

located on the NIH Main Campus at 9000 Rockville Pike, Bethesda, MD 20892.

**FOR FURTHER INFORMATION CONTACT:**

Designated Federal Officer, 2018 Physical Activity Guidelines Advisory Committee, Richard D. Olson, M.D., M.P.H. and/or Alternate Designated Federal Officer, Katrina L. Piercy, Ph.D., R.D., Office of Disease Prevention and Health Promotion (ODPHP), Office of the Assistant Secretary for Health (OASH), HHS; 1101 Wootton Parkway, Suite LL-100; Rockville, MD 20852; Telephone: (240) 453-8280. Additional information is available at [www.health.gov/paguidelines](http://www.health.gov/paguidelines).

**SUPPLEMENTARY INFORMATION:** The inaugural *Physical Activity Guidelines for Americans* (PAG), issued in 2008, represents the first comprehensive guidelines on physical activity issued by the federal government. The PAG serves as the benchmark and primary, authoritative voice of the federal government for providing science-based guidance on physical activity, fitness, and health for Americans. Five years after the first edition was released, ODPHP, in collaboration with the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), and the President's Council on Fitness, Sports, and Nutrition (PCFSN) led development of the *PAG Midcourse Report: Strategies to Increase Physical Activity Among Youth*. The second edition of the PAG will build upon the first edition and provide a foundation for federal recommendations and education for physical activity programs for Americans, including those at risk for chronic disease.

**Appointed Committee Members:** The Secretary of HHS appointed 17 individuals to serve as members of the 2018 PAGAC in June 2016. Information on Committee membership is available at [www.health.gov/paguidelines/second-edition/committee/](http://www.health.gov/paguidelines/second-edition/committee/).

**Committee's Task:** The work of the 2018 PAGAC will be time-limited and solely advisory in nature. The Committee will develop recommendations based on the preponderance of current scientific and medical knowledge using a systematic review approach. The Committee will examine the current PAG, take into consideration new scientific evidence and current resource documents, and develop a scientific report to the Secretary of HHS that outlines its science-based advice and recommendations for development of the second edition of the PAG. The Committee will hold approximately five

public meetings to review and discuss recommendations. The first meeting was held in July 2016, and it is anticipated that future meetings will be held in the third weeks of March 2017, July 2017, and October 2017. Meeting dates, times, locations, and other relevant information will be announced at least 15 days in advance of each meeting via **Federal Register** notice. As stipulated in the charter, the Committee will be terminated after delivery of its report to the Secretary of HHS or two years from the date the charter was filed, whichever comes first.

**Purpose of the Meeting:** In accordance with FACA and to promote transparency of the process, deliberations of the Committee will occur in a public forum. At this meeting, the Committee will continue its deliberations from the last public meeting.

**Meeting Agenda:** The meeting agenda will include (a) opportunity for the public to give oral testimony, (b) review of Committee work since the last public meeting, and (c) plans for future Committee work.

**Meeting Registration:** The meeting is open to the public. The meeting will be accessible by webcast or by attendance in-person; pre-registration is required for either option. To pre-register, please visit [www.health.gov/paguidelines](http://www.health.gov/paguidelines). To request a special accommodation, please email [jennifer.gillissen@kauffmaninc.com](mailto:jennifer.gillissen@kauffmaninc.com).

**Webcast Public Participation:** After pre-registration, individuals participating by webcast will receive webcast access information via email.

**In-Person Public Participation and Building Access:** For in-person participants, the meeting will be held within the National Institutes of Health (NIH) Masur Auditorium, NIH Clinical Center, Building 10, as noted above in the **ADDRESSES** section. Details regarding registration capacity and directions will be posted on [www.health.gov/paguidelines](http://www.health.gov/paguidelines). For in-person participants, check-in at the registration desk onsite at the meeting is required and will begin at 1:45 p.m. E.D.T. on October 27 and 7:30 a.m. E.D.T. on October 28. Please note that all visitors must enter through the NIH Gateway Center, which opens at 6:00 a.m. E.D.T. You will be asked to submit to a vehicle or personal inspection and provide a government-issued ID.

**Public Comments and Meeting Documents:** Written comments from the public will be accepted throughout the Committee's deliberative process; an opportunity to present oral comments to the Committee will be provided at this meeting. Those wishing to present oral

comment must pre-register at [www.health.gov/paguidelines](http://www.health.gov/paguidelines) no later than October 20. Written public comments can be submitted and/or viewed at [www.health.gov/paguidelines/pcd/](http://www.health.gov/paguidelines/pcd/). Documents pertaining to Committee deliberations, including meeting agendas and summaries will be available on [www.health.gov/paguidelines](http://www.health.gov/paguidelines). Meeting information, thereafter, will continue to be accessible online and upon request at the Office of Disease Prevention and Health Promotion, OASH/HHS; 1101 Wootton Parkway, Suite LL100 Tower Building; Rockville, MD 20852; Telephone: (240) 453-8280; Fax: (240) 453-8281.

