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
Delta States Rural Development Network Program Performance Improvement Measurement System	12	1	12	2.66	32
Total	12		12		32

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. 2017–08187 Filed 4–21–17; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Public Comment Request; Information Collection Request Title: AIDS Drug Assistance Program Data Report, OMB No. 0915–0345—Extension

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

ACTION: Notice.

SUMMARY: In compliance with the requirement for opportunity for public comment on proposed data collection projects of the Paperwork Reduction Act of 1995, HRSA announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on this ICR should be received no later than June 23, 2017.

ADDRESSES: Submit your comments to *paperwork@hrsa.gov* or mail the HRSA Information Collection Clearance Officer, Room 14N39, 5600 Fishers Lane, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email *paperwork@hrsa.gov* or call the HRSA Information Collection Clearance Officer at (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: AIDS Drug Assistance Program Data Report OMB No. 0915–0345—Extension.

Abstract: HRSA's AIDS Drug Assistance Program (ADAP) is funded through the Ryan White HIV/AIDS Program, Part B, Title XXVI of the Public Health Service Act, which provides funding to states and territories through a grant. ADAP provides medications for the treatment of HIV to eligible clients who are low income and uninsured or underinsured. ADAP recipients may also use the funds to purchase health insurance for eligible clients and for services that enhance access, adherence, and monitoring of drug treatments.

The following states, territories, and Pacific Island jurisdictions are eligible to apply for RWHAP ADAP funding: All 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, the Republic of Palau, the Federated States of Micronesia, and the Republic of the Marshall Islands. As part of the funding requirements, ADAPs submit reports concerning information on clients served, eligibility requirements, pharmaceuticals prescribed, pricing and other sources of support to provide HIV medication treatment, cost data, and coordination with Medicaid. The AIDS Drug Assistance Program Data Report (ADR) is submitted annually and consists of a Recipient Report and a client-level data file. The Recipient Report is a collection of basic information about grant recipient characteristics and policies. The client-level data is a collection of records (one record for each client enrolled in the ADAP), which includes the client's encrypted unique identifier, basic demographic data, enrollment information, services received, and clinical data.

Need and Proposed Use of the Information: The Ryan White HIV/AIDS Program requires the submission of annual reports by the Secretary of HHS to the appropriate committees of Congress. The HIV/AIDS Bureau (HAB) uses the ADR to evaluate the national impact of the ADAP, by providing data on clients being served, services being delivered, and costs associated with these services. The ADR is also used to determine eligibility for the ADAP Supplement component of the RWHAP Part B grant (X07). The client-level data is used to monitor health outcomes of clients living with HIV receiving care and treatment through the ADAP, to monitor the use of ADAP funds in addressing the HIV epidemic and its impact on vulnerable communities, and to track progress toward achieving the national goals for HIV care and treatment.

Likely Respondents: State/Territory ADAPs of Ryan White HIV/AIDS Program Part B 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 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
Grantee Report	54	1	54	6	324
Client-level Report	54	1	54	81	4,374
Total	*54		54		4,698

*The same respondents complete the Grantee Report and the Client-level Report.

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

Advisory Committee on Heritable Disorders in Newborns and Children

AGENCY: Health Resources and Services 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 of the following meeting for the Advisory Committee on Heritable Disorders in Newborns and Children (ACHDNC). The meeting will be open to the public but advance registration is required. The online registration deadline is Thursday, May 4, 2017, 5:00 p.m. Eastern Time. Please check the Web site for additional guidance and registration information. The registration link is *http://www.achdncmeetings.org/.* Information about the agenda for this meeting can be obtained by accessing the following Web site: *http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders.*

DATES: The meeting will be held on May 11, 2017, 9:00 a.m. to 5:00 p.m. and May 12, 2017, 9:00 a.m. to 3:00 p.m.

ADDRESSES: 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 HHS 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 co-payment, 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.