annualized labor costs,[21] and GLBA business families have $422,648 annualized labor costs,[22] for cumulative annualized costs of $426,149.

To calculate, on an annualized basis, the FTC's cumulative share of labor cost burden, staff deducted from the overall total ($41,117,733) the labor costs attributed to motor vehicle dealerships ($426,149), leaving a net amount of $40,691,584 to split between the CFPB and the FTC. The resulting shared burden for the CFPB is half that amount, or $20,345,792. To calculate the total burden hours for the FTC, staff added the costs associated with motor vehicle dealers ($426,149), resulting in a total cost burden for the FTC of $20,771,941.

Request for Comment

Interested parties are invited to submit written comments. Comments should refer to ''Affiliate Marketing Rule PRA'' to facilitate the organization of comments. Please note that your comment—including your name and your state—will be placed on the public record of this proceeding, including on the publicly accessible FTC Web site, at *http://www.ftc.gov/os/publiccomments.shtm.*

Because comments will be made public, they should not include any sensitive personal information, such as any individual's Social Security Number; date of birth; driver's license number or other state identification number, or foreign country equivalent; passport number; financial account number; or credit or debit card number. Comments also should not include any sensitive health information, such as medical records or other individually identifiable health information. In addition, comments should not include ''[t]rade secret or any commercial or financial information which is obtained from any person and which is privileged or confidential'' as provided in Section 6(f) of the Federal Trade Commission Act (''FTC Act''), 15 U.S.C. 46(f), and FTC Rule 4.10(a)(2), 16 CFR 4.10(a)(2). Comments containing matter for which confidential treatment is requested must be filed in paper form, must be clearly labeled ''Confidential,'' and must comply with FTC Rule 4.9(c).[23]

Because paper mail addressed to the FTC is subject to delay due to heightened security screening, please consider submitting your comments in electronic form. Comments filed in electronic form should be submitted using the following weblink *https://public.commentworks.com/ftc/affiliatemarketingpra* (and following the instructions on the web-based form). To ensure that the Commission considers an electronic comment, you must file it on the web-based form at the weblink *https://public.commentworks.com/ftc/affiliatemarketingpra.* If this Notice appears at *www.regulations.gov/search/index.jsp,* you may also file an electronic comment through that Web site. The Commission will consider all comments that regulations.gov forwards to it.

The FTC Act and other laws that the Commission administers permit the collection of public comments to consider and use in this proceeding as appropriate. The Commission will consider all timely and responsive public comments that it receives, whether filed in paper or electronic form. Comments received will be available to the public on the FTC Web site, to the extent practicable, at *http://www.ftc.gov/os/publiccomments.shtm.* As a matter of discretion, the FTC makes every effort to remove home contact information for individuals from the public comments it receives before placing those comments on the FTC Web site. More information, including routine uses permitted by the Privacy Act, may be found in the FTC's privacy policy, at *http://www.ftc.gov/ftc/privacy.shtm.*

Pursuant to Section 3506(c)(2)(A) of the PRA, the FTC invites comments on: (1) Whether the disclosure requirements are necessary, including whether the information will be practically useful; (2) the accuracy of our burden estimates, including whether the methodology and assumptions used are valid; (3) how to improve the quality, utility, and clarity of the disclosure requirements; and (4) how to minimize the burden of providing the required information to consumers. All comments should be filed as prescribed in the **ADDRESSES** section above, and must be received on or before October 28, 2013.

David C. Shonka,

Principal Deputy General Counsel.

[FR Doc. 2013–20794 Filed 8–26–13; 8:45 am]

BILLING CODE 6750–01–P

[21] (20 non-GLBA families × $525.20) ÷ 3 = $3,501.

[22] In the first year, GLBA families have $550,573 costs: 1,838 × [($52.20 × 5 hours) + ($38.55 × 1 hour)] = $550,573. In each of the second and third years, GLBA families have $358,686 in costs: 1,838 × [($52.20 × 3 hours) + ($38.55 × 1 hour)] = $358,686.

[23] The comment must be accompanied by an explicit request for confidential treatment, including the factual and legal basis for the request, and must identify the specific portions of the comment to be withheld from the public record. The request will be granted or denied by the Commission's General Counsel, consistent with applicable law and the public interest. See FTC Rule 4.9(c), 16 CFR 4.9(c).

