That district court vacated its permanent injunction on May 31, 2013 after determining that such a broad injunction was no longer authorized under the Privacy Act after the U.S. Court of Appeals for the Eleventh Circuit's decision in *Edison* v. *Department of the Army* (11th Cir. 1982), and thus its continued enforcement was no longer equitable. Following the court's decision, CMS solicited public comment on August 6, 2013 on its proposed policies with respect to disclosure of individual physician payment information.<sup>1</sup>

## **II. Provisions of the Notice**

The Secretary has considered the court's decision and the wide spectrum of public comments received by CMS. In doing so, the Department has decided to replace the prior policy, as set forth in the November 28, 1980 Federal Register (45 FR 79172), with a new policy in which CMS will make case-by-case determinations as to whether exemption 6 of the Freedom of Information Act applies to a given request for information pertaining to the amounts that were paid to individual physicians under Medicare. Exemption 6 requires CMS to weigh the balance between the privacy interest of individual physicians and the public interest in disclosure of such information. As the outcome of the balancing test will depend on the circumstances, the outcomes of these analyses may vary depending on the facts of each case. However, in all cases, we are committed to protecting the privacy of Medicare beneficiaries.

Dated: January 6, 2014.

Marilyn Tavenner,

Administrator, Centers for Medicare & Medicaid Services.

Approved: January 6, 2014.

Kathleen Sebelius,

Secretary, Department of Health and Human Services.

[FR Doc. 2014–00808 Filed 1–14–14; 11:15 am]

BILLING CODE 4120-01-P

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

# Centers for Disease Control and Prevention

# [30-Day 14-13AHG]

## Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call (404) 639–7570 or send an email to *omb@cdc.gov*. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

### **Proposed Project**

Evaluation of Food Safety Programs— New—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

## Background and Brief Description

Local and state food safety programs (FSPs) are on the frontline of foodborne disease prevention in United States (U.S.). Through the Environmental Health Specialists Network (EHS-Net)(OMB No. 0920-0792, Expiration 2/28/2015), CDC currently funds and works with local and state health departments in five states (California, New York, Minnesota, Rhode Island, and Tennessee) to: (1) Identify environmental antecedents (underlying factors) to illness and disease outbreaks; (2) translate findings into improved prevention efforts using a systems-based approach; (3) offer training opportunities to current and future environmental health specialists; and (4) strengthen collaboration among epidemiology, laboratory, and environmental health programs. This CDC program offers insights into the current status of FSPs among EHS-Net partners, but information is lacking on a national scale.

The current tight fiscal environment faced by U.S. health departments has

led to a significant reduction in funding for public health programs, such as food safety. For example, 57 percent of local health departments reduced or eliminated at least one public health program during 2011. Therefore, the CDC is requesting for a two-year OMB approval to conduct the "Evaluation of Food Safety Programs" survey among a representative sample of local and state health departments implementing FSPs in the U.S.

The purpose of this evaluation of local and state FSPs is to collect descriptive data on their current status and activities, to describe changes in their status and activities from 2007 to 2012, and to determine if there is a relationship between funding status and activities. Data will be collected on food safety activities, workforce capacity and competency, financial resources, community health, and demographics of FSPs. Data collected will help CDC better understand the relationship between different levels of funding and FSP effectiveness in the U.S.

State and local food safety programs are primary respondents for this data collection. There are over 3,000 state and local health departments in the U.S. It is unknown how many state and local health departments will actually participate in the evaluation survey, as participation will be voluntary.

This information collection seeks approval to obtain data using a one-time data collection survey. The survey will take approximately 2 hours to complete. The survey will be completed once by respondents either manually or electronically. The CDC is asking for this data collection burden to allow local and state health departments ample time to request and obtain the information they need from their various departments and units to complete the evaluation survey.

For this project, the anticipated number of respondents is 190 health departments per year, and the total estimated annual burden hours are 380 hours. Only local and state health departments implementing food safety programs in the U.S. will be eligible to participate in the survey. There will be no cost to the respondents other than their time.

<sup>&</sup>lt;sup>1</sup> CMS, "Request for Public Comments on the Potential Release of Medicare Physician Data" (August 6, 2013), available at: http://www.cms.gov/ Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/Public-Comment.html.

# ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)
	Evaluation Survey (electronic)	138	1	2
	Evaluation Survey (paper-based)	35	1	2
	Evaluation Survey (electronic)	14	1	2
	Evaluation Survey (paper-based)	3	1	2

# LeRoy Richardson,

Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2014–00911 Filed 1–16–14; 8:45 am] BILLING CODE 4163–18–P

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Centers for Medicare & Medicaid Services

[Document Identifiers: CMS-10396 and CMS-10462]

## Agency Information Collection Activities: Proposed Collection; Comment Request

**AGENCY:** Centers for Medicare & Medicaid Services, HHS. **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 (the 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 60 days for public comment on the proposed action. Interested persons are invited to send comments regarding our burden estimates 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 must be received by March 18, 2014.

**ADDRESSES:** When commenting, please reference the document identifier or OMB control number (OCN). To be assured consideration, comments and recommendations must be submitted in any one of the following ways:

1. *Electronically*. You may send your comments electronically to *http://www.regulations.gov*. Follow the instructions for "Comment or Submission" or "More Search Options" to find the information collection document(s) that are accepting comments.

2. *By regular mail.* You may mail written comments to the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: Document Identifier/OMB Control Number \_\_\_\_\_, Room C4–26–05, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

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:

#### Contents

This notice sets out a summary of the use and burden associated with the following information collections. More detailed information can be found in each collection's supporting statement and associated materials (see **ADDRESSES**).

## CMS–10396 Medication Therapy Management Program Improvements

## CMS–10462 Community First Choice Option

Under the Paperwork Reduction Act (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 requires federal agencies to publish a 60-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.

#### **Information Collections**

1. Type of Information Collection *Request:* Extension of a currently approved collection; Title of Information Collection: Medication Therapy Management Program Improvements; Use: Information collected by Part D medication therapy management programs (as required by the standardized format for the comprehensive medication review summary) will be used by beneficiaries or their authorized representatives, caregivers, and their healthcare providers to improve medication use and achieve better healthcare outcomes. Form Number: CMS-10396 (OCN: 0938–1154); Frequency: Occasionally; Affected Public: Private sector (business or other for-profits); Number of Respondents: 682; Total Annual Responses: 280,352; Total Annual Hours: 163,539. (For policy questions regarding this collection contact Gary Wirth at 410-786-3977).

2. *Type of Information Collection Request:* New collection (request for a new OMB control number); *Title of*