Medicare provider payment rates or coverage policy.

Meeting Date: April 12, 2011, 9 a.m. to 5 p.m. e.t.

ADDRESSES: The meetings will be held at HHS headquarters at 200 Independence Ave., SW., Washington, DC 20201, Room 425A.

Comments: The meeting will allocate time on the agenda to hear public comments at the end of the meeting. In lieu of oral comments, formal written comments may be submitted for the record to Donald T. Oellerich, OASPE, 200 Independence Ave., SW., 20201, Room 405F. Those submitting written comments should identify themselves and any relevant organizational affiliations.

FOR FURTHER INFORMATION CONTACT: Donald T. Oellerich (202) 690–8410, *Don.oellerich@hhs.gov.* **Note:** Although the meeting is open to the public, procedures governing security procedures and the entrance to Federal buildings may change without notice. Those wishing to attend the meeting must call or e-mail Dr. Oellerich by Thursday April 7, 2011, so that their name may be put on a list of expected attendees and forwarded to the security officers at HHS Headquarters.

SUPPLEMENTARY INFORMATION:

Topics of the Meeting: The Panel is specifically charged with discussing and possibly making recommendations to the Medicare Trustees on how the Trustees might more accurately estimate health spending in the United States. The discussion is expected to focus on highly technical aspects of estimation involving economics and actuarial science. Panelists are not restricted, however, in the topics that they choose to discuss.

Procedure and Agenda: This meeting is open to the public. The Panel will likely hear presentations by HHS staff presentations regarding short range projection methods and assumptions. After any presentations, the Panel will deliberate openly on the topic. Interested persons may observe the deliberations, but the Panel will not hear public comments during this time. The Panel will also allow an open public session for any attendee to address issues specific to the topic.

Authority: 42 U.S.C. 217a; Section 222 of the Public Health Services Act, as amended. The panel is governed by provisions of Public Law 92–463, as amended (5 U.S.C. Appendix 2), which sets forth standards for the formation and use of advisory committees.

Dated: March 29, 2011.

Sherry Glied,

Assistant Secretary for Planning and Evaluation.

[FR Doc. 2011–8359 Filed 4–6–11; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Office of the Assistant Secretary for Planning and Evaluation; Statement of Organization, Functions and Delegations of Authority

Part A (Office of the Secretary), Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (HHS) is being amended at Chapter AE, Office of the Assistant Secretary for Planning and Evaluation (ASPE) as last amended at 67 FR 61341–42 dated September 30, 2002 and most recently at 73 FR 19977, dated April 16, 2010. This reorganization is to realign the functions of ASPE to reflect the current structure and areas of focus. The changes are as follows:

I. Under Section AE.20 Functions, delete Paragraph D, Office of Disability, Aging and Long-Term Care Policy (AEW), in its entirety and replace with the following:

D. The Office of Disability, Aging and Long-Term Care Policy is responsible for the development, coordination, research and evaluation of HHS policies and programs that support the independence, productivity, health and well being of children, working age adults, and older persons with disabilities. The office is also responsible for policy coordination and research to promote the economic and social well-being of older Americans. The Office coordinates its work with aging and disability-related agencies and programs throughout the government, including the Departments of Justice, Labor, Education, Transportation, Housing and Urban Development, the Social Security Administration and the Office of National Drug Control Policy.

1. The Division of Disability and Aging Policy is responsible for policy development, coordination, research and evaluation of policies and programs focusing on persons with disabilities and older Americans (Older Americans Act). Activities related to the Older Americans Act are carried out in coordination with the Office of the Assistant Secretary for Aging. This includes measuring and evaluating the impact of programs authorized by the Older Americans Act. The Division is also responsible for supporting the development and coordination of crosscutting disability and aging data and policies within the Department and other federal agencies. Areas of focus include assessing the interaction between the health, disability, and economic well-being of persons of all ages with disabilities including the prevalence of disability and disabling conditions; describing the socio-demographic characteristics of relevant populations; determining service use, income, employment, and program participation patterns; and coordinating the development of disability and aging data and policies that affect the characteristics, circumstances and needs of older Americans and disabled populations. The Division's responsibilities include long-range planning, budget and economic analysis, program analysis, review of regulations and reports on legislation, review and conduct of research and evaluation activities, and information dissemination.

2. The Division of Long-Term Care Policy is responsible for coordination, development, research and evaluation of HHS policies and programs which address the long-term care and personal assistance needs of people of all ages with functional impairments and disabilities. The Division is the focal point for policy development and analysis related to the long-term care services components of the Affordable Care Act as well as Medicare, Medicaid, and including nursing facility services, community residential services, personal assistance services, home health and rehabilitation services, and the integration of acute, post-acute and long-term care services. The Division's responsibilities include long-range planning, budget and economic analysis, program analysis, review of regulations and reports on legislation, review and conduct of research and evaluation activities, and information dissemination.

