

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 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 indicated. The applications will also be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in paragraph 7 of the Act.

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 May 6, 2020.

A. Federal Reserve Bank of New York (Ivan Hurwitz, Senior Vice President) 33 Liberty Street, New York, New York 10045-0001. Comments can also be sent electronically to

Comments.applications@ny.frb.org:

1. *Phillippe D. Katz, Esther Katz, Isaac S. Katz, Maxwell T. Katz, Kara Z. Newman and Charlotte Cohen, all of Lawrence, New York; Austin J. Katz of Clifton, New Jersey; Marga Marx, Joseph M. Fink, Eva Fink, Moshe Aaron Fink, Eric Dov Fink, Elliot Meir Fink, Hillary Fink Rosenberg and Kaethe Fink Feit, all of New York, New York; KF Investors LLC, and Momar Corporation, both of New York, New York, and both with Eva Fink and Ester Katz, as principal shareholders; Marneu Holding Company, New York, New York, the general partners of which are Moses Marx, Bronx, New York (who has previously received permission to control the bank holding company and bank listed below) and United Equity Realty Associates, New York, New York, (the principal shareholders of which are Moses Marx, Joseph M. Fink, and Phillip D. Katz); Terumah Foundation, Inc., New York, New York, Moses Marx, Marga Marx, Eva Fink, Joseph M. Fink, Esther Katz and Philippe D. Katz, as directors; and United Equities Commodities Company, New York, New York, Moses Marx,*

Joseph M. Fink, and Phillip D. Katz, as general partners; as members of a group acting in concert with Moses Marx to retain voting shares of Berkshire Bancorp Inc. and thereby indirectly retain voting shares of The Berkshire Bank, both of New York, New York.

Board of Governors of the Federal Reserve System, April 16, 2020.

Yao-Chin Chao,

Assistant Secretary of the Board.

[FR Doc. 2020-08404 Filed 4-20-20; 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 the proposed information collection project "Evaluation of the SHARE Approach Model."

This proposed information collection was previously published in the **Federal Register** on February 4, 2020, and allowed 60 days for public comment. AHRQ did not receive comments from members of the public. The purpose of this notice is to allow an additional 30 days for public comment.

DATES: Comments on this notice must be received by 30 days after date of publication of this notice.

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 30-day Review—Open for Public Comments" or by using the search function.

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**Evaluation of the SHARE Approach Model**

Shared decision making (SDM) occurs when a health care provider and a patient work together to make a health care decision that is best for the patient. Implementing SDM involves effective communication between providers and patients to take into account evidence-based information about available options, the provider's knowledge and experience, and the patient's values and preferences in reaching the best health care decision for a patient. To facilitate SDM in all care delivery settings, AHRQ developed the five-step SHARE Approach, which includes exploring and comparing the benefits, harms, and risks of each option through meaningful dialogue about what matters most to the patient. Using the SHARE Approach also builds a trusting and lasting relationship between health care professionals and patients.

SDM is increasingly included in clinical care guidelines, and in some cases is even mandated. While there is considerable interest in improving SDM across broad health care settings, less is known about how to effectively implement SDM. There is evidence that SDM is often not conducted effectively in practice, and identifying ways to improve SDM has therefore become an imperative. Lack of clinician support and education have been identified as important barriers to SDM.

The SHARE Approach was released in 2015 by AHRQ as a clinician-facing toolkit that teaches clinicians skills to facilitate SDM across a broad range of clinical contexts. While several implementation success stories have been shared with AHRQ, to date there has been no formal evaluation of the effectiveness of the SHARE Approach materials for improving SDM in primary and specialty care settings for which it was designed. As a result, challenges that may be faced by practices who wish to implement the SHARE Approach are currently unknown. Without research to identify and address these issues, practices and organization may be unable to effectively implement the SHARE Approach and may be unwilling to do so absent evidence of its effectiveness at improving SDM outcomes.

The Evaluation of the SHARE Approach Model project aims to revise the SHARE Approach toolkit to remove outdated references and increase applicability for SDM in contexts involving problem solving, evaluate the implementation of the SHARE Approach model in eight primary care

and four cardiology clinics, and evaluate the effectiveness of the SHARE Approach model at improving SDM.

