

## EXHIBIT 3—ESTIMATED TOTAL AND ANNUALIZED COST

Cost Component	Total cost	Annualized cost
Project Development .....	\$420,055	\$84,011
Data Collection Activities .....	1,452,290	290,458
Data Processing and Analysis, and Reports to AHRQ .....	141,637	28,327
Project Management .....	291,706	58,341
Overhead .....	413,584	82,717
Total .....	2,719,272	543,854

**Request for Comments**

In accordance with the Paperwork Reduction Act, comments on AHRQ's information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of AHRQ healthcare research and healthcare information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) 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 upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: July 6, 2011.

**Carolyn M. Clancy,**  
Director.

[FR Doc. 2011-18790 Filed 7-26-11; 8:45 am]

BILLING CODE 4160-90-M

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Agency for Healthcare Research and Quality

#### Meeting of the National Advisory Council Subcommittee Identifying Quality Measures for Medicaid Eligible Adults

**AGENCY:** Agency for Healthcare Research and Quality (AHRQ).

**ACTION:** Notice of public meeting.

**SUMMARY:** This notice announces a meeting of a Subcommittee of the National Advisory Council for Healthcare Research and Quality.

**DATES:** The meeting will be held on Tuesday, August 9th from 10 a.m. to 6 p.m., and Wednesday, August 10th from 9 a.m. to 3 p.m.

**ADDRESSES:** The meeting will be held at the Westin Washington, DC City Center, 1400 M Street, NW., Washington DC.

**FOR FURTHER INFORMATION CONTACT:** Nancy Wilson, MD MPH, Coordinator of the National Advisory Council Subcommittee Identifying Quality Measures for Medicaid Eligible Adults at the Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, Maryland, 20850, (301) 427-1310. For press-related information, please contact Karen Migdail at (301) 427-1855.

If sign language interpretation or other reasonable accommodation for a disability is needed, please contact the Food and Drug Administration (FDA) Office of Equal Employment Opportunity and Diversity Management on (301) 827-4840, no later than August 1, 2011. The agenda, roster, and meeting report will be available from Dr. Wilson.

#### SUPPLEMENTARY INFORMATION:

##### I. Purpose of the National Advisory Council Subcommittee Identifying Quality Measures for Medicaid Eligible Adults

The purpose of the National Advisory Council Subcommittee Identifying Quality Measures for Medicaid Eligible Adults is to develop consensus on a core set of health quality measures for Medicaid-eligible adults. While a number of current efforts to assess, publicly report, and improve quality of care include Medicaid eligible adults, this core set of measures will reflect aspects of care particularly important to Medicaid recipients that are not currently assessed consistently and routinely.

Section 2701 of the Affordable Care Act (ACA), which added Section 1139B to Title XI of the Social Security Act, requires the Secretary of Health and Human Services to identify and publish a recommended core set of health quality measures for Medicaid eligible adults. AHRQ and the Centers for

Medicare and Medicaid Services (CMS) have entered into an interagency agreement to collaboratively identify these measures. Section 2701 also requires the Secretary, in consultation with States, to develop a standardized format for reporting information and to develop procedures that encourage voluntary reporting based on the initial core set of measures. The Secretary is also required to establish a Medicaid Quality Measurement Program that will fund the development, testing, and validation of emerging and innovative evidence-based measures and to subsequently publish recommended changes to the initial core measure set. Not later than September 30, 2014 and annually thereafter the Secretary is required to collect, analyze, and make publically available the information reported by the States.

The National Advisory Council Subcommittee Identifying Quality Measures for Medicaid Eligible Adults met on October 18th and 19th 2010, and identified an initial core set of measures. These measures were subsequently posted in the **Federal Register** for a two month public comment period. This initial core set of measures must be finalized by January 1, 2012.

The purpose of the National Advisory Council Subcommittee Identifying Quality Measures for Medicaid Eligible Adults is to: (a) Review the public comment analysis, (b) determine and apply criteria by which the initial list is further refined, and (c) make recommendations to the National Advisory Council regarding finalizing the initial core set of measures. The National Advisory Council Subcommittee Identifying Quality Measures for Medicaid Eligible Adults membership will reflect expertise in healthcare quality measurement, healthcare disparities, and in the populations eligible for Medicaid. Elizabeth McGlynn, PhD, Director, Kaiser Permanente Center for Effectiveness & Safety Research, and Foster Gesten, M.D., Medical Director of

Office of Insurance Programs for New York, co-chair the SNAC.

#### *Role of the National Advisory Council*

The National Advisory Council for Healthcare Research and Quality is authorized by Section 941 of the Public Health Service Act, 42 U.S.C. 299c. In accordance with its statutory mandate, the Council is to advise the Secretary of the Department of Health and Human Services and the Director, Agency for Healthcare Research and Quality (AHRQ), on matters related to AHRQ's conduct of its mission including providing guidance on (A) Priorities for health care research, (B) the field of health care research including training needs and information dissemination on health care quality and (C) the role of the Agency in light of private sector activity and opportunities for public private partnerships.

