EARLY TERMINATIONS GRANTED—Continued

February 1, 2020 thru February 29, 2020

20200730	G	Legrand S.A.; Focal Point, L.L.C.; Legrand S.A.
20200738	G	First American Financial Corporation; Docutech Transfer, LLC; First American Financial Corporation.
02/26/2020		
20200699	G	Rayonier Inc.; Pope Resources, A Delaware Limited Partnership; Rayonier Inc.
20200736	G	Nokia Corporation; Marlin Equity IV, L.P.; Nokia Corporation.
20200742	G	CD&R Fund X Waterworks B, L.P.; Edward Reed Mack, III; CD&R Fund X Waterworks B, L.P.
02/28/2020		
20200765	G	Troutman Sanders LLP; Pepper Hamilton LLP; Troutman Sanders LLP.
20200767	G	Kameda Seika Co., Ltd.; Mitsubishi Corporation; Kameda Seika Co., Ltd.
20200768	G	Infosys Limited; Outbox Systems, Inc.; Infosys Limited.
20200770	G	ICV Partners IV, L.P.; WV AIV III (MG), LLC; ICV Partners IV, L.P.
20200774	G	Apax X USD L.P.; North Haven Cadence Aggregator, LLC; Apax X USD L.P.
20200775	G	Mondelez International, Inc.; Agnaten SE; Mondelez International, Inc.

FOR FURTHER INFORMATION CONTACT: Theresa Kingsberry (202–326–3100), Program Support Specialist, Federal Trade Commission Premerger Notification Office, Bureau of Competition, Room CC–5301, Washington, DC 20024.

By direction of the Commission.

April J. Tabor,

Acting Secretary.

[FR Doc. 2020–05053 Filed 3–11–20; 8:45 am]

BILLING CODE 6750–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Notice.

SUMMARY: This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) approve the proposed information collection project ''Evaluation of Learning Health Systems K12 Training Program.''

DATES: Comments on this notice must be received by 60 days after date of publication.

ADDRESSES: Written comments should be submitted to: Doris Lefkowitz, Reports Clearance Officer, AHRQ, by email at *doris.lefkowitz@AHRQ.hhs.gov*.

Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer.

FOR FURTHER INFORMATION CONTACT: Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427–1477, or by email at *doris.lefkowitz@AHRQ.hhs.gov*.

SUPPLEMENTARY INFORMATION:

Proposed Project: Evaluation of Learning Health Systems K12 Training Program

AHRQ, in partnership with the Patient-Centered Outcomes Research Institute (PCORI), supports an innovative institutional mentored career development program (K12) to train clinician and research scientists to conduct patient-centered outcomes research within learning health systems (LHSs). LHSs provide an environment where science generated from health services research, patient-centered outcomes research (PCOR), and clinical research; informatics; incentives; and culture are aligned for continuous improvement and innovation. In addition, in an LHS, best practices are seamlessly embedded in the care process, in which stakeholders (*i.e.,* providers, patients, and families) are active participants in all elements, and new knowledge is captured as an integral by-product of the care experience. The following are the LHS K12 training program objectives:

- Develop and implement a training program that includes both didactic and experiential learning and embeds the scholars in training at the interface of research, informatics, and clinical operations within LHSs
- Identify, recruit, and train clinician and research scientists who are committed to conducting PCOR in healthcare settings that generate new evidence to facilitate rapid implementation of practices that will improve quality of care and patient outcomes
- Establish Centers of Excellence (COEs) in LHS Research Training, focusing on the application and mastery of the newly developed *core LHS researcher competencies*
- Promote cross-institutional scholar-mentor interactions, cooperation on multisite projects, dissemination of project findings, methodological advances, and development of a shared curriculum

The purpose of this evaluation is to assess the overall achievement of the LHS K12 training program's objectives, outcomes, and impact, as well as the program's value to its stakeholders. The information collected through this data collection will allow AHRQ to improve the LHS K12 program and identify whether results correspond to intentional changes in program strategy and implementation.

