The proposed order contains injunctive provisions addressing the alleged unfair conduct in connection with Respondent's sale of dealer management system software and services. Part I of the proposed order prohibits Respondent, and any business that Respondent controls directly, or indirectly, from transferring, selling, sharing, collecting, maintaining, or storing personal information unless it establishes and implements, and thereafter maintains, a comprehensive information security program that protects the security, confidentiality, and integrity of such personal information.

Part II of the proposed order requires Respondent to obtain initial and biennial data security assessments for twenty years.

Part III of the agreement requires Respondent to disclose all material facts to the assessor and prohibits Respondent from misrepresenting any fact material to the assessments required by Part II.

Part IV requires Respondent to submit an annual certification from a senior corporate manager (or senior officer responsible for its information security program) that Respondent has implemented the requirements of the Order, is not aware of any material noncompliance that has not been corrected or disclosed to the Commission, and includes a brief description of any covered incident involving unauthorized access to or acquisition of personal information.

Part V requires Respondent to submit a report to the Commission of its discovery of any covered incident.

Part VI is a prohibition against violating GLB.

Parts VII through X of the proposed order are reporting and compliance provisions, which include recordkeeping requirements and provisions requiring Respondent to provide information or documents necessary for the Commission to monitor compliance. Part XI states that the proposed order will remain in effect for 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 complaint or proposed order, or to modify in any way the proposed order's terms.

By direction of the Commission.

April J. Tabor,

Acting Secretary.

[FR Doc. 2019–12768 Filed 6–14–19; 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: Request for Information.

SUMMARY: AHRQ is re-issuing this Request for Information to extend the date for receipt of comments. AHRQ invites public comment on its Request for Information (RFI) to inform potential revisions to the Consumer Assessment of Healthcare Providers and Systems Health Plan Survey 5.0. The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0 is one of the CAHPS family of surveys that assess patients' experiences with health care providers, in different settings, and with health plans. The CAHPS surveys cover topics that are important to patients and that they are best able to assess, such as the communication with providers and access to health care services.

This RFI requests public comment regarding (1) the relevance and validity of the questions on CAHPS Health Plan Survey 5.0 (the Survey), and (2) any user concerns about revisions to the Survey.

DATES: Responses to the RFI must be received no later than June 28, 2019.

ADDRESSES: Interested parties are to submit comments electronically to *CAHPS1@westat.com* with the subject line HP RFI. Non-electronic responses will also be accepted. Please mail to CAHPS; Westat; 1600 Research Blvd.; RB 1186S; Rockville, MD 20850.

FOR FURTHER INFORMATION CONTACT: Questions may be addressed to Caren Ginsberg, Director, CAHPS Division, Center for Quality Improvement and Patient Safety, *caren.ginsberg@ahrq.hhs.gov,* or (301) 427–1894.

SUPPLEMENTARY INFORMATION: The last update of the Survey was in May 2012. AHRQ is considering an update to the Survey to ensure that the Survey questions continue to be relevant to Survey sponsors, users, patients, consumers, and other stakeholders. AHRQ is *not* seeking information on Survey administration methodology, public reporting, or Survey length with this request.

AHRQ is seeking information on current uses of the Survey that reflects organization-specific perspectives, the impact of a potential Survey revision, and areas of the Survey that should and should not be modified. Respondents should refer to the questions with details on how such a Survey revision might affect the organization(s) they represent. Specific questions of interest to AHRQ include, but are not limited to, the following:

1. How and why does the respondent's organization use the Survey? For example, is it used for adults, children, or both? In what languages is it administered? What supplemental items, if any, are used (*e.g.,* children with chronic conditions or others)?

2. What is working well/what are the strengths of the Survey?

3. What content areas might be missing from the Survey?

4. What content areas on the Survey are no longer relevant or useful and why?

5. Are there new topic areas the Survey should address?

6. Should the Survey be revised, what implications or barriers would there be for the commenter's organization to implement a new version of the Survey?

7. What information/documentation would be helpful to the respondent's organization in making a transition to a future version of the Survey?

AHRQ is interested in all of the questions listed above, but respondents are welcome to address as many or as few as they choose and to address additional areas of interest not listed. This RFI is for planning purposes only and should not be construed as a policy, solicitation for applications, or as an obligation on the part of the Government to provide support for any ideas in response to it. AHRQ will use the information submitted in response to this RFI at its discretion, and will not provide comments to any respondent's submission. However, responses to the RFI may be reflected in future solicitation(s) or policies. Respondents are advised that the Government is under no obligation to acknowledge receipt of the information received or provide feedback to respondents with respect to any information submitted. No proprietary, classified, confidential or sensitive information should be included in your response. The Government reserves the right to use any non-proprietary technical information in any resultant solicitation(s). The contents of all submissions will be made available to the public upon request. Submitted

materials must be publicly available or able to be made public.

Virginia Mackay-Smith,

Associate Director.

