Information Collection Request Title: Office on Women's Health: IPV Provider Network Cross-Site Evaluation

Abstract: The Affordable Care Act (PHS 2713) requires health insurance plans to cover preventive care and screening for women as defined by the Health Resources and Services Administration (HRSA) Women's Preventive Services Guidelines, including screening and counseling for interpersonal and domestic violence. In addition, the U.S. Preventive Services Task Force released a recommendation for IPV (interpersonal violence) screening in clinical settings. As part of the administration's efforts to create a health system that better addresses the needs of IPV victims, the Office on Women's Health (OWH) at the U.S. Department of Health and Human Services has established the IPV Provider Network program. The program requires partnerships between health care providers and IPV service programs to evaluate systems for integrating IPV interventions into basic clinical care. Each of the five selected OWH grantees is required to establish Memoranda of Understanding with 5 to 10 partners that provide services (*e.g.,* legal, housing, substance use, mental health) to clients referred by the grantee health providers. The *overall goal of the IPV Provider Network project* is to understand and assess the strategies implemented by the five different IPV Provider Network programs designed to improve care coordination for IPV screening/referred patients. OWH will use program assessment findings to support future work with federal and state partners to disseminate the evidence-based strategies that are created. The purpose of *this data collection* is to gather data from the grantees' service provider partners to answer the research question: What feedback is available from the service partners to refine the IPV referral and follow-up processes? OWH contractor NORC at the University of Chicago will collect and analyze two sources of primary data. The first data source will be a brief online survey administered to a single representative of each of the partners, assessing (a) the partnership with the respective OWH grantee's health care provider and (b) the services that partner provides to the women referred by the health care provider. The second data source is a key informant interview with a single representative of each partner, providing a mechanism for the key informant to elaborate on their agency's survey response data. Direct contact with the partners is necessary to understand the nature of each grantee's provider network partnerships, including what works and what does not work.

Likely Respondents: Medical and Health Services Managers.

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Semi-annual online Service Provider Assessments	50	2	30/60	50/60
Key informant interviews	50	1	1	50/60
Total				100

OS specifically requests comments on (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.

Terry S. Clark,

Asst. Information Collection Clearance Officer.

[FR Doc. 2016–10066 Filed 4–28–16; 8:45 am]

BILLING CODE 4150–33–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

4-in-1 Grant Program; Correction

AGENCY: Indian Health Service, HHS.

ACTION: Notice; correction.

SUMMARY: The Indian Health Service published a document in the **Federal Register** on March 14, 2016, for the FY 2016 4-in-1 Grant Program. The notice contained incorrect page limits for one section of the project narrative and the overall project narrative.

FOR FURTHER INFORMATION CONTACT: Rick Mueller, Public Health Advisor, Office of Urban Indian Health Programs, 5600 Fishers Lane, Mail Stop: 08E65B, Rockville, MD 20857, Telephone (301) 443–4680. (This is not a toll-free number.)

Corrections

In the **Federal Register** of March 14, 2016, in FR Doc. 2016–05761, the following corrections are made:

1. On page 13382, in the first column, under the heading ''IV. Application and Submission Information, 2. Content and Form of Application Submission'', the correct Project Narrative requirement should read as ''Project Narrative (must be single-spaced and not exceed thirty two pages)''.

2. On page 13382, in the second column, under the heading ''IV. Application and Submission Information, Requirements for Project and Budget Narratives, A. Project Narrative'', the correct paragraphs should read as ''The project narrative should be a separate Word document that is no longer than 32 pages and must: Be single-spaced, be type-written, have consecutively numbered pages, use black type not smaller than 12 characters per one inch, and be printed on one side only of standard size 8½ x 11 paper.

Be sure to succinctly address and answer all questions listed under the narrative and place them under the evaluation criteria (refer to Section V.1, Evaluation criteria in this announcement) and place all responses and required information in the correct section (noted below), or they shall not be considered or scored. These narratives will assist the Objective Review Committee (ORC) in becoming familiar with the applicant's activities and accomplishments prior to this grant award. If the narrative exceeds the page limit, only the first 32 pages will be reviewed. The 32-page limit for the narrative does not include the table of contents, abstract, standard forms, budget justification narrative, and/or other appendix items''.

3. On page 13382, in the third column, under the heading ''IV.

Application and Submission Information, Requirements for Project and Budget Narratives, A. Project Narrative, Part A: Program Information (3 Page Limitation)'', the correct subheading and page limit should read as ''Part A: Program Information (10 page limitation)''.

4. On page 13384, in the first column, under the heading ''V. Application Review Information'', the correct paragraph should read as ''The instructions for preparing the application narrative also constitute the evaluation criteria for reviewing and scoring the application. Weights assigned to each section are noted in parentheses. The 32 page narrative should include only the first year activities; information for multi-year projects should be included as an appendix. See ''Multi-year Project Requirements'' at the end of this section for more information. The narrative should be written in a manner that is clear to outside reviewers unfamiliar with prior related activities of the applicant. It should be well organized, succinct, and contain all information necessary for reviewers to understand the project fully. Points will be assigned to each evaluation criteria adding up to a total of 100 points. A minimum score of 60 points is required for funding. Points are assigned as follows:''

Dated: April 25, 2016.

