

Governors not later than December 16, 2013.

A. Federal Reserve Bank of Dallas (E. Ann Worthy, Vice President) 2200 North Pearl Street, Dallas, Texas 75201-2272:

1. *Cistern, LLC and Flatonia Investments, LLC*, both in Houston, Texas; to become bank holding companies by acquiring 100 percent of the voting shares of The Columbia Savings Bank, Cincinnati, Ohio.

Board of Governors of the Federal Reserve System, November 18, 2013.

Michael J. Lewandowski,

Associate Secretary of the Board.

[FR Doc. 2013-27923 Filed 11-20-13; 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 December 11, 2013 from 3:00-5:00 p.m. EST via teleconference. More information can be found at: <http://www.surgeongeneral.gov/initiatives/prevention/advisorygrp/index.html>.

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.

SUPPLEMENTARY INFORMATION: The Advisory Group is a non-discretionary federal advisory committee that was initially established under Executive Order 13544, dated June 10, 2010, to comply with the statutes under Section

4001 of the Patient Protection and Affordable Care Act, Public Law 111-148. 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 until September 30, 2013.

Authorization for the Advisory Group to continue to operate until September 30, 2015, was given under Executive Order 13652, dated September 30, 2013. 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.

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. Topics of discussion for the December 2013 meeting of the Advisory Group include an update from the National Prevention Council; discussion of the Education and Health Working Group recommendations; and discussion of the draft report to the Surgeon General.

Members of the public who wish to attend must register by 12:00 p.m. EST on December 4, 2013. Individuals should register for public attendance at prevention.council@hhs.gov by providing your full name and affiliation. The public will have the opportunity to provide comments to the Advisory Group; 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 December 4, 2013.

Dated: November 4, 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. 2013-27927 Filed 11-20-13; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting of the Chronic Fatigue Syndrome Advisory Committee

AGENCY: Office of the Assistant Secretary for Health, Office of the Secretary, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: As stipulated by the Federal Advisory Committee Act, the U.S. Department of Health and Human Services (HHS) is hereby giving notice that a meeting of the Chronic Fatigue Syndrome Advisory Committee (CFSAC) will take place via webinar. This webinar meeting will be open to the public. The webinar will include public comment session(s). Registration is required in advance for both public participants and comment. Any individual who wishes to participate in the public meeting and/or in the public comment session should register at www.blsm meetings.net/CFSACdec2013/.

DATES: The webinar meeting will be held on Tuesday, December 10, 2013 and Wednesday, December 11, 2013 from 12:00 p.m. until 5:00 p.m. (EST) on both days.

ADDRESSES: The meeting will be conducted by webinar.

FOR FURTHER INFORMATION CONTACT: Nancy C. Lee, M.D., Designated Federal Officer, Chronic Fatigue Syndrome Advisory Committee, Department of Health and Human Services, Office on Women's Health, 200 Independence Avenue SW., Room 712E, Washington, DC 20201. Phone: 202-690-7650; Fax: 202-401-4005. cfsac@hhs.gov.

SUPPLEMENTARY INFORMATION: The CFSAC is authorized under 42 U.S.C. 217a, Section 222 of the Public Health Service Act, as amended. The purpose of the CFSAC is to provide advice and recommendations to the Secretary of Health and Human Services, through the Assistant Secretary for Health (ASH), on issues related to chronic fatigue syndrome (CFS). The issues can include factors affecting access and care for persons with CFS; the science and definition of CFS; and broader public health, clinical, research and educational issues related to CFS.

The agenda for this meeting is being developed and will be posted on the CFSAC Web site www.hhs.gov/advocomcfsac and at www.blsmmeetings.net/CFSACdec2013/. The webinar will be a “virtual meeting” using Adobe Acrobat Connect Pro Meeting, a Web conferencing product that allows users to conduct live meetings and presentations over the Internet.

Using Adobe Connect Pro Meeting software requires that you have an Internet connection, a Web browser, and the latest version of Adobe Flash Player to participate in the webinar. Adobe Connect Pro is supported by many operating systems, including Windows, Macintosh, Linux, and Solaris as well as the most widely used browsers, including Internet Explorer, Firefox, and Safari.

