

of the Council was changed to include nutrition to bring attention to the importance of good nutritional habits with regular physical activity for maintaining a healthy lifestyle. The PCFSN is the only federal advisory committee that is focused solely on the promotion of physical activity, fitness, sports, and nutrition. Since the PCFSN was established by Presidential directive, appropriate action had to be taken by the President or agency head to authorize continuation of the PCFSN. The President issued Executive Order 13652, dated September 30, 2013, to give authorization for the PCFSN to continue to operate until September 30, 2015.

No amendments were recommended for the PCFSN charter. The charter was approved by the Secretary of Health and Human Services and filed with the appropriate Congressional committees and the Library of Congress on September 10, 2014. A copy of the Council charter is available on the PCFSN Web site at <http://fitness.gov>.

SACHRP is a discretionary federal advisory committee. SACHRP provides advice to the Secretary, through the Assistant Secretary for Health, on matters pertaining to the continuance and improvement of functions within the authority of the Department of Health and Human Services concerning protections for human subjects in research.

No amendments were recommended for the SACHRP charter. On October 1, 2014, the Secretary of Health and Human Services approved for the SACHRP charter to be renewed. The new charter also was filed with the appropriate Congressional committees and the Library of Congress on October 1, 2014. SACHRP is authorized to continue to operate until October 1, 2016. A copy of the charter is available on the Committee Web site at <http://www.hhs.gov/ohrp/sachrp/>.

The ACBTSA is a discretionary federal advisory committee. The Committee provides advice to the Secretary, through the Assistant Secretary for Health, on a range of policy issues related to the safety of blood, blood products, organs, and tissues. For organs and blood stem cells, the Committee's work is limited to policy issues related to donor derived infectious disease complications of transplantation.

The following amendments were proposed and approved for the ACBTSA charter: (1) Under *Objectives and Scope of Activities*, the term "human" has been removed. Xenotransplantation is the transplantation of living cells, tissues, and organs from one species to

another. Such cells, tissues or organs are called xenografts. Due to the unavailability of certain human organs, animal (pig) tissues are used in transplantation. All aspects of transplantation need to be covered as the shorter life span and diseases of animals are different from that of humans; (2) Under *Designated Federal Officer (DFO)*, the text has been amended to include information about the Alternate DFO assuming the responsibilities associated with the position in the absence of the DFO; (3) Under *Membership and Designation*, the reference to an organ procurement organization as one of the official industry representatives was changed to reflect the Association of Organ Procurement Organizations (AOPO) because this is the only organ procurement organization from which a qualified representative can be selected. Also under this section, the information about the number of non-voting *ex-officio* members was changed from nine to eight. As the charter was previously worded, it appeared that the National Institutes of Health (NIH) was authorized to have two representative positions—one each for intra- and extramural research. Authorization had been given for NIH to have only one representative member on the ACBTSA. The charter has been changed to reflect that there are eight non-voting *ex-officio* members, and the description of the representation to be provided for the NIH has been removed.

On October 8, 2014, the new charter was approved by the Secretary of Health and Human Services and filed with the appropriate Congressional committees and the Library of Congress. ACBTSA is authorized to operate until October 9, 2016. A copy of the charter can be obtained on the ACBTSA Web site at <http://www.hhs.gov/ash/bloodsafety>.

Copies of the charters for the designated committees also can be obtained by accessing the FACA database that is maintained by the Committee Management Secretariat under the General Services Administration. The Web site address for the FACA database is <http://facadatabase.gov/>.

Dated: October 15, 2014.

Wanda K. Jones,

Acting Assistant Secretary for Health.

[FR Doc. 2014-25155 Filed 10-22-14; 8:45 am]

BILLING CODE 4150-28-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-15-0985]

Proposed Data Collections Submitted for Public Comment and Recommendations

The Centers for Disease Control and Prevention (CDC), as part of its continuing effort to reduce public burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995. To request more information on the below proposed project or to obtain a copy of the information collection plan and instruments, call 404-639-7570 or send comments to Leroy A. Richardson, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an email to omb@cdc.gov.

