

Only testimony submitted for public record and received in advance of the meeting are part of the official meeting record and will be posted to the CFSAC Web site. Materials submitted should not include sensitive personal information, such as social security number, birthdates, driver's license number, state identification or foreign country equivalent, passport number, financial account number, or credit or debit card number. If you wish to remain anonymous the document must specify this.

We will confirm your time for public comment via email by May 17, 2013. Each speaker will be limited to five minutes per speaker; no exceptions will be made. We will give priority to individuals who have not provided public comment within the previous year.

Persons who wish to distribute printed materials to CFSAC members should submit one copy for approval to the Designated Federal Officer at cfsac@hhs.gov, prior to Friday, May 17, 2013.

Dated: April 15, 2013.

Nancy C. Lee,

Designated Federal Officer, Chronic Fatigue Syndrome Advisory Committee.

[FR Doc. 2013-10083 Filed 4-29-13; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting of the Advisory Committee on Minority Health

AGENCY: Office of Minority Health, Office of the Assistant Secretary for Health, Office of the Secretary, Department of Health and Human Services.

ACTION: Notice of a virtual public meeting.

SUMMARY: As stipulated by the Federal Advisory Committee Act, the Department of Health and Human Services (DHHS) is hereby giving notice that a meeting of the Advisory Committee on Minority Health (ACMH) will be held virtually. This virtual meeting will take place via webinar and audio video conferencing technology. This meeting will be open to the public. Preregistration is required for both virtual public participation and comment. Any individual who wishes to participate in the virtual public meeting and/or in the public comment session should preregister at the following email address: acmh@osops.dhhs.gov.

DATES: The meeting will be held virtually on Thursday, May 16, 2013, from 10:00 a.m. to 1:00 p.m. (EST).

ADDRESSES: The meeting will be conducted virtually only.

FOR FURTHER INFORMATION CONTACT: Ms. Monica A. Baltimore, Tower Building, 1101 Wootton Parkway, Suite 600, Rockville, Maryland 20852. Phone: 240-453-2882; Fax: 240-453-2883.

SUPPLEMENTARY INFORMATION: In accordance with Public Law 105-392, the ACMH was established to provide advice to the Deputy Assistant Secretary for Minority Health in improving the health of each racial and ethnic minority group and on the development of goals and specific program activities of the Office of Minority Health.

Topics to be discussed during this meeting will include patient protections, consumer assistance, and the Affordable Care Act. The Committee will also discuss strategies to improve the health of racial and ethnic minority populations through the development of health policies and programs that will help eliminate health disparities.

To participate in this meeting, please follow the instructions below:

(1) Participants are asked to dial in 15 minutes prior to the scheduled start time.

(2) For audio, participant Dial-in Numbers:

U.S. Toll Free: 800-875-3456
Canadian Toll Free: 800-648-0973
International Toll Free: 302-607-2001
Verbal Passcode (to be given to the operator): VS11535

This webinar will be limited to 125 participants. The Office of Minority Health will make every effort to accommodate persons with special needs. Individuals who have special needs for which special accommodations may be required should contact Professional and Scientific Associates at (703) 234-1700 and reference this meeting. Requests for special accommodations should be made at least ten (10) business days prior to the meeting.

Webinar Instructions:

Go to <http://lotuslive.readyshow.com>. Before logging in, click on "Check your browser compatibility" at the bottom. Participants will log in under the "Join A Conference" section. The Participant Passcode is 53385094.

Members of the public will have an opportunity to provide comments at the meeting. Public comments will be limited to two minutes per speaker during the time allotted. Individuals who would like to submit written statements should mail or fax their

comments to the Office of Minority Health at least seven (7) business days prior to the meeting.

Public Comment: To participate during the public comment session please follow instructions below: Press *1 to make a comment. Press # to remove the comment from the comment queue.

Any members of the public who wish to have printed material distributed to ACMH members should submit their materials to the Executive Director, ACMH, Tower Building, 1101 Wootton Parkway, Suite 600, Rockville, Maryland 20852, prior to close of business Tuesday, May 7, 2013.

Dated: April 17, 2013.

Monica A. Baltimore,

Executive Director, Advisory Committee on Minority Health, Office of Minority Health, U.S. Department of Health and Human Services.

[FR Doc. 2013-10084 Filed 4-29-13; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Announcement of Opportunity and Procedure To Submit Nominations for Nutrients of Interest for Dietary Reference Intake Reviews

AGENCY: Department of Health and Human Services, Office of the Secretary, Office of the Assistant Secretary for Health, Office of Disease Prevention and Health Promotion.

Authority: 42 U.S.C. 300u(a).

ACTION: Notice.

