

future DMICC meetings should register for the listserv available on the DMICC Web site, www.diabetescommittee.gov.

Dated: November 9, 2016.

B. Tibor Roberts,

Executive Secretary, Office of Scientific Program and Policy Analysis, National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health.

[FR Doc. 2016-27825 Filed 11-17-16; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government-Owned Inventions; Availability for Licensing and/or Co-Development

AGENCY: National Institutes of Health, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: The invention listed below is owned by an agency of the U.S. Government and is available for licensing and/or co-development in the U.S. to achieve expeditious commercialization of results of federally-funded research and development. Foreign patent applications are filed on selected inventions to extend market coverage for companies and may also be available for licensing and/or co-development.

ADDRESSES: Invention Development and Marketing Unit, Technology Transfer Center, National Cancer Institute, 9609 Medical Center Drive, Mail Stop 9702, Rockville, MD 20850-9702.

FOR FURTHER INFORMATION CONTACT: Information on licensing and co-development research collaborations, and copies of the U.S. patent applications listed below may be obtained by contacting: Attn. Invention Development and Marketing Unit, Technology Transfer Center, National Cancer Institute, 9609 Medical Center Drive, Mail Stop 9702, Rockville, MD 20850-9702, Tel. 240-276-5515 or email ncitechtransfer@mail.nih.gov. A signed Confidential Disclosure Agreement may be required to receive copies of the patent applications.

SUPPLEMENTARY INFORMATION:

Technology description follows.

Title of invention: Methods of Making and Using Dopamine D3 Receptor Selective Antagonists/Partial Agonists

Summary of Technology: A library of novel compounds that selectively bind the dopamine D₃ receptor have been designed and characterized extensively. *In vivo* rodent studies indicate selected

lead molecules may be useful to treat drug addiction/dependence.

Description of Technology: Dopamine is a major neurotransmitter in the central nervous system and among other functions is directly related to the rewarding effects of drugs of abuse. Dopamine signaling is mediated by D₁, D₂, D₃, D₄ and D₅ receptors. The dopamine D₃ receptor is a known target to treat a variety of neuropsychiatric disorders, including substance use disorders (e.g. cocaine and opioid), schizophrenia and depression. Despite extensive efforts, it has proven difficult to identify a lead molecule that selectively binds to D₃ receptors (versus D₂ receptors, for example), with the desired pharmacological and pharmacokinetic profile. For example, metabolic instability or predicted toxicity has precluded successful translation of previously reported D₃R-selective antagonists to clinical use for cocaine abuse.

The library of compounds is designed to have high affinity and specificity for the dopamine D₃ receptor. Preliminary studies at National Institute of Drug Abuse (NIDA) indicate that selected lead compounds have promising *in vivo* activity in rodents, including reduced acquisition to self-administration of oxycodone, inhibition of reinstatement to oxycodone seeking, and ameliorating naloxone-precipitated withdrawal from oxycodone dependence.

This invention is owned by an agency of the U.S. Government and is available for licensing and/or co-development in the U.S., in accordance with 35 U.S.C. 209 and 37 CFR part 404, to achieve expeditious commercialization of results of federally-funded research and development. Foreign patent applications are filed on selected inventions to extend market coverage for companies and may also be available for licensing and/or co-development.

Potential Commercial Applications:

- Treatment of Opioid Use Disorders
- Treatment of Schizophrenia
- Treatment of Bipolar Disorder
- Treatment of cannabis (Tetrahydrocannabinol, THC) dependence

Value Proposition: Despite extensive efforts to develop D₃ receptor-selective compounds, it has proven difficult to identify a ligand with the desired pharmacological and pharmacokinetic profile for translation to the clinic. The D₃ receptor ligands described herein may be useful to treat a variety of diseases, including opioid use disorders and schizophrenia.

Development Stage: Pre-clinical (in vivo validation).

Inventor(s): Amy Newman and Vivek Kumar (NIDA).

Intellectual Property: E-053-2016 United States Provisional Patent Application No. 62/307,600, filed March 14, 2016, titled "Dopamine D3 Receptor Selective Antagonists/Partial Agonists; Methods of Making and Use Thereof".

Publications: *J Med Chem.* 2016 Aug 25;59(16):7634-50. doi: 10.1021/acs.jmedchem.6b00860. Epub 2016 Aug 10.

Collaboration Opportunity: Researchers at the NIDA seek licensing and/or co-development research collaborations for development of Dopamine D3 ligands to treat opioid use disorders.

Contact Information: Requests for copies of the patent application or inquiries about licensing, research collaborations, and co-development opportunities should be sent to John D. Hewes, Ph.D., email: john.hewes@nih.gov.

Dated: November 10, 2016.

John D. Hewes,

Technology Transfer Specialist, Technology Transfer Center, National Cancer Institute.

[FR Doc. 2016-27770 Filed 11-17-16; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; 30-Day Comment Request: A National Survey of Nurse Coaches (NIH Clinical Center)

AGENCY: National Institutes of Health.