Comments submitted in response to this notice will be summarized and/or included in the request for Office of Management and Budget (OMB) approval. 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; (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; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information, to search data sources, to complete and review the collection of information; and to transmit or otherwise disclose the information. Written comments should

be received within 60 days of this notice.

Proposed Project

Returning Our Veterans to Employment and Reintegration (OMB No. 0920–0985, expires 09/30/2015)—Revision—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The mission of the National Institute for Occupational Safety and Health (NIOSH) is to promote safety and health at work for all people through research and prevention. The Occupational Safety and Health Act, Public Law 91–596 (section 20[a][1]), authorizes NIOSH to conduct research to advance the health and safety of workers. NIOSH is requesting a three-year approval to account for the proposed changes to 0920–0985 in order to improve the response rates for one of the two surveys included in the information collection, the Veterans Survey. No changes have been made to the Assistance Dog Provider Survey.

Veterans with chronic posttraumatic stress disorder (PTSD) face barriers that prevent many of them from successfully reintegrating into society and returning to the work force. Various reports claim that higher unemployment rates and increased healthcare costs and utilization are associated with PTSD. Symptoms associated with PTSD include diminished interest or participation in significant activities, feelings of detachment or estrangement from others, difficulty falling or staying asleep, hyper vigilance, exaggerated startle response, difficulty with concentration or attention, and a restricted range of affect. Amelioration of PTSD symptoms is necessary to facilitate reintegration of veterans into society and the workforce; these benefits may also contribute positively to veterans' overall physical and psychological health.

An approach for helping veterans with PTSD and other psychiatric impairments is that of using service dogs for assistance and support. A quick Internet search will find dozens of Web sites by providers of service dogs for veterans, with assistance in transition to daily life (not necessarily employment) being the primary goal. The present research study will focus on the following questions with two surveys.

The Assistance Dog Provider Survey will target service dog providers to address the following questions:

1. Among assistance dog providers sampled in the U.S., how many provide services to veterans?

2. Among assistance dog providers that provide services to veterans, what are the specific strategies used or services offered to address issues related to veterans and, specifically, return to work?

3. From the perspective of assistance dog providers, have the services or the requests for services to assist veterans return to work increased, decreased, or remained the same during the past five years.

The Veteran Survey will target veterans to address the following questions:

1. Is a veteran's history or current experience with pet ownership/bonding associated with physical, psychological, and emotional health?

2. Is a veteran's history with pet ownership/bonding associated with their ability to cope with post-deployment or post-service stressors?

3. Is a veteran's current experience with pet ownership/bonding associated with their ability to cope with post-deployment or post-service stressors?

4. Do the facilitators and barriers associated with reemployment differ by veterans' physical, psychological, and emotional health?

5. What factors mediate or moderate the impact of pet ownership/bonding among veterans' with physical and/or psychological disabilities and with regard to the facilitators and barriers associated with reemployment?

The purpose of both surveys is to increase available information about services provided to veterans by assistance dog training organizations, and to increase available information on veteran's attitudes and perceptions about physical, psychological, physiological, and functional barriers that prevent veterans with PTSD and other physical or psychiatric disorders from returning to work, and to provide information about the potential benefits of animals and animal-assisted interventions.

The information and the Internet link to the web-based Assistance Dog Provider Survey will be sent by email to approximately 1,000 service dog providers. It is estimated that 700 individuals will read the initial email or take the follow up phone call only. Depending on the level of involvement of each agency, activities associated with reading the email and responding to the email is estimated to take each respondent approximately five minutes

and taking the follow up phone call is estimated to take an additional five minutes.

The information and the Internet link to the web-based veteran survey will be sent by email to approximately 300 veteran agencies. The activities associated with reading the email, taking the follow up phone call, and distributing the flyer (and postcards, if requested) or forwarding the survey announcement to additional individuals is estimated to take up to five minutes each. These agencies will then distribute the email and flyer to the veterans associated with the agency at their discretion. Based on the results of similar studies, we anticipate a response rate of approximately 6,000 veterans.

