EIS No. 20220053, Final, MARAD, CA, Port of Long Beach Pier B On-Dock Rail Support Project, *Contact:* Alan J. Finio 202–366–8024.

Under 49 U.S.C. 304a(b), MARAD has issued a single document that consists of a final environmental impact statement (FEIS) and record of decision (ROD). Therefore, the 30-day wait/review period under NEPA does not apply to this action.

Amended Notice

EIS No. 20220021, Draft, USFS, AK, Mendenhall Glacier Visitor Facility Improvements, *Comment Period Ends:* 05/09/2022, *Contact:* Monique Nelson 907–209–4090. Revision to FR Notice Published 03/04/2022; Extending the Comment Period from 04/18/2022 to 05/09/2022.

EIS No. 20220035, Draft, NOAA, OR, Western Oregon State Forests Habitat Conservation Plan, *Comment Period Ends:* 06/01/2022, *Contact:* Michelle McMullin 541–957–3378. Revision to FR Notice Published 03/18/2022; Extending the Comment Period from 05/17/2022 to 06/01/2022.

Dated: April 11, 2022.

Cindy S. Barger,

Director, NEPA Compliance Division, Office of Federal Activities.

[FR Doc. 2022–08096 Filed 4–14–22; 8:45 am]

BILLING CODE 6560–50–P

FEDERAL RESERVE SYSTEM

Formations of, Acquisitions by, and Mergers of Savings and Loan Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Home Owners' Loan Act (12 U.S.C. 1461 *et seq.*) (HOLA), Regulation LL (12 CFR part 238), and Regulation MM (12 CFR part 239), and all other applicable statutes and regulations to become a savings and loan holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a savings association.

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 May 16, 2022.

A. Federal Reserve Bank of Richmond (Brent B. Hassell, Assistant Vice President) P.O. Box 27622, Richmond, Virginia 23261. Comments can also be sent electronically to *Comments.applications@rich.frb.org:*

1. *Piedmont Financial Holding Company, Winston-Salem, North Carolina;* to become a mutual savings and loan holding company upon the conversion of Piedmont Federal Savings Bank, Winston-Salem, North Carolina, from federal mutual savings bank to a federal stock savings bank.

Board of Governors of the Federal Reserve System, April 11, 2022.

Michele Taylor Fennell,

Deputy Associate Secretary of the Board.

[FR Doc. 2022–08044 Filed 4–14–22; 8:45 am]

BILLING CODE P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Request for Information: AHRQ's Proposed Patient-Centered Outcomes Research Trust Fund Strategic Framework; Extension of Comment Period

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Request for information; notice of extension of comment period.

SUMMARY: In the **Federal Register** of February 18, 2022, the Agency for Healthcare Research and Quality (AHRQ) announced that it was seeking input from the public on its proposed strategic framework for AHRQ's Patient-Centered Outcomes Research Trust Fund investments. This notice extends the comment period 35 days from April 19, 2022 to May 24, 2022. The subject matter content remains unchanged from the original notice.

DATES: Comments on this notice must be received by May 24, 2022. AHRQ will not respond individually to responders but will consider all comments submitted by the deadline.

ADDRESSES: Please submit all responses via email to: *PCORTF@ahrq.hhs.gov.*

FOR FURTHER INFORMATION CONTACT: Karin Rhodes, MD, Chief Implementation Officer, Email: *PCORTF@ahrq.hhs.gov,* Telephone: 301–427–1364 or 240–463–0872.

SUPPLEMENTARY INFORMATION: AHRQ is authorized under 42 U.S.C. 299b–37 to broadly disseminate patient-centered outcomes research (PCOR) findings, including incorporation of PCOR findings into health information technology focused on clinical decision support, and to train researchers in the methods used to conduct PCOR. PCOR compares the impact of two or more preventive, diagnostic, treatment, or healthcare delivery approaches on health outcomes, including those that are meaningful to patients.

AHRQ's work under 42 U.S.C. 299b–37 is funded by the Patient-Centered Outcomes Research Trust Fund (PCORTF), 26 U.S.C. 9511, which was established in 2010 and reauthorized in 2019. To learn more about the PCORTF, please visit: *https://www.ahrq.gov/pcor/potential-of-the-pcortf/index.html.*

In response to the reauthorization of the PCORTF, AHRQ has developed a proposed strategic framework to guide future planning and evaluation of AHRQ's PCORTF investments (the strategic framework). The strategic framework is consistent with AHRQ's broader goal of improving the quality, safety, equity, and value of healthcare delivery.

