

discriminatory access to attach facilities to poles, ducts, conduits, or rights-of-way owned or controlled by the utilities (collectively, “pole attachments”). However, utilities may deny in writing those pole attachment applications where there is insufficient capacity on a pole, or for reasons of safety, reliability, and generally applicable engineering purposes. Commission rules also create a series of deadlines or “timelines” by which attachers request and receive permission from utilities for pole attachments. The first stage of the timeline requires utilities to survey the requested poles where access is requested and to perform an engineering analysis. Utilities may notify attachers when they have completed their surveys of the affected poles. With regard to the second stage of the timeline, utilities must present to attachers an estimate of charges for preparing a pole for a new attachment (“make-ready” work). With regard to the make-ready stage of the timeline, utilities are required to send notices of impending make-ready work to entities with existing attachments on the pole. Such notification letters are sent when a make-ready schedule is established. If the make-ready period is interrupted, or if the pole owner asserts its right to a 15-day extension of time to perform make-ready work, then notification letters also are required from the utility to the new attacher.

Additionally, the Order adopted a rule requiring utilities to make available and keep up-to-date a reasonably sufficient list of approved contractors to perform surveys and make-ready work in the communications space of a utility pole. If an attacher uses a utility-approved contractor, then it must notify the utility and invite the utility to send a representative to oversee the work.

Finally, the Order also broadened the existing enforcement process by permitting incumbent local exchange carriers (LECs) to file complaints alleging that the pole attachment rates, terms, or conditions demanded by utilities are unjust or unreasonable. If an incumbent LEC can demonstrate that it is similarly situated to an attacher that is a telecommunications carrier or a cable television system (through relevant evidence, including pole attachment agreements), then it can gain comparable pole attachment rates, terms, and condition as the similarly-situated carrier. The paperwork burdens for this provision are contained in OMB Control No. 3060–0392. The Order also encourages incumbent LECs that benefit from lower pole attachment costs to file data at the Commission that demonstrate that the benefits are being passed on to consumers.

Federal Communications Commission.

**Marlene H. Dortch,**

*Secretary, Office of the Secretary.*

[FR Doc. 2018–04224 Filed 3–1–18; 8:45 am]

**BILLING CODE 6712–01–P**

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## FEDERAL RESERVE SYSTEM

### Formations of, Acquisitions by, and Mergers of Bank Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The applications will also be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act (12 U.S.C. 1843). Unless otherwise noted, nonbanking activities will be conducted throughout the United States.

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than March 29, 2018.

*A. Federal Reserve Bank of Chicago* (Colette A. Fried, Assistant Vice President) 230 South LaSalle Street, Chicago, Illinois 60690–1414:

1. *Bosshard Financial Group, Inc., La Crosse, Wisconsin*; to merge with Oregon Bancorp, Inc., La Crosse, Wisconsin, and thereby indirectly acquire Oregon Community Bank, Oregon, Wisconsin.

Board of Governors of the Federal Reserve System, February 27, 2018.

**Ann E. Misback,**

*Secretary of the Board.*

[FR Doc. 2018–04297 Filed 3–1–18; 8:45 am]

**BILLING CODE 6210–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Agency for Healthcare Research and Quality

#### Patient Safety Organizations: Voluntary Relinquishment From the NCH Healthcare System, PSO

**AGENCY:** Agency for Healthcare Research and Quality (AHRQ), Department of Health and Human Services (HHS).

**ACTION:** Notice of delisting.

**SUMMARY:** The Patient Safety Rule authorizes AHRQ, on behalf of the Secretary of HHS, to list as a PSO an entity that attests that it meets the statutory and regulatory requirements for listing. A PSO can be “delisted” by the Secretary if it is found to no longer meet the requirements of the Patient Safety Act and Patient Safety Rule, when a PSO chooses to voluntarily relinquish its status as a PSO for any reason, or when a PSO’s listing expires. AHRQ has accepted a notification from NCH Healthcare System of the voluntary relinquishment of its status as a PSO and has delisted it accordingly.

