

**Background and Brief Description**

Congenital heart defects (CHDs) are the most common type of structural birth defects, affecting approximately 1 in 110 live-born children. According to previously published data, prior to the 1970s, many CHDs were considered fatal during infancy or childhood, but with tremendous advances in pediatric cardiology and cardiac surgery, at least 85% of patients now survive to adulthood. There are approximately 1.5 million adults with CHD in the United States today, and adults with CHD now outnumber children. With vast declines in mortality from pediatric heart disease over the past 30 years, it is vital to

assess long term outcomes and quality of life issues.

For this one-year project, we will use data from U.S. state birth defect surveillance systems to identify a population-based sample of individuals 18 to 45 years of age born with CHD. We will then use state databases and online search engines to find current addresses for those individuals and mail surveys to them inquiring about their barriers to health care, quality of life, social and educational outcomes, and transition of care from childhood to adulthood. The information collected from this population-based survey will be used to inform current knowledge, allocate

resources, develop services, and, ultimately, improve long-term health of adults born with CHD.

We estimate sending an introductory letter and survey to 6,675 individuals with CHD in the birth defects surveillance systems, and receiving completed surveys from 4,672 individuals (70%). The survey takes approximately 20 minutes to complete. The Contact Information Form will be provided in English and Spanish and should take approximately 2 minutes to read and complete. It is estimated that the total burden hours are 2,254.

There are no costs to participants other than their time.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Type of respondents	Form name	Number of respondents	Number responses per respondent	Average burden per response (in hours)
Individuals aged 18–45 years who were born with a congenital heart defect.	Survey questionnaire .....	6,675	1	20/60
English-speaking mothers of respondents .....	Contact Information Form—English .....	757	1	2/60
Spanish-speaking mothers of respondents .....	Contact Information Form—Spanish .....	133	1	2/60

**Leroy A. 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. 2016–02765 Filed 2–10–16; 8:45 am]

**BILLING CODE 4163–18–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare & Medicaid Services**

[CMS–1660–N]

**Medicare Program: Notice of Seven Membership Appointments to the Advisory Panel on Hospital Outpatient Payment**

**AGENCY:** Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS).

**ACTION:** Notice.

**SUMMARY:** This notice announces seven new membership appointments to the Advisory Panel on Hospital Outpatient Payment (the Panel). The seven new appointments to the Panel will each serve a 4-year period. The new members have terms that begin in Calendar Year (CY) 2016 and end in CY 2020. The purpose of the Panel is to advise the Secretary of the Department of Health and Human Services and the Administrator of the Centers for

Medicare & Medicaid Services concerning the clinical integrity of the Ambulatory Payment Classification groups and their relative payment weights. The Panel also addresses and makes recommendations regarding supervision of hospital outpatient therapeutic services. The advice provided by the Panel will be considered as we prepare the annual updates for the hospital outpatient prospective payment system.

The Secretary rechartered the Panel in 2014 for a 2-year period effective through November 6, 2016.

**DATES:** March 14, 2016.

**ADDRESSES:** *Web site:* For additional information on the Panel meeting dates, agenda topics, copy of the charter, and updates to the Panel’s activities, we refer readers to our Web site at the following address: <https://www.cms.gov/Regulations-and-Guidance/Guidance/FACA/AdvisoryPanelonAmbulatoryPaymentClassificationGroups.html>.

**FOR FURTHER INFORMATION CONTACT:** Designated Federal Official (DFO): Carol Schwartz, DFO, 7500 Security Boulevard, Mail Stop: C4–04–25, Woodlawn, MD 21244–1850. Phone: (410) 786–3985. Email: [APCPanel@cms.hhs.gov](mailto:APCPanel@cms.hhs.gov).

**SUPPLEMENTARY INFORMATION:**

**I. Background**

The Secretary of the Department of Health and Human Services (the

Secretary) is required by section 1833(t)(9)(A) of the Social Security Act (the Act) (42 U.S.C. 1395l(t)(9)(A)) and section 222 of the Public Health Service Act (PHS Act) (42 U.S.C. 217a) to consult with an expert outside advisory panel on the clinical integrity of the Ambulatory Payment Classification groups and relative payment weights, which are major elements of the Medicare Hospital Outpatient Prospective Payment System (OPPS), and the appropriate supervision level for hospital outpatient therapeutic services. The Panel is governed by the provisions of the Federal Advisory Committee Act (FACA) (Pub. L. 92–463), as amended (5 U.S.C. Appendix 2), which sets forth standards for the formation and use of advisory panels. The Panel Charter provides that the Panel shall meet up to 3 times annually. We consider the technical advice provided by the Panel as we prepare the proposed and final rules to update the OPPS for the following calendar year (CY).

The Panel shall consist of a chair and up to 15 members who are full-time employees of hospitals, hospital systems, or other Medicare providers that are subject to the OPPS. The Secretary or a designee selects the Panel membership based upon either self-nominations or nominations submitted by Medicare providers and other interested organizations of candidates determined to have the required

expertise. For supervision deliberations, the Panel shall also include members that represent the interests of Critical Access Hospitals (CAHs), who advice Centers for Medicare & Medicaid Services (CMS) only regarding the level of supervision for hospital outpatient therapeutic services.

New appointments are made in a manner that ensures a balanced membership under the FACA guidelines.

The Panel presently consists of the following members and a Chair.

