

**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; Information Collection Request Title: Federal Tort Claims Act (FTCA) Program Deeming Applications for Free Clinics [OMB No. 0915–0293—Extension]**

**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 must be received no later than November 6, 2017.

**ADDRESSES:** Submit your comments, including the Information Collection Request 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 Lisa Wright-Solomon, 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) of the Paperwork Reduction Act of 1995.

*Information Collection Request Title:* Federal Tort Claims Act (FTCA) Program Deeming Applications for Free Clinics—OMB No. 0915–0293—Extension.

*Abstract:* Section 224(o) of the Public Health Service (PHS) Act (42 U.S.C. 233(o)), as amended, authorizes the “deeming” of certain individuals as PHS employees for the purposes of receiving Federal Tort Claims Act (FTCA) coverage. Section 224(o) relates to employees, officers, and contractors at qualifying free clinics. The Free Clinics FTCA Program is administered by HRSA’s Bureau of Primary Health Care (BPHC). Sponsoring free clinics are required by law to submit deeming applications in the specified form and manner on behalf of named individuals for review and approval, resulting in a “deeming determination” that includes associated FTCA coverage for these individuals.

*Need and Proposed Use of the Information:* Deeming applications must address certain specified criteria required by law for deeming determinations to be issued, and FTCA application forms are critical to BPHC’s deeming determination processes. These forms provide BPHC with the information necessary to evaluate an application and determine whether an individual meets the requirements for deemed PHS employee status for the purposes of FTCA coverage. FTCA application forms for free clinics do not require any changes with this extension other than to update the applicable

dates. In response to a **Federal Register** notice announcing the FTCA Program deeming applications for Free Clinics published on June 23, 2017 (Vol. 82, No. 120, pages 28667–28668), BPHC received several comments requesting that FTCA eligibility be extended to free clinics as entities. In response, BPHC notes that per Section 224(o) of the PHS Act (42 U.S.C. 233(o)), FTCA coverage cannot be extended to the free clinic as an entity. Rather, coverage is only available to eligible and approved free clinic-sponsored individuals. BPHC notes that the estimated number of responses per respondent has increased from one to three annually due to sponsoring free clinics submitting a greater number of supplemental applications on behalf of individuals who on-board throughout a calendar year.

*Likely Respondents:* Respondents include free clinics seeking deemed PHS employee status on behalf of their sponsored individuals for purposes of FTCA coverage.

*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
FTCA Program Deeming Application for Free Clinics .....	228	3	684	2	1,368
Total .....	228	3	684	2	1,368

Amy McNulty,  
Acting Director, Division of the Executive Secretariat.

[FR Doc. 2017–21488 Filed 10–4–17; 8:45 am]

**BILLING CODE 4165–15–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**“Partnering to Prevent Hypoglycemia” Listening Session**

**AGENCY:** Office of Disease Prevention and Health Promotion, Office of the

Secretary, U.S. Department of Health and Human Services.

**ACTION:** Notice.

**SUMMARY:** The Office of Disease Prevention and Health Promotion (ODPHP) is hosting a listening session titled, “Partnering to Prevent Hypoglycemia.” The purpose of this

listening session is to exchange information about the public health importance of hypoglycemia, and discuss federal efforts to reduce preventable hypoglycemia from diabetes medications. The Department of Health and Human Services invites public and private professionals, organizations, and consumer representatives to register to attend this listening session at <https://health.gov/news/>.

**DATES:** The public listening session will be held on November 1, 2017, from 9:00 a.m. to 4:00 p.m. EDT.

**ADDRESSES:** The meeting will only be accessible by attendance in-person. For in-person participants, the meeting will take place in the Hubert H. Humphrey Building, Room 800, 200 Independence Ave. SW., Washington, DC 20201.

**FOR FURTHER INFORMATION CONTACT:** Ndome Essoka, Health Policy Fellow, Office of Disease Prevention and Health Promotion, Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services, 1101 Wootton Parkway, Suite LL100, Rockville, MD 20852, phone: 240-453-8217, email: [ndome.essoka@hhs.gov](mailto:ndome.essoka@hhs.gov) or [OHQ@hhs.gov](mailto:OHQ@hhs.gov) (please indicate in the subject line: Partnering to Prevent Hypoglycemia).

**SUPPLEMENTARY INFORMATION:** In September 2012, in response to heightened awareness of the contribution of adverse drug events (ADEs) to the burden of health care-related harm and costs, the Office of the Assistant Secretary for Health (OASH) marshaled the wide-ranging and diverse resources of federal partners to form an extensive interagency partnership, the Federal Interagency Steering Committee and Workgroups for Adverse Drug Events, whose goals would be to develop the ADE Action Plan, as well as identify measures to track national progress in reducing ADEs and targets to meet based on those measures.

