

information, are preloaded for efficiency. To facilitate grantee and NIDILRR staff review of information submitted, the system includes system-generated tables that summarize information entered in specific sections. The Web-based system also carries forward information from one section of the form to the next; for example, information on outcome-oriented goals is carried forward for convenient linkage with projects/activities and publications. New mandates promoting public-access to government-sponsored information and products have led to new requirements for NIDILRR's grantees. NIDILRR and the Administration for Community Living have recently published our public access plan to operationalize these requirements related to public access to publications that result from work we sponsor. Specifically the Type 1 Outputs: Publications section has been modified to meet these requirements. NIDILRR took time to build these requirements into its annual performance report (APR) so that we can systematically monitor grantee compliance with the public access plan. The current reporting section will remain for all grants funded prior to 10/1/16 and continue to be used until such grants have ended. Grants funded after this date will see the section meeting the new reporting requirements. Minor changes to the currently approved reporting form were necessary to reflect NIDILRR's new name and its move from ED to HHS. These include:

- Replacing references to ED's statutory requirements, forms, systems, and CFDA numbers with appropriate HHS references.

- Changes necessary to accommodate the assignment of new HHS grant numbers (in a different format) to existing and new grants. The addition of one response option in the Indirect Costs section of the reporting form.

Changes in the Burden Statement, reflecting the agency's move from ED to HHS, have been previously approved by OMB.

*Other changes include:*

Changes were made in the instructions for grantees' reporting on technology transfer plans (RERC grantees only).

Insertion of one item about the stages of research in the Research Projects section and one item about the stages of development in the Development Projects section.

Regulatory changes required minor changes to the response section for development projects and the addition of a question regarding commercialization.

Reporting forms for all 10 programs are Web-based; that is, all grantees will complete their annual reports via the Internet. Data collected through these forms will be used to:

- (a) Facilitate program planning and management;
- (b) respond to Department of Health and Human Services (DHHS) Grants Policy Administration Manual (GPAM) requirements; and
- (c) respond to the reporting requirements of the Government Performance and Results Act (GPRA) of 1993 (Pub. L. 103-62).<sup>1</sup>

OMB approval is requested for 3 years. There are no costs to respondents other than their time. The average annual burden associated with these

activities over a three-year period is summarized below.

NIDILRR and HHS will use the information gathered annually from these data collection efforts to provide Congress with the information mandated in GPRA, provide OMB information required for assessment of performance on GPRA indicators, and support its evaluation activities. Data collected from the 10 grant programs will provide a national description of the research activities of approximately 275 NIDILRR grantees per year in fiscal years 2017-2019.

While the number of grantees will vary from year to year, all grantees will be required to submit an annual performance report and a final report at the completion of the project. Based on our experience with reporting burden, we estimate that it will take an average of 52 hours to complete the reporting form in a grantee's first year of award. In subsequent years, the estimated response burden is approximately 22 hours. The estimated response burden includes time to review the instructions, gather existing data, and complete and review the form. The number of respondents is based on the average number of grants administered by NIDILRR over time. The proposed NIDILRR Annual Performance Report (APR) and final report forms can be found on the ACL Web site at:

<https://acl.gov/Programs/NIDILRR/docs/NIDILRR-AnnualPerfReport-2016.pdf>.

<https://acl.gov/Programs/NIDILRR/docs/NIDILRR-APR-FinalForm-2016.pdf>.

ACL estimates the burden hours for this collection of information as follows:

	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
New Grantees .....	75	1	52	3,900
Continuations and Final Reports .....	200	1	22	4,400
Total .....	.....	.....	.....	8,300

Date: January 17, 2017.

**Edwin Walker,**

*Acting Administrator and Assistant Secretary for Aging.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Announcement of Meeting of the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030

**AGENCY:** Office of the Secretary, Office of the Assistant Secretary for Health, Office of Disease Prevention and Health

Promotion, Department of Health and Human Services.

**ACTION:** Notice.

**SUMMARY:** The U.S. Department of Health and Human Services (HHS) announces the next federal advisory committee meeting regarding the development of national health promotion and disease prevention objectives for 2030. This meeting will be held online via webinar and is open to

<sup>1</sup> The Government Performance and Results Act of 1993 and the Government Performance and

Results Modernization Act of 2010 are available at

<http://www.whitehouse.gov/omb/mgmt-gpra/index-gpra>.

the public. The Committee will discuss the nation's health promotion and disease prevention objectives and will provide recommendations to improve health status and reduce health risks for the nation by the year 2030. The Committee will advise the Secretary on the Healthy People 2030 mission, vision, framework, and organizational structure. The Committee will provide advice regarding criteria for identifying a more focused set of measurable, nationally representative objectives. The Committee's advice must assist the Secretary in reducing the number of objectives while ensuring that the selection criteria identifies the most critical public health issues that are high-impact priorities supported by current national data.

**DATES:** The Committee will meet on February 13, 2017 from 12:00 p.m. to 4:00 p.m. Eastern Time (ET).

**ADDRESSES:** The meeting will be held online, via the WebEx platform. To register to attend the meeting, please visit the Healthy People Web site at <http://www.healthypeople.gov>.

