of FDA’s functions, including whether the information will have practical utility; (2) the accuracy of FDA’s estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques, when appropriate, and other forms of information technology.

### Table 1—Estimated Annual Reporting Burden

<table>
<thead>
<tr>
<th>FD&amp;C Act section; description</th>
<th>FDA form No.</th>
<th>Number of respondents</th>
<th>Number of responses per respondent</th>
<th>Total annual responses</th>
<th>Average burden per response</th>
<th>Total hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>740(a)(1); Animal Drug User Fee cover sheet.</td>
<td>FDA 3546</td>
<td>21</td>
<td>1</td>
<td>21</td>
<td>1</td>
<td>21</td>
</tr>
</tbody>
</table>

1 There are no capital costs or operating and maintenance costs associated with this collection of information.

The estimates in table 1 are based on our experience with new animal drug applications and supplemental animal drug applications and the average number of Animal Drug User Fee cover sheets submitted during fiscal years 2013–2015. We estimate 21 respondents will each submit a cover sheet (Form FDA 3546), for a total of 21 responses. We calculate a reporting burden of 1 hour per response, for a total of 21 hours.

Dated: October 17, 2016.
Leslie Kux,
Associate Commissioner for Policy.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Office of the Secretary**

**Notice of Interest Rate on Overdue Debts**

Section 30.18 of the Department of Health and Human Services’ claims collection regulations (45 CFR part 30) provides that the Secretary shall charge an annual rate of interest, which is determined and fixed by the Secretary of the Treasury after considering private consumer rates of interest on the date that the Department of Health and Human Services becomes entitled to recovery. The rate cannot be lower than the Department of Treasury’s current value of funds rate or the applicable rate determined from the “Schedule of Certified Interest Rates with Range of Maturities” unless the Secretary waives interest in whole or part, or a different rate is prescribed by statute, contract, or repayment agreement. The Secretary of the Treasury may revise this rate quarterly. The Department of Health and Human Services publishes this rate in the Federal Register.

The current rate of 9 3/8%, as fixed by the Secretary of the Treasury, is certified for the quarter ended September 30, 2016. This rate is based on the Interest Rates for Specific Legislation, “National Health Services Corps Scholarship Program [(42 U.S.C. 254o(b)(1)(A))]” and “National Research Service Award Program [(42 U.S.C. 288(c)(4)(B))].” This interest rate will be applied to overdue debt until the Department of Health and Human Services publishes a revision.

David C. Horn,
Director, Office of Financial Policy and Reporting.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

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

**AGENCY:** Department of Health and Human Services (HHS).

**ACTION:** Notice of public meeting.

**SUMMARY:** This notice announces the meeting dates for the Technical Advisory Panel on Medicare Trustee Reports on Monday, October 31, 2016 and Tuesday, November 1, 2016 in Washington, DC.

**DATES:** The meeting will be held on Monday, October 31, 2016 from 9:30 a.m. to 5:00 p.m. and Tuesday, November 1, 2016, from 9:00 a.m. to 3:30 p.m. Eastern Daylight Time (EDT) 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:**

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**Animal Drug User Fee Cover Sheet—OMB Control Number 0910–0339—Extension**

Under section 740 of the Federal Food, Drug, and Cosmetic Act (the FD&C Act) (21 U.S.C. 379j–12), FDA has the authority to assess and collect application fees from each person who submits certain new animal drug applications or certain supplemental animal drug applications. The Animal Drug User Fee cover sheet (Form FDA 3546) is designed to collect the minimum necessary information to determine whether a fee is required for the review of an application or supplement or whether an application fee waiver was granted, to determine the amount of the fee required, and to assure that each animal drug user fee payment is appropriately linked to the animal drug application for which payment is made. The form, when completed electronically, will result in the generation of a unique payment identification number used by FDA to track the payment. FDA’s Center for Veterinary Medicine and FDA’s Office of Management will use the information collected to initiate the administrative screening of new animal drug applications and supplements to determine whether the payment has been received.

