

Within Clinical Information:

- Variable ID 47, “Date of First HIV Outpatient/Ambulatory Health Care Visit” will be renamed “Date of First HIV Outpatient/Ambulatory Health Services Visit”.
- Variable ID 48, “Dates of All Outpatient Ambulatory Health Care Visits” will be renamed “Dates of All Outpatient/Ambulatory Health Services Visits”.
- Variable ID 74, “OAMC Link Date” will be renamed “OAHS Link Date”.

Need and Proposed Use of the

Information: RWHAP’s statute specifies HRSA’s responsibility to administer grant funds, allocate funds, evaluate programs for the populations served, and improve efficiency and effectiveness through quality HIV care and treatment for patients. Accurate records of the providers receiving Ryan White HIV/AIDS Program funding, the clients served, and services provided continue to be critical for the implementation of the statute.

The RSR provides data on the characteristics of RWHAP-funded grant recipients, their contracted service providers, and the clients served. The RSR is intended to support clinical quality management, performance measurement, service delivery, and client monitoring at the systems and client levels. The reporting system consists of two online data forms, the Recipient Report and the Service

Provider Report, as well as a data file containing the client-level data elements. Data are submitted annually. The statute specifies the importance of grant recipient accountability and linking performance to the budget. The RSR is used to ensure compliance with the statute, evaluate the progress of programs, monitor grant recipient and provider performance, and inform annual reports to Congress.

Information collected through the RSR is critical for HRSA, state, city, and local grant recipients, and individual providers to assess the status of existing HIV-related service delivery systems, investigate trends in service utilization, and health outcomes. Minor revisions to the RSR are being made to streamline data collection and reduce reporting burden.

The removal of variable ID 8, “Self-Reported Transgender Status”, will streamline reporting of client demographic data. With the additional response options for variable ID 7, “Self-Reported Gender”—“Transgender Male to Female”, “Transgender Female to Male”, and “Transgender Other”, HRSA will improve the overall quality of demographic data that are reported, which is essential for program monitoring. The additions and deletions of response options for variable IDs 19 and 35, as well as the renaming of variable IDs 47, 48, and 74, will allow HRSA to align its data collection efforts

with recent program policy notices (e.g. Policy Clarification Notice 16–02, Ryan White HIV/AIDS Program Services: Eligible Individuals and Allowable Uses of Funds) that incorporate both HHS regulations and program specific requirements set forth in the RWHAP statute.

Likely Respondents: Ryan White HIV/AIDS Program Part A, Part B, Part C, and Part D recipients and their contracted service providers.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install, and utilize technology and systems for the purpose of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information.

The total burden for this revised form has decreased by 6,416 hours due to the deletion of several data elements and an estimated decrease in the number of respondents. 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	Total responses	Average burden per response (in hours)	Total burden hours
Grantee Report	595	1	595	7	4,165
Provider Report	1793	1	1793	17	30,481
Client Report	1312	1	1312	67	87,904
Total	3700	3700	122,550

Jason E. Bennett,

Director, Division of the Executive Secretariat.

[FR Doc. 2017–11716 Filed 6–6–17; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request; Information Collection Request Title: Reconciliation Tool for the Teaching Health Center Graduate Medical Education Program, OMB No. 0915–0342—Extension

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995, HRSA has submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period.

DATES: Comments on this ICR should be received no later than July 7, 2017.

ADDRESSES: Submit your comments, including the Information Collection

Request Title, to the desk officer for HRSA, either by email to OIRA_submission@omb.eop.gov or by fax to 202-395-5806.

FOR FURTHER INFORMATION CONTACT: To request a copy of the clearance requests submitted to OMB for review, email the HRSA Information Collection Clearance Officer at paperwork@hrsa.gov or call (301) 443-1984.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the information request collection title for reference, in compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995.

Information Collection Request Title: Reconciliation Tool for the Teaching Health Center Graduate Medical Education Program, OMB No. 0915-0342—Extension

Abstract: The Teaching Health Center Graduate Medical Education (THCGME) program, as authorized by section 340H of the Public Health Service (PHS) Act,

awards payment for both direct and indirect expenses to support training for primary care residents in community based ambulatory patient care settings. Direct medical expenses payments are designed to compensate eligible teaching health centers for those expenses directly associated with resident training, while indirect medical expenses payments are intended to compensate for the additional costs of training residents in such programs.

Need and Proposed Use of the Information: THCGME program payments are prospective payments, and the statute provides for a reconciliation process, through which overpayments may be recouped and underpayments may be adjusted at the end of the fiscal year. This data collection instrument gathers information relating to the number of resident full-time equivalents (FTEs) in THC training programs in order to reconcile payments for both direct and indirect expenses.

Likely Respondents: The likely responders to the THCGME Reconciliation Tool are THCGME program award recipients.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install, and utilize technology and systems for the purpose of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. 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	Total responses	Average burden per response (in hours)	Total burden hours
THCGME Reconciliation Tool	59	1	59	2	118
Total	59	59	118

Jason E. Bennett,

Director, Division of the Executive Secretariat.

[FR Doc. 2017-11714 Filed 6-6-17; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Library of Medicine; Notice of Closed Meeting

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 meeting.

The meeting 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 materials, 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 Library of Medicine Special Emphasis Panel; R01/R21/K01 Conflicts.

Date: July 20, 2017.

Time: 12:00 p.m. to 4:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Library of Medicine/Center for Scientific Review, 6701 Rockledge Drive, Room 3042, Bethesda, MD 20892 (Virtual Meeting).

Contact Person: Zoe E. Huang, MD, Scientific Review Officer, Division of Extramural Programs, National Library of Medicine, NIH, 6705 Rockledge Drive, Suite 301, Bethesda, MD 20892-7968, 301-594-4937, huangz@mail.nih.gov.

(Catalogue of Federal Domestic Assistance Program No. 93.879, Medical Library Assistance, National Institutes of Health, HHS)

Dated: June 1, 2017.

Michelle Trout,

Program Analyst, Office of the Federal Advisory Committee Policy.

[FR Doc. 2017-11724 Filed 6-6-17; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Library of Medicine; Cancellation of Meeting

Notice is hereby given of the cancellation of the PubMed Central National Advisory Committee, June 21, 2017, 2:00 p.m. to June 21, 2017, 4:00 p.m., National Library of Medicine, Building 38, 2nd Floor, The Lindberg Room, 8600 Rockville Pike, Bethesda, MD 20892 which was published on March 28, 2017, 82 FR 58, Page 15362.

Dated: June 1, 2017.

Michelle Trout,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2017-11720 Filed 6-6-17; 8:45 am]

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