Request for Comments

In accordance with the Paperwork Reduction Act, comments on AHRO's information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of AHRQ health care research and health care information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) of information; (c) ways to enhance the quality, utility and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Sharon B. Arnold,

Acting Director.

[FR Doc. 2017-09097 Filed 5-4-17; 8:45 am]

BILLING CODE 4160-90-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Meeting of the Community Preventive Services Task Force (Task Force)

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

ACTION: Notice of meeting.

SUMMARY: The Centers for Disease Control and Prevention (CDC) within the Department of Health and Human Services announces the next meeting of the Community Preventive Services Task Force (Task Force) on June 14–15, 2017 in Atlanta, Georgia.

DATES: The meeting will be held on Wednesday, June 14, 2017 from 8:30 a.m. to 6:00 p.m. EDT and Thursday, June 15, 2017 from 8:30 a.m. to 1:00 p.m. EDT.

ADDRESSES: The Task Force Meeting will be held at the CDC Edward R. Roybal Campus, Centers for Disease Control and Prevention Headquarters (Building 19), 1600 Clifton Road NE., Atlanta, GA 30329. You should be aware that the meeting location is in a

Federal government building; therefore, strict Federal security measures are applicable. For additional information, please see Roybal Campus Security Guidelines under SUPPLEMENTARY INFORMATION. Information regarding meeting logistics will be available on the Community Guide Web site (www.thecommunityguide.org) closer to the date of the meeting.

Meeting Accessability: This spacelimited meeting is open to the public. All meeting attendees must register to ensure completion of required security procedures and access to the CDC's Global Communications Center.

Public Comment: A public comment period, limited to three minutes per person, will follow the Task Force's discussion of each systematic review. Individuals wishing to make public comments must indicate their desire to do so in advance by providing their name, organizational affiliation, and the topic to be addressed (if known) with their registration. Public comments will become part of the meeting summary. Public comment is not possible via Webcast.

U.S. citizens must register by June 7, 2017. To satisfy security requirements, Non U.S. citizens must register by May 29, 2017. Failure to register by the dates identified could result in the inability to attend the Task Force meeting.

Meeting Accessibility: This meeting is available to the public via Webcast. CDC will send the Webcast URL to registrants upon receipt of their registration. All meeting attendees must register to receive the webcast information. CDC will email webcast information from the CPSTF@cdc.gov mailbox.

FOR FURTHER INFORMATION/REGISTRATION, CONTACT: Onslow Smith, Center for Surveillance, Epidemiology and Laboratory Services, Centers for Disease Control and Prevention, 1600 Clifton Road NE., MS–E–69, Atlanta, GA 30329, phone: (404) 498–6778, email: CPSTF@cdc.gov.

SUPPLEMENTARY INFORMATION:

Background on the CPSTF: The Task Force is an independent, nonpartisan, nonfederal, and unpaid panel. Its members represent a broad range of research, practice, and policy expertise in prevention, wellness, health promotion, and public health, and are appointed by the CDC Director. The Task Force was convened in 1996 by the Department of Health and Human Services (HHS) to identify community preventive programs, services, and policies that increase healthy longevity, save lives and dollars, and improve Americans' quality of life. CDC is mandated to provide ongoing

administrative, research, and technical support for the operations of the Task Force. During its meetings, the Task Force considers the findings of systematic reviews on existing research and practice-based evidence and issues recommendations. Task Force recommendations are not mandates for compliance or spending. Instead, they provide information about evidencebased options that decision makers and stakeholders can consider when they are determining what best meets the specific needs, preferences, available resources, and constraints of their jurisdictions and constituents. The Task Force's recommendations, along with the systematic reviews of the evidence on which they are based, are compiled in the Guide to Community Preventive Services (The Community Guide).

At the meetings, the Task Force considers systematic reviews and issues findings and recommendations based on the reviews. Task Force recommendations provide information about evidence-based options that decision makers and stakeholders can consider when they are determining what best meets the specific needs, preferences, available resources, and constraints of their jurisdictions and constituents.

Matters proposed for discussion*: Diabetes prevention: Diabetes Prevention and Control (Effectiveness of Mobile Phone Applications to Improve Glycemic Control (HbA1c) in the Selfmanagement of Diabetes); Obesity Prevention and Control (Economics of School-based Interventions for Obesity Prevention Availability of Healthy Food and Beverage (AHFB) and Snack Food and Beverage (SFB)); Physical Activity (Effectiveness of Activity Monitors for Increasing Physical Activity in Adults with Overweight or Obesity); Nutrition (Telehealth Methods to Deliver Dietary Interventions in Adults with Chronic Disease); and Women's Health (Effectiveness of Interventions for the Primary Prevention of Intimate Partner Violence and Sexual Violence Among Youth). The agenda is subject to change without notice.

Roybal Campus Security Guidelines: The Edward R. Roybal Campus is the headquarters of the CDC and is located at 1600 Clifton Road NE., Atlanta, Georgia. The meeting is being held in a Federal government building; therefore, Federal security measures are applicable.

