

later than 18 months from the effective date of the adoption of this rule, the nationwide CMRS providers shall file with the Commission and request approval for a security and privacy plan for the administration and operation of the NEAD. This requirement is necessary to ensure that the four nationwide CMRS providers are building in privacy and security measures to the NEAD from its inception.

Section 9.10(i)(4)(iv) requires that before use of the NEAD or any information contained therein, CMRS providers must certify that they will not use the NEAD or associated data for any non-911 purpose, except as otherwise required by law. This requirement is necessary to ensure the privacy and security of any personally identifiable information that may be collected by the NEAD.

Section 9.10(i)(4)(v) requires that prior to use of z-axis information to meet the Commission's 911 vertical location accuracy requirements in paragraph (i)(2)(ii) of section 9.10, "CMRS providers must certify that neither they nor any third party they rely on to obtain z-axis information will use z-axis information or associated data for any non-911 purpose, except with prior express consent or as otherwise required by law. The certification must state that CMRS providers and any third party they rely on to obtain z-axis information will provide z-axis location information privacy and security protection equivalent to the NEAD."

Section 9.10(j) requires CMRS providers to provide standardized confidence and uncertainty (C/U) data for all wireless 911 calls, whether from outdoor or indoor locations, on a per-call basis upon the request of a PSAP. This requirement will serve to make the use of C/U data easier for PSAPs.

Section 9.10(j)(4) also requires upon meeting the timeframes pursuant to paragraphs (i)(2)(ii)(C) and (D) of this section, CMRS providers shall provide with wireless 911 calls that have dispatchable location or z-axis (vertical) information the C/U data required under paragraph (j)(1) of this section. Where available to the CMRS provider, floor level information must be provided with associated C/U data in addition to z-axis location information.

Section 9.10(k) requires that CMRS providers must record information on all live 911 calls, including, but not limited to, the positioning source method used to provide a location fix associated with the call, as well as confidence and uncertainty data. This information must be made available to PSAPs upon request, as a measure to

promote transparency and accountability for this set of rules.

Federal Communications Commission.

Marlene Dortch,

Secretary, Office of the Secretary.

[FR Doc. 2020-15851 Filed 7-21-20; 8:45 am]

BILLING CODE 6712-01-P

FEDERAL MARITIME COMMISSION

Notice of Agreements Filed

The Commission hereby gives notice of the filing of the following agreements under the Shipping Act of 1984.

Interested parties may submit comments, relevant information, or documents regarding the agreements to the Secretary by email at Secretary@fmc.gov, or by mail, Federal Maritime Commission, Washington, DC 20573. Comments will be most helpful to the Commission if received within 12 days of the date this notice appears in the **Federal Register**. Copies of agreements are available through the Commission's website (www.fmc.gov) or by contacting the Office of Agreements at (202) 523-5793 or tradeanalysis@fmc.gov.

Agreement No.: 201254-001.

Agreement Name: Sealand/CMA CGM West Coast of Central America Slot Charter Agreement.

Parties: Maersk A/S DBA Sealand and CMA CGM S.A.

Filing Party: Wayne Rohde; Cozen O'Connor.

Synopsis: The amendment: (i) Deletes APL as a party to the Agreement; (ii) updates the name of Maersk; (iii) updates the address of CMA CGM; (iv) adds Panama to the geographic scope of the Agreement; and (v) revises the amount of space to be chartered. It also restates the Agreement.

Proposed Effective Date: 8/24/2020.

Location: <https://www2.fmc.gov/FMC.Agreements.Web/Public/AgreementHistory/10193>.

Dated: July 17, 2020.

Rachel E. Dickon,

Secretary.

[FR Doc. 2020-15832 Filed 7-21-20; 8:45 am]

BILLING CODE 6730-02-P

FEDERAL RETIREMENT THRIFT INVESTMENT

Board Member Meeting

July 27, 2020. 10:00 a.m. Telephonic

Open Session

1. Approval of the June 22, 2020 Board Meeting Minutes
2. Monthly Reports

- (a) Participant Activity Report
 - (b) Legislative Report
3. Quarterly Reports
 - (c) Investment Policy
 - (d) Budget Review
 - (e) Audit Status
 4. CARES Act Update
 5. Multi-asset Manager Update
 6. 5-Year L Funds Update

Executive Session

Information covered under 5 U.S.C. 552b (c)(9)(b) and (c)(10).

CONTACT PERSON FOR MORE INFORMATION: Kimberly Weaver, Director, Office of External Affairs, (202) 942-1640.

SUPPLEMENTARY INFORMATION: Dial-in (listen only) information: Number: 1-877-446-3914, Code: 6819060.

Dated: July 16, 2020.

Megan Grumbine,

General Counsel, Federal Retirement Thrift Investment Board.

[FR Doc. 2020-15834 Filed 7-21-20; 8:45 am]

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GENERAL SERVICES ADMINISTRATION

[Notice MV-2020-02; Docket No. 2020-0002; Sequence No. 27]

Notice of GSA Live Webinar Regarding GSA's Implementation of Section 889 of the FY 2019 National Defense Authorization Act (NDAA)

AGENCY: Office of Governmentwide Policy (OGP), General Services Administration (GSA).

ACTION: Virtual Webinar Meeting notice.

SUMMARY: The General Services Administration (GSA) is committed to fostering productive relationships between GSA and its industry partners. Toward that end, GSA is hosting a live and recorded virtual webinar on August 12, 2020.

DATES: Wednesday, August 12, 2020, at 1:00 p.m. Eastern Standard Time (EST).