3. The Division of Behavioral Health and Intellectual Disabilities Policy is responsible for analysis, coordination, research and evaluation of policies related to individuals with severe intellectual disabilities, severe addictions and/or severe and persistent mental illness. The Division's responsibilities include long-range planning, budget and economic analysis, data development and analysis, program analysis, review of regulations and reports on legislation, review and conduct of research and evaluation activities, and information

dissemination. The Division is the focal point for policy development and analysis related to financing, access/delivery, organization and quality of Intellectual Disabilities and Serious and Persistent Mental Illnesses services, including those financed by Medicaid, Medicare, SAMHSA, Administration on Developmental Disabilities and HRSA. The Division works closely with other offices in ASPE because the two vulnerable populations that are its focus are users of both human services and health services.

II. Delegations of Authority: All delegations and redelegations of authority made to officials and employees of affected organizational components will continue in them or their successors pending further redelegation, provided they are consistent with this reorganization.

Dated: March 30, 2011.

E.J. Holland, Jr.,

Assistant Secretary for Administration.

[FR Doc. 2011–8357 Filed 4–6–11; 8:45 am]

BILLING CODE 4150–04–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–11–11EC]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–639–5960 and send comments to Daniel Holcomb, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an e-mail to *omb@cdc.gov*.

Comments are invited 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) ways to enhance 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. Written comments should be received within 60 days of this notice.

Proposed Project

Epidemiologic Study of Health Effects Associated With Low Pressure Events in Drinking Water Distribution Systems —New—National Center for Emerging and Zoonotic Infectious Diseases—Office of Infectious Diseases—CDC.

Background and Brief Description

In the United States, drinking water distribution systems are designed to deliver safe, pressurized drinking water to our homes, hospitals, schools and businesses. However, the water distribution infrastructure is 50–100 years old in much of the U.S. and an estimated 240,000 water main breaks occur each year. Failures in the distribution system such as water main breaks, cross-connections, back-flow, and pressure fluctuations can result in potential intrusion of microbes and other contaminants that can cause health effects, including acute gastrointestinal and respiratory illness.

Approximately 200 million cases of acute gastrointestinal illness occur in the U.S. each year, but we don't have reliable data to assess how many of these cases are associated with drinking water. Further, data are even more limited on the human health risks associated with exposure to drinking water during and after the occurrence of low pressure events (such as water main breaks) in drinking water distribution systems. A study conducted in Norway from 2003–2004 found that people exposed to low pressure events in the water distribution system had a higher risk for gastrointestinal illness. A similar study is needed in the United States.

The purpose of this data collection is to conduct an epidemiologic study in the U.S. to assess whether individuals exposed to low pressure events in the water distribution system are at an increased risk for acute gastrointestinal or respiratory illness. This study would be, to our knowledge, the first U.S. study to systematically examine the association between low pressure events and acute gastrointestinal and respiratory illnesses. Study findings will inform the Environmental Protection Agency (EPA), CDC, and other drinking water stakeholders of the potential health risks associated with low pressure events in drinking water distribution systems and whether additional measures (*e.g.,* new standards, additional research, or policy development) are needed to reduce the risk for health effects associated with low pressure events in the drinking water distribution system.

We will conduct a cohort study among households that receive water from five water utilities across the U.S. The water systems will be geographically diverse and will include both chlorinated and chloraminated systems. These water utilities will provide information about low pressure events that occur during the study period. Households in areas exposed to the low pressure event and an equal number of households in an unexposed area will be randomly selected and sent a survey questionnaire. After consenting to participate, households will be asked about symptoms and duration of any recent gastrointestinal or respiratory illness, tap water consumption, and other factors including international travel, daycare attendance or employment, and exposure to under-cooked or unpasteurized food, pets and other animal contact, and recreational water. Study participants will be able to choose their method of survey response from a variety of options including a paper survey, telephone-administered survey, or Web-based survey. A Spanish language version of the survey for all response options will also be available. Participation in this study will be voluntary. No financial compensation will be provided to study participants. The study duration is anticipated to last 12 months. An estimated 5,200 individuals will be contacted and we anticipate 2,080 adults (18 years of age or older) will consent to participate in this study. We will conduct a pilot study (duration 3 months) prior to launching the full epidemiologic study. An estimated 1,000 individuals will be contacted and we anticipate 400 adults (18 years of age or older) will consent to participate in the pilot study. The total estimated annualized hours associated with this study, including the pilot, is expected to be 601.