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 the BHC Act (12 U.S.C. 1842(c)).

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 April 7, 2023.

A. Federal Reserve Bank of St. Louis (Holly A. Rieser, Senior Manager) P.O. Box 442, St. Louis, Missouri 63166–2034. Comments can also be sent electronically to *Comments.applications@stls.frb.org:*

1. *HNB Bancorp, Inc., Hannibal, Missouri, a subsidiary of the The R. Dean Phillips Bank Trust, Las Vegas, Nevada;* to merge with Northeast Missouri Bancshares, Inc., and thereby indirectly acquire The Mercantile Bank of Louisiana, Missouri, both of Louisiana, Missouri. This notice replaces and supersedes FR Doc 2023–03754 published on 02–23–2023.

Board of Governors of the Federal Reserve System.

Michele Taylor Fennell,

Deputy Associate Secretary of the Board.

[FR Doc. 2023–04781 Filed 3–8–23; 8:45 am]

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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 March 23, 2023.

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

1. *Jeffrey V. Hammes, Bourbonnais, Illinois;* to acquire voting shares of Romy Hammes, Inc., and thereby indirectly acquire voting shares of Peoples Bank Kankakee City, both of Bourbonnais, Illinois.

Board of Governors of the Federal Reserve System.

Michele Taylor Fennell,

Deputy Associate Secretary of the Board.

[FR Doc. 2023–04779 Filed 3–8–23; 8:45 am]

BILLING CODE P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Supplemental Evidence and Data Request on Genitourinary Syndrome of Menopause

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

ACTION: Request for supplemental evidence and data submissions.

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 *Genitourinary Syndrome of Menopause,* 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 April 10, 2023.

ADDRESSES:

Email submissions: 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: Jenae Benns, Telephone: 301–427–1496 or Email: *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 *Genitourinary Syndrome of Menopause.* AHRQ is conducting this systematic 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 Genitourinary Syndrome of Menopause, including those that describe adverse events. The entire research protocol is available online at: *https://effectivehealthcare.ahrq.gov/products/genitourinary-syndrome/protocol.*

This is to notify the public that the EPC Program would find the following information on Genitourinary Syndrome of Menopause helpful:

- A list of completed studies that your organization has sponsored for this indication. 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: 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 indication.* In the list, please provide the ClinicalTrials.gov trial number or, if the trial is not registered, the protocol for the study including 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 indication 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 indications 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 systematic 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 (KQ)

KQ 1: What is the effectiveness and harms of screening strategies to identify GSM in postmenopausal women? Does screening impact patient reported symptoms or improve quality of life?

KQ 2: What is the effectiveness and comparative effectiveness of hormonal, non-hormonal, and energy-based interventions when used alone or in combination for treatment of GSM symptoms? Which treatments show improvement for which symptoms?

KQ 3: What are the harms (and comparative harms) of hormonal, non-hormonal, and energy-based interventions for GSM symptoms?

KQ 4: What is the appropriate follow-up interval to assess improvement, sustained improvement, or regression of symptoms of GSM in women treated with hormonal, non-hormonal, and energy-based interventions?

KQ 5: What is the effectiveness, comparative effectiveness, and harms of endometrial surveillance among women who have a uterus and are using hormonal therapy for GSM?

POPULATION, INTERVENTION, COMPARATOR, OUTCOME, TIMING, SETTING/STUDY DESIGN (PICOTS)

