Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Master of a vessel or person in charge of a conveyance.	42 CFR 70.4 Report by the master of a vessel or person in charge of conveyance of the incidence of a communicable disease occurring while in interstate travel (Paper Form if requested by CDC during public health emergency).	1,500	1	15/60
State health authority	42 CFR 70.4 Copy of material submitted to state or local health authority under this provision (Paper Form if requested by CDC during public health emergency).	20	75	6/60
Master of a vessel or person in charge of a conveyance.	42 CFR 70.4 Report by the master of a vessel or person in charge of conveyance of the incidence of a communicable disease occurring while in interstate travel (Radio or other telecommunication for routine reporting).	200	1	15/60
State health authority	42 CFR 70.4 Copy of material submitted to state or local health authority under this provision (Radio or other telecommunication for routine reporting).	200	1	15/60
Traveler	42 CFR 70.5 Application for a permit to move from State to State while in the communicable period.	3,750	1	15/60
Attending physician	42 CFR 70.5 Application for a permit to move from State to State while in the communicable period.	3,750	1	15/60

Dated: January 10, 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. 2013–00987 Filed 1–17–13; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Office for State, Tribal, Local and Territorial Support (OSTLTS) Meeting; Correction

SUMMARY: This document corrects a notice that was published in the **Federal Register** on January 7, 2013 (78 FR 949–950). The 10th Biannual Tribal Consultation session has been postponed to coincide with the summer 2013 meetings; the dates will be announced once they are determined. The Tribal Advisory Committee Meeting will be extended and held February 5, 6, and 7, 2013, from 8:00 a.m.–4:30 p.m.

FOR FURTHER INFORMATION CONTACT: Kimberly Cantrell, Deputy Associate Director for Tribal Support, OSTLTS, via mail to 4770 Buford Highway NE., MS E–70, Atlanta, Georgia 30341 or email to *klw6@cdc.gov.*

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: January 11, 2013.

John Kastenbauer, J.D.,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 2013–00989 Filed 1–17–13; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[CDC–2013–0001; NIOSH–134–B]

Update of NIOSH Nanotechnology Strategic Plan for Research and Guidance

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: Update of NIOSH Nanotechnology Strategic Plan for Research and Guidance.

SUMMARY: The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC) seeks comment on the types of hazard identification and risk management research that should be considered for updating the NIOSH FY2013–FY2016 nanotechnology strategic plan. This draft strategic plan (*Protecting the Nanotechnology Workforce: NIOSH Nanotechnology Research and Guidance Strategic Plan 2013–2016*) can be found in Docket CDC–2013–0001 at *http://www.regulations.gov.*

DATES: Comments must be received March 19, 2013.

ADDRESSES: You may submit comments, identified by CDC–2013–0001 and Docket Number NIOSH–134–B, by either of the two following methods:

- *Federal erulemaking portal: http://www.regulations.gov.* Follow the instructions for submitting comments.
- *Mail:* NIOSH Docket Office, Robert A. Taft Laboratories, MS–C34, 4676 Columbia Parkway, Cincinnati, OH 45226.

Instructions: All information received in response to this notice must include the agency name and docket number (CDC–2013–0001; NIOSH–134–B). All relevant comments received will be posted without change to *http://www.regulations.gov,* including any personal information provided. For access to prior background documents or previous comments received, go to *http://www.cdc.gov/niosh/docket/archive/docket134.html* and *http://www.cdc.gov/niosh/docket/archive/docket134A.html.*

FOR FURTHER INFORMATION CONTACT: Charles L. Geraci, NIOSH, Robert A. Taft Laboratories, MS–C14, 4676 Columbia Parkway, Cincinnati, Ohio 45226, telephone (513) 533–8339.

SUPPLEMENTARY INFORMATION:

Background

Since 2004, the National Institute for Occupational Safety and Health

(NIOSH) of the Centers for Disease Control and Prevention (CDC) has pioneered research on the toxicological properties and characteristics of nanoparticles. This research has involved characterizing occupationally relevant nanoparticles for predicting whether these particles pose a risk of adverse health effects and for providing guidance on controlling workplace exposures. In September 2005, NIOSH developed a strategic plan to further guide the Institute in identifying and prioritizing nanotechnology research. In 2009 this strategic plan [*http://www.cdc.gov/niosh/docs/2010-105*] was updated based on knowledge gained from results of ongoing NIOSH research [see Progress Toward Safe Nanotechnology in the Workplace; A Report from the NIOSH Nanotechnology Research Center *http://www.cdc.gov/niosh/docs/2007-123/*] and from the public and stakeholder input. NIOSH would like to build on the accomplishments of ongoing research [*http://www.cdc.gov/niosh/docs/2013-101/* and *http://www.cdc.gov/niosh/docs/2010-104/*] to develop strategic research goals and objectives for nanotechnology occupational safety and health research through 2016. NIOSH has identified 10 critical research areas for nanotechnology research and communication. These 10 critical research areas are (1) Toxicity and internal dose, (2) measurement methods, (3) exposure assessment, (4) epidemiology and surveillance, (5) risk assessment, (6) engineering controls and personal protective equipment (PPE), (7) fire and explosion safety, (8) recommendations and guidance, (9) global collaborations, and (10) applications.

