

2011. Please refer to **SUPPLEMENTARY INFORMATION** for additional information.

ADDRESSES: Written comments may be submitted to the following address: Centers for Disease Control and Prevention, National Center for Emerging and Zoonotic Infectious Diseases, Division of Healthcare Quality Promotion, Office of Antimicrobial Resistance, Attn: Antimicrobial Resistance Action Plan, Docket No. CDC-2011-0002, 1600 Clifton Rd., NE., Mailstop A-07, Atlanta, Georgia 30333.

You may also submit written comments electronically to: <http://www.regulations.gov>. All comments received will be posted publicly without change, including any personal or proprietary information provided. To download an electronic version of the plan, access <http://www.regulations.gov>.

Written comments, identified by Docket No. CDC-2011-0002 will be available for public inspection Monday through Friday, except for legal holidays, from 9 a.m. until 5 p.m., Eastern Daylight Time, at 1600 Clifton Road, NE., Atlanta, Georgia 30333. Please call ahead to (404) 639-4000 and ask for a representative from the Office of Antimicrobial Resistance to schedule your visit. Comments may also be viewed at <http://www.regulations.gov>.

FOR FURTHER INFORMATION CONTACT: Rachel Wolf, Centers for Disease Control and Prevention, National Center for Emerging and Zoonotic Infectious Diseases, Division of Healthcare Quality Promotion, Office of Antimicrobial Resistance; 1600 Clifton Road, NE., Mailstop A-07, Atlanta, Georgia 30333. (404) 639-4000.

SUPPLEMENTARY INFORMATION: The HHS Interagency Task Force on Antimicrobial Resistance (hereafter referred to as the Task Force) was created in 1999 to coordinate the activities of Federal agencies in addressing antimicrobial resistance (AR) in recognition of the increasing importance of AR as a public health threat. The Task Force is co-chaired by the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), and the National Institutes of Health (NIH). The Task Force also includes the Agency for Healthcare Research and Quality (AHRQ), the Centers for Medicare and Medicaid Services (CMS), the Health Resources and Services Administration (HRSA), the HHS Office of the Assistant Secretary for Preparedness and Response (HHS/ASPR), the Department of Agriculture (USDA), the Department of Defense (DoD), the Department of Veterans Affairs (VA), and the

Environmental Protection Agency (EPA).

In 2001, the Task Force developed an initial Action Plan, outlining specific issues, goals, and actions important for addressing the problem of AR. This document, entitled, *A Public Health Action Plan to Combat Antimicrobial Resistance, Part I: Domestic Issues*, reflected a broad-based consensus of participating Federal agencies, which was reached with individual input from state and local health agencies, universities, professional societies, pharmaceutical companies, healthcare delivery organizations, agricultural producers, consumer groups, and other members of the public. Continued collaboration with these partners has been vital to achieving successful implementation of the Action Plan.

This draft document, *A Public Health Action Plan to Combat Antimicrobial Resistance*, is a revision of the 2001 interagency action plan. The revised Action Plan provides an updated blueprint for specific, coordinated Federal action to address emerging threats in AR. The document covers a broad spectrum of AR issues, addressing resistance in a wide range of pathogens (bacteria, viruses, fungi, and parasites) and settings (human medicine, veterinary medicine, agriculture, animal production, and others).

The Action Plan includes action items organized into four focus areas: Surveillance, Prevention and Control, Research, and Product Development. The Action Plan contains specific action items, projects, and implementation steps. Wherever possible, action items are populated with specific projects or implementation steps to provide greater specificity for planned Federal activities. The action items, projects, and implementation steps do not represent an exhaustive list of activities.

HHS/CDC has posted the original notice and all related materials on <http://www.regulations.gov>.

Dated: April 13, 2011.

John Murphy,

Business Operation Manager, Centers for Disease Control and Prevention.

[FR Doc. 2011-9418 Filed 4-18-11; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Statement of Organization, Functions, and Delegations of Authority

Part F of the Statement of Organization, Functions, and Delegations of Authority for the Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS) (last amended at 75 FR 14176-14178, dated March 24, 2010), is amended to reflect the abolishment of the Office of External Affairs and Beneficiary Services and the establishment of the Office of Public Engagement and the Office of Communications.

The specific amendments to part F are described below:

(1) Under Part F, CMS, Office of the Administrator, FC. 10 Organizations, delete the Office of External Affairs and Beneficiary Services (FCB) and insert the following Office of Public Engagement (FCS) and the Office of Communications (FCT) after the Chief Operating Officer.

(2) Under Part F, CMS, FC. 20 Functions, delete the description of the Office of External Affairs and Beneficiary Services (FCB) and insert the following descriptions of the Office of Public Engagement (FCS) and the Office of Communications (FCT):

Office of Public Engagement (FCS)

- Serves as CMS' focal point for outreach to beneficiaries and partners, provides leadership for CMS in the areas of Medicare Ombudsman activities, partnerships with providers and stakeholders, and tribal affairs. Advises the Administrator and other CMS components in all activities related to these functions and on matters that affect other units and levels of government.

