

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 69 FR 77756, dated December 28, 2004) is amended to reflect the establishment of the Office of the Chief Science Officer.

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

Delete in its entirety the title and functional statement for the Office of Science Policy and Technology Transfer (CAE) and insert the following:

Office of the Chief Science Officer (CAS). The Chief Science Officer and staff provide CDC/ATSDR with scientific vision and leadership in science innovation, research, ethics, and science administration. Activities in support of the mission include: (1) Ensures stability and commitment to long-term scientific investments as the basis for achieving CDC's two overarching health protection goals; (2) provides coordination for the agency's public health research program, both for intramural and extramural research activities; (3) upholds scientific ideals, establishes an environment thriving with scientific excellence, innovation, integrity, learning and discovery, and timely dissemination and translation into practice of scientific information, innovations, and technology with the ultimate goal of improving public health; (4) facilitates developing strategic and trans-disciplinary approaches for long-term planning and evaluation of CDC's scientific enterprise and ensuring sustainability of CDC's scientific output, establishing and sustaining high-level national and global alliances and synergy, and a coordinated approach to providing scientific foundation for development of public health policies; (5) advises the CDC Director and Senior Staff on science matters and represents CDC in these areas to the Department, other agencies, and Congress; (6) develops and disseminates scientific policies for CDC/ATSDR; (7) maintains the integrity and productivity of CDC's scientists by resolving controversial scientific issues,

supporting trailing and information exchange, and providing direction on matters of scientific integrity; (8) assures the protection of human subjects in public health research and participates in national and international initiatives in public health protection; (9) manages CDC's intellectual property (e.g., patents, trademarks, copyrights) and promotes the transfer of new technology from CDC research to the private sector to facilitate and enhance the development of diagnostic products, vaccines, and products to improve occupational safety; (10) manages the confidentiality function for sensitive research data; (11) facilitates the agency response to the Privacy Act, the Paperwork Reduction Act, HIPAA, and FERPA.

Revise the functional statement for the *Management Analysis and Services Office (CAJ6)*, *Office of the Chief Operating Officer (CAJ)*, by deleting item (1) and inserting the following: (1) Plans, coordinates, and provides CDC-wide management and information services in the following areas: policy development and consultation, studies and surveys, delegations of authorities, organizations and functions, records management, printing procurement and reproduction, and meeting management, forms design and management, publications distribution, mail services, public inquiries, information quality, and Federal advisory committee management.

Delete the items (7) and (8) of the functional statement for the *Management Analysis and Policy Branch (CAJ64)* and renumber the remaining items accordingly.

Dated: April 28, 2005.

William H. Gimson,

Chief Operating Officer, Centers for Disease Control and Prevention (CDC).

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10130]

Emergency Clearance: Public Information Collection Requirements Submitted to the Office of Management and Budget (OMB)

AGENCY: Center 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, submitted the following collection for emergency review and approval.

We requested an emergency review because the collection of this information is needed before the expiration of the normal time limits under OMB's regulations at 5 CFR part 1320. This is necessary to ensure compliance with provisions of Section 1011 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA). We cannot reasonably comply with the normal clearance procedures because of the effective implementation date associated with this provision of MMA.

OMB evaluated the collection for necessity and utility of the proposed information collection for the proper performance of the agency's functions; the accuracy of the estimated burden; ways to enhance the quality, utility, and clarity of the information to be collected; and the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

OMB approved the emergency review of the information collection referenced below on May 9, 2005. OMB approved CMS' request for the information collection titled, "Federal Funding of Emergency Health Services (Section 1011): Provider Payment Determination and Request for Section 1011 Hospital On-Call Payments to Physicians" (OMB#:0938-NEW) for a 180-day approval period.

Background

Section 1011 provides \$250 million per year for fiscal years (FY) 2005-2008 for payments to eligible providers for emergency health services provided to undocumented aliens and other specified aliens. Two-thirds of the funds will be divided among all 50 states and the District of Columbia based on their relative percentages of undocumented aliens. One-third will be divided among the six states with the largest number of undocumented alien apprehensions.

From the respective state allotments, payments will be made directly to hospitals, certain physicians, and ambulance providers for some or all of the costs of providing emergency health care required under section 1867 and related hospital inpatient, outpatient and ambulance services to eligible individuals. Eligible providers may include an Indian Health Service facility whether operated by the Indian Health Service or by an Indian tribe or tribal organization. A Medicare critical access hospital (CAH) is also a hospital under