

the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395-5806. Provide written comments within 30 days of notice publication.

Proposed Project

Comprehensive Evaluation of the Implementation and Uptake of the CDC Clinical Practice Guideline for Prescribing Opioids for Pain—New—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Beginning in the 1990s, opioid prescribing rates for pain management steadily increased until 2010, remained steady until 2012, and have declined since then. The increase in opioid prescribing rates corresponded with increases in opioid-involved overdose deaths, which initially primarily involved prescription opioids (natural and semi-synthetic opioids and methadone). In response to this

emerging crisis, CDC issued the CDC Guideline for Prescribing Opioids for Chronic Pain—United States, 2016 (2016 CDC Guideline). Implementing the 2016 CDC Guideline was associated with reductions in opioid prescribing and increases in use of non-opioid medications for pain. At the same time, laws and policies related to prescribing opioids were instituted that misapplied or were inconsistent with the 2016 CDC Guideline, potentially contributing to patient harm. In 2022, CDC released the CDC Clinical Practice Guideline for Prescribing Opioids for Pain—United States, 2022, (2022 CDC Clinical Practice Guideline) which provided up to date evidence regarding pain management approaches and re-emphasizes the need for prescribers to be focused on patient-centered care to provide effective pain management. CDC is comprehensively evaluating the uptake, implementation, and outcomes of the 2022 CDC Clinical Practice Guideline on evidence-based care for pain management to understand its impact.

To meet CDC’s goal for a rigorous, comprehensive evaluation, this collection is proposing a mixed-method quasi-experimental approach to evaluate the 2022 CDC Clinical Practice Guideline. The evaluation includes dissemination and impact of the 2022 CDC Clinical Practice Guideline through population-wide changes in prescribing practices for opioids and medications for opioid use disorder. Also, evaluation of the implementation of the 2022 CDC Clinical Practice Guideline comes from perspectives of patients, caregivers, clinicians; and leaders from health systems, payers, professional associations, and medical boards.

CDC will use this information collection to evaluate the dissemination, impact, and implementation of the 2022 CDC Clinical Practice Guideline to ensure that Americans have access to safer, effective ways of managing their pain. CDC requests OMB approval for an estimated 310 annual burden hours. There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Clinicians	Clinician Survey	200	1	10/60
	Invitation	1000	1	5/60
	Follow up Emails	1000	1	5/60
	Clinician Interview	10	1	1
Dentists	Dentist Interview	2	1	1
Health System Leaders	Health System Leaders Interview	3	2	1
Payers	Payer Interview	3	2	1
Professional Association Leaders	Professional Association Leaders Interview ..	3	2	1
Medical Board Leaders	Medical Board Leaders Interview	3	2	1
Patients	Patient Focus Groups	15	3	1
Caregivers	Caregiver Focus Groups	15	2	1

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Public Health Ethics and Regulations, Office of Science, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-25-0234]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for

Disease Control and Prevention (CDC) has submitted the information collection request titled “National Ambulatory Medical Care Survey (NAMCS)” to the Office of Management and Budget (OMB) for review and approval. CDC previously published a “Proposed Data Collection Submitted for Public Comment and Recommendations” notice on September 20, 2024 to obtain comments from the public and affected agencies. CDC did not receive comments related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget

is particularly interested in comments that:

(a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

(b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(c) Enhance the quality, utility, and clarity of the information to be collected;

(d) Minimize the burden of the collection of information on those who are to respond, including, through the use of appropriate automated, electronic, mechanical, or other

technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses; and

(e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639-7570. Comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to www.reginfo.gov/public/do/PRAMain. Find this particular information collection by selecting “Currently under 30-day Review—Open for Public Comments” or by using the search function. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395-5806. Provide written comments within 30 days of notice publication.

Proposed Project

National Ambulatory Medical Care Survey (NAMCS) (OMB Control No. 0920-0234, Exp. 11/30/2025)—Revision—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The National Ambulatory Medical Care Survey (NAMCS) was conducted intermittently from 1973 through 1985, and annually since 1989. The survey is conducted under authority of Section 306 of the Public Health Service Act (42 U.S.C. 242k). NAMCS is part of the Ambulatory Care Component of the

National Health Care Surveys (NHCS), a family of provider-based surveys that capture health care utilization from a variety of settings, including hospital inpatient and long-term care facilities. NHCS surveys of health care providers include NAMCS, the National Electronic Health Records Survey (NEHRS, OMB Control No. 0920-1015), the National Hospital Care Survey (OMB Control No. 0920-0212), and the National Post-acute and Long-term Care Study (OMB Control No. 0920-0943).

