proposals for physician-focused payment models (PFPMs) submitted by individuals and stakeholder entities. All meetings are open to the public.

DATES: The 2019 PTAC meetings will occur on the following dates:
- Monday–Tuesday, March 11–12, 2019, from 9:00 a.m. to 5:00 p.m. ET
- Monday–Tuesday, June 17–18, 2019, from 9:00 a.m. to 5:00 p.m. ET
- Monday–Tuesday, September 16–17, 2019, from 9:00 a.m. to 5:00 p.m. ET
- Monday–Tuesday, December 9–10, 2019, from 9:00 a.m. to 5:00 p.m. ET

Please note that times are subject to change. If the times change, registrants will be notified directly via email.

ADDRESSES: All PTAC meetings will be held in the Great Hall of the Hubert H. Humphrey Building, 200 Independence Avenue SW, Room 736E, Washington, DC 20201.

FOR FURTHER INFORMATION CONTACT: Sarah Selenich, Designated Federal Officer, (202) 690–6870.

SUPPLEMENTARY INFORMATION:
Agenda and Comments. PTAC will hear presentations on proposed PFPMs that have been submitted by individuals and stakeholder entities. Following each presentation, PTAC will deliberate on the proposed PFPM. If PTAC completes its deliberation, PTAC will vote on the extent to which the proposed PFPM meets criteria established by the Secretary of Health and Human Services and on an overall recommendation to the Secretary. Time will be allocated for public comments. The agenda and other documents will be posted on the PTAC section of the ASPE website, https://aspe.hhs.gov/ptac-physician-focused-payment-model-technical-advisory-committee, prior to the meeting. The agenda is subject to change. If the agenda does change, registrants will be notified directly via email, the website will be updated, and notification will be sent out through the PTAC email listserv (go to https://list.nih.gov/cgi-bin/ma.exe?A0=PTAC to subscribe).

Meeting Attendance. These meetings are open to the public. The public may attend in person, via conference call, or view the meeting via livestream at www.hhs.gov/live. The conference call dial-in information will be sent to registrants prior to the meeting. Space may be limited, and registration is preferred. Registration may be completed online at http://www.event.com/d/gbq2tg. Name, organization name, and email address are submitted when registering. Registrants will receive a confirmation email shortly after completing the registration process.

Special Accommodations. If sign language interpretation or other reasonable accommodation for a disability is needed, please contact Angela Tejeda, no later than two weeks prior to the scheduled meeting. Please submit your requests by email to Angela.Tejeda@hhs.gov or by calling 202–205–8327.

Authority. 42 U.S.C. 1395(see); Section 101(0)(I) of the Medicare Access and CHIP Reauthorization Act of 2015; Section 51003(b) of the Bipartisan Budget Act of 2018. PTAC is governed by provisions of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), which sets forth standards for the formation and use of federal advisory committees.


Brenda Destro
Deputy Assistant Secretary for Planning and Evaluation (HSP)


DEPARTMENT OF HEALTH AND HUMAN SERVICES

REQUEST FOR PUBLIC COMMENTS ON THE PAIN MANAGEMENT BEST PRACTICES INTER-AGENCY TASK FORCE DRAFT REPORT ON PAIN MANAGEMENT BEST PRACTICES: UPDATES, GAPS, INCONSISTENCIES, AND RECOMMENDATIONS

AGENCY: Office of the Assistant Secretary for Health, Office of the Secretary, U.S. Department of Health and Human Services (HHS).


SUMMARY: The Comprehensive Addiction and Recovery Act of 2016 (CARA), requires that the public be given at least ninety (90) days to submit comments on any proposed updates and recommendations developed by the Pain Management Best Practices Inter-Agency Task Force (Task Force). The Task Force is requesting comments on the Draft Report on Pain Management Best Practices: Updates, Gaps, Inconsistencies, and Recommendations, which proposes updates to best practices and recommendations for pain management, including chronic and acute pain.


Brenda Destro
Deputy Assistant Secretary for Planning and Evaluation (HSP)

SUPPLEMENTARY INFORMATION: For further information contact: Sarah Selenich, Designated Federal Officer, (202) 690–6870.

SUPPLEMENTARY INFORMATION: The Comprehensive Addiction and Recovery Act of 2016 (CARA), Public Law 114–198, required the Secretary of Health and Human Services, in cooperation with the Secretaries of Defense and Veterans Affairs, to convene the Task Force no later than two years after the CARA enactment. The Task Force is required to propose updates on best practices and recommendations to address gaps or inconsistencies for pain management, including chronic and acute pain, and submit such updates and recommendations to relevant Federal agencies and the general public. The duties of the Task Force are to:
- Identify, review, determine, and propose updates to gaps or inconsistencies between best practices
for pain management, taking into consideration:
—Existing pain management research and other relevant research;
—Recommendations from relevant conferences and existing evidence-based guidelines;
—Ongoing efforts at the state and local level and by medical professional organizations to develop improved pain management strategies;
—The management of high-risk populations who receive opioids in the course of medical care, other than for pain management;
—The 2016 Guideline for Prescribing Opioids for Chronic Pain issued by the CDC; and
—Private sector, State, and local government efforts related to pain management and prescribing pain medication.

• Provide the public with at least ninety (90) days to submit comments on any proposed updates and recommendations.
• Develop a strategy for dissemination of information on best practices for pain management to stakeholders, if appropriate.

The Draft Report highlights the progress made towards identifying, reviewing, and determining whether there are gaps in or inconsistencies between best practices for pain management (including chronic and acute pain) developed or adopted by Federal agencies. It includes the Task Force’s proposed updates to best practices and recommendations on addressing gaps or inconsistencies. On September 26, 2018, the Task Force voted on the proposed updates and recommendations that would be provided to the public for comment. The proposed updates and recommendations are included in the Draft Report. Once the ninety (90) day comment period concludes, the Task Force will consider comments received and compile a Final Recommendations Report with its proposed updates and recommendations.

Request for Comment: The goal of this Request for Comment is to solicit feedback on the Draft Report, which includes the Task Force’s proposed updates and recommendations. The Task Force invites comment on the full range of issues that may be relevant to the proposed updates and recommendations.

Instructions for Commenters: Written comments should not exceed three pages in length. To assist with the review of public comments, the public should cite a specific section, gap and/or recommendation of the report (e.g., acute pain, gap 2 or recommendation 2b) for which the comments are related. Comments that contain references to studies, research, and other empirical data that are not widely available should include copies of the referenced materials with the submitted comments. Comments submitted by email should be machine-readable and should not be copy-protected. Responders are encouraged to include the name of the person or organization filing the comment, in case follow-up is needed, as well as a page number on each page of their submission(s).

Written comments may be submitted by any of the following three methods: (1) Submit through the Federal eRulemaking Portal at http://www.regulations.gov, Docket Number: HHS–OS–2018–0027, (2) Email to: paintaskforce@hhs.gov, or (3) Mail written comments to the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Health, 200 Independence Avenue SW, Room 736E, Attn: Alicia Richmond Scott, Pain Management Task Force Designated Federal Officer, Washington, DC 20201.

Vanila M. Singh,
Chief Medical Officer, Office of the Assistant Secretary for Health.

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