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the National Coordinator for Health Information Technology; Announcement of Requirements and Registration for ''Behavioral Health Patient Empowerment Challenge''

AGENCY: Office of the National Coordinator for Health Information Technology, HHS.

Award Approving Official: Farzad Mostashari, National Coordinator for Health Information Technology.

ACTION: Notice.

SUMMARY: Behavioral health disorders are common in the United States. Approximately 20% of adults and 13% of adolescents suffer from mental disorders each year and 8.7% of Americans aged 12 and older experience substance dependence or abuse each year.[1] [2] Rates of mental health problems are significantly higher for patients with chronic conditions such as diabetes, asthma, and heart conditions [3] and failure to treat both physical and mental health conditions results in poorer health outcomes and higher health care costs.[3] Yet despite the high personal and societal burden of these disorders fewer than half of adults and only one-third of children with mental disorders and only 11 percent of individuals with substance use disorders receive treatment.[1] [2] For many individuals this results from limited access to care, for others it is a result of reservations about accessing specialty care.

Health IT has significant potential to enable self management of behavioral health disorders (including both mental health and substance use disorders) as well as to act as a treatment extender for patients with limited access to care. On September 16th Office of the National Coordinator for Health Information Technology (ONC), in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA), Office of National Drug Control Policy (ONDCP), and National Institutes of Health (NIH) is organizing a Technology Innovations for Substance Abuse and Mental Health Disorders Conference taking place at the White House. This conference will highlight how technology can be used to improve treatment for behavioral health disorders. In conjunction with this

[1] 2010–2011 National Survey on Drug Use and Health, *http://www.samhsa.gov/data/nsduh/2k10nsduh/2k10results.htm.*

[2] Results from the 2010 NSDUH: Mental Health Findings: *http://www.samhsa.gov/data/nsduh/2k10MH_Findings/2k10MHResults.htm.*

[3] *http://www.cdc.gov/Features/MentalHealthSurveillance/.*

conference ONC is issuing this Behavioral Health Patient Empowerment Challenge to identify and highlight existing technologies that empower consumers to manage their mental health and/or substance use disorders.

The statutory authority for this challenge competition is Section 105 of the America COMPETES Reauthorization Act of 2010 (Pub. L. 111–358).

DATES: Submission period begins: August 21, 2013.

Submission period ends: September 3, 2013.

Winners announced: Substance Abuse and Mental Health Disorders Conference, White House, September 16, 2013.

FOR FURTHER INFORMATION CONTACT: Adam Wong, 202–720–2866.

SUPPLEMENTARY INFORMATION:

Subject of Challenge Competition

The Behavioral Health Patient Empowerment Challenge is a call for developers to showcase technologies that empower consumers to manage their mental health and/or substance use disorders. The intent of the challenge is to identify and highlight existing innovative technologies that use evidence based strategies to empower consumer self-management of behavioral health disorders.

The application submitted must be available for use by consumers on a widely-used platform for mobile devices by the submission end date of September 3.

To be eligible to receive a prize, Solvers must submit:

(1) The functioning application, or directions to access it,

(2) an overview, of no more than 500 words, that

a. provides an overview of the target population for the tool and the evidence base supporting the functionality included for addressing the needs of the target population
b. discusses how the target population can use this technology to better manage their symptoms or their recovery process
c. discusses how the application is designed to keep the user engaged over time to promote consistent use
d. describes the application's existing ability to be integrated with EHR/PHRs or other tools

(3) a 5 minute-maximum video demonstration of the tool.

Eligibility Rules for Participating in the Competition

To be eligible to win a prize under this challenge, an individual or entity—

(1) Shall have registered to participate in the competition under the rules promulgated by the Office of the National Coordinator for Health Information Technology.

(2) Shall have complied with all the requirements under this section.

(3) In the case of a private entity, shall be incorporated in and maintain a primary place of business in the United States, and in the case of an individual, whether participating singly or in a group, shall be a citizen or permanent resident of the United States.

(4) May not be a Federal entity or Federal employee acting within the scope of their employment.

