PICOTS—Continued

[Populations, Interventions, Comparators, Outcomes, Timing, Settings]

PICOTS	Inclusion	Exclusion
	Health care use: Decreases in emergency department visits, emergency management services use, and hospitalizations; changes in primary care or specialist visits or other necessary and appropriate types of care (*e.g.,* care manager visits, telephone followup) and use of support services. Patient health behavior (*e.g.,* treatment adherence, empowerment, knowledge, self-care). Patient health outcomes: All-cause mortality, disease and condition-specific outcomes, health indicators, quality of life. Patient satisfaction with care. Physicians' and health professionals' satisfaction with clinical practice. Costs. Patient and health professional harms such as increased barriers to necessary care, clinician time, and/or resource trade-offs of other duties.	
Time frame	Potentially preventable or modifiable high cost health care use measured for 1 year or more. KQ 3: Measurement of outcomes at 1 year or more after implementation of the intervention.	Shorter time periods.
Settings	Health care and support services delivery settings, including outpatient, emergency department, the broader health care delivery environment, community characteristics related to social determinants of health. KQ 1: United States. KQs 2 and 3: Patient-level interventions: very high human development index countries; Health system or payer-level interventions: United States.	Institutional care settings, such as hospitals, skilled nursing, long-term care facilities, and prisons or jails.
Study design ...	KQs 1 and 2: All study designs except reviews summarizing across original studies or interventions. KQ 3: Randomized controlled trials, cluster randomized trials, cohort studies, case-control studies, quasi-experimental designs with a comparison group.	KQ 3: All other designs.
Language	Studies published in English	Studies published in languages other than English.
Publication type	All publications that allow abstraction and interpretation of findings	KQ 3 only: Abstract-only publications.

Dated: December 10, 2019.

Virginia Mackay-Smith,

Associate Director.

[FR Doc. 2019–26953 Filed 12–13–19; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket Number CDC–2019–0107, NIOSH–331]

NIOSH Center for Motor Vehicle Safety Strategic Plan, 2020–2029

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

ACTION: Request for information and comment.

SUMMARY: The National Institute for Occupational Safety and Health of the Centers for Disease Control and Prevention announces the availability of a draft strategic plan titled NIOSH Center for Motor Vehicle Safety Strategic Plan, 2020–2029 now available for public comment.

DATES: Electronic or written comments must be received by February 14, 2020.

ADDRESSES: You may submit comments, identified by CDC–2019–0107 and docket number NIOSH–331, by any of the following methods:

- *Federal eRulemaking Portal: https://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–2019–0107; NIOSH–331]. All relevant comments received will be posted without change to *https://www.regulations.gov,* including any personal information provided. All electronic comments should be formatted as Microsoft Word. For access to the docket to read background documents or comments received, go to *https://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: Kyla Retzer, Western States Division, P.O. Box 25226, Denver, Colorado 80225–0226, (303) 236–5934 (not a toll-free number), *kretzer@cdc.gov* OR Dr. Rosa Rodriguez-Acosta, Division of Safety Research, 1095 Willowdale Road, MS 1808, Morgantown, West Virginia, 26505–2888, (304) 285–6299 (not a toll-free number), *rer3@cdc.gov.*

SUPPLEMENTARY INFORMATION:

Background: The National Institute for Occupational Safety and Health (NIOSH) is seeking input on the draft NIOSH Center for Motor Vehicle Safety Strategic Plan, 2020–2029.

Motor vehicle crashes are the leading cause of work-related injury deaths in the United States. Millions of workers drive or ride in a motor vehicle as part of their jobs. The risk affects workers in all industries and occupations who drive as part of their job, whether they use a tractor-trailer or a passenger vehicle.

NIOSH is the only part of the U.S. Federal Government whose mission includes prevention of work-related crashes and resulting injuries for workers who drive all types of vehicles (not just the commercial motor vehicles regulated by the U.S. Department of Transportation).

NIOSH requests input on its strategic direction for research and communication to prevent work-related motor vehicle crashes and injuries. This plan aligns with the priority industry sectors (*i.e.,* oil and gas extraction; public safety; transportation, warehousing, and utilities; and wholesale and retail trade) identified in

the current NIOSH Strategic Plan: FYs 2019–2023.

Information Needs: NIOSH seeks comments on the following: (1) Does the draft plan address the research that is most critical for understanding and reducing work-related motor vehicle crashes and injuries? If not, please provide details on research topics that are also critical and should therefore be added to the plan. (2) Are there research topics in the draft plan that are low-priority or are already being adequately addressed by others, which therefore should not be included in the plan? If so, please identify these topics and explain why they should not be included.

To view the notice and related materials, visit *https://www.regulations.gov* and enter CDC–2019–0107 in the search field and click ''Search.''

John J. Howard,

Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention.