Dated: September 14, 2016.

**Don Wright,**

*Deputy Assistant Secretary for Health, (Disease Prevention and Health Promotion).*

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**BILLING CODE 4150-23-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Office of the Secretary**

[Document Identifier: HHS-OS-0990-0001-60D]

**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 an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). The ICR is for extending the use of the approved information collection assigned OMB control number 0990-0001, which expires on December 31, 2016. Prior to submitting the 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 November 28, 2016.

**ADDRESSES:** Submit your comments to [Information.CollectionClearance@hhs.gov](mailto:Information.CollectionClearance@hhs.gov) or by calling (202) 690-5683.

**SUPPLEMENTARY INFORMATION:** When submitting comments or requesting information, please include the document identifier HHS-OS-0990-0001-60D for reference.

*Information Collection Request Title:* Application for waiver of the two- year foreign residence requirement of the Exchange Visitor Program.

OMB No.: 0990-0001.

*Abstract:* The Office of Global Affairs (OGA) requests that OMB approves an extension on a previous approved collection, OMB # 0990-0001. The HHS program deals with both research and clinical care waivers. Applicant

institutions apply to this Department to request a waiver on behalf of research scientists or foreign medical graduates to work as clinicians in HHS designated health shortage areas doing primary care in medical facilities. The instructions request a copy of Form G-28 from applicant institutions represented by legal counsel outside of the applying institution. United States Department of Justice Form G-28 ascertains that legal

counsel represents both the applicant organization and the exchange visitor.

*Need and Proposed Use of the Information:* Required as part of the application process to collect basic information such as name, address, family status, sponsor and current visa information.

*Likely Respondents:* Research scientists and research facilities.

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

Type of respondent	Form name	Number of respondents	Number responses per respondent	Average burden per response (in hours)	Total burden hours
Application Waiver/Supplemental A Research .....	HHS 426 .....	45	1	10	450
Application Waiver/Supplemental B Clinical Care .....	HHS 426 .....	35	1	10	350
Total .....	.....	.....	.....	.....	800

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.

Darius Taylor,

Information Collection Clearance Officer.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Substance Abuse and Mental Health Services Administration**

**Agency Information Collection Activities: Proposed Collection; Comment Request**

In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer on (240) 276-1243.

Comments are invited on: (a) Whether the proposed collections of information are necessary for the proper

performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

**Proposed Project: National Mental Health Services Survey (N-MHSS) (OMB No. 0930-0119)—Revision**

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality (CBHSQ) is requesting a revision to the National Mental Health Services Survey (N-MHSS) (OMB No. 0930-0119), which expires on February 28, 2017. The N-MHSS provides annual national and state-level data on the number and characteristics of mental health treatment facilities in the United States and biennial national and state-level data on the number and characteristics of persons treated in these facilities.

The N-MHSS will provide updated information about facilities for SAMHSA's online Behavioral Health Treatment Services Locator (see: <https://findtreatment.samhsa.gov>), which was last updated with information from the abbreviated N-MHSS (N-MHSS-Locator Survey) in 2015. An abbreviated N-MHSS (N-MHSS-Locator Survey) will be conducted in 2017 and 2019 to update the information about facilities in the online Locator. A full-scale N-MHSS will be conducted in 2018 to

collect (1) information about facilities needed for updating the online Locator, such as the facility name and address, specific services offered, and special client groups served and (2) additional information about client counts and the demographics of persons treated in these facilities. Three small surveys are proposed for adding new facilities to the online Locator as they become known to SAMHSA. Both the 2017 N-MHSS-Locator Survey and the addition of new facilities to the online Locator will use the same N-MHSS-Locator Survey instrument.

This request for a revision seeks to change the content of the currently approved abbreviated N-MHSS (*i.e.*, N-MHSS-Locator) survey instrument, and the previously approved 2014 and 2016 full-scale N-MHSS (OMB No. 0930-0119) to accommodate two related N-MHSS activities:

(1) Collection of information from the total N-MHSS universe of mental health treatment facilities during 2017, 2018, and 2019; and

(2) collection of information on newly identified facilities throughout the year as they are identified so that new facilities can quickly be added to the online Locator.

The survey mode for both data collection activities will be web with telephone follow-up. A paper questionnaire will also be available to facilities who request one.

The database resulting from the N-MHSS will be used to update SAMHSA's online Behavioral Health Treatment Services Locator and to produce an electronic version of a national directory of mental health facilities, for use by the general public, behavioral health professionals, and