This study is being conducted by AHRQ through its contractor, 2M Research, pursuant to AHRQ's statutory authority to ''build capacity for comparative clinical effectiveness research by establishing a grant program that provides for the training of researchers in the methods used to conduct such research.'' 42 U.S.C. 299b–37(e).

Method of Collection

The evaluation will include two types of data collection: (1) Semi-structured interviews with scholars who are close to completing the LHS K12 training program, their health system advisors, and program directors of each of the 11 institutions; and (2) surveys with health system advisors. The proposed data collection spans three years (2020–2023).

To achieve the goals of this project the following data collections will be implemented.

1. *Scholar Interview:* Interviews with LHS K12 scholars assess the degree of scholar embeddedness in their respective health systems and understand which aspects of the training program were most and least successful. Telephone interviews will be conducted one time with scholars who are currently enrolled but close to (within 2 to 3 months of) completing the LHS K12 training program. The total number of scholars interviewed will be approximately up to 137 (or approximately 46 scholars annually).

2. *Health System Advisor Interview:* Interviews with scholars' health system advisors assess the perceived value of the LHS K12 training program to the health system and the role of health system advisors in supporting the research conducted by LHS K12 scholars. One health system advisor from each scholar's advisory committee will be interviewed by telephone. Health system advisors selected for interviews will include those with direct involvement with or knowledge of the LHS K12 scholars' research projects. Health system advisors will be interviewed once around the same time that the scholar is interviewed. The total number of health system advisors interviewed will be approximately up to 137 (or approximately 46 health system advisors annually).

3. *Program Director Interview:* Interviews with LHS K12 program directors assess the perceived value of the LHS K12 training program to the health system and the role of health system advisors in supporting the LHS K12 training program. The program director of each of the 11 grantee institutions participating in the LHS K12 program will be interviewed by telephone in the final year of the LHS K12 program. The total number of program directors interviewed will be 11 (or approximately 4 program directors annually).

4. *Health System Advisor Survey:* Pre-post surveys with scholars' health system advisors measure change in attitudes toward the role of health systems research and the importance of patient, family, and other stakeholder engagement in research. A brief survey will be administered electronically to health system advisors at two time points: Once at the beginning and conclusion of their respective scholar's training. The total number of health system advisors surveyed will be approximately up to 237 (or approximately 79 health system directors annually).

AHRQ will use the information collected through this Information Collection Request to assess the program progress of the LHS K12 training program, and impact to its LHS stakeholders in a prospective manner. The information collected will facilitate program planning.

Estimated Annual Respondent Burden

Table 1 shows the estimated annualized burden hours for the respondents' time to participate in this evaluation. Interviews will be conducted with a total of 285 respondents (137 scholars, 137 health system advisors, and 11 program directors), which is approximately 95 respondents interviewed each year (46 scholars, 46 health system advisors, and 4 program directors). Each interview is expected to be approximately 60 minutes. Surveys will be conducted with a total of 237 health system advisors (or approximately 79 health system advisors each year). The survey is expected to take approximately 10 minutes. The total hour burden is expected to be 328.29 hours (or approximately 109.43 hours each year) for this participant data collection effort.

TABLE 1—ESTIMATED ANNUALIZED BURDEN HOURS

Instrument	Estimated number of respondents	Frequency of response	Average time per response (hours)	Total annual burden estimate (hours)
Scholar Interviews	46	1	1.00	46.00
Health System Advisor Interviews	46	1	1.00	46.00
Program Director Interviews	4	1	1.00	4.00
Health System Advisor Surveys	79	1	0.17	13.43
Estimated Annual Total	175			109.43

Table 2 shows the estimated annualized cost burden based on the respondents' time to participate in this project. This cost was calculated using average hourly earnings for May 2018, obtained from the Bureau of Labor Statistics' estimates for occupational employment wages. The total estimated annualized cost burden for this data collection is $7,649.07. The following hourly wages were used in the annualized cost calculations: $37.38 per hour for a scholar, $96.22 per hour for a health system advisor, and $52.81 per hour for a program director.