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995, the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below. This proposed information collection was previously published in the **Federal Register** on August 22, 2016, pages 56668-9 (81 FR 56668) and allowed 60-days for public comment. No public comments were received. The purpose of this notice is to allow an additional 30 days for public comment.

DATES: Comments regarding this information collection are best assured of having their full effect if received by December 19, 2016.

ADDRESSES: Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be

directed to the: Office of Management and Budget, Office of Regulatory Affairs, *OIRA_submission@omb.eop.gov* or by fax to 202-395-6974, Attention: Desk Officer for NIH.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact: Dr. Alyson Ross, Nurse Researcher, Department of Nursing Research and Translational Science, NIH Clinical Center, Building 10, Room 2B07, MSC-1151, Bethesda, Maryland, 20892 or call non-toll-free number (301) 451-8338 or Email your request, including your address to: *Alyson.ross@nih.gov*. Formal requests for additional plans and instruments must be requested in writing.

SUPPLEMENTARY INFORMATION: The NIH Clinical Center, National Institutes of Health, may not conduct or sponsor, and the respondent is not required to respond to, an information collection

that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

In compliance with Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below.

Proposed Collection: A National Survey of Nurse Coaches, 0925-NEW, National Institutes of Health Clinical Center (NIHCC), National Institutes of Health (NIH).

Need and Use of Information Collection: The purpose of this survey is to describe the role of Certified Nurse Coaches in order to gain insight into their clinical practice including: The settings in which they work, the types of clients/health conditions they see, the types of client records maintained and

outcomes followed, as well as the personal benefits experienced by nurse coaches as a result of becoming a nurse coach. It provides information regarding two areas of interest to the Department of Nursing Research and Translational Science: The collection of patient-reported outcomes in novel clinical practice areas and the physical and psychosocial benefits of an intervention in nurses, a professional caregiver population. This study will provide preliminary data and guidance in: (1) Developing recommendations for collecting outcomes to longitudinally assess the effectiveness nurse coaching, and (2) developing an intervention to improve patient care and patient satisfaction targeting the nursing staff at the NIH Clinical Center.

OMB approval is requested for 1 year. There are no costs to respondents other than their time. The total estimated annualized burden hours are 104.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Number of respondents	Number of responses per respondent	Average time per response (in hours)	Total annual burden hours
Certified Nurse Coaches	250	1	25/60	104
Total	250	250	104

Dated: November 9, 2016.

Laura M. Lee,

Project Clearance Liaison, NIH Clinical Center, National Institutes of Health.

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DEPARTMENT OF HOMELAND SECURITY

Coast Guard

[Docket No. USCG-2016-0965]

Certificate of Alternative Compliance for the TUG MAXWELL PAUL MORAN

AGENCY: Coast Guard, DHS.

ACTION: Notice.

SUMMARY: The Coast Guard announces that the First District Prevention Department's Inspections and Investigations Division has issued a Certificate of Alternate Compliance (COAC) from the International Regulations for Preventing Collisions at Sea, 1972 (72 COLREGS) for the TUG MAXWELL PAUL MORAN as required by statute. Due to its operations as a harbor assistance and escort vessel it cannot fully comply with the sidelight,

stern light, and towing light provisions of the 72 COLREGS without interfering with its ability to make up and assist other vessels. This notice promotes the Coast Guard's maritime safety and stewardship missions.

ADDRESSES: Documents mentioned in the preamble are part of docket USCG-2016-0965. To view documents mentioned in this preamble as being available in the docket, go to the Federal eRulemaking Portal at <http://www.regulations.gov>, type the docket number in the "SEARCH" box and click "SEARCH." Click on Open Docket Folder on the line associate with this notice.

FOR FURTHER INFORMATION CONTACT: For information or questions about this notice call or email Mr. Kevin Miller, First District Towing Vessel/Barge Safety Specialist, U.S. Coast Guard; telephone (617) 223-8272, email <Kevin.L.Miller2@uscg.mil>.

SUPPLEMENTARY INFORMATION:

The United States is signatory to the International Maritime Organization's International Regulations for Preventing Collisions at Sea, 1972 (72 COLREGS), as amended. The special construction or purpose of some vessels makes them

unable to comply with the light, shape, and sound signal provisions of the 72 COLREGS. Under statutory law¹ and Coast Guard regulation,² a vessel may instead meet alternative requirements and the vessel's owner, builder, operator, or agent may apply for a COAC. For vessels of special construction, the cognizant Coast Guard District Office determines whether the vessel for which the COAC is sought complies as closely as possible with the 72 COLREGS, and decides whether to issue the COAC. Once issued, a COAC remains valid until information supplied in the COAC application or the COAC terms become inapplicable to the vessel. Under the governing statute³ and regulation,⁴ the Coast Guard must publish notice of this action.

The Prevention Department's Inspection and Investigation Division, U.S. Coast Guard First District hereby finds and certifies that the TUG MAXWELL PAUL MORAN is a vessel of special construction or purpose, and that, with respect to the position of the

¹ 33 U.S.C. 1605(c).

² 33 CFR 81.3.

³ 33 U.S.C. 1605(c).

⁴ 33 CFR 81.18.