statutory definition of a CFI certain advantages over non-CFI insured depository institutions in qualifying for Bank membership, and in the purposes for which they may receive long-term advances and the collateral they may pledge to secure advances.[1] Section 2(10)(A) of the Bank Act and § 1263.1 of FHFA's regulations define a CFI as any Bank member the deposits of which are insured by the Federal Deposit Insurance Corporation and that has average total assets below the statutory cap.[2] The Bank Act was amended in 2008 to set the statutory cap at $1 billion and to require FHFA to adjust the cap annually to reflect the percentage increase in the CPI–U, as published by the DOL.[3] For 2023, FHFA set the CFI asset cap at $1,417,000,000, which reflected a 7.1 percent increase over 2022, based upon the increase in the CPI–U between 2021 and 2022.[4]

II. The CFI Asset Cap for 2024

As of January 1, 2024, FHFA will increase the CFI asset cap to $1,461,000,000, which reflects a 3.1 percent increase in the unadjusted CPI–U from November 2022 to November 2023. Consistent with the practice of other Federal agencies required to calculate and make annual adjustments based on CPI–U changes, FHFA bases the annual adjustment to the CFI asset cap on the percentage increase in the CPI–U from November of the year prior to the preceding calendar year to November of the preceding calendar year, because the November figures represent the most recent available data as of January 1st of the current calendar year. The new CFI asset cap was obtained by applying the percentage increase in the CPI–U to the unrounded amount for the preceding year and rounding to the nearest million, as has been FHFA's practice for all previous adjustments.

In calculating the CFI asset cap, FHFA uses CPI–U data that have not been seasonally adjusted (*i.e.,* the data have not been adjusted to remove the estimated effect of price changes that normally occur at the same time and in about the same magnitude every year). The DOL encourages use of unadjusted CPI–U data in applying ''escalation'' provisions such as that governing the CFI asset cap, because the factors that are used to seasonally adjust the data are amended annually, and seasonally adjusted data that are published earlier are subject to revision for up to five years following their original release. Unadjusted data are not routinely subject to revision, and previously published unadjusted data are only corrected when significant calculation errors are discovered.

Joshua R. Stallings,

Deputy Director, Division of Federal Home Loan Bank Regulation, Federal Housing Finance Agency.

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BILLING CODE 8070–01–P

[1] *See* 12 U.S.C. 1424(a), 1430(a).

[2] *See* 12 U.S.C. 1422(10)(A); 12 CFR 1263.1.

[3] *See* 12 U.S.C. 1422(10)(B); 12 CFR 1263.1 (defining the term ''CFI asset cap'').

[4] *See* 87 FR 80184 (Dec. 29, 2022).

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Supplemental Evidence and Data Request on The Effect of Dietary Digestible Carbohydrate Intake on Risk of Cardiovascular Disease

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

ACTION: Request for supplemental evidence and data submission.

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 *The Effect of Dietary Digestible Carbohydrate Intake on Risk of Cardiovascular Disease,* 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 February 12, 2024.

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: Kelly Carper, Telephone: 301–427–1656 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 *The Effect of Dietary Digestible Carbohydrate Intake on Risk of Cardiovascular Disease.* AHRQ is conducting this 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 *The Effect of Dietary Digestible Carbohydrate Intake on Risk of Cardiovascular Disease.*

The entire research protocol is available online at: *https://effectivehealthcare.ahrq.gov/products/risk-cardiovascular-disease.*

This is to notify the public that the EPC Program would find the following information on *The Effect of Dietary Digestible Carbohydrate Intake on Risk of Cardiovascular Disease* helpful:

- A list of completed studies that your organization has sponsored for this topic. 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, if relevant: 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 topic.* In the list, please provide the ClinicalTrials.gov trial number or, if the trial is not registered, the protocol for the study including, if relevant, 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 topic 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 topics not included in the review cannot be used by the EPC Program. This is a voluntary request for information, and all costs for complying with this request must be borne by the submitter.

