

FDA received 7,265 cancellations of prior notices through ABI/ACS during 2014; 7,910 during 2015; and 5,948 during 2016. Based on this experience, the Agency estimates that approximately 7,040 users of ABI/ACS will submit an average of 1 cancellation annually, for a total of 7,040 cancellations received annually through ABI/ACS. FDA estimates the reporting burden for a cancellation submitted through ABI/ACS to be 15 minutes, or 0.25 hour, per cancellation, for a total burden of 1,760 hours.

FDA received 36,324 cancellations of prior notices through PNSI during 2014; 39,553 during 2015; and 29,743 during 2016. Based on this experience, the Agency estimates that approximately 35,208 registered users of PNSI will submit an average of 1 cancellation annually, for a total of 35,208 cancellations received annually. FDA estimates the reporting burden for a cancellation submitted through PNSI to be 15 minutes, or 0.25 hour, per cancellation, for a total burden of 8,802 hours.

FDA has not received any requests for review under § 1.283(d) or § 1.285(j) in the last 3 years; therefore, the Agency estimates that one or fewer requests for review will be submitted annually. FDA estimates that it will take a requestor about 8 hours to prepare the factual and legal information necessary to prepare a request for review. Thus, the Agency has estimated a total reporting burden of 8 hours.

FDA received 235 post-hold submissions under § 1.285(i) during 2014; 218 during 2015; and 337 during 2016. Based on this experience, the Agency estimates that 263 post-hold submissions under § 1.285(i) will be submitted annually. FDA estimates that it will take about 1 hour to prepare the written notification described in § 1.285(i)(2)(i). Thus, the Agency estimates a total reporting burden of 263 hours.

Dated: December 30, 2016.

**Leslie Kux,**

*Associate Commissioner for Policy.*

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## 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; The National Health Service Corps Loan Repayment Program

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

**ACTION:** Notice.

**SUMMARY:** In compliance with Section 3507(a)(1)(D) of 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 February 6, 2017.

**ADDRESSES:** Submit your comments, including the ICR Title, to the desk officer for HRSA, either by email to [OIRA\\_submission@omb.eop.gov](mailto: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](mailto: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.

*Information Collection Request Title:* The National Health Service Corps Loan Repayment Program.

OMB No. 0915-0127 Revision.

*Abstract:* The National Health Service Corps (NHSC) Loan Repayment Program (LRP) was established to assure an adequate supply of trained primary care health professionals to provide services in the neediest Health Professional Shortage Areas (HPSAs) of the United States. Under this program, the Department of Health and Human Services agrees to repay the qualifying educational loans of selected primary care health professionals. In return, the health professionals agree to serve for a specified period of time in an NHSC-approved site located in a federally-designated HPSA approved by the Secretary for LRP participants. The forms used by the LRP include the

following: The NHSC LRP Application, the Authorization for Disclosure of Loan Information form, the Privacy Act Release Authorization form, and if applicable, the Verification of Disadvantaged Background form and the Private Practice Option form. The first four of the aforementioned NHSC LRP forms collect information that is needed for selecting participants and repaying qualifying educational loans. The last referenced form, the Private Practice Option Form, is needed to collect information for all participants who have applied for that service option.

NHSC-approved sites are health care facilities that provide comprehensive outpatient, ambulatory, primary health care services to populations residing in HPSAs. Related in-patient services may be provided by NHSC-approved Critical Access Hospitals (CAHs). To become an NHSC-approved site, new sites must submit a Site Application for review and approval. Existing NHSC-approved sites are required to complete a Site Recertification Application to maintain their NHSC-approved status. Both the NHSC Site Application and Site Recertification Application request information on the clinical service site, sponsoring agency, recruitment contact, staffing levels, service users, charges for services, employment policies, and fiscal management capabilities. Assistance in completing these applications may be obtained through the appropriate State Primary Care Offices and HRSA's NHSC program office. The information collected on the applications is used for determining the eligibility of sites for the assignment of NHSC health professionals and to verify the need for NHSC clinicians. NHSC service site approval is valid for 3 years. Sites wishing to remain eligible for the assignment of NHSC providers must submit a Site Recertification Application every 3 years.

