

Studies where differences in potassium intake or values are confounded with alteration of other nutrient levels will be excluded.

#### IV. Outcomes

A. Studies reporting on mortality (all-cause, CVD, CHD, or renal); cardiovascular disease morbidity, including coronary heart disease (CHD), acute coronary syndrome (unstable angina and myocardial infarction), stroke, myocardial infarction (ST-segment elevation myocardial infarction [STEMI] and non-ST elevation myocardial infarction [NSTEMI]), requiring coronary revascularization procedures (angioplasty, coronary stent placement, coronary artery bypass), other atherosclerotic revascularization procedures (carotid endarterectomy), left ventricular hypertrophy, hospitalization for heart failure, or hospitalization for any cause of coronary heart disease or cardiovascular disease, or combined CVD morbidity and mortality; or reporting on renal function intermediary and clinical outcomes including creatinine clearance (CrCl), serum creatinine (SCr), glomerular filtration rate (GFR), end stage renal disease, chronic kidney disease (CKD), albuminuria/proteinuria (including urine albumin-to-creatinine ratio, urine albumin dipstick level, urine protein-to-creatinine ratio, albumin excretion rate), kidney stone incidence, or acute kidney injury will be eligible. Studies that do not report baseline data on the outcomes of interest will be excluded.

#### V. Timing

A. Studies reporting exclusively on kidney stone formation need to follow participants for at least five years, studies reporting exclusively on kidney disease need to follow participants for at least two years, studies reporting exclusively on cardiovascular disease or stroke need to follow patients for at least 12 months; all other studies need to report on an exposure period of at least four weeks to be eligible.

#### VI. Setting

A. Studies in community-dwelling participants will be eligible.

#### VII. Study Design

A. Prospective cohort studies and nested case-control studies, where at least two groups are compared based on measured potassium intake or biomarker values will be eligible. Retrospective studies, case series, cross-

sectional studies or surveys, and case reports will be excluded.

**Sharon B. Arnold,**

*Acting AHRQ Director.*

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**BILLING CODE 4160-90-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Community Living

#### Administration on Intellectual and Developmental Disabilities, President's Committee for People With Intellectual Disabilities

**AGENCY:** Administration for Community Living, HHS.

**ACTION:** Notice.

**DATES:** Thursday, March 23, 2017 from 8:30 a.m. to 5:00 p.m.; and Friday, March 24, 2017 from 9:00 a.m. to 3:00 p.m.

These meetings will be open to the general public.

**ADDRESSES:** These meetings will be held in U.S. Department of Health and Human Services/Hubert H. Humphrey Building located at 200 Independence Avenue SW., Conference Room 705A, Washington, DC 20201.

Individuals who would like to participate via conference call may do so by dialing toll-free #: 1-800-779-4694, when prompted enter pass code: 4511687. Individuals whose full participation in the meeting will require special accommodations (e.g., sign language interpreting services, assistive listening devices, materials in alternative format such as large print or Braille) should notify Ms. Allison Cruz, Director, Office of Innovation, via email at [Allison.Cruz@acl.hhs.gov](mailto:Allison.Cruz@acl.hhs.gov), or via telephone at 202-795-7334, *no later than* Monday, March 6, 2017. The PCPID will attempt to accommodate requests made after this date, *but cannot guarantee the ability to grant requests received after the deadline*. All meeting sites are barrier free, consistent with the Americans with Disabilities Act (ADA) and the Federal Advisory Committee Act (FACA).

**AGENDA:** The Committee Members will discuss preparation of the PCPID 2017 Report to the President, including its content and format, and related data collection and analysis required to complete the writing of the Report.

**ADDITIONAL INFORMATION:** For further information, please contact Ms. Allison Cruz, Director, Office of Innovation, 330 C Street SW., Switzer Building, Room 1114, Washington, DC 20201.

Telephone: 202-795-7334. Fax: 202-795-7334. Email: [Allison.Cruz@acl.hhs.gov](mailto:Allison.Cruz@acl.hhs.gov).

**SUPPLEMENTARY INFORMATION:** The PCPID acts in an advisory capacity to the President and the Secretary of Health and Human Services on a broad range of topics relating to programs, services and support for individuals with intellectual disabilities. The PCPID executive order stipulates that the Committee shall: (1) Provide such advice concerning intellectual disabilities as the President or the Secretary of Health and Human Services may request; and (2) provide advice to the President concerning the following for people with intellectual disabilities: (A) Expansion of educational opportunities; (B) promotion of homeownership; (C) assurance of workplace integration; (D) improvement of transportation options; (E) expansion of full access to community living; and (F) increasing access to assistive and universally designed technologies.

Dated: February 27, 2017.

**Bob Williams,**

*Acting Designated Federal Official, PCPID, Administration on Disabilities (AoD).*

[FR Doc. 2017-04165 Filed 3-3-17; 8:45 am]

**BILLING CODE 4154-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Community Living

#### Agency Information Collection Activities; Proposed Collection; Public Comment Request; Extension of a Currently Approved Information Collection (ICR-REV); Centers for Independent Living Annual Performance Report (CILPPR); Correction

**AGENCY:** Independent Living Administration, Administration for Community Living, HHS.

**ACTION:** Notice of correction.

**SUMMARY:** The Administration for Community Living published a proposed collection of information document in the **Federal Register** on February 23, 2017. (82 FR 11471 and 11472) The document contained an incorrect date and email address. In addition under the heading "New Requirements", the first paragraph was revised.

**FOR FURTHER INFORMATION CONTACT:** Corinna Styles, 202-795-7446.

Corrections:

Under the **DATES** section, page 11471, column two, correct the notice to read: "Submit written or electronic comments

on the collection of information by May 5, 2017.”

