https://www.federalreserve.gov/foia/request.htm. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)).

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 October 28, 2020.

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

1. *Fidelity Financial Corporation, Wichita, Kansas;* to acquire through its newly formed subsidiary, FFC Merger Sub, Inc., also of Wichita, Kansas, Yorktown Financial Holdings, Inc., Tulsa, Oklahoma, and thereby indirectly acquire Yorktown Bank, Pryor, Oklahoma. In addition, FFC Merger Sub, Inc., to become a bank holding company for a moment in time by acquiring Yorktown Financial Holdings, Inc., and thereby indirectly acquire Yorktown Bank.

Board of Governors of the Federal Reserve System, September 23, 2020.

Yao-Chin Chao,

Assistant Secretary of the Board.

[FR Doc. 2020–21372 Filed 9–25–20; 8:45 am]

BILLING CODE P

GENERAL SERVICES ADMINISTRATION

[Notice–MG–2020–06; Docket No. 2020–0002; Sequence No. 34]

Office of Federal High-Performance Buildings; Green Building Advisory Committee; Notification of Upcoming Web-based Meetings

AGENCY: Office of Government-Wide Policy, General Services Administration (GSA).

ACTION: Meeting notice.

SUMMARY: Notice of these Web-based meetings/conference calls is being provided according to the requirements of the Federal Advisory Committee Act. This notice provides the schedule for a series of Web-based meetings for two task groups of the Committee, which are open for the public to listen in. Interested individuals must register to attend as instructed below under Supplementary Information.

DATES: The *Energy Storage Task Group* will hold recurring Web-based meetings on Thursdays from October 8, 2020, through May 27, 2021, from 3:00 p.m. to 4:00 p.m., Eastern Time (ET).

The *Sustainable Response to COVID–19 Task Group* will hold recurring Web-based meetings on Tuesdays from October 6, 2020, through February 2, 2021, from 2:00 p.m. to 3:00 p.m., ET.

FOR FURTHER INFORMATION CONTACT: Mr. Ken Sandler, Designated Federal Officer, Office of Federal High-Performance Buildings, Office of Government-wide Policy, General Services Administration, 1800 F Street NW, (Mail-code: MG), Washington, DC 20405, at *ken.sandler@gsa.gov* or 202–219–1121. Additional information about the Committee, including meeting materials and agendas, will be available on-line at *http://www.gsa.gov/gbac.*

SUPPLEMENTARY INFORMATION:

Procedures for Attendance and Public Comment

Contact Mr. Ken Sandler at *ken.sandler@gsa.gov* to register to attend the in-person meeting or listen to any of these Web-based meetings. To attend any of these events, submit your full name, organization, email address, and phone number, and which you would like to attend. Requests to attend the Web-based meetings must be received by 5:00 p.m. ET, on Wednesday, September 30, 2020. (GSA will be unable to provide technical assistance to any listener experiencing technical difficulties. Testing access to the Web-based meeting site before the calls is recommended.)

Background

The Administrator of GSA established the Committee on June 20, 2011 (**Federal Register**/Vol. 76, No. 118) pursuant to Section 494 of the Energy Independence and Security Act of 2007 (EISA, 42 U.S.C. 17123). Under this authority, the Committee provides independent policy advice and recommendations to GSA to advance federal building innovations in planning, design, and operations to reduce costs, enable agency missions, enhance human health and performance, and minimize environmental impacts.

The *Energy Storage Task Group* will explore the use of energy storage at federal facilities, and how it may be employed to reduce energy use and greenhouse gas emissions, including in conjunction with renewable energy and grid integration strategies.

The *Sustainable Response to COVID–19 Task Group* will analyze potential impacts on federal facility sustainability, including occupant health and wellness, related to the potential implementation of COVID–19 mitigation measures and operational practices.

The Web-based meetings will allow the task groups to develop consensus recommendations to the full Committee, which will, in turn, decide whether to proceed with formal advice to GSA based upon these recommendations.

Kevin Kampschroer,

Federal Director, Office of Federal High-Performance Buildings, General Services Administration.

