must state: "Opt out?" When a consumer's cursor, or equivalent, is placed over the hyperlink, a box shall be visible that clearly and prominently states, "Opt out of Chitika's targeted ads."

Part III of the proposed order restricts Chitika's use of any data that it collected from consumers prior to March 1, 2010, the date on which Chitika extended the expiration date of its opt-out cookies from ten (10) days to ten (10) years. Specifically, the proposed order prevents Chitika from using, selling, or transferring "any information that can be associated with a Chitika user or a Chitika user's computer or device" that the company obtained prior to March 1, 2010. In addition to restricting the use of this data, within sixty (60) days after the service of the order, Chitika must delete any such information stored in Chitika users' cookies and any information retained in Chitika's files that would allow the information to be associated with a particular consumer or that consumer's computer or device.

Parts IV through VIII of the proposed order are reporting and compliance provisions. Part IV requires Chitika to retain documents relating to its compliance with the order. Part V requires dissemination of the order to all current and future principals, officers, directors, managers, employees, agents, and representatives having responsibilities relating to the subject matter of the order. Part VI ensures notification to the FTC of changes in corporate status. Part VII mandates that Chitika submit a report to the Commission detailing its compliance with the order. Part VIII provides that the order expires after twenty (20) years, with certain exceptions.

The purpose of the analysis is to aid public comment on the proposed order. It is not intended to constitute an official interpretation of the proposed order or to modify its terms in any way.

By direction of the Commission.

Donald S. Clark,

Secretary.

[FR Doc. 2011–6493 Filed 3–18–11; 8:45 am]

BILLING CODE 6750–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–11–11BM]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–5960 or send an e-mail to *omb@cdc.gov.* Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Healthcare System Surge Capacity at the Community Level—New-National Center for Emerging and Zoonotic Infectious Diseases, (NCEZID), Centers for Disease Control and Prevention, (CDC).

Background and Brief Description

The Healthcare Preparedness Activity, Division of Healthcare Quality Promotion (DHQP) at the Centers for Disease Control and Prevention (CDC) works with other federal agencies, state governments, medical societies and other public and private organizations to promote collaboration amongst healthcare partners, and to integrate healthcare preparedness into federal, state and local public health preparedness planning. The goal of the Activity is to help local communities' healthcare delivery and public health sectors effectively and efficiently prepare for and respond to urgent and emergent threats.

Surge is defined as a marked increase in demand for resources such as personnel, space and material. Health care providers manage both routine surge (predictable fluctuations in demand associated with the weekly calendar, for example) as well as unusual surge (larger fluctuations in demand caused by rarer events such as pandemic influenza). Except in extraordinary cases, providers are expected to manage surge while adhering to their existing standards for quality and patient safety.

Currently, health care organizations are expected to prepare for and respond to surges in demand ranging from a severe catastrophe (for example, a nuclear detonation) to more common, less severe events (for example, a worse-than-usual influenza season). CDC and other federal agencies have dedicated considerable funding and technical assistance towards developing and coordinating community-level responses to surges in demand, but it remains a difficult task.

While there is extensive research on managing collaborations during times of extraordinary pressure where response to surge takes precedence over other activities, less is known about developing and maintaining integrated collaborations during periods where the system must respond to unusual surge but also continue the routine provision of health care. In particular, studies have not explored how these collaborations can build on sustainable relationships between a broad range of stakeholders (including primary care providers) in communities with different market structures and different degrees of investment in public health.

This study aims to generate information about the role of community-based collaborations in disaster preparedness that the CDC can use to develop its programs guiding and supporting these collaborations. This project will explore barriers and facilitators to coordination on surge response in ten communities, eight of which have been studied longitudinally since the mid-1990s as part of the Center for Studying Health System Change's (HSC's) Community Tracking Study (CTS). Interviews of local healthcare stakeholders will be conducted at 10 sites.

Interviews will be conducted at a total of 63 organizations over the two years of this project. Within each of the ten communities studied, two emergency practitioner respondents (one from a safety-net hospital and one from a non-safety-net hospital), two primary care providers (one from a large practice and one from a small practice) and two local preparedness experts (one from the County or local public health agency, and one coordinator or collaboration leader) will be interviewed. In three sites (Phoenix, Greenville and Seattle) an additional respondent will be identified from an outlying rural area to offer the perspective of providers in those communities. There is no cost to respondents except their time. The total annualized burden is 63 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondent category	Number of respondents	Number of responses per respondent	Average burden response (in hours)
Emergency Department and Primary Care	43	1	1
Public Health and Preparedness/Coalition Leader	20	1	1

Petunia Gissendaner,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. 2011–6504 Filed 3–18–11; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–2318–N]

RIN 0938–AQ42

Medicaid Program; State Allotments for Payment of Medicare Part B Premiums for Qualifying Individuals: Federal Fiscal Year 2010 and Federal Fiscal Year 2011

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Notice.