Results of this survey will lead to recommendations and guidance for assistance dog providers, healthcare professionals, researchers, and policymakers pertaining to animal-assisted interventions to help facilitate the reintegration and reemployment of Veterans. These surveys are part of a larger project that will identify priorities and new opportunities for research, as well as address policy implications associated with public access rights afforded to service dogs by the Americans with Disabilities Act. There are no costs to the respondents other than their time. The total estimated annual burden hours are 6,586.

We are requesting four changes to the Veteran Survey: (1) The inclusion of an incentive (the chance to win a \$50 VISA gift card after completing all or portions of the survey), (2) revised, simplified survey announcements (emails and flyers), (3) an additional announcement in the form of postcards to be provided (only if requested) to veterans agencies to assist their dissemination of the survey announcement, and (4) the addition of a collaborating investigator. Changes 1–3 are attempts to increase the response rate. To date, only 66 veterans have completed the survey; the target number of respondents is 6,000. The average burden associated with Change 3 is expected to increase up to 60 minutes for some veteran's agency personnel. No change in burden is expected for veterans.

No changes to any aspect of the Assistance Dog Provider Survey are being requested in this revision. Data collection is ongoing, but a sufficient number of service dog providers have completed the survey that changes to the recruitment methods are not necessary.

ESTIMATED ANNUALIZED BURDEN HOUR

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Assistance Dog Providers (who read the initial email).	Assistance Dog Provider Recruitment Email.	700	1	5/60	58
Assistance Dog Providers (who take follow up phone call).	Assistance Dog Provider Survey Reminder Follow-up Telephone Script.	700	1	5/60	58
Assistance Dog Providers choosing to complete survey.	Assistance Dog Provider Survey	300	1	30/60	150
Veterans Agency Contacts (who read the initial email).	Veterans Survey Announcement Email.	100	1	5/60	8
Veterans Agency Contacts (who take follow up phone call).	Veterans Survey Follow-up Telephone Script.	100	1	5/60	8
Veterans Agency Contacts (who opt to receive and distribute the post-cards).	Veterans Survey Announcement Postcard.	100	1	1	100
U.S. Veterans	Veteran Survey	6,000	1	1	6,000
U.S. Veterans	Raffle Form	6,000	1	2/60	200
U.S. Veterans (who are selected as winners in raffle and are contacted by phone).	Raffle Winner Telephone Script	25	1	5/60	2
U.S. Veterans (who are selected as winners in raffle and contacted by email).	Raffle Winner Contact Email	25	1	5/60	2
Total	6,586

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.

[FR Doc. 2014-25251 Filed 10-22-14; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-15-0773]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) has submitted the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995. The notice for the proposed information collection is published to obtain comments from the public and affected agencies.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address any of the following: (a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including

whether the information will have practical utility; (b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (c) Enhance the quality, utility, and clarity of the information to be collected; (d) Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses; and (e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639-7570 or send an email to omb@cdc.gov. Written comments and/or suggestions regarding the items contained in this notice should be directed to the Attention: 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

National Surveillance for Severe Adverse Events Associated with Treatment of Latent Tuberculosis Infection (OMB No. 0920-0773, expires 11/30/2014)—Extension—Division of

Tuberculosis Elimination (DTBE), National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

As part of the national tuberculosis (TB) elimination strategy, the American Thoracic Society and CDC have published recommendations for targeted testing for TB and treatment for latent TB infection (LTBI) (Morbidity and Mortality Weekly Report (MMWR) 2000;49[RR06];1-54). However, between October 2000 and September 2004, the CDC received reports of 50 patients with severe adverse events (SAEs) associated with the use of the two or three-month regimen of rifampin and pyrazinamide (RZ) for the treatment of LTBI; 12 (24%) patients died (MMWR 2003;52[31]:735-9).

In 2004, CDC began collecting reports of SAEs associated with any treatment regimen for LTBI. For surveillance purposes, an SAE was defined as any drug-associated reaction resulting in a patient's hospitalization or death after at least one treatment dose for LTBI. During 2004-2008, CDC received 17 reports of SAEs in 15 adults and two children; all patients had received isoniazid (INH) and had experienced severe liver injury (MMWR 2010; 59:224-9).

Reports of SAEs related to RZ and INH have prompted a need for this