An overarching purpose of NAMCS is to meet the needs and demands for statistical information about the provision of ambulatory medical care services in the United States. This fulfills one of NCHS missions; to monitor the nation’s health. In addition, NAMCS provides ambulatory medical care data to study: (1) the performance of the U.S. health care system; (2) care for the rapidly aging population; (3) changes in services such as health insurance coverage change; (4) the introduction of new medical technologies; and (5) the use of electronic health records (EHRs). Ongoing societal changes have led to considerable diversification in the organization, financing, and technological delivery of ambulatory medical care. This diversification is evidenced by the proliferation of insurance and benefit alternatives for individuals, the development of new forms of physician group practices and practice arrangements (such as office-based practices owned by hospitals), the increasing role of advanced practice providers delivering clinical care, and growth in the number of alternative sites of care.

Ambulatory services are rendered in a wide variety of settings, including physician/provider offices and hospital outpatient and emergency departments. Since more than 65% of ambulatory medical care visits occur in physician offices, NAMCS provides data on the majority of ambulatory medical care services. In addition to health care provided in physician offices and outpatient and emergency departments, health centers (HCs) play an important role in the health care community by providing care to people who might not be able to afford it otherwise. HCs are local, non-profit, community-owned health care settings, which serve approximately over 30 million individuals throughout the United States.

This Revision seeks approval to conduct changes to all three components of NAMCS. We plan to adjust the HC Component and Provider Survey Component sample sizes. In 2025 the goal is to sample 10,000 advanced practice providers and up to 151 HCs. In 2026 CDC plans to sample up to 10,000 physicians and up to 171 HCs. Lastly, if funds allow, in 2027 we will sample up to 10,000 advanced practice providers and up to 191 HCs. For 2025–2027, there will be an additional 3,000 providers sampled yearly for the Provider Electronic Component. Additionally, questions on the Provider Facility Interview, Health Center Facility Interview and the Ambulatory Care Provider Interview will be modified. CDC requests OMB approval for an estimated annual 22,107 burden hours. There is no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Avg. burden per response (in hrs.)
HC’s Staff	HC Facility Interview Questionnaire (Survey year: 2024).	84	1	45/60
	Prepare and transmit EHR for Visit Data (quarterly) (Survey year: 2024).	50	4	60/60
	Set-up Fee Questionnaire (Survey year: 2024)	17	1	15/60
Provider or Staff	ACPI (Survey year: 2026)	3,333	1	30/60
	Contact Tracing (Survey year: 2026)	3,333	1	10/60
Advanced Practice Provider or Staff	ACPI (Survey year: 2025 & 2027)	6,667	1	30/60
	Contact Tracing (Survey year: 2025 & 2027)	6,667	1	10/60
Ambulatory Care Provider’s or Group’s or Conglomerate’s Staff.	PFI (Survey year: 2025–2027)	3000	1	45/60
	Prepare and transmit Electronic Visit Data (quarterly) (Survey year: 2025–2027).	3000	4	60/60
HC’s Staff	HC Facility Interview Questionnaire (Survey year: 2025–2027).	221	1	45/60
	Prepare and transmit EHR for Visit Data (quarterly) (Survey year: 2025–2027).	188	4	60/60
	Set-up Fee Questionnaire (Survey year: 2025–2027)	17	1	15/60

Jeffrey M. Zirger,

Lead, Information Collection Review Office,
Office of Public Health Ethics and
Regulations, Office of Science, Centers for
Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Safety and Occupational Health Study Section; Notice of Solicitation of Nominations for Appointment; Correction

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

ACTION: Notice; correction.

SUMMARY: In accordance with the
Federal Advisory Committee Act, the
Centers for Disease Control and
Prevention (CDC), within the
Department of Health and Human
Services (HHS), is seeking nominations
for membership on the Safety and
Occupational Health Study Section
(SOHSS). SOHSS consists of 20 experts
in fields associated with occupational
medicine and nursing, industrial
hygiene, occupational safety and
engineering, toxicology, chemistry,
safety and health education,
ergonomics, epidemiology, economic
science, psychology, pulmonary
pathology/physiology, and social
science.

DATES: Nominations for membership on
SOHSS must be received no later than
January 31, 2025. Packages received
after this time will not be considered for
the current membership cycle.

