FDA is committed to the orderly conduct of its advisory committee meetings. Please visit our Web site at *http://www.fda.gov/AdvisoryCommittees/AboutAdvisoryCommittees/ucm111462.htm* for procedures on public conduct during advisory committee meetings.

Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. app. 2).

Dated: July 8, 2014.

Leslie Kux,

Assistant Commissioner for Policy.

[FR Doc. 2014–16359 Filed 7–11–14; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Clarifications Regarding the Ryan White HIV/AIDS Program and Reconciliation of Advanced Premium Tax Credits Under the Affordable Care Act; Request for Comment

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS).

ACTION: Request for Public Comment on Reconciliation of Advanced Premium Tax Credits (APTC or premium tax credit) under the Affordable Care Act and the Ryan White HIV/AIDS Program (RWHAP).

SUMMARY: HRSA's HIV/AIDS Bureau (HAB) recently released HAB Policy Clarification Notice 14–01, which requires RWHAP grantees and subgrantees that use program funds to purchase health insurance in the Marketplace to establish appropriate mechanisms to vigorously pursue any excess premium tax credit a client receives from the Internal Revenue Service (IRS) upon submission of the client's tax return. HRSA now seeks public comment on the operational feasibility for RWHAP grantees and subgrantees to implement a complementary policy that would allow RWHAP grantees and subgrantees to use RWHAP funds to pay the IRS any additional income tax liability a client may owe to the IRS solely based on reconciliation of the premium tax credit. In addition to general comments about the feasibility of implementing such a policy, HRSA would like feedback on the following issues related to this policy:

- Could this proposed policy be easily implemented by a grantee?
- What challenges would grantees and subgrantees face in implementing this proposed policy?
- Will grantees be able to conduct fiscal monitoring of this proposed policy? If so, what level of effort would be required?

DATES: Submit comments no later than August 13, 2014.

ADDRESSES: Comments should be submitted to *RyanWhiteComments@hrsa.gov* by August 13, 2014.

FOR FURTHER INFORMATION CONTACT: Theresa Jumento using the email above or by telephone at (301) 443–5807.

SUPPLEMENTARY INFORMATION: Many RWHAP clients with incomes between 100–400 percent of the federal poverty level (FPL) who do not have minimum essential coverage may be eligible for an APTC to offset the cost of purchasing a qualified health plan through the Marketplace. The amount of the premium tax credit is based on the individual's income, family size, and the cost of the second-lowest cost silver plan available to them in the Marketplace. If an individual qualifies for a premium tax credit, the individual may choose to have some or all of the estimated premium tax credit paid in advance directly to the insurance company to lower the individual's monthly premium or can wait to get all of the premium tax credit when the individual files a tax return at the end of the year.

Taxpayers will reconcile the APTC when they file their tax returns. Individuals will subtract the total of any APTC they receive during the year from the amount of the premium tax credit calculated on their tax return (*i.e.,* ''actual premium tax credit''). If an individual received APTC that exceeds the actual premium tax credit for which the individual is eligible, the individual will owe that amount back to the IRS.

It is important for RWHAP grantees and subgrantees to convey to clients the importance of reporting accurate income information on their Marketplace application and reporting to the Marketplace any income changes as these changes occur throughout the year. Other changes in circumstances that can affect the amount of an individual's premium tax credit, that should be reported as they occur, include: Marriage, divorce, birth or adoption of a child, other changes to household composition, and gaining or losing eligibility for government-sponsored or employer-sponsored health care coverage. Notifying the Marketplace about changes in circumstances will decrease the likelihood of a significant difference between the APTC payments and the actual premium tax credit. For example, if an individual winds up making more money than estimated on the Marketplace application, the individual could have to pay back some or all of the premium tax credit on their next tax return.

It is possible that, despite RWHAP grantees' and subgrantees' best efforts to encourage clients to report changes in circumstances to the Marketplace during the year, a RWHAP client's actual premium tax credit is less than the APTC resulting in the client owing the difference to the IRS. HRSA is considering allowing RWHAP grantees and subgrantees to use RWHAP funds to pay the IRS any additional income tax liability a client may owe to the IRS solely based on reconciliation of the premium tax credit.

Should such a policy be implemented, grantees and subgrantees would be responsible for establishing and maintaining policies and procedures for coordinating such payments to the IRS since RWHAP grantees and subgrantees are prohibited from making any direct payments to clients. HRSA seeks comment from the public regarding this proposed policy, particularly on whether this policy could be easily implemented by the grantees and subgrantees and what challenges grantees and subgrantees might face in implementing such a policy.

