

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:* National Institute of Allergy and Infectious Diseases Special Emphasis Panel NIAID Clinical Trial Implementation Cooperative Agreement (U01).

*Date:* May 11, 2017.

*Time:* 11:00 a.m. to 4:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institutes of Health, 5601 Fishers Lane, Rockville, MD 20892, (Telephone Conference Call).

*Contact Person:* Jay R. Radke, Ph.D., AIDS Review Branch, Scientific Review Program, Division of Extramural Activities, Room #3G11B, National Institutes of Health, NIAID, 5601 Fishers Lane MSC-9823, Bethesda, MD 20892-9823, (240) 669-5046, [jay.radke@nih.gov](mailto:jay.radke@nih.gov).

(Catalogue of Federal Domestic Assistance Program Nos. 93.855, Allergy, Immunology, and Transplantation Research; 93.856, Microbiology and Infectious Diseases Research, National Institutes of Health, HHS)

Dated: April 14, 2017.

**Natasha M. Copeland,**

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

[FR Doc. 2017-07935 Filed 4-19-17; 8:45 am]

**BILLING CODE 4140-01-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**Office of the Director Amended; Notice of Meeting**

Notice is hereby given of a change in the meeting of the NIH Clinical Center Research Hospital Board, on Friday, April 28, 2017, 8:30 a.m. to April 28, 2017: 5:00 p.m., National Institutes of Health, Building 31, Conference Room 6C6, Bethesda, Maryland 20892 which was published in the **Federal Register**

on Thursday, April 13, 2017, 82 FR 17847.

The meeting notice is amended to change the time of the closed session. The closed session that was previously announced being held from 3:20 p.m. to 5:00 p.m. to discuss the identification of candidates for leadership roles will now be held from 11:45 a.m. to 12:30 p.m.

Dated: April 14, 2017.

**Jennifer S. Spaeth,**

*Director, Office of Federal Advisory Committee Policy.*

[FR Doc. 2017-07939 Filed 4-19-17; 8:45 am]

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Substance Abuse and Mental Health Services Administration**

**Agency Information Collection Activities: Proposed Collection; Comment Request**

In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer on (240) 276-1243.

Comments are invited on: (a) Whether the proposed collections of information are 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 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.

**Proposed Project: State Targeted Response to the Opioid Crisis Grant Program Reports—NEW**

The Substance Abuse and Mental Health Services Administration (SAMHSA) is authorized under Section 1003 of the 21st Century Cures Act, as amended, to support a grant program, for up to 2 years, that addresses the supplemental activities pertaining to opioids currently undertaken by the state agency or territory and will support a comprehensive response to the opioid epidemic. The State Targeted Response to the Opioid Crisis Grant (Opioid STR) program addresses Healthy People 2020, Substance Abuse Topic Area HP 2020-SA. The primary purpose of Opioid STR is to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD) (including prescription opioids as well as illicit drugs such as heroin).

There will be up to 59 (states and jurisdictions) award recipients in this program. All funded states and jurisdictions will be asked to report on their implementation and performance through an online data collection system. Award recipients will report performance on the following measures specific to this program: Number of people who receive OUD treatment, number of people who receive OUD recovery services, number of providers implementing medication-assisted treatment, and the number of OUD prevention and treatment providers trained, to include NPs, PAs, as well as physicians, nurses, counselors, social workers, case managers, etc.

This information will be collected at the mid-point and conclusion of each grant award year.

Additionally, each award recipient will describe the purposes for which the grant funds received were expended and the activities under the program, and the ultimate recipients of amounts provided to the grantee in the grants.

**ANNUALIZED ESTIMATED BURDEN HOURS FOR THE PROGRESS REPORT**

Respondent	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
State and Jurisdictions .....	57	2	114	8.0	912

Link for the tables: <https://www.samhsa.gov/sites/default/files/grants/pdf/ti-17-014-tables.pdf>.

