

Amy McNulty,  
Acting Director, Division of the Executive  
Secretariat.  
[FR Doc. 2018-06442 Filed 3-29-18; 8:45 am]  
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**DEPARTMENT OF HEALTH AND  
HUMAN SERVICES**

**Indian Health Service**

**Request for Public Comment: 60 Day  
Proposed Information Collection:  
Indian Health Service Purchased/  
Referred Care Proof of Residency**

**AGENCY:** Indian Health Service, HHS.  
**ACTION:** Notice and request for  
comments.

**SUMMARY:** In compliance with the  
Paperwork Reduction Act (PRA) of  
1995, which requires 60 days for public  
comment on proposed information  
collection projects, the Indian Health  
Service (IHS) invites the general public  
to take this opportunity to comment on  
the information collection Office of  
Management and Budget (OMB) Control  
Number 0917-XXXX, titled, Purchased/  
Referred Care (PRC) Proof of Residency.  
The purpose of this notice is to allow 60  
days for public comment to be  
submitted directly to OMB. A copy of  
the draft supporting statement is

available at [www.regulations.gov](http://www.regulations.gov) (see  
Docket ID IHS\_FRDOC\_0001).  
**SUPPLEMENTARY INFORMATION:** The IHS  
Office of Resource Access and  
Partnerships Division of Contract Care is  
submitting the proposed information  
collection to OMB for review, as  
required by the PRA. This notice is  
soliciting comments from members of  
the public and affected agencies  
concerning the proposed collection of  
information to: (1) Evaluate whether the  
proposed collection of information is  
necessary for the proper performance of  
the functions of the agency, including  
whether the information will have  
practical utility; (2) Evaluate the  
accuracy of the agency's estimate of the  
burden of the proposed collection of  
information; (3) Enhance the quality,  
utility, and clarity of the information to  
be collected; and (4) Minimize the  
burden of the collection of information  
on those who are to respond; including  
through the use of appropriate  
automated collection techniques of  
other forms of information technology,  
e.g., permitting electronic submission of  
responses.  
*Proposed Collection Title:* 0917-  
XXXX, "Indian Health Service  
Purchased/Referred Care Proof of  
Residency."  
*Type of Information Collection  
Request:* This is a new information

request for a three year approval of this  
new information collection, 0917-  
XXXX.  
*Forms:* Purchase/Referred Care Proof  
of Residency.  
*Title of Proposal:* Purchased/Referred  
Care Program.  
*OMB Control Number:* To be assigned.  
*Need and Use of Information  
Collection:* The IHS PRC Program needs  
this information to certify that health  
care services requested and authorized  
by the IHS have been provided to  
individuals who have provided  
documentation that meets the eligibility  
requirements to receive medical services  
from PRC provider(s); and to serve as a  
legal document for health and medical  
care authorized by the IHS and rendered  
by health care providers under contract  
with the IHS.  
*Agency Form Number:* IHS-XXX (A  
form number will be assigned after  
approval).  
*Members of Affected Public:* Patients.  
*Status of the Proposed Information  
Collection:* New request.  
*Type of Respondents:* Individuals.  
The table below provides: Types of  
data collection instruments, estimation  
to number of respondents, number of  
responses per respondent, annual  
number of responses, average burden  
hour per response, and total annual  
burden hours.

Data collection instrument(s)	Estimated number of respondents	Responses per respondent	Annual number of responses	Average burden hour per response*	Total annual burden hours
Individual Patient Count .....	77,185	1	77,185	3	3,859.25
Total .....	77,185	1	77,185	3	3,859.25

\* For ease of understanding, average burden hours are provided in actual minutes.

There are no direct costs, to  
respondents to report.  
*For Comments:* Submit comments,  
requests for more information on the  
collection, or requests to obtain a copy  
of the data collection instrument and  
instruction to Ms. Evonne Bennett-  
Barnes by one of the following methods:  
• *Mail:* Ms. Evonne Bennett-Barnes,  
Information Collection Clearance  
Officer, Indian Health Service, 5600  
Fishers Lane, STOP 09E70, Rockville,  
MD 20857.  
• *Phone:* (301) 443-4750.  
• *Email:* [Evonne.Bennett-Barnes@ihs.gov](mailto:Evonne.Bennett-Barnes@ihs.gov).  
• *Fax:* 301-594-0899.  
*Comment Due Date:* Your comments  
regarding this information collection are  
best assured of having full effect if  
received within 60 days of the date of  
this publication.

Dated: March 20, 2018.  
**Michael D. Weahkee,**  
*Assistant Surgeon General, U.S. Public Health  
Service, Acting Director, Indian Health  
Service.*  
[FR Doc. 2018-06521 Filed 3-29-18; 8:45 am]  
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**DEPARTMENT OF HEALTH AND  
HUMAN SERVICES**

**National Institutes of Health**

**Center for Scientific Review; Notice of  
Closed Meetings**

Pursuant to section 10(d) of the  
Federal Advisory Committee Act, as  
amended, notice is hereby given of the  
following meetings.  
The meetings will be closed to the  
public in accordance with the  
provisions set forth in sections

552b(c)(4) and 552b(c)(6), Title 5 U.S.C.,  
as amended. The grant applications and  
the discussions could disclose  
confidential trade secrets or commercial  
property such as patentable material,  
and personal information concerning  
individuals associated with the grant  
applications, the disclosure of which  
would constitute a clearly unwarranted  
invasion of personal privacy.  
*Name of Committee:* Center for Scientific  
Review Special Emphasis Panel; Anxiety,  
Depression, and Synaptic Plasticity.  
*Date:* April 9, 2018.  
*Time:* 2:00 p.m. to 3:30 p.m.  
*Agenda:* To review and evaluate grant  
applications.  
*Place:* National Institutes of Health, 6701  
Rockledge Drive, Bethesda, MD 20892  
(Telephone Conference Call).  
*Contact Person:* Brian H. Scott, Ph.D.,  
Scientific Review Officer, National Institutes  
of Health, Center for Scientific Review, 6701

Rockledge Drive, Bethesda, MD 20892, 301-827-7490, [brianscott@mail.nih.gov](mailto:brianscott@mail.nih.gov).

