unchanged while sponsored supplements vary from year to year. The core set includes sociodemographic characteristics, health status, health care services, health insurance, health conditions, and health behaviors. For 2014, supplemental questions will be cycled on pertaining to hearing and balance, arthritis, and heart disease and stroke. Supplemental topics that continue or are enhanced from previous years will be related to the Affordable Care Act, food security, children's mental health, disability and functioning, smokeless tobacco, hepatitis screening, immunizations, and computer use. In 2015, the primary supplements will be on cancer control and prevention and occupational exposures in addition to continuing topics from 2014. In 2016, topics will include the primary supplement on balance and sensory problems and shorter sets of questions pertaining to Healthy People 2020 and health disparities. A Web/CATI multimode follow-back survey will be conducted from sample adult respondents from the 2013–2015 NHIS. The follow-back surveys will focus on topics related to the Affordable Care Act including health care access and use, and health insurance coverage and will include Web, telephone, and mail interviews. Questions related to federal and state health insurance marketplaces will be included.

To improve the analytic utility of NHIS data, minority populations are oversampled annually. In 2014, in addition to ongoing sample augmentation procedures, NCHS will introduce a Native Hawaiian and Pacific Islander oversample. Residents in a sample of 4,000 addresses identified from the 2012 American Community Survey will be administered the 2014 NHIS questionnaire. Results will be released as a separate file from the ongoing NHIS.

In accordance with the 1995 initiative to increase the integration of surveys within the Department of Health and Human Services, respondents to the NHIS serve as the sampling frame for the Medical Expenditure Panel Survey conducted by the Agency for Healthcare Research and Quality. The NHIS has long been used by government, university, and private researchers to evaluate both general health and specific issues, such as cancer, diabetes, and access to health care. It is a leading source of data for the Congressionally-mandated ''Health US'' and related publications, as well as the single most important source of statistics to track progress toward the National Health Promotion and Disease Prevention Objectives, ''Healthy People 2020.''

There is no cost to the respondent other than their time.

ESTIMATED ANNUALIZED BURDEN TABLE

Questionnaire (respondent)	Number of respondents	Number of responses per respondent	Average burden per respondent (in hours)	Total burden (in hours)
Screener Questionnaire	10,000	1	5/60	833
Family Core (adult family member)	45,000	1	23/60	17,250
Adult Core (sample adult)	36,000	1	15/60	9,000
Child Core (adult family member)	14,000	1	10/60	2,333
Child/Teen Record Check (medical provider)	8,000	1	5/60	667
Supplements (adult family member)	45,000	1	12/60	9,000
Multi-mode study (adult family Member)	12,000	1	10/60	2,000
Native Hawaiian/P Pacific Islander Survey (adult family member)	4,000	1	60/60	4,000
Reinterview Survey	5,000	1	5/60	417
Total Burden Hours				45,500

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.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–14–0199]

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

Importation of Etiologic Agents (42 CFR 71.54) (OMB Control No. 0920–0199, exp. 1/31/2014)—Revision—Office of Public Health Preparedness and Response (OPHPR), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Section 361 of the Public Health Service Act (42 U.S.C. 264), as amended, authorizes the Secretary of Health and Human Services to make and enforce such regulations as are necessary to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the States or possessions, or from one State or possession into any other State or possession. Part 71 of Title 42, Code of Federal Regulations (Foreign Quarantine) sets forth provisions to prevent the introduction, transmission, and spread of communicable disease from foreign countries into the United States. Subpart F—Importations—contains provisions for the importation of infectious biological agents, infectious substances, and vectors (42 CFR 71.54); requiring persons that import these materials to obtain a permit issued by the CDC.

CDC requests Office of Management and Budget approval to collect information for three years using the Application for Permit to Import Biological Agents, Infectious Substances and Vectors of Human Disease into the United States and Application for a Permit to Import or Transport Live Bats.

