

Office of Insurance Programs for New York, co-chair the SNAC.

Role of the National Advisory Council

The National Advisory Council for Healthcare Research and Quality is authorized by Section 941 of the Public Health Service Act, 42 U.S.C. 299c. In accordance with its statutory mandate, the Council is to advise the Secretary of the Department of Health and Human Services and the Director, Agency for Healthcare Research and Quality (AHRQ), on matters related to AHRQ's conduct of its mission including providing guidance on (A) Priorities for health care research, (B) the field of health care research including training needs and information dissemination on health care quality and (C) the role of the Agency in light of private sector activity and opportunities for public private partnerships.

The Council is composed of members of the public, appointed by the Secretary, and Federal ex-officio members specified in the authorizing legislation.

II. Agenda

The final agenda will be available on the AHRQ Web site at <http://www.AHRQ.gov> no later than August 1, 2011.

Dated: July 8, 2011.

Carolyn M. Clancy,
Director.

[FR Doc. 2011-18791 Filed 7-26-11; 8:45 am]

BILLING CODE 4160-90-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket Number NIOSH-227]

Determination on Adding Cancer, or a Certain Type of Cancer, to the List of WTC-Related Health Conditions

AGENCY: National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC) announces the availability of the "First Periodic Review of Scientific and Medical Evidence Related to Cancer for the World Trade Center Health Program." The Review can be found at:

<http://www.cdc.gov/niosh/topics/wtc/prc/prc-1.html>.

Background: The James Zadroga 9/11 Health and Compensation Act of 2010 (Pub. L. 111-347), Title XXXIII of the Public Health Service Act, 124 Stat. 3623 (codified at 42 U.S.C. 300mm-300mm-61) requires in Section 300mm-22(a)(5)(A) that the Administrator of the World Trade Center (WTC) Health Program "periodically conduct a review of all available scientific and medical evidence, including findings and recommendations of Clinical Centers of Excellence, published in peer-reviewed journals to determine if, based on such evidence, cancer or a certain type of cancer should be added to the applicable list of WTC-related health conditions."

The first periodic Review of Cancer provides a summary of the current scientific and medical findings in the peer-reviewed literature about exposures resulting from the September 11, 2001 terrorist attacks in New York City and cancer studies. The review discusses criteria that have been used previously to assist in weighing the scientific evidence to determine if a causal association exists between exposure and cancer. The review summarizes input from the public on three questions regarding conditions relating to cancer for consideration under the WTC Health Program, as requested in the **Federal Register** on March 8, 2011 (76 FR 12740) and modified on March 29, 2011 (76 FR 17421). See <http://www.cdc.gov/niosh/docket/archive/docket227.html>.

The review also provides reports from the Mount Sinai School of Medicine, the Bureau of Health Services of the Fire Department of New York City, the WTC Health Registry of the New York City Department of Health and Mental Hygiene and the New York State Department of Health about cancer studies ongoing or planned.

Based on the scientific and medical findings in the peer-reviewed literature reported in the first periodic Review of Cancer for the WTC Health Program, insufficient evidence exists at this time to propose a rule to add cancer, or a certain type of cancer, to the List of WTC-Related Health Conditions found at 42 U.S.C. 300mm-22(a)(3) through (4) and 300mm-32(b).

FOR FURTHER INFORMATION CONTACT: Jessica Bilics, NIOSH, Patriots Plaza 1, 395 E Street, SW., Suite 9200, Washington, DC 20201, E-mail WTC@cdc.gov.

Dated: July 19, 2011.

John Howard,

Administrator, World Trade Center Health Program; and Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention.

[FR Doc. 2011-18754 Filed 7-26-11; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Statement of Organization, Functions, and Delegations of Authority

Part F of the Statement of Organization, Functions, and Delegations of Authority for the Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS), (**Federal Register**, Vol. 75, No. 56, pp. 14176-14178, dated March 24, 2010; as amended at Vol. 76, No. 17, p. 4703, dated January 26, 2011; as amended at Vol. 76, No. 75, pp. 21908-21909, dated April 19, 2011) is amended to reflect the establishment of the Office of Minority Health.