[FR Doc. 2020–21328 Filed 9–25–20; 8:45 am]

BILLING CODE 6820–14–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 ''AHRQ Safety Program for Improving Surgical Care and Recovery.'' This proposed information collection was previously published in the **Federal Register** on July 28th, 2020 and allowed 60 days for public comment. AHRQ received no 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 30 days after date of publication.

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

AHRQ Safety Program for Improving Surgical Care and Recovery

This is a quality improvement project that aims to provide technical assistance to hospitals to help them implement evidence-based practices to improve outcomes and prevent complications among patients who undergo surgery. Enhanced recovery pathways are a constellation of preoperative, intraoperative, and postoperative practices that decrease complications and accelerate recovery. A number of studies and meta-analyses have demonstrated successful results. In order to facilitate broader adoption of these evidence-based practices among U.S. hospitals, this AHRQ project will adapt the Comprehensive Unit-based Safety Program (CUSP), which has been demonstrated to be an effective approach to reducing other patient harms, to enhanced recovery of surgical patients. The approach uses a combination of clinical and cultural (*i.e.,* technical and adaptive) intervention components. The adaptive elements include promoting leadership and frontline staff engagement, close teamwork among surgeons, anesthesia providers, and nurses, as well as enhancing patient communication and engagement. Interested hospitals will voluntarily participate.

This project has the following goals:

- Improve outcomes of surgical patients by disseminating and supporting implementation of evidence-based enhanced recovery practices within the CUSP framework.
- Develop a bundle of technical and adaptive interventions and associated tools and educational materials to support implementation.
- Provide technical assistance and training to hospitals for implementing enhanced recovery practices.
- Assess the adoption and evaluate the effectiveness of the intervention among the participating hospitals.

This project is being conducted by AHRQ through its contractor, Johns Hopkins Armstrong Institute for Patient Safety and Quality (JHU), with subcontractors, University of California, San Francisco, American College of Surgeons (ACS) and Westat, 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 quality, effectiveness, efficiency, appropriateness and value of healthcare services and with respect to quality measurement and improvement. 42 U.S.C. 299a(a)(1) and (2).

Method of Collection

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

Safety culture survey. The project team will assess changes in perioperative safety culture in hospitals since the inception of the program by requesting that hospitals ask their staff to complete the safety culture survey at the beginning of the program. Hospitals receive their survey results and then debrief their staff on their safety culture and identify opportunities for further improvement. JHU will provide technical assistance for this effort. Participating hospitals will promote awareness of the survey among their staff, coordinate implementation of the survey, encourage staff to complete the survey and provide staff time to do so, and organize their local debrief of the reports of their hospital's results. JHU will assist this effort by providing an electronic portal for hospital staff to anonymously submit the survey, and by analyzing the data and sending a report to the hospital. Data will also be analyzed in aggregate across all participating hospitals to evaluate the impact of the overall quality improvement effort on measured safety culture.

Patient experience survey. Hospitals will also assess the impact of participation in the project on the patient's experience with care. AHRQ intends to assist hospitals in assessing patient experience by adapting the CAHPS® (Consumer Assessment of Healthcare Providers and Systems) Outpatient and Ambulatory Surgery Survey for use in a hospital setting and adding in selected questions adapted from other surveys, including Hospital CAHPS, the CAHPS Surgical Survey, and PROMIS (Patient Reported Outcomes Measurement Information System). The approach minimizes burden on the hospitals but will yield important information that will then be used to further drive improvements in the patient's experience with the healthcare system.

A pre-implementation assessment of patient experience will be done with patients before the project is implemented at the hospital. A post-implementation assessment of patient experience will be done after the project is implemented, surveying patients that were treated on the enhanced recovery pathway at participating hospitals.

The survey will be administered by Westat. Hospitals will provide patient contact information to the project team after execution of a data use agreement. This information will be provided to Westat to send the survey to patients on behalf of the hospital. Westat will provide a summative report to each hospital with the hospital's results to promote additional local quality improvement work.

While the primary purpose of both surveys is the hospital's quality improvement purpose, the data will also be analyzed in aggregate across all participating hospitals to evaluate the impact of the overall quality improvement effort.