Under the **ADDRESSES** section, page 11471, column two, correct the notice to read: “Submit electronic comments on the collection of information to: [cilpprcomments@acl.hhs.gov](mailto:cilpprcomments@acl.hhs.gov)”.

Under the heading “New Requirements”, the first paragraph, page 11472, column one, replace the first paragraph with the following paragraph below:

“The Workforce Innovation and Opportunity Act (WIOA), enacted on July 22, 2014, added a new core service to the list of “independent living core services” that ACL funded Centers for Independent Living (CILs) are required to provide. Prior to WIOA, CILs were required to provide the following core services: (1) Information and referral services; (2) independent living skills training; (3) peer counseling, including cross-disability peer counseling; (4) and individual and systems advocacy. WIOA added additional “transition and diversion” core services comprised of three components. It requires CILs to:”.

Dated: February 24, 2017.

**Daniel P. Berger,**

*Acting Administrator and Assistant Secretary for Aging.*

[FR Doc. 2017-04169 Filed 3-3-17; 8:45 am]

**BILLING CODE 4154-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Food and Drug Administration

[Docket No. FDA-2017-N-0136]

#### Public Meeting on Patient-Focused Drug Development for Autism; Request for Comments

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice of public meeting; request for comments.

**SUMMARY:** The Food and Drug Administration (FDA, the Agency, or we) is announcing a public meeting and an opportunity for public comment on Patient-Focused Drug Development for autism. Patient-Focused Drug Development is part of FDA’s performance commitments made as part of the fifth authorization of the Prescription Drug User Fee Act (PDUFA V). The public meeting is intended to allow FDA to obtain patient perspectives on the impact of autism on daily life as well as patient views on treatment approaches for autism.

**DATES:** The public meeting will be held on May 4, 2017, from 1 p.m. to 5 p.m. Registration to attend the meeting must be received by April 24, 2017 (see

**SUPPLEMENTARY INFORMATION** for instructions). Submit either electronic or written comments on the public meeting by July 5, 2017. Late, untimely filed comments will not be considered. Electronic comments must be submitted on or before July 5, 2017. The <https://www.regulations.gov> electronic filing system will accept comments until midnight Eastern Time at the end of July 5, 2016. Comments received by mail/hand delivery/courier (for written paper submissions) will be considered timely if they are postmarked or the delivery service acceptance receipt is on or before that date. See the **SUPPLEMENTARY INFORMATION** section for registration date and information.

**ADDRESSES:** The public meeting will be held at the FDA White Oak Campus, 10903 New Hampshire Ave., Bldg. 31 Conference Center, the Great Room (Rm. 1503), Silver Spring, MD 20993-0002. Entrance for the public meeting participants (non-FDA employees) is through Building 1 where routine security check procedures will be performed. For more information on parking and security procedures, please refer to <http://www.fda.gov/AboutFDA/WorkingatFDA/BuildingsandFacilities/WhiteOakCampusInformation/ucm241740.htm>.

You may submit comments as follows:

#### Electronic Submissions

Submit electronic comments in the following way:

- **Federal eRulemaking Portal:** <https://www.regulations.gov>. Follow the instructions for submitting comments. Comments submitted electronically, including attachments, to <https://www.regulations.gov> will be posted to the docket unchanged. Because your comment will be made public, you are solely responsible for ensuring that your comment does not include any confidential information that you or a third party may not wish to be posted, such as medical information, your or anyone else’s Social Security number, or confidential business information, such as a manufacturing process. Please note that if you include your name, contact information, or other information that identifies you in the body of your comments, that information will be posted on <https://www.regulations.gov>.

- If you want to submit a comment with confidential information that you do not wish to be made available to the public, submit the comment as a written/paper submission and in the manner detailed (see “Written/Paper Submissions” and “Instructions”).

#### Written/Paper Submissions

Submit written/paper submissions as follows:

- **Mail/Hand delivery/Courier (for written/paper submissions):** Division of Dockets Management (HFA-305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852.

- For written/paper comments submitted to the Division of Dockets Management, FDA will post your comment, as well as any attachments, except for information submitted, marked and identified, as confidential, if submitted as detailed in “Instructions.”

**Instructions:** All submissions received must include the Docket No. FDA-2017-N-0136 for “Public Meeting on Patient-Focused Drug Development for Autism.” Received comments, those filed in a timely manner (see **DATES**), will be placed in the docket and, except for those submitted as “Confidential Submissions,” publicly viewable at <https://www.regulations.gov> or at the Division of Dockets Management between 9 a.m. and 4 p.m., Monday through Friday.

- **Confidential Submissions—**To submit a comment with confidential information that you do not wish to be made publicly available, submit your comments only as a written/paper submission. You should submit two copies total. One copy will include the information you claim to be confidential with a heading or cover note that states “THIS DOCUMENT CONTAINS CONFIDENTIAL INFORMATION.” The Agency will review this copy, including the claimed confidential information, in its consideration of comments. The second copy, which will have the claimed confidential information redacted/blacked out, will be available for public viewing and posted on <https://www.regulations.gov>. Submit both copies to the Division of Dockets Management. If you do not wish your name and contact information to be made publicly available, you can provide this information on the cover sheet and not in the body of your comments and you must identify this information as “confidential.” Any information marked as “confidential” will not be disclosed except in accordance with 21 CFR 10.20 and other applicable disclosure law. For more information about FDA’s posting of comments to public dockets, see 80 FR 56469, September 18, 2015, or access the information at: <https://www.gpo.gov/fdsys/pkg/FR-2015-09-18/pdf/2015-23389.pdf>.

**Docket:** For access to the docket to read background documents or the