

trustee, both of Piedmont, Oklahoma; the JVA Inheritance Trust for John T. Anderson, John T. Anderson, as trustee, both of Crescent, Oklahoma; the JVA Inheritance Trust for Barry L. Anderson, Barry L. Anderson, as trustee, both of Guthrie, Oklahoma; and the JVA Inheritance Trust for Patti J. Rains, Patti J. Rains, as trustee, both of Oklahoma City, Oklahoma; to join the Anderson Family Group, a group acting in concert, to acquire voting shares of F&M Bancshares, Inc., Crescent, Oklahoma, and thereby indirectly acquire voting shares of F&M Bank, Edmond, Oklahoma. Terry V. Anderson, John T. Anderson, Barry L. Anderson, and Patti J. Rains are members of the Anderson Family Group and were each previously permitted by the Federal Reserve System to acquire voting shares of F&M Bancshares, Inc., in their individual capacities.

Board of Governors of the Federal Reserve System.

Erin Cayce,

Assistant Secretary of the Board.

[FR Doc. 2026–15367 Filed 7–29–26; 8:45 am]

BILLING CODE 6210–01–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: Information collection 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 extension without change of the information collection project “Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery” (0935–0179).

DATES: Comments on this notice must be received by August 31, 2026.

ADDRESSES: Written comments should be submitted to: Margie Shofer, Reports Clearance Officer, AHRQ, by email at REPORTSCLEARANCEOFFICER@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: Margie Shofer, AHRQ Reports Clearance Officer, (301) 427–1696, or by email at REPORTSCLEARANCEOFFICER@ahrq.hhs.gov.

SUPPLEMENTARY INFORMATION:

Proposed Project

Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery

The information collection activity will garner qualitative customer and stakeholder feedback in an efficient, timely manner, in accordance with the Administration’s commitment to improving service delivery. By qualitative feedback we mean information that provides useful insights on perceptions and opinions, but are not statistical surveys that yield quantitative results that can be generalized to the population of study. This feedback will provide insights into customer or stakeholder perceptions, experiences, and expectations, provide an early warning of issues with service, or focus attention on areas where communication, training or changes in operations might improve delivery of products or services. These collections will allow for ongoing, collaborative and actionable communication between the Agency and its customers and stakeholders. It will also allow feedback to contribute directly to the improvement of program management. The current clearance was approved on November 7, 2023 (OMB Control Number 0935–0179) and will expire on November 30, 2026.

Method of Collection

Feedback collected under this generic clearance will provide useful information, but it will not yield data that can be generalized to the overall population. This type of generic clearance for qualitative information will not be used for quantitative information collections that are designed to yield reliably actionable results, such as monitoring trends over time or documenting program performance. Such data uses require more rigorous designs that address: (1) the target population to which generalizations will be made; (2) the sampling frame; (3) the sample design (including stratification and clustering); (4) the precision requirements or power calculations that justify the proposed sample size; (5) the expected response rate; (6) methods for assessing potential nonresponse bias; (7) the protocols for data collection; (8) and any testing procedures that were or will be undertaken prior to fielding the study. Depending on the degree of influence the results are likely to have, such collections may still be eligible for submission for other generic mechanisms that are designed to yield quantitative results.

Estimated Annual Respondent Burden

Exhibit 1 shows the estimated total burden hours for the respondents. Mail surveys are estimated to average 15 minutes, telephone surveys 40 minutes, web-based surveys 10 minutes, focus groups two hours, and in-person interviews are estimated to average 50 minutes. Mail surveys may also be sent to respondents via email and may include a telephone non-response follow-up. Telephone non-response follow-up for mailed surveys does not count as a telephone survey. The total burden hours for the 3 years of the clearance are estimated to be 10,900 hours.

Exhibit 2 shows the estimated cost burden for the respondents. The total cost burden for the 3 years of the clearance is estimated to be \$226,932.

EXHIBIT 1—ESTIMATED BURDEN HOURS OVER 3 YEARS

Type of information collection	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Mail/email *	5,000	1	15/60	1,250
Telephone	200	1	40/60	133
Web-based	5,000	1	10/60	833
Focus Groups	500	1	2.0	1,000
In-person	200	1	50/60	167

EXHIBIT 1—ESTIMATED BURDEN HOURS OVER 3 YEARS—Continued

Type of information collection	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Total	10,900	N/A	N/A	3,383

* May include telephone non-response follow-up in which case the burden will not change.

EXHIBIT 2—ESTIMATED COST BURDEN OVER 3 YEARS

Type of information collection	Number of respondents	Total burden hours	Average hourly wage rate*	Adjusted average hourly wage rate**	Total cost burden (total burden hours × adjusted average hourly wage rate)
Mail/email	5,000	1,250	\$33.54	\$67.08	\$83,850
Telephone	200	133	33.54	67.08	8,922
Web-based	5,000	833	33.54	67.08	55,878
Focus Groups	500	1,000	33.54	67.08	67,080
In-person	200	167	33.54	67.08	11,202
Total	10,900	3,383	33.54	67.08	226,932

* Bureau of Labor & Statistics on "Occupational Employment and Wages, May 2025" for all occupations found at the following URL: National Occupational Employment and Wage Estimates ([bls.gov](https://www.bls.gov)) for the respondents.

** Adjusted Average Hourly Wage Rate is 200% of the average hourly rate. It is a fully loaded rate that includes the benefit costs of respondents.

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: July 27, 2026.

Jeffrey Toven,
Executive Officer.

[FR Doc. 2026–15326 Filed 7–29–26; 8:45 am]

BILLING CODE 4160–90–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: Information collection 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 extension with change of the currently approved information collection "AHRQ Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database for Health Plans" (OMB Control number 0935–0165, last approved on December 31, 2023).

DATES: Comments on this notice must be received by September 28, 2026.

ADDRESSES: Written comments should be submitted to: Margie Shofer, Reports Clearance Officer, AHRQ, by email at REPORTSCLEARANCEOFFICER@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:

Margie Shofer, AHRQ Reports Clearance Officer, (301) 427–1696, or by email at

REPORTSCLEARANCEOFFICER@ahrq.hhs.gov.

SUPPLEMENTARY INFORMATION:

Background

The CAHPS Health Plan Database consists of data from the AHRQ CAHPS Health Plan Survey. Health plans in the U.S. are asked to voluntarily submit data from the survey to AHRQ, through its contractor, Westat. The CAHPS Health Plan Survey is a tool for collecting standardized information on enrollees' experiences with health plans and their services. The development of the CAHPS Health Plan Survey began in 1995 in response to requests from health plans, purchasers, and the Centers for Medicare and Medicaid Services (CMS) to provide comparative data to support public reporting of health plan ratings, health plan accreditation and quality improvement. Since that time, the survey has been refined and updated to reflect field feedback from industry experts; reports from health plan participants, data collection vendors (the organization that helps carry out the technical and operational parts of a survey and database submission), and other users; evidence from cognitive testing and focus groups; and extensive psychometric data analysis. Version 5.0 of the Health Plan Survey was released in 2012. The National Quality Forum endorsed the 5.0 version of the Health Plan Survey in 2015. Version 5.1 was released in 2020 to acknowledge the various ways in which enrollees may

exposures in federal and non-federal laboratories;

- Information from ethylene dibromide processing facilities on the current presence of laboratory sites within the same facilities;
- Information on the introduction of any exposure reduction related technologies or engineering controls since the 1980s;
- Information on PPE enforced by employers (e.g., assigned protection factor (APF) of respirators, materials of gloves, duration of respirator or gloves used) and used by workers in various activities under each OES;
- Average working hours per day and number of working days for a worker that refuels single engine small aircraft that utilize 100LL avgas containing ethylene dibromide as a fuel agent or additive;
- Number of aircrafts a worker (avgas refueler) refuels on a typical 8 hour workday;
- Avgas use patterns (e.g., frequency of refueling an aircraft per day, number of days flying an aircraft per year, average number of years that a consumer may fly and refuel their aircraft) for consumers (i.e., pilots of small non-commercial airplanes);
- Racing fuel availability and use patterns (e.g., number or types of vehicles using racing fuel containing ethylene dibromide, volume of use, frequency of refueling);
- Average duration of refueling an aircraft (i.e., the duration of actively transferring avgas from nozzle into an aircraft fuel tank) and average volume of avgas refueled into an aircraft;
- Worker activities, industrial and commercial practices for the disposal of ethylene dibromide, and any exposure monitoring data gathered at landfills or wastewater treatment plants;
- EPA's draft Occupational Exposure Value (OEV) and Short-Term Exposure Value (STEV);
- Number of operating days per year and shift lengths at bulk terminals under the "Fuels and Related Products" OES;
- Information regarding engineering controls, administrative controls, and/or PPE use by workers engaged in refueling activities that reduce inhalation and dermal exposure to ethylene dibromide; and
- The representativeness of high-end exposure estimates for intermediate inhalation and dermal occupational exposures (e.g., current practices involving the processing of ethylene dibromide at neat concentrations).

III. Next Steps

After consideration of comments received from the public on the draft risk evaluation and input from the Scientific Advisory Committee on Chemicals (SACC) peer review, EPA will issue a final risk evaluation for ethylene dibromide. Under TSCA section 6, EPA must use the final risk evaluation as a basis to determine, based on the weight of scientific evidence, whether or not the chemical presents an unreasonable risk to human health or the environment under the chemical's COUs. This includes risks to subpopulations who may be at greater risks than the general population, such as children and workers. TSCA prohibits EPA from considering non-risk factors (e.g., costs/benefits) during risk evaluation.

For more information about the TSCA risk evaluation process for existing chemicals, go to <https://www.epa.gov/assessing-and-managing-chemicals-under-tsca>.

Authority: 15 U.S.C. 2601 *et seq.*

Dated: August 14, 2026.

Douglas M. Troutman,

Assistant Administrator, Office of Chemical Safety and Pollution Prevention.

[FR Doc. 2026-16919 Filed 8-18-26; 8:45 am]

BILLING CODE 6560-50-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Agency Information Collection Activities: Proposed Collection; Comment Request

Correction

In Notice Document 2026-15326, appearing on pages 48112 through 48113, in the issue of Thursday, July 30, 2026, make the following correction:

On page 48112, in the second column, in the **DATES** section, in the 2nd line, "August 31, 2026" should read "September 28, 2026".

[FR Doc. C1-2026-15326 Filed 8-18-26; 8:45 am]

BILLING CODE 0099-10-D

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Solicitation of Nominations for Appointment to the World Trade Center Health Program Scientific/Technical Advisory Committee

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

ACTION: Notice.

SUMMARY: The Centers for Disease Control and Prevention (CDC), within the Department of Health and Human Services (HHS), is seeking nominations for membership on the World Trade Center (WTC) Health Program Scientific/Technical Advisory Committee (STAC), in accordance with provisions of the James Zadroga 9/11 Health and Compensation Act of 2010, as amended. The STAC consists of 17 members including experts in fields associated with occupational medicine, pulmonary medicine, environmental medicine, environmental health, industrial hygiene, epidemiology, toxicology, and mental health, and representatives of WTC responders as well as representatives of certified-eligible WTC survivors.

DATES: Nominations for membership on the STAC must be received no later than November 13, 2026. Packages received after this time will not be considered for the current membership cycle.

ADDRESSES: All nominations should be mailed to NIOSH Docket 229-M, c/o Mia Wallace, Committee Management Specialist, National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention, 1600 Clifton Road NE, Mailstop S108-7, Atlanta, Georgia 30329-4027, or emailed to nioshdocket@cdc.gov.

FOR FURTHER INFORMATION CONTACT: Tania Carreón-Valencia, Ph.D., M.S., Designated Federal Officer, World Trade Center Health Program Scientific/Technical Advisory Committee, Centers for Disease Control and Prevention, 1600 Clifton Road NE, Mailstop R-12, Atlanta, Georgia 30329-4027. Telephone: (513) 841-4515 (this is not a toll-free number); Email: TCarreonValencia@cdc.gov.

SUPPLEMENTARY INFORMATION: The World Trade Center (WTC) Health Program Scientific/Technical Advisory Committee (STAC) reviews scientific and medical evidence and makes recommendations to the Administrator of the WTC Health Program on