Services Research Initial Review Group Committee. Grant applications are to be reviewed and discussed at these meetings. Each subcommittee meeting will commence in open session before closing to the public for the duration of the meeting. These meetings will be closed to the public in accordance with 5 U.S.C. App. 2 section 10(d), 5 U.S.C. section 552b(c)(4), and 5 U.S.C. section 552b(c)(6).

DATES: See below for dates of meetings:

1. *Health System and Value Research (HSVR)*

Date: February 19, 2014 (Open from 8:00 a.m. to 8:30 a.m. on February 19 and closed for remainder of the meeting)

2. *Healthcare Safety and Quality Improvement Research (HSQR)*

Date: February 26–27, 2014 (Open from 8:00 a.m. to 8:30 a.m. on February 26 and closed for remainder of the meeting)

3. *Healthcare Effectiveness and Outcomes Research (HEOR)*

Date: February 26–27, 2014 (Open from 8:30 a.m. to 9:00 a.m. on February 26 and closed for remainder of the meeting)

4. *Health Care Research and Training (HCRT)*

Date: February 27–28, 2014 (Open from 8:00 a.m. to 8:30 a.m. on February 27 and closed for remainder of the meeting)

5. *Healthcare Information Technology Research (HITR)*

Date: February 27–28, 2014 (Open from 8:00 a.m. to 8:30 a.m. on February 27 and closed for remainder of the meeting)

ADDRESSES: Gaithersburg Marriott Washingtonian Center, 9751 Washingtonian Boulevard, Gaithersburg, Maryland 20878.

FOR FURTHER INFORMATION CONTACT: (To obtain a roster of members, agenda or minutes of the non-confidential portions of the meetings.) Mrs. Bonnie Campbell, Committee Management Officer, Office of Extramural Research Education and Priority Populations, AHRQ, 540 Gaither Road, Suite 2000, Rockville, Maryland 20850, Telephone (301) 427–1554.

SUPPLEMENTARY INFORMATION: In accordance with section 10(a)(2) of the Federal Advisory Committee Act (5 U.S.C. App. 2), AHRQ announces meetings of the scientific peer review groups listed above, which are subcommittees of AHRQ's Health Services Research Initial Review Group Committees. Each subcommittee meeting will commence in open session before closing to the public for the duration of the meeting. The subcommittee meetings will be closed to the public in accordance with the provisions set forth in 5 U.S.C. App. 2 section 10(d), 5 U.S.C. 552b(c)(4), and 5 U.S.C. 552b(c)(6) The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Agenda items for these meetings are subject to change as priorities dictate.

Dated: December 17, 2013.

Richard Kronick,

AHRQ Director.

[FR Doc. 2013–30888 Filed 12–24–13; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Toxic Substances and Disease Registry

[60-Day 14–14FA]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–639–7570 or send comments to LeRoy Richardson, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an email to *omb@cdc.gov*.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

Proposed Project

State Surveillance under the National Toxic Substance Incidents Program (NTSIP)—NEW—Agency for Toxic Substances and Disease Registry (ATSDR).

Background and Brief Description

The Agency for Toxic Substances and Disease Registry (ATSDR) is sponsoring the National Toxic Substance Incidents Program (NTSIP) to gather information from many resources to protect people from harm caused by spills and leaks of toxic substances. The NTSIP information will be used to help prevent or reduce the harm caused by toxic substance incidents. The NTSIP is modeled partially after the Hazardous Substances Emergency Events Surveillance (HSEES) Program which ran from 1992 to 2012 [OMB number: 0923–0008; expiration date 01/31/2012], with additions suggested by stakeholders to have a more complete program. The NTSIP has three components: a national database, state surveillance, and the response team. This information collection request is focused on the state surveillance component.

The NTSIP is the only federal public health-based surveillance system to coordinate the collection, collation, analysis, and distribution of acute toxic substance incidents data to public health and safety practitioners. Because thousands of acute spills occur annually around the country, it is necessary to establish this surveillance system to describe the public health impacts on the population of the United States. The ATSDR is seeking a three-year approval for the ongoing collection of information for the state surveillance system.

The main objectives of this information collection are to:

1. describe toxic substance releases and the public health consequences associated with such releases within the participating states,

2. identify and prioritize vulnerabilities in industry, transportation, and communities as they relate to toxic substance releases, and

3. identify, develop, and promote strategies that could prevent ongoing and future exposures and resultant health effects from toxic substance releases.

