

efforts are expected to provide insight regarding a wide array of HIV-related programs designed for various populations throughout the United States, including but not limited to: Persons living with HIV/AIDS (PLWH); persons at elevated risk for acquiring new HIV infection or transmitting existing HIV infection to others; clinicians or other HIV care providers; men who have sex with men (MSM); transgender persons; injection and non-injection drug users; incarcerated populations or ex-prisoners; commercial sex workers; male and female heterosexual groups at high risk for HIV infection; and other providers and organizations (e.g., health departments, community-based organizations, public and private health clinics, advocacy groups, community groups, or other governmental and nongovernmental organizations) serving or otherwise interacting with persons at greatest need for HIV prevention, care, and treatment.

Recruitment procedures will vary slightly based on the target population and research design of each information

collection submitted under this generic information collection. Partner organizations such as public and private health clinics and community-based organizations that serve the target populations in the respective geographic locations may be contacted for their assistance in recruitment of potential respondents. Respondents may be identified and selected as key informants and invited to participate by contractor staff members.

Sampling recruitment methods may include, but not be limited to: Use of social networking sites, the Internet, print marketing materials, and other methods to find and enroll respondents into the research study.

All data collection tools will be pre-tested and interviews conducted by trained personnel. The data collection will take place at a time and place that is convenient to the respondent. Locations will be private. Data collection may be audio-recorded and transcribed with the consent of the respondent.

We anticipate that each screener form will take 5 minutes to complete, contact information forms will take 1 minute to complete, and consent forms will take 5 minutes to complete. We anticipate 75 percent of those eligible to participate will enroll into study. Demographic surveys will take 15 minutes to complete. In-depth interviews, focus groups or other data collections are expected to take an average 45 minutes for healthcare providers and 60 minutes (1 hour) for general respondents to complete.

The data collections supported under this generic information collection will be used to provide insight regarding barriers and facilitators to HIV prevention, care, and treatment in the United States and territories, and thus suggest ways CDC might improve programmatic activities along the continuum of HIV prevention, treatment and care.

The total estimated annualized burden hours are 918. There are no costs to respondents other than 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 hours
General Public—Adults .....	Study Screener .....	1,600	1	5/60	133
General Public—Adults .....	Contact Information Form .....	600	1	1/60	10
General Public—Adults .....	Consent Form .....	600	1	5/60	50
General Public—Adults .....	Demographic Survey .....	500	1	15/60	125
General Public—Adults .....	Interview Guide .....	500	1	1	500
General Public—Adults .....	Provider Demographic Survey .....	100	1	15/60	25
General Public—Adults .....	Provider Interview Guide .....	100	1	45/60	75
<b>Total .....</b>	.....	.....	.....	.....	<b>918</b>

**Leroy A. 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**

**National Center for Health Statistics (NCHS), Classifications and Public Health Data Standards Staff, Announces the Following Meeting**

*Name:* ICD-10 Coordination and Maintenance (C&M) Committee meeting.

*Time and Date:* 9:00 a.m.–5:00 p.m., March 18–19, 2015

*Place:* Centers for Medicare and Medicaid Services (CMS) Auditorium, 7500 Security Boulevard, Baltimore, Maryland 21244.

*Status:* Open to the public, limited only by the space available. The meeting room accommodates approximately 240 people. We will be broadcasting the meeting live via Webcast at <http://www.cms.gov/live/>.

*Security Considerations:* Due to increased security requirements CMS has instituted stringent procedures for entrance into the building by non-government employees. Attendees will need to present valid government-issued picture identification, and sign-in at the security desk upon entering the building.

Attendees who wish to attend the March 18–19, 2015 ICD-10-CM C&M

meeting must submit their name and organization by March 13, 2015, for inclusion on the visitor list. This visitor list will be maintained at the front desk of the CMS building and used by the guards to admit visitors to the meeting.

Participants who attended previous Coordination and Maintenance meetings will no longer be automatically added to the visitor list. You must request inclusion of your name prior to each meeting you wish attend.

Please register to attend the meeting on-line at: <http://www.cms.hhs.gov/apps/events/> Please contact Mady Hue (410-786-4510 or [Marilu.hue@cms.hhs.gov](mailto:Marilu.hue@cms.hhs.gov)), for questions about the registration process.

*Purpose:* The ICD-10 Coordination and Maintenance (C&M) Committee is a public forum for the presentation of proposed modifications to the International Classification of Diseases,

Tenth Revision, Clinical Modification and ICD-10 Procedure Coding System.

