

that meet project objectives described above.

National and state asthma surveillance data provide information useful to examine progress on long-term outcomes of state asthma programs. To identify appropriate indicators of program implementation and short-term outcomes for AIRS, CDC previously convened and facilitated workgroups comprised of state asthma control program representatives to generated specific questions to collect data on key features of state asthma control programs: partnerships, surveillance, interventions, and evaluation.

Since implementation in 2010 AIRS, and technical assistance provided by NCEH staff, has provided states with uniform data reporting methods and linkages to other states' asthma

programs and data. Thus, AIRS has saved state resources and staff time when they embark on asthma activities similar to those being done elsewhere. Also, the AIRS system has been similarly helpful in linking states together on occasions when a given state seeks to report their results at national meetings or publish their findings and program results either in scholarly journals. For example, with CDC staff, three state programs co-presented on a panel regarding evaluations of their asthma partnerships at the November, 2012 American Evaluation Association's *Evaluation 2012* conference.

In addition, CDC staff have regularly made requests from AIRS to obtain standardized summaries of state programs to obtain data summaries regarding such activities as the number

of states meeting staffing requirements, number and timeliness of state strategic evaluation plans, topics for individual evaluation selected by states, types and targets of interventions, and use of asthma surveillance data in state programs.

Furthermore, access to standardized AIRS surveillance and programmatic data allows CDC to provide timely and accurate responses to the public and Congress regarding the NCEH asthma program (e.g., how many states have asthma interventions targeting schools, how many children are treated in emergency departments, etc.).

There will be no cost for respondents, other than their time, to participate in AIRS. The total estimated annual burden hours are 288.

#### ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
State Health Departments .....	Interim report on activities and objectives.	36	1	2	72
	End-of-year report on activities, objectives and aggregate surveillance.	36	1	6	216
Total .....	.....	.....	.....	.....	288

Dated: February 12, 2013.

**Ron A. Otten,**

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

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#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

##### Centers for Disease Control and Prevention

##### Board of Scientific Counselors, National Institute for Occupational Safety and Health: Notice of Charter Renewal

This gives notice under the Federal Advisory Committee Act (Pub. L. 92-463) of October 6, 1972, that the Board of Scientific Counselors, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, Department of Health and Human Services, has been renewed for a 2-year period through February 3, 2015.

For information, contact Dr. Roger Rosa, Executive Secretary, Board of

Scientific Counselors, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, Department of Health and Human Services, CDC/Washington Office, HHH Building, 200 Independence Ave SW., Room 715H, MS P12, Washington, DC 20201—telephone 202/205-7856 or fax 202/260-4464.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

**Elaine L. Baker,**

*Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.*

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#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

##### Centers for Disease Control and Prevention

##### Notice of Meeting of the ICD-9-CM Coordination and Maintenance Committee; Correction

**SUMMARY:** This document corrects a notice that was published in the **Federal Register** on February 7, 2013 (78 FR 9055-9056). The title of the meeting announcement should read as follows: Notice of Meeting of the ICD-9-CM Coordination and Maintenance Committee. The first sentence of the notice should read as follows: National Center for Health Statistics (NCHS), Classifications and Public Health Data Standards Staff announces the following meeting:

*Name:* ICD-9-CM Coordination and Maintenance Committee (C&M) meeting.

*Time and Date:* 9:00 a.m.-5:00 p.m., March 5, 2013.

*Place:* Centers for Medicare and Medicaid Services (CMS) Auditorium, 7500 Security Boulevard, Baltimore, Maryland 21244.

**FOR FURTHER INFORMATION CONTACT:** Donna Pickett, Medical Systems