

4. Fox, S. and L. Rainie (2002). "Vital Decisions: How internet Users Decide What Information to Trust When They or Their Loved Ones Are Sick. Pew internet & American Life Project." Available at <http://www.pewinternet.org/2002/05/22/main-report-the-search-for-online-medical-help/>.
5. DeLorme, D.E., J. Huh, and L.N. Reid (2011). "Source Selection in Prescription Drug Information Seeking and Influencing Factors: Applying the Comprehensive Model of Information Seeking in an American Context." *Journal of Health Communication*, 16: pp. 766–787.
6. O'Donoghue, A.C., H.W. Sullivan, K.J. Aikin, et al. (2014). "Important Safety Information or Important Risk Information? A Question of Framing in Prescription Drug Advertisements." *Therapeutic Innovation and Regulatory Science*, 48: pp. 305–307. doi: 10.1177/2168479013510306
7. Kahneman, D. (2011). *Thinking, Fast and Slow*. New York, NY: Farrar, Straus, and Giroux.
8. Rothman, A.J. and P. Salovey (1997). "Shaping Perceptions To Motivate Healthy Behavior: The Role of Message Framing." *Psychological Bulletin*, 121: pp. 3–19.
9. Armstrong, K., J.S. Schwartz, G. Fitzgerald, et al. (2002). "Effect of Framing as Gain Versus Loss on Understanding and Hypothetical Treatment Choices: Survival and Mortality Curves." *Medical Decision Making*, 22: pp. 76–83.
10. National Center for Health Statistics (2016). "Health, United States, 2015: With Special Feature on Racial and Ethnic Health Disparities." Hyattsville, MD.
11. Brick, J.M. and D. Williams (2013). "Explaining Rising Nonresponse Rates in Cross-Sectional Surveys." *The Annals of the American Academy of Political and Social Science*, 645: pp. 36–59.
12. Groves, R.M. (2006). "Nonresponse Rates and Nonresponse Bias in Household Surveys." *Public Opinion Quarterly*, 70: pp. 646–675.
13. Betts, K.R., V. Boudewyns, K.J. Aikin, C. Squire, et al. (2017). "Serious and Actionable Risks, Plus Disclosure:

Investigating an Alternative Approach for Presenting Risk Information in Prescription Drug Television Advertisements." *Research in Social & Administrative Pharmacy*. doi: 10.1016/j.sapharm.2017.07.015.

Dated: March 7, 2018.

**Leslie Kux,**

*Associate Commissioner for Policy.*

[FR Doc. 2018–04996 Filed 3–12–18; 8:45 am]

**BILLING CODE 4164–01–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Food and Drug Administration**

[Docket No. FDA–2014–D–1837]

**Agency Information Collection Activities; Submission for Office of Management and Budget Review; Comment Request; Transfer of a Premarket Notification**

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Food and Drug Administration (FDA) is announcing that a proposed collection of information has been submitted to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995.

**DATES:** Fax written comments on the collection of information by April 12, 2018.

**ADDRESSES:** To ensure that comments on the information collection are received, OMB recommends that written comments be faxed to the Office of Information and Regulatory Affairs, OMB, Attn: FDA Desk Officer, Fax: 202–395–7285, or emailed to [oir\\_submission@omb.eop.gov](mailto:oir_submission@omb.eop.gov). All comments should be identified with the OMB control number 0910–New and

title "Transfer of a Premarket Notification." Also include the FDA docket number found in brackets in the heading of this document.

**FOR FURTHER INFORMATION CONTACT:** Amber Sanford, Office of Operations, Food and Drug Administration, Three White Flint North, 10A–12M, 11601 Landsdown St., North Bethesda, MD 20852, 301–796–8867, [PRASStaff@fda.hhs.gov](mailto:PRASStaff@fda.hhs.gov).

**SUPPLEMENTARY INFORMATION:** In compliance with 44 U.S.C. 3507, FDA has submitted the following proposed collection of information to OMB for review and clearance.

**Transfer of a Premarket Notification**

*OMB Control Number 0910–New*

The draft guidance "Transfer of a Premarket Notification (510(k)) Clearance—Questions and Answers" is intended to provide information on how to notify FDA of the transfer of a 510(k) clearance from one person to another, and the procedures FDA and industry should use to ensure public information in FDA's databases about the current 510(k) holder for a specific device(s) is accurate and up-to-date. The proposed information collection seeks to provide information to notify FDA of the transfer of a premarket notification (510(k)) clearance.

The respondents to this collection of information are 510(k) holders and parties claiming to be 510(k) holders.

In the **Federal Register** of December 22, 2014 (79 FR 76331), FDA published a 60-day notice requesting public comment on the proposed collection of information. While FDA received comments on the draft guidance document, none were related to the information collection.

FDA estimates the burden of this collection of information as follows:

TABLE 1—ESTIMATED ANNUAL REPORTING BURDEN<sup>1</sup>

Activity	Number of respondents	Number of responses per respondent	Total annual responses	Average burden per response	Total hours
Voluntary reporting of transfer of 510(k) clearance on FDA's Unified Registration and Listing System (FURLS) (outside of annual listing reporting requirement) .....	4,080	1	4,080	0.25	1,020
Submission of 510(k) transfer documentation when more than one party lists the same 510(k) .....	2,033	1	2,033	4	8,132
<b>Total</b> .....					<b>9,152</b>

<sup>1</sup> There are no capital costs or operating and maintenance costs associated with this collection of information.

