Key Questions 1d, 2d, and 3d (Adverse Events or Harms)

- Adverse effects or harms associated with the imaging techniques (e.g., test-related anxiety, adverse events secondary to venipuncture, contrast allergy, exposure to radiation).
- Adverse effects or harms associated with test-associated diagnostic workup (e.g., harms of biopsy or harms associated with workup of other incidental tumors discovered on imaging).

Timing

- No restrictions will be placed on timing.
- For studies of comparative effectiveness, duration of followup, timing of interventions, and frequency of interventions will be recorded.

Settings

- All relevant care settings (e.g., primary and secondary care).

Dated: August 6, 2013.

Carolyn M. Clancy,

AHRQ Director.

[FR Doc. 2013–19714 Filed 8–13–13; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30-Day-13–0743]

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 the CDC Reports Clearance Officer at (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

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

Background and Brief Description

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. Because hospital practices strongly influence infant feeding outcomes, the health care system is one of the most important and effective settings for improving breastfeeding initiation rates.

In 2007, CDC conducted the first national survey of Maternity Practices in Infant Nutrition and Care, known as the mPINC Survey. The survey inquired about care practices and support for breastfeeding throughout the maternity stay as well as staff training and maternity care practices. Following the collection of baseline information in 2007, the mPINC survey was conducted again in 2009 and 2011.

CDC proposes to repeat the mPINC in 2013 and 2015, with changes. In previous cycles of data collection, two versions of the mPINC survey instrument were used: one for hospitals and one for birth centers. In 2013 and 2015, one instrument will be used for both hospitals and birth centers. There are no changes to survey content, other than the minor changes needed to produce a single streamlined instrument for all facilities. There is no change to the estimated burden per response (30 minutes). Similarly, in 2013 and 2015 screening for eligible facilities will be conducted with a single screening instrument.

Facilities will identified by using information obtained through 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 for eligibility via a brief phone call to assess their eligibility, identify additional locations, and identify the appropriate point of contact.

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.

OMB approval is requested for three years. On an annualized basis, CDC estimates initial contact with 2,570 facilities that will complete Part A of the Screening Telephone Call, and 2,200 respondents that will also complete Part B of the Screening Telephone Call. CDC estimates receipt of completed surveys from 1,825 facilities.

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. The total estimated annualized burden hours are 1,103.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name		Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Maternity facility	Screening telephone call script	Part A	2,570	1	1/60
		Part B	2,200	1	4/60
	mPINC Facility Survey		1,825	1	30/60

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. 2013–19675 Filed 8–13–13; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[CDC–2013–0015; NIOSH 237–A]

National Institute for Occupational Safety and Health Personal Protective Technology Program and National Personal Protective Technology Laboratory Conformity Assessment Public Meeting

AGENCY: The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice of public meeting.

SUMMARY: The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC) announces the following public meeting: ''Conformity Assessment Meeting on Non-Respiratory Personal Protective Equipment (PPE).''

To view the notice and related materials, visit *www.regulations.gov* and enter CDC–2013–0015 in the search field and click ''search.''

Stakeholder Meeting Time and Date: 8:00 a.m. to 12:00 p.m. EDT, September 17, 2013.

Place: NIOSH Pittsburgh Research Center located at 626 Cochrans Mill Road, Building 140, Pittsburgh, Pennsylvania 15236. This meeting will also be available by remote participation through ''live meeting.''

Purpose of the Meeting: This meeting is being held to provide 1) a summary of the work conducted by the NIOSH Personal Protective Technology (PPT) Conformity Assessment Working Group 2) provide an overview of model Conformity Assessment programs, and 3) solicit input to define a national framework for PPE conformity assessment.

This meeting will include presentations on Product and Standards, Risk Assessment, Surveillance and Compliance and Enforcement targeting General Industry, Healthcare, Public Safety, and Mining stakeholders.

Moderated breakout sessions will discuss preferred Conformity Assessment (CA) components (as detailed in the background below); existing U.S. CA infrastructure capabilities; and gaps in legislation, standards, and infrastructure that need to be filled to define the framework. These breakout discussions will not be available through remote participation; however, the breakout reports will be available to remote participants when the groups reconvene.

Status: The meeting is open to the public, limited only by the capacity (150) of the conference room. Registration will be accepted on a first-come first-served basis. Participants are encouraged to consider remote participation through ''live meeting.'' Registration by September 13, 2013 is required for both attendance in person and ''live meeting'' participation. Registration for both options is available on the NIOSH Web site. Non-U.S. citizens, attending in person, need to register on or before August 16, 2013, to allow sufficient time for mandatory CDC facility security clearance procedures to be completed. An email confirming registration will be sent from NIOSH to all participants. Government-issued photo identification is required to obtain entrance to the NIOSH location.

An opportunity for individuals or organization representatives wishing to offer verbal comments (five minute time limit) will be provided as time permits after the breakout reports. Time slots are limited and available on a first-come first-served basis. Preregistration for providing verbal comment can be requested when registering for the meeting. Submit electronic comments through *www.regulations.gov.*

All information received in response to this notice and meeting must include the agency name and docket number (CDC–2013–0015; NIOSH 237–A). All relevant comments received will be posted without change to *www.regulations.gov,* including any personal information provided. All electronic comments should be formatted in Microsoft Word. Please make reference to CDC–2013–0015 and NIOSH Docket Number 237–A.

Background: In response to recommendations made by the *National Academies of Science* during a programmatic review, the NIOSH Personal Protective Technology Conformity Assessment Working Group was established in 2011. The goal of this group is to prepare a national framework establishing criteria, including comprehensive and consistent processes, to address conformity assessment of non-respiratory personal protective equipment. Conformity assessment is defined as the ''demonstration that specified requirements relating to a product, process, system, person or body are fulfilled.'' Conformity assessment processes for PPT products are focused on product effectiveness and include the following primary components: Certification (ISO/IEC 17065), Inspection (ISO/IEC 17020), Testing (ISO/IEC 17025), Accreditation (ISO/IEC 17011), Surveillance (ISO/IEC 17011, ISO/IEC 17065), Supplier's Declaration of Conformity (ISO/IEC 17050), Registration (ISO/IEC 17021) and Quality Management Systems (ISO/9001).

The Conformity Assessment Project Report and preliminary framework documents will be available at *www.regulations.gov*.

FOR FURTHER INFORMATION CONTACT: Richard Metzler, General Engineer, NIOSH National Personal Protective Technology Laboratory Office of the Director at *NPPTLeventspublic@cdc.gov,* telephone (412) 386–6866, fax (412) 386–6617.

Dated: August 8, 2013.

John Howard,

Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention.

[FR Doc. 2013–19676 Filed 8–13–13; 8:45 am]

BILLING CODE 4163–19–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Privacy Act of 1974; CMS Computer Match No. 2013–08; HHS Computer Match No. 1309

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

ACTION: Notice of Computer Matching Program (CMP).

SUMMARY: In accordance with the requirements of the Privacy Act of 1974, as amended, this notice announces the establishment of a CMP that CMS plans to conduct with the Internal Revenue Service (IRS), a Bureau of the Department of the Treasury.

DATES: *Effective Dates:* Comments are invited on all portions of this notice. Public comments are due 30 days after publication. The matching program will become effective no sooner than 40 days after the report of the matching program is sent to the Office of Management and Budget (OMB) and Congress, or 30 days