(5) Shall not be an HHS employee working on their applications or submissions during assigned duty hours.

(6) Shall not be an employee of Office of the National Coordinator for Health IT.

(7) Federal grantees may not use Federal funds to develop COMPETES Act challenge applications unless consistent with the purpose of their grant award.

(8) Federal contractors may not use Federal funds from a contract to develop COMPETES Act challenge applications or to fund efforts in support of a COMPETES Act challenge submission.

An individual or entity shall not be deemed ineligible because the individual or entity used Federal facilities or consulted with Federal employees during a competition if the facilities and employees are made available to all individuals and entities participating in the competition on an equitable basis.

Entrants must agree to assume any and all risks and waive claims against the Federal Government and its related entities, except in the case of willful misconduct, for any injury, death, damage, or loss of property, revenue, or profits, whether direct, indirect, or consequential, arising from my participation in this prize contest, whether the injury, death, damage, or loss arises through negligence or otherwise.

Entrants must also agree to indemnify the Federal Government against third party claims for damages arising from or related to competition activities.

Registration Process for Participants

To register for this Challenge, participants can access *http://www.challenge.gov* and search for ''Behavioral Health Patient Empowerment Challenge.''

Prize

The top three finishers will be invited to the event taking place at the White House, and the winner will be able to demo it there. Travel funding is not available, so if the winner cannot attend in person the video demonstration of the winning technology will be played during the conference.

The top three technologies will be highlighted on a behavioral health technology innovations Web site which is being developed by the National Institutes of Health (NIH) in conjunction with this conference.

Payment of the Prize

No monetary prize is provided for this challenge.

Basis Upon Which Winner Will Be Selected

The review panel will make selections based upon the following criteria:

Evidence base for the functionality included in the application
Application usability, including intuitiveness, capacity to engage the user, and user interface
Comprehensiveness of the technology for addressing the behavioral health needs of the target population
Existing ability to be integrated with EHR/PHRs or other tools

In order for an entry to be eligible to win this Challenge, it must meet the following requirements:

General—Contestants must provide continuous access to the tool, a detailed description of the tool, instructions on how to install and operate the tool, and system requirements required to run the tool (collectively, ''Submission'').

Acceptable platforms—The tool must be designed for use on a widely-used platform for mobile devices; this includes web optimization for mobile devices.

Section 508 Compliance—Contestants must acknowledge that they understand that, as a pre-requisite to any subsequent acquisition by FAR contract or other method, they may be required to make their proposed solution compliant with Section 508 accessibility and usability requirements at their own expense. Any electronic information technology that is ultimately obtained by HHS for its use, development, or maintenance must meet Section 508 accessibility and usability standards. Past experience has demonstrated that it can be costly for solution-providers to ''retrofit'' solutions if remediation is later needed. The HHS Section 508 Evaluation Product Assessment Template, available at *http://www.hhs.gov/web/508/contracting/*

technology/vendors.html, provides a useful roadmap for developers to review. It is a simple, web-based checklist utilized by HHS officials to allow vendors to document how their products do or do not meet the various Section 508 requirements.

No HHS, ONC, or other federal government logo—The app must not use HHS', ONC's, or any other federal government agency's logos or official seals in the Submission, and must not claim endorsement.

Functionality/Accuracy—A Submission may be disqualified if the software application fails to function as expressed in the description provided by the user, or if the software application provides inaccurate or incomplete information.

Security—Submissions must be free of malware. Contestant agrees that ONC may conduct testing on the app to determine whether malware or other security threats may be present. ONC may disqualify the app if, in ONC's judgment, the app may damage government or others' equipment or operating environment.

Additional Information

General Conditions: ONC reserves the right to cancel, suspend, and/or modify the Contest, or any part of it, for any reason, at ONC's sole discretion. Participation in this Contest constitutes a contestant's full and unconditional agreement to abide by the Contest's Official Rules found at *www.challenge.gov.*

Privacy Policy: ChallengePost collects personal information from you when you register on *Challenge.gov.* The information collected is subject to the ChallengePost privacy policy located at *www.challengepost.com/privacy.*

Ownership of intellectual property is determined by the following:

- Each entrant retains title and full ownership in and to their submission. Entrants expressly reserve all intellectual property rights not expressly granted under the challenge agreement.
- By participating in the challenge, each entrant hereby irrevocably grants to Sponsor and Administrator a limited, non-exclusive, royalty-free, worldwide license and right to reproduce, publically perform, publically display, and use the Submission to the extent necessary to administer the challenge, and to publically perform and publically display the Submission, including, without limitation, for advertising and promotional purposes relating to the challenge.

