

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 July 26, 2022.

A. *Federal Reserve Bank of Atlanta* (Erien O. Terry, Assistant Vice President) 1000 Peachtree Street NE, Atlanta, Georgia 30309, or electronically to *Applications.Comments@atl.frb.org*:

1. *The George J. White Revocable Trust, Robert D. White, as trustee, the Marilyn M. White Revocable Trust, Marilyn M. White, as trustee, Robert D. White, and Amy D. White, all of Mount Dora, Florida; George J. White III, Decatur, Georgia; Anna C. White, Asheville, North Carolina; and Amelia M. White, Athens, Georgia*; a group acting in concert to retain voting shares of FNBMD Bancshares, Inc., and thereby indirectly retain voting shares of The First National Bank of Mount Dora, both of Mount Dora, Florida.

Board of Governors of the Federal Reserve System.

Michele Taylor Fennell,

Deputy Associate Secretary of the Board.

[FR Doc. 2022-14718 Filed 7-8-22; 8:45 am]

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GENERAL SERVICES ADMINISTRATION

[Notice—MA—2022-08; Docket No. 2022-0002; Sequence No.15]

Relocation Allowances—Extended Waiver of Certain Federal Travel Regulation (FTR) Provisions During the COVID-19 Pandemic

AGENCY: Office of Government-wide Policy (OGP), General Services Administration (GSA).

ACTION: Notice of GSA Bulletin FTR 22-07, Extended waiver of certain Federal Travel Regulation (FTR) provisions during the Coronavirus Disease 2019 (COVID-19) pandemic.

SUMMARY: This GSA Bulletin FTR 22-07 informs agencies that certain provisions of the FTR governing official relocation travel and renewal agreement travel (RAT) may continue to be temporarily waived for the period of time stated in the bulletin. This bulletin also rescinds an expiring GSA bulletin pertaining to relocation allowances during the pandemic and re-establishes

information therein via this new bulletin.

DATES: *Applicability Date:* This notice is retroactively effective for official relocation travel performed after March 13, 2019, one year prior to the date of the Presidential national emergency proclamation concerning COVID-19.

FOR FURTHER INFORMATION CONTACT: Mr. Rick Miller, Senior Policy Analyst, Office of Government-wide Policy, Office of Asset and Transportation Management, at 202-501-3822, or *travelpolicy@gsa.gov*. Please cite Notice of GSA Bulletin FTR 22-07.

SUPPLEMENTARY INFORMATION:

Background: Federal agencies authorize relocation entitlements to those individuals listed at FTR § 302-1.1 and those assigned under the Government Employees Training Act (GETA) (5 U.S.C. chapter 41). Since the Presidential national emergency proclamation issued March 13, 2020 concerning COVID-19, the pandemic has resulted in various travel-related disruptions to relocating employees. Accordingly, GSA issued Bulletin 22-04 (86 FR 73279 December 27, 2021) to rescind FTR 21-04 (86 FR 14326 March 15, 2021) (which rescinded and replaced related GSA Bulletins FTR 20-06 (85 FR 23029 April 24, 2020) and FTR 21-02 (85 FR 59311 September 21, 2020)), to allow agencies to determine whether to implement waivers of time limits established by the FTR for completion of all aspects of relocation, temporary storage of household goods (HHG) shipments, house hunting trips (HHT), and time remaining in a second tour of duty upon return from renewal agreement travel (RAT). GSA Bulletin FTR 22-04 and the waiver provisions therein, is set to expire on June 30, 2022.

As COVID-19 has continued to produce uncertainty and create difficulties for relocating individuals, GSA is extending certain FTR waivers by rescinding GSA Bulletin FTR 22-04 and re-establishing the information therein by issuance of this new GSA Bulletin FTR 22-07 with a later expiration date. GSA Bulletin FTR 20-06, FTR 21-02 and FTR 21-04 remain rescinded. The new GSA Bulletin FTR 22-07 can be viewed at <https://www.gsa.gov/ftrbulletins>.

Dated: June 30, 2022.

Krystal J. Brumfield,

Associate Administrator, Office of Government-wide Policy.

[FR Doc. 2022-14716 Filed 7-8-22; 8:45 am]

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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 “Medical Expenditure Panel Survey (MEPS) COVID-19 Changes.”

DATES: Comments on this notice must be received by September 9, 2022.

ADDRESSES: Written comments should be submitted to: Doris Lefkowitz, Reports Clearance Officer, AHRQ, by email at *doris.lefkowitz@AHRQ.hhs.gov*.

Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer.