FDA estimates that 78 percent of 510(k)s are listed outside of the annual registration cycle based on numbers in the FURLS database from fiscal year

2009 through fiscal year 2014. Fiscal year 2008 was left out of this cohort as it was the first year that registrants were required to report the 510(k) number on

their listings and, therefore, an unusually high number of listings were created. An average of 5,231 510(k)s have been listed each year since 2008.

Because listing outside of the annual requirement is voluntary, FDA estimates that annually 78 percent of 510(k)s will continue to be listed outside of the annual requirement. FDA estimates that 4,080 510(k)s may be listed outside of the annual registration cycle. FDA estimates that it will take approximately 15 minutes for each listing, for a total reporting burden of 1,020 hours.

FDA estimates it will have 2,033 instances of more than one party claiming to be a 510(k) holder for a specific device as part of annual registration and listing. FDA reached this estimate by identifying the number of unique 510(k) device listings entered in FURLS between fiscal years 2009 and 2014 that conflict with a listing already entered by another party (5,304), dividing that number by the number of years (6), and multiplying by the average number of parties claiming to be the 510(k) holder when there is a conflict in the current FURLS database (2.3). The draft guidance identifies potential documentation a party could submit to FDA to establish the transfer of a 510(k) clearance. FDA estimates it will take a party approximately 4 hours to locate and submit information to establish the transfer of the 510(k) clearance, resulting in 8,132 burden hours for those 2,033 parties claiming to be 510(k) holders. FDA reached this estimate based on its expectation of the amount of time it will take a party to locate the information, copy it, and submit a copy to FDA.

The burden estimate does not include the maintenance of records used to document transferring a premarket notification (510(k)) clearance. Based on available information, FDA believes that the maintenance of these records is a usual and customary part of normal business activities. For example, in the ordinary course of business, supporting documents should be kept to verify asset information for calculating the annual depreciation or calculating gain or loss on sale of an asset on a businesses' tax return. Therefore, this recordkeeping requirement creates no additional paperwork burden.

The draft guidance also refers to previously approved collections of information found in FDA regulations. The collections of information in 21 CFR part 807 (registration and listing) are approved under OMB control number 0910-0625; the collections of information in 21 CFR part 807 subpart E (premarket notification submission) have been approved under OMB control number 0910-0120, and collections of information in 42 CFR 493.17 have been approved under OMB control number 0910-0607.

Dated: March 7, 2018.

**Leslie Kux,**

*Associate Commissioner for Policy.*

[FR Doc. 2018-04995 Filed 3-12-18; 8:45 am]

**BILLING CODE 4164-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### Office of the Director, National Institutes of Health; Notice of Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of a meeting of the Advisory Committee on Research on Women's Health.

The meeting will be open to the public as indicated below, with attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting.

A portion of 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 grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* Advisory Committee on Research on Women's Health.

*Closed:* April 17, 2018, 2:30 p.m. to 4:45 p.m.

*Agenda:* To evaluate the Sex/Gender Administrative Supplements program proposed for ORWH's Strategic Plan.

*Open:* April 18, 2018, 9:00 a.m. to 1:30 p.m.

*Agenda:* Opening Remarks, Director's Report, NIH Legislative Update, Strategic Plan Update, and Scientific Presentations.

*Place:* National Institutes of Health, Building 31, 6th Floor, Conference Room 10, 31 Center Drive, Bethesda, MD 20892.

*Contact Person:* Elizabeth Spencer, R.N., Deputy Director, Office of Research on Women's Health, Executive Secretary, ACRWH, National Institutes of Health, 6707 Democracy Blvd., Room 7W444, Bethesda, MD 20817, 301-402-1770 [elizabeth.spencer@nih.gov](mailto:elizabeth.spencer@nih.gov).

Any member of the public interested in presenting oral comments to the committee may notify the Contact Person listed on this notice at least 10 days in advance of the meeting. Interested individuals and representatives of organizations may submit a letter of intent, a brief description of the organization represented, and a short

description of the oral presentation. Only one representative of an organization may be allowed to present oral comments and if accepted by the committee, presentations may be limited to five minutes. Both printed and electronic copies are requested for the record. In addition, any interested person may file written comments with the committee by forwarding their statement to the Contact Person listed on this notice. The statement should include the name, address, telephone number and when applicable, the business or professional affiliation of the interested person.

In the interest of security, NIH has instituted stringent procedures for entrance onto the NIH campus. All visitor vehicles, including taxicabs, hotel, and airport shuttles will be inspected before being allowed on campus. Visitors will be asked to show one form of identification (for example, a government-issued photo ID, driver's license, or passport) and to state the purpose of their visit.

Information is also available on the Institute's/Center's home page: [www4.od.nih.gov/orwh/](http://www4.od.nih.gov/orwh/), where an agenda and any additional information for the meeting will be posted when available.

(Catalogue of Federal Domestic Assistance Program Nos. 93.14, Intramural Research Training Award; 93.22, Clinical Research Loan Repayment Program for Individuals from Disadvantaged Backgrounds; 93.232, Loan Repayment Program for Research Generally; 93.39, Academic Research Enhancement Award; 93.936, NIH Acquired Immunodeficiency Syndrome Research Loan Repayment Program; 93.187, Undergraduate Scholarship Program for Individuals from Disadvantaged Backgrounds, National Institutes of Health, HHS)

Dated: March 6, 2018.

**Michelle Trout,**

*Program Analyst, Office of Federal Advisory Committee Policy.*

[FR Doc. 2018-04954 Filed 3-12-18; 8:45 am]

**BILLING CODE 4140-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### Eunice Kennedy Shriver National Institute of Child Health and Human Development; Notice of Closed Meetings

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meetings.

The meetings 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 grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning