survey estimates that contact lens sales totaled \$4,025,500,000 at the retail level between September 2011 and September 2012.<sup>5</sup> Thus, the total labor cost burden estimate of \$48.6 million represents approximately 1.2% of the overall market.

Estimated annual non-labor cost burden: \$0 or minimal.

Staff believes that the Rule's disclosure and recordkeeping requirements impose negligible capital or other non-labor costs, as the affected entities are likely to have the necessary supplies and/or equipment already (e.g., prescription pads, patients' medical charts, facsimile machines and paper, telephones, and recordkeeping facilities such as filing cabinets or other storage).

#### **Request for Comments**

You can file a comment online or on paper. Write "Contact Lens Rule: FTC File No. P054510" on your comment. Your comment B including your name and your state B will be placed on the public record of this proceeding, including, to the extent practicable, on the public Commission Web site, at <a href="http://www.ftc.gov/os/publiccomments.shtm">http://www.ftc.gov/os/publiccomments.shtm</a>. As a matter of discretion, the Commission tries to remove individuals' home contact information from comments before placing them on the Commission Web site.

Because your comment will be made public, you are solely responsible for making sure that your comment does not include any sensitive personal information, like anyone's Social Security number, date of birth, driver's license number or other state identification number or foreign country equivalent, passport number, financial account number, or credit or debit card number. You are also solely responsible for making sure that your comment does not include any sensitive health information, like medical records or other individually identifiable health information. In addition, do not include any "[t]rade secret or any commercial or financial information which is \* \* \* privileged or confidential," as discussed in Section 6(f) of the FTC Act, 15 U.S.C. 46(f), and FTC Rule 4.10(a)(2), 16 CFR 4.10(a)(2). In particular, do not include competitively sensitive information such as costs, sales statistics, inventories, formulas, patterns, devices, manufacturing processes, or customer names.

If you want the Commission to give your comment confidential treatment,

you must file it in paper form, with a request for confidential treatment, and you have to follow the procedure explained in FTC Rule 4.9(c), 16 CFR 4.9(c). Your comment will be kept confidential only if the FTC General Counsel, in his or her sole discretion, grants your request in accordance with the law and the public interest.

Postal mail addressed to the Commission is subject to delay due to heightened security screening. As a result, the Commission encourages you to submit your comments online. To make sure that the Commission considers your online comment, you must file it at https://ftcpublic.commentworks.com/ftc/contactensrulepra, by following the instructions on the web-based form. If this Notice appears at http://www.regulations.gov, you also may file a comment through that Web site.

If you file your comment on paper, write "Contact Lens Rule: FTC File No. P054510" on your comment and on the envelope, and mail or deliver it to the following address: Federal Trade Commission, Office of the Secretary, Room H–113 (Annex J), 600 Pennsylvania Avenue NW., Washington, DC 20580. If possible, submit your paper comment to the Commission by courier or overnight service.

Visit the Commission Web site at http://www.ftc.gov to read this Notice. The FTC Act and other laws that the Commission administers permit the collection of public comments to consider and use in this proceeding as appropriate. The Commission will consider all timely and responsive public comments that it receives on or before April 9, 2013. You can find more information, including routine uses permitted by the Privacy Act, in the Commission's privacy policy, at http://www.ftc.gov/ftc/privacy.htm.

#### Christian S. White,

Acting General Counsel.

[FR Doc. 2013–02823 Filed 2–7–13; 8:45 am]

BILLING CODE 6750-01-P

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

### **Delegation of Authorities**

Notice is hereby given that I have delegated to the Administrator, Centers for Medicare & Medicaid Services (CMS), with authority to re-delegate, the authority vested in the Secretary of the Department of Health and Human Services under Section 1128C(a)(2) of the Social Security Act (the Act) (42 U.S.C. 1320a–7c(a)(2)), as amended, to

consult with and arrange for the sharing of data with representatives of health plans pertaining to the Health Care Fraud and Abuse Control Program created by Section 201(a) of the Health Insurance Portability and Accountability Act of 1996 (Section 1128C of the Act; 42 U.S.C. 1320a–7c), as amended.

This delegation excludes any authorities previously assigned or delegated to the Office of Inspector General under Section 1128C (42 U.S.C. 1320a–7c) of the Act.

I hereby affirm and ratify any actions taken by the Administrator, CMS, or other CMS officials, which involve the exercise of this authority prior to the effective date of this delegation.

This delegation of authority is effective upon date of signature.

Authority: 44 U.S.C. 3101.

Dated: February 4, 2013.

Kathleen Sebelius,

Secretary.

[FR Doc. 2013–02900 Filed 2–7–13; 8:45 am]

BILLING CODE 4150-03-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

# National Committee on Vital and Health Statistics: Meeting

Pursuant to the Federal Advisory Committee Act, the Department of Health and Human Services (HHS) announces the following advisory committee meeting.

Name: National Committee on Vital and Health Statistics (NCVHS), Full Committee Meeting.

Time and Date: February 28, 2013, 9:00 a.m.-2:45 p.m. EST. March 1, 2013, 9:00 a.m.-11:30 a.m. EST.

Place: U.S. Department of Health and Human Services, Hubert H. Humphrey Building, Rm. 705–A, 200 Independence Avenue SW., Washington, DC 20201.

Status: Open.