Dated: July 3, 2014.

Mary K. Wakefield,

Administrator.

[FR Doc. 2014–16406 Filed 7–11–14; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; 60-Day Comment Request; A Generic Submission for Theory Development and Validation (NCI)

SUMMARY: In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed data collection projects, the National Cancer Institute (NCI), National Institutes of Health (NIH), will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Written comments and/or suggestions from the public and affected agencies are invited on one or more of the

following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

To Submit Comments and For Further Information: To obtain a copy of the data collection plans and instruments, submit comments in writing, or request more information on the proposed project, contact: Rebecca A. Ferrer, Division of Cancer Control and Population Sciences, 9609 Medical Center Dr., Room 3E114, Bethesda, MD 20892 or call non-toll-free number 240–276–6914 or Email your request, including your address to: *ferrerra@mail.nih.gov.* Formal requests for additional plans and instruments must be requested in writing.

DATES: *Comment Due Date:* Comments regarding this information collection are best assured of having their full effect if received within 60 days of the date of this publication.

Proposed Collection: A Generic Submission for Theory Development and Validation (NCI), Revision, 0925–0645, National Cancer Institute (NCI), National Institutes of Health (NIH).

Need and Use of Information Collection: The National Cancer Institute is requesting terms of clearance and approval for this revised generic clearance to conduct formative research related to behavioral science theory development and validation for the next three years. Formative research in the area of theory development and validation would provide the basis for developing effective cancer prevention and control strategies, allow for a better understanding of theoretical constructs that influence decisions and actions related to cancer, and ultimately contribute to reducing the U.S. cancer burden. Sub-studies proposed under this generic clearance would involve methodological testing and a standard set of research approaches, including surveys (Internet, phone, and paper-and-pencil) and focus groups. Respondents would include individuals in the general public, recruited through established online panels or Internet/newspaper advertisements. Development of each study or survey would involve consulting with NCI scientists as well as experts from the behavioral science research community.

There are no costs to respondents other than their time. The total estimated burden is 6,500 hours.

ESTIMATED BURDEN HOURS FOR THREE YEARS

Type of respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
General Public	2,000	1	15/60	500
Physicians	6,000	1	30/60	3,000
Health Professionals	1,000	1	1	1,000
And Researchers	1,000	1	2	2,000

Dated: July 8, 2014.

Karla Bailey,

NCI Project Clearance Liaison, National Institutes of Health.

[FR Doc. 2014–16447 Filed 7–11–14; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Draft Report on Carcinogens Monograph on Trichloroethylene; Amended Notice

SUMMARY: The notice amends the **Federal Register** notice, 79 FR 33203, published June 10, 2014, announcing availability of documents, request for comments, and notice of meeting to peer review the Draft Report on Carcinogens (RoC) Monograph on Trichloroethylene (TCE). The deadline for written public comment submissions has been extended to August 4, 2014. All other information in the original notice has not changed. Information about the meeting and registration is available at *http://ntp.niehs.nih.gov/go/38853*.

DATES: *Written Public Comments Submissions:* Deadline is August 4, 2014.

Dated: July 7, 2014.

John R. Bucher,

Associate Director, National Toxicology Program.

[FR Doc. 2014–16449 Filed 7–11–14; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Scientific Advisory Committee on Alternative Toxicological Methods; Announcement of Meeting; Request for Comments

SUMMARY: This notice announces a meeting of the Scientific Advisory Committee on Alternative Toxicological Methods (SACATM). SACATM advises the Interagency Coordinating Committee on the Validation of Alternative Methods (ICCVAM), the National Toxicology Program (NTP) Interagency Center for the Evaluation of Alternative Toxicological Methods (NICEATM), and the Director of the National Institute of Environmental Health Sciences (NIEHS) and NTP regarding statutorily mandated duties of ICCVAM and activities of NICEATM. The meeting is open to the public. Registration is requested for both public attendance and oral comment and required to access the webcast. Information about the meeting and registration is available at *http://ntp.niehs.nih.gov/go/32822.*

DATES: *Meeting:* September 16, 2014, beginning at 8:30 a.m. Eastern Daylight Time and continuing until adjournment at approximately 5:00 p.m.

Written Public Comments Submissions: Deadline is September 2, 2014. Registration for Meeting and Oral Comments: Requested by September 9, 2014. Registration to View Webcast: Deadline is September 16, 2014. Registration to view the meeting via the webcast is required.

ADDRESSES: *Meeting Location:* Rodbell Auditorium, Rall Building, NIEHS, 111