Readiness and Implementation Assessments: Semi-structured qualitative interviews. Semi-structured qualitative interviews will be conducted with key stakeholders at participating hospitals (*e.g.,* project leads, physician project champions, etc.). These include a readiness assessment conducted after a hospital's enrollment in the project and an implementation assessment conducted after a period of implementation. The readiness assessment will help identify which, if any, technical components of the enhanced surgical care and recovery intervention already exist at the hospital, project management and resources, clinician engagement, leadership engagement and potential barriers and facilitators to implementation. The implementation assessment will evaluate what elements of the enhanced recovery practices have been adopted, resources invested, team participation, major barriers (*e.g.,* medications, equipment, trained personnel), and leadership participation. These assessments will help identify training needs of hospitals and inform the JHU team's approach. In addition, the results will inform the JHU team's understanding of local adaptations of the intervention and the degree to which intervention fidelity impacts changes in outcomes.

Site visits. Semi-structured site visits will be conducted at a subset of participating hospitals. Sites will be selected using the following criteria: (1) Active participation (2) geographic location; and (3) willingness to host the research team. Findings will help inform the JHU's project implementation strategy. Information from these visits will be critical in understanding if and how team and/or leadership issues may affect implementation of enhanced recovery practices, including how this may differ across surgical service lines. Interviews will help uncover misalignments in role clarity, needed time and resources, best practices, and potential enablers of and barriers to enhanced surgical care and recovery implementation. Site visits will be conducted at approximately 4

hospitals per year, and each will be 1 day long. The types of hospital personnel anticipated to be involved in part or all of the site visit include senior leadership, perioperative leadership, and patient safety and quality staff. Participating hospitals will receive a structured debriefing and brief summary report at the end of the one-day visit.

Estimated Annual Respondent Burden

Safety Culture Survey

A pre-implementation safety culture survey will be administered as a web-based survey to nurses, physicians and other clinical staff participating in the project. Based on the experience with response rates from the base period of the project and Cohort 1, and the approximately 200 new hospitals that will join the project in Cohort 4, we anticipate approximately 50 responses each from 20 hospitals, or 1,000 total responses from hospital staff. Based on earlier experience we expect that approximately 50 percent of responses will be from physicians and surgeons, and 50 percent will be from nurses.

Patient Experience Survey

During this period, a post-implementation patient experience survey will be administered by mail to patients discharged from the hospital in the surgical specialties included in the project. Assuming an average of 86 patients being surveyed per hospital, about 3,268 patients would be surveyed. With a 30% response rate, the patient experience survey will be completed by about 980 patients. This survey requires about 22 minutes to complete.

Readiness and Implementation Assessments

A pre-and post-assessment will be administered as a semi-structured interview with the hospital project leads (*e.g.,* one physician, one nurse). Assuming an average of 2 staff being part of each pre- and post-interview per hospital, about 760 staff would be surveyed during this period. With a 90% response rate, the readiness and implementation assessment will be completed by about 684 staff. This survey requires 60 minutes to complete.

Site Visits

Six site visits will be conducted during this period. Assuming an average of 3 staff being a part of each site visit, about 18 staff would take part in the site visits that will take 4 hours to complete.

Exhibit 1 shows estimated annualized burden hours, and Exhibit 2 shows the estimated annualized cost burden associated with the respondents' time to participate in this project. The total cost burden is estimated to be $96,530 annually.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Safety culture survey	1,000	1	.25	250
Patient experience survey	980	1	0.37	363
Readiness and Implementation assessment	684	1	1	684
Site visits	18	1	4	72
Total	2,681	N/A	N/A	1,368

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form name	Number of respondents	Total burden hours	Average hourly wage rate *	Total cost burden
Safety culture survey	500	125	[a] $121.17	$15,146
Safety culture survey	500	125	[b] 37.24	4,655
Patient experience survey	980	363	[d] 27.54	9,997
Readiness and Implementation assessment	342	342	[a] 121.17	41,440
Readiness and Implementation assessment	342	342	[c] 55.37	18,937
Site visits	9	36	[a] 121.17	4,362
Site Visits	9	36	[c] 55.37	1,993
Total	2,682	1,368	N/A	96,530

National Compensation Survey: Occupational wages in the United States May 2019 "U.S. Department of Labor, Bureau of Labor Statistics:" *http://www.bls.gov/oes/current/oes_stru.htm.*

[a] Based on the mean wages for *29–1240 Physicians and Surgeons.*

[b] Based on the mean wages for *29–1141 Registered Nurse.*

[c] Based on the mean wages for *11–9111 Medical and Health Services Managers.*

[d] Based on the mean wages for *00–0000 All Occupations.*

Request for Comments

In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501–3520, 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: September 21, 2020.

