

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Account Creation .....	15,600	1	15,600	.08	1,248
Complete Profile .....	9,400	1	9,400	1	9,400
Total .....	*15,600	—	15,600	—	10,648

\* The 9,400 respondents who complete their profiles are a subset of the 15,600 respondents who create accounts.

**Jason E. Bennett,**  
 Director, Division of the Executive Secretariat.  
 [FR Doc. 2017-08584 Filed 4-27-17; 8:45 am]  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Office of the Secretary**

[Document Identifier 0990-0421-60D]

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

**AGENCY:** Office of the Secretary, HHS.  
**ACTION:** Notice.

**SUMMARY:** In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). The ICR is for extending the use of the approved information collection assigned OMB control number 0990-0421, which expires on July 31, 2017. Prior to submitting the ICR to OMB, OS seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

**DATES:** Comments on the ICR must be received on or before June 27, 2017.  
**ADDRESSES:** Submit your comments to *InformationCollectionClearance@hhs.gov* or by calling (202) 795-7714.  
**SUPPLEMENTARY INFORMATION:** When submitting comments or requesting information, please include the document identifier 0990-0421-60D for reference.

*Information Collection Request Title:* ASPE Generic Clearance for the Collection of Qualitative Research and Assessment.  
*OMB No.:* 0990-0421.  
*Abstract:* The Office of the Assistant Secretary for Planning and Evaluation (ASPE) is requesting an extension for their generic clearance for purposes of conducting qualitative research. ASPE conducts qualitative research to gain a better understanding of emerging health policy issues, develop future intramural and extramural research projects, and to ensure HHS leadership, agencies and offices have recent data and information to inform program and policy decision-making. ASPE is requesting approval for at least four types of qualitative research: (a) Interviews, (b) focus groups, (c) questionnaires, and (d) other qualitative methods. ASPE's mission is to advise the Secretary of the Department of Health and Human Services on policy development in

health, disability, human services, data, and science, and provides advice and analysis on economic policy. ASPE leads special initiatives, coordinates the Department's evaluation, research and demonstration activities, and manages cross-Department planning activities such as strategic planning, legislative planning, and review of regulations. Integral to this role, ASPE will use this mechanism to conduct qualitative research, evaluation, or assessment, conduct analyses, and understand needs, barriers, or facilitators for HHS-related programs.

ASPE is requesting comment on the burden for qualitative research aimed at understanding emerging health and human services policy issues. The goal of developing these activities is to identify emerging issues and research gaps to ensure the successful implementation of HHS programs. The participants may include health and human services experts; national, state, and local health or human services representatives; public health, human services, or healthcare providers; and representatives of other health or human services organizations. The increase in burden from 747 in 2014 to 1,300 respondents in 2017 reflects an increase in the number of research projects conducted over the estimate in 2014.

ESTIMATED ANNUALIZED BURDEN TABLE

Type of respondent	Form	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Health Policy Stakeholder .....	Qualitative Research .....	1,300	1	1	1,300

OS 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.

**Terry S. Clark,**  
 Asst Information Collection Clearance Officer.  
 [FR Doc. 2017-08599 Filed 4-27-17; 8:45 am]  
 BILLING CODE 4150-05-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Solicitation of Nominations for Three Organizations To Serve as Non-Voting Liaison Representatives to the Chronic Fatigue Syndrome Advisory Committee**

**AGENCY:** Office of the Assistant Secretary for Health, Office of the Secretary, Department of Health and Human Services.

**ACTION:** Notice.

**SUMMARY:** The Chronic Fatigue Syndrome Advisory Committee (CFSAC) is one of the federal advisory committees for which the Department of Health and Human Services (HHS) provides management support. The Office of the Assistant Secretary for Health (OASH), a staff division in the Office of the Secretary, HHS, is assigned responsibility to provide management support for CFSAC activities. The CFSAC is authorized to have three non-voting liaison representative positions. The organizations designated to fill these positions will be selected from those concerned with myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS). The Designated Federal Officer (DFO) for CFSAC will select the organizations from which the representative will be selected to fill these vacant positions. The representatives selected to fill these positions will serve a two-year term as a non-voting liaison representative. Details of nomination requirements are provided below.

**DATES:** Nominations must be received no later than 5 p.m. ET on May 30, 2017, at the address listed below.

**ADDRESSES:** All nominations should be sent to Commander Gustavo Ceinos, Designated Federal Officer, Chronic Fatigue Syndrome Advisory Committee, Office on Women's Health, Department of Health and Human Services, 200 Independence Avenue SW., Room 728F.6, Washington, DC 20201. Nomination materials, including attachments, may be submitted electronically to [cfsac@hhs.gov](mailto:cfsac@hhs.gov).

**FOR FURTHER INFORMATION CONTACT:** Commander Gustavo Ceinos, Designated Federal Officer, Chronic Fatigue Syndrome Advisory Committee, Office on Women's Health, Department of Health and Human Services, 200 Independence Avenue SW., Room 728F.6, Washington, DC 20201. The telephone number is: 202-401-9545. Inquiries can be sent to [cfsac@hhs.gov](mailto:cfsac@hhs.gov).

**SUPPLEMENTARY INFORMATION:** CFSAC was established on September 5, 2002. The purpose of the CFSAC is to provide advice and recommendations to the Secretary of HHS, through the Assistant Secretary for Health, on issues related to ME/CFS. CFSAC advises and makes recommendations on a broad range of topics including: (1) Opportunities to improve knowledge and research about the epidemiology, etiologies, biomarkers and risk factors for ME/CFS; (2) research on the diagnosis, treatment, and management of ME/CFS and potential impact of treatment options; (3)

strategies to inform the public, health care professionals, and the biomedical academic and research communities about ME/CFS advances; (4) partnerships to improve the quality of life of ME/CFS patients; and (5) strategies to insure that input from ME/CFS patients and caregivers is incorporated into HHS policy and research. Management and support services for Committee activities are provided by staff from the HHS Office on Women's Health, within the OASH. The CFSAC charter is available at <https://www.hhs.gov/ash/advisory-committees/cfsac/about-cfsac/charter/index.html>.

CFSAC meetings are held not less than two times per year. The CFSAC membership consists of 13 voting members, including the Chair. The voting members are composed of seven biomedical research scientists with demonstrated expertise in biomedical research applicable to ME/CFS; three individuals with expertise in health care delivery, private health care services or insurers, or voluntary organizations concerned with the problems of individuals with ME/CFS, and three are either patients or caregivers affected by ME/CFS.

CFSAC also includes eight non-voting *ex-officio* representatives from the Agency for Healthcare Research and Quality, Centers for Disease Control and Prevention, Food and Drug Administration, Health Resources and Services Administration, National Institutes of Health, Social Security Administration, U.S. Department of Veteran Affairs, and the Department of Defense.

In 2012, the CFSAC structure was expanded to include three non-voting liaison representative positions. These positions are occupied by representatives from organizations that are concerned with ME/CFS. The terms of the current non-voting liaison representative positions expire in May. The selected organizations will occupy the position for a two-year term.

**Nominations:** The OASH is requesting nominations of organizations to fill the three non-voting liaison representative positions for the CFSAC. The organizations will be selected by the DFO or designee.

Selection of the three organizations which will serve as non-voting liaison representatives will be based on the organizations' qualifications to contribute to the accomplishment of the CFSAC mission, as described in the Committee charter. In selecting the organizations to be considered for these positions, the OASH will give close attention to equitable geographic

distribution and give priority to U.S.-chartered 501(c)(3) organizations that operate within the United States and have membership with demonstrated expertise in ME/CFS and related research, clinical services, or advocacy and outreach on issues concerning ME/CFS.

The individuals designated by the selected organizations to serve as the official liaison representative will perform the associated duties without compensation, and will not receive per diem or reimbursement for travel expenses. The organizations selected will cover expenses for their designated representative to attend, at a minimum, one in-person CFSAC meeting per year during the designated term of appointment.

To qualify for consideration of selection to the Committee, an organization should submit the following items:

(1) A statement of the organization's history, mission, and focus, including information that demonstrates the organization's experience and expertise in ME/CFS and related research, clinical services, or advocacy and outreach on issues of ME/CFS, as well as expert knowledge of the broad issues and topics pertinent to ME/CFS. This information should demonstrate the organization's proven ability to work and communicate with the ME/CFS patient and advocacy community, and other public/private organizations concerned with ME/CFS, including public health agencies at the federal, state, and local levels.

(2) two to four letters of recommendation that clearly state why the organization is qualified to serve on CFSAC in a liaison representative position. These letters should be from individuals who are not part of the organization.

(3) A statement that the organization is willing to serve as a non-voting liaison representative of the Committee and will cover expenses for their representative to attend in-person, at a minimum, one CFSAC meeting per year in Washington, DC, during the designated term of appointment.

(4) A current financial disclosure statement (or annual report) demonstrating the organization's ability to cover expenses for its representative to attend in-person, at a minimum, one CFSAC meeting per year in Washington, DC, during the term of appointment.

Submitted nominations must include these critical elements in order for the organization to be considered for one of the liaison representative positions.

Nomination materials should be typewritten, using a 12-point font and

double-spaced. All nomination materials should be submitted (postmarked or received) by May 30, 2017.

*Electronic submissions:* Nomination materials, including attachments, may be submitted electronically to [cfsac@hhs.gov](mailto:cfsac@hhs.gov). An email from the CFSAC Support Team will be sent to the nominating organization and/or nominator to confirm receipt of the nomination. If the email confirmation is not received within two working days, please call 202-690-7650. Telephone and facsimile submissions cannot be accepted.

*Regular, Express, or Overnight Mail:* Written documents may be submitted to the following addressee only: Commander Gustavo Ceinos, Designated Federal Officer, CFSAC, Office on Women's Health, Department of Health and Human Services, 200 Independence Avenue SW., Room 728F.6, Washington, DC 20201.

