

shares of American Heritage National Bank, Long Prairie, Minnesota.

2. *Forstrom Bancorporation, Inc.*, Clara City, Minnesota, to acquire 100 percent of the voting shares of First Bank of Lincoln, Lincoln, Montana.

B. Federal Reserve Bank of Dallas (E. Ann Worthy, Vice President) 2200 North Pearl Street, Dallas, Texas 75201-2272:

1. *Northeast Texas Bancshares, Inc.*, Mount Pleasant, Texas, to become a bank holding company by acquiring 100 percent of the voting shares of The American National Bank of Mount Pleasant, Mount Pleasant, Texas.

C. Federal Reserve Bank of San Francisco (Gerald C. Tsai, Director, Applications and Enforcement) 101 Market Street, San Francisco, California 94105-1579:

1. *TFB Bancorp, Inc.*, Yuma, Arizona to become a bank holding company by acquiring 100 percent of the voting shares of The Foothills Bank, also of Yuma, Arizona.

Board of Governors of the Federal Reserve System, September 13, 2013.

Michael J. Lewandowski,

Associate Secretary of the Board.

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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 and nonbanking companies owned by the savings and loan holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The application also will 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 the HOLA (12 U.S.C. 1467a(e)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the

standards in section 10(c)(4)(B) of the HOLA (12 U.S.C. 1467a(c)(4)(B)). Unless otherwise noted, nonbanking activities will be conducted throughout the United States.

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than October 11, 2013.

A. Federal Reserve Bank of Kansas City (Dennis Denney, Assistant Vice President) 1 Memorial Drive, Kansas City, Missouri 64198-0001:

1. *The 2012 Dorchester Trust, David D. Morgan and Ellen Records Morgan as trustees; and the Katherine R. Ryan 2012 Family Trust, G. Jeffrey Records, Jr. and Ellen Records Morgan as trustees;* all of Oklahoma City, Oklahoma, to become savings and loan holding companies through the acquisition of controlling interests in Midland Financial Corporation, and therefore indirectly acquire, MidFirst Bank, both of Oklahoma City, Oklahoma.

Board of Governors of the Federal Reserve System, September 13, 2013.

Michael J. Lewandowski,

Associate Secretary of the Board.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

[Document Identifier: HHS-OS-20475-60D]

Agency Information Collection Activities; Proposed Collection; Public Comment Request

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, announces plans to submit a new Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting that ICR to OMB, OS seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on the ICR must be received on or before November 18, 2013.

ADDRESSES: Submit your comments to *Information.CollectionClearance@hhs.gov* or by calling (202) 690-6162.

FOR FURTHER INFORMATION CONTACT: Information Collection Clearance staff,

Information.CollectionClearance@hhs.gov or (202) 690-6162.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the document identifier HHS-OS-20475-60D for reference.

Information Collection Request Title: Survey of Medical Care Providers for the Evaluation of the Regional Extension Center (REC) Program

Abstract: This new, one-time data collection activity is needed to collect information from practices that are utilizing assistance from the Regional Extension Center program to implement and meaningfully use health information technology, as well as practices that are not working with a Regional Extension Center. The survey data will be analyzed to determine whether there is an association between REC participation and the use of technical assistance, EHR adoption, and achievement of meaningful use of electronic health records by primary care practices. The data will also be used to identify challenges faced by primary care practices when adopting and meaningfully using EHRs. The resulting data will inform policy decisions by the Office of the National Coordinator for Health Information Technology (ONC), REC program administrators, and the broader community of policy makers and researchers interested in electronic health record (EHR) adoption.

Need and Proposed Use of the Information: The Office of the National Coordinator for Health Information Technology has funded an independent national program evaluation of the Regional Extension Center program. The proposed information collection effort is necessary to collect information to answer the following research questions: (1) Is REC participation associated with adoption of EHRs and meaningful use of EHRs? (2) Is REC participation associated with attestation in the Centers for Medicare and Medicaid Services (CMS) Medicare and Medicaid incentive programs? (3) Is REC participation associated with satisfaction and positive opinions about EHRs? (4) Is REC participation associated with use of assistance services? (5) Is REC participation associated with experiencing less difficulty in adoption of EHRs? (6) Is REC participation associated with being part of a care transformation program? There is no existing data source that can be used to answer these research questions.

Likely Respondents: The survey targets small primary care practices, and

asks for the staff member most knowledgeable about electronic health record (EHR) adoption and utilization to answer the survey.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose or provide the information

requested. This includes the time needed to review instructions, to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information, to train

personnel and to be able to respond to a collection of information, to search data sources, to complete and review the collection of information, and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Physicians	Form A Screener Administered on Paper.	1571	1	5/60	131
Nurses	Form A Screener Administered on Paper.	1571	1	5/60	131
Practice Managers	Form A Screener Administered on Paper.	1570	1	5/60	131
Physicians	Form B Survey Administered as a Computer-Assisted Telephone Interview.	475	1	30/60	238
Nurses	Form B Survey Administered as a Computer-Assisted Telephone Interview.	475	1	30/60	238
Practice Managers	Form B Survey Administered as a Computer-Assisted Telephone Interview.	475	1	30/60	238
Physicians	Form C Shortened Survey Administered on Paper.	119	1	10/60	20
Nurses	Form C Shortened Survey Administered on Paper.	119	1	10/60	20
Practice Managers	Form C Shortened Survey Administered on Paper.	118	1	10/60	20
Total					1167

OS specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions, (2) the accuracy of the estimated burden, (3) ways to enhance the quality, utility, and clarity of the information to be collected, and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Darius Taylor,

Deputy Information Collection Clearance Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Request for Comments on Pediatric Planned Procedure Algorithm

AGENCY: Agency for Healthcare Research and Quality (AHRQ), HHS.

ACTION: Notice of request for comments on pediatric planned procedure algorithm from the members of the public.

SUMMARY: Section 401(a) of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), Public Law 111-3, amended the Social Security Act (the Act) to enact section 1139A (42 U.S.C. 1320b-9a). Section 1139A(b) charged the Department of Health and Human Services with improving pediatric health care quality measures. This effort includes development of several new pediatric quality measures, including a pediatric readmission measure. The Agency for Healthcare Research and Quality (AHRQ) is requesting comments from the public on an algorithm for identifying pediatric planned procedures as part of the readmission measure. The purpose of the algorithm is to identify, using International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) procedure codes, pediatric procedures that are usually planned so that admissions for these procedures

can be excluded from calculations of readmission rates.

To identify planned procedures, expert pediatric clinicians in 14 different procedure-oriented specialties reviewed procedures typically performed by their specialty. The reviewers indicated which procedures (1) are usually planned (defined as planned in more than 80% of cases) and (2) could require hospitalization. Admissions for which the primary procedure coded was one of these procedures are excluded from the count of readmissions.

The list of ICD-9-CM codes and code descriptions for the planned procedures is available at: <http://www.ahrq.gov/policymakers/chipra/pedprocedurecodes.html>.

DATES: Please submit comments October 21, 2013. AHRQ will not respond to individual comments, but will consider all comments.

ADDRESSES: Electronic submissions are encouraged, preferably as an email with an electronic file in a standard word processing format as an email attachment. Submissions may also be in the form of a letter to: Maushami (Mia)