Marquita Cullom-Stott,

Associate Director.

[FR Doc. 2020–21295 Filed 9–25–20; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Informational Meeting: The Importation of Infectious Biological Agents, Infectious Substances and Vectors; Public Webinar

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice of public webinar.

SUMMARY: The Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS) is hosting a public webinar to address import permit regulations for infectious biological agents, infectious substances, and vectors. Besides the CDC, presenters for this webinar may include representatives from the Department of Transportation, Department of Agriculture and Department of Homeland Security.

DATES: The webinar will be held December 3, 2020 from 11 a.m. to 4 p.m. (EST). Registration instructions are found on the HHS/CDC Import Permit Program website, *https://www.cdc.gov/cpr/ipp/index.htm.*

ADDRESSES: The webinar will be broadcast from the Centers for Disease Control and Prevention, 1600 Clifton Road NE, Atlanta, Georgia 30329.

FOR FURTHER INFORMATION CONTACT: Samuel S. Edwin, Director, Division of Select Agents and Toxins, CDC, 1600 Clifton Road NE, Mailstop H–21–7, Atlanta, Georgia 30329. Telephone: (404) 718–2000.

SUPPLEMENTARY INFORMATION: This webinar is an opportunity for all interested parties (*e.g.,* academic institutions; biomedical centers; commercial manufacturing facilities; federal, state, and local laboratories, including clinical and diagnostic laboratories; research facilities; exhibition facilities; and educational facilities) to obtain specific guidance and information regarding import permit regulations and shipping infectious biological materials. The webinar will also provide assistance to those interested in applying for an import permit from federal agencies within the United States. Instructions for registration are found on the CDC Import Permit Program website, *https://www.cdc.gov/cpr/ipp/index.htm.*

Participants must register by November 30, 2020. This is a webinar-only event and there will be no on-site participation at the CDC broadcast facility.

Dated: September 23, 2020.

Sandra Cashman,

Executive Secretary, Centers for Disease Control and Prevention.

[FR Doc. 2020–21335 Filed 9–25–20; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–10320]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: The Centers for Medicare & Medicaid Services (CMS) is announcing an opportunity for the public to comment on CMS' intention to collect information from the public. Under the Paperwork Reduction Act of 1995 (the PRA), federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information (including each proposed extension or reinstatement of an existing collection of information) and to allow 60 days for public comment on the proposed action. Interested persons are invited to send comments regarding our burden estimates or any other aspect of this collection of information, including the necessity and utility of the proposed information collection for the proper performance of the agency's functions, the accuracy of the estimated burden, ways to enhance the quality, utility, and clarity of the information to be collected, and the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

DATES: Comments must be received by November 27, 2020.

ADDRESSES: When commenting, please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be submitted in any one of the following ways:

1. *Electronically.* You may send your comments electronically to *http://www.regulations.gov.* Follow the instructions for ''Comment or Submission'' or ''More Search Options'' to find the information collection document(s) that are accepting comments.

2. *By regular mail.* You may mail written comments to the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: Document Identifier/OMB Control Number: CMS–P–0015A, Room C4–26–05, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, you may make your request using one of following:

1. Access CMS' website address at *https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing.html.*

2. Call the Reports Clearance Office at (410) 786–1326.

FOR FURTHER INFORMATION CONTACT: William N. Parham at (410) 786–4669.

SUPPLEMENTARY INFORMATION:

Contents

This notice sets out a summary of the use and burden associated with the following information collections. More detailed information can be found in each collection's supporting statement and associated materials (see **ADDRESSES**).

CMS–10320 Health Care Reform Insurance Web Portal

Under the 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. The term ''collection of information'' is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA requires federal agencies to publish a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice.