

validation techniques to ensure accuracy, such as disallowing out-of-range values.

Each request under this generic clearance will specify the procedures to be used. Participation will be voluntary, and non-participation will not affect eligibility for, or receipt of, future HRSA health services research activities or grant awards, recruitment, or participation. Specific testing and evaluation procedures will be described when we notify OMB about each new request. Consent procedures will be customized for each information collection activity, but will include assurances of confidentiality and the legislative authority for the activity. If the encounter is to be recorded, the respondent's permission to record will be obtained before beginning the interview.

Screening: When screening is required (e.g., quota sampling), the screening will be as brief as possible and the screening questionnaire will be provided as part of the submission to OMB.

Collection methods: The particular information collection methods used will vary, but may include the following

- Individual in-depth interviews—In-depth interviews will commonly be used to ensure that the meaning of a questionnaire or strategy is understood

by the respondent. When in-depth interviewing is used, the interview guide will be provided to OMB for review.

- Focus groups—Focus groups will be used to obtain insights into beliefs and understandings of the target audience early in the development of a questionnaire or tool. When focus groups are used, the focus group discussion guide will be provided to OMB for review.

- Expert/Gatekeeper review of tools—In some instances, tools designed for patients may be reviewed in-depth by medical providers or other gatekeepers to provide feedback on the acceptability and usability of a particular tool. This would usually be in addition to pretesting of the tool by the actual patient or other user.

- Record abstractions—On occasion, the development of a tool or other information collection requires review and interaction with records rather than individuals.

- “Dress rehearsal” of a specific protocol—In some instances, the proposed pretesting will constitute a walkthrough of the intended data collection procedure. In these instances, the request will mirror what is expected to occur for the larger scale data collection.

Likely Respondents: Respondents will be recruited by means of advertisements in public venues or through techniques that replicate prospective data collection activities that are the focus of the project. For instance, a survey on physician communication, designed to be administered following an office visit, might be pretested using the same procedure. Each submission to OMB will specify the specific recruitment procedure to be used.

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.

TOTAL ESTIMATED ANNUALIZED BURDEN HOURS

Type of information collection	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Mail/email ¹	1,666	1	1,666	0.25	416.5
Telephone	1,666	1	1,666	0.25	416.5
Web-based	1,666	1	1,666	0.25	416.5
Focus Groups	1,666	1	1,666	1.0	1,666
In-person	1,666	1	1,666	1.0	1,666
Automated ²	1,666	1	1,666	1.0	1,666
Cognitive Testing	5,000	1	5,000	1.41	7,050
Total	14,996		14,996		13,298

¹ May include telephone non-response follow-up in which case the burden will not change.

² May include testing of database software, CAPI software, or other automated technologies.

HRSA specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions, (2) the accuracy of the estimated burden, (3) ways to enhance the quality, utility, and clarity of the information to be collected, and (4) the use of automated collection techniques or other forms of information

technology to minimize the information collection burden.

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; The National Health Service Corps and NURSE Corps Interest Capture Form

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 April 24, 2017.

ADDRESSES: Submit your comments to *paperwork@hrsa.gov* or by mail to the HRSA Information Collection Clearance Officer, Room 14N-29, 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* 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, pursuant to Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995.

Information Collection Request Title: The National Health Service Corps and NURSE Corps Interest Capture Form, OMB No. 0915-0337—Extension.

Abstract: HRSA’s Bureau of Health Workforce administers the National Health Service Corps (NHSC) and the NURSE Corps programs, which are committed to improving the health of the underserved by connecting communities in need with health professionals and supporting communities’ efforts to build better systems of care. The NHSC and NURSE Corps interest capture form, is an optional form that a health profession student, licensed clinician, faculty member, or clinical site administrator may complete to request information regarding opportunities and program updates with the NHSC and/or the NURSE Corps. Forms request information such as name, email, city and state, organization where employed (or the school attending), the year one intends to graduate (if applicable), and

how one heard about the NHSC and NURSE Corps programs.

Need and Proposed Use of the Information: The need and purpose of this information collection is to share information regarding the NHSC and NURSE Corps programs with interested individuals.

Likely Respondents: Individuals interested in the NHSC or NURSE Corps programs.

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 HOURS

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
NHSC and NURSE Corps Interest Capture Form	2,400	1	2,400	.025	60
Total	2,400	2,400	60

HRSA specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency’s functions, (2) the accuracy of the estimated burden, (3) ways to enhance the quality, utility, and clarity of the information to be collected, and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Jason E. Bennett,

Director, Division of the Executive Secretariat.

[FR Doc. 2017-03335 Filed 2-17-17; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meetings Announcement for the Physician-Focused Payment Model Technical Advisory Committee Required by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)

ACTION: Notice of public meetings.

SUMMARY: This notice announces the next two meeting dates for the Physician-Focused Payment Model Technical Advisory Committee (hereafter referred to as “the Committee”) which will be held in Washington, DC. All meetings will be open to the public.

DATES: The PTAC meetings will occur on the following dates:

- Monday–Tuesday, March 13–14, 2017, from 10:00 a.m. to 5:00 p.m. ET
- Monday–Tuesday, April, 10–11, 2017, from 10:00 a.m. to 5:00 p.m. ET

Please note that times are subject to change. If the times change, registrants will be notified directly via email.

ADDRESSES: The March 13–14, 2017 meeting will be held at the Hubert H. Humphrey Building, 200 Independence Avenue SW., Washington, DC 20201. The April 10–11, 2017 meeting will be held at the Liaison Hotel, 415 New Jersey Ave NW., Washington, DC 20001.

FOR FURTHER INFORMATION CONTACT: Ann Page, Designated Federal Official, at the Office of Health Policy, Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, 200 Independence Ave SW., Washington, DC 20201, (202) 690-6870.

SUPPLEMENTARY INFORMATION:

I. Purpose: The Physician-Focused Payment Model Technical Advisory Committee (“the Committee”) is required by the Medicare Access and CHIP Reauthorization Act of 2015, 42 U.S.C. 1395ee. This Committee is also governed by provisions of the Federal