The proposed strategic framework identifies five priorities for improving healthcare delivery that are aligned with AHRQ's mission and that have the potential to improve outcomes that patients care about. These priorities are interrelated, and all contribute to achieving the proposed strategic framework's overall vision of *equitable whole-person care across the lifespan.* The proposed strategic framework is consistent with AHRQ's Congressional authorization for investments from the PCORTF and is aligned with national health priorities.

The AHRQ PCORTF strategic framework includes a mission, vision, high-level priorities, desired outcomes, and cross-cutting strategies for advancing the desired outcomes. This framework is expected to describe and inform the portfolio of AHRQ PCORTF investments. AHRQ will use this broad framework to guide long-range planning and to guide the development of projects and investments.

AHRQ PCORTF-funded projects will be connected to components and sub-components of the strategic framework. Use of the strategic framework is intended to ensure that AHRQ's investments are coherently connected and advance the overall vision of advancing *equitable whole-person care across the lifespan.* The final strategic framework will also provide a basis for creating an evaluation framework, measuring the success of individual projects, and identifying the overall impact of AHRQ's PCORTF investments.

AHRQ is seeking public comment on the proposed strategic framework for AHRQ's PCORTF investments.

BILLING CODE 4160–90–P

Strategic Framework to Guide AHRQ's PCORTF Investments

Mission:	Overarching Vision:	High-level Goal:
Synthesize and support the dissemination of evidence into practice and train the next generation of patient-centered outcomes researchers.	Equitable whole-person care across the lifespan.	Improve health outcomes by promoting high-value, safe, evidence-based, integrated, coordinated, team-based, patient-centered care, with a focus on underserved populations.

High-Level Priorities and Desired Outcomes

A. Health Equity	B. Prevention and Improved Care of Patients With Chronic Conditions	C. Patient, Family, and Provider Experience of Care That Enhances Trust in the Healthcare System	D. High-Quality, Safe Care That is Aligned With National Health Priorities	E. Primary Care Transformation
Desired Outcomes 1. Reduced health disparities for AHRQ's priority populations 2. Engagement of underrepresented communities in training & implementation initiatives 3. Improved equity in access to needed care	*Desired Outcomes* 1. Increased uptake of evidence-based preventive services, early intervention, and secondary prevention 2. Decreased fragmentation of care for patients with multiple chronic conditions (MCC) 3. Co-design of innovations in care with patients and communities	*Desired Outcomes* 1. Improved patient/family engagement and reported experience of care 2. Focus on whole-person care, with attention to mental health & social determinants of health (SDOH) 3. Improved provider wellness and retention	*Desired Outcomes* 1. Transformation of healthcare organizations into learning health systems 2. Increased uptake of evidence-based practices that strengthen healthcare quality, safety, and value 3. Improved outcomes for targeted national priority conditions	*Desired Outcomes* 1. Uptake of new models of primary care, leveraging digital healthcare 2. Integrated team-based behavioral health 3. Identification and provision of needed resources for comprehensive primary care and uptake of evidence

Cross-cutting Strategies for Achieving Desired Outcomes

- Train and support the next generation of health service researchers with a focus on team science and advancing health equity.
- Develop and maintain the AHRQ infrastructure needed to synthesize and accelerate evidence to practice.
- Leverage and support innovation in digital health, clinical decision support, and new models of care.
- Build data, measurement, and analytic capacity to benchmark and evaluate uptake and use of evidence in learning health systems to improve outcomes that matter to patients.
- Accelerate the uptake of evidence in practice to optimize individual and population health and achieve health equity for all.
- Disseminate evidence to Federal/State/local healthcare decision makers with targeted communication strategies.
- Provide the evidence to inform policy changes needed for sustainable implementation and incorporation of evidence by healthcare systems, practices, and providers.
- Evaluate the impact of PCORTF investments on care delivery, quality, costs, health outcomes, and health disparities.

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AHRQ hopes to receive feedback from patients, healthcare professionals, community groups, employers, health services researchers, dissemination and implementation scientists, communications experts, representatives from health systems, public and private payers, and other stakeholders.

The input received from this public comment period will be used in refining and finalizing the strategic framework. Based on the final strategic framework, AHRQ intends to develop an operational plan, which will include specific short- and long-term objectives and a formative and summative evaluation. The overall goal of AHRQ's planning process is to identify investments consistent with its PCORTF authorization that will have the greatest positive impact on health and healthcare.

AHRQ is requesting information from the public regarding the following broad questions:

1. AHRQ would like overall reactions to the strategic framework; is there any aspect of the framework that:

a. Does not promote the vision of advancing equitable whole-person care across the lifespan?

b. Does not address major challenges faced by the U.S. healthcare system?

c. Could be improved (and if so, how)?

2. AHRQ would like input on our (non-ranked) high-level priority areas:

a. Do our proposed high-level priorities miss any areas of critical importance?

b. Are any of the high-level priorities more important than others?