ADDRESSES: All nominations should be
mailed to Dr. Michael Goldcamp, 1095
Willowdale Road, Morgantown, West
Virginia 26505 or emailed to
MGoldcamp@cdc.gov.

FOR FURTHER INFORMATION CONTACT:
Michael Goldcamp, Ph.D., Scientific
Review Officer, Office of Extramural
Programs, National Institute for
Occupational Safety and Health, Centers
for Disease Control and Prevention,
1095 Willowdale Road, Morgantown,
West Virginia 26505. Telephone: (304)
285-5951; email: MGoldcamp@cdc.gov.

SUPPLEMENTARY INFORMATION:

Correction

Notice is hereby given of a correction
in the **SUPPLEMENTARY INFORMATION**
section of the original solicitation of
nominations notice, which was

published in the **Federal Register** on
December 2, 2024, 89 FR 95214.

The notice is being amended to
remove the sentence concerning Special
Government Employees, since members
of the Safety and Occupational Health
Study Section serve as Peer Review
Consultants. The **SUPPLEMENTARY
INFORMATION** section should read as
follows:

SUPPLEMENTARY INFORMATION:

Nominations are sought for individuals
who have the expertise and
qualifications necessary to contribute to
the accomplishment of the objectives of
the Safety and Occupational Health
Study Section (SOHSS). Nominees will
be selected based on expertise in the
fields of occupational medicine and
nursing, industrial hygiene,
occupational safety and engineering,
toxicology, chemistry, safety and health
education, ergonomics, epidemiology,
economic science, psychology,
pulmonary pathology/physiology, and
social science. Members may be invited
to serve up to four-year terms. Selection
of members is based on candidates'
qualifications to contribute to the
accomplishment of SOHSS objectives
([https://www.cdc.gov/faca/committees/
sohss.html](https://www.cdc.gov/faca/committees/sohss.html)).

Department of Health and Human
Services (HHS) policy stipulates that
committee membership be balanced in
terms of points of view represented and
the committee's function. Appointments
shall be made without discrimination
on the basis of age, race, ethnicity,
gender, sexual orientation, gender
identity, HIV status, disability, and
cultural, religious, or socioeconomic
status. Nominees must be U.S. citizens
and cannot be full-time employees of
the U.S. Government. Current
participation on Federal workgroups or
prior experience serving on a Federal
advisory committee does not disqualify
a candidate; however, HHS policy is to
avoid excessive individual service on
advisory committees and multiple
committee memberships. The Centers
for Disease Control and Prevention
(CDC) reviews potential candidates for
SOHSS membership each year and
provides a slate of nominees for
consideration to the Secretary of HHS
for final selection. HHS notifies selected
candidates of their appointment near
the start of the term in October 2025, or
as soon as the HHS selection process is
completed. Note that the need for
different expertise varies from year to
year and a candidate who is not selected
in one year may be reconsidered in a
subsequent year.

Candidates should submit the
following items:

- Current curriculum vitae, including
complete contact information
(telephone numbers, mailing address,
email address).

- At least one letter of
recommendation from person(s) not
employed by HHS. Candidates may
submit letter(s) from current HHS
employees if they wish, but at least one
letter must be submitted by a person not
employed by an HHS agency (e.g., CDC,
National Institutes of Health, Food and
Drug Administration).

Nominations may be submitted by the
candidate or by the person/organization
recommending the candidate.

The Director, Office of Strategic
Business Initiatives, Office of the Chief
Operating Officer, Centers for Disease
Control and Prevention, has been
delegated the authority to sign **Federal
Register** notices pertaining to
announcements of meetings and other
committee management activities, for
both the Centers for Disease Control and
Prevention and the Agency for Toxic
Substances and Disease Registry.

Kalwant Smagh,

Director, Office of Strategic Business
Initiatives, Office of the Chief Operating
Officer, Centers for Disease Control and
Prevention.

[FR Doc. 2024-30410 Filed 12-19-24; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Award of a Sole Source Cooperative Agreement to Fund Secretaría Ejecutiva del Consejo de Ministros de Salud de Centroamerica y Republica Dominicana (SE-COMISCA)

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
award of approximately \$5,000,000,
with an expected total funding of
approximately \$25,000,000 over a 5-year
period, to SE-COMISCA. The award
will build upon previous efforts by the
CDC in collaboration with Ministries of
Health of Central America and the
Dominican Republic (SE-COMISCA).

DATES: The period for this award will be
September 30, 2025 through September
29, 2030.