

Amy McNulty,
Acting Director, Division of the Executive
Secretariat.
[FR Doc. 2018-06442 Filed 3-29-18; 8:45 am]
BILLING CODE 4165-15-P

**DEPARTMENT OF HEALTH AND
HUMAN SERVICES**

Indian Health Service

**Request for Public Comment: 60 Day
Proposed Information Collection:
Indian Health Service Purchased/
Referred Care Proof of Residency**

AGENCY: Indian Health Service, HHS.
ACTION: Notice and request for
comments.

SUMMARY: In compliance with the
Paperwork Reduction Act (PRA) of
1995, which requires 60 days for public
comment on proposed information
collection projects, the Indian Health
Service (IHS) invites the general public
to take this opportunity to comment on
the information collection Office of
Management and Budget (OMB) Control
Number 0917-XXXX, titled, Purchased/
Referred Care (PRC) Proof of Residency.
The purpose of this notice is to allow 60
days for public comment to be
submitted directly to OMB. A copy of
the draft supporting statement is

available at www.regulations.gov (see
Docket ID IHS_FRDOC_0001).
SUPPLEMENTARY INFORMATION: The IHS
Office of Resource Access and
Partnerships Division of Contract Care is
submitting the proposed information
collection to OMB for review, as
required by the PRA. This notice is
soliciting comments from members of
the public and affected agencies
concerning the proposed collection of
information to: (1) Evaluate whether the
proposed collection of information is
necessary for the proper performance of
the functions of the agency, including
whether the information will have
practical utility; (2) Evaluate the
accuracy of the agency's estimate of the
burden of the proposed collection of
information; (3) Enhance the quality,
utility, and clarity of the information to
be collected; and (4) Minimize the
burden of the collection of information
on those who are to respond; including
through the use of appropriate
automated collection techniques of
other forms of information technology,
e.g., permitting electronic submission of
responses.
Proposed Collection Title: 0917-
XXXX, "Indian Health Service
Purchased/Referred Care Proof of
Residency."
*Type of Information Collection
Request:* This is a new information

request for a three year approval of this
new information collection, 0917-
XXXX.
Forms: Purchase/Referred Care Proof
of Residency.
Title of Proposal: Purchased/Referred
Care Program.
OMB Control Number: To be assigned.
*Need and Use of Information
Collection:* The IHS PRC Program needs
this information to certify that health
care services requested and authorized
by the IHS have been provided to
individuals who have provided
documentation that meets the eligibility
requirements to receive medical services
from PRC provider(s); and to serve as a
legal document for health and medical
care authorized by the IHS and rendered
by health care providers under contract
with the IHS.
Agency Form Number: IHS-XXX (A
form number will be assigned after
approval).
Members of Affected Public: Patients.
*Status of the Proposed Information
Collection:* New request.
Type of Respondents: Individuals.
The table below provides: Types of
data collection instruments, estimation
to number of respondents, number of
responses per respondent, annual
number of responses, average burden
hour per response, and total annual
burden hours.

Data collection instrument(s)	Estimated number of respondents	Responses per respondent	Annual number of responses	Average burden hour per response*	Total annual burden hours
Individual Patient Count	77,185	1	77,185	3	3,859.25
Total	77,185	1	77,185	3	3,859.25

* For ease of understanding, average burden hours are provided in actual minutes.

There are no direct costs, to
respondents to report.
For Comments: Submit comments,
requests for more information on the
collection, or requests to obtain a copy
of the data collection instrument and
instruction to Ms. Evonne Bennett-
Barnes by one of the following methods:
• *Mail:* Ms. Evonne Bennett-Barnes,
Information Collection Clearance
Officer, Indian Health Service, 5600
Fishers Lane, STOP 09E70, Rockville,
MD 20857.
• *Phone:* (301) 443-4750.
• *Email:* Evonne.Bennett-Barnes@ihs.gov.
• *Fax:* 301-594-0899.
Comment Due Date: Your comments
regarding this information collection are
best assured of having full effect if
received within 60 days of the date of
this publication.

Dated: March 20, 2018.
Michael D. Weahkee,
*Assistant Surgeon General, U.S. Public Health
Service, Acting Director, Indian Health
Service.*
[FR Doc. 2018-06521 Filed 3-29-18; 8:45 am]
BILLING CODE 4165-16-P

**DEPARTMENT OF HEALTH AND
HUMAN SERVICES**

National Institutes of Health

**Center for Scientific Review; 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
individuals associated with the grant
applications, the disclosure of which
would constitute a clearly unwarranted
invasion of personal privacy.
Name of Committee: Center for Scientific
Review Special Emphasis Panel; Anxiety,
Depression, and Synaptic Plasticity.
Date: April 9, 2018.
Time: 2:00 p.m. to 3:30 p.m.
Agenda: To review and evaluate grant
applications.
Place: National Institutes of Health, 6701
Rockledge Drive, Bethesda, MD 20892
(Telephone Conference Call).
Contact Person: Brian H. Scott, Ph.D.,
Scientific Review Officer, National Institutes
of Health, Center for Scientific Review, 6701