DATES: The interaction profile was made available to the public on September 2, 2013. The comment period will end on December 2, 2013.

ADDRESSES: You may submit comments, identified by Docket No. ATSDR–2012–0002, by any of the following methods:

- *Internet: Access the Federal eRulemaking portal at http://www.regulations.gov. Follow the instructions for submitting comments.*
- *Mail:* Division of Toxicology and Human Health Sciences, Agency for Toxic Substances and Disease Registry, 1600 Clifton Road, NE., Mailstop F–57, Atlanta, Georgia 30333.

Instructions: All submissions received must include the agency name and docket number for this notice. All relevant comments will be posted without change.

FOR FURTHER INFORMATION CONTACT: Dr. Hana Pohl, Division of Toxicology and Human Health Sciences, Agency for Toxic Substances and Disease Registry, Mailstop F–57, 1600 Clifton Road, NE., Atlanta, Georgia 30333, telephone (888) 422–8737.

SUPPLEMENTARY INFORMATION: ATSDR develops interaction profiles for hazardous substances found at the National Priority List (NPL) sites under Section 104(i)(3) and (5) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA). This law requires that ATSDR assess whether or not adequate information on health effects is available for priority hazardous substances. Where such information is not available or under development, ATSDR shall, in cooperation with the National Toxicology Program, initiate a research program to determine these health effects. The Act further directs that, where feasible, ATSDR shall develop methods to determine the health effects of these priority hazardous substances in combination with other substances commonly found with them.

To carry out these legislative mandates, ATSDR has developed a chemical mixtures program and guidance manual that outlines the latest methods for mixtures health assessment. In addition, a series of documents called ''interaction profiles'' is developed for certain priority mixtures that are of special concern to ATSDR. To recommend approaches for the exposure-based assessment of the potential hazard to public health, an interaction profile evaluates data on the toxicology of the whole priority mixture, if available, and on the joint toxic action of the chemicals in the mixture.

The entire interaction profile development process is as follows:

- ATSDR selects substances/chemicals for development of interaction profiles through inter/intra agency communications collaboration and literature reviews.
- After the selection, a letter is sent to individuals and agencies on ATSDR's mailing list providing notice of ATSDR's intent to create an interaction profile.
- A notice is posted in the **Federal Register** to inform the public of ATSDR's intent to develop a particular interaction profile.
- The draft interaction profile undergoes both internal and external peer review.
- A **Federal Register** notice announces the release of the official draft for public comment.
- ATSDR posts a link to the draft interaction profile on its Web site, giving the public an opportunity to provide comments.
- ATSDR reviews all public comments and revises the draft, as appropriate, before issuing the final version.

Dated: October 18, 2013.

Sascha Chaney,

Acting Director, Office of Policy, Planning and Evaluation, National Center for Environmental Health/Agency for Toxic Substances and Disease Registry.

[FR Doc. 2013–25145 Filed 10–24–13; 8:45 am]

BILLING CODE 4163–70–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Statement of Organization, Functions, and Delegations of Authority

Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772–76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 78 FR 58309, dated September 23, 2013) is amended to reorganize the Office of Public Health Preparedness and Response.

Section C–B, Organization and Functions, is hereby amended as follows:

Revise the functional statement for the Office of the Director (CGC1), Division of State and Local Readiness (CGC), as follows:

Office of the Director (CGC1). (1) Provides national leadership and guidance that supports and advances the work of state, local, tribal and territorial public health emergency preparedness programs; (2) coordinates the development of scientific guidelines and standards for programmatic materials within the division to provide technical assistance and program planning at the state, local, tribal, and territorial level; (3) works with awardees to advance state and local preparedness efforts through placement of CDC field staff within state and local public health agencies; (4) represents the interests and needs of the state, local, tribal, and territorial interests on state and local preparedness; (5) develops and ensures effective partnerships with national stakeholders and preparedness partners; and (6) provides oversight and management of division contracts, technical assistance plan development, training needs, response activities, grantee awards and fiscal accountability, and research agenda development and compliance.

