Center for Outcomes and Evidence, Agency for Healthcare Research and Quality, (please see contact information above).

Submission Criteria

The survey development teams are interested in instruments and items through which cancer patients can assess the care they receive from providers as well as the providers' communication skill. They are also interested in instruments and items through which clinicians can assess delivered care or communication. In addition to survey items and instruments, the development teams are interested in observational measures and their associated scoring systems. AHRQ, in collaboration with experienced investigators, will evaluate all submitted instruments and items. Instruments and items may be adopted verbatim, in whole or in part, or may be modified. AHRQ will assume responsibility for the final measure sets as well as any future modifications to either survey.

Each voluntary submission should include the following related descriptive information, to the extent that it is available:

- The name of the instrument (or observational measure);
- Domain(s) or key concepts covered in the survey;
- Language(s) in which the instrument is available;
- Evidence of cultural/cross group comparability;
- Cognitive screening or assessments used and cognitive testing results;
- Method of selection of respondent (*i.e.,* patient) or patient representative or spokesperson (*i.e.,* most appropriate family member/significant other, if more than one available);
- Response rates;
- Cost estimates for data collection;
- Instrument reliability (internal consistency, test-retest, etc.);
- Validity (content, construct, criterion-related);
- Methods and results of field-testing; and,
- Description of sampling strategies and data collection protocols, including such elements as mode of administration, informed consent materials, use of advance letters, timing and frequencies of contacts;
- For the PCC initiative, indicate whether the instrument (or observational measure) is designed for use with patients or clinicians, as well as a statement indicating whether or not the submitter wishes to be acknowledged when the instrument is published on the NCI Web site.

In addition, a description of how extensively the survey has been fielded should also be included in the submission materials. Measures that have been tested or implemented in just one or two research studies would have more limited value than those tested or implemented more widely, but measures will be considered on an individual basis when evaluating the measures needing further testing as a prerequisite to their inclusion in CAHPS® or PCC draft and final survey tools.

Submission of copies of existing report formats developed to disclose findings to consumers and providers is desirable, but not required. Additionally, information about existing database(s) for the instrument(s) submitted is helpful, but not required for submission. Evidence of meeting the validity, reliability, and other criteria may be demonstrated through submission of peer-reviewed journal article(s) or through the best evidence available at the time of submission.

SUPPLEMENTARY INFORMATION:

Background

AHRQ is a leader in developing and testing instruments for quantitative measurement of consumer experience within the healthcare system of the United States as evidenced by the development and widespread use of CAHPS® survey products. The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) program is a public-private initiative to develop standardized surveys of patient experience of care received in ambulatory and facility settings. Standardization of measures is essential for meaningful comparison of performance across providers and settings. While CAHPS® instruments have been highly regarded within the industry and provide valuable information, until now, no CAHPS® condition-specific surveys have been developed. Use of a standardized measurement instrument for cancer care will provide several benefits including: Comparable information across cancer care providers for the public about the quality of care; data-based recommendations for quality improvement efforts and a data base to stimulate further research in this area. AHRQ, through a collaborative process with NCI and other stakeholders, has initiated the process for this project.

The steps to advance this initiative are described below:

- Survey Development and Testing: The process by which measures will be defined and the most useful instruments or measures identified is as follows: Instruments submitted will be evaluated by the project team in consultation with AHRQ and NCI staff to determine if they meet high priority or common measurement needs and to identify whether additional measure development is required. Additional measure development will be done as needed.

Until the trademarked versions or each instrument are available, access to and use of draft versions will require explicit written permission from AHRQ and sharing of testing results with the CAHPS® team. testing

- Implementation Plan: The final tools and a description of the survey process as well as instructions for implementing of the final standardized CAHPS® and PCC cancer care instruments will be made available at no cost to the public on AHRQ and NCI Web sites and will include requirements and information related to their use in future data collections, analysis, and public reporting.

Dated: February 16, 2010.

Carolyn M. Clancy,

Director, AHRQ.

[FR Doc. 2010–4387 Filed 3–3–10; 8:45 am]

BILLING CODE 4160–90–M

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 75 FR 7489–7490, dated February 19, 2010) is amended to reflect the establishment of the Office of Infectious Diseases, Centers for Disease Control and Prevention.

Section C–B, Organization and Functions, is hereby amended as follows: After the mission statement for the Centers for Disease Control and Prevention (C), insert the following:

Office of Infectious Diseases (CV). The mission of the Office of Infectious Diseases (OID) is to lead, promote, and facilitate science, programs, and policies to reduce the burden of infectious diseases in the United States and globally.