Send all comments via email to [OpioidSTR@samhsa.hhs.gov](mailto:OpioidSTR@samhsa.hhs.gov). Comments should be received by June 19, 2017.

**Summer King,**  
Statistician.

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**BILLING CODE 4162-20-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Substance Abuse and Mental Health Services Administration

#### Center for Substance Abuse Treatment; Notice of Meeting

Pursuant to Public Law 92-463, notice is hereby given that the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Center for Substance Abuse Treatment (CSAT) National Advisory Council will meet on May 2, 2017, 1:00 p.m.–2:00 p.m. (EDT) in a closed teleconference meeting.

The meeting will include discussions and evaluations of grant applications reviewed by SAMHSA's Initial Review Groups, and involve an examination of confidential financial and business information as well as personal information concerning the applicants. Therefore, the meeting will be closed to the public as determined by the SAMHSA Acting Deputy Assistant Secretary for Mental Health and Substance Use in accordance with Title 5 U.S.C. § 552b(c)(4) and (6) and Title 5 U.S.C. App. 2, § 10(d).

Meeting information and a roster of Council members may be obtained by accessing the SAMHSA Committee Web site at <http://www.samhsa.gov/about-us/advisory-councils/csat-national-advisory-council> or by contacting the CSAT National Advisory Council Designated Federal Officer; Tracy Goss (see contact information below).

*Council Name:* SAMHSA's Center for Substance Abuse Treatment National Advisory Council.

*Date/Time/Type:* May 2, 2017, 1:00 p.m.–2:00 p.m. EDT, CLOSED.

*Place:* SAMHSA, 5600 Fishers Lane, Rockville, Maryland 20857.

*Contact:* Tracy Goss, Designated Federal Officer, CSAT National Advisory Council, 5600 Fishers Lane, Rockville, Maryland 20857 (mail), Telephone: (240) 276-0759, Fax: (240) 276-2252, Email: [tracy.goss@samhsa.hhs.gov](mailto:tracy.goss@samhsa.hhs.gov).

**Summer King,**

Statistician, SAMHSA.

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**BILLING CODE 4162-20-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Substance Abuse and Mental Health Services Administration

#### Agency Information Collection Activities: Proposed Collection; Comment Request

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Comments are invited on: (a) Whether the proposed collections of information are 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 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.

#### Proposed Project: 2018 National Survey on Drug Use and Health (OMB No. 0930-0110)—Revision

The National Survey on Drug Use and Health (NSDUH) is a survey of the U.S. civilian, non-institutionalized population aged 12 years old or older. The data are used to determine the prevalence of use of tobacco products, alcohol, illicit substances, and illicit use of prescription drugs. The results are used by SAMHSA, the Office of National Drug Control Policy (ONDCP), federal government agencies, and other organizations and researchers to establish policy, direct program activities, and better allocate resources.

While NSDUH must be updated periodically to reflect changing substance use and mental health issues and to continue producing current data, for the 2018 NSDUH only the following minor changes are planned: (1) At the request of ONDCP, re-inserted the marijuana marketplace module, previously included in the 2014 NSDUH (as well as prior years), into the respondent-administered portion of the 2018 questionnaire; (2) the addition of four new questions, asked only of respondents age 18 and older, about the perception of problems with and recovery from drug/alcohol and mental health problems; and (3) included other minor wording changes to improve the flow of the interview, increase respondent comprehension or to be consistent with text in other questions.

The marijuana marketplace module consists of a series of questions that seek to gather data such as the location, quantity, cost and type of marijuana being purchased across the nation. This module is unchanged from the version last included in the 2014 NSDUH. As with all NSDUH/NHSDA surveys conducted since 1999, the sample size of the survey for 2018 will be sufficient to permit prevalence estimates for each of the fifty states and the District of Columbia. Prior to 2002, the NSDUH was referred to as the National Household Survey on Drug Abuse (NHSDA).

The total annual burden estimate is shown below.