paper. For the Commission to consider your comment, we must receive it on or before August 12, 2020. For the Commission to consider your request to participate as a panelist, we must receive it by May 14, 2020. Write ''Safeguards Rule, 16 CFR 314, Comment, Project No. P145407'' on your comment and ''Safeguards Rule, 16 CFR 314, Request to Participate, Project No. P145407'' on your request to participate. Your comment—including your name and your state—will be placed on the public record of this proceeding, including, to the extent practicable, on the publicly available website, *https://www.regulations.gov.*

Postal mail addressed to the Commission is subject to delay because of the public health emergency in response to the COVID–19 outbreak and the agency's heightened security screening. We strongly encourage you to submit your comments online. To make sure that the Commission considers your online comment, you must file it at *https://www.regulations.gov.*

Because your comment will be placed on a publicly accessible website, *https://www.regulations.gov,* you are solely responsible for making sure that your comment does not include any sensitive or confidential information. In particular, your comment should not include sensitive personal information, such as your or anyone else's Social Security number; date of birth; driver's license number or other state identification number, or foreign country equivalent; passport number, financial account number, or credit or debit card number. You are also solely responsible for making sure that your comment does not include any sensitive health information, such as medical records or other individually identifiable health information. In addition, your comment should not include any ''trade secret or any commercial or financial information which . . . is privileged or confidential''—as provided by Section 6(f) of the FTC Act, 15 U.S.C. 46(f), and FTC Rule 4.10(a)(2), 16 CFR 4.10(a)(2)—including in particular competitively sensitive information such as costs, sales statistics, inventories, formulas, patterns, devices, manufacturing processes, or customer names.

Comments containing material for which confidential treatment is requested must be filed in paper form, must be clearly labeled ''Confidential,'' and must comply with FTC Rule 4.9(c). In particular, the written request for confidential treatment that accompanies the comment must include the factual and legal basis for the request, and must identify the specific portions of the comment to be withheld from the public record.[10] Your comment will be kept confidential only if the FTC General Counsel grants your request in accordance with the law and the public interest. Once your comment has been posted on the *https://www.regulations.gov* website, we cannot redact or remove your comment, unless you submit a confidentiality request that meets the requirements for such treatment under FTC Rule 4.9(c), and the General Counsel grants that request.

Requests to participate as a panelist at the workshop should be submitted electronically to *safeguardsworkshop2020@ftc.gov,* or, if on paper, should be submitted in the manner detailed below. Parties are asked to include in their requests a brief statement setting forth their expertise in or knowledge of the issues on which the workshop will focus as well as their contact information, including a telephone number and email address (if available), to enable the FTC to notify them if they are selected.

If you file your comment or request to participate on paper, write ''Safeguards Rule, 16 CFR part 314, Comment, Project No. P145407'' on your comment and on the envelope and ''Safeguards Rule, 16 CFR part 314, Request to Participate, Project No. P145407,'' on your request and on the envelope. Mail your comment or request to the following address: Federal Trade Commission, Office of the Secretary, 600 Pennsylvania Avenue NW, Suite CC–5610 (Annex F), Washington, DC 20580; or deliver your comment or request to the following address: Federal Trade Commission, Office of the Secretary, Constitution Center, 400 7th Street SW, 5th Floor, Suite 5610 (Annex F). If possible, submit your paper comment or request to the Commission by courier or overnight service.

Visit the Commission website at *http://www.ftc.gov* to read this Notice and the news release describing it. The FTC Act and other laws that the Commission administers permit the collection of public comments to consider and use in this proceeding as appropriate. The Commission will consider all timely and responsive public comments that it receives on or before August 12, 2020. The Commission will consider all timely requests to participate as a panelist in the workshop that it receives by May 14, 2020. For information on the Commission's privacy policy, including routine uses permitted by the Privacy Act, see *https://www.ftc.gov/site-information/privacy-policy.*

[10] *See* 16 CFR 4.9(c).

IV. Communications by Outside Parties to Commissioners or Their Advisors

Written communications and summaries or transcripts of oral communications respecting the merits of this proceeding, from any outside party to any Commissioner or Commissioner's advisor, will be placed on the public record.[11]

By direction of the Commission.

April J. Tabor,

Acting Secretary.

[FR Doc. 2020–08800 Filed 4–24–20; 8:45 am]

BILLING CODE 6750–01–P

[11] *See* 16 CFR 1.26(b)(5).

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Solicitation of Nominations for Appointment as Members of the Community Preventive Services Task Force (CPSTF)

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

ACTION: Notice.

SUMMARY: The Centers for Disease Control and Prevention (CDC) within the Department of Health and Human Services (HHS) is soliciting nominations for appointment of individuals qualified to serve as new members of the Community Preventive Services Task Force (CPSTF). New CPSTF members will serve a five-year term starting in 2021 or 2022. For efficiency and to reduce the burden on the public, the CPSTF nomination process seeks to fill vacancies anticipated for both calendar years 2021 and 2022.

DATES: Nomination packages must be received on or before 5:00 p.m. EDT, on Friday, June 26, 2020. Late nomination packages will not be considered.

ADDRESSES: Nomination packages should be submitted electronically to *cpstf@cdc.gov* or by U.S. mail to the address provided below in **FOR FURTHER INFORMATION CONTACT**.

FOR FURTHER INFORMATION CONTACT: Sophia Minor, Community Guide Office, Office of the Associate Director for Policy and Strategy, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS V25–5, Atlanta, Georgia 30329. Phone (404) 498–3971, email: *cpstf@cdc.gov.*

SUPPLEMENTARY INFORMATION: The submission process, qualification requirements, selection process, and the

time commitment of CPSTF members are described below.

Submission of Nomination Packages

Nomination packages should include:

(1) The nominee's current curriculum vitae;

(2) A brief biographic sketch (less than 200 words) of the nominee;

(3) The nominee's contact information, including mailing address, email address, and telephone number; and

(4) A brief explanation of how the nominee meets the qualification requirements and how he/she would contribute to the CPSTF. The information provided should also attest to the nominee's willingness to serve as a member of the CPSTF and identify which year the nominee would be available to start (*i.e.,* calendar year 2021, 2022, or either).

After an initial review, CDC will ask persons under serious consideration for CPSTF membership to provide detailed information that will permit evaluation of possible significant conflicts of interest.

To obtain diverse perspectives, CDC encourages nominations of persons of all races, genders, ages, and persons living with disabilities. Interested individuals may self-nominate. Organizations and individuals may nominate one or more persons qualified for membership on the CPSTF. Federal employees are not eligible to be CPSTF members. Individuals nominated prior to this round, who continue to have interest in serving on the CPSTF, may be re-nominated; a new nomination package must be submitted in accordance with the requirements in this notice.

Qualification Requirements

To qualify as a member of the CPSTF and support its mission, a nominee must, at a minimum, demonstrate knowledge, experience, and national leadership in the following areas:

- The critical evaluation of research or policy, or in the methods of evidence review; and
- Research, evaluation, or implementation of community or health system-based programs, policies, or services to improve population health.

Strongest consideration will be given to individuals with expertise and experience:

- That are applied, with practical applications for public health action;
- That address broad public health considerations, or extends beyond one or two highly defined areas; and
- In state or local health departments.

In the current nomination period, the strongest consideration will also be given to people with expertise and experience in one or more of the following: Social determinants of health or health equity, mental health, substance use, maternal and child health, adolescent health, older adults/aging, digital health interventions, public health nursing, and state-of-the-art systematic review methods.

Nominators should highlight the relevant information in the nomination materials for candidates with experience and expertise in any of these areas.

All nominated individuals will be considered for CPSTF membership.

Applicants must have no substantial conflicts of interest, whether financial, professional, or intellectual, that would impair the scientific integrity of the work of the CPSTF 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 CPSTF. Applicants must have adequate time to contribute substantively to the work products of the CPSTF.

Nominee Selection

Appointments to the CPSTF will be made based on qualifications as outlined above (see Qualification Requirements) and the current expertise needs of the CPSTF.

Background of the CPSTF

The CPSTF was established in 1996 by HHS to identify population health interventions that are scientifically proven to save lives, increase lifespans, and improve quality of life. The CPSTF produces recommendations (and identifies evidence gaps) to help inform the decision making of federal, state, and local health departments, other government agencies, communities, healthcare providers and organizations, employers, schools and research organizations.

The CPSTF (*http://www.thecommunityguide.org/about/task-force-members.html*), is an independent, nonpartisan, non-Federal, unpaid panel of public health and prevention experts that is statutorily mandated to provide evidence-based findings and recommendations about community preventive services, programs, and policies to improve health (Public Health Service Act § 399U(a), 42 U.S.C. 280g–10(a)). Its members represent a broad range of research, practice, and policy expertise in community preventive services, public health, health promotion, and disease prevention. The CPSTF members are appointed by the CDC Director and serve five-year terms, with extensions possible in order to maintain a full scope of expertise, complete specific work, and ensure consistency of CPSTF methods and recommendations. CDC provides ''ongoing administrative, research, and technical support for the operations of the CPSTF'' as directed by the Public Health Service Act § 399U(c) (42 U.S.C. 280g–10(c)).

