

established the NACMH. The NACMH is governed by the Federal Advisory Committee Act (5 U.S.C. Appendix 2), which sets forth standards for the formation and use of advisory committees.

The NACMH consults with and makes recommendations to the Secretary and the HRSA Administrator, concerning the organization, operation, selection, and funding of migrant health centers and other entities under grants and contracts under section 330 of the PHS Act.

The NACMH shall consist of fifteen members, including the Chair and Vice Chair. The Secretary selects all members of the NACMH. Twelve members are from governing boards of migrant health centers and other entities assisted under section 330 of the PHS Act. Of these twelve members, at least nine shall be chosen from among those members of such centers or grantees and who are familiar with the delivery of health care to migratory and seasonal agricultural workers. The remaining three members are individuals who are qualified by training and experience in the medical sciences or in the administration of health programs. Members shall be appointed for terms of 4 years. New members filling a vacancy that occurred prior to expiration of a term may serve only for the remainder of such term. Members may serve after the expiration of their terms until their successors have taken office, but no longer than 120 days.

**Compensation:** Members who are not full-time federal employees shall be paid at the rate of \$200 per day including travel time, plus per diem and travel expenses in accordance with Standard Government Travel Regulations.

Specifically, HRSA is requesting nominations for:

- **Board Member/Patient:** A nominee must be a member or member-elect of a governing board of an organization receiving funding under section 330(g) of the PHS Act or of other entity assisted under section 330 of the PHS Act. A board member nominee must also be a patient of the entity that he/she represents. Additionally, a board member nominee must be familiar with the delivery of primary health care to migratory agricultural workers and seasonal agricultural workers and their families.

- **Administrator/Provider Representative:** A nominee must be qualified by training and experience in the medical sciences or in the administration of health programs.

The Department of Health and Human Services (HHS) will consider nominations of all qualified individuals.

A complete nomination package should include the following information for each nominee:

(1) A NACMH Nomination form; (2) three reference letters; and (3) a biographical sketch of the nominee and a copy of his/her curriculum vitae. The nomination package must also state that the nominee is willing to serve as a member of the NACMH and appears to have no conflict of interest that would preclude membership. An ethics review is conducted for each selected nominee.

HHS strives to ensure that the membership of HHS federal advisory committees is fairly balanced in terms of points of view represented and the committee's function. Every effort is made to ensure that the views of women, all ethnic and racial groups, and people with disabilities are represented on HHS federal advisory committees. The Department also encourages geographic diversity in the composition of the committee. The Department encourages nominations of qualified candidates from all groups and locations. Appointment to the NACMH shall be made without discrimination on the basis of age, race, ethnicity, gender, sexual orientation, disability, and cultural, religious, or socioeconomic status.

**Jackie Painter,**

*Director, Division of the Executive Secretariat.*

[FR Doc. 2015-29196 Filed 11-16-15; 8:45 am]

**BILLING CODE 4165-15-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Indian Health Service

[OMB Control Number 0917-0034]

#### **Request for Public Comment: 30-Day Proposed Information Collection: Indian Health Service (IHS) Sharing What Works—Best Practice, Promising Practice, and Local Effort (BPPPLE) Form**

**AGENCY:** Indian Health Service, HHS.

**ACTION:** Notice and request for comments. Request for extension of approval.

**SUMMARY:** In compliance with the Paperwork Reduction Act of 1995, Public Law (Pub. L.) 104-13 [44 United States Code (U.S.C.) § 3507(a)(1)(D)], the Indian Health Service (IHS) invites the general public to take this opportunity to comment on the information collection titled, "Indian Health Service

(IHS) Sharing What Works—Best Practice, Promising Practice, and Local Effort (BPPPLE) Form," Office of Management and Budget (OMB) Control Number 0917-0034.

This previously approved information collection project was last published in the **Federal Register** (80 FR 61215) on October 9, 2015, and allowed 60 days for public comment. No public comment was received in response to the notice. This notice announces our intent to submit this collection, which expires January 31, 2016, to OMB for approval of an extension, and to solicit comments on specific aspects for the proposed information collection. A copy of the supporting statement is available at [www.regulations.gov](http://www.regulations.gov) (see Docket ID IHS-2015-0008).