HHS makes every effort to ensure that the membership of federal advisory committees is fairly balanced in terms of points of view represented. Every effort is made to ensure that a broad representation of geographic areas, sex, ethnic and minority groups, and people with disabilities are given consideration for membership on federal advisory committees. Selection of the represented organizations shall be made without discrimination against the composition of an organization's membership on the basis of age, sex, race, ethnicity, sexual orientation, disability, and cultural, religious, or socioeconomic status.

**Authority:** 42 U.S.C. 217a, section 222 of the Public Health Service (PHS) Act, as amended. The Committee is governed by the provisions of the Federal Advisory Committee Act, as amended (5 U.S.C. App 2), which sets forth standards for the formation and use of advisory committees.

Dated: April 18, 2017.

**Nicole Greene,**

*Acting Director, Office on Women's Health.*

[FR Doc. 2017-08383 Filed 4-27-17; 8:45 am]

**BILLING CODE 4150-42-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Institute of General Medical Sciences; Notice of Closed Meetings

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), 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 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 General Medical Sciences Special Emphasis Panel; Peer-Review of (SCORE) Advancement Award.

*Date:* June 23, 2017.

*Time:* 8:00 a.m. to 5:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* Cambria Suites Rockville, 1 Helen Heneghan Way, Rockville, MD 20850.

*Contact Person:* Manas Chattopadhyay, Ph.D., Scientific Review Officer, Office of Scientific Review, National Institute of General Medical Sciences, National Institutes of Health, Building 45, Room 3An12N, 45 Center Drive, Bethesda, MD 20892, 301-827-5320, [manasc@mail.nih.gov](mailto:manasc@mail.nih.gov).

*Name of Committee:* National Institute of General Medical Sciences Special Emphasis Panel; Centers of Biomedical Research Excellence (COBRE) (P20).

*Date:* June 29, 2017.

*Time:* 8:00 a.m. to 6:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* Cambria Suites Rockville, 1 Helen Heneghan Way, Rockville, MD 20850.

*Contact Person:* Shinako Takada, Ph.D., Scientific Review Officer, Office of Scientific Review, National Institute of General Medical Sciences, National Institutes of Health, 45 Center Drive, Room 3AN18, Bethesda, MD 20892-6200, 301-402-9448, [shinako.takada@nih.gov](mailto:shinako.takada@nih.gov).

(Catalogue of Federal Domestic Assistance Program Nos. 93.375, Minority Biomedical Research Support; 93.821, Cell Biology and Biophysics Research; 93.859, Pharmacology, Physiology, and Biological Chemistry Research; 93.862, Genetics and Developmental Biology Research; 93.88, Minority Access to Research Careers; 93.96, Special Minority Initiatives; 93.859, Biomedical Research and Research Training, National Institutes of Health, HHS)

Dated: April 25, 2017.

**Melanie J. Pantoja,**

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

[FR Doc. 2017-08629 Filed 4-27-17; 8:45 am]

**BILLING CODE 4140-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Institute of Mental Health; Notice of Closed Meetings

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), 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 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 Mental Health Special Emphasis Panel; Interventions and Biomarkers Special Emphasis Panel.

*Date:* May 24, 2017.

*Time:* 11:00 a.m. to 1:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institutes of Health, Neuroscience Center, 6001 Executive Boulevard, Rockville, MD 20852 (Telephone Conference Call).

*Contact Person:* Marcy Ellen Burstein, Ph.D., Scientific Review Officer, Division of Extramural Activities, National Institute of Mental Health, NIH, Neuroscience Center, 6001 Executive Blvd., Room 6143, MSC 9606, Bethesda, MD 20892-9606, 301-443-9699, [bursteinme@mail.nih.gov](mailto:bursteinme@mail.nih.gov).

*Name of Committee:* National Institute of Mental Health Special Emphasis Panel; Confirmatory Efficacy Clinical Trials of Non-Pharmacological Interventions for Mental Disorders.

*Date:* May 24, 2017.

*Time:* 1:00 p.m. to 5:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institutes of Health, 6100 Executive Boulevard, Rockville, MD 20852 (Telephone Conference Call).

*Contact Person:* Marcy Ellen Burstein, Ph.D., Scientific Review Officer, Division of Extramural Activities, National Institute of Mental Health, NIH, Neuroscience Center, 6001 Executive Blvd., Room 6143, MSC 9606, Bethesda, MD 20892-9606, 301-443-9699, [bursteinme@mail.nih.gov](mailto:bursteinme@mail.nih.gov).

(Catalogue of Federal Domestic Assistance Program No. 93.242, Mental Health Research Grants, National Institutes of Health, HHS)

Dated: April 25, 2017.

**Melanie J. Pantoja,**

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

[FR Doc. 2017-08630 Filed 4-27-17; 8:45 am]

**BILLING CODE 4140-01-P**