

of any State or local government, or the U.S. healthcare system.

5. The cruise ship operator shall further ensure that the plan is consistent with the most current CDC recommendations and guidance for any public health actions related to COVID-19. Where appropriate, a cruise ship operator may coordinate the development, implementation, and operationalization of a plan with other cruise ship operators, including an industry trade group.

The terms and conditions of the No Sail Order and Other Measures Related to Operations signed on March 14, 2020, as modified and extended by this *order*, shall remain in effect. Consequently, it remains ordered:

1. Cruise ship operators shall not be allowed to disembark passengers and crew members at ports or stations, except as directed by the USCG, in consultation with HHS/CDC personnel and, as appropriate, as coordinated with Federal, State, and local authorities.

2. Cruise ship operators shall not reembark any crew member, except as approved by USCG, in consultation with HHS/CDC personnel, until further notice.

3. Cruise ship operators shall not embark any new passengers or crew, except as approved by USCG, or other Federal authorities as appropriate, in consultation with HHS/CDC personnel.

4. Cruise ship operators shall not commence or continue operations (*e.g.*, shifting berths, moving to anchor, or discharging waste), except as approved by USCG, in consultation with HHS/CDC personnel, until further notice.

5. While in port, the cruise ship operator shall observe health precautions as directed by HHS/CDC personnel.

6. The cruise ship operator shall comply with all HHS/CDC, USCG, and other Federal agency instructions to follow CDC recommendations and guidance for any public health actions relating to passengers, crew, ship, or any article or thing on board the ship, as needed, including by making ship's manifests and logs available and collecting any specimens for COVID-19 testing.

7. This order does not prevent the periodic reboarding of the ship by HHS/CDC personnel and/or USCG and/or other Federal, State, or local agencies or the taking on of ships' stores and provisions under the supervision of HHS/CDC personnel and/or USCG.

8. This order does not prevent the ship from taking actions necessary to maintain the seaworthiness or safety of the ship, or the safety of harbor conditions, such as movement to

establish safe anchorage, or as otherwise directed by USCG personnel.

This Order is effective upon publication in the **Federal Register** and shall continue in operation until the earliest of (1) the expiration of the Secretary of Health and Human Services' declaration that COVID-19 constitutes a public health emergency; (2) the CDC Director rescinds or modifies the order based on specific public health or other considerations; or (3) 100 days from the date of publication in the **Federal Register**.

Authority

The authority for these orders is Sections 361 and 365 of the Public Health Service Act (42 U.S.C. 264, 268) and 42 CFR 70.2, 71.31(b), 71.32(b).

Robert K. McGowan,

Chief of Staff, Centers for Disease Control and Prevention.

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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 84 FR 65981, dated December 12, 2019) is amended to reorganize the Center for Preparedness and Response, Deputy Director for Public Health Service and Implementation Science, Centers for Disease Control and Prevention.

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

Delete in its entirety the titles and functional statements for *Division of State and Local Readiness (CBCB)* insert the following:

Division of State and Local Readiness (CBCB). The Division of State and Local Readiness (DSLRL): (1) Provides program support, technical assistance, guidance, technical integration, and capacity building of preparedness planning across public health, healthcare, and emergency management sectors; and (2) provides fiscal oversight to state, local, tribal, and territorial public health department Cooperative Agreement

recipients for the development, monitoring, and evaluation of public health capabilities, plans, infrastructure, and systems to prepare for and respond to terrorism, outbreaks of disease, natural disasters, and other public health emergencies.

Office of the Director (CBCB1). (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 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) represents and communicates the interests and needs of the state, local, tribal, and territorial jurisdictions on state and local preparedness and response issues; (4) develops and ensures effective partnerships with national stakeholders and preparedness and response partners; (5) provides oversight and management of division contracts, recipient awards and fiscal accountability; and (6) manages the IT strategy and infrastructure to support recipient programmatic and fiscal activities.

Program Implementation Branch (CBCBB). (1) Provides consultation, technical assistance, and training to state, territorial, tribal, and local health departments in management and operation of activities to support public health emergency preparedness programs and recovery, including the infrastructure and systems necessary to manage and use deployed medical countermeasure assets; (2) facilitates partnerships between public health preparedness programs at federal, state, and local levels to ensure their consistency, sharing of promising practices, and integration; (3) collaborates with and supports other divisions in CPR and other national centers across CDC to ensure high quality technical assistance is available to the grantees on preparedness capabilities; (4) monitors programmatic activities of cooperative agreements of state, local, tribal, and territorial organizations to assure program objectives and key performance indicators are achieved, including reviews of Cities Readiness Initiative response plans; (5) provides assistance to state and local governments and public health agencies to prepare for effective responses to large scale public health events; (6) evaluates and identifies gaps in jurisdictional operational readiness and facilitates plans and develops tools to address identified gaps; (7) maintains an

information sharing platform to post resources and facilitate the sharing of best practices across CDC and jurisdictions; (8) improves the delivery of technical assistance to the public health entities; (9) serves as an agent of information to improve recipient access to healthcare preparedness tools and expertise and (10) collaborates with the Department during exercises or upon a federal deployment of assets.

Evaluation and Analysis Branch (CBCBC). (1) Assesses the effectiveness of the Public Health Emergency Preparedness (PHEP) Cooperative Agreement via performance measurement and evaluation; (2) develops and coordinates a strategy to measure and report on jurisdictional operational readiness; (3) provides analytic support and evaluation expertise to DSLR and CPR; and (4) fosters innovation and efficiency in evaluation and research through collaboration with healthcare and health security partners.

Field Assignee Services Branch (CBCBD). (1) Works with recipients to advance state and local preparedness efforts through placement of CDC field staff within state and local public health agencies; (2) provides scientific participation in development and implementation of field-based science initiatives and strategies; (3) provides situational awareness to CDC leadership when activated for public health responses; (4) provides consultation and technical assistance to state, territorial, tribal and local health departments in developing, implementing, and evaluating CPR activities and performance in support of CDC recommendations and those of their host site; (5) provides direct support for public health preparedness and epidemiologic capacity at the state, territorial, tribal, and local levels; (6) contributes as leaders in preparedness and epidemiology for a myriad of public health issues; (7) participates in the 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; (8) analyzes data to assess progress toward achieving program objectives and provides input for program management and evaluation reports for publications; (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; (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; and (14) develops and implements a comprehensive training and field placement program for entry-level public health preparedness and response professionals.

Sherri A. Berger,

Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2020-07939 Filed 4-14-20; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifiers: CMS-10716 and CMS-R-262]

Agency Information Collection Activities: Submission for OMB Review; 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 (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 the necessity and utility of the proposed information collection for the proper performance of the agency's functions, the accuracy of the estimated burden, ways to enhance the quality, utility, and clarity of the information to be collected, and 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 *May 15, 2020*.

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:

Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to www.reginfo.gov/public/do/PRAMain. Find this particular information collection by selecting "Currently under 30-day Review—Open for Public Comments" or by using the search function.

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' website address at website address at <https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing.html>.

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: William Parham at (410) 786-4669.

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:* New Collection; *Title of Information Collection:* Applicable