

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

Dynamic Decision Making in Mine Emergency Situations—Existing Collection in use without an OMB control number—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Mining is a context filled with tragic outcomes, as thousands of miners die in mining accidents each year throughout the world. In the process of examining workers' responses in emergency situations in mines, researchers at the NIOSH-Pittsburgh Research Laboratory (PRL) have found that one of the key human behavior processes that need to be better understood to better handle emergency situations is Decision Making (Vaught, Brnich, & Mallett, 2004). Decision Making, the process by which alternatives are constructed and a choice is made, continues to be one of the critically understudied aspects of mine emergencies. For example, The Mine Safety Technology and Training (MSTT) Commission suggests that escape/rescue decision-making is one of the most critical skill/knowledge gaps

identified in mining (MSTTC, 2006). Their report strongly supports the need for additional training in decision-making during emergency situations to improve the ability of miners to escape (or be rescued).

The research proposed here will help address this gap by integrating the theoretical knowledge of human decision making in dynamic situations with the practical aspects of training miners. The research will result in the improved science of decision making and practical guidelines and tools that demonstrate how to best train decision making in the unique conditions of accidents when under workload, uncertainty, and time constraints.

A simple Decision Making Game (DMGame) will be used in a laboratory study to investigate choice strategies based on the dynamic development of cues. Through a contract with the Centers for Disease Control and Prevention (Contract #200–2009–31403), the Dynamic Decision Making Laboratory at Carnegie Mellon University will investigate several independent variables relevant to Instance-Based Learning Theory, including: The diversity of instances, the number of instances (base rates) needed to improve accuracy in the triage process, and the effects of time constraints and workload on the effectiveness of triage. The manipulation of these independent variables will reveal training scenarios

and conditions that are more effective during learning and at transfer. Knowledge acquired during training will be tested in transfer conditions. The transfer conditions will vary depending on the participants used in the experiment. New guidelines for training for unexpected situations will be developed from the results of the laboratory experiment. The results and guidelines will be published in journal research papers and presented in international conferences and meeting.

The Dynamic Decision Making Laboratory conducted this research with a total of 28 students from Carnegie Mellon University and the University of Pittsburgh between January 2010 and December 2010. Participants were recruited through an online research participant pool from Carnegie Mellon University and the University of Pittsburgh to participate in a simple DMGame, called the "Work Hazard Game." Participants were asked to read and sign a consent form. After signing the form, participants were provided with instructions on how to play the game. They then completed the Work Hazard Game. Overall, participation lasted about 30 minutes. The game recorded participants' actions and the data was transferred to statistical software (i.e., SPSS) for analysis. Participants were not asked to identify which school they were affiliated with. There were no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents/form name	Number of respondents	Number of responses per respondent	Average burden response (in hours)	Total burden (in hours)
Student	28	1	30/60	14
Total				14

Daniel Holcomb,

Reports Clearance Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket No. CDC–2011–0002]

Draft Action Plan—A Public Health Action Plan To Combat Antimicrobial Resistance

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (DHHS).

ACTION: Extension of public comment period.

SUMMARY: On March 16, 2011, the Centers for Disease Control and

Prevention (CDC), located within the Department of Health and Human Services (HHS) published a notice in the **Federal Register** requesting public comment on the draft, *A Public Health Action Plan to Combat Antimicrobial Resistance* (76 FR 14402). Written and electronic comments were to be received on or before April 15, 2011. CDC/HHS received requests asking for a 60-day extension of the comment period. In consideration of those requests, HHS/CDC is extending the comment period by 60 days to June 14, 2011.

DATES: Written or electronic comments must be received on or before June 14,

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.

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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