We are also requesting a title change to read—*Import Permit Applications (42 CFR 71.54).*

The Application for Permit to Import Biological Agents, Infectious Substances and Vectors of Human Disease into the United States form is used by laboratory facilities, such as those operated by government agencies, universities, and research institutions to request a permit for the importation of biological agents, infectious substances, or vectors of human disease. This form currently requests applicant and sender contact information; description of material for importation; facility isolation and containment information; and personnel qualifications. CDC plans to revise this application to request information on where the imported material will be stored at the recipient facility and who would be responsible for this location; verification that the permittee has implemented biosafety measures commensurate with the hazard posed by the infectious biological agent, infectious substance, and/or vector to be imported, and the level of risk given its intended use; and a secondary contact information for the permittee to provide in case the permittee is unavailable. These additional data requests will not affect the burden hours.

The Application for Permit to Import or Transport Live Bats form is used by laboratory facilities such as those operated by government agencies, universities, research institutions, and for educational, exhibition or scientific purposes to request a permit for the importation, and any subsequent distribution after importation, of live bats. This form currently requests the applicant and sender contact information; a description and intended use of bats to be imported; and facility isolation and containment information. CDC plans to revise this application to request secondary contact information for the permittee to provide in case the permittee is unavailable. These additional data requests will not affect the burden hours.

Estimates of burden for the survey are based on information obtained from the CDC import permit database based on the number of permits issued on annual basis since 2010. The total estimated annual burden for the data collection is 545 hours. We estimate a decrease in the number of respondents from 2,000 in 2011 to 1,625 due to recent trends and changes in the regulation. The daily operations have observed a decrease in the number of request for an import permit since 2011. In addition, the changes in 42 CFR 71.54, which became effective April 5, 2013, specify situations where an application for a permit is no longer required. For example, the importation of a select agent that is regulated under 42 CFR Part 73 no longer requires a permit be issued.

There are no costs to respondents except their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)
Applicants Requesting to Import Biological Agents, Infectious Substances and Vectors.	Application for Permit to Import Infectious Biological Agents into the United States.	1,625	1	20/60
Applicants Requesting to Import Live Bats	Application for a Permit to Import Live Bats ..	10	1	20/60

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.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Safety and Occupational Health Study Section (SOHSS), National Institute for Occupational Safety and Health (NIOSH or Institute)

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:

Times and Dates:

8:00 a.m.–5:00 p.m., February 19, 2014 (Closed)

8:00 a.m.–5:00 p.m., February 20, 2014 (Closed)

8:00 a.m.–5:00 p.m., February 21, 2014 (Closed)

Place: Embassy Suites, 1900 Diagonal Road, Alexandria, Virginia 22314, Telephone: (703) 684–5900, Fax: (703) 684–0653.

Purpose: The Safety and Occupational Health Study Section will review, discuss, and evaluate grant application(s) received in response to the Institute's standard grants review and funding cycles pertaining to research issues in occupational safety and health, and allied areas.

It is the intent of NIOSH to support broad-based research endeavors in keeping with the Institute's program goals. This will lead to improved understanding and appreciation for the magnitude of the aggregate health burden associated with occupational injuries and illnesses, as well as to support more focused research projects, which will lead to improvements in the delivery of occupational safety and health services, and the prevention of work-related injury and illness. It is anticipated that research funded will promote these program goals.

Matters to Be Discussed: The meeting will convene to address matters related to the conduct of Study Section business and for the study section to consider safety and occupational health-related grant applications.

These portions of the meeting 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, Centers for Disease Control and Prevention, pursuant to Section 10(d) Public Law 92–463.

Agenda items are subject to change as priorities dictate.

Contact Person For More Information: Price Connor, Ph.D., NIOSH Health Scientist, CDC, 2400 Executive Parkway, Mailstop E–20, Atlanta, Georgia 30345, Telephone: (404) 498–2511, Fax: (404) 498–2571.

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