

covered institution represented that it performed extensive review of joint account records to verify satisfaction of the signature-card requirement set forth in 12 CFR 330.9(c)(1)(ii). For the population of joint accounts without signature cards signed by each joint account owner, the covered institution conducted a multi-tiered remediation effort to determine whether an alternative method could be used to satisfy the signature-card requirement pursuant to 12 CFR 330.9(c)(4).³

Remediation included the utilization of software to digitally scan signature cards and development of a various technical solutions to review usage of joint deposit accounts by each co-owner.⁴

The covered institution represented that it could not verify whether a limited number of joint accounts (the “subject accounts”) were “qualifying joint accounts” because it could not locate signed signature cards nor could it confirm that the signature-card requirement is satisfied via an alternative method. The FDIC granted this covered institution a time-limited exception to continue remediation efforts to verify the signature-card requirement is satisfied.

In connection with the FDIC’s grant of relief, the covered institution has represented that it will place the subject accounts into the pending file of its part 370 output files and that access to all subject accounts can be restricted in the event of the covered institution’s failure until qualifying joint account status is confirmed. As conditions of relief, the covered institution must: Within 30 days from the receipt of notification of the grant of relief, submit a plan to part370@fdic.gov detailing remediation efforts to meet the signature-card requirements of 12 CFR 330.9, such as outreach, manual review, disclosures, or digital analysis for the subject accounts; submit a status report to part370@fdic.gov by the midpoint of the exception relief period; and immediately bring to the FDIC’s

of this section is satisfied; and (iii) each co-owner possesses withdrawal rights on the same basis.

³ Pursuant to 12 CFR 330.9(c)(4), the signature-card requirement also may be satisfied by information contained in the deposit account records establishing co-ownership of the deposit account, such as evidence that the institution has issued a mechanism for accessing the account to each co-owner or evidence of usage of the deposit account by each co-owner.

⁴ The covered institution provided a summary of 13 unique analyses performed to confirm ownership of joint accounts. Such analysis included the manual or systematic review of issued debit cards, issued checks, web banking ids, ACH transactions, safety deposit box records, or bank maintained call logs evidencing ownership of a joint account.

attention any change of circumstances or conditions.

Federal Deposit Insurance Corporation.

Dated at Washington, DC, on July 29, 2020.

James P. Sheesley,

Acting Assistant Executive Secretary.

[FR Doc. 2020–16899 Filed 8–3–20; 8:45 am]

BILLING CODE 6714–01–P

FEDERAL MARITIME COMMISSION

Performance Review Board

AGENCY: Federal Maritime Commission.

ACTION: Notice.

SUMMARY: Notice is hereby given of the names of the members of the Performance Review Board.

FOR FURTHER INFORMATION CONTACT: Courtney Killion, Director, Office of Human Resources, Federal Maritime Commission, 800 North Capitol Street NW, Washington, DC 20573.

SUPPLEMENTARY INFORMATION: Sec. 4314(c)(1) through (5) of title 5, U.S.C., requires each agency to establish, in accordance with regulations prescribed by the Office of Personnel Management, one or more performance review boards. The board shall review and evaluate the initial appraisal of a senior executive’s performance by the supervisor, along with any recommendations to the appointing authority relative to the performance of the senior executive.

Rachel Dickon,

Secretary.

The Members of the Performance Review Board Are

1. Carl W. Bentzel, Commissioner
2. Erin M. Wirth, Chief Administrative Law Judge
3. Mary T. Hoang, Chief of Staff
4. Florence A. Carr, Director, Bureau of Trade Analysis
5. Karen V. Gregory, Managing Director
6. Peter J. King, Deputy Managing Director

[FR Doc. 2020–16924 Filed 8–3–20; 8:45 am]

BILLING CODE 6730–02–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, Health and Human Services (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: “*The Medical Expenditure Panel Survey (MEPS) Social and Health Experiences Self-Administered Questionnaire and COVID–19 Changes.*” This proposed information collection was previously published in the **Federal Register** on May 7, 2020 and allowed 60 days for public comment. AHRQ received two substantive comments from members of the public. The purpose of this notice is to allow an additional 30 days for public comment.

