

Prevention and the Agency for Toxic Substances and Disease Registry.

Elaine L. Baker,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-17-17NS]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) has submitted the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995. The notice for the proposed information collection is published to obtain comments from the public and affected agencies.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address any of the following: (a) 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; (b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (c) Enhance the quality, utility, and clarity of the information to be collected; (d) Minimize the burden of

the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses; and (e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639-7570 or send an email to *omb@cdc.gov*. Written comments and/or suggestions regarding the items contained in this notice should be directed to the Attention: CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

Proposed Project

Assessing the Infrastructure for Public Sexually Transmitted Disease (STD) Prevention Services—NEW—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Annually, there are nearly 20 million cases of sexually transmitted diseases (STD) in the United States (US) causing an estimated \$15.6 billion in direct medical costs. A significant percentage of reported cases of STDs are diagnosed in publicly funded clinics, such as STD clinics that are operated by state health departments (SHDs) and local health departments (LHDs). Additionally, state and local health departments also engage in other essential STD prevention activities such as partner services and disease surveillance. Therefore, it is important to periodically assess the current level of publicly-

funded STD prevention services that are offered by health departments in the US.

The STD infrastructure survey will aid CDC in understanding the scope of the delivery of timely public STD preventive and clinical services that are provided to reduce the number of newly acquired STDs and prevent STD-related sequelae. There is no national data available that focuses on detailed STD prevention activities conducted by state and local health departments.

The purpose of this survey is to periodically, (i.e., every three years) examine STD prevention services provided by local and state health departments. The survey will include all state health departments and a nationally representative sample of local health departments in the US. The local health department sample will allow for estimates by jurisdiction population size and US Census region.

The survey contains sections on STD program structure within the health department, STD-related clinical services (local health departments only), partner and other prevention services, and workforce and impacts of any budget reductions.

CDC will administer the STD infrastructure survey to all 50 state health departments and a random sample of 668 local health departments from a list of local health departments maintained by the National Association of City and County Health Officials (NACCHO). Using a web-based survey, multiple reminders will be sent to non-responders in order to reach the target of 44 completed state and 334 completed local surveys for each data collection (different respondents per data collection). The total estimated annual burden hours are 238. There is no cost to respondents other than their time.

ESTIMATED ANNUAL BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
STD program director, LHDs	LHD survey	668	1	15/60
STD program director, SHDs	SHD survey	50	1	85/60

Leroy A. Richardson,

Chief, Information Collection Review Office,
Office of Scientific Integrity, Office of the
Associate Director for Science, Office of the
Director, Centers for Disease Control and
Prevention.

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**DEPARTMENT OF HEALTH AND
HUMAN SERVICES**
**Centers for Disease Control and
Prevention**
**Advisory Board on Radiation and
Worker Health (ABRWH or the
Advisory Board), Subcommittee for
Dose Reconstruction Reviews (SDRR),
National Institute for Occupational
Safety and Health (NIOSH)**

AGENCY: Centers for Disease Control and
Prevention (CDC), Department of Health
and Human Services (HHS).

ACTION: Notice of meeting.

SUMMARY: In accordance with the
Federal Advisory Committee Act, the
Centers for Disease Control and
Prevention (CDC), announces the
following meeting for the
aforementioned subcommittee. This
meeting is open to the public, but
without a public comment period. The
public is welcome to submit written
comments in advance of the meeting, to
the contact person below. Written
comments received in advance of the
meeting will be included in the official
record of the meeting. The public is also
welcome to listen to the meeting by
joining the teleconference at the USA
toll-free, dial-in number at 1-866-659-
0537 and the pass code is 9933701. The
conference line has 150 ports for callers.

DATES: The meeting will be held on
September 28, 2017, 10:30 a.m.–5:00
p.m., EDT.

ADDRESSES: Audio Conference Call via
FTS Conferencing. The USA toll-free
dial-in number is 1-866-659-0537 and
the pass code is 9933701.

FOR FURTHER INFORMATION CONTACT:
Theodore Katz, MPA, Designated
Federal Officer, NIOSH, CDC, 1600
Clifton Road, Mailstop E-20, Atlanta,
Georgia 30333, Telephone (513) 533-
6800, Toll Free 1 (800) CDC-INFO,
Email ocas@cdc.gov.

