

Part IX of the proposed order provides that the order will terminate after twenty (20) years, with certain exceptions.

The purpose of this analysis is to facilitate public comment on the proposed order, and it is not intended to constitute an official interpretation of the complaint or proposed order, or to modify the proposed order's terms in any way.

By direction of the Commission.

**Donald S. Clark,**  
Secretary.

[FR Doc. 2016-06573 Filed 3-22-16; 8:45 am]

**BILLING CODE 6750-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[Docket No. CDC-2015-0112]

#### 2016 Guideline for Prescribing Opioids for Chronic Pain

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

**ACTION:** Notice.

**SUMMARY:** The Centers for Disease Control and Prevention (CDC), located within the Department of Health and Human Services (HHS), announces the availability of the 2016 Guideline for Prescribing Opioids for Chronic Pain. CDC published the Guideline in the March 18, 2016 edition of CDC's *Morbidity and Mortality Weekly Report, Recommendations and Reports*. This notice provides the public with official notice of the availability of the Guideline.

**DATES:** CDC published the Guideline on March 18, 2016 in the *Morbidity and Mortality Weekly Report, Recommendations and Reports*.

**FOR FURTHER INFORMATION CONTACT:**

Arlene I. Greenspan, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 4770 Buford Highway NE., Mailstop F-63, Atlanta, Georgia 30341. Telephone: (770) 488-4694; email: [duipinquiries@cdc.gov](mailto:duipinquiries@cdc.gov).

**SUPPLEMENTARY INFORMATION:** On December 14, 2015, CDC published a notice in the **Federal Register** announcing the opening of a docket for public comment on the draft 2016 Guideline for Prescribing Opioids for Chronic Pain (81 FR 77351). CDC also had a public comment opportunity during the National Center for Injury

Prevention and Control's Board of Scientific Counselors meeting on January 28, 2016.

CDC developed the Guideline to provide recommendations about opioid prescribing for primary care providers who are treating adult patients with chronic pain in outpatient settings, outside of active cancer treatment, palliative care, and end-of-life care. The Guideline summarizes scientific knowledge about the effectiveness and risks of long-term opioid therapy and provides recommendations for when to initiate or continue opioids for chronic pain; opioid selection, dosage, duration, follow-up, and discontinuation; and assessing risk and addressing harms of opioid use.

CDC received more than 4,350 public comments on the draft Guideline from professional organizations, industry, academia, and the public. All comments were carefully reviewed and considered in the development of the final Guideline.

The "CDC Guideline for Prescribing Opioids for Chronic Pain—United States, 2016" has been added to the docket and can also be found at [www.cdc.gov/MMWR](http://www.cdc.gov/MMWR).

Dated: March 17, 2016.

**Sandra Cashman,**

Executive Secretary, Centers for Disease Control and Prevention.

[FR Doc. 2016-06567 Filed 3-22-16; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Agency Information Collection

#### Activities: Proposed Collection: Public Comment Request

**AGENCY:** Health Resources and Services Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** In compliance with the requirement for opportunity for public comment on proposed data collection projects (Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995), the Health Resources and Services Administration (HRSA) announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

**DATES:** Comments on this Information Collection Request must be received no later than May 23, 2016.

**ADDRESSES:** Submit your comments to [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or mail the HRSA Information Collection Clearance Officer, Room 14N-39, 5600 Fishers Lane, Rockville, MD 20857.

**FOR FURTHER INFORMATION CONTACT:** To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or call the HRSA Information Collection Clearance Officer at (301) 443-1984.

**SUPPLEMENTARY INFORMATION:** When submitting comments or requesting information, please include the information request collection title for reference.

*Information Collection Request Title:* Corps Community Event Form.

OMB No.: 0915-0362 Extension.

*Abstract:* Corps Community Month, formerly Corps Community Day, was created in 2011 and celebrates the National Health Service Corps (NHSC) every October. The NHSC is a program administered by the Bureau of Health Workforce (BHW) within HRSA. The goals of Corps Community Month encompass the following: Increase awareness of the NHSC to potential applicants and the greater primary health community; create a sense of community and connectedness among NHSC program participants, alumni, partners and staff; and underscore the NHSC's role in bringing primary health care services to the nation's neediest communities. Current program participants, alumni, NHSC Ambassadors, sites, primary care organizations, and professional associations plan events and report the details of their events to BHW so that they can be added to the state-by-state map of events. In order to avoid duplication of effort, eliminate confusion regarding allowable event dates, avoid data entry errors, and implement a brief post-event satisfaction survey, BHW would like to continue to use the standard form that event planners use to report to BHW. The fillable form is available online and has 26 fields for event planners to populate to submit for inclusion on the map. There are also approximately 5 fields to populate following the event to measure satisfaction. Both the pre-event and post-event data fields are held in one form.