DATES: Comments on this notice must be received by 30 days after date of publication of this notice.

ADDRESSES: Written 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.

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

“*The Medical Expenditure Panel Survey (MEPS) Social and Health Experiences Self-Administered Questionnaire and COVID–19 Changes*”

The Medical Expenditure Panel Survey (MEPS) consists of the following three components and has been conducted annually since 1996:

- **Household Component (MEPS–HC):** A sample of households participating in the National Health Interview Survey (NHIS) in the prior calendar year are interviewed 5 times over a 2 and one-half (2.5) year period. These 5 interviews yield two years of information on use of, and expenditures for, health care, sources of payment for that health care, insurance status, employment, health status and health care quality.

- **Medical Provider Component:** The MEPS–MPC collects information from medical and financial records maintained by hospitals, physicians, pharmacies and home health agencies named as sources of care by household respondents.

• *Insurance Component:* The MEPS-IC collects information on establishment characteristics, insurance offerings and premiums from employers. The MEPS-IC is conducted by the Census Bureau for AHRQ and is cleared separately.

This request is for the MEPS-HC only. The OMB Control Number for the MEPS-HC is 0935-0118, which was last approved by OMB on November 8, 2019, and will expire on November 30, 2022.

The purpose of this request is to integrate several items into the MEPS-HC including several new questions related to COVID-19 including telehealth/telemedicine questions into the computer assisted personal interviewing (CAPI) questionnaire and a new self-administered questionnaire (SAQ) entitled, “Social and Health Experiences,” into the MEPS. The questions on COVID-19 capture information on any delay in care due to COVID-19. The questions will be administered through a Reporting Unit (RU)-level gate question with follow up questions asked at the person level as appropriate. Telehealth/telemedicine will be administered as its own event type with questions and probes mirroring those used for in-person medical provider visits. This SAQ will include questions in a dual mode (web and paper) self-administered questionnaire about social and behavioral determinants of health including questions about housing affordability and quality, neighborhood characteristics, food security, transportation needs, financial strain, smoking and physical activity, and experiences with discrimination, social

support, general well-being, personal safety, and adverse circumstances in childhood. The information collected will be used to examine the relationship between measures of the social determinants of health and measures of health status, and the use and expense of health care services. The goal of this survey is to help understand the relationship between social determinants of health and health care need in order to ultimately improve health care and health.

This study is being conducted by AHRQ through its contractors, Westat and RTI International, pursuant to AHRQ’s statutory authority to conduct and support research on healthcare and on systems for the delivery of such care, including activities with respect to the cost and use of health care services and with respect to health statistics and surveys. 42 U.S.C. 299a(a)(3) and (8); 42 U.S.C. 299b-2.

Method of Collection

Data collection will be for eligible adults (aged 18 and over). AHRQ proposes a dual-mode (web and paper) collection primarily to further protect respondents’ privacy due to the sensitive nature of some of the items. Web completion will be the main mode with paper offered to those with barriers to internet access. In addition, due to COVID-19, in March of 2020, MEPS moved to telephone interviewing for all panels and rounds currently in the field with increased use of the web to facilitate respondent reporting; for example, the use of showcards. The current plan is resume at least some face-to-face interviewing during the fall

rounds for Panels 23, 24, and 25. Moreover, Panels 23 and 24 are to be extended one year with the creation of Round 6 and 7 interviews in order to contribute to the data collected for data years 2020 and 2021. The data collected will offset any impact on response rates due to the pandemic or changes in primary mode for data collection.

The new CAPI questions collecting information about COVID-19, including telehealth, will be folded into the regular processing stream of MEPS data to produce estimates of health care utilization and expenditures.

Estimated Annual Respondent Burden

Exhibit 1 shows the estimated annualized burden hours for respondent’s time to participate in this research. The addition of several questions related to COVID-19 and telehealth adds minimal burden in hours and costs to the core CAPI interview, estimated to add 1 minute per interview and a total of 222 burden hours. The SAQ will be completed during Round 1, Panel 26, Round 3, Panel 25, and Round 5, Panel 24 by each person in the RU that is an eligible adult, an estimated 27,059 persons, and takes about 7 minutes to complete. The total annualized burden for this SAQ is estimated to be 3,157 hours.

