or benefits of any product are scientifically or clinically proven or about the existence, contents, validity, results, conclusions, or interpretations of any test, study, or research.

Provision IV is a provision for FDA-approved claims.

Provision V prohibits misrepresentations in connection with the marketing, advertising, or promoting of any product, service, or program that paid commercial advertising is independent programming.

Provision VI prohibits any representation about any user, consumer, or endorser of a covered product without disclosing, clearly and conspicuously, and in close proximity to that representation, any unexpected material connection between such endorser and (1) any respondent; or (2) any other individual or entity affiliated with the product. “Unexpected material connection” means any relationship that might materially affect the weight or credibility of the testimonial or endorsement and that would not reasonably be expected by consumers.

Provision VII prohibits misrepresentations regarding the status of any endorser or person providing a review of a product, including a misrepresentation that the endorser or reviewer is an independent or ordinary user of the product.

Provision VIII prohibits respondents from providing the means and instrumentalities to make any false or misleading statement of material fact, including the representations prohibited by Provisions I to III. “Means and instrumentalities” mean any information, document, or article referring or relating to any covered product, including any advertising, labeling, promotional, or purported substantiation materials, for use by a licensee to market or sell any covered product.

Provision IX, triggered when the human clinical testing requirement in Provisions I or II applies, requires that respondents secure and preserve all underlying or supporting data and documents generally accepted by experts in the field as relevant to an assessment of the test, such as protocols, instructions, participant-specific data, statistical analyses, and contracts with the test’s researchers. There is an exception for a reliably reported test (defined as a test that is published in a peer-reviewed journal) that was not conducted, controlled, or sponsored by, with, or on behalf of any respondent or by any supplier or manufacturer of the product. Also, the published report must provide sufficient information about the test for experts in the relevant field to assess the reliability of the results.

Provision X mandates that respondents acknowledge receipt of the order, distribute the order to principals, officers, and certain employees and agents, and obtain signed acknowledgments from them.

Provision XI requires that respondents submit compliance reports to the FTC 60 days after the order’s issuance and submit notifications when certain events occur for 10 years.

Provision XII requires that respondents create and retain certain records for 10 years.

Provision XIII provides for the FTC’s continued compliance monitoring of respondents’ activities during the order’s effective dates.

Provision XIV requires that respondents notify their licensees, monitor their highest-selling licensees’ advertising to ensure compliance with Provisions I through XIII, and suspend any licensee who makes any prohibited claims. Respondents must terminate any licensee who continues to make prohibited claims. There are two limited exceptions to the monitoring requirement: (1) Representations during private consultations between a licensee and one of the licensee’s patients about the potential safety, health benefits, performance, efficacy, or side effects of a covered product; and (2) representations about the potential safety, health benefits, performance, efficacy, or side effects of a covered product by a licensee who has purchased a covered product solely for incorporation into the licensee’s own product and markets that product without any involvement by respondents.

Provision XV requires that respondents send a notice to all customers who purchased directly from them TA–65MD or TA–65 Skin within one year prior to the issuance of the order or through a currently active program.

Provision XVI provides that, with exceptions, the order will terminate in 20 years.

The purpose of this analysis is to facilitate public comment on the order, and it is not intended to constitute an official interpretation of the complaint or order, or to modify the order’s terms in any way.

By direction of the Commission.

Donald S. Clark,
Secretary.

