

met in closed session to consider matters related to the Corporation's supervision, corporate, and resolution activities.

In calling the meeting, the Board determined, on motion of Vice Chairman Thomas M. Hoenig, seconded by Director Jeremiah O. Norton (Appointive), concurred in by Director Thomas J. Curry (Comptroller of the Currency), Director Richard Cordray (Director, Consumer Financial Protection Bureau), and Chairman Martin J. Gruenberg, that Corporation business required its consideration of the matters which were to be the subject of this meeting on less than seven days' notice to the public; that no earlier notice of the meeting was practicable; that the public interest did not require consideration of the matters in a meeting open to public observation; and that the matters could be considered in a closed meeting by authority of subsections (c)(4), (c)(6), (c)(8), (c)(9)(A)(ii), (c)(9)(B), and (c)(10) of the "Government in the Sunshine Act" (5 U.S.C. 552b(c)(4), (c)(6), (c)(8), (c)(9)(A)(ii), (c)(9)(B), and (c)(10)).

The meeting was held in the Board Room of the FDIC Building located at 550—17th Street NW., Washington, DC.

Dated: February 12, 2013.

Federal Deposit Insurance Corporation.

Robert E. Feldman,

Executive Secretary.

[FR Doc. 2013-03579 Filed 2-12-13; 4:15 pm]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Re-Establishment of the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health

AGENCY: Office of the Assistant Secretary for Health, Office of the Secretary, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: The U.S. Department of Health and Human Services announces re-establishment of the Advisory Group on Prevention, Health Promotion, and Integrative and Public Health (hereafter referred to as "the Advisory Group"). Authorization to re-establish the Advisory Group is given under Executive Order 13631, dated December 7, 2012.

FOR FURTHER INFORMATION CONTACT: Corinne Graffunder, Designated Federal Officer (DFO) of the Advisory Group, Office of the Associate Director for

Policy; Centers for Disease Control and Prevention; 1600 Clifton Road NE., MS D-28; Atlanta, GA 30329; Telephone: (404) 639-7514; and/or the following person may be contacted: Olga Nelson, Committee Management Officer, Office of the Assistant Secretary for Health; Department of Health and Human Services; 200 Independence Avenue SW., Room 714B; Washington, DC 20201; Telephone: (202) 690-5205; Fax: (202) 401-2222.

SUPPLEMENTARY INFORMATION: It was mandated under the Patient Protection and Affordable Care Act that the President establish the Advisory Group. The President complied with the statute under Executive Order 13544, dated June 10, 2010. The Advisory Group was established as a non-discretionary federal advisory committee. Functioning as a federal advisory committee, the Advisory Group is governed by provisions of the Federal Advisory Committee Act (FACA). FACA stipulates that appropriate action must be taken to renew the charter for a federal advisory committee every two years in order for the committee to continue to operate. Under Executive Order 13544, authorization was given for the Advisory Group to operate for two years, from June 10, 2010 to June 10, 2012. Since the Advisory Group was established by Presidential directive, it was necessary for appropriate action to be taken by the President or agency head to give authorization for the Advisory Group to be continued. A subsequent directive was issued, Executive Order 13591, dated November 23, 2011, to give authorization for the Advisory Group to continue to operate until September 30, 2012. No action was taken to continue the Advisory Group after the designated termination date. Therefore, the Advisory Group was terminated on September 30, 2012.

On December 7, 2012, Executive Order 13631 was issued. This directive gives authorization for the Advisory Group to be re-established. A charter was developed to re-establish the Advisory Group. The charter was approved by the Secretary of Health and Human Services and filed with the appropriate Congressional committees, the Library of Congress, and the Committee Management Secretariat under the General Services Administration (GSA) on February 6, 2013.

Objectives and Scope of Activities. The Advisory Group provides recommendations and advice to the National Prevention, Health Promotion, and Public Health Council (hereafter referred to as the "Council"). The

Advisory Group provides assistance to the Council in carrying out its mission. The Advisory Group develops policy and program recommendations and advises the Council on lifestyle-based chronic disease prevention and management, integrative health care practices, and health promotion.

Membership and Designation. The Advisory Group is authorized to consist of not more than 25 non-federal members, who are appointed by the President. In appointing members, the President is to ensure that the Advisory Group 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 Advisory Group had 22 members when it was terminated on September 30, 2012. It is stipulated under Executive Order 13631 that the same members who were serving on the Advisory Group when it was terminated shall be reappointed as if the Advisory Group had continued without termination. Members of the Advisory Group are classified as special Government employees (SGEs).