**DATES:** The directories for both listed and delisted PSOs are ongoing and reviewed weekly by AHRQ. The delisting was effective at 12:00 Midnight ET (2400) on January 31, 2018.

**ADDRESSES:** Both directories can be accessed electronically at the following HHS website: <http://www.pso.ahrq.gov/listed>.

**FOR FURTHER INFORMATION CONTACT:** Eileen Hogan, Center for Quality Improvement and Patient Safety, AHRQ, 5600 Fishers Lane, Room 06N94B, Rockville, MD 20857; Telephone (toll free): (866) 403–3697; Telephone (local): (301) 427–1111; TTY (toll free): (866) 438–7231; TTY (local): (301) 427–1130; Email: [psa@ahrq.hhs.gov](mailto:psa@ahrq.hhs.gov).

#### SUPPLEMENTARY INFORMATION:

##### Background

The Patient Safety and Quality Improvement Act of 2005, 42 U.S.C. 299b–21 to b–26, (Patient Safety Act) and the related Patient Safety and Quality Improvement Final Rule, 42 CFR part 3 (Patient Safety Rule), published in the **Federal Register** on November 21, 2008, 73 FR 70732–70814, establish a framework by which hospitals, doctors, and other health care providers may voluntarily report information to Patient Safety Organizations (PSOs), on a privileged and confidential basis, for the aggregation and analysis of patient safety events.

The Patient Safety Act authorizes the listing of PSOs, which are entities or component organizations whose mission and primary activity are to conduct activities to improve patient safety and the quality of health care delivery.

HHS issued the Patient Safety Rule to implement the Patient Safety Act. AHRQ administers the provisions of the Patient Safety Act and Patient Safety Rule relating to the listing and operation of PSOs. The Patient Safety Rule authorizes AHRQ to list as a PSO an entity that attests that it meets the statutory and regulatory requirements for listing. A PSO can be “delisted” if it is found to no longer meet the requirements of the Patient Safety Act and Patient Safety Rule, when a PSO chooses to voluntarily relinquish its status as a PSO for any reason, or when a PSO’s listing expires. Section 3.108(d) of the Patient Safety Rule requires AHRQ to provide public notice when it removes an organization from the list of federally approved PSOs.

AHRQ has accepted a notification from the NCH Healthcare System, PSO, a component entity of the NCH Healthcare System, PSO number P0191, to voluntarily relinquish its status as a PSO. Accordingly, the NCH Healthcare System, PSO was delisted effective at 12:00 Midnight ET (2400) on January 31, 2018.

The NCH Healthcare System, PSO has patient safety work product (PSWP) in its possession. The PSO will meet the requirements of section 3.108(c)(2)(i) of the Patient Safety Rule regarding notification to providers that have reported to the PSO and of section 3.108(c)(2)(ii) regarding disposition of PSWP consistent with section 3.108(b)(3). According to section 3.108(b)(3) of the Patient Safety Rule, the PSO has 90 days from the effective date of delisting and revocation to complete the disposition of PSWP that is currently in the PSO’s possession.

More information on PSOs can be obtained through AHRQ’s PSO website at <http://www.pso.ahrq.gov>.

**Karen J. Migdail,**  
Chief of Staff.

[FR Doc. 2018-04217 Filed 3-1-18; 8:45 am]

**BILLING CODE 4160-90-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS-7049-N]

#### Medicare, Medicaid, and Other Programs, Initiatives, and Priorities; Meeting of the Advisory Panel on Outreach and Education (APOE), March 21, 2018

**AGENCY:** Centers for Medicare & Medicaid Services (CMS), HHS.

**ACTION:** Notice.

**SUMMARY:** This notice announces the next meeting of the Advisory Panel on Outreach and Education (APOE) (Panel) in accordance with the Federal Advisory Committee Act. The Panel advises and makes recommendations to the Secretary of the U.S. Department of Health and Human Services (HHS) and the Administrator of the Centers for Medicare & Medicaid Services (CMS) on opportunities to enhance the effectiveness of consumer education strategies concerning CMS programs, initiatives, and priorities. This meeting is open to the public.