*Name of Committee:* Center for Scientific Review Special Emphasis Panel; Member Conflict: Eye Infections, Wound Repair, and Vision Impairments.

*Date:* April 24, 2018.

*Time:* 10:00 a.m. to 4:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892 (Virtual Meeting).

*Contact Person:* Alessandra C. Rovescalli, Ph.D., Scientific Review Officer, National Institutes of Health, Center for Scientific Review, 6701 Rockledge Drive, Rm. 5205, MSC7846, Bethesda, MD 20892, (301) 435-1021, [rovescaa@mail.nih.gov](mailto:rovescaa@mail.nih.gov).

(Catalogue of Federal Domestic Assistance Program Nos. 93.306, Comparative Medicine; 93.333, Clinical Research; 93.306, 93.333, 93.337, 93.393-93.396, 93.837-93.844, 93.846-93.878, 93.892, 93.893, National Institutes of Health, HHS)

Dated: March 26, 2018.

**Sylvia L. Neal,**

*Program Analyst, Office of Federal Advisory Committee Policy.*

[FR Doc. 2018-06400 Filed 3-29-18; 8:45 am]

**BILLING CODE 4140-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Institute on Minority Health and Health Disparities; Notice of Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of a meeting of the National Advisory Council on Minority Health and Health Disparities.

The meeting will be open to the public as indicated below, with attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and/or contract proposals and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications and/or contract proposals, the disclosure of which would

constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* National Advisory Council on Minority Health and Health Disparities.

*Date:* May 10-11, 2018.

*Closed:* May 10, 2018, 3:00 p.m. to adjournment.

*Agenda:* To review and evaluate grant applications and/or proposals.

*Place:* National Institutes of Health, 6001 Executive Blvd., Neuroscience Center Building, Conference Rooms C, D, and E, Bethesda, MD 20892.

*Open:* May 11, 2018, 8:00 a.m. to adjournment.

*Agenda:* The agenda will include opening remarks, administrative matters, Director's report, NIH Health Disparities update, and other business of the Council.

*Place:* National Institutes of Health, 6001 Executive Blvd., Neuroscience Center Building, Conference Rooms C, D, and E, Bethesda, MD 20892.

*Contact Person:* Dr. Joyce A. Hunter, Deputy Director, NIMHD, National Institutes of Health, National Institute on Minority Health and Health Disparities, 6707 Democracy Blvd., Suite 800, Bethesda, MD 20892, (301) 402-1366, [hunterj@nih.gov](mailto:hunterj@nih.gov).

Any member of the public interested in presenting oral comments to the committee may notify the Contact Person listed on this notice at least 10 days in advance of the meeting. Interested individuals and representatives of organizations may submit a letter of intent, a brief description of the organization represented, and a short description of the oral presentation. Only one representative of an organization may be allowed to present oral comments and if accepted by the committee, presentations may be limited to five minutes. Both printed and electronic copies are requested for the record. In addition, any interested person may file written comments with the committee by forwarding their statement to the Contact Person listed on this notice. The statement should include the name, address, telephone number and when applicable, the business or professional affiliation of the interested person.

Visitors will be asked to show one form of identification (for example, a government-issued photo ID, driver's license, or passport) and to state the purpose of their visit.

Dated: March 26, 2018.

**David Clary,**

*Program Analyst, Office of Federal Advisory Committee Policy.*

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## DEPARTMENT OF HOMELAND SECURITY

### U.S. Customs and Border Protection

[1651-0075]

#### Agency Information Collection Activities: Drawback Process Regulations

**AGENCY:** U.S. Customs and Border Protection (CBP), Department of Homeland Security.

**ACTION:** 30-Day notice and request for comments; extension of an existing collection of information.

**SUMMARY:** The Department of Homeland Security, U.S. Customs and Border Protection will be submitting the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995 (PRA). The information collection is published in the **Federal Register** to obtain comments from the public and affected agencies.

**DATES:** Comments are encouraged and will be accepted no later than April 30, 2018 to be assured of consideration.

**ADDRESSES:** Interested persons are invited to submit written comments on this proposed information collection to the Office of Information and Regulatory Affairs, Office of Management and Budget. Comments should be addressed to the OMB Desk Officer for Customs and Border Protection, Department of Homeland Security, and sent via electronic mail to [dhsdeskofficer@omb.eop.gov](mailto:dhsdeskofficer@omb.eop.gov).

**FOR FURTHER INFORMATION CONTACT:** Requests for additional PRA information should be directed to Seth Renkema, Chief, Economic Impact Analysis Branch, U.S. Customs and Border Protection, Office of Trade, Regulations and Rulings, 90 K Street NE, 10th Floor, Washington, DC 20229-1177, Telephone number (202) 325-0056 or via email [CBP\\_PRA@cbp.dhs.gov](mailto:CBP_PRA@cbp.dhs.gov). Please note that the contact information provided here is solely for questions regarding this notice. Individuals seeking information about other CBP programs should contact the CBP National Customer Service Center at 877-227-5511, (TTY) 1-800-877-8339, or CBP website at <https://www.cbp.gov/>.

**SUPPLEMENTARY INFORMATION:** CBP invites the general public and other Federal agencies to comment on the proposed and/or continuing information collections pursuant to the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et seq.). This proposed information