sent by U.S. mail, they should be addressed to Office of Information and Regulatory Affairs, Office of Management and Budget, Attention: Desk Officer for the Federal Trade Commission, New Executive Office Building, Docket Library, Room 10102, 725 17th Street, NW., Washington, DC 20503. Comments sent to OMB by U.S. postal mail, however, are subject to delays due to heightened security precautions. Thus, comments instead should be sent by facsimile to (202) 395–5167.

**Willard K. Tom,**

*General Counsel.*

[FR Doc. 2011–13357 Filed 5–27–11; 8:45 am]

**BILLING CODE 6750–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

**[60-Day–11–11FU]**

### 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 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**

"Evaluating the Effects of the 'Reality Check' Serial Drama on the HIV-related Attitudes and Behavioral Intentions of African American Youth"—NEW—National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

The purpose of this study is to evaluate the effects of an already-created serial drama intervention, "Reality Check," on African American youth in the Atlanta, Georgia area. Young African Americans are very disproportionately affected by HIV/AIDS and other sexually transmitted infections (STIs). Social, demographic, and historic factors contributing to these high disease rates include poverty, poor access to preventive medical services, and homophobia, which causes some men who have sex with men (MSM) to be secretive about these activities and to be reluctant to be tested for HIV. Unfortunately, many persons infected with HIV are unaware of their infection and may be transmitting the virus, especially during the highly infectious acute infection stage. However, persons who become aware of their HIV infections reduce their risky behavior dramatically.

The study will evaluate the effectiveness of the innovative, theory-based HIV risk reduction serial drama intervention, "Reality Check," among African Americans aged 13 to 21 years who attend clubs for youth in the Atlanta Metropolitan Statistical Area (MSA). The hypothesis to be tested is that "Reality Check" is effective in increasing intention for HIV testing, condom use, and abstinence, and in increasing tolerance for persons regardless of HIV status or sexual orientation, as compared with the comparison group. The study will use a cluster randomized trial design, with a wait-list comparison group and pre- and post-intervention assessments. Youth clubs serving minority and disadvantaged youth in the Atlanta MSA will be matched into pairs and randomly assigned to intervention and comparison conditions. The study sample will include at least 500 participants evenly divided between the two conditions. Eligible youth at all participating clubs will be invited to complete the pre-intervention questionnaire. The eligible youth at the intervention clubs will be shown the serial drama, which consists of 27, 3-minute episodes, in its entirety immediately after completing the questionnaire. Four weeks later eligible youth at all participating clubs will be invited to complete the post-intervention questionnaire. Eligible youth at clubs in the comparison group will be shown the serial drama immediately after the post-intervention assessment has been completed. If "Reality Check" is shown to be successful, it can be delivered cost-effectively and with substantial reach via various mechanisms, such as public buses with video monitors, on video kiosks, and on Web sites. There is no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

| Type of respondent | Form name | Number of respondents | Number responses per respondent | Average burden per respondent (in hours) | Total annual burden (in hours) |
|---|---|---|---|---|---|
| Directors of youth clubs | Screening and Enlistment Form | 30 | 1 | 10/60 | 5 |
| Participating youth | Survey Questionnaire | 500 | 1 | 15/60 | 125 |
| Participating youth | Follow-up Questionnaire | 425 | 1 | 15/60 | 106 |
| Total | | | | | 236 |

Dated: May 20, 2011.

**Daniel Holcomb,**

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

[FR Doc. 2011–13333 Filed 5–27–11; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

### Public Health Service Act (PHS); Delegation of Authority

Notice is hereby given that pursuant to Section 3306(14) of the Public Health Service Act (PHS), I have delegated to the Director, Centers for Disease Control and Prevention (CDC), and the Director, National Institute for Occupational Safety and Health (NIOSH), with authority to redelegate, all authority specified in Section 3306(14)(A)(i) of the PHS Act, as amended by the James Zadroga 9/11 Health and Compensation Act of 2010 (Pub. L. 111–347), except those specific authorities described in section 3306(14)(B) of the PHS Act. This delegation is in addition to those duties specifically assigned to the Director, NIOSH, by Section 3306(14)(A)(ii) of the PHS Act.

