

collected from patients include (1) a behavioral screener self-administered by patients each time they have a primary care visit. Patients complete the screener in the waiting room before seeing their primary care provider. (2) CBI assessment items on demographic factors, clinic attendance, ART status, ART adherence, and sexual risk behavior that are completed before

patients see the CBI videos. Patients with detectable viral loads will be asked to do the CBI three times, spaced approximately three months apart. Patients' CBI responses are not shared with their clinic providers. (3) On a quarterly basis, 50 patients at each clinic will be asked to complete a brief exit survey after their medical exam, asking about topics that the provider

may have discussed with them at their medical visit (e.g., adherence, clinic attendance).  
 • Data collected from primary care medical providers includes a quarterly survey asking them to indicate the types of topics/issues they discussed with their HIV patients.  
 There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (hours)	Total burden hours
Data manager at clinic ..	Electronic transmittal of clinical variables archived in clinic databases (no form).	6	4	24	576
Patient .....	Behavioral screener (patients with detectable or undetectable VL; paper form).	6,315	4	5/60	2,105
Patient .....	CBI assessment items for patients with detectable VL (electronic form).	2,069	3	10/60	1,035
Patient .....	Patient exit survey (electronic form) .....	1,200	1	5/60	100
Primary care provider ....	Provider survey (electronic form) .....	120	4	10/60	80
Total .....	.....	.....	.....	.....	3,896

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

[FR Doc. 2013-03196 Filed 2-11-13; 8:45 am]

BILLING CODE 4163-18-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[60-Day-13-0743]

**Proposed Data Collections Submitted for Public Comment and Recommendations**

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404-639-7570 or send comments to Kimberly Lane, 1600 Clifton Road, MS D-74, Atlanta, GA 30333 or send an email to [omb@cdc.gov](mailto:omb@cdc.gov).

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the

agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

**Proposed Project**

Assessment and Monitoring of Breastfeeding-Related Maternity Care Practices in Intra-partum Care Facilities in the United States and Territories (OMB Control No. 0920-0743, Exp. 12/31/2011)—Reinstatement—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

Substantial evidence demonstrates the social, economic, and health benefits of breastfeeding for both the mother and infant as well as for society in general. Breastfeeding mothers have lower risks of breast and ovarian cancers and type 2 diabetes, and breastfeeding better protects infants against infections, chronic diseases like diabetes and obesity, and even childhood leukemia and sudden infant death syndrome (SIDS). However, the groups that are at higher risk for diabetes, obesity, and poor health overall, persistently have the lowest breastfeeding rates.

Health professionals recommend at least 12 months of breastfeeding, and Healthy People 2020 establishes specific national breastfeeding goals. In addition to increasing overall rates, a significant public health priority in the United States (U.S.) is to reduce variation in breastfeeding rates across population subgroups. Although CDC surveillance data indicate that breastfeeding initiation rates in the U.S. are climbing, rates for duration and exclusivity continue to lag, and significant disparities in breastfeeding rates persist between African-American and white women.

The health care system is one of the most important and effective settings to improve breastfeeding initiation rates because hospital practices strongly influence infant feeding outcomes. In 2003, CDC convened a panel of experts in surveillance and monitoring of hospital practices related to breastfeeding to identify the most effective way for CDC to address the urgent public health need for nationally representative data on these practices. The Expert Panel's consensus recommendation was to establish an ongoing, national system to monitor and evaluate hospital practices related to breastfeeding among all facilities that routinely provide intrapartum care in the United States. In response to this input, CDC created the first national survey of Maternity Practices in Infant Nutrition and Care (known as the mPINC Survey) in health care facilities (hospitals and free-standing birth centers). The mPINC survey was first

launched in 2007. As it was designed to provide baseline information and to be repeated every two years, it was conducted again in 2009 and 2011. The survey inquired about patient education and support for breastfeeding throughout the maternity stay as well as staff training and maternity care practices.

