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.

ADDRESS: This meeting will be held in-person and by webcast. The address for the meeting is 5600 Fishers Lane, 5th Floor Pavilion, Rockville, MD 20857. Webcast information will be emailed to you after you register.

FOR FURTHER INFORMATION CONTACT: Anyone requesting information regarding the ACHDNC should contact Ann Ferrero, Maternal and Child Health Bureau (MCHB), HRSA, in one of three ways: (1) Send a request to Ann Ferrero, MCHB, HRSA 5600 Fishers Lane, Room 18N100C, Rockville, Maryland 20857; (2) call 301-443-3999 or (3) send an email to AFerrero@hrsa.gov. More information on the Advisory Committee is available at the Advisory Committee's Web site, provided above.

SUPPLEMENTARY INFORMATION: The ACHDNC, as authorized by Public Health Service Act, Title XI, § 1111 (42 U.S.C. 300b–10), provides advice to the Secretary of HHHS on 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’s recommendations regarding inclusion of additional conditions and inherited disorders for screening which have been adopted by the Secretary are then included in the Recommended Uniform Screening Panel (RUSP). Conditions listed on the RUSP constitute part of the comprehensive guidelines supported by HRSA for infants, children, and adolescents. Pursuant to section 2713 of the Public Health Service Act, codified at 42 U.S.C. 300gg–13, non-grandfathered health plans and health insurance issuers are required to cover screenings included in the HRSA-supported comprehensive guidelines without charging a copayment, co-insurance, or deductible for plan years (i.e., policy years) beginning on or after the date that is one year from the Secretary’s adoption of the condition for screening, the meeting will include: (1) Presentations and discussion on the process of identifying and following up on out of range newborn screening results; (2) a presentation on newborn screening quality assurance programs; (3) presentations on the clinical and public health impact of Critical Congenital Heart Defects screening; (4) discussion and possible vote on a report on Medical Foods for Inborn Errors of Metabolism; (5) a presentation, discussion, and possible vote on whether to move a nomination forward to evidence review for spinal muscular atrophy (SMA); and (6) updates from the Laboratory Standards and Procedures workgroup, Follow-up and Treatment workgroup, and Education and Training workgroup.

The Committee will not be voting on a proposed addition of a condition to the RUSP. The final meeting agenda will be available two (2) days prior to the meeting on the Committee’s Web site: http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders.

Members of the public may submit written and/or present oral comments at the meeting. All comments are part of the official Committee record. Advance registration is required to submit written comments and/or present oral comments. Written comments must be submitted by April 28, 2017, 12:00 p.m. Eastern Time to be included in the May meeting briefing book. Written comments should identify the individual’s name, address, email, telephone number, professional or organization affiliation, background or area of expertise (i.e., parent, family member, researcher, clinician, public health, etc.) and the topic/subject matter.

Individuals who wish to provide oral comments must register by Thursday, May 4, 2017, 5:00 p.m. Eastern Time. To ensure that all individuals who have registered to make oral comments can be accommodated, the allocated time may be limited. Individuals who are associated with groups or have similar interests may be requested to combine their comments and present them through a single representative. No audiovisual presentations are permitted.

### TOTAL ESTIMATED ANNUALIZED BURDEN HOURS

<table>
<thead>
<tr>
<th>Form name</th>
<th>Number of respondents</th>
<th>Number of responses per respondent</th>
<th>Total responses</th>
<th>Average burden per response (in hours)</th>
<th>Total burden hours</th>
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<tbody>
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<td>Client-level Report</td>
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* The same respondents complete the Grantee Report and the Client-level Report.
For additional information or questions on public comments, please contact Ann Ferrero, MCHB, HRSA; email: AFerrero@hrsa.gov.

The 5600 Fishers Lane building requires a security screening on entry. To facilitate your access to the building, please contact Ann Ferrero at 301–443–3999. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify Ann Ferrero, MCHB, HRSA; email: AFerrero@hrsa.gov, at least 10 days prior to the meeting.

Jason E. Bennett,
Director, Division of the Executive Secretariat.

ADDITIONAL INFORMATION:

When submitting comments or requesting information, please include the Information Collection Request Title and document identifier 0955–New–30D for reference.

Information Collection Request Title: National Council for Behavioral Health's Information Technology Survey.

Abstract: The Office of the National Coordinator for Health IT (ONC) in coordination with Substance Abuse and Mental Health Services Administration (SAMHSA) seeks to conduct a survey in 2017 of SAMSHA to examine the adoption and use of health IT as well as interoperability across community behavioral health care settings. Data from the survey will help ONC and SAMSHA monitor progress and enhance programs and policy to improve the use of health IT and expand interoperability across these settings. In 2015, ONC outlined a strategy by which both private and public stakeholders would work together to improve interoperability. This strategy called for measuring and reporting on the state of interoperability across the care continuum, including for behavioral health care providers; however, there are no recent national data available for this care setting. Addressing this gap is critical in order to also determine these providers’ readiness to serve as partners in delivery system reform efforts that are underway and that will be expanded with the implementation of Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). Although behavioral health care providers won’t be participating in the MACRA initiative at the outset, the Secretary of Health and Human Services may include behavioral health providers, such as psychologists and social workers to participate in value-based payment initiatives such as the Merit-Based Incentive Payment System (MIPS) in the future.

Likely Respondents: The respondents will include mid-level and executive level staff (IT Directors, CIO, and CEOs) of behavioral healthcare organizations that are involved in the management and maintenance of their organization’s health IT infrastructure.

The total annual burden hours estimated for this ICR are summarized in the table below.

<table>
<thead>
<tr>
<th>Form name</th>
<th>Number of respondents</th>
<th>Number of responses per respondent</th>
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<td>Total</td>
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<td>1</td>
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Terry S. Clark,
Asst Information Collection Clearance Officer.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

[Document Identifier: 0990–0452–30D]

Agency Information Collection Activities; Submission to OMB for Review and Approval; Public Comment Request

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.