

a license, grant or other benefit. The other agency or licensing organization may then make a request supported by the written consent of the individual for further information if it so chooses. HHS will not make an initial disclosure unless the information has been determined to be sufficiently reliable to support a referral to another office within the agency or to another federal agency for criminal, civil, administrative, personnel, or regulatory action.

8. Information may be disclosed to a Member of Congress or Congressional staff member in response to a written inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained. The Congressional office does not have any greater authority to obtain records than the individual would have if requesting the records directly.

9. Records may be disclosed to the U.S. Department of Homeland Security (DHS) if captured in an intrusion detection system used by HHS and DHS pursuant to a DHS cybersecurity program that monitors Internet traffic to and from federal government computer networks to prevent a variety of types of cybersecurity incidents.

10. Disclosures may be made to appropriate federal agencies and Department contractors that have a need to know the information for the purpose of assisting the Department's efforts to respond to a suspected or confirmed breach of the security or confidentiality of information maintained in this system of records, when the information disclosed is relevant and necessary to that assistance.

Information about an individual data requester may also be disclosed from this system of records to parties outside HHS without the individual's consent for any of the uses authorized directly in the Privacy Act at 5 U.S.C. 552a(b)(2) and (b)(4)–(11).

**POLICIES AND PRACTICES FOR STORING, RETRIEVING, ACCESSING, RETAINING, AND DISPOSING OF RECORDS IN THE SYSTEM—**

**STORAGE:**

Records are stored in electronic databases and hard-copy files. DADSS, and its successors', records may also be stored on portable media.

**RETRIEVABILITY:**

Records are retrieved by the data requester's name, registrant/user name, User ID number, or data use agreement (DUA) number.

**SAFEGUARDS:**

Records are safeguarded in accordance with applicable laws, rules

and policies, including the HHS Information Technology Security Program Handbook, all pertinent National Institutes of Standards and Technology (NIST) publications, and OMB Circular A–130, Management of Federal Resources. Records are protected from unauthorized access through appropriate administrative, physical, and technical safeguards. Safeguards conform to the HHS Information Security and Privacy Program, <http://www.hhs.gov/ocio/securityprivacy/>. The safeguards include protecting the facilities where records are stored or accessed with security guards, badges and cameras, securing hard-copy records in locked file cabinets, file rooms or offices during off-duty hours, limiting access to electronic databases to authorized users based on roles and the principle of least privilege, and two-factor authentication (user ID and password), using a secured operating system protected by encryption, firewalls, and intrusion detection systems, using an SSL connection for secure encrypted transmissions, requiring encryption for records stored on removable media, and training personnel in Privacy Act and information security requirements.

**RETENTION AND DISPOSAL:**

Records needed to enforce data use restrictions are retained for 20 years by AHRQ (see DAA–0510–2013–0003–0001) and 5 years by CMS (see N1–440–10–04) after the agreement is closed, and may be kept longer if necessary for enforcement, audit, legal, or other purposes. The equivalent SAMHSA records will be retained indefinitely until a disposition schedule is approved by the National Archives and Records Administration (NARA). SAMHSA anticipates proposing a 5 year retention period to NARA. Records of payments made electronically are transmitted securely to a Payment Card Industry-compliant payment gateway for processing and are not stored. Records of payments made by check, purchase order, or wire transfer are disposed of once the funds have been received.

Records are disposed of using destruction methods prescribed by NIST SP 800–88.

**SYSTEM MANAGER(S) AND ADDRESS(ES):**

- **AHRQ:** HCUP Project Officer, Center for Delivery, Organization, and Markets, 540 Gaither Road, Rockville, MD 20850; Telephone: 301–427–1410; [HCUP@AHRQ.GOV](mailto:HCUP@AHRQ.GOV).

- **CMS:** DADSS and its successor, Division of Data and Information Dissemination, Data Development and Services Group, Office of Enterprise

Data and Analytics, Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Mailstop: B2–29–04, Office Location: B2–03–37, Baltimore, MD 21244–1870.

- **SAMHSA:** SAMHDA Project Officer, CBHSQ, 1 Choke Cherry Road, Rockville, MD 20857.

