consider and use in this proceeding as appropriate. The Commission will consider all timely and responsive public comments that it receives on or before November 25, 2011. You can find more information, including routine uses permitted by the Privacy Act, in the Commission's privacy policy, at *http://www.ftc.gov/ftc/privacy.htm.*

David C. Shonka,

Acting General Counsel.

[FR Doc. 2011–24573 Filed 9–23–11; 8:45 am]

BILLING CODE 6750–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

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 66 FR 61341–42 dated September 30, 2002 and most recently at 73 FR 19977, dated April 16, 2010 and at 76 FR 19361–62, dated April 7, 2011. This notice establishes a fourth division under the Office of Health Policy (HP) and restate's HP's functional statement in its entirety. The changes are as follows:

I. *Under Section AE.20 Functions, deleted Paragraph B, Office of Health Policy (AEH), in its entirety and replace with the following:*

B. The Office of Health Policy (AEH)

The Office of Health Policy (HP) is responsible for policy development and coordination and for the conduct and coordination of research, evaluation, and data, on matters relating to health systems, services, and financing. Functions include policy and long-range planning; policy, economic, program and budget analysis; evaluation; review of regulations and development of legislation. Health policy matters includes public health, health services and systems, public and private health insurance, health care financing, health care quality, consumer health information, and the interaction among these matters and sectors. HP is responsible for developing and coordinating a health policy research, information, and analytical program to gain information concerning health services, public health, delivery systems and financing. The Office works closely with other ASPE and HHS offices on these matters, coordinates and shares information across Federal agencies, and collaborates with the health policy and health services research community. HP works closely with the Department's Centers for Medicare & Medicaid Services, the Agency for Healthcare Research and Quality, the Health Resources and Services Administration, the Indian Health Service, The Office of the Assistant Secretary of Health, the Substance Abuse and Mental Health Services Administration, and other HHS agencies.

1. The Division of Health Care Financing Policy (AEH1) is responsible for policies and functions of the office concerning health care financing and health care costs, principally Federal health care financing related to the Department's Medicare program, including matters concerning structural changes and modernization for the long-term, such as drug benefits, coverage and eligibility, new technology, new delivery systems, and payments for services. This includes development of studies, policies, and mechanisms concerning the financing and delivery of health care for the Medicare population as well as evaluations of programs and delivery system innovations. The division monitors, analyzes, and maintains liaison with programs and policies in the Department and outside the Department that effect functions of the Division.

2. The Division of Public Health Services Policy (AEH2) is responsible for the functions of the office related to public health services and policies. The division conducts and develops analyses, studies, evaluations, and guidelines on matters such as: monitoring and addressing public health services resources and needs; assessing the design and effectiveness of health promotion/disease prevention endeavors; monitoring and addressing health disparities; projecting workforce needs; developing options for addressing workforce needs and shortages; developing options for improving the interaction between the medical services delivery system and population-based public health services; and addressing numerous other issues affecting both public and private healthcare services endeavors. The division monitors, analyzes, and maintains liaison with programs and policies both inside and outside the Department that effect functions of the Division's mission.

3. The Division of Health Care Access and Coverage Policy (AEH3) focuses on oversight of the private health insurance marketplace and the financing and delivery of health care services for low-income populations. The division is responsible for the functions of the office with respect to private health insurance, the Medicaid program, the Children's Health Insurance Program, coverage for the uninsured, and other policies and programs to help low income individuals and families have access to health care services. This includes development of studies, policies, and mechanisms that integrate the financing and delivery of health care services for this population. This division will collaborate with the Division of Health Care Financing Policy on issues effecting populations who are dually eligible for Medicare and Medicaid and other crosscutting areas. The division monitors, analyzes, and maintains liaison with programs and policies in the Department and outside the Department that effect functions of the Division.

4. The Division of Health Care Quality and Outcomes Policy (AEH4) is responsible for functions related to quality measurement and improvement, performance reporting and performance incentives, and patient-centered outcomes research. This includes development of studies, policies, and mechanisms to support data infrastructure development to support outcomes research as well as developing and disseminating evidence relating to patient outcomes research. The division monitors, analyzes, and maintains liaison with programs and policies in the Department and outside the Department that effect functions of the Division.