OMB approval for the 2007 survey included a request to CDC to provide, prior to the fielding of the 2009 iteration, a report to the Office of Management and Budget (OMB) on the results of the 2007 collection. In this report, CDC provided survey results by geographic and demographic characteristics and a summary of activities that resulted from the survey. A summary of mPINC findings was also the anchor of all activities related to the CDC August 2011 Vital Signs activity, marking the first time that CDC decided to highlight improving hospital maternity practices as the CDC-wide public health priority for the month.

A major strength of the mPINC survey design is its structure as an ongoing, national census. The 2013 and 2015 mPINC surveys repeat the prior iterations (2007, 2009, and 2011). Ensuring that the methodology, content, and administration of these will match

those used before maximizes the utility not only of the data to be collected in the upcoming survey, but also that of data already collected; fidelity to the original design allows for analyses of the wide spectrum of changes and factors at the hospital, regional, state, and national levels that affect any given hospital's practices. The census design does not employ sampling methods. Facilities are identified by using the American Association of Birth Centers (AABC) and the American Hospital Association (AHA) Annual Survey of Hospitals. Facilities that will be invited to participate in the survey include those that participated in previous iterations and those that were invited but did not participate in the previous iterations, as well as those that have become eligible since the most recent mPINC survey. All birth centers and hospitals with ≥1 registered maternity bed will be screened via a brief phone call to assess their eligibility, identify additional locations, and identify the appropriate point of contact. The extremely high response rates to the previous iterations of the mPINC survey (82% in 2007 and 2009, and 83% in 2011) indicate that the methodology is appropriate and also reflects unusually

high interest among the respondent population. The estimated burden for the Telephone Screening Interview is five minutes, and the estimated burden for completing the mPINC Survey is 30 minutes.

As with the initial surveys, a major goal of the 2013 and 2015 follow-up surveys is to be fully responsive to facilities' needs for information and technical assistance. CDC will provide direct feedback to respondents in a customized benchmark report of their results and identify and document progress since 2007 on their quality improvement efforts. CDC will use information from the mPINC surveys to identify, document, and share information related to incremental changes in practices and care processes over time at the hospital, state, and national levels. Data will be also used by researchers to better understand the relationships between hospital characteristics, maternity-care practices, state level factors, and breastfeeding initiation and continuation rates.

Participation in the survey is voluntary, and responses may be submitted by mail or through a Web-based system. There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
AHA Hospitals with either > 1 birth or > 1 registered maternity bed.	Telephone Screening Interview .....	2,398	1	5/60	200
	mPINC Survey .....	1,730	1	30/60	865
AABC Birth Centers .....	Telephone Screening Interview .....	173	1	5/60	14
	mPINC Survey .....	95	1	30/60	48
Total .....					1,127

**Kimberly S. Lane,**  
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[FR Doc. 2013-03194 Filed 2-11-13; 8:45 am]

BILLING CODE 4163-18-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**Advisory Council for the Elimination of Tuberculosis Meeting (ACET)**

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC)

announces the following meeting of the aforementioned committee:

*Time and Date:*

11:00 a.m.–2:30 p.m., March 5, 2013.

*Place:* This meeting is accessible by Web conference. Toll-free +1 (888) 324-9613, Toll +1 (312) 470-7151;

Participant Code: ACET

For Participants: URL: <https://www.mymeetings.com/nc/join/>

Conference number: PW4516585

Audience passcode: ACET

Participants can join the event directly at: <https://www.mymeetings.com/nc/join.php?i=PW4516585&p=ACET&t=c>.

*Status:* Open to the public limited only by web conference. Participation by web conference is limited by the number of ports available (150).

*Purpose:* This council advises and makes recommendations to the Secretary of Health and Human Services, the Assistant Secretary for Health, and the Director, CDC, regarding the elimination of tuberculosis. Specifically, the Council makes recommendations regarding policies, strategies, objectives, and priorities; addresses the development and application of new technologies; and reviews the extent to which progress has been made toward eliminating tuberculosis.

