of Columbia, Puerto Rico, and the Pacific Islands jurisdictions. The National Cancer Institute supports the operations of CCR in the five remaining states.

Through the NPCR, CDC provides technical assistance and sets program standards to assure that complete cancer incidence data are available for national- and state-level cancer control and prevention activities and other health planning activities. NPCR-funded CCR are the primary source of cancer surveillance data for *United States Cancer Statistics* (*USCS*), which CDC has published annually since 2002.

CDC has previously collected information from NPCR awardees to monitor their performance in meeting the required NPCR Program Standards (NPCR Program Evaluation Instrument, OMB No. 0920–0706, exp. 12/31/2011). The NPCR Program Evaluation Instrument (PEI) is a secure, web-based method of collecting information about registry operations, including: staffing, legislation, administration, reporting completeness, data exchange, data content and format, data quality assurance, data use, collaborative relationships, and advanced activities.

Since 2009, data collection had been conducted on a biennial schedule in odd-numbered years. The most recent PEI reports were submitted to CDC in 2011. In late 2011, CDC discontinued the NPCR PEI clearance in preparation for a review of NPCR program standards. At this time, CDC seeks OMB approval to reinstate the NPCR PEI clearance. Minor changes to the PEI will be implemented based on the revised NPCR standards. Additional changes incorporated into the Reinstatement request include a reduction in the estimated number of NPCR awardees (from 49 to 48) and an increase in the estimated burden per response (from 1.5 hours to 2 hours).

Information will continue to be collected electronically in odd-numbered years. OMB approval is requested for three years to support data collection in 2013 and 2015. The total number of NPCR awardees is 48. For two cycles of data collection over a three-year period, the annualized number of respondents is 32 (48+48/3=32).

The NPCR–PEI data collection is needed to evaluate, aggregate, and disseminate NPCR program information. CDC and the NPCR-funded registries will use the data to monitor progress toward meeting objectives and established program standards; to describe various attributes of the NPCR-funded registries; and to respond to inquiries about the program.

There are no costs to respondents except their time. The total estimated annualized burden hours are 64.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hr)
NPCR Awardees	PEI	32	1	2

Ron A. Otten,

Director, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2013–09360 Filed 4–19–13; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–13–0743]

Proposed Data Collections Submitted for Extension of Public Comment Period

Proposed Project

Assessment and Monitoring of Breastfeeding-Related Maternity Care Practices in Intra-partum Care Facilities in the United States and Territories (OMB Control No. 0920–0743, Exp. 12/31/2011)—Reinstatement—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

SUMMARY: The Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS), is reopening the comment period, thus amending the due date for responses to its Request for Public Comments, published in Vol. 78, No. 29, of the **Federal Register** on February 12, 2013. The due date has been extended to May 3, 2013, to allow more time for review.

To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, call 404–639–7570 or send comments to Kimberly Lane, 1600 Clifton Road, MS D–74, Atlanta, GA 30333 or send an email to *omb@cdc.gov.*

Ron A. Otten,

Director, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2013–09367 Filed 4–19–13; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–13–12RO]

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 20503 or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Anniston Community Health Survey: Follow-up and Dioxin Analyses (ACHS–II)—New—Agency for Toxic Substances and Disease Registry (ATSDR), Department of Health and Human Services (DHHS).

Background and Brief Description

In the past, polychlorinated biphenyls (PCBs) were used as coolants and lubricants in electrical equipment. They didn't burn easily and were good insulators. PCBs are no longer made in the U.S. They were banned in 1977 because they persist in the environment. The public and the scientific community became concerned about harm to human health from persistent exposure to PCBs.

The City of Anniston, AL, was the site of the former Monsanto facility. PCBs were made there from 1929 to 1971. For decades, PCBs were released into the local air, soil, and surface water. In 1996, residents found out they were exposed. Concerns grew and led to litigation. In 2003, a settlement in favor of the residents was reached in state and federal courts.

The Anniston Environmental Health Research Consortium (AEHRC) was funded by the Agency for Toxic Substances and Disease Registry (ATSDR). The AEHRC conducted the Anniston Community Health Survey (ACHS) from 2005 to 2007. Serum PCB levels in 766 Anniston adults were found to be three to seven times higher than in U.S. adults. Also, higher PCB levels were found in Anniston adults who had high blood pressure and diabetes.

ATSDR and National Institutes of Health (NIH) plan to continue the work of the first ACHS. These agencies will conduct a follow-up study called the ACHS–II. Data collection will be managed by the University of Alabama at Birmingham (UAB) and the Calhoun County Health Department (CCHD).

A sample of 500 surviving ACHS cohort members with PCBs measurements will be enrolled in the ACHS–II. After informed consent, clinical assessments will be done. These will be for blood pressure, height, weight, hip, and body girth. A questionnaire will be answered by computer-assisted personal interviews (CAPIs). Questions will be asked for health, demographic, diet, and lifestyle factors. The self-reported responses will be compared to laboratory analytes. For these, blood samples will be drawn and analyzed.

The ACHS–II will measure the same serum PCBs as in the first Anniston survey. In this way, changes in PCB levels can be studied. The ACHS–II will also include serum analytes for dioxins, furans, dioxin-like PCBs, and chlorinated pesticides. Additional analytes include blood measures of polybrominated biphenyls and heavy metals. Clinical biomarkers will include measures for thyroid, diabetes, lipids, and immune function. This will give a more complete profile of human exposures and health in Anniston, AL.

The ATSDR is requesting a two-year approval for this information collection. The total annualized burden is 227 hours.

There are no costs to respondents other than their time. Each respondent will spend about 2 hours in the study.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs)
Adults who took part in first Anniston Community Health Survey.	Recruitment Telephone Script	333	1	2/60
	Survey for Refusals	160	1	1/60
	Update Contact Information Form	250	1	1/60
	Medications Form	250	1	3/60
	Blood Draw Form	250	1	2/60
	Questionnaire	250	1	45/60

Ron A. Otten,

Director, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2013–09362 Filed 4–19–13; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–13–12RO]

Agency Forms Undergoing Paperwork Reduction Act Review

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