

Advisory Committee (GTAC), Office of Government-wide Policy, General Services Administration, 1800 F Street NW., Washington, DC 20405, 202–208–7654 or by email to: gtac@gsa.gov.

SUPPLEMENTARY INFORMATION: This notice announces the cancellation of the GTAC November 7, 2013 meeting originally published in the **Federal Register** at 78 FR 56231 on September 12, 2013. The purpose of the GTAC is to conduct public meetings, submit reports and to make recommendations to existing travel policies, processes and procedures, including the per diem methodology to assure that official travel is conducted in a responsible manner with the need to minimize costs.

Dated: October 24, 2013.

Carolyn Austin-Diggs,

*Acting Deputy Associate Administrator,
Office of Asset and Transportation
Management, Office of Government-wide
Policy.*

[FR Doc. 2013–25669 Filed 10–29–13; 8:45 am]

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GENERAL SERVICES ADMINISTRATION

[Notice–MK–2013–10; Docket No. 2013–0002; Sequence 32]

The Presidential Commission on Election Administration (PCEA); Upcoming Public Advisory Meeting

AGENCY: Office of Government-Wide Policy, U.S. General Services Administration (GSA).

ACTION: Meeting notice.

SUMMARY: The Presidential Commission on Election Administration (PCEA), a Federal Advisory Committee established in accordance with the Federal Advisory Committee Act (FACA), 5 U.S.C., App., and Executive Order 13639, as amended by EO 13644, will hold a meeting open to the public via teleconference on Thursday, November 14, 2013.

DATES: *Effective date:* October 30, 2013.

Meeting date: The meeting will be held on Thursday, November 14, 2013, beginning at 4:00 p.m. and ending no later than 6:30 p.m., Eastern Standard Time.

FOR FURTHER INFORMATION CONTACT: Mr. Mark Nejbauer, Designated Federal Officer, General Services Administration, Presidential Commission on Election Administration, 1776 G Street NW., Washington, DC 20006, email mark.nejbauer@supportthevoter.gov.

SUPPLEMENTARY INFORMATION:

Background: The PCEA was established to identify best practices and make recommendations to the President on the efficient administration of elections in order to ensure that all eligible voters have the opportunity to cast their ballots without undue delay, and to improve the experience of voters facing other obstacles in casting their ballots.

Agenda: The purpose of this meeting is for Commission members to discuss the subjects set forth in Executive Order 13639, as amended, and relate back to the full Commission information that was gathered from meetings apart from the public hearings.

Meeting Access: The teleconference meeting is open to the public; interested members of the public may listen to the PCEA discussion using 1–888–606–9808 and pass code 7036450. Members of the public will not have the opportunity to ask questions or otherwise participate in the teleconference. However, members of the public wishing to comment should follow the steps detailed in Procedures for Providing Public Comments below.

Attendance at the Meeting: Please see the PCEA Web site (<http://www.supportthevoter.gov>) for any materials available in advance of the meeting. Detailed meeting minutes will be posted within 90 days of the meeting.

Procedures for Providing Public Comments: In general, public comments will be posted on the PCEA Web site (see above). All comments, including attachments and other supporting materials, received are part of the public record and subject to public disclosure. Any comments submitted in connection with the PCEA meeting will be made available to the public under the provisions of the Federal Advisory Committee Act. The public is invited to submit written comments for this meeting until 5:00 p.m. Eastern Standard Time on Monday, November 11, 2013, by either of the following methods:

Electronic or Paper Statements: Submit electronic statements to Mr. Nejbauer, Designated Federal Officer at mark.nejbauer@supportthevoter.gov; or send three (3) copies of any written statements to Mr. Nejbauer at the PCEA GSA address above. Written testimony not received by 5:00 p.m. Eastern Time on Monday, November 11, 2013 may be submitted but will not be considered at the Thursday, November 14, 2013 meeting.

Dated: October 25, 2013.

Anne Rung,

*Associate Administrator, Office of
Government-Wide Policy, General Services
Administration.*

[FR Doc. 2013–25817 Filed 10–29–13; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30 Day–14–13GX]

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. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Assessment of a Comprehensive Human Immunodeficiency Virus (HIV) Clinic-Based Intervention to Promote Patients' Health and Reduce Transmission Risk—New—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

This research is funded by the CDC and the National Institute of Mental Health (NIMH). The purpose of the project is to implement and evaluate an HIV clinic-based intervention, the goals of which are to increase the percentage of patients who have an undetectable viral load, who are adherent to antiretroviral therapy (ART), who attend clinic regularly for primary care, and practice safer sexual behaviors. Realizing these goals will promote HIV patients' health and reduce risk of transmitting HIV to others. These are objectives of the National HIV/AIDS Strategy and goals of the strategic plan of the Division of HIV/AIDS Prevention, Centers for Disease Control and Prevention.