SUMMARY: This notice contains charts providing the States' final allotments available to pay the Medicare Part B premiums for Qualifying Individuals (QIs) for the Federal fiscal year (FY) 2010 and the preliminary QI allotments for FY 2011. The amounts of these QI allotments were determined in accordance with the methodology set forth in regulations and reflect funding for the QI program made available under recent legislation.

DATES: *Effective dates:* This notice is effective on February 25, 2011. The final QI allotments for payment of Medicare Part B premiums for FY 2010 are effective October 1, 2009. The preliminary QI allotments for FY 2011 are effective October 1, 2010.

FOR FURTHER INFORMATION CONTACT: Richard Strauss, (410) 786–2019.

SUPPLEMENTARY INFORMATION:

I. Background

A. Allotments for FY 2010

Section 111 of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) (Pub. L. 110–275) and section 2 of the QI Program Supplemental Funding Act of 2008 (the SFA) (Pub. L. 110–379) provided $480 million for FY 2009 and $150 million for the first quarter of FY 2010 (that is, through December 31, 2009). Section 5005 of the American Recovery and Reinvestment Act of 2009 (ARRA, Pub. L. 111–5, enacted on February 17, 2009) extended the QI program by providing $412.5 million in additional funds for the remaining three quarters of FY 2010 and $150 million in funds for the first quarter of 2011 (that is, through December 31, 2010).

Most recently with respect to funding for the QI program for FY 2010, section 3 of the "Emergency Aid to American Survivors of the Haiti Earthquake Act" enacted on January 27, 2010 (Haiti Earthquake Act, Pub. L. 111–127) amended section 1933(g)(2)(M) of the Social Security Act (the Act) to provide an additional $50 million in funding for States' FY 2010 QI allotments. Prior to enactment of the Haiti Earthquake Act, there was only $562.5 million available for States' FY 2010 QI allotments. Under the current Medicaid statute, as amended by the Haiti Earthquake Act, a total of $612.5 million is available for States' QI program in FY 2010.

B. Allotments for FY 2011 and Thereafter

As previously stated, section 5005 of the American Recovery and Reinvestment Act of 2009 (ARRA, Pub. L. 111–5, enacted on February 17, 2009) extended the QI program by providing $150 million in additional funds for the first quarter of FY 2011 (that is, through December 31, 2010). Section 3 of the "Emergency Aid to American Survivors of the Haiti Earthquake Act" enacted on January 27, 2010 (Haiti Earthquake Act, Pub. L. 111–127) amended section 1933(g)(2)(M) of the Social Security Act (the Act) and provided an additional $15 million for States' FY 2011 QI allotments; that brings the total funds available for the QI program in FY 2011 to $165 million. Most recently, section 110 of the Medicare and Medicaid Extenders Act of 2010 (Pub. L. 111–309, enacted on December 15, 2010) amended section 1933 of the Social Security Act and provides for $720 million for the QI program in FY 2011 in addition to the currently available $165 million for a total of $885 million available for funding the QI program for FY 2011. Finally, the Medicare and Medicaid Extenders Act of 2010 (Pub. L. 111–309) also made available $280 million for the QI program for the first quarter of FY 2012 (that is, through December 31, 2011).

C. Current Regulations and Methodology for Calculating the Fiscal Year QI Allotments

The amounts of the final FY 2010 and preliminary FY 2011 QI allotments, as contained in this notice, were determined in accordance with the methodology set forth in existing regulations at 42 CFR 433.10(c)(5), as amended in the **Federal Register** published on November 24, 2008 (73 FR 70893), and reflecting funding for the QI program made available under the legislation discussed above.

II. Charts

The final QI allotments for FY 2010 and the preliminary QI allotments for FY 2011 are shown by State in Chart 1 and Chart 2 below, respectively:

Chart 1—Final Qualifying Individuals Allotments for October 1, 2009 through September 30, 2010

Chart 2—Preliminary Qualifying Individuals Allotments for October 1, 2010 through September 30, 2011

The following describes the information contained in the columns of Chart 1 and Chart 2:

Column A—*State.* Column A shows the name of each State.

Columns B through D show the determination of an Initial QI Allotment for FY 2010 (Chart 1) or FY 2011 (Chart 2) for each State, based only on the indicated Census Bureau data.

Column B—*Number of Individuals.* Column B contains the estimated average number of Medicare beneficiaries for each State that are not covered by Medicaid whose family income is at least 120 but less than 135 percent of the federal poverty level. With respect to the *final FY 2010 QI allotment (Chart 1),* Column B contains the number of such individuals for the years 2006 through 2008, as obtained from the Census Bureau's Annual Social and Economic Supplement to the 2009 Current Population Survey. With respect to the *preliminary FY 2011 QI*