

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. As no

revisions are proposed, the burden does not change.

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
Rural Health Network Development Planning Program Performance Improvement Measurement System .....	21	1	21	1	21
Total .....	21	.....	21	.....	21

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. 2017-07220 Filed 4-10-17; 8:45 am]  
 BILLING CODE 4165-15-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request; Information Collection Request Title: NURSE Corps Loan Repayment Program OMB No. 0915-0140—Revision**

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

**ACTION:** Notice.

**SUMMARY:** In compliance with the Paperwork Reduction Act of 1995, HRSA has submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period.

**DATES:** Comments on this ICR should be received no later than May 11, 2017.

**ADDRESSES:** Submit your comments, including the ICR Title, to the desk officer for HRSA, either by email to *OIRA\_submission@omb.eop.gov* or by fax to 202-395-5806.

**FOR FURTHER INFORMATION CONTACT:** To request a copy of the clearance requests submitted to OMB for review, email the HRSA Information Collection Clearance Officer at *paperwork@hrsa.gov* or call (301) 443-1984.

**SUPPLEMENTARY INFORMATION:** When submitting comments or requesting information, please include the information request collection title for reference, in compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995.

*Information Collection Request Title:* NURSE Corps Loan Repayment Program OMB No. 0915-0140—Revision.

*Abstract:* The NURSE Corps Loan Repayment Program (NURSE Corps LRP) assists in the recruitment and retention of professional Registered Nurses (RNs), including advanced practice RNs (e.g., nurse practitioners, certified registered nurse anesthetists, certified nurse-midwives, clinical nurse specialists), dedicated to working at eligible health care facilities with a critical shortage of nurses (e.g., a Critical Shortage Facility) or working as nurse faculty in eligible, accredited schools of nursing, by decreasing the financial barriers associated with pursuing a nursing profession. The NURSE Corps LRP provides loan repayment assistance to these nurses to repay a portion of their qualifying educational loans in exchange for full-time service at a public or private nonprofit Critical Shortage Facility or in an eligible, accredited school of nursing.

*Need and Proposed Use of the Information:* The information is used to consider an applicant for a NURSE Corps LRP contract award and to monitor a participant's compliance with

the service requirements. Individuals must submit an application to participate in the program. The application asks for personal, professional, educational, and financial information required to determine the applicant's eligibility to participate in the NURSE Corps LRP. The semi-annual employment verification form asks for personal and employment information to determine if a participant is in compliance with the service requirements. The Authorization to Release Employment Information form has been revised as a self-certification within the NURSE Corps LRP application process, with applicants clicking a box. This contributes to a decrease in the overall burden by 550 hours.

*Likely Respondents:* Professional RNs or advanced practice RNs who are interested in participating in the NURSE Corps LRP, and official representatives at their service sites.

*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:*

The estimates of reporting burden for applicants are as follows:

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
NURSE Corps LRP Application * .....	5,500	1	5,500	2.0	11,000
Authorization to Release Employment Information Form ....	5,500	1	5,500	.10	550
<b>Total</b> .....	<b>5,500</b>	<b>.....</b>	<b>11,000</b>	<b>.....</b>	<b>11,550</b>

\* The burden hours associated with this instrument account for both new and continuation applications. Additional (uploaded) supporting documentation is included as part of this instrument and reflected in the burden hours.

The estimates of reporting burden for participants are as follows:

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Participant Semi-Annual Employment Verification Form ....	2,300	2	4,600	.5	2,300
<b>Total</b> .....	<b>2,300</b>	<b>.....</b>	<b>4,600</b>	<b>.....</b>	<b>2,300</b>
<b>Total for Applicants and Participants</b> .....	<b>7,800</b>	<b>.....</b>	<b>15,600</b>	<b>.....</b>	<b>13,850</b>

**Jason E. Bennett,**

*Director, Division of the Executive Secretariat.*

[FR Doc. 2017-07273 Filed 4-10-17; 8:45 am]

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Committee on Vital and Health Statistics: Meeting**

Pursuant to the Federal Advisory Committee Act, the Department of Health and Human Services (HHS) announces the following advisory committee meeting.

*Name:* National Committee on Vital and Health Statistics (NCVHS), Standards Subcommittee Meeting.

*Date and Times:* Wednesday, May 3, 2017: 9:00 a.m.–5:30 p.m. (EDT).

*Place:* U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Room 800, Washington, DC 20201, (202) 690-7100.

*Status:* Open. There will be an open comment period during the final 15 minutes of the Subcommittee meeting.

*Purpose:*

Health Insurance Portability and Accountability Act (HIPAA) legislation from 1996, as amended, directed the Secretary of HHS to publish regulations implementing a unique health plan identifier (HPID) for health plans (covered entities under the law). In September 2012, HHS published a final rule requiring health plans to obtain a health plan identifier by November 2014. The regulation also permitted other entities to obtain an identifier on a voluntary basis. Any entity that

obtained an identifier was to begin using it in HIPAA transactions by November 2015. Small health plans would begin using the identifier by November 2016.

In February and June of 2014, NCVHS held meetings on the HPID final rule. Following both hearings, NCVHS sent letters to the HHS Secretary stating that the industry was confused about the HPID policy, terminology and the affected entities, and that reporting the HPID in health care transactions provided little benefit or value to the health care system. In October 2014, HHS announced an enforcement discretion period for the HPID rule, halting its implementation.

The purpose of this NCVHS Standards Subcommittee meeting is to seek further input from the health care industry for disposition and next steps of the HPID.

The times and topics are subject to change. Please refer to the posted agenda for any updates.

*Contact Persons for More Information:*

Substantive program information may be obtained from Rebecca Hines, MHS, Executive Secretary, NCVHS, National Center for Health Statistics, Centers for Disease Control and Prevention, 3311 Toledo Road, Hyattsville, Maryland 20782, telephone (301) 458-4715. Information pertaining to meeting content may be obtained from Lorraine Doo, MSW, MPH, or Geanelle G. Herring, MSW, Centers for Medicare & Medicaid Services, Office of Information Technology, Division of National Standards, 7500 Security Boulevard, Baltimore, Maryland 21244, telephone (410) 786-4160. Summaries of meetings and a roster of Committee members are

available on the home page of the NCVHS Web site: <http://www.ncvhs.hhs.gov/>, where further information including an agenda and instructions to access the audio broadcast of the meetings will also be posted.

Should you require reasonable accommodation, please contact the CDC Office of Equal Employment Opportunity on (770) 488-3210 as soon as possible.

Date: April 4, 2017.

**Laina Bush,**

*Deputy Assistant Secretary for Planning and Evaluation, Office of the Assistant Secretary for Planning and Evaluation.*

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**BILLING CODE 4151-05-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**National Institute of Allergy and Infectious Diseases; Notice of Closed Meeting**

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The contract proposals and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the contract