

Prevention and the Agency for Toxic Substances and Disease Registry.

Elaine L. Baker,
Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-17-17NS]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) has submitted the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995. The notice for the proposed information collection is published to obtain comments from the public and affected agencies.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address any of the following: (a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (c) Enhance the quality, utility, and clarity of the information to be collected; (d) Minimize the burden of

the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses; and (e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639-7570 or send an email to omb@cdc.gov. Written comments and/or suggestions regarding the items contained in this notice should be directed to the Attention: CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

Proposed Project

Assessing the Infrastructure for Public Sexually Transmitted Disease (STD) Prevention Services—NEW—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Annually, there are nearly 20 million cases of sexually transmitted diseases (STD) in the United States (US) causing an estimated \$15.6 billion in direct medical costs. A significant percentage of reported cases of STDs are diagnosed in publicly funded clinics, such as STD clinics that are operated by state health departments (SHDs) and local health departments (LHDs). Additionally, state and local health departments also engage in other essential STD prevention activities such as partner services and disease surveillance. Therefore, it is important to periodically assess the current level of publicly-

funded STD prevention services that are offered by health departments in the US.

The STD infrastructure survey will aid CDC in understanding the scope of the delivery of timely public STD preventive and clinical services that are provided to reduce the number of newly acquired STDs and prevent STD-related sequelae. There is no national data available that focuses on detailed STD prevention activities conducted by state and local health departments.

The purpose of this survey is to periodically, (i.e., every three years) examine STD prevention services provided by local and state health departments. The survey will include all state health departments and a nationally representative sample of local health departments in the US. The local health department sample will allow for estimates by jurisdiction population size and US Census region.

The survey contains sections on STD program structure within the health department, STD-related clinical services (local health departments only), partner and other prevention services, and workforce and impacts of any budget reductions.

CDC will administer the STD infrastructure survey to all 50 state health departments and a random sample of 668 local health departments from a list of local health departments maintained by the National Association of City and County Health Officials (NACCHO). Using a web-based survey, multiple reminders will be sent to non-responders in order to reach the target of 44 completed state and 334 completed local surveys for each data collection (different respondents per data collection). The total estimated annual burden hours are 238. There is no cost to respondents other than their time.

ESTIMATED ANNUAL BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
STD program director, LHDs	LHD survey	668	1	15/60
STD program director, SHDs	SHD survey	50	1	85/60

Leroy A. Richardson,

*Chief, Information Collection Review Office,
Office of Scientific Integrity, Office of the
Associate Director for Science, Office of the
Director, Centers for Disease Control and
Prevention.*

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Board on Radiation and Worker Health (ABRWH or the Advisory Board), Subcommittee for Dose Reconstruction Reviews (SDRR), National Institute for Occupational Safety and Health (NIOSH)

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice of meeting.

SUMMARY: In accordance with the Federal Advisory Committee Act, the Centers for Disease Control and Prevention (CDC), announces the following meeting for the aforementioned subcommittee. This meeting is open to the public, but without a public comment period. The public is welcome to submit written comments in advance of the meeting, to the contact person below. Written comments received in advance of the meeting will be included in the official record of the meeting. The public is also welcome to listen to the meeting by joining the teleconference at the USA toll-free, dial-in number at 1-866-659-0537 and the pass code is 9933701. The conference line has 150 ports for callers.

DATES: The meeting will be held on September 28, 2017, 10:30 a.m.–5:00 p.m., EDT.

ADDRESSES: Audio Conference Call via FTS Conferencing. The USA toll-free dial-in number is 1-866-659-0537 and the pass code is 9933701.

FOR FURTHER INFORMATION CONTACT:

Theodore Katz, MPA, Designated Federal Officer, NIOSH, CDC, 1600 Clifton Road, Mailstop E-20, Atlanta, Georgia 30333, Telephone (513) 533-6800, Toll Free 1 (800) CDC-INFO, Email ocas@cdc.gov.

SUPPLEMENTARY INFORMATION:

Background: The Advisory Board was established under the Energy Employees Occupational Illness Compensation Program Act of 2000 to advise the President on a variety of policy and technical functions required to implement and effectively manage the

new compensation program. Key functions of the Advisory Board include providing advice on the development of probability of causation guidelines, which have been promulgated by the Department of Health and Human Services (HHS) as a final rule; advice on methods of dose reconstruction, which have also been promulgated by HHS as a final rule; advice on the scientific validity and quality of dose estimation and reconstruction efforts being performed for purposes of the compensation program; and advice on petitions to add classes of workers to the Special Exposure Cohort (SEC).

In December 2000, the President delegated responsibility for funding, staffing, and operating the Advisory Board to HHS, which subsequently delegated this authority to the CDC. NIOSH implements this responsibility for CDC. The charter was issued on August 3, 2001, renewed at appropriate intervals, rechartered on March 22, 2016 pursuant to Executive Order 13708, and will expire on September 30, 2017.

Purpose: The Advisory Board is charged with (a) providing advice to the Secretary, HHS, on the development of guidelines under Executive Order 13179; (b) providing advice to the Secretary, HHS, on the scientific validity and quality of dose reconstruction efforts performed for this program; and (c) upon request by the Secretary, HHS, advise the Secretary on whether there is a class of employees at any Department of Energy facility who were exposed to radiation but for whom it is not feasible to estimate their radiation dose, and on whether there is reasonable likelihood that such radiation doses may have endangered the health of members of this class. The Subcommittee for Dose Reconstruction Reviews was established to aid the Advisory Board in carrying out its duty to advise the Secretary, HHS, on dose reconstruction.

Matters To Be Considered: The agenda for the Subcommittee meeting includes the following dose reconstruction program quality management and assurance activities: Dose reconstruction cases under review from Sets 14–23, including the Oak Ridge sites (Y-12, K-25, Oak Ridge National Laboratory), Hanford, Feed Materials Production Center (“Fernald”), Lawrence Livermore National Laboratory, Mound Plant, Rocky Flats Plant, Nevada Test Site, Idaho National Laboratory, Savannah River Site, Brookhaven National Laboratory, Westinghouse, W.R. Grace, Uranium Mill in Monticello, Ventron Corporation, Weldon Springs Plant, and other Department of Energy and “Atomic Weapons Employer” facilities.

The agenda is subject to change as priorities dictate.

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.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[CFDA Numbers: 93.581, 93.587, 93.612]

Request for Public Comment on the Proposed Adoption of Administration for Native Americans Program Policies and Procedures

AGENCY: Administration for Native Americans, ACF, HHS.

ACTION: Notice for public comment.

SUMMARY: Pursuant to Section 814 of the Native American Programs Act of 1974 (NAPA), as amended, the Administration for Native Americans (ANA) is required to provide members of the public an opportunity to comment on proposed changes in interpretive rules and general statements of policy and to give notice of the final adoption of such changes no less than 30 days before such changes become effective. In accordance with notice requirements of NAPA, ANA herein describes proposed interpretive rules and general statements of policy that relate to ANA’s funding opportunities beginning in Fiscal Year (FY) 2018. Changes to FY 2018 Funding Opportunity Announcements (FOAs) will be based on the following previously published programs: Environmental Regulatory Enhancement (ERE) HHS-2017-ACF-ANA-NR-1221, Native American Language Preservation and Maintenance-Esther Martinez Immersion (EMI) HHS-2017-ACF-ANA-NB-1226, Native American Language Preservation and Maintenance (P&M) HHS-2017-ACF-ANA-NL-1235, Social and Economic Development Strategies (SEDS) HHS-2017-ACF-ANA-NA-1236, Social and Economic Development Strategies-Alaska (SEDS-AK) HHS-2015-ACF-ANA-NK-0960,