**NOTIFICATION PROCEDURE:**

An individual who wishes to know if this system of records contains records about him or her should submit a written request to the relevant System Manager at the address indicated above. The individual must verify his or her identity by providing either a notarized request or a written certification that the requester is who he or she claims to be and understands that the knowing and willful request for acquisition of a record pertaining to an individual under false pretenses is a criminal offense under the Privacy Act, subject to a five thousand dollar fine.

**RECORD ACCESS PROCEDURE:**

Same as notification procedure.

**CONTESTING RECORD PROCEDURES:**

An individual seeking to amend the content of information about him or her in this system should contact the relevant System Manager and reasonably identify the record, specify the information contested, state the corrective action sought, and provide the reasons for the amendment, with supporting justification.

**RECORD SOURCE CATEGORIES:**

Information in this system of records is obtained directly from the individual data requester to whom it applies, or is derived from information supplied by the individual or provided by HHS officials.

**EXEMPTIONS CLAIMED FOR THIS SYSTEM:**

None.

**Celeste Dade-Vinson,**

*Health Insurance Specialist, Centers for Medicare & Medicaid Services.*

[FR Doc. 2015–07444 Filed 3–31–15; 8:45 a.m.]

**BILLING CODE 4120–03–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Food and Drug Administration**

**[Docket No. FDA–2014–N–0964]**

**Jun Yang: Debarment Order**

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The U.S. Food and Drug Administration (FDA or Agency) is issuing an order under the Federal Food, Drug, and Cosmetic Act (FD&C Act) debarring Jun Yang for a period of 4 years from importing articles of food or offering such articles for importation into the United States. FDA bases this order on a finding that Mr. Yang was convicted, as defined in the FD&C Act, of one felony count under Federal law for conduct relating to the importation into the United States of an article of food. Mr. Yang was given notice of the proposed debarment and an opportunity to request a hearing within the timeframe prescribed by regulation. As of November 7, 2014 (30 days after receipt of the notice), Mr. Yang had not responded. Mr. Yang's failure to respond constitutes a waiver of his right to a hearing concerning this action.

**DATES:** This order is effective April 1, 2015.

**ADDRESSES:** Submit applications for termination of debarment to the Division of Dockets Management (HFA-305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852.

**FOR FURTHER INFORMATION CONTACT:** Kenny Shade, Division Of Enforcement, Office of Enforcement and Import Operations, Office of Regulatory Affairs, Food and Drug Administration, 12420 Parklawn Dr. (ELEM-4144), Rockville, MD 20857, 301-796-4640.

**SUPPLEMENTARY INFORMATION:**

**I. Background**

Section 306(b)(1)(C) of the FD&C Act (21 U.S.C. 335a(b)(1)(C)) permits FDA to debar an individual from importing an article of food or offering such an article for import into the United States if FDA finds, as required by section 306(b)(3)(A) of the FD&C Act, that the individual has been convicted of a felony for conduct relating to the importation into the United States of any food.

On November 14, 2013, Mr. Yang was convicted, as defined in section 306(l)(1)(B) of the FD&C Act, when the U.S. District Court for the Northern District of Illinois accepted his plea of guilty and entered judgment against him for the following offense: One count of smuggling goods into the United States, in violation of 18 U.S.C. 545.

FDA's finding that debarment is appropriate is based on the felony conviction referenced herein. The factual basis for this conviction is as follows:

On or about February 10, 2012, Mr. Yang facilitated the sale of imported honey with a declared value of \$92,800,

knowing that the honey was of Chinese origin and was imported and brought into the United States contrary to law. As part of his fraudulent practice, Mr. Yang brokered the sale of two container loads of purported "100% pure Indian honey," knowing that the honey was falsely and fraudulently imported and brought into the United States as a product of India in avoidance of U.S.-imposed anti-dumping duties, thereby causing losses to the United States of approximately \$97,625.

Mr. Yang admitted that he operated and controlled National Honey, Inc., which did business as National Commodities Company, and served as the principal point of contact for brokering the sale of honey between overseas honey suppliers and U.S. customers. Mr. Yang further admits that between 2009 and 2012 he sold 778 container loads of honey valued at approximately \$22,864,153 to Honey Holding and Honey Packer 1 (U.S. customers). This was part of a fraudulent practice to enter and introduce and cause others to enter and introduce transshipped Chinese-origin honey into the commerce of the United States in avoidance of U.S. imposed anti-dumping duties. Mr. Yang continued this practice even though he knew that the honey was falsely and fraudulently imported, entered, marketed, and sold as purely non-Chinese honey, including as honey from Malaysia and India. This fraudulent practice caused losses to the United States of as much as \$37,991,375.