Part F is described below:

- Section FC. 10 (Organization) reads as follows:

Office of the Administrator (FC)
Office of Equal Opportunity and Civil Rights (FCA)
Office of Legislation (FCC)
Office of the Actuary (FCE)
Office of Strategic Operations and Regulatory Affairs (FCF)
Office of Clinical Standards and Quality (FCG)
Center for Medicare (FCH)
Center for Medicaid, CHIP and Survey & Certification (FCJ)
Center for Strategic Planning (FCK)
Center for Program Integrity (FCL)
Chief Operating Officer (FCM)
Office of Minority Health (FCN)
Center for Medicare and Medicaid Innovation (FCP)
Federal Coordinated Health Care Office (FCQ)
Center for Consumer Information and Insurance Oversight (FCR)
Office of Public Engagement (FCS)
Office of Communications (FCT)

- Section FC. 20 (Functions) reads as follows:

Office of Minority Health (FCN)

- Serves as the principal advisor and coordinator to the Agency for the special needs of minority and disadvantaged populations.
- Provides leadership, vision and direction to address HHS and CMS

Strategic Plan goals and objectives related to improving minority health and eliminating health disparities.

- Develops an Agency-wide data collection infrastructure for minority health activities and initiatives.
- Implements activities to increase the availability of data to monitor the impact of CMS programs in improving minority health and eliminating health disparities.
- Participates in the formulation of CMS goals, policies, legislative proposals, priorities and strategies as they affect health professional organizations and others involved in or concerned with the delivery of culturally and linguistically-appropriate, quality health services to minorities and disadvantaged populations.
- Consults with HHS Federal agencies and other public and private sector agencies and organizations to collaborate in addressing health equity.
- Establishes short-term and long-range objectives and participates in the focus of activities and objectives in assuring equity of access to resources and health careers for minorities and disadvantaged populations.

Authority: 44 U.S.C. 3101.
Dated: July 12, 2011.
Donald Berwick,
Administrator, Centers for Medicare & Medicaid Services.
[FR Doc. 2011–19000 Filed 7–26–11; 8:45 am]
BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Title: Child Care Quarterly Case Record Report—ACF–801.
OMB No.: 0970–0167.
Description: Section 658K of the Child Care and Development Block Grant Act of 1990 (Pub. L. 101–508, 42 U.S.C. 9858) requires that States and Territories submit monthly case-level data on the children and families receiving direct services under the Child Care and Development Fund. The implementing regulations for the statutorily required reporting are at 45 CFR 98.70. Case-level reports,

submitted quarterly or monthly (at grantee option, include monthly sample or full population case-level data. The data elements to be included in these reports are represented in the ACF–801. ACF uses disaggregate data to determine program and participant characteristics as well as costs and levels of child care services provided. This provides ACF with the information necessary to make reports to Congress, address national child care needs, offer technical assistance to grantees, meet performance measures, and conduct research. Consistent with the statute and regulations, ACF requests extension of the ACF–801. With this extension, ACF is proposing to add several new data elements as well as some minor changes and clarifications to the existing reporting requirements and instructions. These proposed revisions to the ACF–801 would allow OCC to capture child-level data on provider quality for each child receiving a child care subsidy.

Respondents: States, the District of Columbia, and Territories including Puerto Rico, Guam, the Virgin Islands, American Samoa, and the Northern Mariana Islands.

ANNUAL BURDEN ESTIMATES				
Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
ACF–801	56	4	25	5,600

Estimated Total Annual Burden Hours: 5,600.

In compliance with the requirements of Section 506(c) (2) (A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Administration, Office of Planning Research and Evaluation, 370 L'Enfant Promenade, SW., Washington, DC 20447, *Attn:* ACF Reports Clearance Officer. *e-mail address:* infocollection@acf.hhs.gov. All requests should be identified by the title of the information collection.

The Department specifically requests comments 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) the quality, utility, and clarity of the information to be collected; and (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. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Dated: July 20 2011.
Steven M. Hanmer,
Reports Clearance Officer.
[FR Doc. 2011–18787 Filed 7–26–11; 8:45 am]
BILLING CODE 4184–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children And Families

Announcement of Five Single Source Grant Awards

AGENCY: Office of Child Care, ACF, HHS.

ACTION: Award of five single source grants under the Tribal Home Visiting Program to the Eastern Band of Cherokee Indians, Cherokee, NC; Native American Health Center, Inc., Oakland, CA; Riverside-San Bernardino County Indian Health, Inc., Banning, CA; Taos Pueblo, Taos, NM; and United Indians of All Tribes Foundation, Seattle, WA.

CFDA Number: 93.508.

Statutory Authority: Section 511(h)(2)(A) of Title V of the Social Security Act, as added by Section 2951 of the Affordable Care Act of 2010 (Pub. L. 111–148, ACA), authorizes the Secretary of HHS to award grants to