*Matters For Discussion:* Tentative agenda items include:

March 18-19, 2015

ICD-10-PCS Topics:

Administration of Blincyto

(blinatumomab)

Irreversible Electroporation

Administration of Idarucizumab

Coronary Orbital Atherectomy

Administration of CRESEMBA

(Isavuconazonium)

Insertion of Tibial Insert

Removal of Thrombus and Emboli

Organ Perfusion for Transplants

Fenestrated Grafts

Creation of Atrial Septal Defect

Pediatric Congenital Heart Procedures

Modified Blalock-Taussig Shunt

Arterial Switch Operation

Rastelli Procedure

Repair of Complete Common

Atrioventricular Canal Defect

Truncus Arteriosus Repair

Balloon Atrial Septostomy

Addenda and Key Updates

ICD-10 Topics:

ICD-10-PCS X Code

ICD-10 MS-DRGs Impact Update

End to End Testing

ICD-10-CM Diagnosis Topics:

Vaccine and prophylactic

immunotherapy administration

External cause codes for over exertion;

repetitive motion

Acute Kidney Injury (AKI)

Chronic Kidney Disease (CKD)

Hepatic Encephalopathy (HE)

Acute Pancreatitis

Exocrine Pancreatic Insufficiency

Childhood Asymmetric Labium Majus

Enlargement (CALME)

Longitudinal Vaginal Septum

Prepubertal Vulvar Bleeding

Prepubertal Vulvovaginitis

Transverse Septum

Interruption of Aortic Arch

Congenital malformations of aorta

Observation and evaluation of newborns

for suspected and ruled-out

conditions

ICD-10-CM Addendum

Agenda items are subject to change as priorities dictate.

**Note:** CMS and NCHS no longer provide paper copies of handouts for the meeting. Electronic copies of all meeting materials will be posted on the CMS and NCHS Web sites prior to the meeting at [http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/03\\_meetings.asp#TopOfPage](http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/03_meetings.asp#TopOfPage) and [http://www.cdc.gov/nchs/icd/icd9cm\\_maintenance.htm](http://www.cdc.gov/nchs/icd/icd9cm_maintenance.htm).

*Contact Persons For Additional Information:* Donna Pickett, Medical

Systems Administrator, Classifications and Public Health Data Standards Staff, NCHS, 3311 Toledo Road Hyattsville, Maryland 20782, email [dfp4@cdc.gov](mailto:dfp4@cdc.gov), telephone 301-458-4434 (diagnosis); Mady Hue, Health Insurance Specialist, Division of Acute Care, CMS, 7500 Security Boulevard, Baltimore, Maryland, 21244, email [marilu.hue@cms.hhs.gov](mailto:marilu.hue@cms.hhs.gov), telephone 410-786-4510 (procedures). 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 Prevention, and the Agency for Toxic Substances and Disease Registry.

**Elaine L. Baker,**

*Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Request for Nominations of Candidates To Serve on the World Trade Center Health Program Scientific/Technical Advisory Committee (the STAC or the Committee), Centers for Disease Control and Prevention, Department of Health and Human Services

The CDC is soliciting nominations for membership on the World Trade Center (WTC) Health Program Scientific/Technical Advisory Committee (STAC).

Title I of the James Zadroga 9/11 Health and Compensation Act of 2010 (Pub. L. 111-347) was enacted on January 2, 2011, amending the Public Health Service Act (PHS Act) by adding Title XXXIII establishing the WTC Health Program within HHS (Title XXXIII of the PHS Act is codified at 42 U.S.C. 300mm to 300mm-61). Section 3302(a) of the PHS Act established the WTC Health Program Scientific/Technical Advisory Committee (STAC). The STAC is governed by the provisions of the Federal Advisory Committee Act, as amended (Pub. L. 92-463, 5 U.S.C. App.), which sets forth standards for the formation and use of advisory committees in the Executive Branch. PHS Act Section 3302(a)(1) establishes that the STAC will: Review scientific and medical evidence and make recommendations to the [WTC Program]

Administrator on additional WTC Program eligibility criteria and on additional WTC-related health conditions. Section 3341(c) of the PHS Act requires the WTC Program Administrator to also consult with the STAC on research regarding certain health conditions related to the September 11 terrorist attacks. The STAC may also be consulted on other matters related to implementation and improvement of the WTC Health Program, as outlined in the PHS Act, at the discretion of the WTC Program Administrator. In accordance with Section 3302(a)(2) of the PHS Act, the WTC Program Administrator will appoint the members of the committee, which must include at least:

- 4 occupational physicians, at least two of whom have experience treating WTC rescue and recovery workers;
- 1 physician with expertise in pulmonary medicine;
- 2 environmental medicine or environmental health specialists;
- 2 representatives of WTC responders;
- 2 representatives of certified-eligible WTC survivors;
- 1 industrial hygienist;
- 1 toxicologist;
- 1 epidemiologist; and
- 1 mental health professional.

At this time the Administrator is seeking nominations for members fulfilling the following categories:

- Epidemiologist
- Environmental medicine or environmental health specialist
- Occupational physician with experience treating WTC rescue and recovery workers;
- Occupational physician
- Representative of WTC responders;
- Toxicologist

Other members may be appointed at the discretion of the WTC Program Administrator.

A STAC member's term appointment may last 3 years. If a vacancy occurs, the WTC Program Administrator may appoint a new member who fulfills the same membership category as the predecessor. STAC members may be appointed to successive terms. The frequency of committee meetings shall be determined by the WTC Program Administrator based on program needs. Meetings may occur up to four times a year. Members are paid the Special Government Employee rate of \$250 per day, and travel costs and per diem are included and based on the Federal Travel Regulations.

Any interested person or organization may self-nominate or nominate one or more qualified persons for membership.

Nominations must include the following information: