

*Responses per Respondent:* 76.  
*Total Responses:* 1,024,936.  
*Hours per Response:* .25.  
*Total Burden hours:* 256,234.

### C. Public Comments

Public comments are particularly invited on: Whether this collection of information is necessary for the proper performance of functions of the FAR, and whether it will have practical utility; whether our estimate of the public burden of this collection of information is accurate, and based on valid assumptions and methodology; ways to enhance the quality, utility, and clarity of the information to be collected; and ways in which we can minimize the burden of the collection of information on those who are to respond, through the use of appropriate technological collection techniques or other forms of information technology.

#### *Obtaining Copies of Proposals:*

Requesters may obtain a copy of the information collection documents from the General Services Administration, Regulatory Secretariat Division (MVCB), 1800 F Street NW., Washington, DC 20405. ATTN: Ms. Flowers/IC 9000-0018, telephone 202-501-4755. Please cite OMB Control No. 9000-0018, Certification of Independent Price Determination and Parent Company and Identifying Data, in all correspondence.

Dated: April 8, 2014.

**Karlos Morgan,**

*Acting Director, Federal Acquisition Policy Division, Office of Government-wide Acquisition Policy, Office of Acquisition Policy, Office of Government-wide Policy.*

[FR Doc. 2014-08255 Filed 4-11-14; 8:45 am]

**BILLING CODE 6820-EP-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Meeting of the National Biodefense Science Board

**AGENCY:** Office of the Secretary, Department of Health and Human Services.

**ACTION:** Notice.

**SUMMARY:** As stipulated by the Federal Advisory Committee Act, the Department of Health and Human Services (HHS) is hereby giving notice that the National Biodefense Science Board (NBSB) will be holding a public meeting on April 29, 2014.

**DATES:** The April 29, 2014, NBSB public meeting is tentatively scheduled from 9:00 a.m. to 11:00 a.m. EST. The agenda is subject to change as priorities dictate. Please check the NBSB Web site, located

at [WWW.PHE.GOV/NBSB](http://WWW.PHE.GOV/NBSB), for the most up-to-date information on the meeting.

**ADDRESSES:** Thomas P. O'Neil Federal Office Building, 200 C Street SW Washington, DC 20024. To attend via teleconference, call toll-free 888-989-9728, international dial-in 1-517-308-9118, pass-code 5150747. Please call 15 minutes prior to the beginning of the conference call to facilitate attendance. Pre-registration is required for public attendance. Individuals who wish to attend the meeting in person should submit an inquiry via the NBSB Contact Form located at [www.phe.gov/NBSBComments](http://www.phe.gov/NBSBComments).

#### **FOR FURTHER INFORMATION CONTACT:**

Please submit an inquiry via the NBSB Contact Form located at [www.phe.gov/NBSBComments](http://www.phe.gov/NBSBComments).

**SUPPLEMENTARY INFORMATION:** Pursuant to section 319M of the Public Health Service Act (42 U.S.C. 247d-7f) and section 222 of the Public Health Service Act (42 U.S.C. 217a), HHS established the NBSB. The Board shall provide expert advice and guidance to the Secretary on scientific, technical, and other matters of special interest to HHS regarding current and future chemical, biological, nuclear, and radiological agents, whether naturally occurring, accidental, or deliberate. The Board may also provide advice and guidance to the Secretary and/or the Assistant Secretary for Preparedness and Response (ASPR) on other matters related to public health emergency preparedness and response.

**Background:** This public meeting will be dedicated to swearing in the six new voting members who will replace the members whose 3-year terms will expire on April 30, 2014. A portion of this meeting will be dedicated to the NBSB's deliberation and vote on the recommendations from the NBSB's Future of the NBSB Working Group. The NBSB will also deliberate and vote on a new task for the long term strategy that supports the ASPR and HHS in the context of preparedness and response. Subsequent agenda topics will be added as priorities dictate.

**Availability of Materials:** The meeting agenda and materials will be posted on the NBSB Web site at [www.phe.gov/nbsb](http://www.phe.gov/nbsb) prior to the meeting.

**Procedures for Providing Public Input:** All written comments must be received prior to April 29, 2014. Please submit comments via the NBSB Contact Form located at [www.phe.gov/NBSBComments](http://www.phe.gov/NBSBComments). Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should submit a request via the NBSB

Contact Form located at [www.phe.gov/NBSBComments](http://www.phe.gov/NBSBComments).

Dated: April 9, 2014.