Method of Collection

The purpose of this clearance request is to collect the information needed to evaluate the implementation and effectiveness of the modified SHARE Approach materials. Specifically, the data collection activities requested in this clearance are:

1. Brief surveys of physicians, advanced practice providers, other clinicians, nurses and other staff in 12 clinics immediately following the SHARE Approach training in each clinic.
2. A brief survey of physicians, advanced practice providers, other clinicians, nurses and other staff in 12 clinics one month following the SHARE Approach training in each clinic.
3. A short card survey completed by patients in the 12 clinics immediately following a clinic visit with a physician or advanced practice provider.
4. A short card survey completed by physicians or advanced practice

providers in the 12 clinics immediately following a clinic visit with a patient.

5. Audio recordings of patient-provider (physician or advanced practice provider) encounters in clinic examination rooms in the 12 clinics.

This study is being conducted by AHRQ through its contractor, the University of Colorado, pursuant to AHRQ's statutory authority to conduct and support research on health care and on systems for the delivery of such care, including activities with respect to clinical practice, including primary care and practice-oriented research. 42 U.S.C 299a(a)(4).

Estimated Annual Respondent Burden

Exhibit 1 shows the estimated burden hours for the respondents' time to participate in the research activities that will be conducted under this clearance. Data collection will occur between September 2020 and October 2021. Surveys of physicians, advanced practice providers, other clinicians, nurses and other staff in each of the 12 practices will be conducted at the time of SHARE training and again approximately 1 to 2 months following

training. These will be conducted with no more than 100 physicians, advanced practice providers, other clinicians, nurses and other staff for each survey and will require no more than 10 minutes to complete.

Brief card surveys will be completed by both patients and clinicians. We estimate the maximum number of patients participating in the card survey as follows: A maximum of 100 clinicians will see a maximum of 20 patients per day, of which half ($n = 10$) will agree to complete the card survey, over 6 days of data collection, totaling $N = 6,000$ patient respondents ($100 \times 10 \times 6$). The patient card survey will take a maximum of 2 minutes per completed survey. Clinicians will complete a card survey for every patient they see during the 6 days of data collection, or a total of $N = 12,000$ card surveys ($100 \text{ clinicians} \times 20 \text{ patients per day} \times 6 \text{ days}$). The clinician card survey will require a maximum of 1 minute per completed survey.

Audio recordings of up to 260 clinical encounters will be obtained with burden not to exceed 10 minutes to obtain patient informed consent.

EXHIBIT 1—ESTIMATED RESPONDENT BURDEN HOURS

Type of information collection	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Card survey (patient)	6,000	1	2/60	200
Card survey (clinician)	100	120	1/60	200
Audio recorded encounters	260	1	10/60	44
Clinician survey *	100	2	10/60	34
Totals	6,460	na	na	478

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

Exhibit 2 shows the estimated cost burden of respondents for these data

collection activities, based on the respondent's time to participate in these

data collection activities. The total cost burden is estimated to be \$29,831.

EXHIBIT 2—ESTIMATED COST BURDEN

Type of Information collection	Number of respondents	Total burden hours	Average hourly wage rate *	Total cost burden
Card survey (patient)	6,000	200	\$24.98	\$4,996
Card survey (clinician)	100	200	101.43	20,286
Audio recorded encounters	260	44	24.98	1,100
Clinician survey	100	34	101.43	3,449
Totals	6,460	478	na	29,831

* Based upon the average wages for 29–1060 Physicians and Surgeons (broad) and 00–0000 All Occupations, "National Compensation Survey: Occupational Wages in the United States, May 2018," U.S. Department of Labor, Bureau of Labor Statistics https://www.bls.gov/oes/current/oes_nat.htm#29-0000.

Request for Comments

In accordance with the Paperwork Reduction Act, 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: April 15, 2020.

Virginia L. Mackay-Smith,
Associate Director.

[FR Doc. 2020-08364 Filed 4-20-20; 8:45 am]

BILLING CODE 4160-90-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of General Medical Sciences; Notice of Closed Meetings

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meetings.

