

- Explain your views as clearly as possible, avoiding the use of profanity or personal threats.
- Make sure to submit your comments by the comment period deadline identified.

II. Information Available for Public Comment

The EPA is requesting comment on one updated chapter of the EPA Air Pollution Control Cost Manual. The Control Cost Manual contains individual chapters on control measures, including data and equations to aid users in estimating capital costs for installation and annual costs for operation and maintenance of these measures. The Control Cost Manual is used by the EPA for estimating the impacts of rulemakings, and serves as a basis for sources to estimate costs of controls that are Best Available Control Technology under the New Source Retrofit Program, and Best Available Retrofit Technology under the Regional Haze Program and for other programs.

The one updated Control Cost Manual chapter is: Chapter 1, Section 5, "Wet Scrubbers for Acid Gas" (to be renamed "Wet and Dry Scrubbers for Acid Gas"). This chapter in the Control Cost Manual will, for the first time, include cost and performance data for dry scrubbers as well as wet scrubbers. This revised Control Cost Manual chapter can be found in the docket for the Control Cost Manual update (Docket ID No. EPA-HQ-OAR-2015-0341). The current Control Cost Manual version (sixth edition) including the current chapter is available at <http://epa.gov/ttn/catc/products.html#cccinfo>, and last updated in 2003. The Consolidated Appropriations Act of 2014 requested that the EPA begin development of a seventh edition of the Control Cost Manual. The EPA has met with state, local, and tribal officials to discuss plans for the Control Cost Manual update as called for under the Consolidated Appropriations Act of 2014. The EPA has met with other groups as well as their request. The EPA has updated the selective non-catalytic reduction (SNCR) and selective catalytic reduction (SCR) chapters, the first two chapters (Chapter 1, Section 4; Chapter 2, Section 4, respectively) completed for the seventh edition of the Control Cost Manual, and made them available to the public in May 2016 (81 FR 38702, June 14, 2016) and also updated these chapters again in May 2019. In addition, the EPA has updated the Refrigerated Condensers (Chapter 1, Section 3 and Section 3.1) and Incinerators (Chapter 2, Section 3, Section 3.2, now Incinerators/Oxidizers) chapters in November 2017,

the Cost Estimation: Concepts and Methodology chapter (Chapter 2, Section 1) as of November 2017, and also the Carbon Adsorbers (Chapter 1, Section 3, Section 3.1) and Flares (Chapter 1, Section 3, Section 3.2) chapters in October 2018.

To help focus review of the Wet Scrubbers for Acid Gas (or Wet and Dry Scrubbers) chapter, we offer the following list of questions that the EPA is particularly interested in addressing in the updated chapter. Commenters are welcome to address any aspects of this chapter. Please provide supporting data for responses to these questions and for other comments on the chapter.

For the Wet and Dry Scrubbers for Acid Gas Chapter

(1) What is a reasonable and up-to-date estimate of equipment life (defined as design or operational life) for wet scrubbers (FGD)? Dry scrubbers? Please provide data, if possible, on accurate estimates of equipment life.

(2) Are the descriptions of wet FGD scrubbers complete, up-to-date, and accurate with regard to control of SO₂ and acid gases? Dry scrubbers? Please provide information, if possible, on descriptions of wet and dry scrubbers' control of SO₂ and acid gases if you do not believe that the descriptions in the draft chapter are complete, up-to-date, and accurate.

(3) Is the applicability of wet FGD scrubbers to various types of emissions sources complete, up-to-date, and accurate? Dry scrubbers?

(4) Are the cost correlations, factors, and equations for wet FGD scrubbers accurate and up-to-date? For dry scrubbers? If not, how should they be revised? Please provide data, if possible, to address inaccuracies.

(5) Are the estimates of SO₂ removal or control efficiency for wet FGD scrubbers accurate and up-to-date? For dry scrubbers? If not, what are more accurate estimates? Please provide data, if possible, to address inaccuracies.

Dated: July 30, 2020.

Erika N. Sasser,

Director, Health and Environmental Impacts Division.

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FEDERAL RESERVE SYSTEM

Change in Bank Control Notices; Acquisitions of Shares of a Bank or Bank Holding Company

The notificants listed below have applied under the Change in Bank Control Act (Act) (12 U.S.C. 1817(j)) and

§ 225.41 of the Board's Regulation Y (12 CFR 225.41) to acquire shares of a bank or bank holding company. The factors that are considered in acting on the applications are set forth in paragraph 7 of the Act (12 U.S.C. 1817(j)(7)).

The public portions of the applications listed below, as well as other related filings required by the Board, if any, are available for immediate inspection at the Federal Reserve Bank(s) indicated below and at the offices of the Board of Governors. This information may also be obtained on an expedited basis, upon request, by contacting the appropriate Federal Reserve Bank and from the Board's Freedom of Information Office at <https://www.federalreserve.gov/foia/request.htm>. Interested persons may express their views in writing on the standards enumerated in paragraph 7 of the Act.

Comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors, Ann E. Misback, Secretary of the Board, 20th Street and Constitution Avenue NW, Washington DC 20551-0001, not later than August 20, 2020.

A. Federal Reserve Bank of Richmond (Adam M. Drimer, Assistant Vice President) 701 East Byrd Street, Richmond, Virginia 23219. Comments can also be sent electronically to or Comments.applications@rich.frb.org:

1. *The Vanguard Group, Inc., and its subsidiaries and affiliates, Malvern, Pennsylvania*; to acquire additional voting shares of E*TRADE Financial Corporation, and thereby, indirectly acquire additional voting shares of E*TRADE Bank, both in Arlington, Virginia.

