

in early intervention services before six months of age for those identified with hearing loss.

Federal support for identifying children with hearing loss began with the Children’s Health Act of 2000, which authorized federal programs to support EHDI activities at the state level. Since then, funds have been distributed to states via cooperative agreements from the CDC and grants from the Health Resources and Services Administration (HRSA). States are using these federal monies to enhance EHDI programs and develop corresponding tracking and surveillance systems. These systems are intended to help EHDI programs ensure infants and children are receiving recommended

hearing screening, follow-up, and intervention services.

The mission of the CDC EHDI team is for every state and U.S. territory to have a complete EHDI tracking and surveillance system that will help ensure infants and children with hearing loss achieve communication and social skills commensurate with their cognitive abilities. As part of this mission the CDC EHDI team, in collaboration with representatives of state and U.S. territorial EHDI programs, developed seven National EHDI Goals that reflect the “1–3–6 plan” and address integration with the medical home (coordinated care by a medical provider) and development of tracking and surveillance systems to minimize loss to follow-up and loss to

documentation. Many of the defined performance indicators for these goals involve obtaining data related to the number of children screened for hearing loss, referred for and receiving follow-up testing (e.g., diagnostic audiologic evaluation) and enrolled in early intervention services.

The purpose of the revised survey is to obtain annual state data on the performance indicators in a consistent manner, which is needed to assess progress towards meeting the National EHDI goals. In addition, the availability of these data will better enable the CDC EHDI team to provide technical assistance to states and respond to questions by the general public, policy makers, and Healthy People 2020 officials.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
EHDI Program State Program Coordinators Contacted	Survey Directions	59	1	10/60
EHDI Program State Program Coordinators who return the survey.	Survey	57	1	240/60

Leroy A. Richardson,
Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Initial Review

In accordance with Section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces a meeting for the initial review of applications in response to Funding Opportunity Announcements (FOAs): CK17–001, “Creation of a Healthcare-Associated Infectious Disease Modeling Network to Improve Prevention Research and Healthcare Delivery”; CK17–002, “Evaluation of Clinical Interventions, Surveillance, and Ecological Factors that Influence the Burden of Human Monkeypox in the Democratic Republic of the Congo (DRC)”; and CK17–004, “Determining

and Monitoring Health Conditions Identified in the Medical Assessment of US-Bound Refugees.”

Time and Date:

10:00 a.m.–5:00 p.m., EDT, March 28–29, 2017 (Closed)

Place: Teleconference.

Status: The meeting will be closed to the public in accordance with provisions set forth in Section 552b(c)(4) and (6), Title 5 U.S.C., and the determination of the Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92–463.

Matters for Discussion: The meeting will include the initial review, discussion, and evaluation of applications received in response to “Creation of a Healthcare-Associated Infectious Disease Modeling Network to Improve Prevention Research and Healthcare Delivery”, CK17–001; “Evaluation of Clinical Interventions, Surveillance, and Ecological Factors that Influence the Burden of Human Monkeypox in the Democratic Republic of the Congo (DRC)”, CK17–002; and “Determining and Monitoring Health Conditions Identified in the Medical Assessment of US-Bound Refugees”, CK17–004.

Contact Person for More Information: Gregory Anderson, M.S., M.P.H., Scientific Review Officer, CDC, 1600 Clifton Road NE., Mailstop E60, Atlanta,

Georgia 30333, Telephone: (404) 718–8833.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Elaine L. Baker,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

ICD–10 Coordination and Maintenance (C&M) Committee Meeting National Center for Health Statistics (NCHS), Classifications and Public Health Data Standards Staff, Announces the Following Meeting

NAME: ICD–10 Coordination and Maintenance (C&M) Committee meeting.

TIME AND DATE: 9:00 a.m.–5:00 p.m., EST, March 7–8, 2017