

equity tier 1 capital and additional tier 1 capital, and less (item 38) other deductions from (additions to) assets for leverage ratio purposes, as described under sections 22(a), (c), and (d) of the revised regulatory capital rules.

**F. Proposed Schedules HC–R, Part I.B and SC–R Items 40 Through 45: Total Risk-Weighted Assets and Capital Ratios**

Proposed Schedules HC–R, Part I.B and SC–R line item 40 would collect data on an institution's risk-weighted assets. Proposed Schedules HC–R, Part I.B and SC–R line items 41 through 45 would collect data on the following regulatory capital ratios: (Item 41) common equity tier 1 ratio; (item 42) tier 1 capital ratio; (item 43) total capital ratio; (item 44) tier 1 leverage ratio; and, for advanced approaches HCs, (item 45), supplementary leverage ratio, all calculated as described in section 10 of the revised regulatory capital rules. Item 45 would not apply to Schedule SC–R.<sup>10</sup>

Advanced approaches HCs would report line items 40 through 43 on the proposed Schedule HC–R, Part I.B as follows.

- During the reporting periods in 2014, these institutions would continue applying Appendix A of the general risk-based capital rules<sup>11</sup> to report their total risk-weighted assets in line item 40(a), which would serve as the denominator of the ratios reported in line items 41 through 43 (Column A).

- Starting on March 31, 2015, these institutions would apply the standardized approach, described in subpart D of the revised regulatory capital rules, to report their risk-weighted assets in line item 40(a) and the regulatory capital ratios in line items 41 through 43. As discussed, these institutions would report their total risk-weighted assets (item 40(b)) and regulatory capital ratios (items 41 through 43, Column B) using the advanced approaches rule after they conduct a satisfactory parallel run.

- In addition, starting on March 31, 2015, these institutions would report a

supplementary leverage ratio in item 45, as described in section 10 of the revised regulatory capital rules.

**G. Proposed Schedules HC–R, Part I.B and SC–R Items 46 Through 48: Capital Buffer**

Under section 11 of the revised regulatory capital rules, institutions must hold sufficient common equity tier 1 capital to avoid limitations on distributions and discretionary bonus payments. An institution's (item 46(a)) capital conservation buffer is the lowest of the following measures: (1) The institution's common equity tier 1 capital ratio minus the applicable minimum (4 percent in 2014, 4.5 percent in 2015 and thereafter); (2) the institution's tier 1 capital ratio minus the applicable minimum (5.5 percent in 2014 6 percent in 2015 and thereafter); and (3) the institution's total capital ratio minus 8 percent. Advanced approaches HCs must make additional calculations (item 46(b)) to account for all the applicable buffers, as described in section 11 of the revised regulatory capital rules. Item 46(b) would not apply to Schedule SC–R. If an institution's capital buffer is less than or equal to applicable minimum capital conservation buffer (or in the case of an advanced approaches HC, the applicable minimum capital conservation buffer plus any other applicable capital buffers), then it must report (item 47) eligible retained income and (item 48) distributions and discretionary bonus payments to executive officers, as described in section 11 of the revised regulatory capital rules.

Board of Governors of the Federal Reserve System, August 5, 2013.

**Robert deV. Frierson,**  
Secretary of the Board.

[FR Doc. 2013–19357 Filed 8–9–13; 8:45 am]

**BILLING CODE 6210–01–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Meeting of the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health**

**AGENCY:** Office of the Surgeon General of the United States Public Health Service, Office of the Assistant Secretary for Health, Office of the Secretary, Department of Health and Human Services.

**ACTION:** Notice.

**SUMMARY:** In accordance with Section 10(a) of the Federal Advisory Committee Act, Public Law 92–463, as amended (5 U.S.C. App.), notice is hereby given that

a meeting is scheduled to be held for the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health (the “Advisory Group”). The meeting will be open to the public. Information about the Advisory Group and the agenda for this meeting can be obtained by accessing the following Web site: <http://www.surgeongeneral.gov/initiatives/prevention/advisorygrp/index.html>.

**DATES:** The meeting will be held on September 26–27, 2013. Exact start and end times will be published closer to the meeting date at: <http://www.surgeongeneral.gov/initiatives/prevention/advisorygrp/index.html>.

**ADDRESSES:** 200 Independence Ave. SW., Room 505A, Washington, DC 20201.

**FOR FURTHER INFORMATION CONTACT:** Office of the Surgeon General, 200 Independence Ave. SW; Hubert H. Humphrey Building, Room 701H; Washington, DC 20201; 202–205–9517; [prevention.council@hhs.gov](mailto:prevention.council@hhs.gov).

