

evaluation of MCHB's Autism CARES activities and employs similar data collection methodologies to the prior studies. Grantee interviews remain the primary form of data collection, but the research team has made minor adjustments to the data collection processes. Changes include adjusting the interview protocols to improve flow and clarify questions, and planning for more than one respondent to attend interviews in instances where the principal investigator requests support.

**Likely Respondents:** Grantees funded by HRSA under the Autism CARES Act. The grantees are from these MCHB

programs: Leadership Education in Neurodevelopmental Disabilities (LEND) Training Program; Developmental-Behavioral Pediatrics (DBP) Training Program; State Implementation Program; State Innovation in Care Integration Program; Research Network Program; Research Program; Interdisciplinary Technical Assistance Center (ITAC); and the State Public Health Autism Center (SPHARC) Resource Center.

**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

Grant program/form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
LEND Interview Protocol .....	53	2	106	1	106
DBP Interview Protocol .....	10	2	20	1	20
State Implementation Program Interview Protocol .....	9	2	18	1	18
State Innovation in Care Integration State Grantees .....	4	1	4	1	4
Research Network Interview Protocol .....	5	2	10	1	10
Research Program R40 Interview Protocol .....	10	1	10	1.5	15
Research Network Questionnaire .....	5	1	5	1	5
Resource Center: ITAC Interview Protocol .....	1	2	2	1	2
Resource Center: SPHARC Interview Protocol .....	1	2	2	1	2
<b>Total .....</b>	<b>98</b>	<b>.....</b>	<b>177</b>	<b>.....</b>	<b>182</b>

**Jason E. Bennett,**

*Director, Division of the Executive Secretariat.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Meeting of the Advisory Committee on Heritable Disorders in Newborns and Children

**AGENCY:** Health Resources and Service 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 about a meeting of the Advisory Committee on Heritable Disorders in Newborns and Children (ACHDNC). This meeting will be open to the public but advance registration is required. Information regarding the ACHDNC can be found at <http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders/>.

**DATE:** The meeting will be held on February 9, 2017, from 9:00 a.m. to 5:00 p.m. EST.

**ADDRESSES:** This meeting will be a webinar. The public can join the meeting by registering in advance. The registration link is available at <http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders/>. The registration deadline is February 6, 2017, 11:59 p.m. Eastern Time.

#### FOR FURTHER INFORMATION CONTACT:

Anyone requesting information regarding the ACHDNC should contact Alaina Harris, Maternal and Child Health Bureau (MCHB), HRSA, Room 18W66, 5600 Fishers Lane, Rockville, Maryland 20857; email: [aharris@hrsa.gov](mailto:aharris@hrsa.gov).

**SUPPLEMENTARY INFORMATION:** ACHDNC, as authorized by the Public Health Service Act (PHS), Title XI, § 1111 (42 U.S.C. 300b-10), was established to advise the Secretary of HHS about 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 recommendations regarding additional conditions/inherited

disorders for screening that have been adopted by the Secretary are included in the Recommended Uniform Screening Panel and constitute part of the comprehensive guidelines supported by HRSA. Pursuant to section 2713 of the PHS, codified at 42 U.S.C. 300gg-13, non-grandfathered health plans 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 1 year from the Secretary's adoption of the condition for screening.

ACHDNC will hear presentations and discussions on topics related to 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. ACHDNC will also hear updates from the Laboratory Standards and Procedures workgroup, Follow-up and Treatment workgroup, and Education and Training workgroup. Agenda items are subject to changes as priorities indicate. ACHDNC will not be voting on a proposed addition of a condition to the Recommended Uniform Screening Panel. The detailed meeting

agenda, and any changes to the start and end times, will be available 2 days prior to the meeting on the ACHDNC 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 ACHDNC record. Advance registration is required to submit written comments and/or present oral comments. Written comments must be submitted by February 6, 2017, 11:59 p.m. EST to be included in the February meeting briefing book. Written comments should identify the individual's name, address, email, telephone number, professional or business affiliation, type of expertise (i.e., parent, researcher, clinician, public health, etc.), and the topic/subject matter of comments.

Individuals who wish to provide oral comments must register by February 6, 2017, 11:59 p.m. EST. To ensure that all individuals who have registered to make oral comments can be accommodated, time may be allocated per speaker. 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. For additional information or questions on public comments, please contact Alaina Harris, MCHB, HRSA; email: [aharris@hrsa.gov](mailto:aharris@hrsa.gov).

Individuals who need special assistance, such as sign language interpretation or other reasonable accommodations, should notify Alaina Harris at [aharris@hrsa.gov](mailto:aharris@hrsa.gov) at least 10 days prior to the meeting.

**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: Proposed Collection: Public Comment Request; Ryan White HIV/AIDS Program Part F Dental Services Report

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

**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 March 20, 2017.

**ADDRESSES:** Submit your comments to [paperwork@hrsa.gov](mailto: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](mailto: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 pursuant to Section 3506(c)(2)(A), the Paperwork Reduction Act of 1995.

*Information Collection Request Title:* Ryan White HIV/AIDS Program Part F Dental Services Report.

#### OMB No. 0915-0151—Extension

**Abstract:** The Dental Reimbursement Program (DRP) and the Community Based Dental Partnership Program (CBDPP) under Part F of the Ryan White HIV/AIDS Program (RWHAP) offer funding to accredited dental education programs. This funding supports the education and training of oral health providers in HIV oral health care and the provision of oral health services for people eligible for the RWHAP and living with HIV. Institutions eligible for the RWHAP are accredited schools of dentistry and other accredited dental education programs, such as dental hygiene programs or those sponsored by a school of dentistry, a hospital, or a public or private institution that offers postdoctoral training in the specialties of dentistry, advanced education in general dentistry, or a dental general practice residency. Schools and programs use the Dental Services Report to apply for funding of non-reimbursed costs incurred in providing oral health care to patients living with HIV and to report annual program data. Awards are authorized under section 2692(b) of the Public Health Service Act (42 U.S.C.

300ff-111(b)). The Dental Services Report collects data for DRP on patient demographics, oral health services, funding, and training. It also requires applicants to provide narrative descriptions of their services and facilities, as well as their links and collaboration with community-based providers of oral health services.

**Need and Proposed Use of the Information:** The primary purpose of collecting this information annually is to verify applicant eligibility and determine reimbursement amounts for DRP applicants, as well as to document the program accomplishments of CBDPP grant recipients. This information also allows HRSA to learn about (1) the extent of the involvement of dental schools and programs in treating patients with HIV, (2) the number and characteristics of clients who receive RWHAP-supported oral health services, (3) the types and frequency of the provision of these services, (4) the non-reimbursed costs of oral health care provided to patients living with HIV, and (5) the scope of grant recipients' community-based collaborations and training of providers. Information collected in the Dental Services Report is critical for HRSA, state and local grantees, and individual providers to help assess the status of existing HIV-related health service delivery systems.

**Likely Respondents:** Accredited schools of dentistry and other accredited dental education programs, such as dental hygiene programs or those sponsored by a school of dentistry, a hospital, or a public or private institution that offers postdoctoral training in the specialties of dentistry, advanced education in general dentistry, or a dental general practice residency.

**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 Information Collection Request are summarized in the table below.