

pertaining to conditions in the ocean freight delivery system to the Commission. Specifically, the Committee advises the Federal Maritime Commission on policies relating to the competitiveness, reliability, integrity, and fairness of the international ocean freight delivery system. 46 U.S.C. 42502(b).

The Committee will receive an update from each of its subcommittees. The Committee may receive proposals for recommendations to the Federal Maritime Commission and may vote on these recommendations. Any proposed recommendations will be available for the public to view in advance of the meeting on the NSAC's website, <https://www.fmc.gov/industry-oversight/national-shipper-advisory-committee/>.

**Public Comments:** Members of the public may submit written comments to NSAC at any time. Comments should be addressed to NSAC, c/o Dylan Richmond, Federal Maritime Commission, 800 North Capitol St. NW, Washington, DC 20573 or [nsac@fmc.gov](mailto:nsac@fmc.gov).

The Committee will also take public comment at its meeting. If attending the meeting in person and providing comments, please note that in the registration request. Comments are most helpful if they address the Committee's objectives or their proposed recommendations. Comments at the meeting will be limited to 3 minutes each.

A copy of all meeting documentation, including meeting minutes, will be available at [www.fmc.gov](http://www.fmc.gov) following the meeting.

By the Commission.

Dated: October 27, 2023.

**Carl Savoy,**

*Federal Register Alternate Liaison Officer.*

[FR Doc. 2023-24072 Filed 10-31-23; 8:45 am]

**BILLING CODE 6730-02-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 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 November 16, 2023.

**A. Federal Reserve Bank of Chicago** (Colette A. Fried, Assistant Vice President) 230 South LaSalle Street, Chicago, IL 60604) [[Colette.A.Fried@chi.frb.org](mailto:Colette.A.Fried@chi.frb.org)]:

1. Andrew L. Prather and Tina Prather, both of Petersburg, Illinois; Elizabeth A. Prather, Virginia, Illinois; and Laura J. Prather, individually and as trustee of the Laura J. Prather Trust, both of Creve Coeur, Missouri; to join the Prather Family Control Group, a group acting in concert, to retain voting shares of Petefish, Skiles Bancshares, Inc., and thereby indirectly retain voting shares of Petefish, Skiles & Company, both of Virginia, Illinois.

Board of Governors of the Federal Reserve System.

**Michele Taylor Fennell,**

*Deputy Associate Secretary of the Board.*

[FR Doc. 2023-24122 Filed 10-31-23; 8:45 am]

**BILLING CODE P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Agency for Healthcare Research and Quality

#### Supplemental Evidence and Data Request on Healthcare Delivery of Clinical Preventive Services for People With Disabilities

**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 *Healthcare Delivery of Clinical*

*Preventive Services for People with Disabilities*, 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 December 1, 2023.

#### ADDRESSES:

*Email submissions:* [epc@ahrq.hhs.gov](mailto: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](mailto: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 *Healthcare Delivery of Clinical Preventive Services for People with Disabilities*. 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 *Healthcare Delivery of Clinical Preventive Services for People with Disabilities*. The entire research protocol is available online at: <https://effectivehealthcare.ahrq.gov/products/people-with-disabilities/protocol>.

This is to notify the public that the EPC Program would find the following information on *Healthcare Delivery of Clinical Preventive Services for People with Disabilities* 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

**Key Question 1.** What are the primary barriers and facilitators<sup>a</sup> to the receipt of clinical preventive services among people with disabilities?

- a. How do these barriers/facilitators vary according to preventive service?
- b. How do these barriers/facilitators vary according to type and/or severity of disability?
- c. How do these barriers/facilitators vary according to characteristics such as: gender, race/ethnicity, economic status, LGBTQ+ status, or geographic location?

**Key Question 2.** What is the effectiveness of interventions to improve the receipt of clinical preventive services among people with disabilities?

- a. How does the effectiveness vary according to preventive service?
- b. How does the effectiveness vary according to type and/or severity of disability?
- c. How does the effectiveness vary according to characteristics such as: gender, race/ethnicity, economic status, LGBTQ+ status, or geographic location?

**Key Question 3.** What are the characteristics and/or components of interventions that contribute to their effectiveness (or lack of effectiveness) in mitigating barriers to the receipt of clinical preventive services among people with disabilities?

a. How does the effectiveness vary according to preventive service?

b. How does the effectiveness vary according to type and/or severity of disability?

c. How does the effectiveness vary according to characteristics such as: gender, race/ethnicity, economic status, LGBTQ+ status, or geographic location?

**Key Question 4.** What are the harms of intervention programs to mitigate barriers to the receipt of clinical preventive services among people with disabilities?

a. How do the harms vary according to preventive service?

b. How do the harms vary according to type and/or severity of disability?

c. How do the harms vary according to characteristics such as: gender, race/ethnicity, economic status, LGBTQ+ status, or geographic location?

<sup>a</sup>Categories of barriers and facilitators may include but are not limited to:

- Environment-level (e.g., transportation; need/availability of guardian or caregiver)
- Person-level (e.g., fear; discomfort; functional ability; self-efficacy)
- Provider-level (e.g., disability knowledge/assumptions; bias or "ableism"; communication skills)
- Health system (e.g., insurance; patient functionality information in records; procedural accommodations, such as visit length and clinician reimbursement)
- Accessibility of health facilities (e.g., physical facility; equipment; sensory environment; telehealth)
- Accessible communication (e.g., within facility; from outside of facility)
- Policy-level (e.g., Federal or State laws)

### PICOTS (POPULATIONS, INTERVENTIONS, COMPARATORS, OUTCOMES, TIMING, AND SETTING)

Element	Include	Exclude
Population .....	<ul style="list-style-type: none"> <li>• People with disabilities (including: physical; cognitive/intellectual/developmental; sensory; serious psychiatric/mental illness)</li> <li>• Adults and children</li> <li>• Specific populations of interest:               <ul style="list-style-type: none"> <li>—Age</li> <li>—Gender</li> <li>—Race/ethnicity</li> <li>—Economic status</li> <li>—LGBTQ+ status</li> <li>—Geographic location (regional and urban/rural)</li> <li>—Immigration status</li> <li>—Incarcerated</li> <li>—Unhoused</li> <li>—Language spoken</li> <li>—Use of a guardian/proxy for healthcare decisions</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Studies that do not include people with disabilities or do not report outcomes according to disability status</li> </ul>

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

Element	Include	Exclude
Intervention .....	<ul style="list-style-type: none"> <li>Interventions to mitigate barriers and/or improve the receipt of clinical preventive services among people with disabilities (e.g., modification in policies, practices, and procedures; effective communication; the physical accessibility of facilities; educational/training programs for healthcare providers)</li> <li>Characteristics/components of interventions (KQ3) may include elements such as: staffing, funding, facilities, equipment, training</li> <li>Clinical preventive services listed in Appendix B, derived from USPSTF</li> </ul> <p>Grade A and Grade B recommendations:</p> <ul style="list-style-type: none"> <li>—Screening (anxiety disorders, breast cancer, cervical cancer, colorectal cancer, depression, HIV infection, hypertension, intimate partner violence, osteoporosis, diabetes, unhealth drug or alcohol use)</li> <li>—Interventions or behavioral counseling (breastfeeding, falls prevention, perinatal depression, tobacco use/cessation, weight loss, healthy diet and physical activity, sexually transmitted infections)</li> </ul>	<ul style="list-style-type: none"> <li>Interventions that do not address barriers to receipt of clinical preventive services for people with disabilities</li> <li>Preventive services not listed in Appendix B</li> </ul>
Comparator .....	<ul style="list-style-type: none"> <li>Another intervention</li> <li>No intervention</li> </ul>	
Outcome .....	<ul style="list-style-type: none"> <li>Receipt of clinical preventive service</li> <li>Quality of receipt of clinical preventive service</li> <li>Health outcomes related to clinical preventive service</li> <li>Patient satisfaction</li> <li>Patient well-being</li> <li>Harms of the intervention program</li> </ul>	<ul style="list-style-type: none"> <li>Cost-effectiveness</li> <li>Outcomes not related to included clinical preventive services listed in Appendix B</li> </ul>
Timing .....	<ul style="list-style-type: none"> <li>All</li> </ul>	
Setting .....	<ul style="list-style-type: none"> <li>Primary care outpatient clinics</li> <li>Community health clinics</li> <li>Settings referable from primary care settings</li> <li>Emergency departments</li> <li>Other settings (e.g., home, residence, mobile care units)</li> <li>United States or countries with a “very high” United Nations Human Development Index</li> </ul>	

Abbreviations: HIV = Human Immunodeficiency Virus; KQ = Key Question; LGBTQ+ = Lesbian Gay Bisexual Transgender Queer/questioning plus/others; USPSTF = United States Preventive Services Task Force.

Dated: October 26, 2023.

**Marquita Cullom,**  
Associate Director.

[FR Doc. 2023–24057 Filed 10–31–23; 8:45 am]

BILLING CODE 4160–90–P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

#### Privacy Act of 1974; Matching Program

**AGENCY:** Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS).

**ACTION:** Notice of a new matching program.

**SUMMARY:** In accordance with the Privacy Act of 1974, as amended, the Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS) is providing notice of the re-establishment of a computer matching program between CMS and the Department of Defense,

Defense Manpower Data Center for “Verification of Eligibility for Minimum Essential Coverage Under the Patient Protection and Affordable Care Act through a Department of Defense Health Benefits Plan.”

**DATES:** The deadline for comments on this notice is December 1, 2023. The re-established matching program will commence not sooner than 30 days after publication of this notice, provided no comments are received that warrant a change to this notice. The matching program will be conducted for an initial term of 18 months (from approximately November 30, 2023 to May 29, 2025) and within 3 months of expiration may be renewed for up to one additional year if the parties make no change to the matching program and certify that the program has been conducted in compliance with the matching agreement.

**ADDRESSES:** Interested parties may submit comments on this notice to the CMS Privacy Act Officer by mail at: Division of Security, Privacy Policy &

Governance, Information Security & Privacy Group, Office of Information Technology, Centers for Medicare & Medicaid Services, Location: N1–14–56, 7500 Security Blvd., Baltimore, MD 21244–1850 or by email at [Barbara.Demopoulos@cms.hhs.gov](mailto:Barbara.Demopoulos@cms.hhs.gov).

**FOR FURTHER INFORMATION CONTACT:** If you have questions about the matching program, you may contact Anne Pesto, Senior Advisor, Marketplace Eligibility and Enrollment Group, Center for Consumer Information and Insurance Oversight, Centers for Medicare & Medicaid Services, at 443–955–9966, by email at [anne.pesto@cms.hhs.gov](mailto:anne.pesto@cms.hhs.gov), or by mail at 7500 Security Blvd., Baltimore, MD 21244.

**SUPPLEMENTARY INFORMATION:** The Privacy Act of 1974, as amended (5 U.S.C. 552a) provides certain protections for individuals applying for and receiving Federal benefits. The law governs the use of computer matching by Federal agencies when records in a system of records (meaning, Federal agency records about individuals