The Council is composed of members of the public, appointed by the Secretary, and Federal ex-officio members specified in the authorizing legislation.

#### **II. Agenda**

The final agenda will be available on the AHRQ Web site at <http://www.AHRQ.gov> no later than August 1, 2011.

Dated: July 8, 2011.

**Carolyn M. Clancy,**  
Director.

[FR Doc. 2011-18791 Filed 7-26-11; 8:45 am]

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## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **Centers for Disease Control and Prevention**

[Docket Number NIOSH-227]

#### **Determination on Adding Cancer, or a Certain Type of Cancer, to the List of WTC-Related Health Conditions**

**AGENCY:** National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

**ACTION:** Notice.

**SUMMARY:** The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC) announces the availability of the "First Periodic Review of Scientific and Medical Evidence Related to Cancer for the World Trade Center Health Program." The Review can be found at:

<http://www.cdc.gov/niosh/topics/wtc/prc/prc-1.html>.

**Background:** The James Zadroga 9/11 Health and Compensation Act of 2010 (Pub. L. 111-347), Title XXXIII of the Public Health Service Act, 124 Stat. 3623 (codified at 42 U.S.C. 300mm-300mm-61) requires in Section 300mm-22(a)(5)(A) that the Administrator of the World Trade Center (WTC) Health Program "periodically conduct a review of all available scientific and medical evidence, including findings and recommendations of Clinical Centers of Excellence, published in peer-reviewed journals to determine if, based on such evidence, cancer or a certain type of cancer should be added to the applicable list of WTC-related health conditions."

The first periodic Review of Cancer provides a summary of the current scientific and medical findings in the peer-reviewed literature about exposures resulting from the September 11, 2001 terrorist attacks in New York City and cancer studies. The review discusses criteria that have been used previously to assist in weighing the scientific evidence to determine if a causal association exists between exposure and cancer. The review summarizes input from the public on three questions regarding conditions relating to cancer for consideration under the WTC Health Program, as requested in the **Federal Register** on March 8, 2011 (76 FR 12740) and modified on March 29, 2011 (76 FR 17421). See <http://www.cdc.gov/niosh/docket/archive/docket227.html>.

The review also provides reports from the Mount Sinai School of Medicine, the Bureau of Health Services of the Fire Department of New York City, the WTC Health Registry of the New York City Department of Health and Mental Hygiene and the New York State Department of Health about cancer studies ongoing or planned.

Based on the scientific and medical findings in the peer-reviewed literature reported in the first periodic Review of Cancer for the WTC Health Program, insufficient evidence exists at this time to propose a rule to add cancer, or a certain type of cancer, to the List of WTC-Related Health Conditions found at 42 U.S.C. 300mm-22(a)(3) through (4) and 300mm-32(b).

**FOR FURTHER INFORMATION CONTACT:** Jessica Bilics, NIOSH, Patriots Plaza 1, 395 E Street, SW., Suite 9200, Washington, DC 20201, E-mail [WTC@cdc.gov](mailto:WTC@cdc.gov).

Dated: July 19, 2011.

**John Howard,**

Administrator, World Trade Center Health Program; and Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention.

[FR Doc. 2011-18754 Filed 7-26-11; 8:45 am]

**BILLING CODE 4163-19-P**

## **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), (**Federal Register**, Vol. 75, No. 56, pp. 14176-14178, dated March 24, 2010; as amended at Vol. 76, No. 17, p. 4703, dated January 26, 2011; as amended at Vol. 76, No. 75, pp. 21908-21909, dated April 19, 2011) is amended to reflect the establishment of the Office of Minority Health.

Part F is described below:

- Section FC. 10 (Organization) reads as follows:

Office of the Administrator (FC)  
Office of Equal Opportunity and Civil Rights (FCA)  
Office of Legislation (FCC)  
Office of the Actuary (FCE)  
Office of Strategic Operations and Regulatory Affairs (FCF)  
Office of Clinical Standards and Quality (FCG)  
Center for Medicare (FCH)  
Center for Medicaid, CHIP and Survey & Certification (FCJ)  
Center for Strategic Planning (FCK)  
Center for Program Integrity (FCL)  
Chief Operating Officer (FCM)  
Office of Minority Health (FCN)  
Center for Medicare and Medicaid Innovation (FCP)  
Federal Coordinated Health Care Office (FCQ)  
Center for Consumer Information and Insurance Oversight (FCR)  
Office of Public Engagement (FCS)  
Office of Communications (FCT)

- Section FC. 20 (Functions) reads as follows:

#### **Office of Minority Health (FCN)**

- Serves as the principal advisor and coordinator to the Agency for the special needs of minority and disadvantaged populations.
- Provides leadership, vision and direction to address HHS and CMS