medication assisted treatment according to parental need.''

Commenters reaffirmed the need for research into pain management during pregnancy for women either with or without OUD. One asked that research into pain management during labor and delivery and postpartum for women with OUD be conducted. A recommendation in the research section of the treatment strategy (Table 12 of the final strategy) was revised to reflect these comments. It now reads: ''Research effective non-pharmacologic and non-opioid pharmacotherapies for pain management during pregnancy, labor and delivery, post-partum care and breastfeeding for women with chronic pain or opioid use disorder.''

Another commenter recommended the scope of the recommendation ''Determine the safety and effectiveness of naltrexone use during pregnancy and breastfeeding'' be expanded to include naloxone in both the strategies for prevention and treatment. Language was added to this recommendation in the treatment strategy (Table 12 of the final strategy) but not the prevention strategy. It was not included in the prevention section because naloxone does not have a role in preventing or reducing prenatal substance exposure. The recommendation now reads: ''Determine the safety and effectiveness of naltrexone and naloxone when combined with buprenorphine use during pregnancy and breastfeeding.''

Many commenters sought to reinforce specific elements of the strategy, refine broad research recommendations with more specific research questions, or inform how the recommendations might best be carried out. For example, a group of commenters emphasized ''the need for additional research into the impact on the fetus of drugs taken during pregnancy . . . especially when exposure is concurrent with opioids.'' There was a request for greater research on whether a subgroup of women at sufficiently low risk of relapse could be identified and detoxified safely and reliably and for more research on the impact of detoxification on the fetus. There was also a request for greater research on the most effective pharmacotherapy for infants with neonatal abstinence syndrome (NAS) and or NOWS. These comments reinforced or elaborated upon existing recommendations in the strategy and therefore the strategy was not edited to reflect them.

Services

Several commenters raised concerns about criminal penalties experienced by pregnant and parenting women with substance use disorder and the uncertain benefit and unknown consequences of removing children from their parents due to prenatal substance exposure. This comment best summarizes the range of strategies suggested by the various comments:

> The current opioid epidemic is resulting in numerous referrals to and removals by the child welfare system. . . . But, since the primary purpose of the child welfare system is to investigate reports of abuse and neglect, child welfare workers often lack the appropriate training and resources to effectively address substance use disorders. . . . more research and resources are needed to help the child welfare system facilitate linkages to treatment and promote recovery for mothers with addiction.

Another commenter pointed out that there is a ''non-evidence based assumption that removing children from women who use substances during pregnancy protects the child'' and several urged research into the risks and benefits of child removal due to prenatal substance exposure be added to the strategy. Two recommendations were added to the services strategy (Table 13 of the final strategy). First, ''Collect data on the welfare of substance exposed children who are removed from their families versus those remaining with a mother receiving supportive interventions'' was added to data collection. Second, ''Promote training and resources for child welfare workers to effectively address SUD and prenatal substance exposure, facilitate linkages to treatment, and promote recovery for mothers with SUD'' was added to the education section.

General Comments

A group of commenters noted that the strategy would be improved by greater synthesis of the recommendations and the definition of clear goals with associated metrics. There are several reasons why goals and metrics are not specified. First, the generally limited and inconsistent data collection described in the report currently precludes establishment of a national baseline upon which metrics can be established. Second, the establishment of goals and metrics is further complicated by the fact that for pregnant women with OUD, the most effective intervention to promote optimal outcomes for both mother and child is the provision of medication assisted treatment with an opioid agonist, which itself carries a risk of NOWS. As a result, reduction in the number of cases of NOWS is not a meaningful goal even if NOWS, as distinct from NAS, could be measured accurately. As a result, no changes were made to the strategy based on these comments.

Supporting and Related Material in the Docket: The information provided includes:

(1) The Report
(2) The Final Strategy
(3) Public Comments

Summer King,

Statistician.

[FR Doc. 2017–10735 Filed 5–24–17; 8:45 am]

BILLING CODE 4162–20–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a summary of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (240) 276–1243.

Project: Participant Feedback on Training Under the Cooperative Agreement for Mental Health Care Provider Education in HIV/AIDS Program (OMB No. 0930–0195)—Extension

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS) intends to continue to conduct a multi-site assessment for the Mental Health Care Provider Education in HIV/AIDS Program. There are no changes to the forms or the burden hours.

The education programs are funded under a cooperative agreement that are designed to disseminate knowledge of the psychological and neuropsychiatric sequelae of HIV/AIDS to both traditional (*e.g.,* psychiatrists, psychologists, nurses, primary care physicians, medical students, and social workers) and non-traditional (*e.g.,* clergy, and alternative health care workers) first-line providers of mental health services, in particular to providers in minority communities.

The multi-site assessment is designed to assess the effectiveness of particular training curricula, document the integrity of training delivery formats, and assess the effectiveness of the various training delivery formats. Analyses will assist CMHS in

documenting the numbers and types of traditional and non-traditional mental health providers accessing training; the content, nature and types of training participants receive; and the extent to which trainees experience knowledge, skill and attitude gains/changes as a result of training attendance. The multi-site data collection design uses a two-tiered data collection and analytic strategy to collect information on (1) the organization and delivery of training, and (2) the impact of training on participants' knowledge, skills and abilities.

The annual burden estimates for this activity are shown in the table below.

ANNUAL BURDEN ESTIMATE

Annualized Burden Estimates and Costs

Mental Health Care Provider Education in HIV/AIDS Program (10 sites)

Form	Number of respondents	Responses per respondent	Total responses	Hours per response	Total hour burden
All Sessions One form per session completed by program staff/trainer					
Session Report Form	600	1	600	0.08	48
Participant Feedback Form (General Education)	5,000	1	5,000	0.167	835
Neuropsychiatric Participant Feedback Form	4,000	1	4,000	0.167	668
Adherence Participant Feedback Form	1,000	1	1,000	0.167	167
Ethics Participant Feedback Form	2,000	1	2,000	0.167	125
Total	12,600		12,600		1,843

Written comments and recommendations concerning the proposed information collection should be sent by June 26, 2017 to the SAMHSA Desk Officer at the Office of Information and Regulatory Affairs, Office of Management and Budget (OMB). To ensure timely receipt of comments, and to avoid potential delays in OMB's receipt and processing of mail sent through the U.S. Postal Service, commenters are encouraged to submit their comments to OMB via email to: *OIRA_Submission@omb.eop.gov.* Although commenters are encouraged to send their comments via email, commenters may also fax their comments to: 202–395–7285. Commenters may also mail them to: Office of Management and Budget, Office of Information and Regulatory Affairs, New Executive Office Building, Room 10102, Washington, DC 20503.

Summer King,

Statistician.

[FR Doc. 2017–10734 Filed 5–24–17; 8:45 am]

BILLING CODE 4162–20–P

DEPARTMENT OF THE INTERIOR

Fish and Wildlife Service

[FWS–HQ–IA–2017–N069; FXIA16710900000–167–FF09A30000]

Agency Information Collection Activities: OMB Control Number 1018–0093; Federal Fish and Wildlife Permit Applications and Reports—Management Authority

AGENCY: Fish and Wildlife Service, Interior.

ACTION: Notice; request for comments.

SUMMARY: We (U.S. Fish and Wildlife Service) will ask the Office of Management and Budget (OMB) to approve the information collection (IC) described below. As required by the Paperwork Reduction Act of 1995 and as part of our continuing efforts to reduce paperwork and respondent burden, we invite the general public and other Federal agencies to take this opportunity to comment on this IC. This IC is scheduled to expire on May 31, 2017. We may not conduct or sponsor and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.

DATES: To ensure that we are able to consider your comments on this IC, we must receive them by June 26, 2017.

ADDRESSES: Send your comments and suggestions on this information collection to the Desk Officer for the Department of the Interior at OMB–OIRA at (202) 395–5806 (fax) or *OIRA_Submission@omb.eop.gov* (email). Please provide a copy of your comments to the Service Information Collection Clearance Officer, U.S. Fish and Wildlife Service, 5275 Leesburg Pike, MS: BPHC, Falls Church, VA 22041–3803 (mail); or *info_coll@fws.gov* (email). Please include ''1018–0093'' in the subject line of your comments.

FOR FURTHER INFORMATION CONTACT: Service Information Collection Clearance Officer, at *info_coll@fws.gov* (email) or (703) 358–2503 (telephone).

SUPPLEMENTARY INFORMATION:

I. Abstract

This information collection covers permit applications and reports that our Division of Management Authority uses to determine the eligibility of applicants for permits requested in accordance with the criteria in various Federal wildlife conservation laws and international treaties. Service regulations implementing these statutes and treaties are in chapter I, subchapter B of title 50, Code of Federal Regulations (CFR). These regulations stipulate general and specific requirements that, when met, allow us to issue permits to authorize activities that are otherwise prohibited.

Information collection requirements associated with the Federal fish and wildlife permit applications and reports are currently approved under three different OMB control numbers: 1018–0093, ''Federal Fish and Wildlife Permit Applications and Reports—Management Authority; 50 CFR 12, 13, 14, 15, 16, 17, 18, 21, 23''; 1018–0150, ''Renewal of CITES Registration of Commercial Breeding Operations for Appendix I Wildlife and Other CITES