Exhibit 2 shows the estimated annualized cost burden associated with respondents’ time to participate in this research. The total cost burden is estimated to be \$82,244 annually (\$5,403 for COVID-19 related research including telemedicine questions and the \$76,841 for the SAQ.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Activity	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
COVID-19 and Telehealth (telemedicine) questions included in the MEPS questionnaire	* 13,338	1	1/60	222
Social and Health Experiences SAQ; Adult SAQ—Year 2021	27,059	1	7/60	3,157
Total	40,397	n/a	n/a	3,379

* While the expected number of responding units for the annual estimates is 12,804, it is necessary to adjust for survey attrition of initial respondents by a factor of 0.96 (13.338 = 12/804/0.96).

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Activity	Number of respondents	Total burden hours	Average hourly wage rate*	Total cost burden
COVID-19 and Telehealth (telemedicine) questions included in the MEPS questionnaire	13,338	222	\$24.34	\$5,403
Social and Health Experiences SAQ (SDOH); Adult SAQ—Year 2021	27,059	3,157	24.34	76,841
Total	40,397	3,379	n/a	82,244

* Mean hourly wage for All Occupations (00-0000).

Occupational Employment Statistics, May 2017 National Occupational Employment and Wage Estimates United States, U.S. Department of Labor, Bureau of Labor Statistics.

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: July 30, 2020.

Virginia L. Mackay-Smith,

Associate Director.

[FR Doc. 2020–16948 Filed 8–3–20; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[OMB #0970–0171]

Proposed Information Collection Activity; Voluntary Acknowledgment of Paternity and Required Data Elements for Paternity Establishment Affidavits

AGENCY: Office of Child Support Enforcement, Administration for Children and Families, HHS.

ACTION: Request for Public Comment.

SUMMARY: The Office of Child Support Enforcement (OCSE), Administration for Children and Families (ACF), U.S. Department of Health and Human Services, is requesting a 3-year extension of the Voluntary Acknowledgment of Paternity and Required Data Elements for Paternity Establishment Affidavits (OMB #0970–0171). There are no changes requested to the form.

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: Section 466(a)(5)(C) of the Social Security Act requires states to enact laws ensuring a simple civil process for voluntarily acknowledging paternity via an affidavit. The development and use of an affidavit for the voluntary acknowledgment of paternity would include the minimum requirements of the affidavit specified by the Secretary of Health and Human Services under section 452(a)(7) of the Social Security Act and give full faith and credit to such an affidavit signed in any other state according to its procedures. The state must provide that, before a mother and putative father can sign a voluntary acknowledgement of paternity, the mother and putative father must be given notice, orally and in writing of the alternatives to, the legal consequences of, and the rights (including any rights, if one parent is a minor, due to minority status) and responsibilities of acknowledging paternity. The affidavits will be used by hospitals, birth record agencies, and other entities participating in the voluntary paternity establishment program to collect information from the parents of nonmarital children.

Respondents: The parents of nonmarital children, state and tribal agencies operating child support programs under Title IV–D of the Social Security Act, hospitals, birth record agencies, and other entities participating in the voluntary paternity establishment program.

ANNUAL BURDEN ESTIMATES

Instrument	Annual number of respondents	Annual number of responses per respondent	Average annual burden hours per response	Annual burden hours
Training	134,685	1	1	134,685
Paternity Acknowledgment Process	1,471,079	1	0.17	250,083
Data Elements	54	1	54	54
Ordering Brochures	2,693,695	1	.08	215,496

Estimated Total Annual Burden Hours: 600,318.

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: 42 U.S.C. 666(a)(5)(C) and 652(a)(7).

John M. Sweet Jr.,

ACF/OPRE Certifying Officer.

[FR Doc. 2020–16893 Filed 8–3–20; 8:45 am]

BILLING CODE 4184–41–P