Management. If you do not wish your name and contact information to be made publically available, you can provide this information on the cover sheet and not in the body of your comments and you must identify this information as “confidential.” Any information marked as “confidential” will not be disclosed except in accordance with 21 CFR 10.20 and other applicable disclosure law. For more information about FDA’s posting of comments to public dockets, see 80 FR 56469, September 18, 2015, or access the information at: http://www.fda.gov/regulatoryinformation/dockets/default.htm.

Docket: For access to the docket to read background documents or the electronic and written/paper comments received, go to https://www.regulations.gov and insert the docket number, found in brackets in the heading of this document, into the “Search” box and follow the prompts and/or go to the Division of Dockets Management, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852.

Submit written requests for single copies of the draft guidance to the Center for Tobacco Products, Food and Drug Administration, Document Control Center, Bldg. 71, Rm. G335, 10903 New Hampshire Ave., Silver Spring, MD 20993–0002. Send one self-addressed adhesive label to assist the office in processing your requests. See the SUPPLEMENTARY INFORMATION section for electronic access to the draft guidance document.

FOR FURTHER INFORMATION CONTACT: Paul Hart or Samantha Loh Collado, Center for Tobacco Products, Food and Drug Administration, Document Control Center, Bldg. 71, Rm. G335, 10903 New Hampshire Ave., Silver Spring, MD 20993–0002, 1–877–287–1373, askCTP@fda.hhs.gov.

SUPPLEMENTARY INFORMATION:

I. Background

FDA is announcing the availability of a draft guidance for industry entitled “The Prohibition of Distributing Free Samples of Tobacco Products; Draft Guidance for Industry.” Title 21 of the Code of Federal Regulations (CFR) section 1140.16(d)(1) prohibits, with a limited exception, tobacco product manufacturers, distributors, and retailers from distributing or causing to be distributed any free samples of cigarettes, smokeless tobacco, or other tobacco products. The draft guidance describes, among other things, how the prohibition of distributing free samples of tobacco products applies to nonmonetary exchanges, coupons and discounts, membership and rewards programs, contests and games of chance, and the business-to-business exchange of free samples. FDA requests that interested parties submit comments concerning its draft interpretation of the prohibition of distributing free samples.

II. Significance of Draft Guidance

FDA is issuing this draft guidance consistent with FDA’s good guidance practices regulation (21 CFR 10.115). The draft guidance, when finalized, will represent the current thinking of FDA on “The Prohibition of Distributing Free Samples of Tobacco Products.” It does not establish any rights for any person and is not binding on FDA or the public. You can use an alternative approach if it satisfies the requirements of the applicable statutes and regulations.

III. Electronic Access

Persons with access to the Internet may obtain an electronic version of the draft guidance at either https://www.regulations.gov or http://www.fda.gov/TobaccoProducts/Labeling/RulesRegulationsGuidance/default.htm.


Leslie Kux,
Associate Commissioner for Policy.

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.

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

Abstract: The NURSE Corps Loan Repayment Program (NURSE Corps LRP), formerly known as the Nursing Education Loan Repayment Program, 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 (i.e., 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 education. 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 need and purpose of this information collection is to obtain information for NURSE Corps LRP applicants and participants. 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 is now a self-certification within the NURSE Corps LRP application process with no applicants checking a box. This decreases the overall time burden by eliminating a form and not increasing
the “average” time required to complete
the NURSE Corps LRP application.
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 Information
Collection Request are summarized in
the tables below.
Total Estimated Annualized Burden
Hours:
The estimates of reporting burden for
applicants are as follows:

<table>
<thead>
<tr>
<th>Instrument</th>
<th>Number of respondents</th>
<th>Responses/respondents</th>
<th>Total responses</th>
<th>Hours per response</th>
<th>Total burden</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURSE Corps LRP Application *</td>
<td>5,500</td>
<td>1</td>
<td>5,500</td>
<td>2.0</td>
<td>11,000</td>
</tr>
<tr>
<td>Authorization to Release Information Form</td>
<td>5,500</td>
<td>1</td>
<td>5,500</td>
<td>.10</td>
<td>550</td>
</tr>
<tr>
<td>Total</td>
<td>5,500</td>
<td></td>
<td>11,000</td>
<td></td>
<td>11,550</td>
</tr>
</tbody>
</table>

* Please note that 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:

<table>
<thead>
<tr>
<th>Instrument</th>
<th>Number of respondents</th>
<th>Responses/respondents</th>
<th>Total responses</th>
<th>Hours per response</th>
<th>Total burden</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant Semi-Annual Employment Verification Form</td>
<td>2,300</td>
<td>2</td>
<td>4,600</td>
<td>.5</td>
<td>2,300</td>
</tr>
<tr>
<td>Total</td>
<td>2,300</td>
<td></td>
<td>4,600</td>
<td></td>
<td>2,300</td>
</tr>
<tr>
<td>Total for Applicants and Participants</td>
<td>7,800</td>
<td></td>
<td>15,600</td>
<td></td>
<td>13,850</td>
</tr>
</tbody>
</table>

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. 2017–00998 Filed 1–17–17; 8:45 am]
BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND
HUMAN SERVICES
Indian Health Service
Reimbursement Rates for Calendar Year 2017
AGENCY: Indian Health Service, HHS.
ACTION: Notice.

Notice is given that the Principal
Deputy Director of the Indian Health
Service (IHS), under the authority of
sections 321(a) and 322(b) of the Public
Health Service Act (42 U.S.C. 248 and
249(b)), Public Law 83–568 (42 U.S.C.
2001(a)), and the Indian Health Care
Improvement Act (25 U.S.C. 1601 et seq.),
has approved the following rates for
inpatient and outpatient medical
care provided by IHS facilities for
Calendar Year 2017 for Medicare and
Medicaid beneficiaries, beneficiaries of
other Federal programs, and for
recoveries under the Federal Medical
Care Recovery Act (42 U.S.C. 2651–
2653). The Medicare Part A inpatient
rates are excluded from the table below
as they are paid based on the
prospective payment system. Since the
inpatient per diem rates set forth below
do not include all physician services
and practitioner services, additional
payment shall be available to the extent
that those services are provided.

Inpatient Hospital Per Diem Rate
(Excludes Physician/Practitioner
Services)
Calendar Year 2017
Lower 48 States: $2,933
Alaska: $3,235

Outpatient Per Visit Rate (Including
Medicare)
Calendar Year 2017
Lower 48 States: $391
Alaska: $616

Outpatient Per Visit Rate (Medicare)
Calendar Year 2017
Lower 48 States: $349
Alaska: $577

Medicare Part B Inpatient Ancillary Per
Diem Rate
Calendar Year 2017
Lower 48 States: $679
Alaska: $1,046

Outpatient Surgery Rate (Medicare)
Established Medicare rates for
freestanding Ambulatory Surgery
Centers.

Effective Date for Calendar Year 2017
Rates
Consistent with previous annual rate
revisions, the Calendar Year 2017 rates
will be effective for services provided
on/or after January 1, 2017, to the extent
consistent with payment authorities
including the applicable Medicaid State
plan.


Elizabeth A. Fowler,
Deputy Director for Management Operations,
Indian Health Service.
[FR Doc. 2017–01075 Filed 1–17–17; 8:45 am]
BILLING CODE 4160–65–P