Mr. Yang also admitted that he ordered honey from Chinese honey suppliers, knowing that the Chinese honey suppliers would send the Chinese-origin honey to countries including Malaysia and India, where the honey was mislabeled as to the country of origin before it passed through a U.S. customhouse as non-Chinese origin honey. Mr. Yang and National Commodities caused the formation of at least three companies and used at least one other company to import and enter honey from a Chinese honey supplier knowing that some of the honey was Chinese in origin. Mr. Yang and National Commodities benefitted from the company's filing custom entry forms that falsely and fraudulently declared all the honey as originating from Malaysia and India. Mr. Yang and National Commodities purchased honey imported by the companies despite knowing that some or all of the honey was Chinese in origin, but declared at the time of importation and entry as entirely originating from Malaysia and India.

Mr. Yang also admitted that he obtained and circulated and caused others to obtain and circulate false and fraudulent bills of lading, invoices, packing lists, country of origin certificates, and other papers, which he knew to be false and fraudulent. These records were used to declare Chinese-origin honey as having originated from Malaysia and India. Mr. Yang also instructed an undercover law enforcement agent to destroy unfavorable test results that showed purported Vietnamese honey that he sold tested positive for the presence of chloramphenicol, an antibiotic. Residues of chloramphenicol in honey cause the honey to be adulterated under the FD&C Act. In anticipation of an investigation by U.S. Customs and Border Protection and FDA, Mr. Yang knowingly concealed and covered up three laboratory reports showing the presence of chloramphenicol.

As a result of his conviction, on October 1, 2014, FDA sent Mr. Yang a notice by certified mail proposing to debar him for a period of 4 years from importing articles of food or offering such articles for import into the United States. The proposal was based on a finding under section 306(b)(1)(C) of the FD&C Act that Mr. Yang's felony conviction for smuggling of goods into the United States in violation of 18 U.S.C. 545 constitutes conduct relating to the importation into the United States of an article of food because he committed an offense related to the importation of Chinese honey into the United States.

The proposal was also based on a determination, after consideration of the factors set forth in section 306(c)(3) of the FD&C Act, that Mr. Yang should be subject to a 4-year period of debarment. The proposal also offered Mr. Yang an opportunity to request a hearing, providing him 30 days from the date of receipt of the letter in which to file the request, and advised him that failure to request a hearing constituted a waiver of the opportunity for a hearing and of any contentions concerning this action. Mr. Yang failed to respond within the timeframe prescribed by regulation and has, therefore, waived his opportunity for a hearing and waived any contentions concerning his debarment (21 CFR part 12).

**II. Findings and Order**

Therefore, the Director, Office of Enforcement and Import Operations, Office of Regulatory Affairs, under section 306(b)(1)(C) of the FD&C Act, under authority delegated to the Director (Staff Manual Guide 1410.35), finds that Jun Yang has been convicted

of one felony count under Federal law for conduct relating to the importation into the United States of an article of food and that he is subject to a 4-year period of debarment.

As a result of the foregoing finding, Jun Yang is debarred for a period of 4 years from importing articles of food or offering such articles for import into the United States, effective (see **DATES**). Pursuant to section 301(cc) of the FD&C Act (21 U.S.C. 331(cc)), the importing or offering for import into the United States of an article of food by, with the assistance of, or at the direction of Jun Yang is a prohibited act.

Any application by Mr. Yang for termination of debarment under section 306(d)(1) of the FD&C Act should be identified with Docket No. FDA-2014-N-0964 and sent to the Division of Dockets Management (see **ADDRESSES**). All such submissions are to be filed in four copies. The public availability of information in these submissions is governed by 21 CFR 10.20(j).

Publicly available submissions may be seen in the Division of Dockets Management between 9 a.m. and 4 p.m., Monday through Friday.

Dated: March 26, 2015.

