Dated: April 8, 2010.

Kathleen Sebelius,

Secretary.

[FR Doc. 2010–8679 Filed 4–15–10; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Office of the Assistant Secretary for Planning and Evaluation; Statement of Organization, Functions and Delegations of Authority

Part A (Office of the Secretary), Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (HHS), is being amended at Chapter AE, Office of the Assistant Secretary for Planning and Evaluation (ASPE) as last amended at 67 FR 61341 on September 30, 2002. This reorganization is to realign the functions of ASPE's Office of Science and Data Policy to reflect the current structure. The changes are as follows:

I. Under Section AE.20 Functions, delete "E. The Office of Science and Data Policy (AEJ)," in its entirety and replace with the following:

E. The Office of Science and Data Policy (AEJ)

The Office of Science and Data Policy (SDP) is responsible for policy development, analysis and coordination and for the conduct and coordination of research, evaluation, analyses and data development on matters relating to science policy and data and statistical policy within HHS. Functions include policy, strategic and long-range planning; policy research, analysis and evaluation, economic, statistical, program and budget analysis; review of regulations; and development of legislative proposals in science policy and data policy. SDP provides advice and analysis on science policy and data policy issues, coordinates science policy and data policy issues of inter-agency scope within HHS, and manages inter-agency initiatives in science policy and data policy. SDP also conducts a program of policy research, analysis and evaluation in science policy and data policy, provides leadership and staff to several White House, departmental and external advisory committees, and maintains liaison with other federal offices and HHS partners in the science policy and data policy communities.

1. The *Division of Data Policy* (AEJ1) is responsible for data policy development and coordination within the Department and serves as the focal point for Department-wide data and statistical policy. It provides leadership and staff support to the Department's Data Council, the principal internal forum and advisory body to the Secretary on data policy issues, and provides oversight for and serves as the Executive Director for the National Committee on Vital and Health Statistics, the statutory public advisory body to the Secretary on health data, statistics, privacy and health information policy. The Division also provides analytical support to the ASPE on a variety of Department-wide data policy issues and initiatives, including statistical policy, privacy, data planning, HHS data quality and peer review initiatives, HIPAA and HHS data collection strategy. It also carries out a program of policy research, evaluation and analysis in these areas and provides several cross-cutting data policy services across ASPE.

2. The *Division of Science Policy* (AEJ2) is responsible for functions of the office related to science policy, programs and issues and initiatives that are heavily science-oriented, including public health issues that involve complex or rapidly evolving science and technology issues. Areas include public health emergency preparedness, biomedical research policy, drug safety, food safety, pandemic preparedness, emerging infectious diseases, prescription drug issues, personalized health care advances and related topics. It works closely with and is responsible for analytical responsibilities relating to the HHS science agencies (National Institutes of Health (NIH), Food and Drug Administration (FDA), and Centers for Disease Control and Prevention (CDC)) and for cross-cutting issue areas. The Division fosters efforts across HHS toward ensuring that the science components of proposed regulations, legislation, plans, budgets and other policy initiatives are coordinated and meet high standards of science quality and integrity. It also conducts policy research, evaluation and analysis in these areas and maintains liaison with the White House Office of Science and Technology Policy and with other inter-agency science policy activities.

II. *Delegations of Authority.* All delegations and redelegations of authority made to officials and employees of affected organizational components will continue in them or their successors pending further redelegation, provided they are consistent with this reorganization.

Dated: April 9, 2010.

E.J. Holland, Jr.,

Assistant Secretary for Administration.

[FR Doc. 2010–8678 Filed 4–15–10; 8:45 am]

BILLING CODE 4150–04–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects:

Title: Case Plan Requirement, Title IV–E of the Social Security Act.

OMB No.: 0980–0140.

Description: Under section 471(a)(16) of title IV–E of the Social Security Act (the Act), to be eligible for payments, states must have an approved title IV–E plan that provides for the development of a case plan for each child for whom the State receives foster care maintenance payments and that provides a case review system that meets the requirements in section 475(5) and 475(6) of the Act. The Fostering Connections to Success and Increasing Adoptions Act of 2008 (Pub. L. 110–351) added a new section 479B to the Act providing authority at 479B(b) for an Indian Tribe, tribal organization or tribal consortia (hereafter "Tribe") to elect to operate a title IV–E program with an approved title IV–E plan. Tribes are to operate a program in the same manner as states and must provide for a case plan for each child and for a case review system.