3. AHRQ would like input on how to target investments within high-priority areas. For example, should AHRQ focus on:

a. Specific ages/stages or apply AHRQ's investments equally across the lifespan?

b. Transitions in care?

4. AHRQ would also appreciate suggestions for applying the strategic framework. For example:

a. How can AHRQ improve the dissemination of patient-centered outcomes research evidence to decision-makers at the local, State, and Federal levels?

b. What targeted investments could AHRQ make to sustain progress towards the strategic framework's desired outcomes?

c. What AHRQ PCORTF investments could help improve healthcare provider trust, well-being, and retention?

5. How can AHRQ have the greatest impact and success at achieving the vision and mission of the strategic framework?

a. What is the most effective way to ensure the *sustainability* of initiatives that seek to enhance the integration of patient-centered outcomes research findings into practice?

b. What complementary partnerships and collaborations (both public and private) would increase the impact of AHRQ's PCORTF investments?

c. What will be the best way of measuring progress and the overall impact of AHRQ's PCORTF investments?

6. Is there anything else you would like to share regarding the strategic framework?

AHRQ is interested in all of the questions listed above, but respondents are welcome to address as many or as few as they choose and to address additional areas of interest not listed. It is helpful to identify which question a particular answer is a response to.

This RFI is for planning purposes only and should not be construed as a policy, solicitation for applications, or as an obligation on the part of the Government to provide support for any ideas identified in response to it. AHRQ will use the information submitted in response to this RFI at its discretion and will not provide comments to any responder's submission. However, responses to the RFI may be reflected in future solicitation(s) or policies. The information provided will be analyzed and may appear in reports. Respondents will not be identified in any published reports. Respondents are advised that the Government is under no obligation to acknowledge receipt of the information received or provide feedback to respondents with respect to any information submitted. No proprietary, classified, confidential, or sensitive information should be included in your response. The contents of all submissions will be made available to the public upon request. Materials submitted must be publicly available or able to be made public.

Dated: April 11, 2022.

Marquita Cullom,

Associate Director.

[FR Doc. 2022–08038 Filed 4–14–22; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

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, and the Determination of the Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, CDC, pursuant to Public Law 92–463. 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: Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP)—RFA–OH–20–002, Commercial Fishing Occupational Safety Research Cooperative Agreement; and RFA–OH–20–003, Commercial Fishing Occupational Safety Training Project Grants.

Date: May 18, 2022.

Time: 12:00 p.m.–3:00 p.m., EDT.

Place: Video-Assisted Meeting.

Agenda: To review and evaluate grant applications.

FOR FURTHER INFORMATION CONTACT: Michael Goldcamp, Ph.D., Scientific Review Officer, Office of Extramural Programs, National Institute for Occupational Safety and Health, CDC, 1095 Willowdale Road, Morgantown, West Virginia 26505, Telephone: (304) 285–5951; Email: *MGoldcamp@cdc.gov.*

The Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Kalwant Smagh,

Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2022–08051 Filed 4–14–22; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–3423–N]

Announcement of the Re-Approval of the American Society of Histocompatibility and Immunogenetics (ASHI) as an Accreditation Organization Under the Clinical Laboratory Improvement Amendments of 1988

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Notice.

SUMMARY: This notice announces the application of the American Society for Histocompatibility and Immunogenetics (ASHI) for approval as an accreditation organization for clinical laboratories under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) program for the following specialty and subspecialty areas: General Immunology; Histocompatibility; and ABO/Rh typing. We have determined that the ASHI meets or exceeds the applicable CLIA requirements. In this notice, we announce the approval and grant the ASHI deeming authority for a period of 6 years.

DATES: This notice is effective from April 15, 2022 to April 15, 2028.

FOR FURTHER INFORMATION CONTACT: Penny Keller, (410) 786–2035.

SUPPLEMENTARY INFORMATION:

I. Background and Legislative Authority

On October 31, 1988, the Congress enacted the Clinical Laboratory Improvement Amendments of 1988 (CLIA) (Pub. L. 100–578). CLIA amended section 353 of the Public Health Service Act. We issued a final rule implementing the accreditation provisions of CLIA on July 31, 1992 (57 FR 33992). Under those provisions, CMS may grant deeming authority to an accreditation organization if its requirements for laboratories accredited under its program are equal to or more stringent than the applicable CLIA program requirements in 42 CFR part 493 (Laboratory Requirements). Subpart E of part 493 (Accreditation by a Private, Nonprofit Accreditation Organization or Exemption Under an Approved State Laboratory Program) specifies the requirements an accreditation organization must meet to be approved by CMS as an accreditation organization under CLIA.