National ART Surveillance System (NASS), includes information about all ART cycles initiated by any of the ART programs in the United States. An ART cycle is considered to be initiated when a woman begins taking ovarian stimulatory drugs or starts ovarian monitoring with the intent of transferring one or more embryos. CDC also collects information about the pregnancy outcome of each cycle, as well as a number of data items deemed important to explain variability in success rates across ART programs and across individuals.

Each ART program reports its annual ART cycle data to CDC in mid-December. The annual data reporting consists of information about all ART cycles that were initiated in the previous calendar year. For example, the December 2013 reports described ART cycles that were initiated between January 1, 2012, and December 31, 2012. Data elements and definitions currently in use reflect CDC's prior consultations with representatives of the Society for Assisted Reproductive Technology (SART), the American Society for Reproductive Medicine, and RESOLVE: the National Infertility Association (a national, nonprofit consumer organization), as well as a variety of individuals with expertise and interest in this field.

CDC, the data collection contractor, and partner organizations engage in ongoing dialogue to identify opportunities for improvement. As a result of these discussions, a number of changes to the NASS data elements and the NASS reporting platform are under consideration and will be submitted to OMB for approval. Changes to the NASS data elements are essential to keep pace with changes in medical practice, ensure that reported success rates reflect standardized definitions, and provide additional insight into factors that may affect success rates. Specific changes to the NASS data elements include the addition of new items as well as modification or discontinuation of selected items. CDC also plans to redesign the graphical interface for NASS. In addition to reflecting the changes in data items, NASS data entry pages will be redesigned for more intuitive grouping of data items and will employ embedded skip logic to route users to the minimum number of applicable questions. Respondents will have the option of entering data directly into the Web-based NASS interface or of transmitting system-compatible files extracted from other record systems. On an annual basis, approximately ten percent of responding clinics are also selected to participate in data validation and quality control activities.

Implementation of these changes for ART cycles initiated on or after January 1, 2015, is under consideration, but may be deferred until January 1, 2016. During the period of this revision, the estimated number of respondents (ART programs or clinics) will increase from 440 to 450; the estimated number of ART cycles reported by each clinic will increase from 339 to 360; and the estimated burden per response will increase from 39 minutes to 40 minutes.

In addition, respondents may provide feedback to CDC about the usability and utility of the reporting system. The option to participate in the feedback survey is presented to respondents when they complete their required data submission. However, participation in the feedback survey is voluntary and is not required by the FCSRCA. CDC estimates that 75% of ART programs will participate in the feedback survey.

The collection of ART cycle information allows CDC to publish an annual report to Congress as specified by the FCSRCA and to provide information needed by consumers. Overall, the proposed changes will support CDC's ability to generate timely, accurate, and relevant information about fertility clinic success rates and improve user satisfaction with the NASS interface.

OMB approval is requested for three years and there are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
ART Programs	NASS	450	360	40/60	108,000
	Feedback Survey	338	1	2/60	11
Total					108,011

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. 2014–17033 Filed 7–18–14; 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 Center for Environmental Health/Agency for Toxic Substances and Disease Registry (BSC, NCEH/ATSDR)

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 teleconference meeting of the aforementioned committee:

Time And Date: 2:00 p.m.–4:00 p.m., August 11, 2014.

Place: Teleconference.

Status: Open to the public, limited only by the conference lines available. The toll-free, dial-in number is 1–877–315–6535 and the passcode is 383520.

Purpose: The Secretary, Department of Health and Human Services (HHS) and by delegation, the Director, CDC and Administrator, NCEH/ATSDR, are authorized under Section 301(42 U.S.C. 241) and Section 311(42 U.S.C. 243) of the Public Health Service Act, as amended, to: (1) Conduct, encourage, cooperate with, and assist other appropriate public authorities, scientific institutions, and scientists in the conduct of research, investigations, experiments, demonstrations, and studies relating to the causes, diagnosis, treatment, control, and prevention of physical and mental diseases

and other impairments; (2) assist states and their political subdivisions in the prevention of infectious diseases and other preventable conditions and in the promotion of health and well being; and (3) train state and local personnel in health work. The BSC, NCEH/ATSDR provides advice and guidance to the Secretary, HHS; the Director, CDC and Administrator, ATSDR; and the Director, NCEH/ATSDR, regarding program goals, objectives, strategies, and priorities in fulfillment of the agency's mission to protect and promote people's health. The board provides advice and guidance that will assist NCEH/ATSDR in ensuring scientific quality, timeliness, utility, and dissemination of results. The board also provides guidance to help NCEH/ATSDR work more efficiently and effectively with its various constituents and to fulfill its mission in protecting America's health.