NIOSH is considering focusing the overarching strategic research goals for these critical areas on 5 key objectives: (1) Increase understanding of new hazards and related health risks to nanomaterial workers; (2) Expand understanding of the initial hazard findings on engineered nanomaterials; (3) Support the creation of guidance materials to inform nanomaterial workers, employers, health professionals, regulatory agencies, and decision-makers about hazards, risks, and risk management approaches; (4) Support epidemiologic studies for nanomaterial workers, including medical and exposure studies; and 5) Assess and promote national adherence with risk management guidance.

NIOSH requests public input to address the following:

(1) What is the basis or rationale for priorities that NIOSH should give for studies of toxicity evaluation and/or workplace exposure characterization for engineered nanoparticles?

(2) What rationale can be provided for recommending needs and types of technical and educational guidance materials?

Dated: January 14, 2013.

John Howard,

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

[FR Doc. 2013–00994 Filed 1–17–13; 8:45 am]

BILLING CODE 4163–19–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–3278–N]

Medicare Program; Request for Information on Hospital and Vendor Readiness for Electronic Health Records Hospital Inpatient Quality Data Reporting; Extension of Comment Period

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Request for information; extension of the comment period.

SUMMARY: This notice extends the comment period for a request for information (RFI) which was published in the January 3, 2013 **Federal Register** (78 FR 308). The RFI requests that hospitals, electronic health record (EHR) vendors, and other interested parties respond to questions regarding their readiness to conduct electronic reporting of certain patient-level data under the Hospital Inpatient Quality Reporting (IQR) Program using the Quality Reporting Document Architecture (QRDA) Category I. The comment period for the RFI, which would have ended on January 22, 2013, is extended to February 1, 2013.

DATES: The comment period for the request for information published in the January 3, 2013 **Federal Register** (78 FR 308) is extended to February 1, 2013.

ADDRESSES: In commenting, please refer to file code CMS–3278–NC. Because of staff and resource limitations, we cannot accept comments by facsimile (FAX) transmission.

You may submit comments in one of four ways (please choose only one of the ways listed):

1. *Electronically.* You may submit electronic comments on this regulation to *http://www.regulations.gov*. Follow the instructions under the ''More Search Options'' tab.

2. *By regular mail.* You may mail written comments to the following address ONLY: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS–3278–NC, P.O. Box 8013, Baltimore, MD 21244–8013.

Please allow sufficient time for mailed comments to be received before the close of the comment period.

3. *By express or overnight mail.* You may send written comments to the following address ONLY: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS–3278–NC, Mail Stop C4–26–05, 7500 Security Boulevard, Baltimore, MD 21244–1850.

4. *By hand or courier.* If you prefer, you may deliver (by hand or courier) your written comments before the close of the comment period to either of the following addresses:

a. For delivery in Washington, DC—Centers for Medicare & Medicaid Services, Department of Health and Human Services, Room 445–G, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201.

(Because access to the interior of the Hubert H. Humphrey Building is not readily available to persons without Federal government identification, commenters are encouraged to leave their comments in the CMS drop slots located in the main lobby of the building. A stamp-in clock is available for persons wishing to retain a proof of filing by stamping in and retaining an extra copy of the comments being filed.)

b. For delivery in Baltimore, MD—Centers for Medicare & Medicaid Services, Department of Health and Human Services, 7500 Security Boulevard, Baltimore, MD 21244–1850.

If you intend to deliver your comments to the Baltimore address, please call telephone number (410) 786–9994 in advance to schedule your arrival with one of our staff members.

Comments mailed to the addresses indicated as appropriate for hand or courier delivery may be delayed and received after the comment period.

Submission of comments on paperwork requirements. You may submit comments on this document's paperwork requirements by following the instructions at the end of the ''Collection of Information Requirements'' section in this document.

For information on viewing public comments, see the beginning of the **SUPPLEMENTARY INFORMATION** section.

FOR FURTHER INFORMATION CONTACT: Maria Harr, (410) 789–6710.