The project will be conducted at six university-affiliated HIV clinics in the United States: (1) Baylor College of Medicine, Houston, (2) Boston Medical

Center, (3) University of Alabama, Birmingham, (4) University of California at San Diego, (5) University of Miami Medical School, and (6) University of Washington in the state of Washington. This proposed data collection will occur over 3 years.

The intervention that is part of this project focuses primarily on HIV patients who have a detectable viral load, i.e., their viral load is not as low as it can be and is not fully controlled. The intervention components include: (1) Brief counseling from medical providers during primary care visits informed by a behavioral screener completed by patients; (2) a computer-based intervention (CBI) in which patients see short videos of HIV medical providers (not their own providers) talking about the importance of regular clinic attendance, adherence to ART, and safer sex; and (3) one-on-one

counseling from a prevention specialist if needed.

The following data will be collected in this project:

- A data manager at each clinic will electronically transmit patient clinical data to CDC using a unique study identification code as the only means of identifying a patient's data. The data files sent to CDC will not contain any medical record numbers, names, or social security numbers. The information will be encrypted and stored in a secure CDC server. The data collected from patients include (1) a behavioral screener self-administered by patients each time they have a primary care visit. Patients complete the screener in the waiting room before seeing their primary care provider. (2) CBI assessment items on demographic factors, clinic attendance, ART status, ART adherence, and sexual risk

behavior that are completed before patients see the CBI videos. Patients with detectable viral loads will be asked to do the CBI three times, spaced approximately three months apart. Patients' CBI responses are not shared with their clinic providers. (3) On a quarterly basis, 50 patients at each clinic will be asked to complete a brief exit survey after their medical exam, asking about topics that the provider may have discussed with them at their medical visit (e.g., adherence, clinic attendance).

- Data collected from primary care medical providers includes a quarterly survey asking them to indicate the types of topics/issues they discussed with their HIV patients.

There are no costs to respondents other than their time. The total annualized burden hours are 3,378.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (hours)
Data manager at clinic	Electronic transmittal of clinical variables archived in clinic databases (no form).	6	4	24
Patient	Behavioral screener (patients with detectable or undetectable VL; paper form).	6,315	4	5/60
Patient	CBI assessment items for patients with detectable VL (electronic form).	2,069	3	5/60
Patient	Patient exit survey (electronic form)	1,200	1	5/60
Primary care provider	Provider survey (electronic form)	120	4	10/60

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. 2013-25711 Filed 10-29-13; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-8055-N]

RIN 0938-AR58

Medicare Program; Medicare Part B Monthly Actuarial Rates, Premium Rate, and Annual Deductible Beginning January 1, 2014

AGENCY: Centers for Medicare &
Medicaid Services (CMS), HHS.

ACTION: Notice.

SUMMARY: This notice announces the
monthly actuarial rates for aged (age 65

and over) and disabled (under age 65) beneficiaries enrolled in Part B of the Medicare Supplementary Medical Insurance (SMI) program beginning January 1, 2014. In addition, this notice announces the monthly premium for aged and disabled beneficiaries as well as the income-related monthly adjustment amounts to be paid by beneficiaries with modified adjusted gross income above certain threshold amounts. The monthly actuarial rates for 2014 are \$209.80 for aged enrollees and \$218.90 for disabled enrollees. The standard monthly Part B premium rate for all enrollees for 2014 is \$104.90, which is equal to 50 percent of the monthly actuarial rate for aged enrollees or approximately 25 percent of the expected average total cost of Part B coverage for aged enrollees. (The 2013 standard premium rate was \$104.90.) The Part B deductible for 2014 is \$147.00 for all Part B beneficiaries. If a beneficiary has to pay an income-related monthly adjustment, they may have to pay a total monthly premium of about 35, 50, 65, or 80 percent of the total cost of Part B coverage.

DATES: *Effective Date:* January 1, 2014.

FOR FURTHER INFORMATION CONTACT: M. Kent Clemens, (410) 786-6391.

SUPPLEMENTARY INFORMATION:

I. Background

Part B is the voluntary portion of the Medicare program that pays all or part of the costs for physicians' services, outpatient hospital services, certain home health services, services furnished by rural health clinics, ambulatory surgical centers, comprehensive outpatient rehabilitation facilities, and certain other medical and health services not covered by Medicare Part A, Hospital Insurance. Medicare Part B is available to individuals who are entitled to Medicare Part A, as well as to U.S. residents who have attained age 65 and are citizens, and aliens who were lawfully admitted for permanent residence and have resided in the United States for 5 consecutive years. Part B requires enrollment and payment of monthly premiums, as described in 42 CFR part 407, subpart B, and part 408, respectively. The difference between the premiums paid by all