The CPSTF bases its recommendations on rigorous, replicable systematic reviews of the scientific literature, which:

- Evaluate the strength and limitations of published scientific studies about community-based health promotion and disease prevention programs, services, and policies;
- Assess whether the programs, services, and policies are effective in promoting health and preventing disease, injury, and disability;
- Examine the applicability of these programs, services, and policies to varied populations and settings; and
- Conduct economic analyses of recommended interventions when applicable.

These systematic reviews are conducted, with CPSTF oversight, by scientists and subject matter experts from the CDC in collaboration with a wide range of government, academic, policy, and practice-based partners. CPSTF findings and recommendations and the systematic reviews on which they are based are available at *http://www.thecommunityguide.org/index.html.*

Time Commitment

The CPSTF generally conducts three, two-day meetings each year that are open to the public. In addition, a significant portion of the CPSTF's work occurs between meetings during conference calls and via email discussions. Member duties include overseeing the process of prioritizing CPSTF work, participating in the development and refinement of systematic review methods, serving as members of individual review teams, and issuing recommendations and findings to help inform the decision-making process about policy, practice, research, and research funding in a wide range of U.S. settings. Members help raise awareness about CPSTF findings and recommendations and the resources available through the website. The estimated workload for CPSTF members is approximately 170 hours a year in addition to the three two-day meetings. The members are all volunteers and do not receive any compensation beyond support for travel to in-person meetings.

Dated: April 21, 2020.

Sandra Cashman,

Executive Secretary, Centers for Disease Control and Prevention.

[FR Doc. 2020–08804 Filed 4–24–20; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-20–1181]

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 Airline and Traveler Information Collection: Domestic Manifests and the Passenger Locator Form (42 CFR parts 70 and 71) 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 November 4, 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.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639–7570. 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. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395–5806. Provide written comments within 30 days of notice publication.

Proposed Project

Airline and Traveler Information Collection: Domestic Manifests and the Passenger Locator Form (OMB Control No. 0920–1181, Exp. 05/31/2020)—Revision—Division of Global Migration and Quarantine (DGMQ), National Center for Emerging Zoonotic and Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Stopping a communicable disease outbreak—whether it is naturally occurring or intentionally caused—requires the use of the most rapid and effective public health tools available. Basic public health practices, such as collaborating with airlines in the identification and notification of potentially exposed contacts, are critical tools in the fight against the introduction, transmission, and spread of communicable diseases in the United States.

The collection of timely, accurate, and complete contact information enables Quarantine Public Health Officers in CDC's Division of Global Migration and Quarantine (DGMQ) to notify state and local health departments in order for them to make contact with individuals who may have been exposed to a contagious person during travel and identify appropriate next steps. In order to collect this contact information, aka a manifest, CDC is seeking approval for domestic airline and traveler information orders under current authorities in 42 Code of Federal Regulations (CFR) 70.10. This activity is already current practice.

CDC also requests continued approval to use the Passenger Locator Form (PLF) for the collection of traveler information from individuals on domestic flights and international flights under 42 CFR 70.10 and 42 CFR 71.20, respectively. The PLF, a formed developed by the International Civil Aviation Organization (ICAO) in concert with its international member states and other aviation organizations, is used when there is a confirmation or strong suspicion that an individual(s) aboard a flight is infected with or exposed to a communicable disease that is a threat to co-travelers, and CDC is made aware of the individual(s) prior to arrival in the United States. This prior awareness can provide CDC with an opportunity to collect traveler contact information directly from the traveler prior to departure from the arrival airport.

CDC estimates that for each set of airline and traveler information ordered, airlines require approximately six hours to review the order, search their records, and send those records to CDC. CDC anticipates that travelers will need approximately five minutes to complete the PLF. There is no cost to respondents other than their time perform these actions. For manifest information, CDC does not have a specified format for these submissions, only that it is one acceptable to both CDC and the respondent. The total number of hours requested as part of this 225,734.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Airline Medical Officer or Equivalent/Computer and Information Systems Manager.	Domestic TB Manifest Template or Informal Manifest Request.	2	1	360/60
Airline Medical Officer or Equivalent/Computer and Information Systems Manager.	Domestic Non-TB Manifest Template or Informal Manifest Request.	98	1	360/60