The NTSIP surveillance system will be incident-driven and all acute toxic substance incidents occurring within the participating states will be included. Upon Office of Management and Budget (OMB) approval, participating states will include Alaska, California, Louisiana, Michigan, Missouri, New York, North Carolina, Oregon, Tennessee, Utah, and Wisconsin.

A standardized set of data will be collected by the NTSIP coordinator for

each incident. The NTSIP coordinator may be a federal employee assigned to the state or an employee of the state health department. State, but not federal, NTSIP coordinators will incur recordkeeping burden during two phases.

During the first phase, the NTSIP coordinators will rapidly collect and enter data from a variety of existing data sources. Examples of existing data sources include, but are not limited to, reports from the media, the National Response Center, the U.S. Department of Transportation Hazardous Materials Information Reporting System, and state environmental protection agencies. Approximately 65% of the information is expected to be obtained from existing data sources.

The second phase of the information collection will require the NTSIP coordinators to alert other entities of the incident when appropriate and to request additional information to complete the remaining unanswered data fields. Approximately 35% of the information is expected to be obtained from calling, emailing, or faxing additional types of respondents by the NTSIP coordinators.

These additional respondents will incur reporting burden and include, but are not limited to, the on-scene commander of the incident, emergency government services (e.g., state divisions of emergency management, local emergency planning committees, fire or Hazmat units, police, and emergency medical services), the responsible party (i.e., the ''spiller''), other state and local government agencies, hospitals and local poison control centers.

The NTSIP coordinator will enter data directly into an ATSDR internet-based data system. NTSIP materials, including a public use data set, annual report, and published articles will be made available on the ATSDR NTSIP Web page at *http://www.atsdr.cdc.gov/ntsip/.*

There are no costs to respondents besides their time. The total burden hours requested is 1,821.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Avg. burden per response (in hrs.)	Total burden (in hrs.)
State NTSIP Coordinators	NTSIP State Data Collection Form ..	3	426	1	1,278
On-scene commanders	NTSIP State Data Collection Form ..	110	1	30/60	55
Emergency government services	NTSIP State Data Collection Form ..	810	1	30/60	405
Responsible party	NTSIP State Data Collection Form ..	15	1	30/60	8
Other state and local governments	NTSIP State Data Collection Form ..	60	1	30/60	30
Hospitals	NTSIP State Data Collection Form ..	10	1	30/60	5
Poison Control Centers	NTSIP State Data Collection Form ..	80	1	30/60	40
Total					1,821

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. 2013–30671 Filed 12–24–13; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Institute for Occupational Safety and Health Personal; Notice of public meeting in Endicott, New York

AGENCY: The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice of public meeting.

SUMMARY: The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC) announces a public meeting to present results from a study of former workers of the International Business Machine (IBM) facility in Endicott, New York. This meeting is being held to present study results to stakeholders and members of the public and to offer the opportunity for comments.

Meeting Time and Date: January 23, 2014, 6:30 p.m.–8:30 p.m. EST, or after the last public commenter has spoken, whichever occurs first.

ADDRESSES: First United Methodist Church, 53 McKinley Ave, Basement, Endicott, NY 13760.

FOR FURTHER INFORMATION CONTACT: Sharon Silver, M.S., NIOSH Division of Surveillance, Hazard Evaluations and Field Studies, 4676 Columbia Parkway MS–R15, Cincinnati, Ohio 45226. (513) 841–4313 or (513) 841–4203.

SUPPLEMENTARY INFORMATION:

I. Background

- In 2009, NIOSH began a study to examine potential health outcomes among former IBM workers in Endicott, New York.
- The study occurred as a result of a request made by the New York State Department of Health, Congressional representatives from New York, and community stakeholders.
- After listening to community and former workers' concerns, NIOSH set goals to evaluate the following:
  - overall causes of death among former workers,
  - testicular cancer diagnosis among former workers, and
  - birth defects among children of former workers.
- The study included 34,494 people who worked at the IMB-Endicott facility for at least 90 days between January 1, 1969 and December 31, 2001.
- The assessment of the causes of death and testicular cancer diagnoses among former workers is complete. The assessment of birth defects among children of former workers is still in process.

II. Public Meeting

NIOSH will hold a public meeting to present information on the results of a study that included former workers from the IBM-Endicott facility.

- A 60 minute presentation will be given by a NIOSH Official.
- Upon completion of the presentation, members of the public will be provided the opportunity to comment or ask questions. This opportunity will be on a first come, first served basis.
- The meeting will end at 8:30PM EST or after the last public commenter has spoken, whichever occurs first.