Matter For Discussion: The agenda item for the BSC Meeting will include a discussion on establishing a subcommittee to the BSC on Childhood Lead Poisoning Prevention.

Agenda item is subject to change as priorities dictate.

Supplemental Information: The public is welcome to participate during the public comment period, tentatively scheduled on August 11, 2014, from 3:15 p.m., until 3:25 p.m.

Contact Person For More Information: Sandra Malcom, Committee Management Specialist, NCEH/ATSDR, CDC, 4770 Buford Highway, Mail Stop F–61, Chamblee, Georgia 30345; Telephone: 770/488–0575 or 770/488–0755, Fax: 770/488–3377; Email: *smalcom@cdc.gov.*

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. 2014–17059 Filed 7–18–14; 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 Center for Injury Prevention and Control, (BSC, NCIPC)

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 of the aforementioned committee:

Time and Date: 2:00 p.m.–3:00 p.m., August 11, 2014 (CLOSED).

Place: Teleconference.

Status: The meeting as designated above will be closed to the public in accordance with provisions set forth in Section 552b(c)(4) and (6), Title 5, U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC pursuant to Public Law 92–463.

Purpose: The Board of Scientific Counselors makes recommendations regarding policies, strategies, objectives, and priorities; and reviews progress toward injury prevention goals and provides evidence in injury prevention-related research and programs. The Board also provides advice on the appropriate balance of intramural and extramural research, as well as the structure, progress, and performance of intramural programs. The Board is designed to provide guidance on extramural scientific program matters, including the: (1) Review of extramural research concepts for funding opportunity announcements; (2) conduct of Secondary Peer Review of extramural research grants, cooperative agreements, and contracts applications received in response to funding opportunity announcements, in relation to the Center's programmatic balance and mission; (3) submission of secondary review recommendations to the Center Director of applications to be considered for funding support; (4) review of research portfolios, and (5) review of program proposals.

Matters For Discussion: The Board of Scientific Counselors, National Center for Injury Prevention and Control (BSC, NCIPC) will meet to conduct a Secondary Peer Review of an extramural research grant application received in response to Funding Opportunity Announcement (FOA) Evaluating Promising Strategies to Build the Evidence Base for Sexual Violence Prevention, CE14–005. The application will be assessed for applicability to the Center's mission and programmatic balance. Recommendations from the secondary review will be voted upon and the application will be forwarded to the Acting Center Director for consideration for funding support.

Contact Person for More Information: Gwendolyn H. Cattledge, Ph.D., M.S.E.H., Deputy Associate Director for Science, NCIPC, CDC, 4770 Buford Highway NE., Mailstop F–63, Atlanta, Georgia 30341, Telephone (770) 488–1430.

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.

[FR Doc. 2014–17058 Filed 7–18–14; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Committee on Immunization Practices (ACIP)

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) announce the following meeting of the aforementioned committee.

Time and Date: 2:00 p.m.–4:30 p.m. EDT, August 13, 2014.

Place: Teleconference.

Status: This meeting is open to the public, limited only by the availability of telephone ports and webinar.

Participants can join the event directly at: *https://www.mymeetings.com/nc/join.php?i=PW7936898&p=5994905&t=c.* USA Telephone Dial-in number: 1–800–369–1780. Participant passcode: 5994905 or *URL: https://www.mymeetings.com/nc/join/.*

Conference number: PW7936898.

Audience passcode: 5994905.

Purpose: The committee is charged with advising the Director, CDC, on the appropriate use of immunizing agents. In addition, under 42 U.S.C. 1396s, the committee is mandated to establish and periodically review and, as appropriate, revise the list of vaccines for administration to vaccine-eligible children through the Vaccines for Children (VFC) program, along with schedules regarding the appropriate periodicity, dosage, and contra-indications applicable to the vaccines. Further, under provisions of the Affordable Care Act, at section 2713 of the Public Health Service Act, immunization recommendations of the ACIP that have been adopted by the Director of the Centers for Disease Control and Prevention must be covered by applicable health plans.

Matters for Discussion: The agenda will include discussions on: Use of 13-valent pneumococcal conjugate vaccine and 23-valent pneumococcal polysaccharide vaccine in adults 65 years of age and older. A recommendation vote is scheduled. Time will be available for public comment.

Agenda items are subject to change as priorities dictate.

Contact Person for More Information: Stephanie B. Thomas, National Center for Immunization and Respiratory Diseases, CDC, 1600 Clifton Road, NE., MS–A27, Atlanta, Georgia 30333, telephone 404/639–8836; Email *ACIP@CDC.GOV.*

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