The draft of this review will be posted on AHRQ's EPC Program website and available for public comment for a period of 4 weeks. If you would like to be notified when the draft is posted, please sign up for the email list at: *https://www.effectivehealthcare.ahrq.gov/email-updates.*

The review will answer the following questions. This information is provided as background. AHRQ is not requesting that the public provide answers to these questions.

Key Questions (KQ)

KQ 1: What is the association between dietary digestible carbohydrate intake and the incidence of cardiovascular disease?

PICOTS (Populations, Interventions, Comparators, Outcomes, Timing, and Setting)

INCLUSION AND EXCLUSION CRITERIA BY POPULATION, INTERVENTION, COMPARATOR, OUTCOME, TIMING, SETTING/STUDY DESIGN (PICOTS)

PICOTS elements	Inclusion criteria	Exclusion criteria
Population	• Participants who are generally healthy, including participants who are determined to be overweight/obese, women who are pregnant or lactating. • Age of participants: ○ Between 2 years and 9 years (before puberty). ○ Between 9 and 17 years. ○ 18 years and older.	• Participants with diseases/health-related conditions that impact carbohydrate absorption or metabolism, cancer, and malabsorption syndromes. • Participants hospitalized with an illness or injury. • Participants with the endpoint outcomes of CVD (*i.e.,* studies that aim to treat participants already been diagnosed with the endpoint outcomes of interest). • Participants who intend to reduce weight or receive treatments for being overweight and having obesity through energy restriction or hypocaloric diets for the purposes of treating additional or other medical conditions. • Participants who are determined to be undernourished, underweight, stunted, or wasted. • Participants who are pre-bariatric or post-bariatric surgery. • People younger than 2 years old.
Interventions	• Total dietary digestible carbohydrate intake from foods, beverages, and dietary supplements. ○ Total dietary digestible carbohydrate intake defined as collective starch and sugar intake; carbohydrate intake not including dietary fiber. • A dietary pattern that quantifies the intake of total dietary digestible carbohydrates and allows the isolation of the effect of carbohydrate intake from the effect of the intake of other macronutrients.	• Studies that do not specify the amount of total digestible carbohydrate intake (*e.g.,* studies that only report type or source of digestible carbohydrate). • Studies that do not describe the entire macronutrient distribution of the diet (*i.e.,* studies that do not report total digestible carbohydrate, total fat, and total protein contents of experimental or baseline diets). • Studies that only assess digestible carbohydrate intake via infusions (rather than the GI tract). • Studies that primarily measure postprandial responses, as opposed to longer term studies. • Studies that examine food products or dietary supplements not widely available to U.S. consumers. • Multi-component interventions that do not isolate the effect or association of digestible carbohydrate.
Comparators	• Different total dietary digestible carbohydrate intake level(s).	• Comparison of different sources of carbohydrate without specifying amount of carbohydrate intake. • Studies that do not attempt to control for energy intake of participants such that comparisons are made on an isocaloric basis. • Comparisons of available carbohydrate exposure should not be confounded by differences in participants' energy intake.
Outcomes	• Intermediate outcomes: ○ LDL cholesterol (LDL). ○ Total cholesterol (TC). ○ HDL cholesterol (HDL). ○ Non-HDL cholesterol. ○ TC:HDL ratio. ○ LDL:HDL ratio. ○ Triglycerides. ○ Blood pressure (systolic and/or diastolic) and hypertension. • Final outcomes: ○ Cardiovascular disease *(e.g.,* myocardial infarction, coronary heart disease, congestive heart failure, peripheral artery disease). ○ Stroke. ○ Cardiovascular disease-related mortality.	• Hypertensive disorders during pregnancy and/or lactation (*e.g.,* chronic hypertension, gestational hypertension, preeclampsia-eclampsia, chronic hypertension with superimposed preeclampsia).

