Bruno Pigott,

Principal Deputy Assistant Administrator.

[FR Doc. 2024–31086 Filed 12–26–24; 8:45 am]

BILLING CODE 6560–50–C

ENVIRONMENTAL PROTECTION AGENCY

[FRL OP–OFA–158]

Environmental Impact Statements; Notice of Availability

Responsible Agency: Office of Federal Activities, General Information 202–564–5632 or *https://www.epa.gov/nepa.*

Weekly Receipt of Environmental Impact Statements (EIS)

Filed December 16, 2024 10 a.m. EST Through December 20, 2024 10 a.m. EST

Pursuant to 40 CFR 1506.9.

Notice: Section 309(a) of the Clean Air Act requires that EPA make public its comments on EISs issued by other Federal agencies. EPA's comment letters on EISs are available at: *https://cdxapps.epa.gov/cdx-enepa-II/public/action/eis/search.*

EIS No. 20240241, Final, FHWA, WI, Interstate 39/90/94 Corridor, Contact: Lisa Hemesath 608–829–7503.

Under 23 U.S.C. 139(n)(2), FHWA has issued a single document that consists of a final environmental impact statement and record of decision. Therefore, the 30-day wait/review period under NEPA does not apply to this action.

EIS No. 20240242, Final, USAF, FL, Expansion of Childcare Services North of Eglin Test and Training Complex, Review Period Ends: 01/27/2025, Contact: Nick Post 210–925–3516.

EIS No. 20240243, Final, FERC, TN, Ridgeline Expansion Project, Review Period Ends: 01/27/2025, Contact: Office of External Affairs 866–208–3372.

Amended Notice:

EIS No. 20240214, Draft Supplement, USFWS, AK, Potential Land Exchange Involving Izembek National Wildlife Refuge Lands, Comment Period Ends: 02/13/2025, Contact: Bobbie Jo Skibo 907–441–1539.

Revision to FR Notice Published 11/15/2024; Extending the Comment Period from 12/30/2024 to 02/13/2025.

Dated: December 20, 2024.

Mark Austin,

Acting Director, NEPA Compliance Division, Office of Federal Activities.

[FR Doc. 2024–30976 Filed 12–26–24; 8:45 am]

BILLING CODE 6560–50–P

FEDERAL COMMUNICATIONS COMMISSION

[FR ID 270034]

Disability Advisory Committee; Re-Establishment

AGENCY: Federal Communications Commission.

ACTION: Notice of re-establishment of the Disability Advisory Committee.

SUMMARY: The Federal Communications Commission (Commission) hereby announces that the Disability Advisory Committee (hereinafter Committee) will be reestablished for a two-year period pursuant to the Federal Advisory Committee Act (FACA), following consultation with the Committee Management Secretariat, General Services Administration.

ADDRESSES: Federal Communications Commission, 45 L St. NE, Washington, DC 20554.

FOR FURTHER INFORMATION CONTACT: Joshua Mendelsohn, Designated Federal Officer, Federal Communications Commission, Consumer and Governmental Affairs Bureau, (202) 559–7304, or email: *dac@fcc.gov.*

SUPPLEMENTARY INFORMATION: After consultation with the General Services Administration, the Commission intends to re-establish the charter, providing the Committee with authorization to operate for two years.

The purpose of the Committee is to make recommendations to the Commission on the full range of disability access topics specified by the Commission and to facilitate the participation of consumers with disabilities in proceedings before the Commission. In addition, this Committee is intended to provide an effective means for stakeholders with interests in this area, including consumers with disabilities, to exchange ideas, which will in turn enhance the Commission's ability to effectively address disability access issues.

Advisory Committee

The Committee will be organized under, and will operate in accordance with, the provisions of the FACA (5 U.S.C. ch. 10). The Committee will be solely advisory in nature. Consistent with FACA and its requirements, each meeting of the Committee will be open to the public unless otherwise noticed. A notice of each meeting will be published in the **Federal Register** at least fifteen (15) days in advance of the meeting. Records will be maintained of each meeting and made available for public inspection. All activities of the Committee will be conducted in an open, transparent, and accessible manner. The Committee shall terminate two (2) years from the filing date of its charter, or earlier upon the completion of its work as determined by the Chair of the FCC, unless its charter is renewed prior to the termination date.

During the Committee's next term, it is anticipated that the Committee will meet in Washington, DC, or virtually, at the discretion of the Commission, approximately three (3) times a year. The first meeting date and agenda topics will be described in a Public Notice issued and published in the **Federal Register** at least fifteen (15) days prior to the first meeting date.

In addition, as needed, subcommittees will be established to facilitate the Committee's work between meetings of the full Committee. All meetings of the Committee, including those of subcommittees, will be fully accessible to individuals with disabilities.

Federal Communications Commission.

Michael Scott,

Deputy Chief, Disability Rights Office, Consumer and Governmental Affairs Bureau.

[FR Doc. 2024–30792 Filed 12–26–24; 8:45 am]

BILLING CODE 6712–01–P

FEDERAL RESERVE SYSTEM

Change in Bank Control Notices; Acquisitions of Shares of a Bank or Bank Holding Company

The notificants listed below have applied under the Change in Bank Control Act (Act) (12 U.S.C. 1817(j)) and § 225.41 of the Board's Regulation Y (12 CFR 225.41) to acquire shares of a bank or bank holding company. The factors that are considered in acting on the applications are set forth in paragraph 7 of the Act (12 U.S.C. 1817(j)(7)).

