ADDRESSES: Federal Communications Commission, 445 12th Street SW, Washington, DC 20554.

FOR FURTHER INFORMATION CONTACT: Scott Marshall, Designated Federal Officer, FCC Consumer Advisory Committee, Consumer and Governmental Affairs Bureau, Federal Communications Commission, 445 12th Street SW, Washington, DC 20554; phone: 202–418–2809 (voice or Relay); email*: scott.marshall@fcc.gov;* or Gregory V. Haledjian, Deputy Designated Federal Officer, FCC Consumer Advisory Committee, Consumer and Governmental Affairs Bureau, Federal Communications Commission, 445 12th Street SW, Washington, DC 20554; phone: 202–418–7440; email: *gregory.haledjian@fcc.gov.*

SUPPLEMENTARY INFORMATION: In accordance with the Federal Advisory Committee Act, Public Law 92–463, as amended, this notice advises interested persons that the GSA has approved the renewal of the charter of the CAC for two years, commencing October 16, 2020. In keeping with its advisory role, the FCC Consumer Advisory Committee will continue to provide recommendations to the Commission on consumer topics, as specified by the Commission, gather data and information, and perform analyses that are necessary to respond to the questions or matters before it.

Federal Communications Commission.

Cecilia Sigmund,

Associate Secretary.

[FR Doc. 2020–22751 Filed 10–14–20; 8:45 am]

BILLING CODE P

FEDERAL ELECTION COMMISSION

Sunshine Act Meetings

TIME AND DATE: Tuesday, October 20, 2020 at 10:00 a.m.

PLACE: 1050 First Street NE, Washington, DC (This meeting will be a virtual meeting).

STATUS: This meeting will be closed to the public.

MATTERS TO BE CONSIDERED: Compliance matters pursuant to 52 U.S.C. 30109.

Matters relating to internal personnel decisions, or internal rules and practices.

Investigatory records compiled for law enforcement purposes and production would disclose investigative techniques.

Information the premature disclosure of which would be likely to have a considerable adverse effect on the implementation of a proposed Commission action.

Matters concerning participation in civil actions or proceedings or arbitration.

* * * * *

CONTACT PERSON FOR MORE INFORMATION: Judith Ingram, Press Officer. Telephone: (202) 694–1220.

Vicktoria J. Allen,

Acting Deputy Secretary of the Commission.

[FR Doc. 2020–22991 Filed 10–13–20; 4:15 pm]

BILLING CODE 6715–01–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.: 201350.

Agreement Name: King Ocean/Seaboard St. Maarten Space Charter Agreement.

Parties: King Ocean Services Limited, Inc. and Seaboard Marine Ltd.

Filing Party: Wayne Rohde; Cozen O'Connor.

Synopsis: The Agreement authorizes King Ocean to charter space to Seaboard in the trade between the U.S. and St. Maarten.

Proposed Effective Date: 11/22/2020.

Location: https://www2.fmc.gov/FMC.Agreements.Web/Public/AgreementHistory/35502.

Dated: October 9, 2020.

Rachel E. Dickon,

Secretary.

[FR Doc. 2020–22812 Filed 10–14–20; 8:45 am]

BILLING CODE 6730–02–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Notice.

SUMMARY: This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) approve the proposed information collection project ''Clinical Decision Support (CDS) for Chronic Pain Management.''

This proposed information collection was previously published in the **Federal Register** on July 14, 2020 and allowed 60 days for public comment. AHRQ received no substantive comments. The purpose of this notice is to allow an additional 30 days for public comment.

DATES: Comments on this notice must be received within 30 days of publication date.

ADDRESSES: Written 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.

FOR FURTHER INFORMATION CONTACT: Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427–1477, or by email at *doris.lefkowitz@AHRQ.hhs.gov.*

SUPPLEMENTARY INFORMATION:

Proposed Project

Clinical Decision Support (CDS) for Chronic Pain Management

Prescription opioid pain medication overuse, misuse, and abuse have been a significant contributing factor in the opioid epidemic. The goal of this project is to develop, implement, disseminate, and evaluate clinical decision support (CDS) tools for both patients and providers in the management of chronic pain. The CDS tools are intended to be interoperable and publicly-shareable and will be designed to meet the needs of patients and providers through both patient-facing and provider-facing channels and formats.