**DATES:**

*Meeting Date:* Wednesday, March 21, 2018, 8:30 a.m. to 4:00 p.m. eastern daylight time (e.d.t.).

*Deadline for Meeting Registration, Presentations, Special Accommodations and Comments:* Wednesday, March 7, 2018, 5:00 p.m. eastern standard time (e.s.t.).

**ADDRESSES:**

*Meeting Location:* U.S. Department of Health & Human Services, Hubert H. Humphrey Building, 200 Independence Avenue SW, Room 505A, Conference Room, Washington, DC 20201.

*Presentations and Written Comments:* Presentations and written comments should be submitted to: Lynne Johnson, Acting Designated Federal Official (DFO), Office of Communications, Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Mailstop S1-05-06, Baltimore, MD 21244-1850 or via email at [Lynne.Johnson@cms.hhs.gov](mailto:Lynne.Johnson@cms.hhs.gov).

*Registration:* The meeting is open to the public, but attendance is limited to the space available. Persons wishing to attend this meeting must register at the website <https://www.regonline.com/apoemar2018meeting> or by contacting the Acting DFO as listed in the **FOR FURTHER INFORMATION CONTACT** section of this notice, by the date listed in the **DATES** section of this notice. Individuals requiring sign language interpretation or

other special accommodations should contact the Acting DFO at the address listed in the **ADDRESSES** section of this notice by the date listed in the **DATES** section of this notice.

**FOR FURTHER INFORMATION CONTACT:**

Lynne Johnson, Acting Designated Federal Official, Office of Communications, CMS, 7500 Security Boulevard, Mail Stop S1-05-06, Baltimore, MD 21244-1850, 410-786-0090, email [Lynne.Johnson@cms.hhs.gov](mailto:Lynne.Johnson@cms.hhs.gov). Additional information about the APOE is available on the internet at: <http://www.cms.gov/Regulations-and-Guidance/Guidance/FACA/APOE.html>. Press inquiries are handled through the CMS Press Office at (202) 690-6145.

**SUPPLEMENTARY INFORMATION:**

#### I. Background

The Advisory Panel for Outreach and Education (APOE) (Panel) is governed by the provisions of Federal Advisory Committee Act (FACA) (Pub. L. 92-463), as amended (5 U.S.C. Appendix 2), which sets forth standards for the formation and use of federal advisory committees. The Panel is authorized by section 1114(f) of the Social Security Act (42 U.S.C. 1314(f)) and section 222 of the Public Health Service Act (42 U.S.C. 217a).

The Secretary of the U.S. Department of Health and Human Services (HHS) (the Secretary) signed the charter establishing the Citizen’s Advisory Panel on Medicare Education<sup>1</sup> (the predecessor to the APOE) on January 21, 1999 (64 FR 7899, February 17, 1999) to advise and make recommendations to the Secretary and the Administrator of the Centers for Medicare & Medicaid Services (CMS) on the effective implementation of national Medicare education programs, including with respect to the Medicare+Choice (M+C) program added by the Balanced Budget Act of 1997 (Pub. L. 105-33).

The Medicare Modernization Act of 2003 (MMA) (Pub. L. 108-173) expanded the existing health plan options and benefits available under the M+C program and renamed it the Medicare Advantage (MA) program. We have had substantial responsibilities to provide information to Medicare beneficiaries about the range of health plan options available and better tools to evaluate these options. The successful MA program implementation required CMS to consider the views and

<sup>1</sup> We note that the Citizen’s Advisory Panel on Medicare Education is also referred to as the Advisory Panel on Medicare Education (65 FR 4617). The name was updated in the Second Amended Charter approved on July 24, 2000.