section 13101, new Section 3003. Members of the HIT Standards Committee are appointed by the Secretary, HHS and shall at least reflect providers, ancillary healthcare workers, consumers, purchasers, health plans, technology vendors, researchers, relevant Federal agencies, and individuals with technical expertise on health care quality, privacy and security, and on the electronic exchange and use of health information. Nominees of the HITSC should have experience promoting the meaningful use of health information technology and be knowledgeable in areas such as: small innovative health care providers, providers participating in payment reform initiatives, accountable care organizations, pharmacists, behavioral health professionals, home health care, purchaser or employer representatives, patient safety, health information technology security, big data, consumer e-health, personal health records, and mobile health applications.

The HIT Policy Committee was established under the American Recovery and Reinvestment Act 2009 (ARRA) (Pub. L. 111–5), section 13101, new Section 3002. Members of the HIT Policy Committee are appointed in the following manner: 3 members appointed by the Secretary, HHS; 4 members appointed by Congress; 13 members appointed by the Comptroller General of the United States; and other federal members appointed by the President. Nominations are being accepted for one of the three members appointed by the Secretary of HHS. Nominees of the HITPC should have experience promoting the meaningful use of health information technology and be knowledgeable in privacy and security issues related to health information.

Members will be selected in order to achieve a balanced representation of viewpoints, areas of experience, subject matter expertise, and representation of the health care system. Terms will be three (3) years from the appointment date to either the HITSC or HITPC. Members on both Committees serve without pay. However, members will be provided per diem and travel costs for Committee services.

The HITSC will be seeking nominations for the following areas of expertise:

- Consumer/Patient Representative
- Technical Expertise, Electronic Exchange
- Technical Expertise, Quality

The HITPC will be seeking nominations for the following area of expertise:

- Public Health Representative

Current HITSC and HITPC members in their first term of service with an expiring term are allowed to reapply for a second term.

For more information about the HITSC please visit: *http://www.healthit.gov/FACAS/health-it-standards-committee.* For more information about the HITPC please visit: *http://www.healthit.gov/FACAS/health-it-policy-committee.*

Submitting Nominations: Nominations should be submitted electronically through the application database that will be linked to the FACA application page on the HealthIT.gov Web site at: *http://www.healthit.gov/facas/faca-workgroup-membership-application.* All nominations must be compiled and submitted in one complete nomination package. A nomination package must include: A short bio, a current CV including contact information and memberships with professional organizations/advisory committees, and two letters of support.

Dated: February 5, 2014.

Michelle Consolazio,

FACA Program Lead, Office of Policy and Planning, Office of the National Coordinator for Health Information Technology.

[FR Doc. 2014–03126 Filed 2–12–14; 8:45 am]

BILLING CODE 4150–45–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60-Day 14–14IZ]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506©(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection project, 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 and send comments to LeRoy Richardson, 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

Ready CDC—New—Office of Public Health Preparedness and Response (OPHPR), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Under the Authority of Section 301 of the Public Health Service Act (42 U.S.C. 241), the Centers for Disease Control and Prevention is responsible for administering the Ready CDC program. Ready CDC is an educational intervention designed to increase awareness about personal and family preparedness and increase the number individuals who are prepared for a disaster in their community. As a response Agency, CDC is responsible for responding to national and international disasters. One component of ensuring staff are prepared to respond to disasters is ensuring that the workforce has their personal and family preparedness plans in place. Research has shown that individuals are more likely to respond to an event if they perceive that their family is prepared to function in their absence during an emergency.

The Ready CDC educational intervention consists of a Personal Preparedness Workshop as well as three targeted communications to reinforce concepts discussed during the workshop. The audience for this intervention will be CDC federal employees with a responder role (Phase I), other samples of the CDC workforce including both federal staff and contractors (Phase II), and audiences outside of the CDC, possibly including other external governmental and non-governmental organizations (Phase III).

CDC requests Office of Management and Budget (OMB) approval for three years to collect information that will measure the initial preparedness of participants, satisfaction with the Personal Preparedness Workshops, and the change in individual knowledge and behaviors related to personal and family preparedness.

CDC has developed three data collection instruments: (1) Pre-Workshop Survey; (2) Ready CDC Workshop Evaluation; and (3) Follow-Up Survey. Collectively, these

instruments are needed to gather, process, aggregate, evaluate, and disseminate information describing the program's processes and outcomes. The information will be used by CDC to document progress toward meeting established program goals and objectives, to evaluate outcomes generated by the Ready CDC Personal Preparedness Workshops and to respond to data inquiries made by other agencies of the federal government.

Survey instrument questions will gather perceptions about personal and regional preparedness from the perspective of the participant. Each participant will be surveyed three times, once before and twice after their participation in the Personal Preparedness Workshop.

It is estimated that there will be a total of 600 respondents/year with an estimated time for data collection of 20 minutes each on the pre-workshop survey, 5 minutes each on the Ready CDC Workshop Evaluation, and 10 minutes each on the Follow Up Survey.

Instruments will be administered electronically (by including a link to the survey Web site with the email invitation) with an option for paper copy administration. The Follow Up Survey will be used to document changes in the categories of questions dealing with preparedness from the initial pre-workshop survey.

The estimated total time for data collection is 35 minutes, resulting in an annualized estimated burden of 350 hours.

There are no costs to respondents except their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Federal Employee, Contractor, or other external governmental and non-governmental organizations.	Pre-Workshop Survey ..	600	1	20/60	200
Federal Employee, Contractor, or other external governmental and non-governmental organizations.	Ready CDC Workshop evaluation.	600	1	5/60	50
Federal Employee, Contractor, or other external governmental and non-governmental organizations.	Follow Up Survey	600	1	10/60	100
Total	.....	.....	.....	.....	350

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. 2014–03177 Filed 2–12–14; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–14–13ZC]

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

Proposed Project

Case Studies to Explore Interventions that Support, Build, and Provide Legacy Awareness for Young Breast Cancer Survivors—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Young breast cancer survivors (YBCS, defined as women diagnosed with breast cancer under 45 years old) may have a more difficult time coping with breast cancer treatment and aftercare when compared to older breast cancer survivors. As a result of the Young Women's Breast Health Education and Awareness Requires Learning Young (EARLY) Act, CDC established Funding Opportunity Announcement, DP11–1111, *Developing Support and Educational Awareness for Young (< 45 years of age) Breast Cancer Survivors in the United States.* Subsequently, CDC awarded a three-year cooperative agreement to seven organizations that demonstrated a capacity to (1) reach YBCS, health care providers, and caregivers/families, (2) implement interventions that seek to provide support services, and (3) develop educational communication and awareness resources to support YBCS.

Other establishments within the U.S., such as local and national not-for-profit organizations and academic institutions, implement similar YBCS-focused interventions without funding from CDC's DP11–1111 cooperative agreement. Although these entities are not funded through CDC, they plan, develop, and employ similar tools, strategies, and interventions to reach or benefit these targeted young cancer-survivor populations.

CDC proposes to conduct exploratory case studies of organizations that provide support services and/or educational resources to YBCS, health care providers, and/or caregivers/families. Each selected organization will serve as a unique case and the unit of analysis. Information will be collected from up to 12 organizations: seven case studies will be conducted with organizations that receive funding through CDC's DP11–1111 cooperative agreement, and up to five case studies will be conducted with other organizations that are implementing similar YBCS-focused activities and interventions but do not receive funding under DP11–1111.

Case studies are intended to serve as an exploration of implementation activities, as well as to provide the context for implementation. Information