Submitted nominations must include these critical elements in order for the organization to be considered for one of the non-voting liaison representative positions.

Nomination materials should be typewritten, 12-point type and double-spaced. All nomination materials should be submitted (postmarked or received) by February 22, 2013.

Electronic submissions: Nomination materials, including attachments, may be submitted electronically to *cfsac@hhs.gov.*

Telephone and facsimile submissions cannot be accepted.

Regular, Express, or Overnight Mail: Written documents may be submitted to the following addressee only: Nancy C. Lee, Designated Federal Officer, CFSAC, Office on Women's Health, Department of Health and Human Services, 200 Independence Ave. SW., Room 712E, Washington, DC 20201.

HHS makes every effort to ensure that the membership of Federal advisory committees is fairly balanced in terms of points of view represented. Every effort is made to ensure that a broad representation of geographic areas, sex, ethnic and minority groups, and people with disabilities are given consideration for membership on Federal advisory committees. Selection of the represented organizations shall be made without discrimination against the composition of an organization's membership on the basis of age, sex, race, ethnicity, sexual orientation, disability, and cultural, religious, or socioeconomic status.

Dated: January 18, 2013.

Nancy C. Lee,

Designated Federal Officer, Chronic Fatigue Syndrome Advisory Committee.

[FR Doc. 2013–01456 Filed 1–24–13; 8:45 am]

BILLING CODE 4150–42–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-13–0841]

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 the CDC Reports Clearance Officer at (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 or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Management Information System for Comprehensive Cancer Control Programs—Revision (OMB No. 0920–0841, exp. 1/31/2013)—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Through the National Comprehensive Cancer Control Program (NCCCP), CDC currently provides cooperative agreement funding and technical assistance to 65 entities: all 50 states, the District of Columbia, seven tribes/tribal organizations, and seven territories/U.S. Pacific Island jurisdictions. Since January 2010, NCCCP awardees have submitted progress and activity information to CDC twice per year using an electronic information system (''Management Information System for Comprehensive Cancer Control Programs,'' OMB No. 0920–0841, exp. 1/31/2013). The program director for each awardee is responsible for overseeing activities and submitting the required reports to CDC.

New cooperative agreements were awarded to all NCCCP programs in 2012 (''Cancer Prevention and Control Program for State, Territorial and Tribal Organizations,'' Funding Opportunity Announcement (FOA) DP12–1205). The new cooperative agreements place increased emphasis on policy and environmental approaches to cancer prevention and control.

CDC seeks OMB approval to continue using MIS-based reporting for the NCCCP awardees. Minor changes to the existing core cancer prevention and control data elements will be implemented to reflect the FOA's new performance requirements.

Thirteen of the 65 NCCCP awardees received additional funding for related but distinct cooperative agreements (''Demonstrating the Capacity of Comprehensive Cancer Control Programs to Implement Policy and Environmental Cancer Control Interventions,'' FOA DP10–1017). The demonstration program is aimed at accelerating the development of policy and environmental approaches to cancer control for awardees that are poised to move forward rapidly. Demonstration program activities will be aligned with the existing comprehensive cancer control program in a manner that minimizes duplication, capitalizes on existing activities, and fosters rapid implementation. Similar semi-annual progress reports are required to monitor activities conducted under the demonstration program. A state- or territory-based policy task force coordinator will be responsible for submitting the required reports to CDC.

CDC proposes to use the same MIS-based methodology for all reporting. Due to the distinct objectives, resources, and activities associated with each cooperative agreement, separate reports will be required from the program director and the task force coordinator.

CDC's Revision request utilizes a modified method of estimating respondent burden which distinguishes between (i) the initial burden of populating the MIS, and (ii) routine MIS maintenance and report generation. In the initial OMB approval period (2010–2013), respondent burden was based on a long-term average burden per response.

For the 65 state- and territory-based cancer prevention and control programs, CDC estimates the initial burden of populating the MIS at four hours per response. Some of the information entered into the MIS during the previous cooperative agreement period will be downloaded to minimize respondent burden in the new funding period, but awardees will be responsible for verifying this information and entering new objectives. After completing these steps, the estimated burden for ongoing system maintenance and semi-annual reporting is three hours per response.

