

$$\text{Average cost per inspection} = \frac{\text{Total cost of VSP}}{\text{Weighted number of annual inspections}}$$

The average cost per inspection is multiplied by size and cost factors to determine the fee for vessels in each size category. The size and cost factors were established in the fee schedule published in the **Federal Register** on July 17, 1987 (52 FR 27060). The fee schedule was most recently published in the **Federal Register** on August 21, 2012 (77 FR 50511). The size and cost factors for FY 2014 are presented in Appendix A.

Fee

The fee schedule (Appendix A) will be effective October 1, 2013, through September 30, 2014. The fee schedule (Appendix A) will be effective October 1, 2013, through September 30, 2014. The increase in fees is required due to administrative structure support costs within HHS/CDC. The last change in VSP inspection fees was October 1, 2006.

If travel expenses or other charges to VSP change, the fee schedule may need to be adjusted before September 30, 2014. If a fee adjustment is necessary, HHS/CDC will publish a notice in the **Federal Register** with the amended fee schedule (Appendix A) as soon as possible and at least 30 days before the effective date.

Applicability

The fees will apply to all passenger cruise vessels for which inspections are conducted as part of HHS/CDC's VSP.

Dated: August 15, 2013.

J. Ronald Campbell

*Director, Division of Executive Secretariat,
Centers for Disease Control and Prevention.*

Appendix A

SIZE/COST FACTORS USED TO DETERMINE INSPECTION FEES IMPACTS

Vessel size (GRT ¹)	Approximate cost per GRT ¹ (US\$)
Extra Small (<3,001 GRT)	0.25
Small (3,001–15,000 GRT)	0.50
Medium (15,001–30,000 GRT)	1.00
Large (30,001–60,000 GRT) ..	1.50
Extra Large (60,001–120,000 GRT)	2.00
Mega (>120,001 GRT)	3.00

FEE SCHEDULE FOR EACH VESSEL SIZE

Vessel size (GRT ¹)	Inspection fee (US\$)
Extra Small (<3,000 GRT)	1,495
Small (3,001–15,000 GRT)	2,990
Medium (15,001–30,000 GRT)	5,980
Large (30,001–60,000 GRT) ..	8,970
Extra Large (60,001–120,000 GRT)	11,960
Mega (>120,001 GRT)	17,940

¹ Gross register tonnage in cubic feet, as shown in Lloyd's Register of Shipping.

Inspections and reinspections involve the same procedures, require the same amount of time, and are therefore charged at the same rates.

[FR Doc. 2013–20349 Filed 8–20–13; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Board of Scientific Counselors, National Institute for Occupational Safety and Health (BSC, NIOSH)

In accordance with section 10(a) (2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the following meeting for the aforementioned committee:

Time and Date: 8:30 a.m.—3:00 p.m.,
September 18, 2013.

Place: Patriots Plaza I, 395 E Street SW.,
Room 9200, Washington, DC 20201.

Status: Open to the public, limited only by the space available. The meeting room accommodates approximately 33 people. If you wish to attend in person or by webcast, please see the NIOSH Web site to register (<http://www.cdc.gov/niosh/bsc/>) or call (202) 245–0625 or (202) 245–0626 for building access information. Teleconference is available toll-free; please dial (877) 328–2816, Participant Pass Code 6558291.

Purpose: The Secretary, the Assistant Secretary for Health, and by delegation the Director, Centers for Disease Control and Prevention, are authorized under Sections 301 and 308 of the Public Health Service Act to conduct directly or by grants or contracts, research, experiments, and demonstrations relating to occupational safety and health and to mine health. The Board of Scientific Counselors shall provide guidance to the Director, National Institute for Occupational Safety and Health on research and prevention programs. Specifically, the Board shall provide guidance on the Institute's research

activities related to developing and evaluating hypotheses, systematically documenting findings and disseminating results. The Board shall evaluate the degree to which the activities of the National Institute for Occupational Safety and Health: (1) Conform to appropriate scientific standards, (2) address current, relevant needs, and (3) produce intended results.

Matters to be Discussed: NIOSH Director Update, Labor-Management Participation in Research Partnerships, Hydraulic Fracturing: Opportunities for Research and Challenges in Protecting the Workforce, the Safe, Skilled, and Ready Workforce Concept, Evaluation of the Second Decade of the National Occupational Research Agenda, and the NIOSH Center for Workers' Compensation Studies.

Agenda items are subject to change as priorities dictate.

An agenda is also posted on the NIOSH Web site (<http://www.cdc.gov/niosh/bsc/>).

