

Date: October 16, 2013 (Open from 8:00 a.m. to 8:30 a.m. on October 16 and closed for remainder of the meeting)

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

Date: October 17–18, 2013 (Open from 8:00 a.m. to 8:30 a.m. on October 17 and closed for remainder of the meeting)

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

Date: October 23–24, 2013 (Open from 8:00 a.m. to 8:30 a.m. on October 23 and closed for remainder of the meeting)

5. *Healthcare Information Technology Research (HITR)*

Date: October 31–November 1, 2013 (Open from 8:00 a.m. to 8:30 a.m. on October 31 and closed for remainder of the meeting)

ADDRESSES: The five meetings will take place at the following location: Hyatt Regency Hotel Bethesda, One Metro Center, Bethesda, MD 20814.

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 Committee. 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: September 25, 2013.

Richard Kronick,
Director.

[FR Doc. 2013–24178 Filed 10–2–13; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Correction—Scientific Information Request on Medication Therapy Management

The original date of publication for this **Federal Register** notice was September 17, 2013, 78 FR 57159. On this publication, the Web site that appears under **ADDRESSES** is incorrect in page 57159. The correct Web site is: <http://effectivehealthcare.AHRQ.gov/index.cfm/submit-scientific-information-packets/>

Dated: September 27, 2013.

Richard Kronick,
AHRQ Director.

[FR Doc. 2013–24182 Filed 10–2–13; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–13–0787]

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, at CDC 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

Personal Flotation Devices (PFDs) and Commercial Fishermen: Preconceptions and Evaluation in Actual Use—Reinstatement with Change—(OMB Number 0920–0787, expiration date 8/31/2010) National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

NIOSH has the responsibility under Pub. L. 91–596 section 20 (Occupational Safety and Health Act of 1970) to conduct research relating to innovative methods, techniques, and approaches for dealing with occupational safety and health problems.

Commercial fishing is one of the most dangerous occupations in the United States, with a fatality rate 30 times higher than the national average. Most fishermen who die on the job drown subsequent to a vessel sinking (52%) or fall overboard (31%). Because drowning is the leading cause of death for commercial fishermen, its prevention is one of the highest priorities for those who work to make the industry safer.

The risk of drowning for commercial fisherman is high, yet most fishermen do not wear Personal Flotation Devices (PFDs) while on deck. Of the 182 fishermen who died from falls overboard between 2000 and 2011 none of them were wearing a personal flotation device (PFD). Many were within minutes of being rescued when they lost their strength and disappeared under the surface of the water.

NIOSH recently conducted a study to establish a baseline understanding of Alaska fishermen's perceptions of risk, safety attitudes, and beliefs about PFDs; and to evaluate a variety of modern PFDs with commercial fishermen to discover the features and qualities that they like and dislike. Based upon these results, NIOSH developed an intensive risk communication strategy to raise awareness to newer (potentially more satisfactory) PFD models, to address barriers, and to encourage increased PFD use among fishermen working in Alaska.

The purpose of this study is to first, determine if fishermen's perception of risk, safety attitudes, and beliefs about PFDs has shifted or remained the same since the implementation of the initial survey (2008–2009); and second, to evaluate the effectiveness of the NIOSH intensive risk communication intervention.