- Formulates and implements a customer service plan that serves as a roadmap for the effective treatment and advocacy of customers and the quality of information provided to them.

- Coordinates a State and local program of counseling assistance for people with Medicare and their families through the administration of grants to State Health Insurance Assistance Program (SHIP), implementation of continuous quality improvement activities, ongoing performance measurement, and regular communication with SHIP grantees.

- Contributes to the formulation of policies, programs, and systems as well

as oversees beneficiary services and tribal affairs, including CMS' Ombudsman program, partner and provider relations, and program training. Coordinates with the Office of Legislation on the development and advancement of new legislative initiatives and improvements.

- Oversees all CMS interactions and collaboration with stakeholders relating to beneficiary services including but not limited to external advocacy groups, Medicare beneficiary customer service, Native American and Alaskan Native tribes, HHS, the White House, other CMS components, and other Federal government entities.

- Liaison between CMS and AI/AN communities including tribal leaders, health providers, beneficiaries and other Federal Agencies in regards to AI/AN health and CMS programs.

- Oversees all CMS interactions and collaborations with key stakeholders (external advocacy groups, contractors, local and State governments, HHS, the White House, other CMS components, and other Federal entities) related to the Medicare and Medicaid and other Agency programs.

- Coordinates stakeholder relations, community outreach, and public engagement with the CMS Regional Offices.

- Directs and administers CMS' programs for emergency preparedness and continuity of operations. Provides direction for all essential on-site services for Central Office and consultation and direction to Consortia/Regional Offices with respect to these programs.

Office of Communications (FCT)

- Serves as CMS' focal point for strategic and tactical communications—internal and external—providing leadership for CMS in the areas of traditional and new media, including Web initiatives such as social media supported by innovative, increasingly mobile technologies; media relations; public information campaigns; and speechwriting.

- Serves as CMS' focal point in all activities related to the media. Provides consultation, advice, and training to CMS' senior staff with respect to relations with the news media.

- Coordinates with external partners including the Department of Health and Human Services (HHS) and the White House on key communication and public engagement initiatives, leveraging CMS resources to strategically support these activities.

- Contributes to the formulation of policies, programs, and systems as related to strategic and tactical communications.

- Coordinates with the Office of Legislation on the development and advancement of new legislative initiatives and improvements.

- Oversees communications research, design and development, evaluation and continuous improvement activities to improving internal and external communication tools, including but not limited to brochures, public information campaigns, handbooks, Web sites, reports, presentations/briefings.

- Identifies communication best practices for the benefit of CMS beneficiaries (i.e., of the Medicare and Medicaid programs) and other CMS customers.

- Contributes to the formulation of policies, programs, and systems as well as oversees beneficiary services provided by the beneficiary call centers. Serves as CMS' focal point for telephone services to beneficiaries, and provides leadership for CMS in the area of call center operations.

(Authority: 44 U.S.C. 3101)

Dated: March 27, 2011.

Marilyn Tavenner,

Principal Deputy Administrator and Chief Operating Officer, Centers for Medicare & Medicaid Services.

[FR Doc. 2011-9439 Filed 4-18-11; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Computerized Support Enforcement Systems.

OMB No.: 0980-0271.

Description: The information being collected is mandated by Section 454(16) of the Social Security Act which provides for the establishment and operation by the State agency, in accordance with an initial and annually updated advance automated data processing planning document (APD) approved under section 452(d) of the title, of a statewide automated data processing and information retrieval system. The system must meet the requirements of section 454A.

In addition, Section 454A(e)(1) requires that States create a State Case Registry (SCR) within their statewide automated child support systems, to include information on IV-D cases and non-IV-D orders established or modified in the State on or after October 1, 1998. Section 454A(e)(5) requires States to regularly update their cases in the SCR. The data being collected for the APD are a combination of narrative, budgets and schedules which are used to provide funding approvals on an annual basis and to monitor and oversee system development. Child support has separated regulations under 45 CFR 307.15 related to submittal of APDs supplemental authority for enhanced funding system development and substantial penalties for non-compliance with the statutory deadline of October 1, 2000. The information collection requirements for the development and maintenance of child support enforcement automated systems are addressed in 45 CFR Part 95 and the information collection.

Respondents: Courts and State Child Support Agencies

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
307.15(b)(1)(IV&V) ongoing	1	4	10	40
307.5(b)(1)(IV&V) semi-annual	7	25	16	224
Collection of non-IV-D data for SCR: Courts	3,045	412	0.03	37,636.20
States: Transmission to the FCR	54	200,000	0.29	3,132,000
Collection of Child Data for IV-D cases for SCR: Courts	3,045	196	0.03	17,904.60