SUMMARY: The Dietary Reference Intake (DRI) Subcommittee, an entity within the federal Interagency Committee on Human Nutrition Research, has developed procedures jointly with its Canadian counterpart to allow interested parties to nominate nutrients for consideration for DRI review. This notice will serve to announce the opportunity to submit such information to the DRI Subcommittee as it considers updates for nutrients and food components that have previously been considered by Institute of Medicine DRI committees.

DATES: The DRI Subcommittee will accept nominations for consideration beginning April 29, 2013 through 11:59 p.m. EDT on July 31, 2013.

ADDRESSES: Nominations may be submitted by email in the required format and to the email addresses specified in the Dietary Reference Intakes page on the Web site: www.health.gov/DRI.

FOR FURTHER INFORMATION CONTACT:

Yvonne Chow, Division of Nutrition Research Coordination, National Institute of Diabetes, Digestive and Kidney Diseases, National Institutes of Health; Room 624A, 6707 Democracy Blvd., Bethesda, MD 20817; Telephone: (301) 594-8821; Email: DRInominations@hhs.gov.

SUPPLEMENTARY INFORMATION: The DRI Subcommittee, in collaboration with its Canadian counterpart, has been responsible for prioritizing nutrients for federally-funded DRI reviews that establish nutrient reference values. Given the completion in 2011 of the most recent DRI review which was conducted by the Institute of Medicine at the National Academy of Sciences, the DRI Subcommittee is now considering future reviews. The increasingly broad range of uses of the DRIs warrants input to the DRI Subcommittee concerning nutrients of interest for such reviews. Input from all interested parties is welcome and may come from individuals and organizations external to the federal government as well as from federal agencies.

The opportunity to provide information is limited at this time to new reviews for nutrients and food components that have previously been considered by Institute of Medicine DRI committees. The nomination is to include a cover letter and a literature search. The requirements of the nomination package and the nomination procedures are specified in the Web site identified above in the **ADDRESSES** section, and interested persons should access the Web site to obtain specific instructions for the nomination. The nomination will be regarded as information for the DRI Subcommittee and is intended to assist only in informing planning activities; the submission of a nomination does not guarantee the initiation of a DRI review. Further, the opportunity to provide information should not be construed as a funding opportunity or grant program. Please note that proprietary or confidential information cannot be considered and should not be submitted.

Dated: April 24, 2013.

Howard K. Koh,

Assistant Secretary for Health.

[FR Doc. 2013-10054 Filed 4-29-13; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Office of the Secretary; Office of the Assistant Secretary for Preparedness and Response; Statement of Organization, Functions, and Delegations of Authority**

Part A, Office of the Secretary, Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (HHS) is being amended at Chapter AN, Office of the Assistant Secretary for Preparedness and Response (ASPR), as last amended at 78 FR 7784, dated February 4, 2013, and at 75 FR 35035-35038, dated June 21, 2010. This organizational change is to rename the Office of Preparedness and Emergency Operations (ANC), establish five Divisions under the Office of Preparedness and Emergency Operations (ANC), and rename one existing Division. The changes are as follows.

I. Under Part A, Chapter AN, Section AN.10, Organization, rename "Office of Preparedness and Emergency Operations" to "Office of Emergency Management."

II. Under Part A, Chapter AN, Section AN.20, Functions, Paragraph C, Office of Preparedness and Emergency Operations (ANC):

a. Replace all references to the "Office of Preparedness and Emergency Operations" and "OPEO" with the "Office of Emergency Management" and "OEM," respectively.

b. Rename "Division of Mass Care (ANC1)" as "Division of National Hospital Preparedness (ANC1)."

c. At the end of Paragraph C, add the following sub-components:

- Division of Recovery (ANC7)
- Division of Regional Emergency Coordinators (ANC8)
- Division of Logistics (ANC9)
- Division of Fusion (ANCA)
- Division of Tactical Programs (ANC5)

II. Delegations of Authority. All delegations and redelegations of authority made to officials and employees of affected organizational components will continue in them or their successors pending further redelegation, provided they are consistent with this reorganization.

Dated: April 12, 2013.

E.J. Holland, Jr.,

Assistant Secretary for Administration.

[FR Doc. 2013-10056 Filed 4-29-13; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Disease Control and Prevention**

[60Day-13-13RQ]

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 Kimberly S. Lane, 1600 Clifton Road, MS D-74, 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

Community Transformation Grants (CTG) Context Scan Surveys—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Obesity currently affects more than one-third of adults and approximately 17 percent of children in the United States. Obese children and teens are likely to remain so into adulthood, and are at risk for developing severe health conditions such as heart disease, type 2 diabetes, stroke, and certain cancers. As one of the most dire and fastest growing health-related problems, obesity prevention has become a public health priority.

Physical activity and dietary behaviors are known to impact obesity. Importantly, research has shown that