Administrative Management and Support. HHS provides funding and administrative support for the Advisory Group to the extent permitted by law within existing appropriations. Staff within Office of the Assistant Secretary for Health (OASH) provide management and oversight for support services provided to the Advisory Group. OASH is a staff division within the Office of the Secretary, HHS.

The Advisory Group reports to the Surgeon General, U.S. Public Health Service. The Office of the Surgeon General is a program office that is organizationally located within OASH.

A copy of the charter and information on activities and accomplishments of the Advisory Group can be obtained from the designated contacts or by accessing the FACA database that is maintained by the GSA Committee Management Secretariat. The Web site for the FACA database is <http://fido.gov/facadatabase/>.

Authority: Authority to establish the Advisory Group was given under Executive Order 13544, dated June 10, 2010, in accordance with Section 4001 of the Patient Protection and Affordable Care Act, Public Law 111-148, dated March 23, 2010. The Advisory Group was terminated on September 30, 2012, by Executive Order 13591, dated November 23, 2011. Authority

for the Advisory Group to be re-established is given under Executive Order 13631, dated December 7, 2012. The Advisory Group is governed by provisions of the Federal Advisory Committee Act (FACA), Public Law 92-463, as amended (5 U.S.C. App.), which sets forth standards for the formation and use of advisory committees.

Dated: February 8, 2013.

Wanda K. Jones,

Principal Deputy Assistant Secretary for Health.

[FR Doc. 2013-03466 Filed 2-13-13; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

[Document Identifier HHS-OS-18521-60D]

Agency Information Collection Activities; Proposed Collection; Public Comment Request

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, announces plans to submit a new Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting that ICR to OMB, OS seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on the ICR must be received on or before April 15, 2013.

ADDRESSES: Submit your comments to *Information.CollectionClearance@hhs.gov* or by calling (202) 690-6162.

FOR FURTHER INFORMATION CONTACT: Information Collection Clearance staff, *Information.CollectionClearance@hhs.gov* or (202) 690-6162.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the document identifier HHS-OS-18521-60D for reference.

Information Collection Request Title: Evaluation of Implementation of the Viral Hepatitis Action Plan.

Abstract: In response to the viral hepatitis epidemic in the United States, the Department of Health and Human Services (HHS) released the Action Plan for the Prevention, Care, and Treatment of Viral Hepatitis (Action Plan) in May 2011 to provide a comprehensive strategic plan to address viral hepatitis B and C. Implementation of the Action Plan requires actions across a variety of agencies including national, state/local government, community-based organizations, and the private sector. The Evaluation of Implementation of the Viral Hepatitis Action Plan will assess state and local response to activities that support the Action Plan, identify barriers to implementation and strategies to address these barriers, and inform future viral hepatitis efforts.

Need and Proposed Use of the Information: The purpose of this project is to evaluate the state and local response to and implementation of the Action Plan and examine viral hepatitis activities that are occurring in the four jurisdictions that have been pre-selected for the evaluation: Alabama, Massachusetts, New York, and Washington State. The information collected through the evaluation will position OASH to better understand implementation of the Action Plan at the state and local levels and barriers

that might be occurring in the selected jurisdictions. The evaluation will also serve to examine the landscape of viral hepatitis activities that are taking place in the selected jurisdictions. The results of the evaluation will enable OASH to understand and identify potential strategies to strengthen local implementation of the Action Plan, address barriers, and inform future implementation efforts.

Likely Respondents: State Viral Hepatitis Prevention Coordinators (CDC-funded state health department staff); other state and local health department stakeholders such as HIV and Immunization Program staff; national organization representatives who are involved in viral hepatitis program development and advocacy; local viral hepatitis stakeholders including health care and substance abuse treatment providers, non-profit community-based organization staff and volunteers, and others identified by the State Viral Hepatitis Prevention Coordinator (see above).

Burden Statement: The estimated burden for data collection involves scheduling and conducting key informant interviews among a variety of stakeholder groups including the CDC-funded Adult Viral Hepatitis Prevention Coordinators, state and local health departments, community-based organizations, correctional facilities, and healthcare providers. These interviews will be conducted in four states (Alabama, Massachusetts, New York, and Washington). Up to twelve additional interviews will also be conducted with select national-level stakeholders. The total annual burden hours estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Adult Viral Hepatitis Prevention Coordinators	4	1	1.5	6
State and local health departments	16	1	45/60	12
Community-based organizations	12	1	30/60	6
National organizations	12	1	30/60	6
Correctional facilities	12	1	30/60	6
Healthcare providers	12	1	30/60	6
Total	42