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

“Medical Expenditure Panel Survey (MEPS) COVID-19 Changes”

The Medical Expenditure Panel Survey (MEPS) consists of the following three components and has been conducted annually since 1996:

- *Household Component (MEPS-HC):* A sample of households participating in the National Health Interview Survey (NHIS) in the prior calendar year are interviewed 5 times over a 2 and one-half (2.5) year period. These 5 interviews yield 2 years of information on use of, and expenditures for, health care, sources of payment for that health care, insurance status, employment, health status and health care quality.

- *Medical Provider Component (MEPS-MPC):* The MEPS-MPC collects information from medical and financial records maintained by hospitals, physicians, pharmacies and home health agencies named as sources of care by household respondents.

- *Insurance Component (MEPS-IC):* The MEPS-IC collects information on establishment characteristics, insurance offerings and premiums from

employers. The MEPS-IC is conducted by the Census Bureau for AHRQ and is cleared separately.

This request is for the MEPS-HC only. The OMB Control Number for the MEPS-HC and MEPS-MPC is 0935-0118, which was last approved by OMB on November 18, 2020, and will expire on November 30, 2023.

The purpose of this request is to update questions related to COVID-19 in MEPS. New round 1 questions on COVID-19 capture information on whether household members have ever had COVID-19 and when they most recently had COVID-19. Follow-up questions in later rounds determine if household members have had COVID-19 in the interview reference period.

This study is being conducted by AHRQ through its contractors, Westat and RTI International, pursuant to AHRQ's statutory authority to conduct and support research on healthcare and on systems for the delivery of such care, including activities with respect to the cost and use of health care services and with respect to health statistics and surveys. 42 U.S.C. 299a(a)(3) and (8); 42 U.S.C. 299b-2.

Method of Collection

The questions will be asked of all MEPS sample members with a single household respondent reporting for the

household. The first two questions serve as gate questions and only respondents who report having a COVID-19 diagnosis in the relevant time period will receive follow-up questions about the timing of their most recent infection. These questions will be administered in the existing Priority Conditions Enumeration section of MEPS, which includes a similar series of questions about whether household members have ever been diagnosed with certain medical conditions.

Historically, MEPS has been conducted using Computer Assisted Personal Interviewing (CAPI) where field interviews conduct interviews with household respondents in person. However, MEPS is currently being conducted via multiple modes, including face-to-face, phone, and virtual interviewing, due to the ongoing COVID-19 pandemic.

The information collected on COVID-19 diagnoses will undergo editing and be reviewed for data quality, including consistency with publicly available sources of data on COVID-19 infections. Additionally, the resulting variables will be included on the annual MEPS full-year consolidated public use data files after being assessed for any potential disclosure concerns.

The new CAPI questions collecting information about COVID-19 will be

folded into the regular processing stream of MEPS data to produce estimates of health care utilization and expenditures. The information collected on COVID-19 diagnoses will be used to compare healthcare utilization and expenditures between those who have had confirmed COVID-19 and those who have not. Additionally, the information collected on the timing of recent infections can be used to either include or exclude recent infections from calendar year or round-specific estimates of healthcare utilization and expenditures. This allows researchers to examine both shorter-term and longer-term impacts of a COVID-19 diagnosis on healthcare utilization and expenditures.

Estimated Annual Respondent Burden

Exhibit 1 shows the estimated annualized burden hours for respondents' time to participate in this research. The addition of several questions related to COVID-19 adds minimal burden in hours and costs to the core CAPI interview, estimated to add 1 minute per interview and a total of 222 burden hours.

Exhibit 2 shows the estimated annualized cost burden associated with respondents' time to participate in this research. The total cost burden is estimated to be \$6,218 annually.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Activity	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
COVID-19 questions included in the MEPS questionnaire	13,338 *	1	1/60	222

* While the expected number of responding units for the annual estimates is 12,804, it is necessary to adjust for survey attrition of initial respondents by a factor of 0.96 (13,338 = 12,804/0.96).

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Activity	Number of respondents	Total burden hours	Average hourly wage rate *	Total cost burden
COVID-19 questions included in the MEPS questionnaire	13,338	222	\$28.01	\$6,218

* Based upon mean hourly wage, "May 2021 National Occupational Employment and Wage Estimates United States," U.S. Department of Labor, Bureau of Labor Statistics, retrieved at https://www.bls.gov/oes/current/oes_nat.htm#00-0000.

Request for Comments

In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501-3520, 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: July 5, 2022.

Mamatha Pancholi,
Acting Chief of Staff, Chief Data Officer.
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