*Matters to Be Discussed:* Agenda items include the following topics: (1) ACET Chair's report to the Secretary; (2) Roles and responsibilities for Federal Advisory Committees; (3) Recommendations of topics for the June 2013 ACET meeting; and (4) other

of Columbia, Puerto Rico, and the Pacific Islands jurisdictions. The National Cancer Institute supports the operations of CCR in the five remaining states.

Through the NPCR, CDC provides technical assistance and sets program standards to assure that complete cancer incidence data are available for national- and state-level cancer control and prevention activities and other health planning activities. NPCR-funded CCR are the primary source of cancer surveillance data for *United States Cancer Statistics (USCS)*, which CDC has published annually since 2002.

CDC has previously collected information from NPCR awardees to monitor their performance in meeting the required NPCR Program Standards (NPCR Program Evaluation Instrument, OMB No. 0920-0706, exp. 12/31/2011). The NPCR Program Evaluation Instrument (PEI) is a secure, web-based method of collecting information about

registry operations, including: staffing, legislation, administration, reporting completeness, data exchange, data content and format, data quality assurance, data use, collaborative relationships, and advanced activities.

Since 2009, data collection had been conducted on a biennial schedule in odd-numbered years. The most recent PEI reports were submitted to CDC in 2011. In late 2011, CDC discontinued the NPCR PEI clearance in preparation for a review of NPCR program standards. At this time, CDC seeks OMB approval to reinstate the NPCR PEI clearance. Minor changes to the PEI will be implemented based on the revised NPCR standards. Additional changes incorporated into the Reinstatement request include a reduction in the estimated number of NPCR awardees (from 49 to 48) and an increase in the estimated burden per response (from 1.5 hours to 2 hours).

Information will continue to be collected electronically in odd-numbered years. OMB approval is requested for three years to support data collection in 2013 and 2015. The total number of NPCR awardees is 48. For two cycles of data collection over a three-year period, the annualized number of respondents is 32 (48÷48/3=32).

The NPCR-PEI data collection is needed to evaluate, aggregate, and disseminate NPCR program information. CDC and the NPCR-funded registries will use the data to monitor progress toward meeting objectives and established program standards; to describe various attributes of the NPCR-funded registries; and to respond to inquiries about the program.

There are no costs to respondents except their time. The total estimated annualized burden hours are 64.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hr)
NPCR Awardees .....	PEI .....	32	1	2

**Ron A. Otten,**

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

[FR Doc. 2013-09360 Filed 4-19-13; 8:45 am]

**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[60Day-13-0743]

**Proposed Data Collections Submitted for Extension of Public Comment Period**

**Proposed Project**

Assessment and Monitoring of Breastfeeding-Related Maternity Care Practices in Intra-partum Care Facilities in the United States and Territories (OMB Control No. 0920-0743, Exp. 12/31/2011)—Reinstatement—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

**SUMMARY:** The Centers for Disease Control and Prevention (CDC), Department of Health and Human

Services (HHS), is reopening the comment period, thus amending the due date for responses to its Request for Public Comments, published in Vol. 78, No. 29, of the **Federal Register** on February 12, 2013. The due date has been extended to May 3, 2013, to allow more time for review.

To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, call 404-639-7570 or send comments to Kimberly Lane, 1600 Clifton Road, MS D-74, Atlanta, GA 30333 or send an email to *omb@cdc.gov*.

**Ron A. Otten,**

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[FR Doc. 2013-09367 Filed 4-19-13; 8:45 am]

**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30Day-13-12RO]

**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**

Anniston Community Health Survey: Follow-up and Dioxin Analyses (ACHS-II)—New—Agency for Toxic Substances and Disease Registry (ATSDR), Department of Health and Human Services (DHHS).