[FR Doc. 2019–26999 Filed 12–13–19; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–3381–FN]

Medicare Program; Application From the Joint Commission for Initial CMS-Approval of its Home Infusion Therapy Accreditation Program

AGENCY: Centers for Medicare and Medicaid Services, HHS.

ACTION: Final notice.

SUMMARY: This final notice announces our decision to approve The Joint Commission (TJC) for initial recognition as a national accrediting organization for home infusion therapy (HIT) suppliers that wish to participate in the Medicare program. An HIT supplier that participates must meet the Medicare conditions for coverage (CfCs).

DATES: The approval announced in this final notice is effective December 15, 2019 through December 15, 2023.

FOR FURTHER INFORMATION CONTACT:

Christina Mister-Ward, (410)786–2441.

Lillian Williams, (410)786–8636.

I. Background

Home infusion therapy (HIT) is a treatment option for Medicare beneficiaries with a wide range of acute and chronic conditions. Section 5012 of the 21st Century Cures Act added section 1861(iii) to the Social Security Act (the Act), establishing a new Medicare benefit for HIT services. Section 1861(iii)(1) of the Act defines HIT as professional services, including nursing services; training and education not otherwise covered under the durable medical equipment (DME) benefit; remote monitoring; and other monitoring services. HIT must be furnished by a qualified HIT supplier and furnished in the individual's home. The individual must—

- Be under the care of an applicable provider (that is, physician, nurse practitioner, or physician assistant); and
- Have a plan of care established and periodically reviewed by a physician in coordination with the furnishing of home infusion drugs under Part B, that prescribes the type, amount, and duration of infusion therapy services that are to be furnished.

Section 1861(iii)(3)(D)(III) of the Act requires that a qualified HIT supplier be accredited by an accrediting organization (AO) designated by the Secretary in accordance with section 1834(u)(5) of the Act. Section 1834(u)(5)(A) of the Act identifies factors for designating AOs and in reviewing and modifying the list of designated AOs. These statutory factors are as follows:

- The ability of the organization to conduct timely reviews of accreditation applications.
- The ability of the organization take into account the capacities of suppliers located in a rural area (as defined in section 1886(d)(2)(D) of the Act).
- Whether the organization has established reasonable fees to be charged to suppliers applying for accreditation.
- Such other factors as the Secretary determines appropriate.

Section 1834(u)(5)(B) of the Act requires the Secretary to designate AOs to accredit HIT suppliers furnishing HIT not later than January 1, 2021. Section 1861(iii)(3)(D) of the Act defines ''qualified HIT suppliers'' as being accredited by a CMS-approved AO.

In the March 1, 2019 **Federal Register**, we published a solicitation notice entitled, ''Medicare Program; Solicitation of Independent Accrediting Organizations To Participate in the Home Infusion Therapy Supplier Accreditation Program'' (84 FR 7057). This notice informed national AOs that accredit HIT suppliers of an opportunity to submit applications to participate in the HIT supplier accreditation program. Complete applications will be considered for the January 1, 2021 designation deadline if received by February 1, 2020.

Regulations for the approval and oversight of AOs for HIT organizations are located at part 488, subpart L. The requirements for HIT suppliers are located at part 486, subpart I.

II. Approval of Accreditation Organizations

Section 1834(u)(5) of the Act and the regulations at 42 CFR 488.1010 require that our findings concerning review and approval of a national AO's requirements consider, among other factors, the applying AO's requirements for accreditation; survey procedures; resources for conducting required surveys; capacity to furnish information for use in enforcement activities; monitoring procedures for provider entities found not in compliance with the conditions or requirements; and ability to provide us with the necessary data.

Our regulations at § 488.1020(a) require that we publish, after receipt of an organization's complete application, a notice identifying the national accrediting body making the request, describing the nature of the request, and providing at least a 30-day public comment period. In accordance with § 488.1010(d), we have 210 days from the receipt of a complete application to publish notice of approval or denial of the application.

III. Provisions of the Proposed Notice

In the July 16, 2019 **Federal Register** (84 FR 33944), we published a proposed notice announcing TJC's request for initial approval of its Medicare HIT accreditation program. In the July 16, 2019 proposed notice, we detailed our evaluation criteria. Under section of 1834(u)(5) the Act and in our regulations at § 488.1010, we conducted a review of TJC Medicare home infusion accreditation application in accordance with the criteria specified by our regulations, which included, but are not limited to the following:

- An onsite administrative review of TJC's: (1) Corporate policies; (2) financial and human resources available to accomplish the proposed surveys; (3) procedures for training, monitoring, and evaluation of its HIT surveyors; (4) ability to investigate and respond appropriately to complaints against accredited HITs; and (5) survey review and decision-making process for accreditation.
- The ability for TJC to conduct timely review of accreditation applications.