

Dated: July 15, 2016.

Kevin Kampschroer,
Federal Director, Office of Federal High-
Performance Green Buildings, Office of
Government-wide Policy.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: 45 CFR 303.7—Provision of
Services in Intergovernmental IV-D;
Federally Approved Forms.

OMB No.: 0970-0085.

Description: The Intergovernmental forms were initially approved by OMB in 1988; 45 CFR 303.7 requires child support programs to use the OMB federally-approved forms in intergovernmental IV-D cases unless a country has provided alternative forms as a part of its chapter in a Caseworker's Guide to Processing Cases with Foreign Reciprocating Countries. Additionally, Public Law (Pub. L.) 113-183, the *Preventing Sex Trafficking and Strengthening Families Act* of 2014 amended the Social Security Act to require U.S. states, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands to enact any amendments to UIFSA "officially adopted as of September 30, 2008 by the

National Conference of Commissioners on Uniform State Laws" (UIFSA 2008). Section 311(b) of UIFSA 2008 requires the States and jurisdictions to use forms mandated by Federal law.

The current intergovernmental forms will expire in February 2017. The revised forms included in this submission to OMB incorporate many of the revisions requested by commenters during the 60-day comment period, which started August 4, 2015 (**Federal Register**, Volume 80, Number 149, page 46286).

Respondents: State, local, or Tribal agencies administering a child support enforcement program under title IV-D of the Social Security Act.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Transmittal #1—Initial Request	54	19,440	0.17	178,459
Transmittal #1—Initial Request Acknowledgement *	54	19,440	0.05	52,488
Transmittal #2—Subsequent Action	54	14,580	0.08	62,986
Transmittal #3—Request for Assistance/Discovery	54	2,700	0.08	11,664
Uniform Support Petition	54	6,480	0.05	17,496
General Testimony	54	6,480	0.33	115,474
Declaration in Support of Establishing Parentage	54	2,700	0.15	21,870
Locate Data Sheet	54	388	0.05	1,048
Notice of Determination of Controlling Order	54	54	0.25	729
Letter of Transmittal Requesting Registration	54	14,310	0.08	61,819
Personal Information Form For UIFSA § 311 *	54	27,000	0.05	72,900
Child Support Agency Confidential Information Form *	54	37,584	0.05	101,477
Request for Change of Support Payment Location Pursuant to UIFSA 319(b) *	54	27,000	0.05	72,900

Estimated Total Annual Burden Hours: 771,309.

Additional Information

Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 330 C Street SW., Washington, DC 20201. Attention Reports Clearance Officer. All requests should be identified by the title of the information collection. Email address: infocollection@acf.hhs.gov.

OMB Comment

OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of

Management and Budget, Paperwork Reduction Project, Email: OIRA_SUBMISSION@OMB.EOP.GOV, Attn: Desk Officer for the Administration for Children and Families.

Robert Sargis,

Reports Clearance Officer.

[FR Doc. 2016-17086 Filed 7-19-16; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

National Practitioner Data Bank: Change in User Fees

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice.

SUMMARY: The Health Resources and Services Administration, Department of Health and Human Services, is

announcing a decrease in user fees charged to individuals and entities authorized to request information from the National Practitioner Data Bank (NPDB). The new fee will be \$2.00 for both continuous and one-time queries and \$4.00 for self-queries. The reduction in NPDB user fees is intended to encourage new users while ensuring sufficient funds to the full cost of NPDB operations and retain appropriate cash reserves. The goals of the cash reserves are to mitigate risks, cover operational costs should revenue decrease, and cover the cost of reasonable enhancement and maintenance of the NPDB management system.

HRSA has the standard operating procedure of reviewing NPDB user fees every 2 years. The biennial review of NPDB user fees offers HRSA the opportunity to evaluate its reserves as well as revenue relative to costs. Further, the review provides essential information on whether the fee rates and authorized activities are aligned with actual program costs and activities,

and can help promote greater understanding of the fee by NPDB users.

DATES: This change will be effective October 1, 2016.

FOR FURTHER INFORMATION CONTACT: Director, Division of Practitioner Data Bank, Bureau of Health Workforce, Health Resources and Services Administration, 5600 Fishers Lane, Room 11N37, Rockville, MD 20857; telephone number: (301) 443-2300.

SUPPLEMENTARY INFORMATION: The current fee structure (\$3.00/continuous query enrollment, \$3.00/one-time query, and \$5.00/self-query) was announced in the **Federal Register** on April 18, 2014 (79 FR 75), and became effective on October 1, 2014. One-time queries, continuous query enrollments, and self-queries are submitted and query responses are received through the NPDB's secure Web site. Fees are paid via electronic funds transfer, debit card, or credit card.