**Nicole Lurie,**

*Assistant Secretary for Preparedness and Response.*

[FR Doc. 2014-08427 Filed 4-11-14; 8:45 am]

**BILLING CODE P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30Day-14-14DF]

### 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](mailto: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**

Sexually Transmitted Infection Services at U.S. Colleges and Universities—New—National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

#### **Background and Brief Description**

Approximately 43% of the over 30 million 18-24 year olds in the United States are currently enrolled in college or graduate school. These institutions comprise a mix of 2-year and 4-year colleges, public and private institutions, technical schools, and community colleges. In the U.S. young adulthood is the peak age group for many risk behaviors including unprotected sex. College students, who are typically at the age of most risk for acquiring a sexually transmitted infection (STI), may face challenges when seeking sexual and reproductive health care on campus.

The last national study exploring the availability of STI services in U.S. colleges and universities (2- and 4-year) was conducted in 2001 and found that only 60% (474/736) of schools had a health center. Health centers were more common among larger schools (greater than 4,000 students) that were privately funded and 4-year universities with

housing. Of the health centers, 66% provided STI services, 55% provided obstetrical and gynecologic care, and 54% provided contraceptive services.

National Survey of Family Growth (NSFG) data estimates that the percentage of 18- to 22-year-olds ever tested for HIV is 34.2%; and only 18% reported being tested in the past year. Although risk factors for HIV/STI transmission (e.g., sex with multiple partners, unprotected sex, and using drugs or alcohol during sexual activity) can be particularly evident among college students in general, students enrolled at colleges with significant minority enrollment (SMEs) may face additional challenges such as greater risk of transmission during new sexual encounters due to sexual partner networks and limited access to quality healthcare and prevention education.

Given this information, there is a great deal of opportunity for expanding access to care, especially among schools which are unable to offer student health services on campus. Many schools, including both 2- and 4-year schools, may find it more difficult to offer student health services because of constrained budgets or geographical location. Depending on location, some may serve a disproportionate number of students from low socio-economic backgrounds. This means in general, their students are more likely to be un- or underinsured or to be Medicaid eligible.

CDC is requesting a one year OMB approval for this information collection. The purposes of this data collection are to (1) provide an estimate of the proportion of colleges not offering

health services on campus, (2) explore the reasons as to why health services are offered, and (3) describe the current extent of U.S. colleges and universities provisions of health services in regards to HIV/STI education, prevention and treatment.

The information will be used to provide technical assistance to colleges and universities interested in alternative solutions for providing health care services to their students.

The list of eligible respondents comes from the Integrated Postsecondary Education Data System (IPEDS), using 2011 enrollment data. Applying our criteria to include only active, 2- or 4-year, degree granting, accredited public or not for profit private schools, that enrolled at least 500 undergraduates and/or graduate students located in the 50 states and the District of Columbia our total population was 2,753 schools. Using stratified sampling, we sampled 885 universities and colleges to survey on their provision of health services as they relate to HIV & STI education, treatment and prevention.

CDC investigators will email an introductory letter inviting the contact person at each school to participate in the survey, noting that the questionnaire should be completed by the person with the most knowledge and access to information about health services on campus. For example, these persons would include Health services Directors or Campus Administrators. The estimated burden per respondent is approximately 45 minutes.

The questionnaire will collect information regarding various aspects of health services provided by the school.

These include requirements for student health insurance, preventive services, testing and treatment of HIV and STDs, partner management, and accessibility of health services by students. After signing and agreeing to terms outlined in the letter, confirming participation in the survey, another email with a link to the self-administered electronic questionnaire (via SurveyMonkey) will be sent. Schools will have three weeks to respond to the survey. Investigators will send a reminder at 1.5 weeks, 3 days prior to closeout, and then last day of data collection period. Once all the surveys are returned, two researchers will review and contact schools about inconsistent or invalid responses, and make corrections as needed. Basic school characteristics will be gathered from the IPEDs database on each school (e.g. institution type, funding type, size of enrollments, region, etc.).

The total estimated time frame for the project, including administration of the survey, collection period, data analysis and writing of findings is about 6–9 months. The results and findings will be written for publication in a peer-reviewed journal and an aggregated, summary report will be shared with all participating schools. This data collection effort will also allow investigators to provide technical assistance to colleges and universities interested in alternative solutions for providing health care services to their students. Participation is voluntary and there are no costs to respondents other than their time. The total annualized response burden is estimated at 664 hours.

#### ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Avg. burden per response (in hrs.)
Health Services Personnel .....	College Survey .....	885	1	45/60

**LeRoy 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. 2014–08300 Filed 4–11–14; 8:45 am]

**BILLING CODE 4163–18–P**