

the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). Currently, the NBCCEDP funds 67 grantees including all 50 states, the District of Columbia, 5 U.S. territories, and 11 American Indian/Alaska Native tribes or tribal organizations. Grantees provide screening services for breast and cervical cancer to low-income, uninsured, and underinsured women who otherwise would not have access to screening.

Since 1991, NBCCEDP-funded grantees have served more than 4.3 million women, provided more than 10.7 million breast and cervical cancer screening examinations, and diagnosed more than 56,662 breast cancers, 3,206 invasive cervical cancers, and 152,470 premalignant cervical lesions, of which 41% were high-grade. As a comprehensive, organized screening program, the NBCCEDP supports activities including program management, partnership development, public education and targeted outreach, screening and diagnostic services, patient navigation, quality assurance and quality improvement, professional development, data management and

utilization, and program monitoring and evaluation. For clinical service delivery, grantees fund health care providers in their state/territory/tribe to deliver breast and cervical cancer screening, diagnostic evaluation, and treatment referrals for women diagnosed with cancer.

CDC issued a new Funding Opportunity Announcement (FOA) to support a new 5-year cooperative agreement for the NBCCEDP effective July 2012. This new FOA begins to shift the NBCCEDP from a focus on direct service provision to implementation of expanded evidence-based activities intended to increase rates of breast and cervical cancer screening at the population level. Though NBCCEDP grantees continue to provide breast and cervical cancer screening for uninsured and underinsured women, CDC is encouraging the implementation of strategies to increase screening rates beyond that of program-eligible women.

CDC plans to implement an annual survey of NBCCEDP program directors in order to assess program implementation, particularly related to these expanded population-based efforts. The Web-based survey includes

questions on respondent background, program activities, clinical service delivery, monitoring and evaluation, partnerships, training and technical assistance needs, and program management. Questions are of various types including dichotomous and multiple response. The estimated burden per response is 45 minutes.

This assessment will enable CDC to gauge its progress in meeting NBCCEDP program goals, identify implementation activities, monitor program transition to efforts aimed at impacting population-based screening, identify technical assistance needs of state, tribe and territorial health department cancer control programs, and identify implementation models with potential to expand and transition to new settings to increase program impact and reach. The assessment will identify successful activities that should be maintained, replicated, or expanded as well as provide insight into areas that need improvement.

OMB approval is requested for three years. Participation is voluntary and there are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hr)	Total burden (in hr)
NBCCEDP Program Directors.	CDC National Breast and Cervical Cancer Early Detection Program (NBCCEDP) Grantee Survey of Program Implementation.	67	1	45/60	50

LeRoy 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.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket Number NIOSH-156]

Issuance of Final Guidance Publication

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: Notice of issuance of final guidance publication.

SUMMARY: The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC), announces the availability of the following publication: "Current Intelligence Bulletin 66—Derivation of Immediately Dangerous to Life or Health (IDLH) Values" [NIOSH 2014-100].

ADDRESSES: This document may be obtained at the following link: www.cdc.gov/niosh/docs/2014-100/.

FOR FURTHER INFORMATION CONTACT: G. Scott Dotson, Ph.D. CIH, NIOSH Education and Information Division, Taft Laboratories Building, 4676 Columbia Parkway, Cincinnati, Ohio, 45226. (513) 533-8540.

Dated: November 1, 2013.

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Council for the Elimination of Tuberculosis (ACET)

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC), announces the following meeting of the aforementioned committee:

Time and Date: 11:00 a.m.–3:30 p.m., December 3, 2013