ODPHP, in conjunction with the Federal Interagency Steering Committee and three Federal Interagency Workgroups, developed and released the final ADE Action Plan in 2014. The ADE Action Plan seeks to engage all stakeholders in coordinated efforts to reduce ADEs that are not only clinically significant but largely preventable. Inpatient and outpatient use of anticoagulants, diabetes agents, and opioid analgesics (with specific focus on ADEs from therapeutic use of opioids) contribute to the reason why ADEs account for the greatest number of measurable harms. The ADE Action Plan identifies the federal government's highest priority strategies and opportunities for advancement, which

will have the greatest impact on reducing ADEs. Implementation of these strategies is expected to result in safer and higher quality health care services, reduced health care costs, informed and engaged consumers and, ultimately, improved health outcomes. For more information on the ADE Action Plan, visit <https://health.gov/hcq/ade-action-plan.asp>.

**Purpose of the Meeting:** ODPHP is hosting a listening session titled, "Reducing Preventable Hypoglycemia." The purpose of this listening session is to exchange information about the public health importance of hypoglycemia, and discuss federal efforts to reduce preventable hypoglycemia from diabetes medications. This information may assist ODPHP and federal partners in identifying how patients and providers are affected by hypoglycemia, where gaps in knowledge exist, and how information can be better disseminated.

**Meeting Registration:** There is no registration fee to attend the public listening session. Early registration is recommended because seating is limited, and registration will be on a first-come, first-served basis. There will be no onsite registration. Persons interested in attending this listening session must register online at <https://health.gov/news/>. For those without Internet access, please contact Ndome Essoka (see **FOR FURTHER INFORMATION CONTACT**) to register. If you need special accommodations due to a disability, please contact Ndome Essoka at least seven days in advance.

Dated: September 29, 2017.

**Don Wright,**

*Deputy Assistant Secretary for Health (Disease Prevention and Health Promotion).*

[FR Doc. 2017-21503 Filed 10-4-17; 8:45 am]

**BILLING CODE 4150-32-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Advisory Council on Alzheimer's Research, Care, and Services; Meeting

**AGENCY:** Assistant Secretary for Planning and Evaluation, HHS.

**ACTION:** Notice of meeting.

**SUMMARY:** This notice announces the public meeting of the Advisory Council on Alzheimer's Research, Care, and Services (Advisory Council). The Advisory Council on Alzheimer's Research, Care, and Services provides advice on how to prevent or reduce the burden of Alzheimer's disease and related dementias on people with the disease and their caregivers. During the

October meeting, the Advisory Council will welcome its new members and invite them to share their experiences and where they see the Council going over the length of their terms. The Advisory Council will also spend some time discussing the process of developing recommendations and how those recommendations relate to the National Plan. The Council will then spend much of the meeting discussing the National Research Summit on Care, Services, and Supports for Persons with Dementia and Their Caregivers, held on October 16-17.

**DATES:** The meeting will be held on October 27, 2017 from 9:00 a.m. to 5:00 p.m. EDT.

**ADDRESSES:** The meeting will be held in Room 800 in the Hubert H. Humphrey Building, 200 Independence Avenue SW., Washington, DC 20201.

**Comments:** Time is allocated in the afternoon on the agenda to hear public comments. The time for oral comments will be limited to two (2) minutes per individual. In lieu of oral comments, formal written comments may be submitted for the record to Rohini Khillan, OASPE, 200 Independence Avenue SW., Room 424E, Washington, DC 20201. Comments may also be sent to [napa@hhs.gov](mailto:napa@hhs.gov). Those submitting written comments should identify themselves and any relevant organizational affiliations.

**FOR FURTHER INFORMATION CONTACT:** Rohini Khillan (202) 690-5932, [rohini.khillan@hhs.gov](mailto:rohini.khillan@hhs.gov). **Note:** Seating may be limited. Those wishing to attend the meeting must send an email to [napa@hhs.gov](mailto:napa@hhs.gov) and put "October 27 Meeting Attendance" in the Subject line by Tuesday, October 17, so that their names may be put on a list of expected attendees and forwarded to the security officers at the Department of Health and Human Services. Any interested member of the public who is a non-U.S. citizen should include this information at the time of registration to ensure that the appropriate security procedure to gain entry to the building is carried out. Although the meeting is open to the public, procedures governing security and the entrance to Federal buildings may change without notice. If you wish to make a public comment, you must note that within your email.

**SUPPLEMENTARY INFORMATION:** Notice of these meetings is given under the Federal Advisory Committee Act (5 U.S.C. App. 2, section 10(a)(1) and (a)(2)).

**Topics of the Meeting:** During the October meeting, the Advisory Council will welcome its new members and invite them to share their experiences