The proposed ICR is a revision to OMB control number 0915-0127 (NHSC LRP) by combining previously approved OMB number 0915-0230 (NHSC Site Application and Site Recertification Application forms) and adding a new form to the ICR called the NHSC Comprehensive Behavioral Health Services Checklist.

*Need and Proposed Use of the Information:* The need and purpose of this information collection is to obtain information that is used to assess an LRP applicant's eligibility and qualifications for the LRP and obtain information for NHSC site applicants. Clinicians interested in participating in the NHSC LRP must submit an application to the NHSC to participate in the program, and health care facilities

located in HPSAs must submit an NHSC Site Application and Site Recertification Application to determine the eligibility of sites to participate in the NHSC as an approved service site. The NHSC LRP participant application asks for personal, professional, and financial information needed to determine the applicant's eligibility to participate in the NHSC LRP. In addition, applicants must provide information regarding the loans for which repayment is being requested. NHSC policy requires behavioral health providers to practice in community-based settings that provide access to comprehensive behavioral health services. Accordingly, for those sites seeking to be assigned behavioral health NHSC participants, additional site information collected from an NHSC Comprehensive Behavioral Health Services Checklist is

used. NHSC sites that do not directly offer all required behavioral health services must demonstrate a formal affiliation with a comprehensive, community-based primary behavioral health setting or facility to provide these services.

*Likely Respondents:* Likely respondents include: Licensed primary care medical, dental, and behavioral health providers who are employed or seeking employment, and are interested in serving underserved populations; health care facilities interested in participating in the NHSC and becoming an NHSC-approved service site; and NHSC sites providing behavioral health care services directly or through a formal affiliation with a comprehensive community-based primary behavioral health setting or facility providing comprehensive behavioral health services.

*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 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 Information Collection Request 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
NHSC LRP Application .....	8,200	1	8,200	1	8,200
Authorization for Disclosure of Loan Information Form .....	6,500	1	6,500	.10	650
Privacy Act Release Authorization Form .....	275	1	275	.10	27.5
Verification of Disadvantaged Background Form .....	600	1	600	.50	300
Private Practice Option Form .....	300	1	300	.10	30
NHSC Comprehensive Behavioral Health Services Checklist .....	*4,000	1	4,000	.13	520
NHSC Site Application (including recertification) .....	*3,700	1	3,700	.5	1,850
Total .....	19,875	.....	19,875	.....	11,577.50

\*The same respondents are completing the NHSC Comprehensive Behavioral Services Checklist and the NHSC Site Application.

HRSA 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.

**Amy McNulty,**

*Deputy Director, Division of the Executive Secretariat.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Proposed Changes to the Black Lung Clinics Program for Consideration for the FY 2017 Funding Opportunity Announcement Development**

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

**ACTION:** Response to comments.

**SUMMARY:** The Federal Office of Rural Health Policy (FORHP) in HRSA published a 30-day public notice in the **Federal Register** on August 22, 2016 soliciting feedback on a range of issues pertaining to the Black Lung Clinics Program (BLCP). In particular, FORHP requested feedback on how to best determine the needs of coal miners and their families, given the available data, and how to better equip future BLCP

grantees to meet those needs. This notice responds to the comments received during this 30-day public notice.

**ADDRESSES:** Further information on the Black Lung clinics program is available at <http://www.hrsa.gov/gethealthcare/conditions/blacklung/>.

**FOR FURTHER INFORMATION CONTACT:** Allison Hutchings, Program Coordinator, Black Lung Clinics Program, Federal Office of Rural Health Policy, Health Resources and Services Administration, [blacklung@hrsa.gov](mailto:blacklung@hrsa.gov).

**SUPPLEMENTARY INFORMATION:** The Federal Office of Rural Health Policy (FORHP) in HRSA published a 30-day public notice in the **Federal Register** on August 22, 2016 (**Federal Register** volume 81, number 162, pp. 56660-56662) soliciting feedback on a range of issues pertaining to the Black Lung Clinics Program (BLCP). In particular, FORHP requested feedback on how to best determine the needs of coal miners and their families, given the available