The case review system assures that each child has a case plan designed to achieve placement in a safe setting that is the least restrictive (most family-like) setting available and in close proximity to the child's parental home, consistent with the best interest and special needs of the child. Through these requirements, States and Tribes also comply, in part, with title IV–B section 422(b) of the Act, which assures certain protections for children in foster care.

The case plan is a written document that provides a narrative description of the child-specific program of care. Federal regulations at 45 CFR 1356.21(g) and section 475(1) of the Act delineate the specific information that should be addressed in the case plan. The Administration for Children and Families (ACF) does not specify a recordkeeping format for the case plan nor does ACF require submission of the document to the Federal government. Case plan information is recorded in a format developed and maintained by the State or Tribal child welfare agency.

Respondents: State and Tribe title IV–B and title IV–E agencies.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Case Plan	603,453	1	3.98	2,401,74, 2.94

Estimated Total Annual Burden Hours: 2,401,74, 2.94.

In compliance with the requirements of Section 506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Administration, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, *Attn:* ACF Reports Clearance Officer. *E-mail address: infocollection@acf.hhs.gov.* All requests should be identified by the title of the information collection.

The Department specifically requests comments 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) 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. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Dated: April 13, 2010.

Robert Sargis,

Reports Clearance Officer.

[FR Doc. 2010–8718 Filed 4–15–10; 8:45 am]

BILLING CODE 4184–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; Web Based Training for Pain Management Providers

SUMMARY: Under the provisions of Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Institute on Drug Abuse, the National Institutes of Health has submitted to the Office of Management and Budget (OMB) a request to review and approve the information collection listed below. This proposed information collection was previously published in the **Federal Register** in Vol. 75, No. 25 on Monday, February 8 and allowed 60 days for public comment. No public comments were received on the planned study or any of the specific topics outlined in the 60 day notice. Three comments were received requesting information on the educational program rather than the study. We responded to requests for additional information from interested parties. The purpose of this notice is to allow an additional 30 days for public comment.

5 CFR 1320.5 (General requirements) Reporting and Recordkeeping Requirements: Final Rule requires that the agency inform the potential persons who are to respond to the collection of information that such persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

Proposed Collection

Title: Web Based Training for Pain Management Providers.

Type of Information Collection Request: New.

Need and Use of Information Collection: This research will evaluate the effectiveness of the Web Based Training for Pain Management Providers, via the Web site *PainAndAddictionTreatment.com,* to positively impact the knowledge, attitudes, intended behaviors and clinical skills of health care providers in the U.S. who treat pain. The Web Based Training for Pain Management Providers is a new program developed with funding from the National Institute on Drug Abuse. The primary goal is to assess the impact of the training program on knowledge, attitude, intended behavior, and clinical skills. A secondary goal is to assess learner satisfaction with the program. If the program is a success, there will be a new, proven resource available to health care providers to improve their ability to treat pain and addiction co-occurring in the provider's patients. In order to evaluate the effectives of the program, information will be collected from health care providers before exposure to the Web based materials (pre-test), after exposure to the web based materials (post-test), and 4–6 weeks after the program has been completed (follow-up).

Frequency of Response: On occasion.

Affected Public: Volunteer health care providers who treat patients with pain.

Type of Respondents: Physicians, nurse practitioners, and physician assistants.

The annual reporting burden is as follows:

Estimated Number of Respondents: 80.

Estimated Number of Responses per Respondent: 3.

Average Burden Hours per Response: 0.75.

Estimated Total Annual Burden Hours Requested: 180.

The annualized cost to respondents is estimated at: $11,925. There are no Capital Costs, Operating Costs, and/or Maintenance Costs to report.

Type of respondents	Estimated number of respondents	Estimated number of responses per respondent	Average burden hours per response	Estimated annual burden hours requested
Physicians	60	3	0.75	135