[FR Doc. 2019–12636 Filed 6–14–19; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Center for State, Tribal, Local and Territorial Support (CSTLTS), CDC/ATSDR Tribal Advisory Committee (TAC) Meeting and 19th Biannual Tribal Consultation Session

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 (CDC)/Agency for Toxic Substances and Disease Registry (ATSDR), announces the following meeting and Tribal Consultation Session. The meetings are being hosted by CDC/ATSDR in-person only and are open to the public. Attendees must pre-register for the event by Friday, July 19, 2019, at the following link: *https://www.cdc.gov/tribal/consultation-support/tac/index.html.*

DATES: The meeting will be held on August 13–14, 2019.

August 13, 2019

- 8:00 a.m.–9:30 a.m., EDT—Tribal Caucus (Open only to elected tribal officials and by invitation)
- 9:30 a.m.–5:45 p.m., EDT—CDC/ATSDR TAC Meeting (Open to the public)

August 14, 2019

- 8:00 a.m.–9:30 a.m., EDT—Tribal Caucus (Open only to elected tribal officials and by invitation)
- 9:30 a.m.–5:45 p.m., EDT—CDC/ATSDR TAC Meeting (Open to the public)

ADDRESSES: Harrah's Cherokee, 77 Casino Drive, Cherokee, NC 28719.

FOR FURTHER INFORMATION CONTACT: Captain Carmen Clelland, PharmD, MPA, MPH, Director, Office of Tribal Affairs and Strategic Alliances, Center for State, Tribal, Local and Territorial Support, CDC, 4770 Buford Highway, Mailstop V18–4, Atlanta, GA 30341–3717; telephone (404) 498–0300; *Tribalsupport@cdc.gov.*

SUPPLEMENTARY INFORMATION: This meeting is being held in accordance with Presidential Executive Order No. 13175, November 6, 2000, and the Presidential Memorandum of November 5, 2009, and September 23, 2004, Consultation and Coordination with Indian Tribal Governments.

Purpose: The purpose of the TAC and consultation meetings is to advance CDC/ATSDR support for and collaboration with American Indian and Alaska Native (AI/AN) tribes and to improve the health of AI/AN tribes by pursuing goals that include assisting in eliminating the health disparities faced by AI/AN tribes; ensuring that access to critical health and human services and public health services is maximized to advance or enhance the social, physical, and economic status of American Indian and Alaskan Native people; and promoting health equity for all Indian people and communities. To advance these goals, CDC/ATSDR conducts government-to-government consultations with elected tribal officials or their authorized representatives. Consultation is an enhanced form of communication that emphasizes trust, respect, and shared responsibility. It is an open and free exchange of information and opinion among parties that leads to mutual understanding.

Matters To Be Considered: The agenda will include, but not limited to, discussions on securing sustainable funding to Indian Country, ensuring a tribal voice in CDC policy and programs, and current CDC priorities. The discussion topics are subject to revision as prioritize change. The TAC Meeting and Biannual Tribal Consultation Session will provide opportunities for elected AI/AN tribal officials to speak openly about the public health issues affecting their tribal nations. Tribal nations also will have an opportunity to present testimony about tribal public health issues. All elected tribal officials are encouraged to submit written testimony by 5:00 p.m., EDT, Friday, July 19, 2019 to Captain Carmen Clelland, Pharm, MPA, MPH, Director, Office of Tribal Affairs and Strategic Alliances via mail to 4770 Buford Highway, Mailstop V18–4, Atlanta, GA 30341–3717, or by email at *TribalSupport@cdc.gov.* Elected tribal officials can find guidance to assist in developing tribal testimony for CDC/ATSDR at *www.cdc.gov/tribal/consultation-support/index.html.* Please submit tribal testimony on official tribal letterhead.

Based on the number of elected tribal officials giving testimony and the time available, it may be necessary to limit the time for each presenter.

Additional information about the TAC, CDC/ATSDR's Tribal Consultation Policy, and previous meetings can be found at *www.cdc.gov/tribal/consultataion-support/index.html.* Agenda items are subject to change as priorities dictate.

The Chief Operating Officer, Centers for Disease Control and Prevention, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Sherri Berger,

Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2019–12724 Filed 6–14–19; 8:45 am]

BILLING CODE 4160–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2019–N–0721]

Agency Information Collection Activities; Submission for Office of Management and Budget Review; Comment Request; Accreditation of Third-Party Certification Bodies To Conduct Food Safety Audits and Issue Certifications

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA or Agency) is announcing that a proposed collection of information has been submitted to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995.

DATES: Fax written comments on the collection of information by July 17, 2019.

ADDRESSES: To ensure that comments on the information collection are received, OMB recommends that written comments be faxed to the Office of Information and Regulatory Affairs, OMB, Attn: FDA Desk Officer, Fax: 202–395–7285, or emailed to *oira_submission@omb.eop.gov.* All comments should be identified with the OMB control number 0910–0331. Also include the FDA docket number found in brackets in the heading of this document.

FOR FURTHER INFORMATION CONTACT: Domini Bean, Office of Operations,