After the title and function statement for the Applied Science and Evaluation Branch (CGCC), Division of State and Local Readiness (CGC), insert the following:

Field Services Branch (CGCD). (1) Provides scientific participation in development and implementation of field-based science initiatives and strategies; (2) provides situational awareness to CDC leadership when activated for public health responses; (3) provides consultation and technical assistance to state, territorial, tribal and local health departments in developing, implementing and evaluating Public Health Preparedness and Response activities and performance in support of CDC recommendations and those of their host site; (4) provides support for public health preparedness and epidemiologic capacity at the state, territorial, tribal, and local levels; (5) contributes as leaders in preparedness and epidemiology for issues including clinical surge capacity, hospital preparedness, and influenza response planning; (6) participates in development of national preparedness and response policies and guidelines for public health emergencies and encourages and facilitates the transfer of guidelines into clinical and public health practice; (7) analyzes data to assess progress toward achieving program objectives and provides input for program management and evaluation reports for publications; (8) participates in the development of comprehensive evaluation methods for OPHPR programs; (9) serves as liaison or focal point to assist state, territorial, tribal and local partners in linking with

proper resources, contacts and obtaining technical assistance; (10) provides technical supervision and support for the CDC field staff and trainees as appropriate; (11) provides input into the development of branch and division policy, priorities, and operational procedures; (12) serves as an agent of information or technology transfer to ensure that effective methodology in one program is known and made available to other state and local programs; and (13) analyzes technical and epidemiologic information to present at national and international scientific meetings and publishes programmatic/surveillance/epidemiologic information in collaboration with host agencies.

Dated: September 27, 2013.

Sherri A. Berger,

Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2013–24941 Filed 10–24–13; 8:45 am]

BILLING CODE 4160–18–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–10282, CMS–R–65, CMS–R–39, CMS–10491, and CMS–R–52]

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

ACTION: Notice.

SUMMARY: The Centers for Medicare & Medicaid Services (CMS) is announcing an opportunity for the public to comment on CMS' intention to collect information from the public. Under the Paperwork Reduction Act of 1995 (PRA), federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, and to allow a second opportunity for public comment on the notice. Interested persons are invited to send comments regarding the 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 functions; (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.

DATES: Comments on the collection(s) of information must be received by the OMB desk officer by November 25, 2013.

ADDRESSES: When commenting on the proposed information collections, please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be received by the OMB desk officer via one of the following transmissions:

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

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, you may make your request using one of following:

1. Access CMS' Web site address at *http://www.cms.hhs.gov/PaperworkReductionActof1995.*

2. Email your request, including your address, phone number, OMB number, and CMS document identifier, to *Paperwork@cms.hhs.gov.*

3. Call the Reports Clearance Office at (410) 786–1326.

FOR FURTHER INFORMATION CONTACT: Reports Clearance Office at (410) 786–1326.

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501–3520), federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. The term ''collection of information'' is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires federal agencies to publish a 30-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice that summarizes the following proposed collection(s) of information for public comment:

1. *Type of Information Collection Request:* Reinstatement with change of a previously approved collection; *Title of Information Collection:* Conditions of Participation for Comprehensive Outpatient Rehabilitation Facilities (CORFs) and Supporting Regulations; *Use:* The Conditions of Participation (CoPs) and accompanying requirements specified in the regulations are used by our surveyors as a basis for determining whether a comprehensive outpatient rehabilitation facility (CORF) qualifies to be awarded a Medicare provider agreement. We believe the health care industry practice demonstrates that the patient clinical records and general content of records are necessary to ensure the well-being and safety of patients and that professional treatment and accountability are a normal part of industry practice. *Form Number:* CMS–10282 (OCN: 0938–1091); *Frequency:* Yearly; *Affected Public:* Private sector—Business or other for-profit and Not-for-profit institutions; *Number of Respondents:* 314; *Total Annual Responses:* 314; *Total Annual Hours:* 8,076. (For policy questions regarding this collection contact Jacqueline Leach at 410–786–4282.)

2. *Type of Information Collection Request:* Reinstatement with change of a previously approved collection; *Title of Information Collection:* Final Peer Review Organizations Sanction Regulations in 42 CFR Sections 1004.40, 1004.50, 1004.60, and 1004.70; *Use:* The Peer Review Improvement Act of 1982 amended Title XI of the Social Security Act (the Act), creating the Utilization and Quality Control Peer Review Organization Program. Section 1156 of the Act imposes obligations on health care practitioners and others who furnish or order services or items under Medicare. This section also provides for sanction actions, if the Secretary determines that the obligations as stated by this section are not met. Quality Improvement Organizations (QIOs) are responsible for identifying violations. The QIOs may allow practitioners or other entities, opportunities to submit relevant information before determining that a violation has occurred. The information collection requirements contained in this information collection request are used by the QIOs to collect the information necessary to make their decision. *Form Number:* CMS–R–65 (OCN: 0938–0444); *Frequency:* On occasion; *Affected Public:* Private sector—Business or other for-profit and Not-for-profit institutions; *Number of Respondents:* 53; *Total Annual Responses:* 53; *Total Annual Hours:* 14,310. (For policy questions regarding this collection contact Coles Mercier at 410–786–2112.)

3. *Type of Information Collection Request:* Reinstatement with change of a previously approved collection; *Title of Information Collection:* Home Health