Authority: 15 U.S.C. 3719.

Dated: August 19, 2013.

David Muntz,

Principal Deputy National Coordinator for Health Information Technology.

[FR Doc. 2013–20790 Filed 8–26–13; 8:45 am]

BILLING CODE 4150–45–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting of the National Vaccine Advisory Committee

AGENCY: Office of the Assistant Secretary for Health, Office of the Secretary, HHS.

ACTION: Notice of meeting.

SUMMARY: As stipulated by the Federal Advisory Committee Act, the Department of Health and Human Services (HHS) is hereby giving notice that the National Vaccine Advisory Committee (NVAC) will hold a meeting. The meeting is open to the public. Pre-registration is required for both public attendance and comment. Individuals who wish to attend the meeting and/or participate in the public comment session should register at *http://www.hhs.gov/nvpo/nvac,* email *nvpo@hhs.gov,* or call 202–690–5566 and provide name, organization, and email address.

DATES: The meeting will be held on September 10–11, 2013. The meeting times and agenda will be posted on the NVAC Web site at *http://www.hhs.gov/nvpo/nvac* as soon they become available.

ADDRESSES: U.S. Department of Health and Human Services, Hubert H. Humphrey Building, Room 800, 200 Independence Avenue SW., Washington, DC 20201.

FOR FURTHER INFORMATION CONTACT: National Vaccine Program Office, U.S. Department of Health and Human Services, Room 715–H, Hubert H. Humphrey Building, 200 Independence Avenue SW., Washington, DC 20201. Phone: (202) 690–5566; Fax: (202) 690–4631; email: *nvpo@hhs.gov.*

SUPPLEMENTARY INFORMATION: Pursuant to Section 2101 of the Public Health Service Act (42 U.S.C. 300aa–1), the Secretary of Health and Human Services was mandated to establish the National Vaccine Program to achieve optimal prevention of human infectious diseases through immunization and to achieve optimal prevention against adverse reactions to vaccines. The National Vaccine Advisory Committee was established to provide advice and make recommendations to the Director of the National Vaccine Program on matters related to the Program's responsibilities. The Assistant Secretary for Health serves as Director of the National Vaccine Program.

The topics to be discussed at the NVAC meeting will include updates from the NVAC working groups on Human Papillomavirus (HPV) Vaccine and Maternal Immunization, Healthy People 2020 Immunization objectives, immunizations and the Affordable Care Act, deliberation and vote on the NVAC Report on Global Immunization and NVAC Adult Immunization Standards of Practice. The meeting agenda will be posted on the NVAC Web site: *http://www.hhs.gov/nvpo/nvac* prior to the meeting.

Public attendance at the meeting is limited to space available. Please note agenda meeting times are approximate and are subject to change. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the National Vaccine Program Office at the address/phone listed above at least one week prior to the meeting. Members of the public will have the opportunity to provide comments at the NVAC meeting during the public comment periods on the agenda. Individuals who would like to submit written statements should email or fax their comments to the National Vaccine Program Office at least five business days prior to the meeting.

Dated: August 20, 2013.

Bruce Gellin,

Director, National Vaccine Program Office, Executive Secretary, National Vaccine Advisory Committee.

[FR Doc. 2013–20797 Filed 8–26–13; 8:45 am]

BILLING CODE 4150–44–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meetings of the National Biodefense Science Board

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

ACTION: Notice.

SUMMARY: As stipulated by the Federal Advisory Committee Act, the U.S. Department of Health and Human Services is hereby giving notice that the National Biodefense Science Board (NBSB) will be holding a public meeting on September 12, 2013.

DATES: The September 12, 2013, NBSB public meeting is tentatively scheduled from 1:00 p.m. to 3:00 p.m. EST, both in-person in Washington, DC and with teleconference connectivity. The agenda