12). The Office of Women's Health (OWH) aims to promote and improve the health, safety, and quality of life of women. As a leader for women's health issues at CDC, the Office of Women's Health: (1) Advises the CDC Director on matters relating to women's health research, programs, and strategies; (2) promotes the health and well-being of women; (3) communicates health information, research findings, and prevention strategies to a diverse group of providers, consumers, and organizations; (4) advances sound scientific knowledge for public health action, promotes the role of prevention, and works to improve the understanding of women's health priorities; (5) fosters partnerships and collaborations within CDC and with other public and private organizations, agencies, institutions, and others to improve the health and safety of women; (6) publishes newsletters and other documents that highlight prevention programs, research findings, publications, health campaigns, health promotion strategies, and other information available at CDC; (7) leads CDC Women's Health Committee by facilitating and coordinating agency-wide efforts and enhancing channels for communication and cooperation; (8) supports the development of future women's health and public health professionals through various training and student positions within the office; (9) prepares agency reports, briefing documents, and other materials addressing women's health issues; (10) stimulates and supports prevention research, programs, and other activities through funding; (11) represents the agencies at meetings, committees, workgroups, conferences, and briefings; (12) serves as liaison for women's health between CDC and other agencies and organizations; (13) develops opportunities for, promotes, and supports the agency as a resource for women's health issues; and (14) provides assistance to state and local programs on women's health issues.

Public Health Law Program (CAM13). The mission of the Public Health Law Program is to improve the health of the public through law. The program: (1) Provides technical assistance to CDC centers and to extramural partners in

developing their legal preparedness to address the full spectrum of health protection goals; (2) collaborates with CDC and extramural partners in developing tools for use in assessing and improving the public health legal preparedness of the health system; (3) strengthens the competencies of practitioners in public health, emergency management, law, and other sectors to apply law to improve public health; (4) supports and conducts applied research in public health law and translates findings into practice; (5) provides consultation and analysis in public health law to CDC programs and extramural constituents; (6) establishes partnerships among CDC and other organizations active in public health law and assists in strengthening their public health law capacity and expertise; and (7) develops and disseminates authoritative information on public health law and public health law best practices to practitioners and policy makers.

Office of Chief of Public Health Practice (CAR). The Office of Chief of Public Health Practice (OCPHP) serves as the advocate, guardian, promoter, and conscience of public health practice throughout CDC and in the larger public health community; ensures coordination and synergy of CDC's scientific and practice activities; and promotes and protects the public's health through science-based, practice-relevant standards, policies, and legal tools. To carry out its mission, OCPHP: (1) Establishes robust partnerships among CDC programs, public health practitioners and key sectors, including elected officials, the legal community, and law enforcement and emergency response organizations; (2) establishes a functional area focused specifically on standards and improvement in practice among state and local public health systems; (3) advances the development and implementation of a national agency accreditation system; (4) relates relevant research and policy analysis to public health practice; (5) monitors and anticipates public health practice trends and issues; and (6) coordinates and addresses cross-cutting issues related to public health practice within CDC; and (7) develops, monitors and advances agency-wide goals for improving health equity, fostering strategic excellence and innovation across CDC, and organizational development and the transition process.

Dated: July 31, 2008.

William H. Gimson,

Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. E8-18177 Filed 8-7-08; 8:45 am]

BILLING CODE 4160-18-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-R-138, CMS-10147, CMS-10146, CMS-10064, and CMS-10225]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Agency: Centers for Medicare & Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the Agency's function; (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.

1. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Medicare Geographic Classification Review Board (MGCRB) Procedures and Criteria and Supporting Regulations in 42 CFR, Section 412.256 & 412.230; *Use:* Section 1886(d)(10) of the Social Security Act established the MGCRB, an entity that has the authority to accept short-term hospital inpatient prospective payment system (IPPS) hospital applications requesting geographic reclassification for wage index or standardized payment amounts and to issue decisions on these requests. Since it is important to ensure the accuracy of the MGCRB decisions and remain apprised of potential payment impacts, the regulations note that CMS should also receive a copy of any hospital's application to the

MGCRB. The information submitted by the hospitals is used by CMS staff to determine the validity of the hospitals' requests and the discretion used by the MGCRB in reviewing and making decisions regarding hospitals' requests for geographic reclassification. Since CMS wrote the guidelines for the MGCRB, it is essential that CMS staff monitor this process. *Form Number:* CMS-R-138 (OMB# 0938-0573); *Frequency:* Yearly; *Affected Public:* Business or other for-profits and Not-for-profit institutions; *Number of Respondents:* 300; *Total Annual Responses:* 300; *Total Annual Hours:* 300.

2. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Medicare Prescription Drug Coverage and Your Rights; *Use:* Section 42 CFR 423.562, requires each Part D plan sponsor to arrange with its network pharmacies to post or distribute the Medicare Prescription Drug Coverage and Your Rights notice to Part D plan enrollees at each pharmacy visit when the enrollee disagrees with the information provided by the pharmacist. The purpose of this notice is to provide enrollees with information about how to contact their Part D plans to request a coverage determination, including a request for an exception to the Part D plan's formulary. *Form Number:* CMS 10147 (OMB# 0938-0975); *Frequency:* Daily; *Affected Public:* Business or other for-profits; *Number of Respondents:* 40,000; *Total Annual Responses:* 30,000,000; *Total Annual Hours:* 500,000.

3. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Notice of Denial of Medicare Prescription Drug Coverage; *Use:* Section 1860D-4(g)(1) of the Social Security Act, requires Part D plan sponsors that deny prescription drug coverage to provide a written notice of the denial to the enrollee. The written notice must include a statement, in clear language, of the reasons for the denial and a description of the appeals process. *Form Number:* CMS 10146 (OMB# 0938-0976); *Frequency:* Daily; *Affected Public:* Business or other for-profits; *Number of Respondents:* 758; *Total Annual Responses:* 290,344; *Total Annual Hours:* 145,172.

4. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Minimum Data Set (MDS) for Swing Bed Hospitals and Supporting Regulations in 42 CFR 413.114(a)(2) and 413.343(a); *Use:* Exercising CMS' authority under section

1888(e)(7) of the Social Security Act to determine the most appropriate manner in which to implement the Skilled Nursing Facility Prospective Payment System (SNF PPS) for swing bed hospitals, CMS designed a 2-page MDS instrument for use by swing bed hospitals that includes all resident assessment data needed to reimburse swing bed hospitals for SNF-level care furnished to Medicare beneficiaries and to provide CMS with the basic demographic and utilization data for future planning and analysis. *Form Number:* CMS-10064 (OMB# 0938-0872); *Frequency:* Occasionally; *Affected Public:* Business or other for-profits, Not-for-profit institutions and State, Local, or Tribal Governments; *Number of Respondents:* 481; *Total Annual Responses:* 50,505; *Total Annual Hours:* 328,283.

5. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Disclosures to Patients by Certain Hospitals and Critical Access Hospitals and Supporting Regulations in 42 CFR 489.20; *Form Number:* CMS-10225 (OMB# 0938-1035); *Use:* This information request relates to proposed required third party disclosures by certain Medicare-participating hospitals and critical access hospitals (CAHs) to their patients. The policy is contained in the FY 2009 Inpatient Prospective Payment System Final Rule. Because this information request is closely related to the previously approved collection burden under 0938-01034, we have included a discussion of both the approved provisions and the new provisions in the supporting statement document.

In addition to the two existing collections previously approved under 0938-1034, we are revising § 489.3 to define a physician-owned hospital as a hospital in which a physician, or an immediate family member of a physician has an ownership or investment interest in the hospital. Because of this change to the definition of a physician-owned hospital, new § 489.20(u)(1) will require that hospitals with ownership or investment interests by a physician or immediate family member disclose this information to all their patients. Additionally, we revised § 489.20(u) by creating § 489.20(u)(1) that requires any physician-owned hospital to furnish patients with written notice that the hospital is physician-owned and provide the list of physician owners (including immediate family members) to the patient at the time the patient or someone on the patient's behalf requests it.