All meeting attendees must RSVP by the dates outlined under *Meeting Accessability*. In planning your arrival time, please take into account the need to park and clear security. All visitors must enter the Edward R. Roybal Campus through the front entrance on Clifton Road. Vehicles may be searched, and the guard force will then direct visitors to the designated parking area. Upon arrival at the facility, visitors must present government-issued photo identification (e.g., a valid federal identification badge, state driver's license, state non-driver's identification card, or passport). Non-United States citizens must complete the required security paperwork prior to the meeting date and must present a valid passport, visa, Permanent Resident Card, or other type of work authorization document upon arrival at the facility. All persons entering the building must pass through a metal detector. CDC Security personnel will issue a visitor's ID badge at the entrance to Building 19. Visitors may receive an escort to the meeting room. All items brought to HHS/CDC are subject to inspection.

Dated: May 2, 2017.

Sandra Cashman,

Executive Secretary, Centers for Disease Control and Prevention.

[FR Doc. 2017-09133 Filed 5-4-17; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket Number CDC-2017-0048, NIOSH 156-C]

Request for the Technical Review of 4 Draft Immediately Dangerous to Life or Health (IDLH) Value Profile Documents

AGENCY: National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Request for information and comments.

SUMMARY: The National Institute for Occupational Safety and Health of the Centers for Disease Control and Prevention announces four (4) draft Immediately Dangerous to Life or Health (IDLH) Value Profile documents now available for public comment.

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Dates Addresses For Further Information Contact Supplementary Information Background Reference

DATES: Electronic or written comments must be received by June 19, 2017.

 $\begin{array}{l} \textbf{ADDRESSES:} \ You \ may \ submit \ responses, \\ identified \ by \ CDC-2017-0048 \ and \end{array}$

docket number NIOSH 156–C, by any of the following methods:

- Federal eRulemaking Portal: http://www.regulations.gov. Follow the instructions for submitting comments.
- Mail: National Institute for Occupational Safety and Health, NIOSH Docket Office, 1090 Tusculum Avenue, MS C-34, Cincinnati, Ohio 45226-1998.

Instructions: All information received in response to this notice must include the agency name and docket number [CDC-2017-0048; NIOSH 156-C]. All relevant responses received will be posted without change to www.regulations.gov, including any personal information provided. For access to the docket to read background documents or information received, go to www.regulations.gov. All information received in response to this notice will also be available for public examination and copying at the NIOSH Docket Office, 1150 Tusculum Avenue, Room 155, Cincinnati, OH 45226-1998.

FOR FURTHER INFORMATION CONTACT: G. Scott Dotson, NIOSH, Education and Information Division, 1090 Tusculum Avenue, C–32, Cincinnati, OH 45226, telephone (513) 533–8540 (not a toll free number).

SUPPLEMENTARY INFORMATION: NIOSH seeks comments on four (4) draft IDLH values and IDLH Value Profile documents. The draft IDLH Value Profile documents were developed to provide the scientific rationale behind derivation of IDLH values for the following chemicals:

Document #	Chemical	CAS
B-01 B-02 B-03 B-04	Acetonitrile Chloroacetonitrile Methacrylonitrile Nitrogen dioxide	(# 75–05–8) (# 107–14–2) (# 126–98–7) (# 10102–44–0)

Each IDLH Value Profile document provides a detailed summary of the health hazards of acute exposures to high airborne concentrations and the rationale for the proposed IDLH value with the chemical(s) of interest.

To facilitate the review of these documents, NIOSH requests that the following questions be taken into consideration:

- 1. Does this document clearly outline the health hazards associated with acute (or short-term) exposures to the chemical? If not, what specific information is missing from the document?
- 2. Are the rationale and logic behind the derivation of an IDLH value for a specific chemical clearly explained? If

not, what specific information is needed to clarify the basis of the IDLH value?

- 3. Are the conclusions supported by the data?
- 4. Are the tables clear and appropriate?
- 5. Is the document organized appropriately? If not, what improvements are needed?
- 6. Are you aware of any scientific data reported in governmental publications, databases, peer-reviewed journals, or other sources that should be included within this document?

Background: In 2013, NIOSH published Current Intelligence Bulletin (CIB) 66—Derivation of Immediately Dangerous to Life or Health (IDLH) Values [NIOSH 2013]. Since the establishment of the IDLH values in the

1970s, NIOSH has continued to review available scientific data to improve the protocol used to derive acute exposure guidelines, in addition to the chemical-specific IDLH values. The information presented in this CIB represents the most recent update of the scientific rationale and the methodology (hereby referred to as the IDLH methodology) used to derive IDLH values. The primary objectives of this document are to:

- 1. Provide a brief history of the development of IDLH values
- 2. Update the scientific bases and risk assessment methodology used to derive IDLH values from quality data