SUPPLEMENTARY INFORMATION:

Background: The Advisory Board was
established under the Energy Employees
Occupational Illness Compensation
Program Act of 2000 to advise the
President on a variety of policy and
technical functions required to
implement and effectively manage the

new compensation program. Key
functions of the Advisory Board include
providing advice on the development of
probability of causation guidelines,
which have been promulgated by the
Department of Health and Human
Services (HHS) as a final rule; advice on
methods of dose reconstruction, which
have also been promulgated by HHS as
a final rule; advice on the scientific
validity and quality of dose estimation
and reconstruction efforts being
performed for purposes of the
compensation program; and advice on
petitions to add classes of workers to the
Special Exposure Cohort (SEC).

In December 2000, the President
delegated responsibility for funding,
staffing, and operating the Advisory
Board to HHS, which subsequently
delegated this authority to the CDC.
NIOSH implements this responsibility
for CDC. The charter was issued on
August 3, 2001, renewed at appropriate
intervals, rechartered on March 22, 2016
pursuant to Executive Order 13708, and
will expire on September 30, 2017.

Purpose: The Advisory Board is
charged with (a) providing advice to the
Secretary, HHS, on the development of
guidelines under Executive Order
13179; (b) providing advice to the
Secretary, HHS, on the scientific
validity and quality of dose
reconstruction efforts performed for this
program; and (c) upon request by the
Secretary, HHS, advise the Secretary on
whether there is a class of employees at
any Department of Energy facility who
were exposed to radiation but for whom
it is not feasible to estimate their
radiation dose, and on whether there is
reasonable likelihood that such
radiation doses may have endangered
the health of members of this class. The
Subcommittee for Dose Reconstruction
Reviews was established to aid the
Advisory Board in carrying out its duty
to advise the Secretary, HHS, on dose
reconstruction.

Matters To Be Considered: The agenda
for the Subcommittee meeting includes
the following dose reconstruction
program quality management and
assurance activities: Dose reconstruction
cases under review from Sets 14-23,
including the Oak Ridge sites (Y-12, K-
25, Oak Ridge National Laboratory),
Hanford, Feed Materials Production
Center (“Fernald”), Lawrence Livermore
National Laboratory, Mound Plant,
Rocky Flats Plant, Nevada Test Site,
Idaho National Laboratory, Savannah
River Site, Brookhaven National
Laboratory, Westinghouse, W.R. Grace,
Uraniun Mill in Monticello, Ventron
Corporation, Weldon Springs Plant, and
other Department of Energy and
“Atomic Weapons Employer” facilities.

The agenda is subject to change as
priorities dictate.

The Director, Management Analysis
and Services Office, has been delegated
the authority to sign **Federal Register**
notices pertaining to announcements of
meetings and other committee
management activities, for both the
Centers for Disease Control and
Prevention and the Agency for Toxic
Substances and Disease Registry.

Elaine L. Baker,

Director, Management Analysis and Services
Office, Centers for Disease Control and
Prevention.

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**DEPARTMENT OF HEALTH AND
HUMAN SERVICES**
**Administration for Children and
Families**

[CFDA Numbers: 93.581, 93.587, 93.612]

**Request for Public Comment on the
Proposed Adoption of Administration
for Native Americans Program Policies
and Procedures**

AGENCY: Administration for Native
Americans, ACF, HHS.

ACTION: Notice for public comment.

SUMMARY: Pursuant to Section 814 of the
Native American Programs Act of 1974
(NAPA), as amended, the
Administration for Native Americans
(ANA) is required to provide members
of the public an opportunity to
comment on proposed changes in
interpretive rules and general
statements of policy and to give notice
of the final adoption of such changes no
less than 30 days before such changes
become effective. In accordance with
notice requirements of NAPA, ANA
herein describes proposed interpretive
rules and general statements of policy
that relate to ANA’s funding
opportunities beginning in Fiscal Year
(FY) 2018. Changes to FY 2018 Funding
Opportunity Announcements (FOAs)
will be based on the following
previously published programs:
Environmental Regulatory Enhancement
(ERE) HHS-2017-ACF-ANA-NR-1221,
Native American Language Preservation
and Maintenance-Esther Martinez
Immersion (EMI) HHS-2017-ACF-
ANA-NB-1226, Native American
Language Preservation and Maintenance
(P&M) HHS-2017-ACF-ANA-NL-1235,
Social and Economic Development
Strategies (SEDS) HHS-2017-ACF-
ANA-NA-1236, Social and Economic
Development Strategies-Alaska (SEDS-
AK) HHS-2015-ACF-ANA-NK-0960,