Purpose: At this meeting the Committee will hear presentations and hold discussions on several health data policy topics. On the morning of the first day, the Committee will hear updates from the Department (HHS), the Centers for Medicare and Medicaid Services (CMS), the Office of the National Coordinator (ONC), and the Office of Civil Rights (OCR). The Committee will consider plans for 2013 activities and hear from newly appointed Committee members as part of the overview. In preparation for 2013 the Committee will discuss how to maintain the dynamics of working across Subcommittees, as well as how to continue development of its key themes.

In the afternoon, Subcommittee Co-chairs will brief the Committee on plans for a hearing organized by the Population Health Subcommittee to explore aspects of the

<sup>&</sup>lt;sup>5</sup> The Vision Council, Consumer Barometer, 2 (Sept. 2012) (Research Report). The market may, in fact, be larger; this number does not include dollars spent by consumers 17 years of age and younger.

Community as a Learning Health System. Committee members will consider ways to implement components of the graphic on the Influences on the Population's Health, in the Shaping a Health Statistics Vision for the 21st Century report. The Co-chairs for the Privacy, Confidentiality and Security Subcommittee will brief the Committee about an upcoming hearing to obtain input about implementing health data stewardship, and the Standards and Quality Subcommittees will also provide updates on plans and activities.

On the morning of the second day, the Committee will continue to discuss ways to promote alignment throughout the Committee to enhance its effectiveness, focus on its themes, and utilize expertise of the NCVHS Working Group on HHS Data Access and Use. Once the full Committee adjourns, the NCVHS's Working Group on HHS Data Access and Use will convene to discuss best practices and suggestions to further the dissemination and use of open HHS data, and summarize future plans of the Working Group. Further information will be provided on the NCVHS Web site at http://www.ncvhs.hhs.gov/.

The times shown above are for the full Committee meeting. Subcommittee breakout sessions are scheduled for late in the afternoon on the first day. Agendas for these breakout sessions will be posted on the NCVHS Web site (URL below) when available.

Contact Person for More Information:
Substantive program information as well as summaries of meetings and a roster of committee members may be obtained from Marjorie S. Greenberg, Executive Secretary, NCVHS, National Center for Health Statistics, Centers for Disease Control and Prevention, 3311 Toledo Road, Room 2402, Hyattsville, Maryland 20782, telephone (301) 458–4245. Information also is available on the NCVHS home page of the HHS Web site: http://www.ncvhs.hhs.gov/, where further information including an agenda will be posted when available.

Should you require reasonable accommodation, please contact the CDC Office of Equal Employment Opportunity on (301) 458–4EEO (4336) as soon as possible.

Dated: January 31, 2013.

### James Scanlon,

Deputy Assistant Secretary for Planning and Evaluation, Office of the Assistant Secretary for Planning and Evaluation.

[FR Doc. 2013-02830 Filed 2-7-13; 8:45 am]

BILLING CODE 4151-05-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### **Centers for Medicare & Medicaid Services**

[Document Identifier: CMS-10419]

### Agency Information Collection Activities: Proposed Collection; Comment Request

**AGENCY:** Centers for Medicare & Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS) is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

1. Type of Information Collection Request: New collection (request for a new OMB control number). Title of Information Collection: Transparency Reports and Reporting of Physician Ownership or Investment Interests. Use: Reports of Payments or Other Transfers of Value to Covered Recipients.

Section 403.904 requires direct and indirect payments or other transfers of value provided by an applicable manufacturer to a covered recipient, and that direct and indirect payments or other transfers of value provided to a third party at the request of (or designated by) the applicable manufacturer on behalf of a covered recipient, be reported by the applicable manufacturer to CMS on an annual basis.

## Reports of Physician Ownership and Investment Interests

Under § 403.906, each applicable manufacturer and applicable group purchasing organization must report to CMS on an annual basis all ownership and investment interests in the applicable manufacturer or applicable group purchasing organization that were held by a physician or an immediate family member of a physician during the preceding calendar year.

#### **Data Collection**

The data templates will provide detailed information about the data to be collected including the data element name, format, allowable values, required versus optional fields, and other associated rules intended to aid the applicable manufacturers and applicable group purchasing organizations as they prepare for and participate in data collection. Applicable manufacturers and applicable GPOs will engage in data collection external to CMS within their own systems or tracking tools. If we intend to make changes to the data templates, we will provide them at least 90 days prior to first day of data collection for the next reporting year. In providing revised templates, we will also comply with the requirements of the Paperwork Reduction Act to seek public comments on the proposed changes to the information collections, as required by law. This will allow applicable manufacturers and applicable GPOs to make any necessary changes to prepare for the next reporting year. This is the same time as the date by which we will publish the list of teaching hospitals.

## Data Submission Procedures for Electronic Submission of Reports

Section 403.908 requires that reports must be electronically submitted to CMS by March 31, 2014, and by the 90th day of each subsequent calendar year. Form Number: CMS-10461 (OCN 0938—New). Frequency: Annual. Affected Public: Private Sector (business or other for-profit and not-for-profit institutions). Number of Respondents: 396,514. Total Annual Responses: 396,514. Total Annual Hours: 13,327,065. (For policy questions regarding this collection contact Erica Breese at 202–260–6079. For all other issues call 410–786–1326.)

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS' Web site address at <a href="http://www.cms.hhs.gov/PaperworkReductionActof1995">http://www.cms.hhs.gov/PaperworkReductionActof1995</a>, or Email your request, including your address, phone number, OMB number, and CMS document identifier, to <a href="mailto:Paperwork@cms.hhs.gov">Paperwork@cms.hhs.gov</a>, or call the Reports Clearance Office on (410) 786–1326.

In commenting on the proposed information collections please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be submitted in one of the following ways by April 9, 2013: