

FEDERAL COMMUNICATIONS COMMISSION

[OMB 3060–0751; FRS 17533]

Information Collection Being Reviewed by the Federal Communications Commission Under Delegated Authority**AGENCY:** Federal Communications Commission.**ACTION:** Notice and request for comments.

SUMMARY: As part of its continuing effort to reduce paperwork burdens, and as required by the Paperwork Reduction Act of 1995 (PRA), the Federal Communications Commission (FCC or Commission) invites the general public and other Federal agencies to take this opportunity to comment on the following information collections. Comments are requested concerning: whether the proposed collection of information is necessary for the proper performance of the functions of the Commission, including whether the information shall have practical utility; the accuracy of the Commission's burden estimate; ways to enhance the quality, utility, and clarity of the information collected; ways to minimize the burden of the collection of information on the respondents, including the use of automated collection techniques or other forms of information technology; and ways to further reduce the information collection burden on small business concerns with fewer than 25 employees.

The FCC may not conduct or sponsor a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. No person shall be subject to any penalty for failing to comply with a collection of information subject to the PRA that does not display a valid OMB control number.

DATES: Written PRA comments should be submitted on or before May 4, 2021. If you anticipate that you will be submitting comments but find it difficult to do so within the period of time allowed by this notice, you should advise the contact listed below as soon as possible.

ADDRESSES: Direct all PRA comments to Cathy Williams, FCC, via email to PRA@fcc.gov and to Cathy.Williams@fcc.gov.

FOR FURTHER INFORMATION CONTACT: For additional information about the information collection, contact Cathy Williams at (202) 418–2918.

SUPPLEMENTARY INFORMATION:

OMB Control No.: 3060–0751.

Title: Contracts and Concessions, 47 CFR 43.51.

Form No.: N/A.

Type of Review: Extension of a currently approved collection.

Respondents: Business or other for-profit entities.

Number of Respondents/Responses: 20 respondents, 20 responses.

Estimated Time per Response: 6–8 hours.

Frequency of Response: On occasion reporting requirement.

Obligation to Respond: Required to obtain or retain benefits. The statutory authority for this information collection is contained in 47 U.S.C. 154, 211, 219 and 220.

Total Annual Burden: 140 hours.

Annual Cost Burden: No cost.

Privacy Act Impact Assessment: No impact(s).

Nature and Extent of Confidentiality: In general, there is no need for confidentiality with this collection of information.

Needs and Uses: This collection will be submitted as an extension (no change in reporting or recordkeeping requirements) after this 60-day comment period to the Office of Management and Budget (OMB) in order to obtain the full three-year clearance.

The Commission has determined that the authorized resale of international private lines inter-connected to the U.S. public switched network would tend to divert international message telephone service (IMTS) traffic from the settlements process and increase the U.S. net settlements deficit. The information will be used by the Commission in reviewing the impact, if any, that end-user private line interconnections have on the Commission's international settlements policy. The data will also enhance the ability of both the Commission and interested parties to monitor the unauthorized resale of international private lines that are interconnected to the U.S. public switched network.

Federal Communications Commission.

Marlene Dortch,*Secretary.*

[FR Doc. 2021–04616 Filed 3–4–21; 8:45 am]

BILLING CODE 6712–01–P**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 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 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 April 5, 2021.

A. Federal Reserve Bank of San Francisco (Sebastian Astrada, Director, Applications) 101 Market Street, San Francisco, California 94105–1579:

1. *Riverview Bancorp, Inc., Vancouver, Washington;* to become a bank holding company upon the conversion of its wholly-owned subsidiary, Riverview Community Bank, Vancouver, Washington, from a federal savings bank to a Washington state-chartered non-member bank.

Board of Governors of the Federal Reserve System, March 2, 2021.

Michele Taylor Fennell,*Deputy Associate Secretary of the Board.*

[FR Doc. 2021–04638 Filed 3–4–21; 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 proposed updates to the approved information collection project “Safety Program in Perinatal Care (SPPC)-II Demonstration Project.”

DATES: Comments on this notice must be received by May 4, 2021.

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

Safety Program in Perinatal Care (SPPC)-II Demonstration Project

The SPPC-II *Demonstration Project* has the following goals:

(1) To implement the integrated Alliance for Innovation on Maternal Health (AIM)-SPPC II program in birthing hospitals in Oklahoma and Texas in coordination with AIM and the respective state PQC (Perinatal Quality Collaborative);

(2) To assess the implementation of the integrated AIM-SPPC II program in these hospitals; and

(3) To ascertain the short- and medium-term impact of the integrated AIM-SPPC II program on hospital (*i.e.*, perinatal unit) teamwork and communication, patient safety, and key maternal health outcomes.

This study is being conducted by AHRQ through its contractor, Johns Hopkins University (JHU) and the AIM program, JHU’s subcontractor, 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).

Due to continued pandemic-related impacts on the SPPC-II study population, we propose to update the SPPC-II data collection by (1) restructuring and adding questions to the approved qualitative interview guides to be used with AIM program Team Leads and now frontline health providers in the summer/fall of 2021 to include questions to better understand the perceived implementation context; and (2) adding focus group discussions in the summer/fall of 2022 to assess perceptions of implementation and sustainability of the SPPC-II Toolkit at the hospital level. The total burden hours resulting from these proposed updates to the SPPC-II data collection is 64 hours. The total estimated annual burden hours for SPPC-II are 54,693.

Method of Collection

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

(a) *Qualitative, semi-structured interviews with AIM Team Leads and frontline staff* will be conducted by phone or via zoom in the summer/fall of 2021 to assess the perceived utility of the training and the perceived implementation context (including barriers, facilitators, and strategies) in the context of a reduced scope for

SPPC-II. In 8 hospitals, one-hour interviews with AIM Team Leads (1 per hospital) and 30-minute interviews with frontline staff (4 per hospital) will be conducted. An interview guide developed based on the Consolidated Framework for Implementation Research framework will be used to conduct the interviews, together with a corresponding consent form. The interview guide will be supported by the SPPC-II tier level training specific handouts.

(b) *Focus group discussions with AIM Team Leads and frontline staff* will be conducted by phone or via zoom in the summer/fall of 2022 to assess perceptions of implementation and sustainability of the SPPC-II Toolkit at the hospital level. We will conduct one 1-hour focus groups with AIM Team Leads and frontline staff in each of the 8 hospitals. An interview guide developed based on the Consolidated Framework for Implementation Research framework will be used to conduct the interviews, together with a corresponding consent form.

Estimated Annual Respondent Burden

Exhibit 1 shows only the estimated annualized burden hours for the respondents’ time to participate in updates to the information collection of the SPPC-II Demonstration Project.

One-hour qualitative interviews will be conducted with a total of 8 AIM Team Leads and 30-minute qualitative interviews with 32 frontline staff in 8 hospitals. We will also conduct 8 one-hour focus group discussions with a total of 40 AIM Team Leads and frontline staff in the same hospitals.

The total burden hours resulting from the proposed updates to the SPPC-II data collection is 64 hours. The total annual burden hours are estimated to be 54,693 hours.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Qualitative semi-structured interviews with AIM Team Leads	8	1	1.00	8
Qualitative semi-structured interviews with frontline staff	32	1	0.50	16
Focus group discussions with AIM Team Leads and frontline staff	40	1	1	40
Total	80	NA	NA	64

Exhibit 2 shows only the hours and cost of updates to the collection. The total cost burden of the updated

collection is estimated to be \$1,421,576.68 annually.

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form name	Number of respondents	Total burden hours	Average hourly wage rate *	Total cost burden
Qualitative semi-structured interviews with AIM Team Leads	8	8	\$49.83	\$398.64
Qualitative semi-structured interviews with frontline staff	32	16	49.83	797.28
Focus group discussions with AIM Team Leads and frontline staff	40	40	49.83	1,993.20
Total	80	64	\$3,189.12

* National Compensation Survey: Occupational wages in the United States May 2017 “U.S. Department of Labor, Bureau of Labor Statistics.” Weighted mean hourly wage for obstetrician-gynecologists (\$113.10; occupation code 29–1064; 30%); nurse-midwives (\$49.83; occupation code 29–1161; 30%); registered nurses (\$35.36; occupation code 29–1161; 20%); and nurse practitioners (\$51.86; occupation code 29–1171; 20%).

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: March 1, 2021.

Marquita Cullom,

Associate Director.

[FR Doc. 2021–04502 Filed 3–4–21; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Supplemental Evidence and Data Request on Management of Infantile Epilepsy

AGENCY: Agency for Healthcare Research and Quality (AHRQ), HHS.

ACTION: Request for Supplemental Evidence and Data Submissions.

SUMMARY: The Agency for Healthcare Research and Quality (AHRQ) is seeking

scientific information submissions from the public. Scientific information is being solicited to inform our review on *Management of Infantile Epilepsy*, which is currently being conducted by the AHRQ’s Evidence-based Practice Centers (EPC) Program. Access to published and unpublished pertinent scientific information will improve the quality of this review.

DATES: *Submission Deadline* on or before April 5, 2021.

ADDRESSES:

Email submissions: epc@ahrq.hhs.gov.

Print submissions:

Mailing Address: Center for Evidence and Practice Improvement, Agency for Healthcare Research and Quality, ATTN: EPC SEADs Coordinator, 5600 Fishers Lane, Mail Stop 06E53A, Rockville, MD 20857.

Shipping Address (FedEx, UPS, etc.): Center for Evidence and Practice Improvement, Agency for Healthcare Research and Quality, ATTN: EPC SEADs Coordinator, 5600 Fishers Lane, Mail Stop 06E77D, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT:

Jenae Bennis, Telephone: 301–427–1496 or Email: epc@ahrq.hhs.gov.

SUPPLEMENTARY INFORMATION: The Agency for Healthcare Research and Quality has commissioned the Evidence-based Practice Centers (EPC) Program to complete a review of the evidence for *Management of Infantile Epilepsy*. AHRQ is conducting this systematic review pursuant to Section 902 of the Public Health Service Act, 42 U.S.C. 299a.

The EPC Program is dedicated to identifying as many studies as possible that are relevant to the questions for each of its reviews. In order to do so, we are supplementing the usual manual and electronic database searches of the literature by requesting information from the public (e.g., details of studies conducted). We are looking for studies that report on *Management of Infantile Epilepsy*, including those that describe

adverse events. The entire research protocol is available online at: <https://effectivehealthcare.ahrq.gov/products/management-infantile-epilepsy/research-protocol>.

This is to notify the public that the EPC Program would find the following information on *Management of Infantile Epilepsy* helpful:

- A list of completed studies that your organization has sponsored for this indication. In the list, please *indicate whether results are available on ClinicalTrials.gov along with the ClinicalTrials.gov trial number.*

- *For completed studies that do not have results on ClinicalTrials.gov*, a summary, including the following elements: Study number, study period, design, methodology, indication and diagnosis, proper use instructions, inclusion and exclusion criteria, primary and secondary outcomes, baseline characteristics, number of patients screened/eligible/enrolled/lost to follow-up/withdrawn/analyzed, effectiveness/efficacy, and safety results.

- *A list of ongoing studies that your organization has sponsored for this indication.* In the list, please provide the *ClinicalTrials.gov* trial number or, if the trial is not registered, the protocol for the study including a study number, the study period, design, methodology, indication and diagnosis, proper use instructions, inclusion and exclusion criteria, and primary and secondary outcomes.

- Description of whether the above studies constitute *ALL Phase II and above clinical trials* sponsored by your organization for this indication and an index outlining the relevant information in each submitted file.

Your contribution is very beneficial to the Program. Materials submitted must be publicly available or able to be made public. Materials that are considered confidential; marketing materials; study types not included in the review; or information on indications not included in the review cannot be used by the EPC Program. This is a voluntary request for information, and all costs for complying