The NPDB is authorized by the Health Care Quality Improvement Act of 1986 (the Act), Title IV of Public Law 99-660, as amended (42 U.S.C. 11101 *et seq.*). Further, two additional statutes expanded the scope of the NPDB—Section 1921 of the Social Security Act, as amended (42 U.S.C. 1396r-2) and Section 1128E of the Social Security Act, as amended (42 U.S.C. 1320a-7e). Information collected under the Section 1128E authority was consolidated within the NPDB pursuant to Section 6403 of the Affordable Care Act, Public Law 111-148; this consolidation became effective on May 6, 2013.

42 U.S.C. 11137(b)(4), 42 U.S.C. 1396r-2(e), and 42 U.S.C. 1320a-7e(d) authorize the establishment of fees for the costs of processing requests for disclosure of such information. Final regulations at 45 CFR part 60 set forth the criteria and procedures for information to be reported to and disclosed by the NPDB. In determining any changes in the amount of user fees, the Department uses the criteria set forth in section 60.19(b) of the regulations. Section 60.19(b) states:

“The amount of each fee will be determined based on the following criteria:

(1) Direct and indirect personnel costs, including salaries and fringe benefits such as medical insurance and retirement,

(2) Physical overhead, consulting, and other indirect costs (including materials and supplies, utilities, insurance, travel, and rent and depreciation on land, buildings, and equipment),

(3) Agency management and supervisory costs,

(4) Costs of enforcement, research, and establishment of regulations and guidance,

(5) Use of electronic data processing equipment to collect and maintain

information—the actual cost of the service, including computer search time, runs and printouts, and

(6) Any other direct or indirect costs related to the provision of services.”

The Department will continue to review the user fees periodically as required by Office of Management and Budget Circular Number A-25 and will revise fees as necessary. Any future changes in user fees and their effective dates will be announced in the **Federal Register**.

Dated: July 14, 2016.

James Macrae,

Acting Administrator.

[FR Doc. 2016-17117 Filed 7-19-16; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Advisory Committee on Training in Primary Care Medicine and Dentistry; Notice for Request for Nominations

SUMMARY: The Health Resources and Services Administration (HRSA) is requesting nominations to fill vacancies on the Advisory Committee on Training in Primary Care Medicine and Dentistry (ACTPCMD). ACTPCMD is authorized by Section 749 of the Public Health Service (PHS) Act (42 U.S.C. 2931), as amended. The Advisory Committee is governed by provisions of the Federal Advisory Committee Act (FACA) (5 U.S.C. Appendix 2), as amended, which sets forth standards for the formation and use of advisory committees, and applies to the extent that the provisions of FACA do not conflict with the requirements of PHS Act Section 749.

DATES: The agency will receive nominations on a continuous basis.

ADDRESSES: All nominations should be submitted to Advisory Council Operations, Bureau of Health Workforce, HRSA, 11W45C, 5600 Fishers Lane, Rockville, Maryland 20857. Mail delivery should be addressed to Advisory Council Operations, Bureau of Health Workforce, HRSA, at the above address, or via email to:

BHWAAdvisoryCouncilFRN@hrsa.gov.

FOR FURTHER INFORMATION CONTACT: Joan Weiss, Ph.D., RN, CRNP, FAAN, Designated Federal Official, ACTPCMD at 301-443-0430 or email at *jweiss@hrsa.gov*. A copy of the current committee membership, charter, and reports can be obtained by accessing the Web site *http://www.hrsa.gov/*

advisorycommittees/bhpradvisory/actpcmd/.

SUPPLEMENTARY INFORMATION:

ACTPCMD provides advice and recommendations to the Secretary of the U.S. Department of Health and Human Services (Secretary) and ranking members of the U.S. Senate Committee on Health, Education, Labor and Pensions, and the U.S. House of Representatives Committee on Energy and Commerce on matters concerning policy, program development, and other matters of significance concerning the activities under Sections 747 and 748, Part C of Title VII of the PHS Act, as amended. Meetings are held twice a year.

Specifically, HRSA is requesting nominations for voting members of ACTPCMD representing: Family medicine, general internal medicine, general pediatrics, physician assistant, general dentistry, pediatric dentistry, public health dentistry, and dental hygiene programs. Among these nominations, residents and/or fellows from these programs are encouraged to apply. In making such appointments, the Secretary will ensure a fair balance between the health professions, a broad geographic of representation of members, and a balance between urban and rural members. Members will be appointed based on their competence, interest, and knowledge of the mission of the profession involved. The Secretary will also ensure the adequate representation of women and minorities.

The Department of Health and Human Services (HHS) will consider nominations of all qualified individuals with the areas of subject matter expertise noted above. Individuals may nominate themselves or other individuals, and professional associations and organizations may nominate one or more qualified persons for membership. Nominations shall state that the nominee is willing to serve as a member of ACTPCMD and appears to have no conflict of interest that would preclude ACTPCMD membership. Potential candidates will be asked to provide detailed information concerning financial interests, consultancies, research grants, and/or contracts that might be affected by recommendations of ACTPCMD to permit evaluation of possible sources of conflicts of interest.

A nomination package should include the following information for each nominee:

(1) A letter of nomination from an employer, a colleague, or a professional organization stating the name, affiliation, and contact information for