

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 whether the proposed transaction complies with the standards enumerated in the HOLA (12 U.S.C. 1467a(e)).

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 June 30, 2022.

*A. Federal Reserve Bank of Chicago* (Colette A. Fried, Assistant Vice President) 230 South LaSalle Street, Chicago, Illinois 60690-1414:

1. *Fidelity Federal Bancorp., Evansville, Indiana, and its parent companies, Pedcor Financial, LLC and Pedcor Financial Bancorp., both of Carmel, Indiana;* to become savings and loan holding companies, following their conversion to bank holding companies for a moment in time in connection with the acquisition of Community Banks of Shelby County, Cowden, Illinois.

Board of Governors of the Federal Reserve System.

**Michele Taylor Fennell,**

*Deputy Associate Secretary of the Board.*

[FR Doc. 2022-11778 Filed 6-1-22; 8:45 am]

**BILLING CODE P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Agency for Healthcare Research and Quality

#### Meeting of the National Advisory Council for Healthcare Research and Quality

**AGENCY:** Agency for Healthcare Research and Quality (AHRQ), Department of Health and Human Services.

**ACTION:** Notice of public meeting.

**SUMMARY:** This notice announces a meeting of the National Advisory Council for Healthcare Research and Quality.

**DATES:** The meeting will be held on Thursday, July 21, 2022, from 12:30 p.m. to 4:30 p.m.

**ADDRESSES:** The meeting will be held virtually for the public. Members of the National Advisory Council will be able to participate in-person or virtually.

**FOR FURTHER INFORMATION CONTACT:**

Jaime Zimmerman, Designated Management Official, at the Agency for Healthcare Research and Quality, 5600 Fishers Lane, Mail Stop 06E37A, Rockville, Maryland, 20857, (301) 427-1456. For press-related information, please contact Bruce Seeman at (301) 427-1998 or [Bruce.Seeman@AHRQ.hhs.gov](mailto:Bruce.Seeman@AHRQ.hhs.gov).

Closed captioning will be provided during the meeting. If another reasonable accommodation for a disability is needed, please contact the Food and Drug Administration (FDA) Office of Equal Employment Opportunity and Diversity Management on (301) 827-4840, no later than Monday, May 2, 2022. The agenda, roster, and minutes will be available from Ms. Heather Phelps, Committee Management Officer, Agency for Healthcare Research and Quality, 5600 Fishers Lane, Rockville, Maryland, 20857. Ms. Phelps' phone number is (301) 427-1128.

**SUPPLEMENTARY INFORMATION:**

**I. Purpose**

In accordance with section 10(a) of the Federal Advisory Committee Act, 5 U.S.C. App., this notice announces a meeting of the National Advisory Council for Healthcare Research and Quality (the Council). The Council is authorized by Section 941 of the Public Health Service Act, 42 U.S.C. 299c. In accordance with its statutory mandate, the Council is to advise the Secretary of the Department of Health and Human Services and the Director of AHRQ on matters related to AHRQ's conduct of its mission including providing guidance on (A) priorities for health care research, (B) the field of health care research including training needs and information dissemination on health care quality and (C) the role of the Agency in light of private sector activity and opportunities for public private partnerships. The Council is composed of members of the public, appointed by the Secretary, and Federal ex-officio members specified in the authorizing legislation.

**II. Agenda**

On Thursday, July 21, 2022, NAC members will meet to conduct preparatory work prior to convening the Council meeting at 12:30 p.m., with the

call to order by the Council Chair and approval of previous Council summary notes. The meeting will begin with an introduction of NAC members and a report by the AHRQ Director. The NAC will then commence a discussion of the meaning of quality across healthcare delivery systems in the future and the impact of innovations in the healthcare marketplace. The meeting is open to the public and will adjourn at 4:30 p.m. For information regarding how to access the meeting as well as other meeting details, including information on how to make a public comment, please go to <https://www.ahrq.gov/news/events/nac/>. The final agenda will be available on the AHRQ Website no later than Thursday, July 7, 2022.

Dated: May 26, 2022.

**Marquita Cullom,**

*Associate Director.*

[FR Doc. 2022-11807 Filed 6-1-22; 8:45 am]

**BILLING CODE 4160-90-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30Day-22-0728]

#### Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled "National Notifiable Diseases Surveillance System (NNDSS)" to the Office of Management and Budget (OMB) for review and approval. CDC previously published a "Proposed Data Collection Submitted for Public Comment and Recommendations" notice on February 14, 2022 to obtain comments from the public and affected agencies. CDC did not receive comments related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

(b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information,

including the validity of the methodology and assumptions used;

(c) Enhance the quality, utility, and clarity of the information to be collected;

(d) Minimize the burden of the collection of information on those who are to respond, including, through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, *e.g.*, permitting electronic submission of responses; and

(e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639-7570. 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](http://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. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395-5806. Provide written comments within 30 days of notice publication.