INCLUSION AND EXCLUSION CRITERIA BY POPULATION, INTERVENTION, COMPARATOR, OUTCOME, TIMING, SETTING/STUDY DESIGN (PICOTS)—Continued

PICOTS elements	Inclusion criteria	Exclusion criteria
Timing	• At least 4 weeks	• Less than 4 weeks.
Settings	• All except hospital and acute care	• Hospital and acute care.
Study design	• Randomized controlled trials • Nonrandomized controlled trials, including quasi-experimental and controlled before-and-after studies. • Prospective cohort studies. • Nested case-control studies. • Relevant systematic reviews, or meta-analyses (used for identifying additional studies).	• In vitro studies, nonoriginal data (*e.g.,* narrative reviews, scoping reviews, editorials, letters, or erratum), retrospective cohort studies, case series, qualitative studies, cost-benefit analysis, cross-sectional (*i.e.,* nonlongitudinal) studies, survey.
Publications	• Studies published in English only • Studies published in peer-reviewed journals. • Studies published at and after the year 2000.	• Non-English language studies.

Abbreviations: CVD = cardiovascular disease; GI = gastrointestinal; HDL = high-density lipoprotein; KQ = Key Question; LDL = low-density lipoprotein PICOTS = populations, interventions, comparators, outcomes, timing, and settings; RCT = randomized controlled trial; TC = total cholesterol; U.S. = United States.

Dated: January 8, 2024.

Marquita Cullom,

Associate Director.

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BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request; CAREWare Customer Satisfaction and Usage Survey, OMB No. 0906–xxxx–New

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Notice.

SUMMARY: In compliance with of the Paperwork Reduction Act of 1995, HRSA has submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period. OMB may act on HRSA's ICR only after the 30-day comment period for this notice has closed.

DATES: Comments on this ICR should be received no later than February 12, 2024.

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 Review—Open for Public Comments'' or by using the search function.

FOR FURTHER INFORMATION CONTACT: To request a copy of the clearance requests submitted to OMB for review, email Joella Roland, the HRSA Information Collection Clearance Officer at *paperwork@hrsa.gov* or call (301) 443–3983.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title: CAREWare Customer Satisfaction and Usage Survey, OMB No. 0906–xxxx–New.

Abstract: HRSA developed CAREWare, a software application first released in 2000, to help meet the data collection and reporting needs of Ryan White HIV/AIDS Program (RWHAP) grant recipients. The secure software is a free, electronic health and social support services information system for RWHAP grant recipients and their subrecipients to assist in the data requirement submissions that inform the development of the Ryan White HIV/AIDS Program Service Report, the AIDS Drug Assistance Program Data Report, the Ending the HIV Epidemic Initiative Triannual Report, and the voluntary Clinical Quality Measures Performance Measures module. Over time, the software has evolved into a comprehensive health information system and is now the source of more than half of all the RWHAP client-level data received from recipients and subrecipients of RWHAP grant funding. CAREWare software manages HIV clinical and support service data from more than 360,000 client records in 48 states; Washington, DC; Puerto Rico; and the U.S. Virgin Islands.

The CAREWare software application contains customizable modules for tracking demographic information, services, medications, laboratory test results, immunization history, diagnoses (updated with International Classification of Diseases, Tenth Revision codes), referrals to outside agencies, and an appointment scheduler. There is a custom report generator and a performance measures module that supports quality of care initiatives at the provider level. The software also has several ways to import data from third-party sources, including commercial labs and other electronic health records (using both Health Level Seven and simple Comma Separated Value-formatted files), HIV surveillance systems, and for RWHAP Part B AIDS Drug Assistance Programs, pharmacy benefit programs. The software and user support materials can be accessed here: *https://hab.hrsa.gov/program-grants-management/careware.* Finally, CAREWare supports users through an experienced helpdesk with ongoing software maintenance issues and enhancements to the user interface.

HRSA is proposing a customer satisfaction survey to gather feedback from CAREWare users regarding their experiences and satisfaction with the software platform and to obtain suggestions for improvement.

A 60-day **Federal Register** Notice (FRN) was published in the **Federal Register** on October 20, 2023 (Volume 88, No. 202, pages 72493–94). There was one out-of-scope public comment received in response to the FRN.

Need and Proposed Use of the Information: HRSA aims to understand CAREWare users' needs and concerns by collecting information on current software features and inquiring about opportunities to improve the user experience and product features. The survey will address the software's functionality and how well it meets the data collection, reporting, and quality