

**III. Data**

*OMB Control Number:* 0648–0397.

*Form Number:* None.

*Type of Review:* Regular submission (revision and extension of a currently approved collection).

*Affected Public:* Individuals or households; business or other for-profit organizations; not-for-profit institutions.

*Estimated Number of Respondents:* 594.

*Estimated Time per Response:* 1 hour.

*Estimated Total Annual Burden Hours:* 594 hours.

*Estimated Total Annual Cost to Public:* \$1,188.00.

**IV. Request for Comments**

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden (including hours and cost) of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval of this information collection; they also will become a matter of public record.

Dated: December 6, 2017.

**Sarah Brabson,**

*NOAA PRA Clearance Officer.*

[FR Doc. 2017–26663 Filed 12–8–17; 8:45 am]

**BILLING CODE 3510–NK–P**

**DEPARTMENT OF COMMERCE****National Oceanic and Atmospheric Administration****Submission for OMB Review; Comment Request**

The Department of Commerce will submit to the Office of Management and Budget (OMB) for clearance the following proposal for collection of information under the provisions of the Paperwork Reduction Act (44 U.S.C. Chapter 35).

*Agency:* National Oceanic and Atmospheric Administration (NOAA).

*Title:* Billfish Certificate of Eligibility.

*OMB Control Number:* 0648–0216.

*Form Number(s):* None.

*Type of Request:* Regular (extension of a currently approved information collection).

*Number of Respondents:* 200.

*Average Hours per Response:* 20 minutes for initial completion of certificate and 2 minutes for subsequent billfish purchase recordkeeping.

*Burden Hours:* 43.

*Needs and Uses:* This request is for an extension of a currently approved information collection.

Under the provisions of the Magnuson-Stevens Fishery Conservation and Management Act (16 U.S.C. 1801 *et seq.*), NOAA is responsible for management of the Nation's marine fisheries. In addition, NOAA must comply with the United States' (U.S.) obligations under the Atlantic Tunas Convention Act of 1975 (16 U.S.C. 971 *et seq.*). A Certificate of Eligibility (COE) for Billfishes is required under 50 CFR part 635 to accompany all billfish, except for a billfish landed in a Pacific state and remaining in the state of landing. This documentation certifies that the accompanying billfish was not harvested from the applicable Atlantic Ocean management unit (described on the NOAA sample certificate), and identifies the vessel landing the billfish, the vessel's homeport, the port of offloading, and the date of offloading. The certificate must accompany the billfish to any dealer or processor who subsequently receives or possesses the billfish. A standard certificate format is not currently required to document the necessary information, provided it contains all of the information required. The extension of this collection is necessary to implement the Consolidated Highly Migratory Species Fishery Management Plan, which contains conservation and management measures that limit the Atlantic billfish fishery to a recreational fishery.

*Affected Public:* Business or other for-profit organizations.

*Frequency:* On occasion.

*Respondent's Obligation:* Mandatory.

This information collection request may be viewed at [reginfo.gov](http://reginfo.gov). Follow the instructions to view Department of Commerce collections currently under review by OMB.

Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to [OIRA\\_Submission@omb.eop.gov](mailto:OIRA_Submission@omb.eop.gov) or fax to (202) 395–5806.

Dated: December 6, 2017.

**Sarah Brabson,**

*NOAA PRA Clearance Officer.*

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**BILLING CODE 3510–22–P**

**DEPARTMENT OF DEFENSE****Office of the Secretary****Extension of the Comprehensive Autism Care Demonstration for TRICARE Eligible Beneficiaries Diagnosed With Autism Spectrum Disorder**

**AGENCY:** Department of Defense.

**ACTION:** Notice of an extension of a comprehensive demonstration project for all Applied Behavior Analysis (ABA) services, including the tiered-model of ABA, for all TRICARE eligible beneficiaries diagnosed with Autism Spectrum Disorder (ASD).

**SUMMARY:** This notice provides a five-year extension to the Military Health System's demonstration project entitled Comprehensive Autism Care Demonstration ("Autism Care

Demonstration"). The initial purpose of the Autism Care Demonstration (ACD) was to further analyze and evaluate the appropriateness of the ABA services tiered delivery model under TRICARE (the medical benefit) in light of current and anticipated Behavior Analyst Certification Board guidelines. Based on the agency's experience in administering ABA services under the ACD, including engagement with beneficiaries, providers, advocates, associations, and other payers, much more analysis and experience is required in order to determine the appropriate characterization of ABA services as a medical treatment, or other modalities, under the TRICARE program coverage requirements—to include further research and evaluation of the results, whether Board Certified Behavior Analysts may appropriately be recognized and treated as independent TRICARE authorized providers of a proven medical benefit, and what authorities are required to add ABA services as a permanent benefit under the TRICARE program—whether as a proven medical benefit or otherwise.

**DATES:** The demonstration will continue through December 31, 2023.

**ADDRESSES:** Defense Health Agency, Health Plan Operations, 7700 Arlington Boulevard, Suite 5101, Falls Church, Virginia 22042.

**FOR FURTHER INFORMATION CONTACT:** For questions pertaining to this