

EARLY TERMINATIONS GRANTED JUNE 1, 2019 THRU JUNE 30, 2019—Continued

20191483 .....	G	Michael S. Dell; LTF Holdings, Inc.; Michael S. Dell.
20191495 .....	G	CD Clean Energy and Infrastructure VII JV, LLC; William O. Perkins, III; CD Clean Energy and Infrastructure VII JV, LLC.
20191503 .....	G	Aberdeen Standard Carlsbad LP; Stonepeak Infrastructure Fund (Orion AIV) LP; Aberdeen Standard Carlsbad LP.
20191510 .....	G	Rubicon Technology Partners II, L.P.; The AES Corporation; Rubicon Technology Partners II, L.P.
20191519 .....	G	Oaktree Opportunities Fund Xb AIF, L.P.; Martin Midstream Partners L.P.; Oaktree Opportunities Fund Xb AIF, L.P.
20191520 .....	G	Samurai Holdings, LLC; Blackstone Capital Partners VI—NQ/NF L.P.; Samurai Holdings, LLC.

06/26/2019

20191474 .....	G	Global Payments Inc.; Total System Services, Inc.; Global Payments Inc.
20191513 .....	G	Cedar Fair, L.P.; Bahn Consolidated, Inc.; Cedar Fair, L.P.
20191531 .....	G	Azalea Parent Holdings LP; EQT VII (No. 1) Limited Partnership; Azalea Parent Holdings LP.

06/28/2019

20191226 .....	G	Vista Equity Partners Fund VII—A, L.P.; VEPF IV AIV VIII, L.P.; Vista Equity Partners Fund VII—A, L.P.
20191493 .....	G	Lovell Minnick Equity Partners IV LP; Piper Jaffray Companies; Lovell Minnick Equity Partners IV LP.
20191535 .....	G	Accel-KKR Growth Capital Partners II, LP; Charles and Robin Deyo; Accel-KKR Growth Capital Partners II, LP.
20191542 .....	G	Unilever N.V.; Tatcha LLC; Unilever N.V.
20191545 .....	G	DCPF VI Oil and Gas Coinvestment Fund LP; Arkoma Drilling, L.P.; DCPF VI Oil and Gas Coinvestment Fund LP.
20191547 .....	G	CPP Group Holdings LLC; Warburg Pincus Private Equity X, L.P.; CPP Group Holdings LLC.
20191548 .....	G	Arkoma Drilling, L.P.; DCPF VI Oil and Gas Coinvestment Fund LP; Arkoma Drilling, L.P.
20191551 .....	G	Stewart Butterfield; Slack Technologies, Inc.; Stewart Butterfield.
20191552 .....	G	Accel-KKR Capital Partners V, LP; Sandata Holdings, Inc.; Accel-KKR Capital Partners V, LP.
20191555 .....	G	Carlyle U.S. Equity Opportunity Fund II, L.P.; Alpine Investors V, LP; Carlyle U.S. Equity Opportunity Fund II, L.P.

**FOR FURTHER INFORMATION CONTACT:**

Theresa Kingsberry, Program Support Specialist, Federal Trade Commission Premerger Notification Office, Bureau of Competition, Room CC-5301, Washington, DC 20024, (202) 326-3100.

By direction of the Commission.

**April J. Tabor,**

*Acting Secretary.*

[FR Doc. 2019-19008 Filed 9-3-19; 8:45 am]

**BILLING CODE 6750-01-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[60-Day-19-0739; Docket No. CDC-2019-0076]

**Proposed Data Collection Submitted for Public Comment and Recommendations**

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

**ACTION:** Notice with comment period.

**SUMMARY:** The Centers for Disease Control and Prevention (CDC), as part of its continuing effort to reduce public burden and maximize the utility of government information, invites the general public and other Federal agencies the opportunity to comment on a proposed and/or continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a

proposed information collection project titled CDC Oral Health Management Information System. The collection aims to monitor the performance of states funded to implement evidence-based prevention strategies to improve oral health, determine and tailor technical assistance to the states, and share quality improvement findings.

