

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
Table 1: NAT: Enrollment, Traineeship Support, Graduate, Graduates Supported and Projected Data	100	1	100	3.4	340
Table 2—NAT: Graduate Data—Rural, Underserved, or Public Health	100	1	100	2.78	278
Total	* 100	100	618

* The same respondents are completing Table 1 and Table 2.

Jason E. Bennett,

Director, Division of the Executive Secretariat.

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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; Ryan White HIV/AIDS Program Outcomes and Expanded Insurance Coverage

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

ACTION: Notice.

SUMMARY: In compliance with Section 3507(a)(1)(D) of 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 should be received no later than February 10, 2017.

ADDRESSES: Submit your comments, including the ICR 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 the

HRSA Information Collection Clearance Officer at paperwork@hrsa.gov or call (301) 443-1984.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title:

Ryan White HIV/AIDS Program Outcomes and Expanded Insurance Coverage

OMB No. 0906-xxxx-NEW

Abstract: HRSA, HIV/AIDS Bureau (HRSA/HAB) implements the Ryan White HIV/AIDS Program (RWHAP). This program provides HIV-related services in the United States for those who do not have sufficient health care coverage or financial resources for coping with HIV disease. The recent expansion of health coverage impacted a significant portion of RWHAP's traditional clients (newly-eligible Medicaid recipient clients, qualified health plan (QHP) insured clients, and uninsured clients) who are now eligible to receive third party reimbursement care. These changes require RWHAP sites to fill the different gaps in care experienced by clients across the varying health care coverage options. The purpose of this evaluation study is to determine the effect that changing health care coverage has had on overall health outcomes, service utilization, and gaps in care of HIV-positive individuals. This evaluation also seeks to understand how RWHAP provider sites meet the needs of clients under the variety of health care coverage options.

Need and Proposed Use of the Information: The expansion of health coverage offers new options of obtaining health care services for many individuals with HIV. Due to these changes, additional information concerning overall client health outcomes, pharmaceutical and core medical processes and outcomes, and client access to and utilization of

support services is needed. Data from this evaluation study will be used to provide HRSA/HAB with the necessary information to understand the changes in primary health care outcomes of RWHAP clients, pre- and post-implementation of recent insurance expansion and inform how the RWHAP can best serve clients.

As a result of the 60-day **Federal Register** Notice, two comments were received. Both commenters strongly supported the proposed information collection and urged HRSA to include whether access and coverage to medical nutritional therapy and food bank/home delivered meals are impacted by the expanded insurance coverage. Medical nutrition therapy and food bank/home-delivered meals had already been included in the project design.

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.

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	305	1	305	0.5	152.5

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Medical Chart/Record Abstraction	*25	1	25	2	50
Focus Group (recruit participants)	*25	1	25	1	25
Site Interview Guide	50	1	50	2	100
Focus Groups Guide	60	1	60	1.5	90
Total	*440	*440	417.5

* The same respondents will complete the medical chart/record abstraction and recruit participants for the focus group.

Jason E. Bennett,

Director, Division of the Executive Secretariat.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

[CFDA Number: 93.164]

Loan Repayment Program for Repayment of Health Professions Educational Loan; Announcement Type—Initial

Key Dates: January 15, 2017 first award cycle deadline date; August 15, 2017 last award cycle deadline date; September 15, 2017 last award cycle deadline date for supplemental loan repayment program funds; September 30, 2017 entry on duty deadline date.

I. Funding Opportunity Description

The Indian Health Service (IHS) estimated budget request for Fiscal Year (FY) 2017 includes \$30,022,000 for the IHS Loan Repayment Program (LRP) for health professional educational loans (undergraduate and graduate) in return for full-time clinical service as defined in the IHS LRP policy at <https://www.ihs.gov/loanrepayment/policiesandprocedures/> in Indian health programs.

This program announcement is subject to the appropriation of funds. This notice is being published early to coincide with the recruitment activity of the IHS which competes with other Government and private health management organizations to employ qualified health professionals.

This program is authorized by the Indian Health Care Improvement Act (IHCA) Section 108, codified at 25 U.S.C. 1616a.

II. Award Information

The estimated amount available is approximately \$18,400,000 to support approximately 400 competing awards averaging \$46,000 per award for a two year contract. The estimated amount

available is approximately \$9,325,000 to support approximately 373 competing awards averaging \$25,000 per award for a one year extension. One year contract extensions will receive priority consideration in any award cycle. Applicants selected for participation in the FY 2017 program cycle will be expected to begin their service period no later than September 30, 2017.

III. Eligibility Information

A. Eligible Applicants

Pursuant to 25 U.S.C. 1616a(b), to be eligible to participate in the LRP, an individual must:

- (1)(A) Be enrolled—
 - (i) In a course of study or program in an accredited institution, as determined by the Secretary, within any State and be scheduled to complete such course of study in the same year such individual applies to participate in such program; or
 - (ii) In an approved graduate training program in a health profession; or
- (B) Have a degree in a health profession and a license to practice in a State; and
- (2)(A) Be eligible for, or hold an appointment as a commissioned officer in the Regular Corps of the Public Health Service (PHS); or
- (B) Be eligible for selection for service in the Regular Corps of the PHS; or
- (C) Meet the professional standards for civil service employment in the IHS; or
- (D) Be employed in an Indian health program without service obligation; and
- (3) Submit to the Secretary an application for a contract to the LRP.

The Secretary must approve the contract before the disbursement of loan repayments can be made to the participant. Participants will be required to fulfill their contract service agreements through full-time clinical practice at an Indian health program site determined by the Secretary. Loan repayment sites are characterized by physical, cultural, and professional isolation, and have histories of frequent staff turnover. Indian health program sites are annually prioritized within the

Agency by discipline, based on need or vacancy. The IHS LRP's ranking system gives high site scores to those sites that are most in need of specific health professions. Awards are given to the applications that match the highest priorities until funds are no longer available.

Any individual who owes an obligation for health professional service to the Federal Government, a State, or other entity is not eligible for the LRP unless the obligation will be completely satisfied before they begin service under this program.

25 U.S.C. 1616a authorizes the IHS LRP and provides in pertinent part as follows:

(a)(1) The Secretary, acting through the Service, shall establish a program to be known as the Indian Health Service Loan Repayment Program (hereinafter referred to as the Loan Repayment Program) in order to assure an adequate supply of trained health professionals necessary to maintain accreditation of, and provide health care services to Indians through, Indian health programs.

For the purposes of this program, the term "Indian health program" is defined in 25 U.S.C. 1616a(a)(2)(A), as follows:

(A) The term Indian health program means any health program or facility funded, in whole or in part, by the Service for the benefit of Indians and administered—

- (i) Directly by the Service;
- (ii) By any Indian Tribe or Tribal or Indian organization pursuant to a contract under—

(I) The Indian Self-Determination Act, or

(II) Section 23 of the Act of April 30, 1908, (25 U.S.C. 47), popularly known as the Buy Indian Act; or

(iii) By an urban Indian organization pursuant to Title V of this Act.

25 U.S.C. 1616a, authorizes the IHS to determine specific health professions for which IHS LRP contracts will be awarded. Annually, the Director, Division of Health Professions Support, sends a letter to the Director, Office of Clinical and Preventive Services, IHS Area Directors, Tribal health officials,