**FOR FURTHER INFORMATION CONTACT:** Emmeline Ochiai, Designated Federal Officer, Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030, U.S. Department of Health and Human Services, Office of the Assistant Secretary for Health, Office of Disease Prevention and Health Promotion, 1101 Wootton Parkway, Room LL-100, Rockville, MD 20852, (240) 453-8280 (telephone), (240) 453-8281 (fax). Additional information is available on the Healthy People Web site at <http://www.healthypeople.gov>.

**SUPPLEMENTARY INFORMATION:** The names of the Committee members are available at <https://www.healthypeople.gov/2020/about/history-development/healthy-people-2030-advisory-committee>.

**Purpose of Meeting:** Through the Healthy People initiative, HHS leverages scientific insights and lessons from the past decade, along with new knowledge of current data, trends, and innovations, to develop the next iteration of national health promotion and disease prevention objectives. Healthy People provides science-based, 10-year national objectives for promoting health and preventing disease. Since 1979, Healthy People has set and monitored national health objectives that meet a broad range of health needs, encourage collaboration across sectors, guide individuals toward making informed health decisions, and measure the impact of our prevention and health promotion activities. Healthy People

2030 health objectives will reflect assessments of major risks to health and wellness, changing public health priorities, and emerging technologies related to our nation's health preparedness and prevention.

**Public Participation at Meeting:** Members of the public are invited to join the online Committee meeting. There will be no opportunity for oral public comments during this online Committee meeting. However, written comments are welcome throughout the entire development process of the national health promotion and disease prevention objectives for 2030 and may be emailed to [HP2030@hhs.gov](mailto:HP2030@hhs.gov).

To join the Committee meeting, individuals must pre-register at the Healthy People Web site at <http://www.healthypeople.gov>. Participation in the meeting is limited. Registrations will be accepted until maximum webinar capacity is reached, and must be completed by 9:00 a.m. ET on February 13, 2017. A waiting list will be maintained should registrations exceed capacity, and those individuals will be contacted as additional space for the meeting becomes available. Registration questions may be directed to: Jim Nakayama at [events@nakamotogroup.com](mailto:events@nakamotogroup.com), or (240) 672-4011.

**Authority:** 42 U.S.C. 217a. The Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030 is governed by provisions of the Federal Advisory Committee Act (FACA), Public Law 92-463, as amended (5 U.S.C., App.) which sets forth standards for the formation and use of federal advisory committees.

Dated: January 12, 2017.

**Don Wright,**

*Deputy Assistant Secretary for Health, Disease Prevention and Health Promotion.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Meeting Announcement for the Technical Advisory Panel on Medicare Trustee Reports

**ACTION:** Notice of Public Meeting.

**SUMMARY:** This notice announces the meeting dates for the Technical Advisory Panel on Medicare Trustee Reports on Tuesday, February 7, 2017 and Wednesday February 8, 2017 in Washington, DC.

**DATES:** The meeting will be held on Tuesday, February 7, 2017 from 9:15 a.m. to 5:00 p.m. and Wednesday

February 8, 2017, from 9:00 a.m. to 3:00 p.m. Eastern Time and it is open to the public.

**ADDRESSES:** The meeting will be held at the Hubert Humphrey Building 200 Independence Ave. SW., Washington, DC, 20201 Room 738G.3.

**FOR FURTHER INFORMATION CONTACT:** Dr. Donald Oellerich, Designated Federal Officer, at the Office of Human Services Policy, Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, 200 Independence Ave. SW., Washington, DC 20201, (202) 690-8410.

### SUPPLEMENTARY INFORMATION:

**I. Purpose:** The Panel will discuss the long-term rate of change in health spending and may make recommendations to the Secretary on how the Medicare Trustees might more accurately estimate health spending in the short and long run. The Panel's discussion is expected to be very technical in nature and will focus on the actuarial and economic assumptions and methods by which Trustees might more accurately measure health spending. This Committee is governed by the provisions of the Federal Advisory Committee Act, as amended (5 U.S.C. App. 2, section 10(a)(1) and (a)(2)). The Committee is composed of nine members appointed by the Assistant Secretary for Planning and Evaluation.

**II. Agenda.** The Panel will likely hear presentations from two outside experts; one on prescription drugs spending and a second on spillover effects. In addition the HHS Office of the Actuary will present on issues the panel may wish to address. Additional presentations regarding long range growth, sustainability of provider payments under Affordable Care Act (ACA) and Medicare Access and Chip Reauthorization Act (MACRA), methods for transitioning from short term (10 year) to long term (75 year) projections and methods and the presentation of uncertainty in the report may follow. After any presentations, the Panel will deliberate openly on the topics. Interested persons may observe the deliberations, but the Panel will not hear public comments during this time. The Panel will also allow an open public session for any attendee to address issues specific to the topic.

**III. Meeting Attendance.** The Tuesday, February 7, 2017 and Wednesday February 8, 2017 meetings are open to the public; however, in-person attendance is limited to space available.