*Need and Proposed Use of the Information:* The information collected is used and needed to highlight the impact of BHW and the NHSC programs in underserved and rural areas as part

of outreach initiatives. Event information is captured and tracked to ensure that each HHS region is highlighted.

*Likely Respondents:* Current program participants, alumni, NHSC Ambassadors, sites, primary care organizations, and professional associations.

*Burden Statement:* Burden in this context means the time expended by

persons to generate, maintain, retain, disclose or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to

a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this Information Collection Request are summarized in the table below.

*Total Estimated Annualized burden hours:*

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Corps Community Month Event Planning Form .....	300	1	300	.066	19.8
Corps Community Month Event Satisfaction Form .....	300	1	300	.033	9.9
Total .....	300	.....	300	.....	29.7

HRSA specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions, (2) the accuracy of the estimated burden, (3) ways to enhance the quality, utility, and clarity of the information to be collected, and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

**Jackie Painter,**

*Director, Division of the Executive Secretariat.*

[FR Doc. 2016-06444 Filed 3-22-16; 8:45 am]

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Indian Health Service**

**Office of Tribal Self-Governance; Planning Cooperative Agreement**

*Announcement Type:* New—Limited Competition

*Funding Announcement Number:* HHS-2016-IHS-TSGP-0001

*Catalog of Federal Domestic Assistance Number:* 93.444

**Key Dates**

*Application Deadline Date:* June 3, 2016.

*Review Date:* June 17, 2016.

*Earliest Anticipated Start Date:* July 1, 2016.

*Signed Tribal Resolutions Due Date:* June 3, 2016.

**I. Funding Opportunity Description**

*Statutory Authority*

The Indian Health Service (IHS) Office of Tribal Self-Governance (OTSG) is accepting limited competition Planning Cooperative Agreement applications for the Tribal Self-Governance Program (TSGP). This program is authorized under Title V of the Indian Self-Determination and Education Assistance Act (ISDEAA), 25 U.S.C. 458aaa-2(e). This program is described in the Catalog of Federal Domestic Assistance (CFDA), available at <https://www.cfda.gov/>, under 93.444.

*Background*

The TSGP is more than an IHS program; it is an expression of the government-to-government relationship between the United States and Indian Tribes. Through the TSGP, Tribes negotiate with the IHS to assume Programs, Services, Functions and Activities (PSFAs), or portions thereof, which gives Tribes the authority to manage and tailor health care programs in a manner that best fits the needs of their communities.

Participation in the TSGP is one of three ways that Tribes can choose to obtain health care from the Federal Government for their members. Specifically, Tribes can choose to: (1) Receive health care services directly from the IHS, (2) contract with the IHS to administer individual PSFAs that the IHS would otherwise provide (referred to as Title I Self-Determination Contracting), or (3) compact with the IHS to assume control over healthcare PSFAs that the IHS would otherwise provide (referred to as Title V Self-Governance Compacting or the TSGP).

These options are not exclusive and Tribes may choose to combine options based on their individual needs and circumstances. Participation in the TSGP affords Tribes the most flexibility to tailor health care PSFAs to the needs of their communities.

The TSGP is a Tribally-driven initiative and strong Tribal/Federal partnerships are essential for program success. The IHS established the OTSG to implement Tribal self-governance authorities. The OTSG: (1) Serves as the primary liaison and advocate for Tribes participating in the TSGP, (2) develops, directs, and implements TSGP policies and procedures, (3) provides information and technical assistance to Self-Governance Tribes, and (4) advises the IHS Director on compliance with TSGP policies, regulations, and guidelines. Each IHS Area has an Agency Lead Negotiator (ALN), designated by the IHS Director, who has the authority to negotiate Self-Governance Compacts and Funding Agreements. A Tribe should contact their respective ALN to begin the self-governance planning process or, if currently an existing Self-Governance Tribe, discuss methods to expand current PSFAs. The ALN shall provide an overview of the TSGP and provide technical assistance on the planning process or expanding current PSFAs.

*Purpose*

The purpose of this Planning Cooperative Agreement is to provide resources to Tribes interested in entering the TSGP and to existing Self-Governance Tribes interested in assuming new or expanded PSFAs. Title V of the ISDEAA requires a Tribe or Tribal organization to complete a