

entity that attests that it meets the statutory and regulatory requirements for listing. A PSO can be “delisted” if it is found to no longer meet the requirements of the Patient Safety Act and Patient Safety Rule, when a PSO chooses to voluntarily relinquish its status as a PSO for any reason, or when a PSO’s listing expires. Section 3.108(d) of the Patient Safety Rule requires AHRQ to provide public notice when it removes an organization from the list of federally approved PSOs.

AHRQ has accepted a notification from Medical Peer Review Resource, LLC, PSO number P0026, to voluntarily relinquish its status as a PSO. Accordingly, Medical Peer Review Resource, LLC was delisted effective at 12:00 Midnight ET (2400) on April 2, 2014. Medical Peer Review Resource, LLC, submitted this request for voluntary relinquishment during revocation proceedings for cause.

Medical Peer Review Resource, LLC has patient safety work product (PSWP) in its possession. The PSO will meet the requirements of section 3.108(c)(2)(i) of the Patient Safety Rule regarding notification to providers that have reported to the PSO. In addition, according to sections 3.108(c)(2)(ii) and 3.108(b)(3) of the Patient Safety Rule regarding disposition of PSWP, the PSO has 90 days from the effective date of delisting and revocation to complete the disposition of PSWP that is currently in the PSO’s possession.

More information on PSOs can be obtained through AHRQ’s PSO Web site at <http://www.pso.AHRQ.gov/index.html>.

Dated: April 25, 2014.

**Richard Kronick,**  
*AHRQ Director.*

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## 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 79 FR 21760–21763, dated April 17, 2014) is amended to establish the World Trade Center Health

Program, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention.

Section C–B, Organization and Functions, is hereby amended as follows:

After the title and functional statement for the Division of Compensation Analysis and Support (CCN), National Institute for Occupational Safety and Health (CC), insert the following:

World Trade Center Health Program (CCP). (1) Provides the leadership and management to comply with the responsibilities under the James Zadroga 9/11 Act of 2010; Title) (XXIII of the Public Health Service Act; (2) administers the World Trade Center Health Program (WTCHP); (3) develops, implements, and maintains a WTCHP quality assurance program; (4) provides annual reports to Congress; (5) consults with stakeholders in carrying out the WTCHP mission; (6) establishes and administers a WTCHP Scientific Technical Advisory Committee; (7) develops and implements an education and outreach program; (8) provides for uniform data collection and for data integration; (9) provides for collaboration between Data Centers and World Trade Center (WTC) Health Registry; (10) enters into and oversees contracts for Clinical Centers of Excellence, Data Centers, and Nationwide Provider Networks; (11) enters into agreement with New York City for purposes of collecting 10% of the specified funds stated in the Zadroga 9/11 Act of 2010; (12) ensures continuity of care; (13) reimburses Clinical Centers of Excellence for infrastructure costs; (14) establishes a process for enrollment of WTC responders, and Pentagon and Shanksville responders; (15) conducts reviews to determine if cancer/types of cancer should be added to list of WTC-related health conditions; (16) issues regulations for medical necessity; (17) reimburses costs for initial health evaluation, monitoring, and treatment; (18) establishes a process to determine and certify screening-eligible WTC survivors as certified-eligible survivors; (19) administers/collects recoupments from private insurance and workers compensation; (20) conducts and/or supports research; (21) ensures that a Registry of 9/11 victims is maintained; (22) enters into agreement(s) with the Centers for Medicare and Medicaid Services for provider reimbursements; and (23) ensures compliance with all Health Insurance Portability and Accountability Act of 1996 (HIPAA) Public Law 104–191, statutory and regulatory provisions that govern the

WTCHP as a covered entity, as well as any HHS HIPAA policies through the establishment of a WTCHP HIPAA Compliance Program.

Dated: April 28, 2014.

**Sherri A. Berger,**

*MSPH, Chief Operating Officer, Centers for Disease Control and Prevention.*

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## 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 79 FR 21760–21763, dated April 17, 2014) is amended to reflect the reorganization of the Human Capital and Resource Management Office, Office of the Chief Operating Officer, Centers for Disease Control and Prevention.

Section C–B, Organization and Functions, is hereby amended as follows:

Delete in its entirety the title and the mission and function statements for the Human Capital and Resource Management Office (CAJQ) and insert the following:

Human Resources Office (CAJQ). (1) Provides leadership, policy formation, oversight, guidance, service, and advisory support and assistance to the Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR); (2) collaborates as appropriate, with the CDC Office of the Director (OD), Centers/Institute/Offices (CIOs), domestic and international agencies and organizations; and provides a focus for short-and long-term planning within the Human Resource Office (HRO); (3) develops and administers human capital and human resource management policies; (4) serves as the business steward for all CDC developed human capital and human resources management systems and applications; (5) develops, maintains, and human resources management systems and applications; (5) develops, maintains, and supports information systems to conduct