Contact Person for More Information: John Decker, Executive Secretary, BSC, NIOSH, CDC, 1600 Clifton Road NE., MS–E20, Atlanta, Georgia 30329, Telephone: (404) 498–2500, Fax: (404) 498–2526

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 (CDC).*

[FR Doc. 2013–20305 Filed 8–20–13; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare and Medicaid Services

[Document Identifier: CMS–10496]

Emergency Clearance: Public Information Collection Requirements Submitted to the Office of Management and Budget (OMB)

AGENCY: Center for Medicare and Medicaid Services.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare and Medicaid Services (CMS), Department of Health and Human Services, 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.

We are, however, requesting an emergency review of the information collection referenced below. In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, we have submitted to the Office of Management and Budget (OMB) the following requirements for emergency review. This is necessary to ensure compliance with an initiative of the Administration. We are requesting an emergency review under 5 CFR Part 1320(a)(2)(i) because public harm is reasonably likely to result if the normal clearance procedures are followed. The approval of this data collection process is essential to ensuring that Information Security (IS) incidents, which also include Personally Identifiable Information (PII) and Protected Health Information (PHI), are captured within the specified timeframe. In absence of this change, a significant number of incidents will not be detected; therefore causing harm and potential risk to the public's identity with identity fraud.

1. *Type of Information Collection Request:* New collection (Request for a new OMB control number); *Title of Information Collection:* Title State Health Insurance Exchange Incident Report; *Use:* We have implemented a Computer Matching Agreement (CMA) with the State-Based Administering Entities (AEs). This agreement establishes the terms, conditions, safeguards, and procedures under which CMS will disclose certain information to the AEs in accordance with the Patient Protection and Affordable Care Act of 2010 (Pub. L. 111–148), as amended by the Health Care and Education Reconciliation Act (Pub. L. 111–152), which are referred to collectively as the Affordable Care Act (ACA), amendments to the Social Security Act made by the ACA, and the implementing regulations. The AEs, which are state entities administering Insurance Affordability Programs, will use the data, accessed through the CMS Data Services Hub (Hub), to make Eligibility Determinations for Insurance

Affordability Programs and certificates of exemption.

The AEs shall report suspected or confirmed incidents affecting loss or suspected loss of PII within one hour of discovery to their designated Center for Consumer Information and Insurance Oversight State Officer who will then notify the affected Federal agency data sources, i.e., Internal Revenue Service, Department of Defense, Department of Homeland Security, Social Security Administration, Peace Corps, Office of Personnel Management and Veterans Health Administration. Additionally, AEs shall contact the office of the appropriate Special Agent-in-Charge, Treasury Inspector General for Tax Administration (TIGTA), and the IRS Office of Safeguards within 24 hours of discovery of any potential breach, loss, or misuse of Return Information. *Form Number:* CMS–10496 (OCN: 0938–New); *Frequency:* Occasionally; *Affected Public:* State, Local or Tribal governments; *Number of Respondents:* 18; *Total Annual Responses:* 936; *Total Annual Hours:* 234.

We are requesting OMB review and approval of this collection by *September 25, 2013*, with a 180-day approval period. Written comments and recommendation will be considered from the public if received by the individuals designated below by the noted deadline below.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS's Web site address at <http://www.cms.hhs.gov/PaperworkReductionActof1995> or Email your request, including your address, phone number, OMB number, and CMS document identifier, to Paperwork@cms.hhs.gov, 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 *September 20, 2013*:

1. *Electronically.* You may submit your comments electronically to <http://www.regulations.gov>. Follow the instructions for “Comment or Submission” or “More Search Options” to find the information collection document(s) accepting comments.

2. *By regular mail.* You may mail written comments to the following address:

CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: Document Identifier (CMS–10496), Room C4–26–05, 7500 Security

Boulevard, Baltimore, Maryland 21244–1850.

and,

OMB Office of Information and Regulatory Affairs, Attention: CMS Desk Officer, New Executive Office Building, Room 10235, Washington, DC 20503, Fax Number: (202) 395–6974.

Dated: August 16, 2013.

Martique Jones,

Deputy Director, Regulations Development Group, Office of Strategic Operations and Regulatory Affairs.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–R–194, CMS–10497 and CMS–10250]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, HHS.

ACTION: Notice.

SUMMARY: The Centers for Medicare & Medicaid Services (CMS) is announcing an opportunity for the public to comment on CMS' intention to collect information from the public. Under the Paperwork Reduction Act of 1995 (the PRA), federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information (including each proposed extension or reinstatement of an existing collection of information) and to allow 60 days for public comment on the proposed action. Interested persons are invited to send comments regarding our burden estimates 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.

DATES: Comments must be received by October 21, 2013.

ADDRESSES: When commenting, please reference the document identifier or OMB control number (OCN). To be assured consideration, comments and