We recommend that you test your computer prior to participation. You can do this by going to http://admin.adobeconnect.com/common/help/en/support/meeting_test.htm. Instructions for accessing the webinar will be available at: www.blsmmeetings.net/CFSACdec2013/webinarinformation.cfm.

This webinar will be limited to 500 participants. All individuals who want to view the webinar will need to register. You will receive instructions for accessing the webinar after you register. Members of the public will have the opportunity to provide public comment during the meeting via telephone, pre-recorded video, or written comments. Registration is required in advance in order to submit public comments. An individual who would like to present comments should note this when completing the registration form. The deadline to register and submit public comments is Friday, November 29, 2013. We will confirm your time for public comment via email by December 4, 2013. Please refer to the agenda for scheduled public comment periods. Each speaker via telephone or pre-recorded video will be limited to five minutes. We will give priority to individuals who have not provided public comment within the past 12 months. We will be unable to place international calls for public comments. We can accept written or prerecorded video testimony from international locations. Further details are available at www.blsmmeetings.net/CFSACdec2013/publicComments.cfm.

Only testimony submitted for public comment and received in advance of the meeting are part of the official meeting record and will be posted to the CFSAC Web site. Materials submitted should not include sensitive personal

information, such as social security number, birthdates, driver's license number, state identification or foreign country equivalent, passport number, financial account number, or credit or debit card number. If you wish to remain anonymous the document must specify this.

Dated: November 18, 2013.

Nancy C. Lee,

Designated Federal Officer, Chronic Fatigue Syndrome Advisory Committee, U.S.

Department of Health and Human Services.

[FR Doc. 2013-27926 Filed 11-20-13; 8:45 am]

BILLING CODE 4150-42-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30-Day-14-13ZJ]

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

Emergency Epidemic Investigation Data Collections—New—Center for Surveillance, Epidemiology, and Laboratory Services (CSELS), Division of Scientific Education and Professional Development, DSEPD), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC previously has conducted Emergency Epidemic Investigations (EEIs) under Office of Management and Budget (OMB) control number 0920-0008. CDC is seeking a new OMB generic clearance for a 3-year period to collect vital information during EEIs in response to urgent outbreaks or events (i.e., natural, biological, chemical, nuclear, radiological) characterized by undetermined agents, undetermined sources, undetermined transmission, or undetermined risk factors. These EEIs represent a subset of those performed under OMB clearance 0920-0008.

Supporting effective emergency epidemic investigations is one of the

most important ways that CDC protects the health of the public. CDC is frequently called upon to conduct EEIs at the request of local, state, or international health authorities seeking support to respond to urgent outbreaks or urgent public health-related events. In response to external partner requests, CDC provides necessary epidemiologic support to identify the agents, sources, modes of transmission, or risk factors to effectively implement rapid prevention and control measures to protect the public's health. Data collection is a critical component of the epidemiologic support provided by CDC; data are analyzed to determine the agents, sources, modes of transmission, or risk factors so that effective prevention and control measures can be implemented. During an unanticipated outbreak or event, immediate action by CDC is necessary to minimize or prevent public harm. The legal justification for EEIs are found in the Public Health Service Act (42 U.S.C. Sec. 301 [241](a)).

Successful investigations are dependent on rapid and flexible data collection that evolves during the investigation and is customized to the unique circumstances of each outbreak or event. Data collection elements will be those necessary to identify the agents, sources, mode of transmission, or risk factors. Examples of potential data collection methods include telephone or face-to-face interview; email, Web or other type of electronic questionnaire; paper-and-pencil questionnaire; focus groups; medical record review; laboratory record review; collection of clinical samples; and environmental assessment. Respondents will vary depending on the nature of the outbreak or event; examples of potential respondents include health care professionals, patients, laboratorians, and the general public. Participation in EEIs is voluntary and there are no anticipated costs to respondents other than their time. CDC will use the information gathered during EEIs to rapidly identify and effectively implement measures to minimize or prevent public harm.

CDC projects 60 EEIs in response to outbreaks or events characterized by undetermined agents, undetermined sources, undetermined transmission, or undetermined risk factors annually. The projected average number of respondents is 200 per EEI, for a total of 12,000 respondents. CDC estimates the average burden per response is 0.5 hours and each respondent will be asked to respond once. Therefore, the total estimated annual burden hours are 6,000. These estimates are based on the reported burden for EEIs that have been