

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]

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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.

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.

Dated: March 17, 2016.

Sandra Cashman,

Executive Secretary, Centers for Disease Control and Prevention.

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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 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 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