has been posted on the *https://www.regulations.gov* website—as legally required by FTC Rule 4.9(b)—we cannot redact or remove your comment from that website, 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.

Visit the FTC website at *http://www.ftc.gov* to read this document and the news release describing the proposed settlement. The FTC Act and other laws 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 it receives on or before February 22, 2023. 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.*

Analysis of Proposed Consent Order To Aid Public Comment

The Federal Trade Commission (''FTC'' or ''Commission'') has accepted, subject to final approval, an agreement containing a consent order from Instant Brands LLC (''Respondent''). The proposed consent order has been placed on the public record for 30 days for receipt of comments from interested persons. Comments received during this period will become part of the public record. After 30 days, the Commission will again review the agreement and the comments received and decide whether it should withdraw from the agreement or make final the agreement's proposed order.

This matter involves Respondent's advertising of Pyrex measuring cup sets as ''Made in USA.'' According to the FTC's complaint, between May 2021 and March 2022, Respondent advertised certain Pyrex measuring cup sets on Amazon.com as ''Made in USA'' or ''American as Apple Pie,'' even though, in numerous instances, those measuring cup sets were wholly imported from China. Based on the foregoing, the complaint alleges Respondent violated section 5 of the FTC Act, 15 U.S.C. 45(a).

The proposed consent order contains provisions designed to prevent Respondent from engaging in similar acts and practices in the future. Consistent with the FTC's Made in USA Labeling Rule, 16 CFR part 323, and its Enforcement Policy Statement on U.S.-Origin Claims, Part I prohibits Respondent from making U.S.-origin claims for its products unless: (1) the final assembly or processing of the product occurs in the United States, all significant processing that goes into the product occurs in the United States, and all or virtually all ingredients or components of the product are made and sourced in the United States; (2) a clear and conspicuous qualification appears immediately adjacent to the representation that accurately conveys the extent to which the product contains foreign parts, ingredients or components, and/or processing; or (3) for a claim that a product is assembled in the United States, the product is last substantially transformed in the United States, the product's principal assembly takes place in the United States, and United States assembly operations are substantial.

Part II prohibits Respondent from making any representation about the country of origin of a product or service, unless the representation is not misleading, and Respondent has a reasonable basis substantiating it. Parts III and IV are monetary provisions. Part III imposes a judgment of $129,416. Part IV includes additional monetary provisions relating to collections.

Parts V through VIII are reporting and compliance provisions. Part V requires Respondent to acknowledge receipt of the order, to provide a copy of the order to certain current and future principals, officers, directors, and employees, and to obtain an acknowledgement from each such person that they have received a copy of the order. Part VI requires Respondent to file a compliance report within one year after the order becomes final and to notify the Commission within 14 days of certain changes that would affect compliance with the order. Part VII requires Respondent to maintain certain records, including records necessary to demonstrate compliance with the order. Part VIII requires Respondent to submit additional compliance reports when requested by the Commission and to permit the Commission or its representatives to interview Respondent's personnel.

Finally, Part IX is a ''sunset'' provision, terminating the order after twenty (20) years, with certain exceptions.

The purpose of this analysis is to aid public comment on the proposed order. It is not intended to constitute an official interpretation of the proposed order or to modify its terms in any way.

By direction of the Commission.

Joel Christie,

Acting Secretary.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–23–0995]

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 ''National Network of Sexually Transmitted Diseases Clinical Prevention Training Centers'' 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 August 22, 2022 to obtain comments from the public and affected agencies. CDC received two comments. 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

National Network of Sexually Transmitted Diseases Clinical Prevention Training Centers (OMB No. 0920–0995, Expiration 06/30/2023)—Extension—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention (CDC), Division of STD Prevention requests an Extension and three-year approval of the currently approved information collection request that comprises the NNPTC Abbreviated Health Professional Application for Training (NNPTC, abbreviated HPAT). This Extension will allow the HPAT to continue to serve as the official training application form used for training activities conducted by the Sexually Transmitted Disease (STD) Prevention Training Centers' (PTCs) grantees funded by the CDC.

PTCs are funded by CDC/Division of STD Prevention (DSTDP) to provide training and capacity-building that includes information, training, technical assistance, and technology transfer. The PTCs offer classroom and experiential training, web-based training, clinical consultation, and capacity building assistance to maintain and enhance the capacity of health care professionals to control and prevent STDs and HIV. HPAT is used to monitor and evaluate performance and reach of grantees that offer STD and HIV prevention training, training assistance, and capacity building assistance to physicians, nurses, disease intervention specialists, health educators, etc. During the previously approved three-year period, data was collected to monitor and evaluate the performance of the NNTPC grantees and the NNPTC program. This data provided the NNPTC with necessary information to improve program processes and operations in order to improve the quality of STD prevention and treatment.

The 4,500 respondents (who will engage in a total of 11,680 responses) represent an average of the number of health professionals trained by PTC grantees during 2015. The evaluation instruments collect data on the impact of trainings by the NNPTC. This data collection is necessary to assess and evaluate the performance of the grantees in delivering training and to standardize training registration processes across the PTCs. HPAT allows CDC grantees to use a single instrument when collecting demographic data from its training and capacity building participants, regarding their: (1) occupations, professions, and functional roles; (2) principal employment settings; (3) location of their work settings; and (4) programmatic and population foci of their work. The HPAT takes approximately three minutes to complete. This data collection provides CDC with information to determine whether the training grantees are reaching their target audiences in terms of provider type, the types of organizations in which participants work, the focus of their work and the population groups and geographic areas served.

The evaluation instruments are used to assess training and capacity-building outcomes (knowledge, confidence, intention to use information, actual changes made as a result of training) immediately after, and again 90 days after training events. The evaluation instruments vary based on the type of training offered and take between approximately 10 minutes to complete (for intensive multi-day trainings) to three minutes to complete (for short didactic or webinar sessions). Most information is collected electronically through a centralized learning management system (LMS) managed and operated by the NNPTC. Respondents may complete instruments online using a computer, tablet, or smartphone. In rare instances (less than 5% of courses), instruments are completed on paper at the site of the training and data are entered into the electronic system by PTC staff.

The CDC's Funding Opportunity Announcement PS 20–2004, National Network of Sexually Transmitted Diseases Clinical Prevention Training Centers (NNPTC) requires the collection of national demographic information on grantees' trainees and national evaluation outcomes.

CDC requests OMB approval for an estimated 453 annual burden hours. There are no costs to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Healthcare Professionals	NNPTC Abbreviated Health Professional Application for Training (NNPTC HPAT).	4,500	1	3/60
Healthcare Professionals	Immediate Post-Course email invitation	4,500	1	1/60
Healthcare Professionals	3 Month Long-Term email invitation	660	1	1/60
Healthcare Professionals	Standard Post-Course Evaluation	1,200	1	3/60
Healthcare Professionals	Standard Long-Term Evaluation	400	1	3/60
Healthcare Professionals	Intensive Complete Post-Course Evaluation	300	1	10/60
Healthcare Professionals	Intensive Complete Long-Term Evaluation	120	1	6/60

Jeffrey M. Zirger,

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

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