statistical analysis intended to yield results that can be generalized to the population of study, nor will it be used to substantially inform influential policy decisions.

Form Numbers: To be provided in individual collection requests.

Respondents/affected entities: Individuals, businesses, organizations, and state, local, and Tribal representatives that are stakeholders in, consumers of, or partners in providing, EPA or EPA-supported current or potential services and programs.

Respondent's obligation to respond: Voluntary.

Estimated number of respondents: 180,000 (total).

Frequency of response: Varies.

Total estimated burden: 45,000 hours (per year). Burden is defined at 5 CFR 1320.03(b).

Total estimated cost: There are no expected capital or operation & maintenance costs.

Changes in the Estimates: There are no changes or adjustments reported in the burden or capital/O&M cost estimates.

Courtney Kerwin,

Director, Information Engagement Division.

[FR Doc. 2024–11805 Filed 5–29–24; 8:45 am]

BILLING CODE 6560–50–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 received are subject to public disclosure. In general, comments received will be made available without change and will not be modified to remove personal or business information including confidential, contact, or other identifying information. Comments should not include any information such as confidential information that would not be appropriate for public disclosure.

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 July 1, 2024.

A. Federal Reserve Bank of Kansas City (Jeffrey Imgarten, Assistant Vice President) 1 Memorial Drive, Kansas City, Missouri, 64198–0001. Comments can also be sent electronically to *KCApplicationComments@kc.frb.org:*

1. *West 4 Bancshares, Inc., Healy, Kansas;* to become a bank holding company by acquiring First State Bank, Healy, Kansas.

Board of Governors of the Federal Reserve System.

Erin Cayce,

Assistant Secretary of the Board.

[FR Doc. 2024–11903 Filed 5–29–24; 8:45 am]

BILLING CODE 6210–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Supplemental Evidence and Data Request on Peripheral Nerve Blocks for Postoperative Pain Management in Cardiothoracic Surgery

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 *Peripheral Nerve Blocks for Postoperative Pain Management in Cardiothoracic Surgery,* 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 July 1, 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 *Peripheral Nerve Blocks for Postoperative Pain Management in Cardiothoracic Surgery.* 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 *Peripheral Nerve Blocks for Postoperative Pain Management in Cardiothoracic Surgery.*

The entire research protocol is available online at: *https://effectivehealthcare.ahrq.gov/products/peripheral-nerve-blocks/protocol.*

This is to notify the public that the EPC Program would find the following information on *Peripheral Nerve Blocks for Postoperative Pain Management in Cardiothoracic Surgery* 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://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. In adult intrathoracic surgical patients, what are the effectiveness, comparative effectiveness, and harms of peripheral nerve blocks for managing postoperative pain and its sequelae—including opioid use?
  - KQ 1a. How do findings vary by baseline patient clinical characteristics (*e.g.,* ASA status, chronic opioids (>90 days), pre-existing psychiatric diagnoses)?

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

KQ1	Inclusion	Exclusion
Population	Adult patients (18 years and older) undergoing the following open or minimally invasive (laparoscopic/thoracoscopic), elective, or urgent intrathoracic surgeries*: • Cardiac • Lung • Other intrathoracic KQ 1a Subgroups: Patients taking opioid medications for chronic pain, those with preexisting psychiatric diagnoses, and ASA status.	—Pediatric patients under the age of 18 years. —Patients undergoing spine, head/neck, orthopedic, breast, abdominal, pelvic, peritoneal, retroperitoneal, or obstetric surgery. —Pregnant patients. —Other surgery not listed. —Emergency surgery.
Intervention	Peripheral nerve block (PNB) either alone or as part of multimodal analgesia for postoperative pain management.	—Other pain management strategies not considered peripheral nerve blocks. —Cryoanesthesia/cryoanalgesia. —PNBs used for limb or excluded surgery. —Neuraxial blockade (epidural, spinal, caudal, and paravertebral nerve blocks).
Comparators	Placebo, sham, usual care, multimodal analgesia without peripheral nerve block, other peripheral nerve block administration (*e.g.,* differing location, continuous vs. single shot), local anesthesia infiltration at surgical incision, neuraxial blockade (epidural, spinal, caudal, and paravertebral nerve blocks).	Same peripheral nerve block but with different dose/additives or different local anesthetic (bupivacaine vs. ropivacaine or vs. liposomal/long-acting local anesthetic).
Outcomes	*Early//intermediate (72 hours or time of discharge to ≤3 months postoperative):* • Pain intensity • Opioid use • Pain trajectory • Pain interference • Quality of recovery • Health-related quality of life (HRQoL) • Patient satisfaction • Hospital length of stay • Cost to patient *Long-term (>3 months postoperative):* • Physical functional status • Opioid use • Chronic postsurgical pain • Intensity of chronic postsurgical pain • HRQoL • Patient satisfaction *Harms:* • Complications/adverse events of treatment (nerve damage, bleeding, all-cause return to ED/hospital within 30 days, etc.) • Rebound pain—increased pain relative to controls when the block subsides.	Outcomes not listed. Studies excluded if postoperative pain intensity is not reported.

