

for a larger sample size from which to generalize conclusions, and reduce the overall burden of response on RWHAP providers and clients. The objectives of both studies will be achieved through collection of the following data:

- RWHAP provider interviews—Site staff interviewees (in person);
- RWHAP client surveys—Clients with detectable and undetectable viral load at each clinic;
- RWHAP client records abstraction—Medical chart and administrative records (e.g., service utilization and health outcomes data);
- RWHAP site survey data—Site Director responses; and RWHAP client semi-structured interviews—Clients with detectable and undetectable viral load.

These studies will build upon and complement HAB’s study focusing on

RWHAP outcomes within the context of the changing health care landscape; and will use the RWHAP site survey and chart abstraction instruments that were submitted as part of that study. The data will be collected by a contractor selected by HRSA.

*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. Both research studies are included in the table, with burden proportional to the number of RWHAP provider sites from which each study will collect data: 25 distinct facilities for *Assessing Client Factors Associated with Detectable HIV Viral Loads* and 50 distinct facilities for *Models of Care and the Ryan White HIV/AIDS Program*. The table below provides the level of burden inclusive of both studies.

**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 * .....	75	1	75	0.5	37.5
Medical Records Sample Selection Guide* .....	75	1	75	1	75
Provider Interview Guide .....	375	1	375	2	750
Focus Groups Guide .....	400	1	400	1.5	600
Client Survey .....	500	1	500	1	500
Client semi-structured interview .....	150	1	150	1	150
<b>Total .....</b>	<b>1,575</b>	<b>.....</b>	<b>1,575</b>	<b>.....</b>	<b>2112.5</b>

\* The site survey and medical records sample selection instruments were submitted in March 2017 for OMB review as part of the Ryan White HIV/AIDS Program Outcomes and Expanded Insurance Coverage Information Collection Request.

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.  
 [FR Doc. 2017–10060 Filed 5–17–17; 8:45 am]  
**BILLING CODE 4165–15–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**National Cancer Institute; Notice of Closed Meetings**

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is

hereby given of meetings of the Board of Scientific Counselors for Basic Sciences, National Cancer Institute.

The meeting will be closed to the public as indicated below in accordance with the provisions set forth in section 552b(c)(6), Title 5 U.S.C., as amended for the review, discussion, and evaluation of individual intramural programs and projects conducted by the National Cancer Institute, including consideration of personnel qualifications and performance, and the competence of individual investigators, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* Board of Scientific Counselors for Basic Sciences, National Cancer Institute.

*Date:* July 10, 2017.

*Time:* 9:00 a.m. to 3:00 p.m.

*Agenda:* To review and evaluate personal qualifications and performance, and competence of individual investigators.

*Place:* National Institutes of Health, 31 Center Drive, Building 31, C-Wing, 6th Floor, Conference Room 6, Bethesda, MD 20892.

*Contact Person:* Mehrdad Tondravi, Ph.D., Chief, Institute Review Office, Office of the

Director, National Cancer Institute, National Institutes of Health, 9609 Medical Center Drive, Room 3W–302, Bethesda, MD 20892, 240–276–5664, [tondravim@mail.nih.gov](mailto:tondravim@mail.nih.gov).

(Catalogue of Federal Domestic Assistance Program Nos. 93.392, Cancer Construction; 93.393, Cancer Cause and Prevention Research; 93.394, Cancer Detection and Diagnosis Research; 93.395, Cancer Treatment Research; 93.396, Cancer Biology Research; 93.397, Cancer Centers Support; 93.398, Cancer Research Manpower; 93.399, Cancer Control, National Institutes of Health, HHS)

Dated: May 12, 2017.

**Melanie J. Pantoja,**

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2017–10021 Filed 5–17–17; 8:45 am]

**BILLING CODE 4140–01–P**