The meetings will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Institute of General Medical Sciences Special Emphasis Panel; Review of NIGMS SCORE Applications.

Date: June 18, 2020.

Time: 8:00 a.m. to 6:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, Natcher Building, Room 3AN12, 45 Center Drive, Bethesda, MD 20892 (Virtual Meeting).

Contact Person: Sonia Ortiz-Miranda, Ph.D., Scientific Review Officer, Office of Scientific Review, National Institute of General Medical Sciences, National Institutes of Health, 45 Center Drive, Room 3AN18, Bethesda, MD 20892, (301) 402-9448, sonia.ortiz-miranda@nih.gov.

Name of Committee: National Institute of General Medical Sciences Special Emphasis Panel; Review of NIGMS COBRE Phase 1 Applications.

Date: June 18-19, 2020.

Time: 8:00 a.m. to 6:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, Natcher Building, Room 3AN12N, 45 Center Drive, Bethesda, MD 20892 (Virtual Meeting).

Contact Person: Ruth Grossman, Ph.D., Scientific Review Officer, Office of Scientific Review, National Institute of General Medical Sciences, National Institutes of Health, 45 Center Drive, Room 3AN18, Bethesda, MD 20892, (301) 435-2409, grossmanrs@mail.nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.375, Minority Biomedical Research Support; 93.821, Cell Biology and Biophysics Research; 93.859, Pharmacology, Physiology, and Biological Chemistry Research; 93.862, Genetics and Developmental Biology Research; 93.88, Minority Access to Research Careers; 93.96, Special Minority Initiatives; 93.859, Biomedical Research and Research Training, National Institutes of Health, HHS)

Dated: April 15, 2020.

Miguelina Perez,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2020-08362 Filed 4-20-20; 8:45 am]

BILLING CODE 4140-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Center for Complementary & Integrative Health; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Center for Complementary and Integrative Health Special Emphasis Panel; Center of Excellence for Research on Complementary and Integrative Health (P01) (CERCIH).

Date: May 21, 2020.

Time: 1:00 p.m. to 3:30 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, Two Democracy Plaza, 6707 Democracy Boulevard, Bethesda, MD 20892 (Virtual Meeting).

Contact Person: Jessica Marie McKlveen, Ph.D., Scientific Review Officer, Office of

Scientific Review, Division of Extramural Activities, NCCIH, NIH, 6707 Democracy Boulevard, Suite 401, Bethesda, MD 20892-5475, jessica.mcklveen@nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.213, Research and Training in Complementary and Alternative Medicine, National Institutes of Health, HHS)

Dated: April 16, 2020.

Ronald J. Livingston, Jr.,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2020-08439 Filed 4-20-20; 8:45 am]

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DEPARTMENT OF HOMELAND SECURITY

[Docket No. CISA-2020-0003]

Notice of President's National Security Telecommunications Advisory Committee Meeting

AGENCY: Cybersecurity and Infrastructure Security Agency (CISA), Department of Homeland Security (DHS).

ACTION: Notice of Federal Advisory Committee Act (FACA) meeting; request for comments.

SUMMARY: CISA is publishing this notice to announce the following President's National Security Telecommunications Advisory Committee (NSTAC) meeting. This meeting will be partially closed to the public.

DATES:

Meeting Registration: Registration to attend the meeting is required and must be received no later than 5:00 p.m. Eastern Time (ET) on May 6, 2020. For more information on how to participate, please contact NSTAC@hq.dhs.gov.

Speaker Registration: Registration to speak during the meeting's public comment period must be received no later than 5:00 p.m. ET on May 6, 2020.

Written Comments: Written comments must be received no later than 5:00 p.m. ET on May 6, 2020.

Meeting Date: The NSTAC will meet on May 13, 2020, from 12:00 p.m. to 2:30 p.m. ET. The meeting may close early if the committee has completed its business.

ADDRESSES: The meeting will be held via conference call. For access to the conference call bridge, information on services for individuals with disabilities, or to request special assistance, please email NSTAC@hq.dhs.gov by 5:00 p.m. ET on May 6, 2020.

Comments: Members of the public are invited to provide comment on the issues that will be considered by the