Additionally, notice is hereby given that pursuant to Section 3306(14) of the PHS Act, I hereby delegate to the Administrator, Centers for Medicare & Medicaid Services (CMS), with authority to redelegate, responsibility for disbursing payment for the program described in Title XXXIII of the PHS Act, as amended by the James Zadroga 9/11 Health and Compensation Act of 2010 (Pub. L. 111–347). Responsibility for determining eligibility and enrolling individuals in the program described in Title XXXIII of the PHS Act and responsibility for determining the payment amounts to be disbursed shall remain with the Director, NIOSH, CDC, pursuant to the delegation in the previous paragraph.

These authorities shall be exercised under the Department's existing delegation of authority and policy on regulations. This authority must also be exercised in accordance with the Department's established policies, procedures, guidelines and regulations and with all other pertinent issuances.

This delegation became effective upon date of signature. In addition, I have affirmed and ratified any actions taken by the Administrator, CMS, the Director, CDC, the Director, NIOSH, or other CMS and CDC officials which involve the exercise of the authorities delegated herein prior to the effective date of this delegation.

Dated: May 18, 2011.

**Kathleen Sebelius,**

*Secretary.*

[FR Doc. 2011–13371 Filed 5–27–11; 8:45 am]

**BILLING CODE 4160–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

**[Document Identifier: CMS–10361]**

### Agency Information Collection Activities: Submission for OMB Review; Comment Request

**AGENCY:** Centers for Medicare & Medicaid Services.

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, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the Agency's function; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

1. *Type of Information Collection Request:* Extension without change of a currently approved collection; *Title of Information Collection:* Request for Adjustment to the Medical Loss Ratio Standard for a State's Individual Market; *Use:* Under section 2718 of the Public Health Service Act (PHS Act), a health insurance issuer (issuer) offering group or individual health insurance coverage must submit a report to the Secretary beginning in June of 2012 for calendar year 2011. The reported data allows for the calculation of an issuer's medical loss ratio (MLR) by market (individual, small group, and large group) within each State in which the issuer conducts business. The PHS Act establishes a MLR standard for each market segment that issuers must meet. A health insurance issuer who fails to meet the MLR standard for a plan year must rebate to enrollees, on a pro rata basis, the difference between its MLR and the MLR standard.

Section 2718(b)(1)(A)(ii) allows the Secretary to lower the 80% MLR standard in the individual market in a State if the application of the 80% MLR may destabilize the individual market in such State. An interim final rule (IFR) implementing the MLR was published on December 1, 2010 (75 FR 74865) and was modified by technical corrections on December 30, 2010 (75 FR 82277), which added Part 158 to Title 45 of the Code of Federal Regulations. The IFR is effective January 1, 2011. Under 45 CFR 158.301 (75 FR 74864, 74930), States requesting that HHS lower the MLR standard must submit information that supports their assertion that the individual market in their State may destabilize absent an adjustment to the MLR. Much of the information requested is currently only available at the State level. HHS must have such information in order to ascertain whether market destabilization has a high likelihood of occurring. *Form Number:* CMS–10361 (OMB Control No. 0938–1114); *Frequency:* Once; *Affected Public:* State, local or tribal governments; *Number of Respondents:* 20; *Number of Responses:* 20; *Average Hours per Response:* 185; *Total Annual Hours:* 3,700. (For policy questions regarding this collection, contact Carol Jimenez at (301) 492–4109. For all other issues regarding this collection, call (410) 786–1326.)

To be assured consideration, comments and recommendations for the proposed information collections must be received by the OMB desk officer at the address below, no later than 5 p.m. on *June 30, 2011.*

OMB, Office of Information and Regulatory Affairs, Attention: CMS Desk Officer, Fax Number: (202) 395–6974, E-mail: *OIRA_submission@omb.eop.gov.*

Dated: May 25, 2011.

**Martique Jones,**

*Director, Regulations Development Group, Division B, Office of Strategic Operations and Regulatory Affairs.*

[FR Doc. 2011–13421 Filed 5–27–11; 8:45 am]

**BILLING CODE 4120–01– P**