**Leslie Kux,**

*Associate Commissioner for Policy.*

[FR Doc. 2015-07439 Filed 3-31-15; 8:45 am]

**BILLING CODE 4164-01-P**

## 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 80 FR 1417-1419, dated January 9, 2015) is amended to reflect the reorganization of the Office of Public Health Scientific Services, Centers for Disease Control and Prevention.

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

Delete in its entirety the title and functions statements for the *Health Information Technology and Surveillance Strategy Unit (CPA3)*, *Office of the Director (CPA)*,

Delete in its entirety the title and the mission and function statements for the

*Center for Surveillance, Epidemiology and Laboratory Services (CPN)* and insert the following:

*Center for Surveillance, Epidemiology and Laboratory Services (CPN)* The mission of the Center for Surveillance, Epidemiology, and Laboratory Services (CSELS) is to provide scientific service, expertise, skills, and tools in support of CDC's efforts to promote health; prevent disease, injury and disability; and prepare for emerging health threats. CSELS focuses on improving information and data quality, laboratory systems, and the public health workforce, through modernization, innovation, and service. To carry out its mission, CSELS (1) leads and executes a national public health surveillance strategy for human health that builds upon current resources, establishes priorities for the nation's next-generation capability and provides timely, comprehensive, and accessible information to strengthen public health practice, and provide value to clinicians; (2) participates in the identification, development, evolution, and adoption of informatics standards; (3) facilitates and coordinates program and laboratory systems integration for the Agency; (4) provides leadership and support to strengthen the quality and safety of laboratory practices; (5) provides leadership for scientific workforce education and advances professional development; (6) provides leadership on public health genomics strategy, activities, and planning; (7) creates and promotes access to quality, timely and useful cross-cutting scientific guidance, products, and services to strengthen the science and practice of public health and to improve public health decision-making.

*Office of the Director (CPN1).* (1) Provides strategic direction regarding surveillance, epidemiologic investigation, and data and information sciences; (2) supports OPHSS's CDC-wide coordination and strategic activities in areas of health informatics technology, including the meaningful use of electronic health records for public health surveillance and the coordination of partners and stakeholders for biosurveillance, genomics, and publication science; (3) leads the development of public health workforce training; (4) guides the development of laboratory systems standards for quality and safety, including the Clinical Laboratory Improvement Amendments (CLIA) and engagement with relevant federal advisory committees; (5) manages, directs, coordinates, and evaluates the activities of the Center; (6) defines goals and objectives for policy formation,

scientific oversight, and guidance in program planning and development; (7) establishes and implements a communications strategy in support of CSELS overarching goals and priorities; (8) provides oversight for the evaluation of programmatic performance of all CSELS activities to ensure health impact; (9) plans, coordinates, and manages all aspects of program business services including human and fiscal resources, extramural activities, space, and all administrative services; (10) devises information technology practices and procedures, and provides direction, innovation, planning and evaluation for information technology systems, services, security, and resources for CSELS; (11) provides leadership on issues management, budget formulation and performance integration; (12) manages inter-governmental and external affairs and cultivates strategic partnerships; (13) ensures scientific quality, integrity, and clearance across the Center; (14) provides guidance and strategic oversight to the processes within the Center that access, collect, manage, analyze, and visualize data, including assistance for involvement with federal advisory committees and other high level groups; (15) monitors projects for effective focus on the analytical, informatics, data management, and statistical infrastructure to deliver quality data, accurate analysis services and dependable software products and systems to customers and partners; (16) collaborates and consults with other Centers, working groups, state and local health departments, other federal agencies, and other partners, to accomplish the mission of the Center; (17) reviews, prepares, coordinates, and develops Congressional testimony and briefing materials; and (18) represents the CSELS and at times CDC at professional and scientific meetings, within and outside CDC.

*Division of Laboratory Systems (CPNB).* The mission of the Division of Laboratory Systems (DLS) is to provide leadership, support, and cross-cutting services to continually strengthen the capability, sustainability, and quality of laboratory science, policy, and practice at CDC, in clinical and public health laboratories, both in the United States and with international partners. DLS strives to strengthen and align the capacity and ability of both clinical and public health laboratories to perform their critical roles in protecting the public's health. In this mission, DLS: (1) Fosters collaboration across the laboratory community; (2) strengthens integration of laboratory science,