

group practice; group practice employer identification number; names and DEA registration numbers of group practitioners; purpose of notification new, immediate, or renewal; certification of qualifying criteria for treatment and management of opiate dependent patients; certification of capacity to refer patients for appropriate counseling and other appropriate ancillary services; certification of maximum patient load, certification to use only those drug products that meet

the criteria in the law. The form also notifies practitioners of Privacy Act considerations, and permits practitioners to expressly consent to disclose limited information to the SAMHSA Buprenorphine Physician Locator. Since July 2002, SAMHSA has received over 25,000 notifications and has certified almost 27,000 physicians. Fifty-nine percent of the notifications were submitted by mail or by facsimile, with approximately forty-one percent submitted through the Web based online

system. Approximately 60 percent of the certified physicians have consented to disclosure on the SAMHSA Buprenorphine Physician Locator.

Respondents may submit the form electronically, through a dedicated Web page that SAMHSA will establish for the purpose, as well as via U.S. mail.

There are no changes to the forms and burden hours.

The following table summarizes the estimated annual burden for the use of this form.

Purpose of submission	Number of respondents	Responses per respondent	Burden per response (hour)	Total burden (hours)
Initial Application for Waiver .....	1,500	1	.083	125
Notification to Prescribe Immediately .....	50	1	.083	4
Notice to Treat up to 100 patients .....	500	1	.040	20
Total .....	2,050	.....	.....	149

Send comments to Summer King, SAMHSA Reports Clearance Officer, Room 2-1057, One Choke Cherry Road, Rockville, MD 20857 or email her a copy at [summer.king@samhsa.hhs.gov](mailto:summer.king@samhsa.hhs.gov). Written comments should be received by June 5, 2015.

**Summer King,**  
Statistician.

[FR Doc. 2015-07727 Filed 4-3-15; 8:45 am]

**BILLING CODE 4162-20-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[Docket Number CDC-2015-0008; NIOSH-282]

**International Labour Office (ILO) Reference Radiographs**

**AGENCY:** National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

**ACTION:** Request for information and comment.

**SUMMARY:** The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease and Prevention is collaborating with the Labour Inspection, Labour Administration and Occupational Safety and Health Branch of the International Labour Office (ILO) in developing a set of digital reference radiographs for the ILO International Classification of

Radiographs of Pneumoconiosis (ILO Classification). The current ILO Classification depends on 22 standard reference radiographs that are used to formally identify and characterize pneumoconiosis and related pulmonary abnormalities arising from occupational exposure. The original standards were based on film radiography, but the advent of digital radiography has led to the need for reference standards based on digitally-acquired images. NIOSH is assisting the ILO in the process of identifying such digital images.

For this purpose, NIOSH is requesting trained users of the ILO Classification (e.g., NIOSH B-Readers [1] and other such experts) to submit comments regarding any of the current standard reference images that are felt to be deficient and for which improvements could be made. The current structure and format of the ILO Classification is to remain unchanged at the present time. NIOSH is not soliciting comments on the ILO Classification itself. Comments received on the ILO Classification will be considered irrelevant to the purpose of this docket.

**DATES:** Electronic or written comments must be received by June 5, 2015.

**ADDRESSES:** You may submit comments, identified by CDC-2015-0008 and docket number NIOSH-282, by any of the following methods:

- *Federal eRulemaking Portal:* <http://www.regulations.gov>. Follow the instructions for submitting comments.
- *Mail:* National Institute for Occupational Safety and Health, NIOSH Docket Office, 1090 Tusculum Avenue, MS C-34, Cincinnati, OH 45226-1998.

*Instructions:* All information received in response to this notice must include the agency name and docket number (CDC-2015-0008; NIOSH-282). All relevant comments received will be posted without change to [www.regulations.gov](http://www.regulations.gov), including any personal information provided. All electronic comments should be formatted as Microsoft Word. For access to the docket to read background documents or comments received, go to [www.regulations.gov](http://www.regulations.gov). All information received in response to this notice will also be available for public examination and copying at the NIOSH Docket Office, 1150 Tusculum Avenue, Room 155, Cincinnati, OH 45226.

**FOR FURTHER INFORMATION CONTACT:** Michael Attfield, 1095 Willowdale Road, Morgantown, WV 26505-2888, telephone (304) 285-5737 (this is not a toll free number).

**SUPPLEMENTARY INFORMATION:**

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*Background:* Chest radiographs (X-Rays) provide critical medical information for the assessment of the pneumoconioses and related disorders in individuals, for example, those caused by inhaling coal, silica, and asbestos dusts [2]. Prior to 1950, the information evident on a radiograph could only be interpreted qualitatively. However in 1950, the International Labour Office (ILO) established a more quantitative system whereby the various parenchymal and pleural changes could be formally recognized and categorized.

The quantitative system is not intended for the medical diagnosis of the pneumoconioses and related occupational diseases, but has proved invaluable for the accurate and reliable identification and characterization of such diseases and disorders in many scientific and administrative applications, including research into disease causation, evaluation of risk in terms of dust exposure, disease surveillance, disease prevention, and worker compensation. The ILO has periodically held meetings of experts with the intent of improving and refining the original classification scheme. The current edition is the International Classification of Radiographs of Pneumoconiosis, Revised Edition 2011 [3].

The ILO Classification, as of the 2000 revision, consists of 22 standard reference radiographic films. These films were selected to demonstrate a variety of types and severities of lung abnormalities that frequently arise from occupational dust exposure. Proper use of the classification involves a visual comparison of the test subject's X-Ray film side-by-side with the standards. The test subject is assigned the classification pertaining to the standard radiograph or radiographs to which it is most similar in appearance, *i.e.*, Category 0/0, 1/1, 2/2, or 3/3; and the types p/p, q/q, r/r, s/s, t/t, or u/u, where applicable. The person undertaking the classification, typically a physician formally trained in the use of the ILO Classification, completes a data entry sheet where they record their classifications of each of the various abnormalities. In addition, ancillary information on the quality of the radiograph and the presence of other medical findings is noted.

The ILO classification was developed and used for over 50 years solely in conjunction with film radiography. In recent years radiographic technology has advanced to digital imaging. This poses severe problems for the use of the ILO Classification since the test subject's image must be viewed on a computer terminal screen while the standards can only be seen on a separate film viewing box. This results in the process being extremely cumbersome, while intrinsic differences in the appearance of film versus digital images interfere with the proper assessment of abnormality. To minimize these problems, the ILO released a set of digitized images in 2011. These images are digitized views of the existing film images, obtained by formally scanning each film to a digital file image.

While digitizing the current standard reference films removed the need to

employ a light box, as both images could now be viewed on the same computerized image display system alongside that showing the subject's radiograph, it did not eliminate the problems arising from different inherent appearances between the original film and the digital test images, since those still remained in the digitized versions. Ultimately, the best means to remove the potentially interfering visual differences from the comparison between the digitally-acquired chest radiographic image and the reference image is to select new digitally-acquired reference images.

NIOSH is collaborating with and assisting the ILO in identifying a set of 22 digital images, each of which is intended to mimic as closely as possible the type and severity of abnormality evident on each of the current standard films/digitized images. There is no intention to modify or alter the underlying structure or format of the existing ILO Classification. The final outcome of this exercise will simply be an additional set of standard reference images, derived from digitally-acquired images.

In pursuing this objective both NIOSH and the ILO are aware that users of the classification may feel that one or more of the existing standard references do not optimally demonstrate the specified parenchymal or pleural findings. Appendix C of the manual that accompanies the ILO Classification [2] provides comments on each of the current standard radiographs. Comments range from issues of quality (*e.g.*, unsharp, overexposed), excluded regions (*e.g.*, costrophenic angles), and other factors. In addition, there is no category 1/1 s/s standard as there should be. Instead a 1/1 s/t is used. Moreover, only single quadrant views are available for all of the u/u type small opacity severities when individual full chest image standards would be better. To the extent possible, it is hoped to correct these known issues during the identification of new digital images.

In addition to the published issues, regular users of the ILO Classification may feel that certain of the standard reference radiographs are sub-optimal in some way or another. For example, perhaps the appearances of a particular standard are generally felt to be at variance with its formally-designated degree of abnormality. In addition, there may be other factors where there are opportunities for improvement.

NIOSH and the ILO, in selecting the new digital standard images, wish to correct any technical issues affecting the current standard reference radiographs. To be able to do this, they require access

to information on perceived problems with the current standards. This docket is a request for information from interested parties on perceived issues with any of the current standards. This request in no way involves comment on the structure and content of the ILO Classification per se. NIOSH and the ILO will summarize the comments received on each of the standard radiographs, and employ that information in the derivation of the new digital standard reference radiographs.

*Information Needs:* NIOSH is seeking additional data and information to ensure that generally perceived technical issues affecting any of the current ILO Classification standard radiographs are addressed in the development of a set of digital standard radiographs. Information is particularly needed for:

(1) The standard reference title to which your submitted comments apply. For small opacities please state 'small opacities' and the profusion (0/0, 1/1, 2/2, or 3/3, and the type (p/p, q/q, r/r, s/s, t/t, or u/u, where applicable) for which you are supplying comments. For large opacities please state 'large opacities' and the stage (A, B, C). For pleural abnormalities, please state 'pleural'.

(2) For radiographs concerning small opacities, please note whether the standard radiograph shows appearances consistent with its designated profusion, and if not, what profusion you believe it shows.

