provisions of the Federal Advisory Committee Act.

Contact Mark Nejbauer at *mark.nejbauer@supportthevoter.gov* to register to comment during the meeting's public comment period. Registered speakers will be allowed a maximum of 3 minutes each due to limited time for individual testimony. Written copies providing expanded explanations of witnesses' presentations are encouraged. Requests to comment at the meeting must be received by 5:00 p.m. Eastern Time on Monday, September 2, 2013.

The public is invited to submit written comments for this meeting until 5:00 p.m. Eastern Time on Monday, September 2, 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 September 2, 2013 may be submitted but will not be considered at the September 4, 2013 meeting.

Dated: August 20, 2013.

Anne Rung,

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

[FR Doc. 2013–20664 Filed 8–22–13; 8:45 am]

BILLING CODE 6820–14–P

GOVERNMENT ACCOUNTABILITY OFFICE

Exposure Draft—Standards for Internal Control in the Federal Government

AGENCY: U.S. Government Accountability Office.

ACTION: Notice Of Document Availability.

SUMMARY: The U.S. Government Accountability Office (GAO) is seeking public comments on the proposed revisions to the Standards for Internal Control in the Federal Government, known as the ''Green Book,'' under the authority provided in 31 U.S.C. 3512 (c), (d), commonly known as the Federal Managers' Financial Integrity Act. To help ensure that the standards continue to meet the needs of government managers and the audit community it serves, the Comptroller General of the United States established the Green Book Advisory Council to provide input on revisions to the ''Green Book.'' This exposure draft of the standards includes the Advisory Council's input regarding the proposed changes. We are currently requesting public comments on the proposed revisions in the exposure draft. The proposed changes contained in the 2013 Exposure Draft update to the Standards for Internal Control in the Federal Government reflect major developments in the accountability and financial management profession and emphasize specific considerations applicable to the government environment.

The draft of the proposed changes to Standards for Internal Control in the Federal Government, 2013 Exposure Draft, will only be available in electronic format and will be available to be downloaded from GAO's Web page at www.gao.gov. All comments will be considered a matter of public record and will ultimately be posted on the GAO Web page.

DATES: The exposure period will be from September 2, 2013 to December 2, 2013.

ADDRESSES: Comment letters should be emailed to *GreenBook@gao.gov.* Please include Comment Letter in the subject line of the email.

FOR FURTHER INFORMATION CONTACT: For information on the Standards for Internal Control in the Federal Government, please contact Kristen Kociolek, Assistant Director, Financial Management and Assurance, telephone 202–512–2989.

Authority: 31 U.S.C. 3512 (c), (d).

James Dalkin,

Director, Financial Management and Assurance, U.S. Government Accountability Office.

[FR Doc. 2013–20530 Filed 8–22–13; 8:45 am]

BILLING CODE 1610–02–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–13–13BU]

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 the CDC Reports Clearance Officer at (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

Determining Causes of Sudden, Unexpected Infant Death: A National Survey of U.S. Medical Examiners and Coroners—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

To explore how medical examiners and coroners interpret and report sudden unexpected and unexplained infant deaths and the extent to which interpretation and reporting practices vary across the U.S., CDC's National Center on Chronic Disease Prevention and Health Promotion proposes to conduct a one-time mail survey. The proposed activity is part of CDC's mission, as described in Section 241 of the Public Health Service Act [42 U.S.C. 241].

Jurisdictions that are invited to participate in the survey will be selected with probability proportional to the number of SUID-related deaths that they reported in 2005–2009. Interviewers will telephone receptionists or operators in 800 medical examiners'/coroners' offices to verify the names and contact information for individuals who certify infant deaths. Paper surveys will then be distributed to approximately 720 coroners and 80 medical examiners by mail. Surveys will take about 30 minutes to complete and will contain questions about infant death interpretation and reporting practices and respondents' background and jurisdiction characteristics. We anticipate that approximately 80% of prospective respondents (576 coroners and 64 medical examiners) will return a completed survey. All survey responses will be maintained in a secure manner.

OMB approval is requested for one year. There are no costs to respondents other than their time. The total estimated burden hours are 387.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Burden per response (in hr)
Jurisdiction Receptionist or Operator	Telephone screener	800	1	5/60
Coroner	National Survey of Medical Examiners and Coroners.	576	1	30/60
Medical Examiner	National Survey of Medical Examiners and Coroners.	64	1	30/60

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. 2013–20642 Filed 8–22–13; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–13–0666]

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

National Healthcare Safety Network (NHSN) (OMB No. 0920–0666), exp. 12/31/2015—Revision—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The National Healthcare Safety Network (NHSN) is a system designed to accumulate, exchange, and integrate relevant information and resources among private and public stakeholders to support local and national efforts to protect patients and promote healthcare safety. Specifically, the data is used to determine the magnitude of various healthcare-associated adverse events and trends in the rates of these events among patients and healthcare workers with similar risks. The data will be used to detect changes in the epidemiology of adverse events resulting from new and current medical therapies and changing risks. The NHSN consists of six components: Patient Safety, Healthcare Personnel Safety, Biovigilance, Long-Term Care Facility (LTCF), Dialysis, and Outpatient Procedure.

The new Dialysis Component was developed in order to separate reporting of dialysis events from the Patient Safety Component. The new component will tailor the NHSN user interface for dialysis users to simplify their data entry and analyses processes as well as provide options for expanding the Dialysis Component in the future to include dialysis surveillance in settings other than outpatient facilities.

The new Outpatient Procedure Component was developed to gather data on the impact of infections and other outcomes related to outpatient procedures that are performed in settings such as Ambulatory Surgery Centers (ASCs), Hospital Outpatient Departments (HOPDs), and physicians' offices. Three event types will be monitored in this new component: Same Day Outcome Measures, Prophylactic Intravenous (IV) Antibiotic Timing, and Surgical Site Infections (SSI).

This revision submission includes two new NHSN components and their corresponding forms. The Dialysis Component consists of changes to three previously approved forms and the addition of four new forms. These new forms include component specific monthly reporting plan, prevention process measures monthly monitoring, patient influenza vaccination, and patient influenza vaccination denominator forms. The Outpatient Procedure Component consists of four new forms: Component specific annual survey, monthly reporting plan, event, and monthly denominators and summary forms.

Further, the breadth of organism susceptibility data required on all of the healthcare-associated infection (HAI) report forms (i.e., BSI, UTI, SSI, PNEU (VAP and VAE), DE, LTUTI, and MDRO Infection Surveillance) has been reduced for the purposes of streamlining, simplification, and removing undue burden where possible. Significant changes were made to the NHSN Biovigilance Component forms as a result of a subject matter expert and stakeholder working groups. This includes the removal of the monthly incident summary form. A brand new form was added (Form 57.600—State Health Department Validation Record) to collect aggregate validation results that will be gathered by state health departments when conducting facility-level validation of NHSN healthcare-associated infection (HAI) data within their jurisdictions using the CDC/NHSN Validation Guidance and Toolkits.

Additionally, minor revisions have been made to 32 other forms within the package to clarify and/or update surveillance definitions.

The previously approved NSHN package included 48 individual collection forms; the current revision request adds nine new forms and removes one form for a total of 56 forms. The reporting burden will increase by 542,122 hours, for a total of 4,104,776 hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form No. and name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)
Registered Nurse (Infection Preventionist)	57.100: NHSN Registration Form	2,000	1	5/60
Registered Nurse (Infection Preventionist)	57.101: Facility Contact Information	2,000	1	10/60