B. Federal Reserve Bank of Kansas City (Dennis Denney, Assistant Vice President) 1 Memorial Drive, Kansas City, Missouri 64198-0001:

1. *The Vanguard Group, Inc., and its subsidiaries and affiliates, Malvern, Pennsylvania*; for the Vanguard funds to acquire additional voting shares of Commerce Bancshares, Inc., and thereby, indirectly acquire additional voting shares of Commerce Bank, both in Kansas City, Missouri.

C. Federal Reserve Bank of Dallas (Robert L. Triplett III, Senior Vice President) 2200 North Pearl Street, Dallas, Texas 75201-2272:

1. *David Lynn Davis and the Estate of James Lee Davis, both of Midland, Texas; Sandra Davis Maddox, as co-executor of the Estate of James Lee Davis, Dallas, Texas; all individually and together with Nancy Chandler Davis and the Estate of Michael Keith Davis, both of Midland, Texas*; to join a family

group acting in concert to retain voting shares of First West Texas Bancshares, Inc., and thereby, indirectly retain voting shares of West Texas National Bank, both of Midland, Texas.

Board of Governors of the Federal Reserve System, July 31, 2020.

Yao-Chin Chao,

Assistant Secretary of the Board.

[FR Doc. 2020-17069 Filed 8-4-20; 8:45 am]

BILLING CODE 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 “Programmatic Information Collection for the AHRQ Initiative to Support Primary Care to Advance Cardiovascular Health in States with High Prevalence of Preventable CVD Events.”

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

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

Programmatic Information Collection for the AHRQ Initiative To Support Primary Care To Advance Cardiovascular Health in States With High Prevalence of Preventable CVD Events

Despite improvements in recent years, cardiovascular disease (CVD) is a significant national health burden and the leading cause of death, involved in nearly one of every three deaths.

Modifiable risk factors for CVD, such as high blood pressure, high cholesterol, and smoking, remain poorly controlled. Evidence from patient-centered outcomes research (PCOR) shows that increasing the delivery of the ABCS of heart health—Aspirin in high-risk individuals, Blood pressure control, Cholesterol management, and Smoking cessation—can reduce risk and reduce heart attacks and strokes.

In 2010, Congress established the Patient-Centered Outcomes Research (PCOR) Trust Fund and instructed AHRQ to support the dissemination of PCOR findings. In accordance with its mandated role, AHRQ issued a Request for Applications (RFA) entitled Supporting Primary Care to Advance Cardiovascular Health in States with High Prevalence of Preventable CVD Events. AHRQ anticipates investing up to \$18 million to support a maximum of four awards. Each grantee will establish a state-level entity—known as a Cooperative—to support primary care improvement and run a Heart Health Quality Improvement (QI) project. The expected earliest start date for the grants is December 30, 2020.

This initiative has the following goals:

1. To improve heart health and help reduce CVD disparities by engaging with primary care practices, and disseminating and implementing PCOR findings to improve care delivery.

2. To learn how to develop sustainable state-level primary care QI infrastructure to improve the uptake of PCOR evidence in primary care.

3. To disseminate lessons learned, which take into consideration the context in which each program operated, on how to replicate successes and avoid challenges.

This new grant initiative is being conducted pursuant to AHRQ’s statutory authority to support the agency’s dissemination of PCOR findings. 42 U.S.C. 299b-37(a)-(c). The information collection described in this request is being collected under AHRQ’s authority in 42 U.S.C. 299b-37(c), which authorizes AHRQ to gather feedback about the value of the PCOR information it disseminates. The information described in this request will be collected by AHRQ’s contractor, Abt Associates.

Method of Collection

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

1. Key informant interviews. AHRQ will conduct phone interviews with a variety of state-level organizations involved in primary care support and with primary care practices. This

information will be used to develop case studies for each Cooperative as well as program-level generalizations and lessons learned that might inform other efforts to improve care delivery.

2. Member check-in sessions. AHRQ will conduct group phone discussions with a subset of participants in the key informant interviews to corroborate case studies and lessons learned, and to provide additional shared insights across participants.

Key Informant Interviews

Individual key informant interviews will be conducted with the following groups:

- Grantee and Cooperative leadership, and Cooperative partners—about decision to participate in the project, prior collaborations, organization and governance of the Cooperative, nature and extent of partnerships, what worked well and barriers, changes to the Cooperative and their impact on provision of quality improvement (QI) support, QI support strategies and their perceived effectiveness, successful strategies for recruiting practices and types of practices recruited, success in establishing state-level capacity to provide QI support, factors associated with successful implementation of QI, longer-term impact of the grant and sustainability of capacity developed, suggestions for improvement, and lessons learned from the project.

- Unaffiliated organizations involved in or knowledgeable about primary care in the states—nature and extent of connection to the Cooperatives, awareness of the project, views about the organization and effectiveness of the Cooperatives and their networks, other local activities that may have affected the work of the Cooperatives, views on changes in practice capacity to deliver better care and on sustainability of improvements, benefits to and any potential adverse consequences for patients, suggestions for improvement and lessons learned from the project.

- Practices within the network not participating in the Heart Health QI project—prior collaboration and experience of recruitment to the network, decision to participate, nature of engagement with the Cooperative and network, benefits and drawbacks of network participation, interest in participating in Heart Health QI project, strategies employed to improve heart health, knowledge of and views on QI strategies at participating practices, concurrent efforts to improve care delivery, plans to continue participating in the network, suggestions for improvement and lessons learned.