TABLE 6—CURRENT AND NEW NATIONAL AVERAGE OF ADDITIONAL FEES FOR ACCREDITED LABORATORIES UPDATE

[Additional fee updates at 20 percent increase]

Laboratory classification (schedules)	Current average (c)	New average (n)
LVA	$15	$18
A	50	60
B	60	80
C	83	99
D	97	117
E	112	134
F	126	152
G	141	169
H	155	186
I	170	204
J	184	220

Table 6 shows the national average of Additional Fees for each schedule of accredited laboratory. Specifically, Table 6 represents the national average fees for each schedule for the current Additional Fees (noted with a ''c'') as paid biennially by laboratories that hold a CoA and the national average for the new Additional Fees (noted with a ''n'') that will be paid biennially by laboratories that hold a CoA. As discussed in section II. of this notice with comment period, Table 6 reflects a total increase of 20 percent across all schedules.

TABLE 7—CLIA BIENNIAL CERTIFICATE FEES

Type of CLIA certificate	Laboratory schedule	Current fee	New fee
Certificate of Waiver (CoW)	Not applicable	$150.00	$180.00
PPM	Not applicable	200.00	240.00
CoC and CoA	LVA	150.00	180.00
CoC and CoA	A	150.00	180.00
CoC and CoA	B	150.00	180.00
CoC and CoA	C	430.00	516.00
CoC and CoA	D	440.00	528.00
CoC and CoA	E	650.00	780.00
CoC and CoA	F	1,100.00	1,320.00
CoC and CoA	G	1,550.00	1,860.00
CoC and CoA	H	2,040.00	2,448.00
CoC and CoA	I	6,220.00	7,464.00
CoC and CoA	J	7,940.00	9,528.00

Table 7 depicts the current and new Certificate Fees, which reflects the 20 percent increase across all schedules, with the exception of fees for the issuance of a CoR.

D. Regulatory Reform Analysis Under E.O. 13771

Executive Order 13771, titled Reducing Regulation and Controlling Regulatory Costs, was issued on January 30, 2017 and requires that the costs associated with significant new regulations ''shall, to the extent permitted by law, be offset by the elimination of existing costs associated with at least two prior regulations.'' It has been determined that this notice with comment period is not a ''significant regulatory action'' under E.O. 12866 and thus is not considered regulatory action under Executive Order 13771.

E. Conclusion

Although the effect of the changes will increase laboratory costs, implementation of these changes will be negligible in terms of workload for laboratories as these fee increases are operational and technical in nature and do not require additional time to be spent by laboratory employees.

We have determined that this notice with comment period would not have a significant economic impact on a substantial number of small entities or a significant impact in the operations of a substantial number of small rural hospitals and for these reasons, we are not preparing analyses for either the RFA or section 1102(b) of the Act.

In accordance with the provisions of Executive Order 12866, this notice with comment period was reviewed by the Office of Management and Budget.

Dated: December 14, 2018.

Seema Verma,

Administrator, Centers for Medicare & Medicaid Services.

Dated: December 18, 2018.

Alex M. Azar II,

Secretary, Department of Health and Human Services.

[FR Doc. 2018–28359 Filed 12–28–18; 11:15 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Physician-Focused Payment Model Technical Advisory Committee; Meetings

ACTION: Notice of meetings.

SUMMARY: This notice announces the 2019 meetings of the Physician-Focused Payment Model Technical Advisory Committee (PTAC). These meetings will include deliberation and voting on

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, 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/wa.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.cvent.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(ee); Section 101(e)(1) 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.

Dated: December 19, 2018.

Brenda Destro,

Deputy Assistant Secretary for Planning and Evaluation (HSP).

[FR Doc. 2018–28402 Filed 12–28–18; 8:45 am]

BILLING CODE 4150–15–P

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).

ACTION: Notice of request for public 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.

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 (hereinafter referred to as Draft Report). Section 101 of the CARA authorized the creation of the Task Force to identify gaps or inconsistencies, and propose updates to best practices and recommendations for pain management, including chronic and acute pain. The Secretary of HHS convened the Task Force in cooperation with the Secretary of Veterans Affairs and Secretary of Defense. On September 26, 2018, the Task Force voted on the proposed updates and recommendations that would be provided to the public for comment, which 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 Report with its proposed updates and recommendations.

DATES: Comments for consideration by the Task Force should be received no later than 5:00 p.m. Eastern Time (ET) on April 1, 2019.

ADDRESSES: The Draft Report is available at *https://www.hhs.gov/ash/advisory-committees/pain/index.html.* 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 Best Practices Inter-Agency Task Force Designated Federal Officer, Washington, DC 20201. For more detailed instructions on submitting comments, see the ''Instructions for Commenters'' section of REQUEST FOR COMMENTS.

FOR FURTHER INFORMATION CONTACT: Alicia Richmond Scott, Designated Federal Officer, Pain Management Best Practices Inter-Agency Task Force, U.S. Department of Health and Human Services, Office of the Assistant Secretary for Health, 200 Independence Avenue SW, Room 736E, Washington, DC 20201. Phone: 240–453–2816. Email: *paintaskforce@hhs.gov.*

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