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 paragraph 7 of the Act.

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 January 13, 2025.

A. Federal Reserve Bank of Chicago (Colette A. Fried, Assistant Vice President) 230 South LaSalle Street, Chicago, Illinois 60690–1414. Comments can also be sent electronically to *Comments.applications@chi.frb.org:*

1. *Robert M. Kahn and Kristin Kahn, both of Newton, Iowa; Michael S. Albright and Mollie Albright, both of Sioux City, Iowa; and Megan Kahn, Basalt, Colorado;* to join the Kahn Family Control Group, a group acting in concert, to retain voting shares of United Iowa Bancshares Inc., and thereby indirectly retain voting shares of FNNB Bank, both of Newton, Iowa.

Board of Governors of the Federal Reserve System.

Michele Taylor Fennell,

Associate Secretary of the Board.

[FR Doc. 2024–31073 Filed 12–26–24; 8:45 am]

BILLING CODE 6210–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Request for Information Regarding the Impact of Ageism in Healthcare

AGENCY: Agency for Healthcare Research and Quality, Department of Health and Human Services.

ACTION: Notice of request for information about the impact of ageism in healthcare and methods and strategies to address ageism in healthcare delivery.

SUMMARY: The Agency for Healthcare Research and Quality (AHRQ) is seeking information from the public to understand the impacts of ageism on healthcare quality, including aspects related to safety, timeliness, patient-centeredness, equitable distribution, and care outcomes. How does the effect of ageism differ across different population groups? We are interested in identifying efforts and innovative strategies and programs that address and mitigate ageism to optimize older adults' health.

DATES: Comments must be submitted on or before March 15, 2025. AHRQ will not respond individually to responders but will consider all comments submitted by the deadline.

ADDRESSES: Submissions should follow the Submission Instructions below. We prefer that information be submitted electronically on the submission website. Email submissions may also be sent to *ecareplan@ahrq.hhs.gov.*

FOR FURTHER INFORMATION CONTACT: Jose Plascencia Jimenez, *Jose.Plascenciajimenez@ahrq.hhs.gov.* Telephone 301–427–1364.

SUPPLEMENTARY INFORMATION: The Agency for Healthcare Research and Quality (AHRQ) is seeking information from the public to understand the effects of ageism on healthcare services and outcomes. Notably, the AHRQ seeks any evidence, insights, or perspectives on the impact of ageism on care delivery and quality to identify barriers and explore opportunities to address age-related biases. Responses will inform future research priorities and studies, policies, and initiatives to improve the quality and outcomes of care for older adults.

For this RFI, ageism is defined as stereotypes, prejudice, and discrimination directed towards other people or oneself based on age.[1] While ageism is often subtle, it is woven into our workforce, healthcare systems, and everyday interactions. Ageism undermines older adults and their contributions to our communities.

Research shows that 81 percent of adults aged 50–80 report experiencing internal ageism, 65 percent are exposed to ageist messages, and 45 percent face ageism in interpersonal interactions.[2]

These statistics demonstrate how ingrained ageism is in our society. Ageism within healthcare leads to poorer health outcomes, avoidable morbidity, and costly preventable adverse events.[3]

Ageism costs our nation an estimated $63 billion annually in healthcare expenditures.[4] In health care, ageism is expressed in our social and organizational policies, the practices of clinicians, and negative assumptions held by older adults themselves. At the macro level, ageism is complex and reflected in healthcare access issues, which result in older adults being less likely to receive care consistent with medical guidelines, payment policies that do not adequately reimburse for complex care needed for older adults, and exclusion or underrepresentation of older adults in clinical trials and other research. At the micro level, practices such as the use of ageist language and elder speak, exclusion of older patients from care plan conversations, and variations in treatment practices due to a patient's age all affect patients' quality of care. Self-directed ageism can also lead to adverse outcomes for a patient if their beliefs on aging lead them to believe that the symptoms they are experiencing should be considered a ''normal'' part of aging. For example, while some cognitive decline is expected as we age, memory loss, confusion, changes in behavior, and inability to complete activities of daily living are all signs of changes in cognitive ability that need to be evaluated by a medical professional. Moreover, people who internalize ageist societal messages tend to have poorer physical, cognitive, and mental health. The reverse is also true—individuals who internalize positive aging messages are likely to exhibit benefits in physical, cognitive, and mental health—highlighting the need to promote age inclusivity.

AHRQ recognizes that due to population aging, the impact of ageism on the health and well-being of older Americans, their families, caregivers, and communities will continue to grow. Between 2009 and 2019, the number of people in the US aged 65 years and older increased 36%, from 39.6 to 54.1 million, and is projected to reach 94.7 million people in 2060. Addressing ageism is critical as the population ages, placing growing demands on healthcare systems and highlighting the need for policies that ensure compassionate and high-quality care for older adults.

Ageism does not affect all populations equally. Some groups of older adults may face additional barriers to care. Older adults living in rural or socioeconomically disadvantaged areas, those who have low incomes, or from certain racial or ethnic minority groups can face additional barriers to care, have limited access to resources, confront cultural biases, or encounter differential health services delivery. People living with disabilities may have specific needs often forgotten or neglected as they age. Women, with a higher life expectancy than men, have higher rates of chronic illnesses and functional impairments with fewer financial resources available. Understanding the compounded impact of ageism across different groups is critical to creating comprehensive strategies that ensure equitable and inclusive care that promotes healthy aging. Mitigating or eliminating the biases that encompass