Elizabeth A. Fowler,

Deputy Director for Management Operations, Indian Health Service.

[FR Doc. 2016–10164 Filed 4–28–16; 8:45 am]

BILLING CODE 4165–16–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Prospective Grant of Exclusive License: AAV-Mediated Aquaporin Gene Transfer To Treat Sjögren's Syndrome

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

SUMMARY: This is notice, in accordance with 35 U.S.C. 209 and 37 CFR part 404, that the National Institutes of Health, Department of Health and Human Services, is contemplating the grant of an exclusive license to MeiraGTx, having a principal place of business in New York, New York, U.S.A. to practice the inventions embodied in the following patent applications, entitled ''AAV-mediated aquaporin gene transfer to treat Sjögren's syndrome'':

1. U.S. Provisional Patent Application No. 61/695,753 filed August 31, 2012 (HHS Ref. No. E–139–2011/1–US–01);
2. PCT Application No. PCT/US2013/057632, filed August 30, 2013 (HHS Ref. No. E–139–2011/1–PCT–02);
3. Australia Patent Application No. 2013308470, filed February 25, 2015 (HHS Ref. No. E–139–2011/1–AU–03);
4. Canada Patent Application No. 2882763, filed February 20, 2015 (HHS Ref. No. E–139–2011/1–CA–04);
5. European Patent Application No. 13773443.0, filed March 30, 2015 (HHS Ref. No. E–139–2011/1–EP–05);
6. U.S. Patent Application No. 14/423,774, filed February 25, 2015 (HHS Ref. No. E–139–2011/1–US–06).

The patent rights in these inventions have been assigned to the Government of the United States of America. The territory of the prospective license may be worldwide, and the field of use may be limited to adeno-associated virus (AAV) vector mediated gene delivery of human aquaporin-1 (hAQP1) in Sjögren's syndrome patients with associated xerostomia and/or xerophthalmia.

DATES: Only written comments and/or applications for a license that are received by the National Institute of Dental and Craniofacial Research, Office of Technology Transfer and Innovation Access on or before May 16, 2016 will be considered.

FOR FURTHER INFORMATION CONTACT: Requests for a copy of the patent application(s), inquiries, comments and other materials relating to the contemplated license should be directed to: Sally Hu, Ph.D., M.B.A., Senior Licensing and Patenting Manager, Office of Technology Transfer and Innovation Access, National Institute of Dental and Craniofacial Research, National Institutes of Health, BLDG 1 DEM, RM667, 6701 Democracy Blvd., Bethesda, MD 20817; Telephone: (301) 594–2616; Facsimile: (301) 496–1005; Email: *sally.hu@nih.gov.* A signed confidential disclosure agreement may be required to receive copies of the patent application assuming it has not already been published under the publication rules of either the United States Patent and Trademark Office or the World Intellectual Property Organization.

SUPPLEMENTARY INFORMATION: This subject technology is directed to the methods of using AAV vectors to deliver the hAQP gene into a salivary gland or a lachrymal gland in patients who suffer from Sjögren's syndrome. Sjögren's syndrome is a systemic autoimmune disease in which immune cells attack and destroy the glands that produce saliva and tears, resulting in progressive dry mouth and dry eyes. In a mouse model of Sjögren's syndrome, administration of hAQP–1 to salivary glands can restore salivary secretion and reduce inflammation in the glands.

The prospective exclusive license will be royalty bearing and will comply with the terms and conditions of 35 U.S.C. 209 and 37 CFR part 404. The prospective exclusive license may be granted unless, within fifteen (15) days from the date of this published notice, the Office of Technology Transfer and Innovation Access, National Institute of Dental and Craniofacial Research receives written evidence and argument that establishes that the grant of the contemplated license would not be consistent with the requirements of 35 U.S.C. 209 and 37 CFR part 404.

Properly filed competing applications for a license in the prospective field of use that are filed in response to this notice will be treated as objections to the contemplated license. Comments and objections submitted in response to this notice will not be made available for public inspection, and, to the extent permitted by law, will not be released under the Freedom of Information Act, 5 U.S.C. 552.

Dated: April 22, 2016.

David W. Bradley,

Director, Office of Technology Transfer and Innovation Access, National Institute of Dental and Craniofacial Research, National Institutes of Health.

[FR Doc. 2016–09978 Filed 4–28–16; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute on Drug Abuse; Notice of Closed Meetings

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App), notice is hereby given of the following meetings.

The meetings will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Institute on Drug Abuse Special Emphasis Panel NIH Blueprint Training in Computational