For the 13 states and territories that are also participating in the demonstration program, the initial burden of populating the MIS is estimated to be six hours per response. Awardees will be responsible for entering information about the new objectives, staff, and other resources for demonstration program activities. Thereafter, the estimated burden for ongoing system maintenance and semi-annual reporting is estimated at three hours per response.

OMB approval is requested for three years. Information will be reported electronically twice per year. CDC will use the reports to identify training and technical assistance needs, monitor compliance with cooperative agreement requirements, evaluate progress made in achieving program-specific goals, and obtain information needed to respond to inquiries. There are no costs to respondents other than their time. The total estimated annualized burden hours are 586.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Burden per response (in hr)
Program Director for State- or Territory-Based Cancer Prevention and Control Program.	Data Elements for All CPC Programs: Initial MIS Population.	22	1	4
	Data Elements for All CPC Programs: Semi-annual Reporting.	65	2	3
State- or Territory-Based Policy Task Force Coordinator.	Data Elements for CPC Demonstration Program: Initial MIS Population.	5	1	6
	Data Elements for CPC Demonstration Program: Semi-annual Reporting.	13	2	3

Dated: January 17, 2013.

Ron A. Otten,

Director, Office of Scientific Integrity (OSI), Office of the Associate Director for Science (OADS), Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2013–01448 Filed 1–24–13; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–10401]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS) is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

1. *Type of Information Collection Request:* Revision of a currently approved collection. *Title of Information Collection:* Standards Related to Reinsurnace, Risk Corridors and Risk Adjustment; *Use:* Section 1341 of the Affordable Care Act provides that each State must establish a transitional reinsurance program to help stabilize premiums for coverage in the individual market during the first three years of Exchange operation. Section 1342 provides for the establishment of a temporary risk corridors program that will apply to qualified health plans in the individual and small group markets for the first three years of Exchange operation. Section 1343 provides for a program of risk adjustment for all non-grandfathered plans in the individual and small group market both inside and outside of the Exchange. These risk-spreading programs, which will be implemented by HHS, states, or both HHS and states, are designed to mitigate adverse selection and provide stability for health insurance issuers in the individual and small group markets as market reforms and Exchanges are implemented. Section 1321(a) also provides broad authority for the Secretary to establish standards and regulations to implement the statutory requirements related to Exchanges, reinsurance, risk adjustment, and other components of title I of the Affordable Care Act. The data collection and reporting requirements described in this information collection request will enable states, HHS, or both states and HHS to implement the aforementioned programs, which will mitigate the impact of adverse selection in the individual and small group markets both inside and outside the Exchange. *Form Number:* CMS–10401 (OCN 0938–1155). *Frequency:* Occasionally; *Affected Public:* Private Sector (business or other for-profit and not-for-profit institutions). *Number of Respondents:* 5,071; *Total Annual Responses:* 9,000,574,542; *Total Annual Hours:* 10,774,789; (For policy questions regarding this collection contact Jaya Ghildiyal at 410–786–6573. For all other issues call 410–786–1326.)

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS' Web Site address at *http://www.cms.hhs.gov/PaperworkReductionActof1995,* or email your request, including your address, phone number, OMB number, and CMS document identifier, to *Paperwork@cms.hhs.gov,* or call the Reports Clearance Office on 410–786–1326.

In commenting on the proposed information collections please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be submitted in one of the following ways by March 26, 2013.

1. *Electronically.* You may submit your comments electronically to *http://www.regulations.gov.* Follow the instructions for ''Comment or Submission'' or ''More Search Options'' to find the information collection document(s) accepting comments.

2. *By regular mail.* You may mail written comments to the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: Document Identifier/OMB Control Number _____, Room C4–26–05, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

Dated: January 22, 2013.

Martique Jones,

Deputy Director, Regulations Development Group, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2013–01570 Filed 1–24–13; 8:45 am]

BILLING CODE 4120–01–P