TABLE 2—ESTIMATED ANNUALIZED COST BURDEN

Instrument	Estimated number of respondents	Total annual burden estimate (hours)	Hourly rate	Total cost
Scholar Interviews *	46	46.00	$37.38	$1,719.48
Health System Advisor Interviews **	46	46.00	96.22	4,426.12
Program Director Interviews ***	4	4.00	52.81	211.24
Health System Advisor Surveys **	79	13.43	96.22	1,292.23
Estimated Annual Total	175	109.43		7,649.07

Bureau of Labor Statistics (BLS), U.S. Department of Labor. (2018). *Occupational employment statistics May 2018 national wages. https://www.bls.gov/oes/home.htm.*

* The hourly wage for scholars varies depending on the scholar's degree. AHRQ averaged hourly wages using the following occupations code to develop an estimate that represents the mix of medical and academic degrees: 29–0000, 29–1000, 21–0000.

** AHRQ anticipates that many health system advisors will be C-suite leaders. The hourly wage for BLS's occupation code 11–1010 (chief executive) was used for this estimate.

*** Program directors hold various roles and responsibilities and, therefore, have varied salaries. For the purpose of this estimate, the hourly wages for the following managerial and post-secondary occupational codes were averaged: 11–3131,11–1021,11–9030,11–9033,11–9039, and 11–9199.

Request for Comments

In accordance with the Paperwork Reduction Act, comments on AHRQ's information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of AHRQ's health care research and health care information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) of information; (c) ways to enhance the quality, utility and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: March 6, 2020.

Virginia L. Mackay-Smith,

Associate Director.

[FR Doc. 2020–05027 Filed 3–11–20; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Refugee Support Services (RSS) and RSS Set Aside Sub-Agency List (New Collection)

AGENCY: Office of Refugee Resettlement; Administration for Children and Families; HHS.

ACTION: Request for public comment.

SUMMARY: The Administration for Children and Families (ACF) seeks approval for a new information collection requesting Refugee Support Services (RSS) grantees and RSS Set Aside grantees to provide the agency name, city, state, phone number, and funding amount for each contracted sub-grantee.

DATES: *Comments due within 60 days of publication.* In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, ACF is soliciting public comment on the specific aspects of the information collection described above.

ADDRESSES: Copies of the proposed collection of information can be obtained and comments may be forwarded by emailing *infocollection@acf.hhs.gov.* Alternatively, copies can also be obtained by writing to the Administration for Children and Families, Office of Planning, Research, and Evaluation (OPRE), 330 C Street SW, Washington, DC 20201, Attn: ACF Reports Clearance Officer. All requests, emailed or written, should be identified by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: This new data collection will request RSS grantees and RSS Set Aside grantees to provide the agency name, city, state, phone number, and funding amount for each contracted sub-grantee. Without having this information regarding RSS sub-grantees, the ACF Office of Refugee Resettlement (ORR) does not know whether an agency is, or is not, receiving ORR funds. This makes it difficult to ensure communications with, provide access to targeted assistance for, and keep abreast of the activities of all ORR-funded refugee service providers.

Respondents: State governments and replacement designees.

ANNUAL BURDEN ESTIMATES

Instrument	Total number of respondents	Total number of responses per respondent	Average burden hours per response	Total burden hours	Annual burden hours
RSS and RSS Set Aside Sub-grantee List	56	3	2	336	112

Estimated Total Annual Burden Hours: 112.

Comments: The Department specifically requests comments on (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Authority: Refugee Act of 1980 [Immigration and Nationality Act, Title IV, Chapter 2 Section 412 (e)] and 45 CFR 400.28.

Mary B. Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2020–05035 Filed 3–11–20; 8:45 am]

BILLING CODE 4184–45–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2016–D–2565]

The 510(k) Third Party Review Program; Guidance for Industry, Food and Drug Administration Staff, and Third Party Review Organizations; Availability

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice of availability.

SUMMARY: The Food and Drug Administration (FDA or Agency) is announcing the availability of a final