### Proposed Project

National Notifiable Diseases Surveillance System (NNDSS) (OMB Control No. 0920-0728, Exp. 3/31/2024)—Revision—Center for Surveillance, Epidemiology and Laboratory Services (CELS), Centers for Disease Control and Prevention (CDC).

### Background and Brief Description

The Public Health Services Act (42 U.S.C. 241) authorizes CDC to disseminate nationally notifiable condition information. The National Notifiable Diseases Surveillance System (NNDSS) is based on data collected at the state, territorial and local levels as a result of legislation and regulations in those jurisdictions that require health care providers, medical laboratories, and other entities to submit health-related data on reportable conditions to public health departments. These

reportable conditions, which include infectious and non-infectious diseases, vary by jurisdiction depending upon each jurisdiction's health priorities and needs. Each year, the Council of State and Territorial Epidemiologists (CSTE), supported by CDC, determines which reportable conditions should be designated nationally notifiable or under standardized surveillance.

CDC requests a three-year approval for a Revision for the NNDSS (OMB Control No. 0920-0728, Exp. 3/31/2024). This Revision includes requests for approval to: (1) Receive case notification data for Alpha-gal syndrome (AGS), a new condition under standardized surveillance (CSS); (2) receive Sexual Orientation and Gender Identity (SOGI) and Birth Sex data elements (with United States Core Data for Interoperability (USCDI) value sets) for sexually transmitted diseases (STD) and Hepatitis; (3) receive an extension of three years to continue to receive the current SOGI data elements for STD; and (4) receive new disease-specific data elements for AGS, COVID-19, Cryptosporidiosis, Cyclosporiasis, Hepatitis, and STD (not congenital).

The NNDSS currently facilitates the submission and aggregation of case notification data voluntarily submitted to CDC from 60 jurisdictions: Public health departments in every U.S. state, New York City, Washington DC, five U.S. territories (American Samoa, the Commonwealth of Northern Mariana Islands, Guam, Puerto Rico, and the U.S. Virgin Islands), and three freely associated states (Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau). This information is shared across jurisdictional boundaries and both surveillance and prevention and control activities are coordinated at regional and national levels.

Over 90% of case notifications are encrypted and submitted to NNDSS electronically from already existing databases by automated electronic messages. When automated transmission is not possible, case notifications are faxed, emailed, or uploaded to a secure network or entered into a secure website. All case notifications that are faxed or emailed are done so in the form of an aggregate weekly or annual report, not individual cases. These different mechanisms used

to send case notifications to CDC vary by the jurisdiction and the disease or condition. Jurisdictions remove most personally identifiable information (PII) before data are submitted to CDC, but some data elements (*e.g.*, date of birth, date of diagnosis, county of residence) could potentially be combined with other information to identify individuals. Private information is not disclosed unless otherwise compelled by law. All data are treated in a secure manner consistent with the technical, administrative, and operational controls required by the Federal Information Security Management Act of 2002 (FISMA) and the 2010 National Institute of Standards and Technology (NIST) Recommended Security Controls for Federal Information Systems and Organizations. Weekly tables of nationally notifiable diseases are available through CDC WONDER and [data.cdc.gov](http://data.cdc.gov). Annual summaries of finalized nationally notifiable disease data are published on CDC WONDER and [data.cdc.gov](http://data.cdc.gov) and disease-specific data are published by individual CDC programs.

The burden estimates include the number of hours that the public health department uses to process and send case notification data from their jurisdiction to CDC. Specifically, the burden estimates include separate burden hours incurred for automated and non-automated transmissions, separate weekly burden hours incurred for modernizing surveillance systems as part of message mapping guide (MMG) implementation, separate burden hours incurred for annual data reconciliation and submission, and separate one-time burden hours incurred for the addition of new diseases and data elements. The burden estimates for the one-time burden for reporting jurisdictions are for the addition of case notification data for AGS; and disease-specific data elements for AGS, COVID-19, Cryptosporidiosis, Cyclosporiasis, Hepatitis, and STD (not congenital).

CDC requests OMB approval for an estimated 18,294 burden hours, a decrease from the previously approved 18,954 due to fewer disease-specific data elements being added. There is no cost to respondents other than the time to participate.

## ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
States .....	Weekly (Automated) .....	50	52	20/60
States .....	Weekly (Non- automated) .....	10	52	2
States .....	Weekly (MMG Implementation) .....	50	52	4
States .....	Annual .....	50	1	75
States .....	One-time Addition of Diseases and Data Elements.	50	1	1
Territories .....	Weekly (Automated) .....	5	52	20/60
Territories .....	Weekly, Quarterly Non-automated) .....	5	56	20/60
Territories .....	Weekly (MMG Implementation) .....	5	52	4
Territories .....	Annual .....	5	1	5
Territories .....	One-time Addition of Diseases and Data Elements.	5	1	1
Freely Associated States .....	Weekly (Automated) .....	3	52	20/60
Freely Associated States .....	Weekly, Quarterly (Non-automated) .....	3	56	20/60
Freely Associated States .....	Annual .....	3	1	1
Freely Associated States .....	One-time Addition of Diseases and Data Elements.	3	1	12
Cities .....	Weekly (Automated) .....	2	52	20/60
Cities .....	Weekly (Non-automated) .....	2	52	2
Cities .....	Weekly (MMG Implementation) .....	2	52	4
Cities .....	Annual .....	2	1	75
Cities .....	One-time Addition of Diseases and Data Elements.	2	1	1

**Jeffrey M. Zirger,**

*Lead, Information Collection Review Office,  
Office of Scientific Integrity, Office of Science,  
Centers for Disease Control and Prevention.*

[FR Doc. 2022-11769 Filed 6-1-22; 8:45 am]

**BILLING CODE 4163-18-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Solicitation of Nominations for Appointment to the CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment (CHACHSPT)

**ACTION:** Notice.

**SUMMARY:** The Centers for Disease Control and Prevention (CDC) is seeking nominations for membership on the CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment (CHACHSPT). The CHACHSPT consists of 18 experts in fields associated with public health; epidemiology; laboratory practice; immunology; infectious diseases; drug abuse; behavioral science; health education; healthcare delivery; state health programs; clinical care; preventive health; medical education; health services and clinical research; and healthcare financing, who are selected by the Secretary of the U.S.

Department of Health and Human Services (HHS).

**DATES:** Nominations for membership on the CHACHSPT must be received no later than October 1, 2022. Packages received after this time will not be considered for the current membership cycle.

**ADDRESSES:** All nominations should be electronically mailed to [nchhstppolicy@cdc.gov](mailto:nchhstppolicy@cdc.gov) with the subject line of "CHAC 2023 Nomination."

**FOR FURTHER INFORMATION CONTACT:**

Marah Condit, MS, Committee Management Lead, National Center for HIV, Viral Hepatitis, STD, and TB Prevention, CDC, 1600 Clifton Road NE, Mailstop US8-6, Atlanta, Georgia 30329-4027; Telephone: (404) 639-3423; Email: [MCondit@cdc.gov](mailto:MCondit@cdc.gov).

**SUPPLEMENTARY INFORMATION:** The Secretary of HHS, and by delegation, the CDC Director and the Administrator, Health Resources and Services Administration (HRSA), are authorized by the Public Health Service Act to: (1) Conduct, encourage, cooperate with, and assist other appropriate public health authorities, scientific institutions, and scientists in the conduct of research, investigations, experiments, demonstrations, and studies related to the cases, diagnosis, treatment, control, and prevention of physical and mental diseases, and other impairments; (2) assist states and their political subdivisions in preventing, suppressing, and treating communicable

diseases and other preventable conditions and in promoting health and well-being; (3) assist public and nonprofit private entities in preventing, controlling, and treating sexually transmitted diseases (STDs), including the human immunodeficiency virus (HIV); (4) improve health and achieve health equity through access to quality services and a skilled health workforce and innovative programs; (5) support healthcare services to persons living with or at risk for HIV, viral hepatitis, and other STDs; and (6) advance the education of health professionals and the public from HIV, viral hepatitis, and other STDs.

CHACHSPT meets at least two times each calendar year, or at the discretion of the Designated Federal Officers in consultation with the CHACHSPT co-chairs.

The U.S. Department of Health and Human Services policy stipulates that committee membership be balanced in terms of points of view represented and the committee's function. Current participation on federal workgroups or prior experience serving on a federal advisory committee does not disqualify a candidate; however, HHS policy is to avoid excessive individual service on advisory committees and multiple committee memberships. The CHACHSPT charter stipulates that the Committee shall include representation of persons with HIV and other affected populations; state and local health and education agencies; HIV/viral hepatitis/