

211, 820, 600 through 680, and 1271), have already been approved and are in effect. The provisions of part 211 are approved under OMB control number 0910-0139. The provisions of part 820 are approved under OMB control number 0910-0073. The provisions of parts 606 and 640 are approved under OMB control number 0910-0116. The provisions of part 610 are approved under OMB control numbers 0910-0116 and 0910-0338 (also for part 680). The provisions of part 1271, subparts C and D, are approved under OMB control number 0910-0543.

Dated: January 6, 2017.

Leslie Kux,

Associate Commissioner for Policy.

[FR Doc. 2017-00411 Filed 1-10-17; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Public Comment Request; Nurse Anesthetist Traineeship (NAT) Program

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

ACTION: Notice.

SUMMARY: In compliance with the requirement for opportunity for public comment on proposed data collection projects of the Paperwork Reduction Act of 1995, HRSA announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on this ICR should be received no later than February 10, 2017.

ADDRESSES: Submit your comments to paperwork@hrsa.gov or mail the HRSA Information Collection Clearance Officer, Room 14N39, 5600 Fishers Lane, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of

the data collection plans and draft instruments, email paperwork@hrsa.gov or call the HRSA Information Collection Clearance Officer at (301) 443-1984.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the information request collection title for reference.

Information Collection Request Title: Nurse Anesthetist Traineeship (NAT) Program Application

OMB No.: 0915-0374—Revision

Abstract: HRSA provides advanced education nursing training grants to educational institutions to increase the numbers of Nurse Anesthetists through the NAT Program. The NAT Program is authorized by Section 811 of the Public Health Service (PHS) Act (42 U.S.C. 296j). The NAT Tables request information on program participants from the previous year, including the number of enrollees; number of enrollees/trainees supported; number of graduates; number of graduates supported; projected data on the number of enrollees/trainees and graduates; the degree program (Master's and Doctoral) the Nurse Anesthesia student trainees are enrolling into and/or from which enrollees/trainees are graduating; and the distribution of Nurse Anesthetists who practice in underserved, rural, and/or public health practice settings.

Need and Proposed Use of the Information: Funds appropriated for the NAT Program are distributed among eligible institutions based on a formula, as permitted by PHS Act Section 806(e)(1). HRSA uses the data from the NAT Tables to determine the award amount, ensure compliance with programmatic and grant requirements, and provide information to the public and Congress.

HRSA is streamlining the data collection forms from three tables to two tables by making the following changes:

- *Table 1—NAT:* Enrollment, Traineeship Support, Graduates, Graduates Supported, and Projected Data will no longer capture data by students in the first 12 months of study and students beyond the first 12 months of study in the program. Data will continue to be captured by Master's and Doctoral students.

- *Table 2A—NAT:* Graduate Data—Rural, Underserved, or Public Health is

now Table 2 due to the elimination of Table 2B. There are no other changes to this form.

- *Table 2B—NAT:* Graduates Supported by Traineeship Data—Rural, Underserved, or Public Health (7/01/15–6/30/16) will be discontinued.

Rationale: The NAT Program Specific Data Forms will be revised to streamline the process and capture only essential data for use in the formula calculation, ensure grantee compliance, and measure and evaluate the program.

Likely Respondents: Eligible applicants are education programs that provide registered nurses with full-time nurse anesthesia education and are accredited by the Council on Accreditation (COA) of Nurse Anesthesia Educational Programs. Such programs may include schools of nursing, nursing centers, academic health centers, state or local governments, and other public or private nonprofit entities authorized by the Secretary to confer degrees to registered nurses for full-time nurse anesthesia education. Faith-based and community-based organizations, Tribes, and tribal organizations may apply for these funds if otherwise eligible. In addition to the 50 states, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau may apply.

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 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 |
|---|-----------------------|------------------------------------|-----------------|--|--------------------|
| Table 1: NAT: Enrollment, Traineeship Support, Graduate, Graduates Supported and Projected Data | 100 | 1 | 100 | 3.4 | 340 |
| Table 2—NAT: Graduate Data—Rural, Underserved, or Public Health | 100 | 1 | 100 | 2.78 | 278 |
| Total | * 100 | | 100 | | 618 |

* The same respondents are completing Table 1 and Table 2.

Jason E. Bennett,
 Director, Division of the Executive Secretariat.
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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; Ryan White HIV/AIDS Program Outcomes and Expanded Insurance Coverage

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 10, 2017.

ADDRESSES: Submit your comments, including the ICR 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:

Information Collection Request Title: Ryan White HIV/AIDS Program Outcomes and Expanded Insurance Coverage

OMB No. 0906-xxxx-NEW
Abstract: HRSA, HIV/AIDS Bureau (HRSA/HAB) implements the Ryan White HIV/AIDS Program (RWHAP). This program provides HIV-related services in the United States for those who do not have sufficient health care coverage or financial resources for coping with HIV disease. The recent expansion of health coverage impacted a significant portion of RWHAP's traditional clients (newly-eligible Medicaid recipient clients, qualified health plan (QHP) insured clients, and uninsured clients) who are now eligible to receive third party reimbursement care. These changes require RWHAP sites to fill the different gaps in care experienced by clients across the varying health care coverage options. The purpose of this evaluation study is to determine the effect that changing health care coverage has had on overall health outcomes, service utilization, and gaps in care of HIV-positive individuals. This evaluation also seeks to understand how RWHAP provider sites meet the needs of clients under the variety of health care coverage options.

Need and Proposed Use of the Information: The expansion of health coverage offers new options of obtaining health care services for many individuals with HIV. Due to these changes, additional information concerning overall client health outcomes, pharmaceutical and core medical processes and outcomes, and client access to and utilization of

support services is needed. Data from this evaluation study will be used to provide HRSA/HAB with the necessary information to understand the changes in primary health care outcomes of RWHAP clients, pre- and post-implementation of recent insurance expansion and inform how the RWHAP can best serve clients.

As a result of the 60-day **Federal Register** Notice, two comments were received. Both commenters strongly supported the proposed information collection and urged HRSA to include whether access and coverage to medical nutritional therapy and food bank/home delivered meals are impacted by the expanded insurance coverage. Medical nutrition therapy and food bank/home-delivered meals had already been included in the project design.

Likely Respondents: RWHAP Administrators, RWHAP Care Providers, and RWHAP Clients.

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 |
|-------------------|-----------------------|------------------------------------|-----------------|--|--------------------|
| Site Survey | 305 | 1 | 305 | 0.5 | 152.5 |