The development and deployment of CDS tools designed to optimize opioid dose reduction is intended to support

primary care providers (including physicians and advanced practice providers) who are not pain-management specialists as well as pain specialists as they care for patients who are at high risk of harm from opioids. This goal will be achieved through the design, development, implementation, and evaluation of a provider-facing CDS tool for chronic pain management that optimize presentation of patient data and evidence-based guidelines to support opioid tapering. The provider-facing CDS tool will help providers detect patients at high risk of harm from opioids, provide personalized evidence-based guidelines to support opioid tapering, optimize the presentation of patient data, and reduce unnecessary variation in clinical practice.

The provider-facing CDS tool will also assist providers in determining if an opioid taper is necessary for a specific patient, aid in performing the taper, and aid in providing follow-up and support during the taper. The provider-facing CDS tool is meant to accomplish three goals: (1) Better monitor the patient's functional pain and opioid use, (2) visualize patient data, and (3) incorporate guidelines for prescribing and tapering opioids for chronic pain.

The patient-facing CDS tool will be used to help patients at high-risk of harm from opioids track and manage chronic pain and daily function to support reduced opioid use. This goal will be achieved through the design, development, implementation, and evaluation of a CDS tool that facilitates continued patient-provider engagement. This patient-facing CDS tool will deliver support in ways that enhance patient activation, education and engagement, and collaborative decisions and actions between patients and their care teams. The patient-facing CDS tool should enhance the quality of clinical discussion between healthcare providers and patients by allowing for continued patient engagement outside of the clinical setting.

This study is being conducted by AHRQ through its contractor, MedStar Health, pursuant to AHRQ's statutory authority to assist users of health information technology focused on CDS to promote the timely incorporation of comparative clinical effectiveness research into clinical practices. 42 U.S.C 299b–37(c).

Method of Collection

To achieve the goals of this project the following data collections will be implemented.

(1) Post-Use Survey with Providers ''Evaluation Provider Survey:'' This evaluation includes the collection of qualitative data through a short survey with providers who used the provider-facing CDS tool for chronic pain management (up to a maximum of 60). The research team will collect insights from providers on their experience of implementing and using the provider-facing CDS tool for chronic pain management. The survey will be accessible in both online and paper formats.

(2) Post-Use Survey with Patients ''Evaluation Patient Survey:'' This evaluation includes the collection of qualitative data through a short survey with patients who used the patient-facing CDS tool for pain management (up to a maximum of 150). The research team will collect insights from patients on their experience of implementing and using patient-facing CDS. The survey will be accessible in both online and paper formats.

(3) Post-Use Interview with Providers ''Evaluation Provider Interview:'' This evaluation component includes the collection of qualitative data through an in-depth thirty-minute interview with providers who used the provider-facing CDS tool for chronic pain management (up to a maximum of 10). The research team will collect insights from providers on their experience of implementing and using this provider-facing CDS tool.

(4) Post-Use Interviews with Patients ''Evaluation Patient Interview:'' This evaluation component includes the collection of qualitative data through an in-depth thirty-minute interview with patients who used the patient-facing CDS tool for pain management (up to a maximum of 20). The research team will collect insights from patients on their experience of implementing and using the patient-facing CDS tool.

(5) Post-Use Interviews with Site Champions ''Evaluation Site Champion Interview:'' This evaluation component includes the collection of qualitative data through thirty-minute interviews with site leads (up to a maximum of 15) and site visits during which the research team will collect insights from providers and patients on their experience of implementing and using the clinical-facing and patient-facing CDS tools from the perspective of the site champions.