[FR Doc. 2018–04025 Filed 2–27–18; 8:45 am]
(CAT). The information will inform
AHRQ’s decision in selecting physical function PRO measures for the
Challenge Competition and the
subsequent pilot test.
Your contribution will be very
beneficial to AHRQ’s PRO projects. This
is a voluntary request for information,
and all costs for complying with this
request must be borne by the submitter.
This RFI is for planning purposes
only and should not be construed as a
policy, solicitation for applications, or
as an obligation on the part of the
Government to provide support for any
ideas identified in response to it. AHRQ
will use the information submitted in
response to this RFI at its discretion and
will not provide comments to any
responder’s submission. However,
responses to the RFI may be reflected in
future solicitation(s) or policies.
Respondents are advised that the
Government is under no obligation to
acknowledge receipt of the information
received or provide feedback to
respondents with respect to any
information submitted. No proprietary,
classified, confidential, or sensitive
information should be included in your
response. The Government reserves the
right to use any non-proprietary
technical information in any resultant
solicitation(s). The contents of all
submissions will be made available to
the public upon request. Materials
submitted must be publicly available or
able to be made public.
Submission Instructions
Specific questions of interest to
AHRQ include, but are not limited to:
1. What physical function PRO
measures does your health system/
practice currently use to collect PRO
data? Which PRO measures in use do
you find most useful with respect to
clinical management, quality
improvement, population health, or for
other uses?
2. What is the type of care setting
(primary care or specialty care) within
which these physical function PRO data
are collected? Are similar measures
used in other settings (e.g., acute care,
post-acute care, rehabilitation, home
care, long term care)?
3. How are the PRO data collected? Is
the PRO data collection via paper or an
electronic mechanism? Please specify
the electronic mechanism (e.g., patient
portal, tablet) and whether the
electronic mechanism is internal or
external to an electronic health records
system. Is CAT used? What is the
typical workflow for collecting PRO
data?
4. How are the PRO data used (e.g.,
patient assessment, shared decision
making, quality improvement,
research)? What has been your
experience with the use of these
measures?
AHRQ is interested in all of the
questions listed above, but respondents
are welcome to address as many or as
few as they choose and to address
additional areas of interest not listed.
Submission of copies of existing
documentation or reports describing the
measure and its properties, existing data
sources, etc., is highly desirable but not
required.
Gopal Khanna,
Director.
[FR Doc. 2018–04050 Filed 2–27–18; 8:45 am]
BILLING CODE 4160–90–P
DEPARTMENT OF HEALTH AND
HUMAN SERVICES
Agency for Healthcare Research and
Quality
Solicitation for Nominations for
Members of the U.S. Preventive
Services Task Force (USPSTF)
AGENCY: Agency for Healthcare
Research and Quality (AHRQ), HHS.
ACTION: Solicits nominations for new
members of the USPSTF.
SUMMARY: The Agency for Healthcare
Research and Quality (AHRQ), HHS.
invites nominations of individuals qualified to serve as members of the U.S. Preventive
Services Task Force (USPSTF).
DATES: All nominations submitted in
writing or electronically will be
considered for appointment to the
USPSTF. Nominations must be received
by May 15th of a given year to be
considered for appointment to begin in
January 2019.
Nomination Submissions
Nominations may be submitted in
writing or electronically, but should
include:
1. The applicant’s current curriculum
vitae and contact information, including
mailing address, email address, and
telephone number; and
2. A letter explaining how this
individual meets the qualification
requirements and how he or she would
contribute to the USPSTF. The letter
should also attest to the nominee’s
willingness to serve as a member of the
USPSTF.
AHRQ will later ask people under
serious consideration for USPSTF
membership to provide detailed
information that will permit evaluation
of possible significant conflicts of
interest. Such information could
include financial holdings,
consultancies, non-financial scientific
interests, and research grants or
contracts.
To obtain a diversity of perspectives,
AHRQ particularly encourages
nominations of women, members of
minority populations, and persons with
disabilities. Interested individuals
can nominate themselves. Organizations and
individuals may nominate one or more
people qualified for membership on the
USPSTF at any time. Individuals
nominated prior to May 15, 2017, who
continue to have interest in serving on
the USPSTF should be re-nominated.
Qualification Requirements
To qualify for the USPSTF and
support its mission, an applicant or
nominee should, at a minimum,
demonstrate knowledge, expertise and
national leadership in the following areas:
1. The critical evaluation of research
published in peer-reviewed literature
and in the methods of evidence review;
2. Clinical prevention, health
promotion and primary health care; and
3. Implementation of evidence-based
recommendations in clinical practice
including at the clinician-patient level,
practice level, and health-system level.
Additionally, the Task Force benefits
from members with expertise in the
following areas:
- Public health
- Health equity and the reduction of
health disparities
- Application of science to health
policy
- Behavioral medicine
- Communication of scientific findings
to multiple audiences including
health care professionals, policy
makers and the general public.
Candidates with experience and skills
in any of these areas should highlight
them in their nomination materials.
Applicants must have no substantial
conflicts of interest, whether financial,
professional, or intellectual, that would
impair the scientific integrity of the
work of the USPSTF and must be
willing to complete regular conflict of
interest disclosures.
Applicants must have the ability to
work collaboratively with a team of
diverse professionals who support the
mission of the USPSTF. Applicants
must have adequate time to contribute
substantively to the work products of
the USPSTF.
ADDRESSES: Submit your responses
either in writing or electronically to:
Lydia Hill, ATTN: USPSTF
Nominations, Center for Evidence and
Practice Improvement, Agency for