**DATES:** CDC must receive written comments on or before November 4, 2019.

**ADDRESSES:** You may submit comments, identified by Docket No. CDC-2019-0076 by any of the following methods:

- *Federal eRulemaking Portal:* [Regulations.gov](https://www.regulations.gov). Follow the instructions for submitting comments.
- *Mail:* Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS-D74, Atlanta, Georgia 30329.

*Instructions:* All submissions received must include the agency name and Docket Number. CDC will post, without change, all relevant comments to *Regulations.gov*.

**Please note:** Submit all comments through the Federal eRulemaking portal (*regulations.gov*) or by U.S. mail to the address listed above.

**FOR FURTHER INFORMATION CONTACT:** To request more information on the proposed project or to obtain a copy of the information collection plan and instruments, contact Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS-

D74, Atlanta, Georgia 30329; phone: 404-639-7570; Email: [omb@cdc.gov](mailto:omb@cdc.gov).

**SUPPLEMENTARY INFORMATION:** Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501-3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. In addition, the PRA also requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each new proposed collection, each proposed extension of existing collection of information, and each reinstatement of previously approved information collection before submitting the collection to the OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

The OMB is particularly interested in comments that will help:

1. 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;
2. Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
3. Enhance the quality, utility, and clarity of the information to be collected; and
4. 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 submissions of responses.

5. Assess information collection costs.

**Proposed Project**

CDC Oral Health Management Information System (OMB Control No. 0920-0739)—Revision—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

**Background and Brief Description**

Tooth decay is one of the most common chronic conditions among children. More than 23% of children ages 2–11 have untreated decay, which can cause pain and infection and may lead to problems in eating, speaking, and learning. Children from low-income households are more than twice as likely to have untreated tooth decay as children from high-income households. Similar disparities exist for racial/ethnic minorities. By age 15, nearly 60% of all

adolescents will have experienced dental decay. Approximately 51.7 million school hours annually are missed due to a dental problem or visit.

More than 40% of adults have felt pain in their mouth in the last year and more than \$6 billion in productivity is lost each year. Among dentate adults aged 65 years and older, 25% have lost all their teeth. The nation spends \$117.5 billion annually on costs related to dental care. Individuals and families bear much of the burden, spending \$30 billion out-of-pocket on dental services, which ranks second only to prescription drug expenditures.

Most oral diseases and conditions are preventable. Underutilized evidence-based preventive interventions exist to prevent cavities and save money. They remain underutilized because implementation barriers exist such as: Lack of state basic capacity to support oral health; costs associated with sustaining preventive programs; low awareness of effectiveness and safety of interventions; and lack of dental insurance and access to clinical and community preventive services.

CDC seeks to improve the oral health of the nation by strengthening and enhancing state programs to monitor their population’s oral health status and behaviors; reducing oral health disparities among high-risk groups; and supporting the development of effective programs. The Division of Oral Health provides \$1.85 to \$2.85 million in funding per state to 20 state health programs through Cooperative Agreement DP18–1810, *State Actions to Improve Oral Health Outcomes* for five years.

This information collection aims to enable CDC to monitor states’ progress, tailor technical assistance, facilitate continuous quality improvement, and share findings. The request also revises the web-based platform to reduce the collection burden on states for several fields and monitor outcomes more efficiently, and revises the burden to reflect all of the forms in the platform rather than only the reporting form. The revision requests 1195 burden hours from the current 171 hours and extends the request for an additional three years.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
State Health Department .....	Action Plan .....	20	1.33	12	319
	Program Information .....	20	1.33	1	27
	Planning .....	20	1.33	20	53
	Annual Performance Report .....	20	1.33	24	638
	Financial Information .....	20	1.33	.5	13
	Resources .....	20	1.33	2.25	60
<b>Total Hours .....</b>					<b>1,195</b>

**Jeffrey M. Zirger,**

Lead, Information Collection Review Office, Office of Scientific Integrity, Office of Science, Centers for Disease Control and Prevention.

[FR Doc. 2019-19011 Filed 9-3-19; 8:45 am]

**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30Day-19-0852]

**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 Prevalence

Survey of Healthcare-Associated Infections and Antimicrobial Use in U.S. Acute Care Hospitals 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 June 10, 2019 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.