(**Note:** The asterisk [\*] indicates the Panel members whose terms end during CY 2016, along with the month that the term ends.)

- E. L. Hambrick, M.D., J.D., Chair, a CMS Medical Officer.

- Karen Borman, M.D., F.A.C.S.\*(January 2016)

- Dawn L. Francis, M.D., M.H.S.

- Ruth Lande

- Jim Nelson, M.B.A., C.P.A.,

- Leah Osbahr, M.A., M.P.H.\*

(January 2016)

- Jacqueline Phillips\*(February 2016)

- Johnathan Pregler, M.D.

- Traci Rabine\*(January 2016)

- Michael Rabovsky, M.D.

- Wendy Resnick, F.H.F.M.A.

- Michael K. Schroyer, R.N.

- Marianna V. Spanki-Varelas M.D., Ph.D., M.B.A.\*(February 2016)

- Norman Thomson, III, M.D.

- Gale Walker\*(January 2016)

- Kris Zimmer

## II. Provisions of the Notice

We published a notice in the **Federal Register** on August 28, 2015, entitled "Medicare Program; Solicitation of Nominations to the Advisory Panel on Hospital Outpatient Payment (80 FR 52294). The notice solicited nominations for up to seven new members to fill the vacancies on the Panel beginning in CY 2016. As a result of that notice, we are announcing seven new members to the Panel. The Panel consists of a Chair and 15 members. The seven new Panel member appointments are for 4-year terms beginning March 1, 2016 and will assure that we continue to have a Chair and 15 members available to attend our scheduled meeting.

### *New Appointments to the Panel*

New members of the Panel will have terms beginning on March 1, 2016 and continuing through February 28, 2020 as follows:

- Shelly Dunham, R.N.

- Kenneth Michael Flowe, M.D., M.B.A.

- Erika Hardy, R.H.I.A.

- Karen A. Lambert
- Scott Manaker, M.D., Ph.D.
- Agatha L. Nolen, Ph.D., D.Ph.
- Richard Nordahl, M.B.A.

## III. Collection of Information Requirements

This document does not impose information collection requirements, that is, reporting, recordkeeping or third-party disclosure requirements. Consequently, there is no need for review by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*).

Dated: February 2, 2016.

**Andrew M. Slavitt,**

*Acting Administrator, Centers for Medicare & Medicaid Services.*

[FR Doc. 2016-02798 Filed 2-10-16; 8:45 am]

**BILLING CODE 4120-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Office of the Assistant Secretary, Office of the Deputy Assistant Secretary for Early Childhood Development, Office of Head Start, Office of Child Care; Statement of Organization, Functions, and Delegations of Authority

**AGENCY:** Administration for Children and Families, HHS.

**ACTION:** Notice.

**SUMMARY:** Statement of organization, functions, and delegations of authority. The Administration for Children and Families (ACF) has reorganized the Office of the Deputy Assistant Secretary for Early Childhood Development (ODAS-ECD) within the Office of the Assistant Secretary (OAS), the Office of Head Start (OHS), and the Office of Child Care (OCC). This reorganization will transfer reporting authority of OCC and OHS in their entirety from OAS to the ODAS-ECD. This reorganization creates within ODAS-ECD the Division of Policy and Budget; the Division of Comprehensive Services and Training and Technical Assistance; the Division of Research, Analysis, and Communications; and the Division of Interagency and Special Initiatives. Additionally, this reorganization will realign and combine several functions currently separately managed within OHS, OCC, and ODAS-ECD.

The ODAS-ECD reviewed the programmatic and administrative similarities and differences between

OHS and OCC and is proposing a new organizational structure that will not only retain the autonomy of the Head Start and Child Care programs and retain the best parts of how they provide services, but will also demonstrate a clear message to the field about the alignment of the Head Start and Child Care program offices, the unified focus of ensuring children receive quality services regardless of their program option, and a common message about the quality and expectations for services to children and families.

Internally, the proposed reorganization will generate a more integrated alignment of standards through Head Start and Child Care programs, the development of a unified training and technical assistance system, consistent access to resources at the ACF level for both programs, and a shared use of research resources and agenda. Additionally, the proposed reorganization will result in greater collaborative efforts among both offices thereby leveraging best practices across both offices (monitoring, program outreach, content development, etc.). Moreover, both staffs will gain a broader understanding of the early childhood field and the inter-dependencies between programs.

Within OHS, this reorganization eliminates the Education and Comprehensive Services Division and moves some of the functions to the newly created Division of Comprehensive Services and Training and Technical Assistance and the Division of Research, Analysis, and Communications within ODAS-ECD. It eliminates the Policy and Planning Division in OHS and moves some of those functions to the newly created Division of Policy and Budget within ODAS-ECD and to a new OHS Division of Planning, Oversight, and Policy. It eliminates the State Initiatives Division in OHS and moves some of those functions to each of the newly created Division of Interagency and Special Initiatives and the Division of Comprehensive Services and Training and Technical Assistance within ODAS-ECD. It also deletes the Grants and Contracts Division in OHS and moves the functions to two newly created and separate Divisions within OHS—the Division of Contracts and the Division of Grants. It combines the previous OHS Quality Assurance Division and OHS Policy and Planning Division to create the OHS Division of Planning, Oversight, and Policy. The OHS Program Operations Division remains the OHS Division of Program Operations.