Office of the Director (CVA). (1) Serves as the principal advisor to the

CDC Director on infectious disease issues; (2) assists the CDC Director in formulating and communicating strategic initiatives and policies; (3) informs the CDC Director about key infectious disease issues; (4) represents the CDC Director externally on infectious disease issues; (5) provides strategic leadership to CDC's infectious disease national centers; (6) develops overall strategic directions, sets priorities, and promotes science, policies, and programs related to infectious diseases; (7) ensures that agency-wide decisions on resource allocation are aligned with infectious disease priorities; (8) works with infectious disease national centers, other CDC centers and offices, and public health partners to develop and implement infectious disease goals and objectives; (9) identifies infectious disease issues of public health importance and launches strategic initiatives to address them, including developing shared goals and monitoring progress and accomplishments; (10) recruits and supports an efficient, effective, and vibrant work force, and fosters a safe and healthy work environment; (11) enhances cooperation, collaboration, and partnerships across multiple sectors, domestically and globally; (12) ensures integrity, transparency, and excellence in public health science and practice; (13) conducts ongoing evaluation and adjustment of infectious disease activities to ensure optimal effectiveness and efficiency; (14) promotes an environment that increases synergies and efficiencies and reduces duplication within CDC's infectious disease programs; and (15) provides direction and leadership for external and internal program reviews of the infectious disease national centers' initiatives, performance, and achievements.

Influenza Coordination Unit (CVA4). The mission of the Influenza Coordination Unit (ICU) is to synchronize all aspects of CDC's pandemic influenza preparedness and response from strategy through implementation and evaluation. In carrying out its mission, the ICU: (1) Serves as the principal advisor to the CDC Director and Deputy Director for Infectious Diseases on pandemic influenza preparedness and response activities, assisting the Director and Deputy Director for Infectious Diseases in formulating and communicating strategic pandemic initiatives and policies; (2) provides strategic leadership for CDC in the areas of pandemic preparedness and response, including setting priorities and promoting science, policies, and programs related to pandemic influenza; (3) strategically manages a $150+ million budget and allocates funds across the agency to ensure appropriate resources for high priority areas; and (4) conducts ongoing evaluation and adjustment of pandemic preparedness and response activities, in coordination with the National Response Framework and other emergency preparedness guidance, to ensure optimal public health effectiveness and efficient use of human and fiscal resources.

Dated: February 23, 2010.

William P. Nichols,

Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2010–4391 Filed 3–3–10; 8:45 am]

BILLING CODE 4160–18–M

DEPARTMENT OF HOMELAND SECURITY

Transportation Security Administration

[Docket No. TSA–2009–0018]

Extension of Agency Information Collection Activity Under OMB Review: Certified Cargo Screening Program

AGENCY: Transportation Security Administration, DHS.

ACTION: 30-Day notice.

SUMMARY: This notice announces that the Transportation Security Administration (TSA) has forwarded the Information Collection Request (ICR), OMB control number 1652–0053, abstracted below to the Office of Management and Budget (OMB) for renewal in compliance with the Paperwork Reduction Act. The ICR describes the nature of the information collection and its expected burden. TSA published a **Federal Register** notice, with a 60-day comment period soliciting comments, of the following collection of information on November 16, 2009, 74 FR 58967. TSA has received no comments. The collections include: (1) Applications from entities that wish to become Certified Cargo Screening Facilities (CCSF) or operate as a TSA-approved validation firm; (2) personal information to allow TSA to conduct security threat assessments on key individuals employed by the CCSFs and validation firms; (3) implementation of a standard security program or submission of a proposed modified security program; (4) information on the amount of cargo screened; (5) recordkeeping requirements for CCSFs and validation firms; and (6) submission of validation reports to TSA. TSA is seeking the renewal of the ICR for the continuation of the program in order to secure passenger aircraft carrying cargo by the deadlines set out in the Implementing Recommendations of the 9/11 Commission Act of 2007.

DATES: Send your comments by April 5, 2010. A comment to OMB is most effective if OMB receives it within 30 days of publication.

ADDRESSES: Interested persons are invited to submit written comments on the proposed information collection to the Office of Information and Regulatory Affairs, Office of Management and Budget. Comments should be addressed to Desk Officer, Department of Homeland Security/TSA, and sent via electronic mail to *oira_submission@omb.eop.gov* or faxed to (202) 395–6974.

FOR FURTHER INFORMATION CONTACT: Joanna Johnson,, TSA Paperwork Reduction Act (PRA) Officer, Office of Information Technology (OIT), TSA–11, Transportation Security Administration, 601 South 12th Street, Arlington, VA 20598–6011; telephone (571) 227–3651; e-mail *TSAPRA@dhs.gov.*

SUPPLEMENTARY INFORMATION:

Comments Invited

In accordance with the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*), an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The ICR documentation is available at *http://www.reginfo.gov.* Therefore, in preparation for OMB review and approval of the following information collection, TSA is soliciting comments to—

(1) Evaluate whether the proposed information requirement is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

(2) Evaluate the accuracy of the agency's estimate of the burden;

(3) Enhance the quality, utility, and clarity of the information to be collected; and

(4) Minimize the burden of the collection of information on those who are to respond, including using appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Information Collection Requirement

Title: Certified Cargo Screening Program.

Type of Request: Renewal of one currently approved collection.

OMB Control Number: 1652–0053.