

- ethical considerations concerning communication about neuroscience research and neuroscience research applications by scientists, journalists, and others.

To this end, the Commission is inviting interested parties to provide input and advice through written comments.

Comments will be publicly available, including any personally identifiable or confidential business information that they contain. Trade secrets should not be submitted.

Dated: January 17, 2014.

**Lisa M. Lee,**

*Executive Director, Presidential Commission for the Study of Bioethical Issues.*

[FR Doc. 2014-02072 Filed 1-30-14; 8:45 am]

**BILLING CODE 4154-06-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Committee on Vital and Health Statistics: Meeting Standards Subcommittee

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) Subcommittee on Standards.

*Time and Date:* February 19, 2014 9:00 p.m.–5:00 p.m. EST.

*Place:* Hubert H. Humphrey Building; 200 Independence Avenue SW., Room 705A, Washington, DC 20201. Public attendees should call (202) 690-7100 for admission to the meeting room on the day of the meeting.

*Status:* Open.

*Purpose:* The purpose of this hearing is to gather industry input on the status of selected administrative simplification topics that are a priority for 2014, including the status of development of Operating Rules for all remaining HIPAA transactions (Claims, Enrollment, Premium Payment, Prior Authorization, Claims Attachments). The meeting will also include a discussion of: the status of initial implementation of Operating Rules for Electronic Funds Transfer and Electronic Remittance Advice, which began January 1, 2014; the ICD-10 transition, in particular, the use of ICD-10 by property/casualty and workers' compensation programs; plans for adoption and use of Health Plan ID; and a review of recommendations from the Designated Standards Maintenance Organizations (DSMO) regarding the Pharmacy Prior Authorization Standard.

*Contact Person For More Information:* Debbie M. Jackson, Acting Executive Secretary, NCVHS, National Center for Health Statistics, Centers for Disease Control and Prevention, 2339 Toledo Road, Room 2402, Hyattsville, Maryland 20782, telephone

(301) 458-4614 or Kamahanahokulani Farrar, Centers for Medicare and Medicaid Services, Office of E-Health Standards and Services, 7500 Security Boulevard, Baltimore, Maryland, 21244, telephone (410) 786-6711. Program information as well as summaries of meetings and a roster of committee members are 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 24, 2014.

**James Scanlon,**

*Deputy Assistant Secretary for Planning and Evaluation (Science and Data Policy), Office of the Assistant Secretary for Planning and Evaluation.*

[FR Doc. 2014-02067 Filed 1-30-14; 8:45 am]

**BILLING CODE 4151-05-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Committee on Vital and Health Statistics: Meeting Full Committee

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 20, 2014 9:00 a.m.–5:30 p.m. EDT. February 21, 2014 8:00 a.m.–12:00 p.m. EDT.

*Place:* Hubert H. Humphrey Building, 200 Independence Avenue SW., Room 705A, Washington, DC 20201. Public attendees should call (202) 690-7100 for admission to the meeting room on the day of the meeting.

*Status:* Open.

*Purpose:* The purpose of this meeting is to review NCVHS Status of Activities, to strategically plan for 2014 objectives and deliverables, and review and approve three action items: (1) The Committee's HIPAA Report to Congress; (2) a recommendation letter on population health data standards; and, (3) a recommendation letter on capacity submitted by the Working Group on Data Access and Use. The Committee will also be briefed on a presentation given to the HHS Data Council on the Committee's strategic plans to Support Communities as Learning Health Systems. The Working Group on HHS Data Access and Use will continue strategic discussions on community data issues.

The times shown above are for the full Committee meeting. Subcommittee issues will be included as part of the Full Committee schedule and identified as "blocks" on the afternoon of the first day and morning the second day. Agendas for these block sessions will be developed later and posted on the NCVHS Web site (URL below) when available.

*Contact Person For More Information:* Substantive program information may be obtained from Debbie M. Jackson, Acting Executive Secretary, NCVHS, National Center for Health Statistics, Centers for Disease Control and Prevention, 2339 Toledo Road, Room 2402, Hyattsville, Maryland 20782, telephone (301) 458-4614 or Kamahanahokulani Farrar, Centers for Medicare and Medicaid Services, Office of E-Health Standards and Services, 7500 Security Boulevard, Baltimore, Maryland, 21244, telephone (410) 786-6711. Summaries of meetings and a roster of committee members are 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 24, 2014.

**James Scanlon,**

*Deputy Assistant Secretary for Planning and Evaluation (Science and Data Policy), Office of the Assistant Secretary for Planning and Evaluation.*

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**BILLING CODE 4151-05-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

**[30Day-14-14BE]**

### 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

CDC Worksite Health Scorecard—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

### Background and Brief Description

The Centers for Disease Control and Prevention (CDC) is establishing the Worksite Health Scorecard, an online organizational assessment tool, to enable employers to assess the number of evidence-based health promotion

interventions or strategies in their worksites to prevent heart disease, stroke, and related conditions such as hypertension, diabetes, and obesity. The CDC Worksite Health Scorecard will support small, mid-size, and large employer with three primary goals: (1) Reduce the risk of chronic disease among employees and their families through science-based workplace health interventions and promising practices; (2) Assist employers in identifying gaps in their health promotion programs, and help them to prioritize high-impact strategies for health promotion at their worksites; and (3) Increase understanding of the organizational programs, policies, and practices that employers of various sizes and industry sectors have implemented to support

healthy lifestyle behaviors and monitor changes over time.  
CDC will provide outreach to and register approximately 600 employers per year to use the online survey which is open to employers of all sizes, industry sectors, and geographic locations across the country. Worksite Health Scorecard users will create a user account, complete the online assessment and receive an immediate feedback report that summarizes the current status of their worksite health program; identifies gaps in current programming; benchmarks individual employer results against other users of the system; and provides access to worksite health tools and resources to address employer gaps and priority program areas.  
CDC will use the information collected to evaluate the effectiveness of

the Worksite Health Scorecard in terms of (1) identifying success drivers for building and maintaining successful workplace health programs; (2) raising awareness and knowledge of science-based worksite health programs, policies and practices; and (3) develop additional worksite health tools and resources for employers. The information will also be used to evaluate the impact of the CDC Worksite Health Scorecard on employer adoption of worksite health programs, policies, and environmental supports.  
OMB approval is requested for three years. Participation in the CDC Worksite Health Scorecard is voluntary and there are no costs to participants other than their time. The total estimated annualized burden hours are 300.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hr)
Employers .....	CDC Worksite Health Scorecard .....	600	1	30/60

**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. 2014–02026 Filed 1–30–14; 8:45 am]  
**BILLING CODE 4163–18–P**

DEPARTMENT OF HEALTH AND HUMAN SERVICES

**Centers for Disease Control and Prevention**  
[30Day 14–0955]  
**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**  
Early Hearing Detection and Intervention—Pediatric Audiology

Links to Service (EHDI-PALS) Survey (0920–0955, Expiration 02/28/2014)—Revision—National Center on Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC).  
**Background and Brief Description**  
The Division of Human Development and Disability, located within NCBDDD, promotes the health of babies, children, and adults, with a focus on preventing birth defects and developmental disabilities and optimizing the health outcomes of those with disabilities. Since the passage of the Early Hearing Detection and Intervention (EHDI) Act, 97% of newborn infants are now screened for hearing loss prior to hospital discharge. However, many of these infants have not received needed hearing tests and follow up services after their hospital discharges. The 2011 national average loss to follow-up/loss to documentation rate is at 35%. This rate remains an area of critical concern for state EHDI programs and CDC–EHDI team’s goal of timely diagnosis by 3 months of age and intervention by 6 months of age.  
Many states cite the lack of audiology resources as the main factor behind the high loss to follow up. To compound the problem, many pediatric audiologists may be proficient evaluating children age 5 and older but are not proficient with diagnosing

infants or younger children because children age 5 and younger require a different skill set.  
No existing literature or database was available to help states verify and quantify their states’ true follow up capacity until this project went live in 2013.  
Meeting since April 2010, the EHDI-PALS workgroup has sought consensus on the loss to follow up/loss to documentation issue facing the EHDI programs. A survey based on standard of care practice was developed for state EHDI programs to quantify the pediatric audiology resource distribution within their state, particularly audiology facilities that are equipped to provide follow up services for children age 5 and younger. After nine months of data collection, preliminary data suggested that children residing in certain regions of the United States who were loss to follow up were due to the distance parents had to travel to reach a pediatric audiology facility. For example, parents who reside in western region of Nebraska and Iowa on average have to drive over 100 miles to reach a pediatric audiology facility.  
CDC is requesting an Office of Management and Budget (OMB) approval to continue collecting audiology facility information from audiologists or facility managers so both parents, physicians and state EHDI programs will have a tool to find where