DEPARTMENT OF HEALTH AND HUMAN SERVICES

Guidance for Temporary Reassignment of State and Local Personnel During a Public Health Emergency

AGENCY: Department of Health and Human Services, Office of the Secretary.

ACTION: Notice of availability and request for comments.

SUMMARY: The Department of Health and Human Services (HHS) is accepting comments on proposed “Guidance for Temporary Reassignment of State and Local Personnel during a Public Health Emergency.” Section 201 of the Pandemic and All-Hazards Preparedness Reauthorization Act of 2013 (PAHPRA), Public Law 113–5, amends section 319 of the Public Health Service (PHS) Act to provide the Secretary of HHS with discretion to authorize the temporary reassignment of state, tribal, and local personnel during a declared federal public health emergency upon request by a state or tribal organization or their designee. This proposed guidance addresses that provision.

DATES: Public comments will be accepted for sixty days from the date this notice publishes in the Federal Register.

ADDRESSES: The guidance is available online at www.phe.gov/section201. Comments may be submitted via a form on that Web site. This document is also available in hard-copy for all those that request it from the point of contact listed in the “Additional Information” section below.

FOR FURTHER INFORMATION CONTACT: For additional information, please contact: Lisa Kaplowitz, MD, MSHA, Deputy Assistant Secretary, Office of Policy and Planning, Office of the Assistant Secretary for Preparedness and Response, 200 Independence Avenue SW., Washington, DC 20201, telephone number (202) 205–2882.

SUPPLEMENTARY INFORMATION: Section 201 of the Pandemic and All-Hazards Preparedness Reauthorization Act of 2013 (PAHPRA), Public Law 113–5, amends section 319 of the PHS Act to provide the Secretary of HHS with discretion to authorize the temporary reassignment of state, tribal, and local personnel during a declared Federal public health emergency upon request by a state governor or tribal organization or their designee. PAHPRA requires that HHS issue proposed guidance on this provision, to be followed by a 60-day public comment period.

The temporary reassignment provision is applicable to state, tribal, and local public health department or agency personnel whose positions are funded, in full or part, under PHS programs. This authority terminates on September 30, 2018.

This new provision provides an important flexibility to state and local health departments and tribal organizations during an event requiring all the resources at their disposal. The temporary reassignment provision permits state, tribal, and local personnel to be voluntarily reassigned so they can immediately respond to the public health emergency in the affected jurisdiction.

Statutory Authority: Section 201 of the Pandemic and All-Hazards Preparedness Reauthorization Act of 2013 (PAHPRA), Public Law 113–5


Kathleen Sebelius,
Secretary.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30-Day—10870]

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 or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Monitoring and Reporting System for Chronic Disease Prevention and Control Programs (OMB No. 0920–0870, exp. 11/30/2013)—Revision—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC requests OMB approval to continue the collection of information from tobacco control program awardees funded through cooperative agreement.
DP09–901, Collaborative Chronic Disease, Health Promotion, and Surveillance Program Announcement: Healthy Communities, Tobacco Control, Diabetes Prevention and Control, and Behavioral Risk Factor Surveillance System. These cooperative agreements will end on March 28, 2014, and final reports on awardee activities are due to CDC approximately 90 days after the end of the funding period. OMB approval is requested for one year to allow submission of progress reports relating to the final year of funding under the current cooperative agreement.

Fifty-three awardees which consist of state departments of health in the 50 States, the District of Columbia, Puerto Rico, and the Virgin Islands will continue to submit semi-annual progress reports through a Web-based management information system (MIS). There are no changes to the number of tobacco control program respondents, the content of the information collection, the frequency of information collection, or the estimated burden per response. However, the total estimated burden hours will decrease due to discontinuation of reporting requirements for three program components that were originally funded under the DP09–901 cooperative agreement: diabetes prevention and control, state BRFSS activities, and Healthy Communities. Due to organizational and funding changes within CDC, funding for these program components was discontinued under the DP09–901 cooperative agreement and semi-annual reports are no longer required.

CDC will continue to collect information about each awardee’s tobacco control objectives, planning, activities, resources, partnerships, strategies, and progress toward meeting objectives. Awardees will use the information reported through the electronic MIS to manage and coordinate their activities and to improve their efforts. CDC will use the information reported through the MIS to document and monitor each awardee’s progress and to make adjustments, as needed, in the type and level of technical assistance provided to them. The information collection allows CDC to oversee the use of federal funds, and identify and disseminate information about successful strategies implemented by awardees. CDC also uses the information to respond to Congressional and stakeholder inquiries about awardee activities, program implementation, and program impact.

Progress reporting through the MIS is required for cooperative agreement awardees. There are no costs to respondents other than their time. The total estimated burden hours are 636.

### ESTIMATED ANNUALIZED BURDEN HOURS

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<tr>
<th>Type of respondents</th>
<th>Form name</th>
<th>Number of respondents</th>
<th>Number of responses per respondent</th>
<th>Average burden per response (in hours)</th>
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<td>2</td>
<td>6</td>
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</table>

**Kimberly S. Lane,**
Deputy Director, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Submission for OMB Review; Comment Request**

**Title:** Federally Assisted State Transmitted (FAST) Levy.
**OMB No.:** New Collection.
**Description:** State IV–D child support enforcement agencies are required to have procedures to secure assets in cases where there is a support arrearage to satisfy any current support obligation and the arrearage by attaching and seizing assets of the obligor held in financial institutions. To assist states in fulfilling this statutory requirement the federal Office of Child Support Enforcement (OCSE) is proposing a new information collection using the Federally Assisted State Transmitted Levy (FAST Levy) application. FAST Levy is a centralized, secure and automated method of collecting and disseminating electronic levy notices between child support enforcement agencies and multistate financial institutions to secure the assets in an obligor’s account.

The anticipated impact of employing FAST Levy is the significant reduction in existing delays to execute a levy notice, thereby diminishing opportunity for an obligor to close accounts; increase collections of past-due payments to state agencies and families; cut the states’ and multistate financial institutions’ administrative and implementation costs of manually executing levy notices; and strengthen document security.

The proposed information collection using the FAST Levy application is authorized by: (1) 42 U.S.C. 652(a)(7), which requires OCSE to provide technical assistance to state child support agencies to help them establish effective systems for collecting child and spousal support; (2) 42 U.S.C. 666(a)(2) and (c)(1)(G)(ii), which requires state child support agencies to have procedures to secure assets of an obligor to satisfy past due support orders; and (3) 45 CFR 303.7(a)(5), which requires state child support agencies to transmit requests for information and provide requested information electronically to the greatest extent possible.

**Respondents:** Multistate Financial Institutions and State Child Support Agencies.

### ANNUAL BURDEN ESTIMATES

<table>
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<tr>
<th>Instrument</th>
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<th>Average burden hours per response</th>
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<td>317.5</td>
<td>1,587.5</td>
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