

purposes of these forms are to provide information on the number of grant dollars spent on various services and program components and oversee compliance with the intent of Congressional appropriations in a timely manner. In addition to meeting the goal of accountability to the Congress, clients, and the general public, information collected on these reports is critical for HRSA, state and local grantees, and individual providers

to evaluate the effectiveness of these programs.

Likely Respondents: Ryan White HIV/AIDS Program 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 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
Part A Allocations Report	52	1	52	4	208
Part A Expenditures Report	52	1	52	4	208
Part A CLC	52	1	52	2	104
Part B Allocations Report	54	1	54	6	324
Part B Expenditures Report	54	1	54	6	324
Part B CLC	54	1	54	2	108
Part C Allocations Report	346	1	346	4	1,384
Part C Expenditures Report	346	1	346	4	1,384
Part D Allocations Report	116	1	116	4	464
Part D Expenditures Report	116	1	116	4	464
Total			1,294		4,972

Note: Recipients are required to fill out an allocation report, expenditure report, and CLC for each Ryan White HIV/AIDS Program award received.

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.

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; Evaluation of the Maternal and Child Health Bureau's Autism CARES Act Initiative

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 February 21, 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: When submitting comments or requesting information, please include the information request collection title for reference, in compliance with Section 3506(c)(2)(A), the Paperwork Reduction Act of 1995.

Information Collection Request Title: Evaluation of the Maternal and Child Health Bureau's Autism CARES Act Initiative OMB No. 0915-0335, Revision.

Abstract: In response to the growing need for research and resources devoted to autism spectrum disorder (ASD) and other developmental disabilities (DDs), the U.S. Congress passed the Combating Autism Act in 2006 (Pub. L. 109-416); it was reauthorized by the Combating Autism Reauthorization Act of 2011 (Pub. L. 112-32) and the Autism CARES (Collaboration, Accountability, Research, Education, and Support) Act of 2014 (Pub. L. 113-157). Through Autism CARES, HRSA is tasked with increasing awareness of ASD and other DDs, reducing barriers to screening and diagnosis, promoting evidence-based interventions, and training health care professionals in the use of valid and reliable diagnostic tools. To address these goals, HRSA awards grants to various programs through the Maternal and Child Health Bureau (MCHB).

Need and Proposed Use of the Information: The purpose of this information collection is to describe the accomplishments of MCHB's grant programs in implementing the provisions of the Autism CARES Act. This ICR is a revision to an existing package; this study is the third

evaluation of MCHB’s Autism CARES activities and employs similar data collection methodologies to the prior studies. Grantee interviews remain the primary form of data collection, but the research team has made minor adjustments to the data collection processes. Changes include adjusting the interview protocols to improve flow and clarify questions, and planning for more than one respondent to attend interviews in instances where the principal investigator requests support.

Likely Respondents: Grantees funded by HRSA under the Autism CARES Act. The grantees are from these MCHB

programs: Leadership Education in Neurodevelopmental Disabilities (LEND) Training Program; Developmental-Behavioral Pediatrics (DBP) Training Program; State Implementation Program; State Innovation in Care Integration Program; Research Network Program; Research Program; Interdisciplinary Technical Assistance Center (ITAC); and the State Public Health Autism Center (SPHARC) Resource Center.

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

Grant program/form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
LEND Interview Protocol	53	2	106	1	106
DBP Interview Protocol	10	2	20	1	20
State Implementation Program Interview Protocol	9	2	18	1	18
State Innovation in Care Integration State Grantees	4	1	4	1	4
Research Network Interview Protocol	5	2	10	1	10
Research Program R40 Interview Protocol	10	1	10	1.5	15
Research Network Questionnaire	5	1	5	1	5
Resource Center: ITAC Interview Protocol	1	2	2	1	2
Resource Center: SPHARC Interview Protocol	1	2	2	1	2
Total	98	177	182

Jason E. Bennett,

Director, Division of the Executive Secretariat.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Meeting of the Advisory Committee on Heritable Disorders in Newborns and Children

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

ACTION: Notice of Meeting.

SUMMARY: In accordance with the Federal Advisory Committee Act, notice is hereby given about a meeting of the Advisory Committee on Heritable Disorders in Newborns and Children (ACHDNC). This meeting will be open to the public but advance registration is required. Information regarding the ACHDNC can be found at <http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders/>.

DATE: The meeting will be held on February 9, 2017, from 9:00 a.m. to 5:00 p.m. EST.

ADDRESSES: This meeting will be a webinar. The public can join the meeting by registering in advance. The registration link is available at <http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders/>. The registration deadline is February 6, 2017, 11:59 p.m. Eastern Time.

FOR FURTHER INFORMATION CONTACT: Anyone requesting information regarding the ACHDNC should contact Alaina Harris, Maternal and Child Health Bureau (MCHB), HRSA, Room 18W66, 5600 Fishers Lane, Rockville, Maryland 20857; email: aharris@hrsa.gov.

SUPPLEMENTARY INFORMATION: ACHDNC, as authorized by the Public Health Service Act (PHS), Title XI, § 1111 (42 U.S.C. 300b-10), was established to advise the Secretary of HHS about the development of newborn screening activities, technologies, policies, guidelines, and programs for effectively reducing morbidity and mortality in newborns and children having, or at risk for, heritable disorders. In addition, ACHDNC recommendations regarding additional conditions/inherited

disorders for screening that have been adopted by the Secretary are included in the Recommended Uniform Screening Panel and constitute part of the comprehensive guidelines supported by HRSA. Pursuant to section 2713 of the PHS, codified at 42 U.S.C. 300gg-13, non-grandfathered health plans are required to cover screenings included in the HRSA-supported comprehensive guidelines without charging a co-payment, co-insurance, or deductible for plan years (*i.e.*, policy years) beginning on or after the date that is 1 year from the Secretary’s adoption of the condition for screening.

ACHDNC will hear presentations and discussions on topics related to newborn screening activities, technologies, policies, guidelines, and programs for effectively reducing morbidity and mortality in newborns and children having, or at risk for, heritable disorders. ACHDNC will also hear updates from the Laboratory Standards and Procedures workgroup, Follow-up and Treatment workgroup, and Education and Training workgroup. Agenda items are subject to changes as priorities indicate. ACHDNC will not be voting on a proposed addition of a condition to the Recommended Uniform Screening Panel. The detailed meeting