PICOTS (POPULATIONS, INTERVENTIONS, COMPARATORS, OUTCOMES, TIMING, AND SETTING)—Continued

KQ1	Inclusion	Exclusion
Outcome Timing	Post-operative period ≤3 months subdivided into 72 hours or less; >72 hours or discharge up to <30 days; 30 days up to ≤3 months. Post-operative period 3–12 months.	Other timing.
Setting	Perioperative (inpatient or outpatient) setting for intervention. Perioperative and all follow-up settingsfor outcomes.	Nerve blocks performed in the outpatient clinic. Nerve blocks performed outside of the preoperative day-of-surgery to the 24-hours postoperative.
Study design	Randomized controlled trials (RCTs). Minimum sample size per arm of ≥30 participants. If a particular intervention/comparator is not represented in the studies of 30/arm or greater, we will include studies of smaller size for that unique intervention/comparator.	Non-randomized, observational, non-controlled study designs, cross-sectional, prevalence, qualitative, case reports, opinions/letters, pilot studies, feasibility studies. Studies with a sample size <30 participants analyzed in any arm.
Publications	English-only peer-reviewed publications from 2013. (Consistent with other current ASA systematic reviews on regional anesthesia.)	Comments, editorials, and letters.

* EMERGENCY—A surgical, therapeutic, or diagnostic procedure that cannot be delayed without causing a significant risk of death or permanent impairment. *Note:* The American Society of Anesthesiologists (ASA) Physical Status should include ''E''. The designation of a procedure as an emergency is determined by a surgeon and/or an anesthesiologist.

URGENT—A surgical, therapeutic, or diagnostic procedure that must be performed to prevent death or permanent impairment but that can be delayed. *Note:* The procedure may be delayed to allow for medical optimization of the patient or to permit better availability of resources (*e.g.,* personnel or equipment).

ELECTIVE—A surgical, therapeutic, or diagnostic procedure that can be performed at any time or date with an agreement between the surgeon and the patient.

Dated: May 22, 2024.

Marquita Cullom,

Associate Director.

[FR Doc. 2024–11834 Filed 5–29–24; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Solicitation of Nominations for Appointment to the Advisory Committee to the Director, Centers for Disease Control and Prevention; Notice of Extension

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

ACTION: Notice.

SUMMARY: In accordance with the Federal Advisory Committee Act, the Centers for Disease Control and Prevention (CDC), within the Department of Health and Human Services (HHS), is seeking nominations for membership on the Advisory Committee to the Director, Centers for Disease Control and Prevention (ACD, CDC). The ACD, CDC consists of up to 15 experts knowledgeable in areas pertinent to the CDC mission, such as public health, global health, health disparities, biomedical research, and other fields, as applicable.

DATES: The deadline for submission of nominations for membership on the ACD, CDC published May 8, 2024, at 89 FR 38900, is extended. Nominations for membership on the ACD, CDC must be received no later than July 8, 2024. Late nominations will not be considered for membership.

ADDRESSES: All nominations (cover letters, reference letters, and curriculum vitae/resumes) should be emailed to *ACDirector@cdc.gov* with the subject line: ''Nomination for CDC ACD.''

FOR FURTHER INFORMATION CONTACT: Tiffany Brown, J.D., M.P.H., Office of the Chief of Staff, Centers for Disease Control and Prevention, 1600 Clifton Road NE, Mailstop H21–10, Atlanta, Georgia 30329–4027. Telephone: (404) 498–6655; Email: *ACDirector@cdc.gov.*

SUPPLEMENTARY INFORMATION: The deadline for nominations for appointment to the Advisory Committee to the Director, Centers for Disease Control and Prevention has been extended from June 7, 2024, to July 8, 2024. The original solicitation of nominations notice was published in the **Federal Register** on May 8, 2024, Volume 89, Number 90, page 38900.

The Director, Office of Strategic Business Initiatives, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Kalwant Smagh,

Director, Office of Strategic Business Initiatives, Office of the Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2024–11871 Filed 5–29–24; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for Office of Management and Budget Review; Family Violence Prevention and Services Grants to States; Native American Tribes and Alaskan Native Villages; and State Domestic Violence Coalitions (Office of Management and Budget #0970–0280)

AGENCY: Office of Family Violence Prevention and Services; Administration for Children and Families; Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Family Violence Prevention and Services Act (FVPSA) program within the Office of Family Violence Prevention and Services (OFVPS) plans revised program announcements and minor changes to the previously approved Performance Progress Report for States and Tribes (Office of Management and Budget (OMB) #0970–0280; Expiration Date: May 31, 2024). Minor changes are