**Proposed Collection: Title:** 0917-0034, Indian Health Service (IHS) Sharing What Works—Best Practice, Promising Practice, and Local Effort (BPPPLE) Form. **Type of Information Collection Request:** Extension, without revision, of the currently approved information collection, 0917-0034, IHS Sharing What Works—Best Practice, Promising Practice, and Local Effort (BPPPLE) Form. There are no program changes or adjustments in burden hours. **Form(s):** 0917-0034, IHS Sharing What Works—Best Practice, Promising Practice, and Local Effort (BPPPLE) Form. **Need and Use of Information Collection:** The IHS goal is to raise the health status of the American Indian and Alaska Native (AI/AN) people to the highest possible level by providing comprehensive health care and preventive health services. To support the IHS mission and encourage the creation and utilization of performance driven products/services by IHS, Tribal, and urban Indian health (I/T/U) programs, the Office of Preventive and Clinical Services' program divisions (*i.e.*, Behavioral Health, Health Promotion/Disease Prevention, Nursing, and Dental) have developed a centralized program database of best practices, promising practices and local efforts (BPPPLE) and resources. The purpose of this collection is to further the development of a database of BPPPLE, resources, and policies which are available to the public on the IHS.gov Web site. This database will be a resource for program evaluation and for modeling examples of various health care projects occurring in AI/AN communities.

All information submitted is on a voluntary basis; no legal requirement exists for collection of this information. The information collected will enable the Indian health systems to: (a) Identify evidence based approaches to

prevention programs among the I/T/Us when no system is currently in place, and (b) Allow the program managers to review BPPPLEs occurring among the I/T/Us when considering

program planning for their communities.  
*Affected Public:* Individuals. *Type of Respondents:* I/T/U health programs' staff. The table below provides: Types of

data collection instruments, Estimated number of respondents, Number of responses per respondent, Average burden hour per response, and Total annual burden hour(s).

ESTIMATED BURDEN HOURS

Data collection instrument(s)	Number of respondents	Number of responses per respondent	Average burden hour per response	Total annual burden hours
IHS Sharing What Works—BPPPLE Form (OMB Form No. 0917-0034) .....	100	1	20/60	33.3
Total .....	100	.....	.....	33.3

There are no Capital Costs, Operating Costs, and/or Maintenance Costs to report.

*Requests for Comments:* Your written comments and/or suggestions are invited on one or more of the following points:

- (a) Whether the information collection activity is necessary to carry out an agency function;
- (b) whether the agency processes the information collected in a useful and timely fashion;
- (c) the accuracy of the public burden estimate (the estimated amount of time needed for individual respondents to provide the requested information);
- (d) whether the methodology and assumptions used to determine the estimates are logical;
- (e) ways to enhance the quality, utility, and clarity of the information being collected; and
- (f) ways to minimize the public burden through the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

*Direct Your Comments to OMB:* Send your comments and suggestions regarding the proposed information collection contained in this notice, especially regarding the estimated public burden and associated response time to: Office of Management and Budget, Office of Regulatory Affairs, New Executive Office Building, Room 10235, Washington, DC 20503, Attention: Desk Officer for IHS.

**FOR FURTHER INFORMATION CONTACT:** To request additional information, please contact Tamara Clay by one of the following methods:

*Prior to November 20, 2015:*

- *Mail:* Tamara Clay, Information Collection Clearance Officer, Indian Health Service, 801 Thompson Avenue, TMP, STE 450-30, Rockville, MD 20852.
- *Phone:* 301-443-4750.
- *Email:* Tamara.Clay@ihs.gov.
- *Fax:* 301-443-4750.

*After November 20, 2015:*

- *Mail:* Tamara Clay, Information Collection Clearance Officer, Indian Health Service, Office of Management Services, Division of Regulatory Affairs, 5600 Fishers Lane, Rockville, Mail Stop 09E70, MD 20857.
  - *Email:* Tamara.Clay@ihs.gov.
- Comment Due Date:* December 17, 2015. Your comments regarding this information collection are best assured of having full effect if received within 30 days of the date of this publication.

Dated: November 5, 2015.

**Robert G. McSwain,**

*Principal Deputy Director, Indian Health Service.*

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**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 (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:* Center for Scientific Review Special Emphasis Panel; Urological Small Business.

*Date:* December 3-4, 2015.

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

*Agenda:* To review and evaluate grant applications.

*Place:* National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892, (Virtual Meeting).

*Contact Person:* Ryan G. Morris, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 4205, MSC 7814, Bethesda, MD 20892, 301-435-1501, morrisr@csr.nih.gov.

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

*Name of Committee:* Center for Scientific Review Special Emphasis Panel; Member Conflict: Molecular and Cellular Neurodevelopment.

*Date:* December 4, 2015.

*Time:* 3:30 p.m. to 6:00 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:* Christine A Piggee, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 4186, MSC 7850, Bethesda, MD 20892, 301-435-0657, christine.piggee@nih.gov.

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

(Catalogue of Federal Domestic Assistance Program Nos. 93.306, Comparative Medicine; 93.333, Clinical Research, 93.306, 93.333, 93.337, 93.393-93.396, 93.837-93.844, 93.846-93.878, 93.892, 93.893, National Institutes of Health, HHS)

Dated: November 10, 2015.

**Natasha Copeland,**

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

[FR Doc. 2015-29244 Filed 11-16-15; 8:45 am]

**BILLING CODE 4140-01-P**