FOR FURTHER INFORMATION CONTACT: Kathy Gallagher, Associate Director for Policy, the Office on Smoking and Health, the Centers for Disease Control and Prevention, 4770 Buford Highway NE, Chamblee, Georgia 30341; *nccdoshfclaa@cdc.gov* or at 404–639–5349.

SUPPLEMENTARY INFORMATION: The Paperwork Reduction Act (PRA)requires that Federal agencies obtain approval from the Office of Management and Budget (OMB) for the standardized collection of data from 10 or more entities. CDC has approval from OMB under Control Number 0920–0210, which expires April 30, 2022, to collect cigarette ingredient information. Pursuant to FCLAA, each manufacturer, packager, or importer of cigarettes must annually submit to HHS a list of ingredients added to tobacco in the manufacture of cigarettes. CDC has been delegated by HHS with the responsibility of implementing provisions under FCLAA. Submissions of reports are due to CDC every year by March 31, and/or upon initial importation of tobacco products into the United States.

CDC also has approval from OMB under Control Number 0920–0338, which expires April 30, 2022, to collect smokeless tobacco product ingredient and nicotine content information. Pursuant to the CSTHEA, each manufacturer, packager, or importer of smokeless tobacco products must annually submit to HHS a list of ingredients added to tobacco in the manufacture of smokeless tobacco products and the quantity of nicotine contained in each smokeless tobacco product. CDC has been delegated by HHS with the responsibility of implementing provisions under CSTHEA. Submissions of reports are due to CDC every year by March 31, and/or upon initial importation of smokeless tobacco products.

Upon receipt of reports pursuant to FCLAA and CSTHEA, CDC issued Certificates of Compliance for all submissions that met the following requirements: (1) The submission clearly states on whose behalf the submission is made; and (2) the list of ingredients, including chemical names and corresponding Chemical Abstract Service (CAS) registry numbers, added to tobacco in the manufacture of cigarettes and/or smokeless tobacco products is complete and without error.

Due to the current COVID–19 public health crisis, CDC is indefinitely extending the March 31, 2020 deadline. CDC is neither processing any previously received reports nor issuing Certificates of Compliance at this time. CDC will provide updates to the public through subsequent notices published in the **Federal Register**.

Dated: April 21, 2020.

Sandra Cashman,

Executive Secretary, Centers for Disease Control and Prevention.

[FR Doc. 2020–08797 Filed 4–24–20; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–20–20MT; Docket No. CDC–2020–0040]

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 The National Firefighter Registry (NFR). In accordance with the Firefighter Cancer Registry Act of 2018, the National Firefighter Registry (NFR) will develop and maintain a voluntary registry of firefighters to collect relevant health and occupational information of such firefighters for purposes of determining cancer incidence.

DATES: CDC must receive written comments on or before June 26, 2020.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2020–0040 by any of the following methods:

- *Federal eRulemaking Portal: 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*.

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

The National Firefighter Registry—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

In order to accurately monitor trends in cancer incidence and evaluate control measures among the U.S. fire service, Congress passed the Firefighter Cancer Registry Act of 2018. Under this legislation, CDC/NIOSH was directed to create a registry of U.S. firefighters for the purpose of monitoring cancer incidence and risk factors among the current U.S. fire service. Funding of the project was authorized through this legislation for five years as of fiscal year 2019. NIOSH is requesting a three year approval for the package.

The main goal of the National Firefighter Registry (NFR), according the Firefighter Cancer Registry Act of 2018, is, ''to develop and maintain a voluntary registry of firefighters to collect relevant health and occupational information of such firefighters for purposes of determining cancer incidence.'' Results from the NFR will provide information for decision makers within the fire service and medical or public health community to devise and implement policies and procedures to lessen cancer risk and/or improve early detection of cancer among firefighters.

The below table outlines the estimated time burden for participants enrolling in the NFR. There are three corresponding documents to be completed as part of the enrollment process; the Informed Consent, User Profile, and Enrollment Questionnaire. The estimated time burden for the Informed Consent and User Profile are five minutes each, and an estimated twenty minute burden for enrollment questionnaire and 33,354 in burden hours.

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)
U.S. Firefighters	Informed Consent	66,666	1	5/60	5,566
U.S. Firefighters	NFR User Profile (web-portal registration).	66,666	1	5/60	5,566
U.S. Firefighters	NFR Enrollment Questionnaire	66,666	1	20/60	22,222
Total					33,354

Jeffrey M. Zirger,

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

[FR Doc. 2020–08788 Filed 4–24–20; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Meeting 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 of meeting.

SUMMARY: The Centers for Disease Control and Prevention within the Department of Health and Human Services announces the next meeting of the Community Preventive Services Task Force (CPSTF) on June 10–11,2020.

DATES: The June meeting will be held on Wednesday, June 10, 2020, from 8:30 a.m. to 6:00 p.m. EDT and Thursday, June 11, 2020, from 8:30 a.m. to 5:00 p.m. EDT. Wednesday, June 10, 2020 will be a closed session to conduct internal CPSTF business related to its 2020 process for priority topics for 2021–2025.

ADDRESSES: The June CPSTF meeting will be held via web conference. Information regarding meeting logistics will be available on the Community Guide website (*www.thecommunityguide.org)* closer to the date of the meeting.

FOR FURTHER INFORMATION CONTACT: Onslow Smith, Office of the Associate Director for Policy and Strategy; Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS–E–69, Atlanta, GA 30329, phone: (404)498–6778, email: *CPSTF@cdc.gov.*

SUPPLEMENTARY INFORMATION:

Meeting Accessibility: The June CPSTF meeting will be held virtually. The first day will consist of internal CPSTF business related to its 2020 process for establishing its priority topics for 2021–2025 and is closed to the public. The second day will consist of deliberations on systematic reviews of literature and is open to the public. All participants who would like to attend the second day must register by 5:00 p.m. EDT on Friday, June 5, 2020. Participants will receive registration confirmation with web conference meeting instructions within two days before the meeting.

To register for the second day, individuals should send an email to *CPSTF@cdc.gov* and include the following information: name, title, organization name, organization address, phone, email. CDC will email web conference information from the *CPSTF@cdc.gov* mailbox. Additional logistical information regarding this virtual meeting will be available on the Community Guide website (*www.thecommunityguide.org*) closer to the date of the meeting.

Public Comment: Individuals who would like to make public comments for the June meeting must indicate their desire to do so with their registration by providing their name, organizational affiliation, and the topic to be addressed (if known). The requestor will receive instructions for the public comment process for this virtual meeting after the request is received. A public comment period follows the CPSTF's discussion of each systematic review and is limited to one minute per person. Public comments will become part of the meeting summary.

Background on the CPSTF: The CPSTF is an independent, nonfederal panel whose members are appointed by the CDC Director. CPSTF members represent a broad range of research, practice, and policy expertise in prevention, wellness, health promotion, and public health. The CPSTF was convened in 1996 by the Department of Health and Human Services (HHS) to identify community preventive programs, services, and policies that increase healthy longevity, save lives and dollars, and improve Americans' quality of life. CDC is mandated to provide ongoing administrative, research, and technical support for the operations of the CPSTF. During its