**SUPPLEMENTARY INFORMATION:** The Advisory Group is a non-discretionary Federal advisory committee that was initially established under Executive Order 13544, dated June 1, 2012, to comply with the statutes under Section 4001 of the Patient Protection and Affordable Care Act, Public Law 111–148. The Advisory Group was established to assist in carrying out the mission of the National Prevention, Health Promotion, and Public Health Council (the Council). The Advisory Group provides recommendations and advice to the Council. Under Executive Order 13591, dated November 23, 2011, operation of the Advisory Group was terminated on September 30, 2012. On December 7, 2012, President Obama issued Executive Order 13631 to re-establish the Advisory Group. The Advisory Group is authorized to operate until September 30, 2013.

It is authorized for the Advisory Group to consist of not more than 25 non-federal members. The Advisory Group currently has 22 members who were appointed by the President. The membership includes a diverse group of licensed health professionals, including integrative health practitioners who have expertise in (1) Worksite health promotion; (2) community services, including community health centers; (3) preventive medicine; (4) health coaching; (5) public health education; (6) geriatrics; and (7) rehabilitation medicine.

Public attendance at the meeting is limited to the space available. Members of the public who wish to attend must

<sup>10</sup> During the reporting periods in 2014, FR Y–9C filers would continue applying the general risk-based capital rules to report their total risk-weighted assets in line item 40.a of Part I of Schedule HC–R (as currently reported in item 62 of the risk-weighted assets portion of Schedule HC–R). The amount in line item 40 would serve as the denominator of the risk-based capital ratios reported in line items 41 through 44 (Column A). Effective March 31, 2015, FR Y–9C filers would apply the standardized approach, described in subpart D of the revised regulatory capital rules, to report their risk-weighted assets in line item 40.a and the risk-based capital ratios in line items 41 through 44 (Column A) of the regulatory capital ratios portion of Schedule HC–R.

<sup>11</sup> The Federal Reserve's general risk-based capital rules are at 12 CFR parts 208 and 225, appendix A.

register by 12:00 p.m. EST on September 16, 2013. Individuals should register for public attendance at [prevention.council@hhs.gov](mailto:prevention.council@hhs.gov) by providing your full name and affiliation. Individuals who plan to attend the meeting and need special assistance and/or accommodations, i.e., sign language interpretation or other reasonable accommodations, should indicate so when they register. The public will have the opportunity to provide comments to the Advisory Group on September 27, 2013; public comment will be limited to 3 minutes per speaker. Registration through the designated contact for the public comment session is also required. Any member of the public who wishes to have printed materials distributed to the Advisory Group for this scheduled meeting should submit material to the designated point of contact no later than 12:00 p.m. EST on September 16, 2013.

Dated: July 22, 2013.  
**Corinne M. Graffunder,**  
*Designated Federal Officer, Advisory Group on Prevention, Health Promotion, and Integrative and Public Health, Office of the Surgeon General.*  
 [FR Doc. 2013-19370 Filed 8-9-13; 8:45 am]  
**BILLING CODE 4163-18-P**

Secretary of the Department of Health and Human Services to promulgate a form for administrative subpoenas to be used in State child support enforcement programs to collect information for use in the establishment, modification and enforcement of child support orders in interstate cases. Section 454(9)(E) of the Social Security Act requires each State to cooperate with any other State in using the federal form for issuance of administrative subpoenas in interstate child support cases. Tribal IV-D agencies are not required to use this form but may choose to do so. OMB approval of this form is expiring in February 2014 and the Administration for Children and Families is requesting an extension of this form.

*Respondents:* State, local or Tribal agencies administering a child support enforcement program under title IV-D of the Social Security Act.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Proposed Information Collection Activity; Comment Request**

**Proposed Projects**

*Title:* Interstate Administrative Subpoena.  
*OMB No.:* 0970-0152.  
*Description:* Section 452(a)(11) of the Social Security Act requires the

**ANNUAL BURDEN ESTIMATES**

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Administrative Subpoena .....	53,488	1	0.50	26,744

Estimated Total Annual Burden Hours: 26,744

In compliance with the requirements of Section 506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. Email address: [infocollection@acf.hhs.gov](mailto:infocollection@acf.hhs.gov). All requests should be identified by the title of the information collection.

The Department specifically requests comments 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) 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. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

**Robert Sargis,**  
*Reports Clearance Officer.*  
 [FR Doc. 2013-19453 Filed 8-9-13; 8:45 am]  
**BILLING CODE 4184-01-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Submission for OMB Review; Comment Request**

*Title:* Notice of Interstate Lien.

*OMB No.:* 0970-0153.

*Description:* Section 452(a)(11) of the Social Security Act requires the Secretary of Health and Human Services to promulgate a form for imposition of liens to be used by the State child support enforcement (Title IV-D) agencies in interstate cases. Section 454(9)(E) of the Social Security Act requires each State to cooperate with any other State in using the Federal form for imposition of liens in interstate child support cases. Tribal IV-D agencies are not required to use this form but may choose to do so.

*Respondents:* State, local or Tribal agencies administering a child support enforcement program under title IV-D of the Social Security Act.