

for the September 12, 2013 public meeting is subject to change as priorities dictate. Please check the NBSB Web site at WWW.PHE.GOV/NBSB for the most up-to-date information and for all attendance information.

ADDRESSES: U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue SW., Washington, DC 20201. Pre-registration is required for all members of the public wishing to attend this meeting in-person by September 5, 2013; all attendees must be signed in by a federal staff member. To attend either in-person or by teleconference, please refer to the NBSB Web site for further instructions at WWW.PHE.GOV/NBSB. Please arrive, or call in, 15 minutes prior to the beginning of the meeting to facilitate attendance.

Additional Information for Public Participants: These meetings are open to the public and are limited only by the space available. Meeting rooms will accommodate up to 25 people. Pre-registration is required for in-person attendance. Individuals who wish to attend the meeting in-person should send an email to NBSB@HHS.GOV with "NBSB Registration" in the subject line by no later than Thursday, September 5, 2013.

FOR FURTHER INFORMATION CONTACT: The National Biodefense Science Board mailbox: NBSB@HHS.GOV.

SUPPLEMENTARY INFORMATION: Pursuant to section 319M of the Public Health Service Act (42 U.S.C. 247d-7f) and section 222 of the Public Health Service Act (42 U.S.C. 217a), the Department of Health and Human Services (HHS) established the National Biodefense Science Board. The Board shall provide expert advice and guidance to the Secretary on scientific, technical, and other matters of special interest to HHS regarding current and future chemical, biological, nuclear, and radiological agents, whether naturally occurring, accidental, or deliberate. The Board may also provide advice and guidance to the Secretary and/or the Assistant Secretary for Preparedness and Response (ASPR) on other matters related to public health emergency preparedness and response.

Background: Part of the September 12, 2013, public meeting will be dedicated to the NBSB's deliberation and vote on the findings from the Situational Awareness Working Group; the remainder of the meeting will be dedicated to presentation of a potential new task to the NBSB, and an overview of NBSB accomplishments presented by the NBSB Chair, Dr. John Parker. Subsequent agenda topics will be added as priorities dictate. Any additional

agenda topics will be available on the NBSB's September 2013 meeting Web page prior to the public meeting, available at WWW.PHE.GOV/NBSB.

Availability of Materials: The meeting agenda and materials will be posted on the NBSB Web site at WWW.PHE.GOV/NBSB prior to the meeting.

Procedures for Providing Public Input: All members of the public are encouraged to provide written comment to the NBSB. All written comments must be received prior to September 9, 2013, and should be sent by email to NBSB@HHS.GOV with "NBSB Public Comment" as the subject line. Individuals planning to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should email NBSB@HHS.GOV.

Dated: August 20, 2013.

Nicole Lurie,

Assistant Secretary for Preparedness and Response.

[FR Doc. 2013-20793 Filed 8-26-13; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Office of the Assistant Secretary for Health, 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 (HHS) is being amended at Chapter AC, Office of the Assistant Secretary for Health (OASH), as last amended at 77 FR 60996-97, dated October 5, 2012, and 72 FR 58095-96, dated October 12, 2002. The amendment reflects the realignment of personnel oversight, administration and management functions for the Office on Women's Health (OWH) in the OASH. Specifically, this notice establishes the Division of Policy and Performance Management (ACB2), the Division of Strategic Communication (ACB3) and the Division of Program Innovation (ACB4) within the Office on Women's Health (ACB). The changes are as follows:

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

A. Under Section AC.20, Functions, "B. Office on Women's Health (ACB), Section 1. Immediate Office of the Director (ACB1)" replace the entire section with:

1. Immediate Office of the Director (ACB1). The Immediate Office of the Director, headed by the Deputy Director of the Office on Women's Health, is responsible for operations and administrative management, HR management, and budget planning and coordination. The office coordinates the programmatic aspects of HHS components in regards to issues relating to women's health; serves as the locus within HHS to identify changing needs, to recommend new studies, and to assess new challenges to the health of women; serves as a focal point within HHS to coordinate the continuing implementation of health objectives for the future; assures liaison occurs with relevant HHS agencies and offices; and facilitates the expansion of services and access to health care for all women. The Deputy Director plans and directs financial management activities, including budget formulation and execution; provides liaison on personnel management activities with the OASH and the Program Support Center; and is responsible for implementing the congressional, international health and national (regional) components for the OWH mission. The office also provides scientific analyses for all initiatives.

B. Under Section AC.20, Functions, "B. Office on Women's Health (ACB), Section 2. Division of Program Coordination (ACB2)" replace the entire section with:

2. Division of Policy and Performance Management (ACB2). The Division of Policy and Performance Management, headed by the Division Director, is responsible for strategic planning; policy review, development and analysis; and program evaluation and performance management. The division forecasts future OWH direction, leads strategic and operational plans development; supports and monitors their implementation; leads the design, management, and monitoring of evidence based women's health programs for targeted issues; advises director on policy issues and engages stakeholders, organizations, and partners in reviewing, developing and analyzing practices to inform policy development; and leads efforts to incorporate gender specific issues into broader health policy as well as evaluate how those issues are incorporated into health policy.

C. Under Section AC.20, Functions, "B. Office on Women's Health (ACB), Section 3. Division of Outreach and Collaboration (ACB3)" replace the entire section with:

3. Division of Strategic Communication (ACB3). The Division of

Strategic Communication, headed by the Division Director, is responsible for professional and public outreach, communications channel technical support, and regional liaison. The division develops and executes programs to educate the public and health professionals and conducts regional liaison activities; develops evidence-based approaches in the development and evaluation of educational materials and implements clinical professional and adult educational practices and methodologies; acts as the liaison with the OASH communications office; is the gatekeeper for all materials; and manages the clearance process for OWH communications. The division provides communications channel technical support by implementing a wide range of communications media (including listservs, print, radio, TV, and social media) and tools; oversees web design, content development, and management; acts as the OWH technical liaison and APSA web council representative; and maintains a social media presence. As the RHC liaison, it supports the RHC in their mission to coordinate and implement public health initiatives to promote women's health issues at the regional, state, and local levels.

D. Under Section AC.20, Functions, "B. Office on Women's Health (ACB)" following Section 3 Division of Strategic Communication (ACB3) insert:

4. Division of Program Innovation (ACB4). The Division of Program Innovation, headed by the Division Director, is responsible for program development, management and support, and program development research. The division identifies evidence based strategies and develops model programs for targeted issues; designs, develops and implements interventions to improve women's health; incorporates gender specific issues into model programs; provides oversight for model program development and all related activities, including budget development and management; identifies future direction of women's health and associated strategies and gaps in current coverage; and reviews promising strategies to identify and promote innovative ideas for future program development.

II. Delegations of Authority. Directives or orders made by the Secretary, Assistant Secretary for Health, or Director, Office on Women's Health, all delegations and re-delegations of authority made to officials and employees of the affected organizational component will continue in force pending further redelegations, provided

they are consistent with this reorganization.

III. Funds, Personnel, and Equipment. Transfer of organizations and functions affected by this reorganization shall be accompanied by direct and support funds, positions, personnel, records, equipment, supplies, and other resources.

Dated: August 15, 2013.

E.J. Holland, Jr.,

Assistant Secretary for Administration.

[FR Doc. 2013-20524 Filed 8-26-13; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Agency Information Collection

Activities: Proposed Collection; Comment Request.

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Notice.

SUMMARY: This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) approve the proposed information collection project: "Pilot Test of an Emergency Department Discharge Tool." In accordance with the Paperwork Reduction Act of 1995, 44 U.S.C. 3506(c)(2)(A), AHRQ invites the public to comment on this proposed information collection.

DATES: Comments on this notice must be received by October 28, 2013.

ADDRESSES: Written comments should be submitted to: Doris Lefkowitz, Reports Clearance Officer, AHRQ, by email at doris.lefkowitz@ahrq.hhs.gov.

Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer.

FOR FURTHER INFORMATION CONTACT:

Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427-1477, or by email at doris.lefkowitz@ahrq.hhs.gov.

SUPPLEMENTARY INFORMATION:

Proposed Project

Pilot Test of an Emergency Department Discharge Tool

The research study "Pilot Test of an Emergency Discharge Tool" fully supports AHRQ's mission. The ultimate aim of this study is to pilot test a discharge tool which has the potential to reduce unnecessary visits to the

Emergency Department (ED), reduce healthcare expenditure in the ED, as well as streamline and enhance the quality of care delivered to ED patients.

The ED is an important and frequently used setting of care for a large part of the U.S. population. In 2006, there were nearly 120 million ED visits in the U.S., of which only 15.5 million (14.7%) resulted in admission to the hospital or transfer to another hospital. Thus the majority ED visits result in discharge to home. Patients discharged from the ED face significant risk for adverse outcomes, with between 3-5 patients per 100,000 visits experiencing an unexpected death following discharge from the ED. Additionally, a sizable minority of patients return to the ED frequently. Published studies estimate that 4.5% to 8% of patients revisit the ED 4 or more times per year, accounting for 21% to 28% of all ED visits. Internal data from John Hopkins Hospital, AHRQ's contractor for this pilot test, supports these findings with 7% of their patients accounting for 26% of visits to the Johns Hopkins Hospital ED in 2011.

Patients who revisit the ED contribute to overcrowding, unnecessary delays in care, dissatisfaction, and avoidable patient harm. ED revisits are also an important contributor to rising health care costs, as ED care is estimated to cost two to five times as much as the same treatment delivered by a primary care physician. Thus it is estimated that eliminating revisits and inappropriate use of EDs could reduce health care spending as much as \$32 billion each year. Overall, an effective and efficient ED discharge process would improve the quality of patient care in the ED as well as reduce healthcare costs.

To respond to the challenges faced by our nation's EDs and the patients they serve, AHRQ will develop and pilot test a tool to improve the ED discharge process. More specifically, this project has the following goals:

(1) Develop and Pilot Test a Prototype ED Discharge Tool in a limited number of settings to assess:

(A) The feasibility for use with patients;

(B) The methodological and resource requirements associated with tool use;

(C) The feasibility of measuring outcomes;

(D) The costs of implementation and; (E) Preliminary outcomes or impacts of tool use.

(2) Revise the Tool based on the results from the Pilot Test

This study is being conducted by AHRQ through its contractor, John Hopkins Hospital, pursuant to AHRQ's statutory authority to conduct and support research on healthcare and on