ADDRESSES: The webinar will be held virtually and the call-in information will be made available to registrants. Industry partners wishing to virtually attend must register HERE. Members of the press, in addition to registering for this event, must also RSVP to press@gsa.gov by August 10, 2020.

FOR FURTHER INFORMATION CONTACT:

Patricia Richardson at patricia.m.richardson@gsa.gov or Maria Swaby at 202-208-0291.

SUPPLEMENTARY INFORMATION:

Background

Section 889 of the FY 2019 National Defense Authorization Act

(NDAA) legislation was passed to combat national security and intellectual property threats that face the United States and contains two prohibitions: Part A and Part B.

- Part A went into effect last year (August 13, 2019), and prohibits the government from buying or obtaining certain prohibited telecommunications and video surveillance equipment and services.

- Part B will go into effect on (August 13, 2020), and prohibits the government from contracting with any entity that uses certain prohibited telecommunications and video surveillance equipment or services, regardless of whether or not that usage is in performance of work under a government contract. The Part B prohibition applies to every sector and every dollar amount. Your contracts will be impacted by Part B.

Format

GSA's live and recorded virtual webinar features panel leaders from GSA's business lines who will explain how they are implementing Section 889 FAR rule in their specific business lines. Panelists will also answer questions that have been pre-collected from industry. Please send in your questions no later than COB August 5, 2020, Eastern to gsaombudsman@gsa.gov.

Special Accommodations

This virtual meeting is accessible to people with Disabilities as Zoom has a close captioned feature.

Live Webinar Panelists

- Michael Thompson, *Senior Policy Advisor General Services Acquisition Policy Division, OGP, Moderator*
- Stephanie Shutt, *Director, Multiple Awards Schedule Program Management Office, FAS*
- Mary Gartland, *Director City Pair Program, Office of Travel, Employee Relocation, and Transportation, FAS*
- Lawrence Hale, *Director, IT Security Subcategory Office of Information Technology Category, FAS*
- Julie Milner, *Director, Special Programs Division, Office of Project Delivery, Office of Design and Construction, PBS*
- Chip Pierpont, *Director, Innovation Technology and Performance Division, Office of Facilities Management, PBS*
- Justin Hawes, *Division Director, Lease Policy and Innovation Division, Office of Leasing, PBS*
- Len Fedoruk, *Director, Vehicle Purchasing Division Office of Motor Vehicle Management, FAS*

Agenda

- 1:00–1:05: GSA Ombudsman Welcome
- 1:05–1:10: Introduction of Panel participants by GSA Moderator.
- 1:10–2:25: Panel discussion of GSA's 889 Implementation by Business lines
- 2:25–2:30: GSA Ombudsman Close out

Maria Swaby,

GSA Procurement Ombudsman & Industry Liaison, General Services Administration.

[FR Doc. 2020–15846 Filed 7–21–20; 8:45 am]

BILLING CODE 6820–61–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Management of Acute and Chronic Pain: Opportunity for Stakeholder Engagement

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 an opportunity to hear stakeholders' perspectives on and experiences with pain and pain management, including but not limited to the benefits and harms of opioid use. These stakeholders include patients with acute or chronic pain, patients' family members and/or caregivers, and healthcare providers who care for patients with pain or conditions that can complicate pain management (e.g., opioid use disorder or overdose). As part of this effort, CDC will be holding approximately 100 individual conversations with stakeholders over the phone or through an internet-enabled virtual platform. CDC is asking stakeholders interested in participating to contact CDC as outlined in the **SUPPLEMENTARY INFORMATION** section. These conversations are intended to supplement the efforts of CDC's prior FRN (85 FR 21441) which solicited written public comment on the same topical areas between April and June 2020.

DATES: Persons interested in participating should contact CDC as described below no later than 5:00 p.m. EDT August 21, 2020.

FOR FURTHER INFORMATION CONTACT: Shannon Lee, Centers for Disease Control and Prevention, 1600 Clifton Road NE, Mailstop S106–9, Atlanta,

Georgia, 30329, Telephone: 404–498–3290, email: InjuryCenterEngage@cdc.gov

SUPPLEMENTARY INFORMATION:

Purpose

Input gathered through these conversations will help inform CDC's understanding of stakeholders' values and preferences related to pain and pain management and will complement CDC's ongoing work to update or expand the CDC Guideline for Prescribing Opioids for Chronic Pain, published in 2016 (Available at <https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1er.htm>). More information about CDC's process for updating the Guideline and the establishment of a Federal advisory committee workgroup to provide expert input and observations on the Guideline update is available at <https://www.cdc.gov/injury/bsc/opioid-workgroup-2019.html>. CDC will request public comment on the updated draft Guideline through a notice in the **Federal Register** prior to final publication.

Engagement Structure

During these conversations, CDC will talk with individual participants between 45–60 minutes on the phone or an internet-enabled virtual platform to listen to personal perspectives and experience related to the themes described below in the THEMES section.

Participation

Persons interested in participating in these conversations should email the following information to InjuryCenterEngage@cdc.gov:

- Full name
- Whether you would be participating primarily as a healthcare provider, patient, or family member and/or caregiver
 - If you are a healthcare provider, please describe whether you care for patients with chronic pain, acute pain, and/or conditions that can complicate pain management (e.g., opioid use disorder or overdose)
 - If you are a patient, please identify if you mostly experience acute or chronic pain and if you feel opioid pain medications have mostly helped you, mostly harmed you, neither, or an even mix of both
 - If you are a family member and/or caregiver, please identify if the person you care for experiences acute or chronic pain and if you feel opioid pain medications have mostly helped or mostly harmed them, neither, or an even mix of both