Estimated Annual Respondent Burden

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Post-Use Survey with Providers	60	1	0.25	15
Post-Use Survey with Patients	150	1	0.25	37.5
Post-Use Interview with Providers	10	1	0.5	5
Post-Use Interview with Patients	20	1	0.5	10
Post-Use Interview with Site Champions	15	1	0.5	7.5
Total	255	5	2	75

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form name	Number of respondents	Total burden hours	Average hourly wage rate *	Total cost burden
Post-Use Survey with Providers	60	15	[b] $102.73	$1,540.95
Post-Use Survey with Patients	150	37.5	[a] 25.72	964.50
Post-Use Interview with Providers	10	5	[b] 102.73	513.65
Post-Use Interview with Patients	20	10	[a] 25.72	257.20
Post-Use Interview with Site Champions	15	7.5	[b] 102.73	770.48

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN—Continued

Form name	Number of respondents	Total burden hours	Average hourly wage rate *	Total cost burden
Total	255	75	53.95	4,046.78

* National Compensation Survey: Occupational wages in the United States May 2019, ''U.S. Department of Labor, Bureau of Labor Statistics'', *https://www.bls.gov/oes/current/oes_nat.htm#b29-0000.htm.*
[a] Based on the mean wages for *all occupations (00–0000).*
[b] Based on the mean wages for *Family Medicine Physicians (29–1215).*

Request for Comments

In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501–3520, comments on AHRQ's information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of AHRQ's health care research and health care information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) of information; (c) ways to enhance the quality, utility and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: October 8, 2020.

Marquita Cullom-Stott,

Associate Director.

[FR Doc. 2020–22837 Filed 10–14–20; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Notice.

SUMMARY: This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) approve the proposed information collection project ''Programmatic Information Collection for the AHRQ Initiative to Support Primary Care to Advance Cardiovascular Health in States with High Prevalence of Preventable CVD Events.''

This proposed information collection was previously published in the **Federal Register** on August 5th, 2020 and allowed 60 days for public comment. AHRQ received no substantive comments from members of the public. The purpose of this notice is to allow an additional 30 days for public comment.

DATES: Comments on this notice must be received within 30 days of the date of publication.

ADDRESSES: Written 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.

FOR FURTHER INFORMATION CONTACT: Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427–1477, or by email at *doris.lefkowitz@AHRQ.hhs.gov.*

SUPPLEMENTARY INFORMATION:

Proposed Project

Programmatic Information Collection for the AHRQ Initiative To Support Primary Care To Advance Cardiovascular Health in States With High Prevalence of Preventable CVD Events

Despite improvements in recent years, cardiovascular disease (CVD) is a significant national health burden and the leading cause of death, involved in nearly one of every three deaths. Modifiable risk factors for CVD, such as high blood pressure, high cholesterol, and smoking, remain poorly controlled. Evidence from patient-centered outcomes research (PCOR) shows that increasing the delivery of the ABCS of heart health—Aspirin in high-risk individuals, Blood pressure control, Cholesterol management, and Smoking cessation—can reduce risk and reduce heart attacks and strokes.

In 2010, Congress established the Patient-Centered Outcomes Research (PCOR) Trust Fund and instructed AHRQ to support the dissemination of PCOR findings. In accordance with its mandated role, AHRQ issued a Request for Applications (RFA) entitled Supporting Primary Care to Advance Cardiovascular Health in States with High Prevalence of Preventable CVD Events. AHRQ anticipates investing up to $18 million to support a maximum of 4 awards. Each grantee will establish a state-level entity—known as a Cooperative—to support primary care improvement and run a Heart Health Quality Improvement (QI) project. The expected earliest start date for the grants is December 30, 2020.

This initiative has the following goals:

1. To improve heart health and help reduce CVD disparities by engaging with primary care practices, and disseminating and implementing PCOR findings to improve care delivery.

2. To learn how to develop sustainable state-level primary care QI infrastructure to improve the uptake of PCOR evidence in primary care.

3. To disseminate lessons learned, which take into consideration the context in which each program operated, on how to replicate successes and avoid challenges.

This new grant initiative is being conducted pursuant to AHRQ's statutory authority to support the agency's dissemination of PCOR findings. 42 U.S.C. 299b–37(a)–(c). The information collection described in this request is being collected under AHRQ's authority in 42 U.S.C. 299b–37(c), which authorizes AHRQ to gather feedback about the value of the PCOR information it disseminates. The information described in this request will be collected by AHRQ's contractor, Abt Associates.

Method of Collection

To achieve the goals of this project the following data collections will be implemented:

1. Key informant interviews. AHRQ will conduct phone interviews with a variety of state-level organizations involved in primary care support and