

- specified time period
- Quantity of use over specified time period
- Substance-related problems/symptom count scales

#### ➤ Functional Outcomes

- School performance and educational attainment
  - Attendance
  - Grades/academic performance
  - Graduation rates
  - Entering higher education (including trade schools)
- Social relationships
  - Family functioning
  - Peer relationships

#### ➤ Harmful Consequences Associated With SUD

- Mental health outcomes
  - Suicidal ideation and behavior
- Physical health outcomes
  - Mortality
  - All-cause
  - Drug-related, including fatal overdose
  - Morbidity
  - Injuries (non-fatal)
  - Infections
  - HIV
  - Hepatitis C
  - Other sexually transmitted infections
- Legal outcomes
  - Arrests
  - Drunk or impaired driving
  - Contact with juvenile justice system

#### ➤ Adverse Effects of Intervention(s)

- Side effects of pharmacologic interventions
- Loss of privacy/confidentiality
- Stigmatization/discrimination
- Iatrogenic effects of group therapy due to peer deviance
- Other reported adverse effects ascribed to interventions

#### Study Designs and Information Sources

- Published, peer reviewed articles and data from *clinicaltrials.gov*
  - Randomized controlled trials (including cross-over trials)
    - N ≥ 10 participants per study group
  - Large nonrandomized comparative studies with longitudinal follow-up
    - N ≥ 100 participants per study group
  - Must report multiple regression, other adjustment, matching, propensity scoring, or other method to account for confounding.
- Single arm pharmacologic studies with at least 200 participants and longitudinal follow-up (to identify side-effects of medications)
- We will summarize information from existing systematic reviews

specific to treatment of alcohol SUD on college campuses

- SR eligible if inclusion criteria for individual studies consistent with our PICOTS criteria for individual studies.

#### Exclusions

- Case-control studies
- Cross-sectional studies
- Single-arm studies of behavioral interventions
- Conference abstracts letters, and other non-peer reviewed reports

#### Timing

- Any duration of treatment
- Duration of follow-up of at least a month (but must be longitudinal with separation in time between intervention and outcomes)

#### Setting

- Any setting, including (but not limited to) primary care, school, outpatient, emergency department, in-patient, intensive outpatient, partial hospitalization, intensive inpatient/residential, juvenile justice

*Exclude:* laboratory-based assessments.

**Francis D. Chesley, Jr.,**  
*Acting Deputy Director.*

[FR Doc. 2018–26304 Filed 12–3–18; 8:45 am]

**BILLING CODE 4160–90–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[CDC–2018–0065; Docket Number NIOSH–317]

### Final National Occupational Research Agenda for Oil and Gas Extraction

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

**ACTION:** Notice of availability.

**SUMMARY:** NIOSH announces the availability of the final *National Occupational Research Agenda for Oil and Gas Extraction*

**DATES:** The final document was published on November 27, 2018 on the CDC website.

**ADDRESSES:** The document may be obtained at the following link: <https://www.cdc.gov/nora/councils/oilgas/agenda.html>

#### FOR FURTHER INFORMATION CONTACT:

Emily Novicki, M.A., M.P.H., (*NORACoordinator@cdc.gov*), National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, Mailstop E–20, 1600 Clifton Road NE, Atlanta, GA 30329, phone (404) 498–2581 (not a toll free number).

**SUPPLEMENTARY INFORMATION:** On July 26, 2018, NIOSH published a request for public review in the **Federal Register** [83 FR 35485] of the draft version of the *National Occupational Research Agenda for Oil and Gas Extraction*. The single comment received expressed support.

Dated: November 29, 2018.

**Frank J. Hearl,**

*Chief of Staff, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention.*

[FR Doc. 2018–26315 Filed 12–3–18; 8:45 am]

**BILLING CODE 4163–19–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS–6063–N4]

### Medicare Program; Extension of Prior Authorization for Repetitive Scheduled Non-Emergent Ambulance Transports

**AGENCY:** Centers for Medicare & Medicaid Services (CMS), HHS.

**ACTION:** Notice.

**SUMMARY:** This notice announces a 1-year extension of the Medicare Prior Authorization Model for Repetitive Scheduled Non-Emergent Ambulance Transport. The extension of this model is applicable to the following states and the District of Columbia: Delaware, Maryland, New Jersey, North Carolina, Pennsylvania, South Carolina, Virginia, and West Virginia.

**DATES:** This extension begins on December 2, 2018 and ends on December 1, 2019.

**FOR FURTHER INFORMATION CONTACT:** Angela Gaston, (410) 786–7409.

Questions regarding the Medicare Prior Authorization Model Extension for Repetitive Scheduled Non-Emergent Ambulance Transport should be sent to [AmbulancePA@cms.hhs.gov](mailto:AmbulancePA@cms.hhs.gov).

**SUPPLEMENTARY INFORMATION:**

#### I. Background

Medicare may cover ambulance services, including air ambulance (fixed-wing and rotary-wing) services, if the ambulance service is furnished to a beneficiary whose medical condition is