**Description of Respondents:** Respondents to this collection of information are new animal drug applicants.

FDAs estimates the burden of this collection of information as follows:
1. 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 the HHS Office of the Actuary on issues they wish the panel to address. This may be followed by a presentation by a representative of the Medicare Payment Advisory Commission. 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 make recommendations to the Secretary 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 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.

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III. Meeting Attendance: The Monday, October 31, 2016 and Tuesday, November 1, 2016 meetings are open to the public; however, in-person attendance is limited to space available.

Meeting Registration:
The public may attend the meeting in person. Space is limited and registration is required in order to attend in-person. Registration may be completed by emailing or faxing all the following information to Dr. Donald Oellerich at don.oellerich@hhs.gov or fax 202–690–6562:

Name.
Company name.
Postal address.
Email address.
If sign language interpretation or other reasonable accommodation for a disability is needed, please contact Dr. Oellerich, no later than October 26, 2016 by sending an email message to don.oellerich@hhs.gov or calling 202–690–8410.

Persons wishing to attend this meeting must register by following the instructions in the “Meeting Registration” section of this notice. A confirmation email will be sent to the registrants shortly after completing the registration process.

IV. Special Accommodations
Individuals requiring special accommodations must include the request for these services during registration.

V. Copies of the Charter
The Secretary’s Charter for the Technical Advisory Panel on Medicare Trustee Reports is available upon request from Dr. Donald Oellerich at don.oellerich@hhs.gov or by calling 202–690–8410.

Kathryn E. Martin,
Acting Assistant Secretary for Planning and Evaluation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institutes of Health
National Institute of Neurological Disorders and Stroke, Interagency Pain Research Coordinating Committee Call for Committee Membership Nominations

SUMMARY: The Department of Health and Human Services (HHS) (Department) has created the Interagency Pain Research Coordinating Committee (IPRCC) and is seeking nominations for this committee.

DATES: Nominations are due by 5 p.m. on November 21, 2016.


FOR FURTHER INFORMATION CONTACT: Linda Porter, porterl@ninds.nih.gov.

SUPPLEMENTARY INFORMATION: As specified in Public Law 111–148 (“Patient Protection and Affordable Care Act”) the Committee will: (a) Develop a summary of advances in pain care research supported or conducted by the Federal agencies relevant to the diagnosis, prevention, and treatment of pain and diseases and disorders associated with pain; (b) Identify critical gaps in basic and clinical research on the symptoms and causes of pain; (c) make recommendations to ensure that the activities of the National Institutes of Health and other Federal agencies are free of unnecessary duplication of effort; (d) make recommendations on how best to disseminate information on pain care; and (e) make recommendations on how to expand partnerships between public entities and private entities to expand collaborative, cross-cutting research.

Membership on the committee will include six (6) non-Federal members from among scientists, physicians, and other health professionals and six (6) non-Federal members of the general public who are representatives of leading research, advocacy, and service organizations for individuals with pain-related conditions. Members will serve overlapping three year terms. It is anticipated that the committee will meet at least once a year.

The Department strives to ensure that the membership of HHS Federal advisory committees is fairly balanced in terms of points of view represented and the committee’s function. Every effort is made to ensure that the views of diverse ethnic and racial groups and people with disabilities are represented on HHS Federal advisory committees, and the Department therefore, encourages nominations of qualified candidates from these groups. The Department also encourages geographic diversity in the composition of the Committee. Appointment to this Committee shall be made without discrimination on the basis of age, race, ethnicity, gender, sexual orientation, disability, and cultural, religious, or socioeconomic status.

The Department is soliciting nominations for three non-federal members from among scientists, physicians, and other health professionals and for three non-federal members of the general public who represent a leading research, advocacy, or service organization for people with pain-related conditions. These candidates will be considered to fill positions opened through completion of current member terms. Nominations are due by 5 p.m. on November 21, 2016, using the IPRCC nomination web form: http://iprcc.nih.gov/about/IPRCC-Nomination.htm.

Dated: October 14, 2016.
Walter J. Koroshetz, Director, National Institute of Neurological Disorders and Stroke, National Institutes of Health.

[FR Doc. 2016–25522 Filed 10–20–16; 8:45 am]
BILLING CODE 4140–01–P