(3) For radiographs concerning small opacities, please note whether the standard radiograph shows appearances consistent with its designated type, and if not, what type you believe it shows.

(4) For large opacities, please note whether the standard radiograph shows appearances consistent with its designated stage, and if not, what stage you believe it shows.

(5) For the composite radiograph showing pleural abnormalities, please note your concerns with each segment.

(6) For all, please note any problems associated with other factors that impact its optimal reliability as a standard, indicate their effect on classification, and suggest a solution for improvement.

## References

1. NIOSH [2012]. Chest Radiography: The NIOSH B Reader Program. <http://www.cdc.gov/niosh/topics/chestradiography/breader.html>.
2. NIOSH [2011]. Chest Radiography: Evaluating Occupational Lung Disorders. <http://www.cdc.gov/niosh/topics/chestradiography/default.html>.

3. *ILO [2011]*. The ILO International Classification of Radiographs of Pneumoconioses. [http://www.ilo.org/safework/info/WCMS\\_108548/lang-en/index.htm](http://www.ilo.org/safework/info/WCMS_108548/lang-en/index.htm).

Dated: March 30, 2015.

**John Howard,**

*Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention.*

[FR Doc. 2015-07814 Filed 4-3-15; 8:45 am]

**BILLING CODE 4163-19-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 April 20, 2015 from 2:00 p.m. to 3:30 p.m. EST.

**ADDRESSES:** The meeting will be held via teleconference. Teleconference information will be published closer to the meeting date at: <http://www.surgeongeneral.gov/initiatives/prevention/advisorygrp/index.html>.

**FOR FURTHER INFORMATION CONTACT:** Office of the Surgeon General, 200 Independence Ave. SW., 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 10, 2010, to comply with the statutes under section 4001 of the Patient Protection and Affordable Care Act, Pub. L. 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.

The Advisory Group was terminated on September 30, 2012, by E. O. 13591, dated November 23, 2011. Authority for the Advisory Group to be re-established was given under E. O. 13631, dated December 7, 2012. Authority for the Advisory Group to continue to operate until September 30, 2015 was given under Executive Order 13652, dated 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 21 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.

The meeting will be held in order to review and approve recommendations developed by the Recommendation Drafting Sub-Committee of the Advisory Group. These recommendations are directed towards the Council, the Surgeon General, the Administration, and other entities.

Members of the public have the opportunity to attend the meeting and/or provide comments to the Advisory Group on April 20, 2015. Public comment will be limited to 3 minutes per speaker. Individuals who wish to attend the meeting and/or provide comments must register by 12:00 p.m. EST on April 13, 2015. In order to register, individuals must send their full name and affiliation via email to [prevention.council@hhs.gov](mailto:prevention.council@hhs.gov). Individuals planning to attend the meeting who need special assistance and/or accommodations, *i.e.*, sign language interpretation or other reasonable accommodations, should indicate so when they register. Members of the public who wish to have materials distributed to the Advisory Group members at this scheduled meeting should submit those materials when they register.

Dated: March 25, 2015.

**Corinne M. Graffunder,**

*Designated Federal Officer, Advisory Group on Prevention, Health Promotion, and Integrative and Public Health, Office of the Surgeon General.*

[FR Doc. 2015-07744 Filed 4-3-15; 8:45 am]

**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**Eunice Kennedy Shriver National Institute of Child Health and Human Development: Notice of Closed Meeting**

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in section 552b(c)(4) and 552b(c)(6), title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* Eunice Kennedy Shriver National Institute of Child Health and Human Development Special Emphasis Panel; Repository of Mouse Models for Cytogenetic Disorders.

*Date:* April 30, 2015.

*Time:* 1:00 p.m. to 4:00 p.m.

*Agenda:* To review and evaluate concept review.

*Place:* National Institutes of Health, 6100 Executive Boulevard, Rockville, MD 20852 (Telephone Conference Call).

*Contact Person:* Sathasiva B. Kandasamy, Ph.D.; Scientific Review Officer; Scientific Review Branch; Eunice Kennedy Shriver National Institute of Child Health and Human Development; NIH, 6100 Executive Boulevard; Room 5B01; Bethesda, MD 20892-9304; (301) 435-6680; [skandasa@mail.nih.gov](mailto:skandasa@mail.nih.gov).

(Catalogue of Federal Domestic Assistance Program Nos. 93.864, Population Research; 93.865, Research for Mothers and Children; 93.929, Center for Medical Rehabilitation Research; 93.209, Contraception and Infertility Loan Repayment Program; National Institutes of Health, HHS)

Dated: March 31, 2015.

**Michelle Trout,**

*Program Analyst, Office of Federal Advisory Committee Policy.*

[FR Doc. 2015-07742 Filed 4-3-15; 8:45 am]

**BILLING CODE 4140-01-P**