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: September 19, 2011.

E.J. Holland, Jr.,

Assistant Secretary for Administration.

[FR Doc. 2011–24621 Filed 9–23–11; 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

Title: Responsible Fatherhood Reentry Strategies Study—Discussion Guides.

OMB No.: New Collection.

Description: The Administration for Children and Families (ACF), U.S. Department of Health and Human Services is proposing an information collection activity as part of a study of responsible fatherhood prisoner reentry pilot programs. This information collection will involve discussion of a range of topics with key informants in grantee and partner organizations such as their organizational structure, program services, populations served, and specific approaches under the grant programs, as well as with individuals who participate, eligible nonparticipants, and family members about their-circumstances and experiences.

Respondents: Semi-structured discussions will be held with administrators, managers and staff of responsible fatherhood prisoner reentry grant programs and of key partner or community agencies. Information may also be collected from participants, eligible non-participants, and family members.

ANNUAL BURDEN ESTIMATES

Instrument	Annual number of respondents	Number of responses per respondent	Average burden hours per response	Total annual burden hours
Discussion Guides	150	1	1	150

Estimated Total Annual Burden Hours: 150.

In compliance with the requirements of Section 3506(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 Planning, Research and Evaluation, 370 L'Enfant Promenade, SW., Washington, DC 20447, *Attn:* OPRE Reports Clearance Officer. *E-mail address: OPREinfocollection@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: September 20, 2011.

Steven M. Hanmer,

Reports Clearance Officer.

[FR Doc. 2011–24536 Filed 9–23–11; 8:45 am]

BILLING CODE 4184–35–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2011–N–0322]

Agency Information Collection Activities; Submission for Office of Management and Budget Review; Comment Request; Requests for Inspection Under the Inspection by Accredited Persons Program

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that a proposed collection of information has been submitted to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995.

DATES: Fax written comments on the collection of information by October 26, 2011.

ADDRESSES: To ensure that comments on the information collection are received, OMB recommends that written comments be faxed to the Office of Information and Regulatory Affairs, OMB, *Attn:* FDA Desk Officer, *Fax:* 202–395–7285, or e-mailed to *oira_submission@omb.eop.gov.* All comments should be identified with the OMB control number 0910–0569. Also include the FDA docket number found in brackets in the heading of this document.

FOR FURTHER INFORMATION CONTACT: Daniel Gittleson, Office of Information Management, Food and Drug Administration, 1350 Piccard Dr., PI50–400B, Rockville, MD 20850, 301–796–5156, *Daniel.Gittleson@fda.hhs.gov.*

SUPPLEMENTARY INFORMATION: In compliance with 44 U.S.C. 3507, FDA has submitted the following proposed collection of information to OMB for review and clearance.

Requests for Inspection Under the Inspection by Accredited Persons Program—(OMB Control Number 0910–0569)—(Extension)

Section 201 of the Medical Device User Fee and Modernization Act of 2002 (Pub. L. 107–250) amended section 704 of the Federal Food, Drug, and Cosmetic Act by adding subsection (g) (21 U.S.C. 374(g)). This amendment authorized FDA to establish a voluntary third-party inspection program applicable to manufacturers of class II or class III medical devices who meet certain eligibility criteria. In 2007, the program was modified by the Food and Drug Administration Amendments Act of 2007 by revising eligibility criteria and by no longer requiring prior approval by FDA. To reflect the revisions, FDA modified the title of the collection of information and on March 2, 2009, issued a guidance entitled ''Manufacturer's Notification of the Intent to Use an Accredited Person Under the Accredited Persons Inspection Program Authorized by Section 228 of the Food and Drug Administration Amendments Act of 2007.'' This guidance supersedes the Agency's previous guidance regarding requests for third-party inspection and may be found on the Internet at *http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/ucm085187.htm.* This guidance is intended to assist device establishments in determining whether they are eligible to participate in the Accredited Persons (AP) Program and, if so, how to submit notification of their intent to use the program. The AP Program applies to manufacturers who currently market their medical devices in the United States and who also market or plan to market their devices in foreign countries. Such