	Inclusion	Exclusion
Population:		
KQ1:	Postmenopausal women.	
KQ2–4:	Postmenopausal women, premenopausal women in hypoestrogenic state, or gender diverse individuals on hormonal therapy, with one or more symptom of GSM.	Individuals with genitourinary symptoms for reasons other than GSM.
KQ5:	Patients with a uterus using hormonal therapy primarily for GSM symptoms	Patients using hormonal therapy for reasons other than GSM.
Interventions:		
KQ1:	Screening evaluations and/or questionnaires	Physical exam.
KQ2–4:	*Hormonal Interventions:* Systemic estrogen for GSM, vaginal estrogen therapy, including vaginal cream, tablets, inserts or ring, selective estrogen receptor modulator (SERM), intravaginal dehydroepiandrosterone (DHEA), vaginal testosterone, compounded and bioidentical hormonal therapies; phytoestrogens.	Menopausal hormone therapy only for reasons other than GSM.
	Energy-based interventions: CO_2 laser, Erbium: YAG, radio-frequency laser	Laser therapy for anatomic areas other than the vagina.
	Non-hormonal interventions: Over-the-counter non-hormone vaginal lubricants and moisturizers, hyaluronic acid, herbal therapies/supplemental alternatives, vitamin D, vitamin E, probiotics, oxytocin vaginal gel, pelvic floor physical therapy to treat vaginal or sexual symptoms of GSM.	Pelvic floor physical therapy for urinary incontinence.
	For KQ4. Assess different durations of follow-up.	
KQ5:	Endometrial surveillance with ultrasound or biopsy.	
Comparison:		
KQ1:	Usual care.	
KQ2–4:	*Effectiveness:* Placebo, inactive control, sham.	
	Comparative Effectiveness: Another hormonal, non-hormonal, or energy-based intervention.	
	For KQ4. Assess different durations of follow up.	
KQ5:	Usual care, or different type or level of surveillance.	
Outcomes:		
KQ1:	Diagnosis of GSM, potential harms: misdiagnosis as another condition with similar presentation such as inflammatory dermatologic conditions, malignancy, infections, or presence of symptoms prior to menopause. Progressing to unnecessary diagnostics for the index patient such as vaginal or endometrial biopsy.	
KQ 1, 2&4	Change in symptoms:	Serum hormone concentration, Stress incontinence.
	Genitourinary symptoms: urinary frequency, urinary urgency, nocturia, dysuria, recurrent urinary tract infections.	
	Other urinary symptoms (outcomes evaluated for interventions other than PFMT): urinary urge incontinence, overactive bladder.	
	Genital signs and symptoms: urethral caruncle, urethral prolapse, vaginal atrophy or atrophic vaginitis, vaginal dryness, vaginal/vulvar irritation, vaginal soreness, vaginal lubrication, vaginal pain.	
	Sexual symptoms: dyspareunia, orgasmic dysfunction, low libido, decreased arousal, sexual desire, sexual function, bleeding associated with sexual activity.	

POPULATION, INTERVENTION, COMPARATOR, OUTCOME, TIMING, SETTING/STUDY DESIGN (PICOTS)—Continued

	Inclusion	Exclusion
KQ3&5:	*Psychological symptoms:* depression, anxiety, quality of life, partner satisfaction. *Safety outcomes:* breast cancer, breast cancer recurrence or progression, breast tenderness, cardiovascular risk, endometrial cancer (KQ5), post-menopausal bleeding (KQ5), endometrial hyperplasia (KQ5), endometrial thickness (KQ5). *Adverse events:* worsening or onset of urinary, genital, or sexual symptoms: vaginal burning, vaginal bleeding, vaginal discharge, vaginal scarring, vaginal stenosis; pelvic pain; dyspareunia; urethral strictures; meatal stricture/stenosis.. *Systemic adverse events:* chronic pain, stroke; VTE (DVT or PE); death; hot flashes; headache; breast pain; cramps; bloating; nausea; vomiting.	
Timing:		
All KQ	Intervention: any. Outcomes: any.	
Setting:		
All KQ	Any.	
Study design:		
KQ1	RCTs and prospective observational studies with concurrent comparison group and analytic techniques to control for sample selection bias; systematic reviews of these study designs that assessed ROB of included studies using validated tools.	
KQ2	RCTs or systematic review of RCTs that assessed ROB of included studies using validated tools.	
KQ3	RCTs and prospective observational studies with concurrent comparison group and analytic techniques to control for sample selection bias; systematic reviews of these study designs that assessed ROB of included studies using validated tools.	
KQ4	RCTs or systematic review of RCTs that assessed ROB of included studies using validated tools.	
KQ5	RCTs and prospective observational studies with concurrent comparison group and analytic techniques to control for sample selection bias; systematic reviews of these study designs that assessed ROB of included studies using validated tools.	
Language	English only (due to resource limitations).	
Geographic Location.	Any.	
Study size	N = 20 or more participants analyzed per study arm for RCTs.	
Publication date	Any.	

Abbreviations: CO_2 = carbon dioxide; DHEA = dehydroepiandrosterone; DVT = deep venous thromboembolism; GSM = Genitourinary Syndrome of Menopause; KQ = key question; PE = pulmonary embolism; PFMT = pelvic floor muscle training; RCT = randomized controlled trial; SERM = selective estrogen receptor modulator; VTE = venous thromboembolism.

Dated: March 3, 2023.

Marquita Cullom,

Associate Director.

[FR Doc. 2023–04800 Filed 3–8–23; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[Docket No. 0970–0558]

Proposed Information Collection Activity; Generic for Administration for Children and Families Program Monitoring Activities (Office of Management and Budget)

AGENCY: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Administration for Children and Families (ACF) intends to request from the Office of Management and Budget (OMB) an extension of approval for an umbrella generic clearance for information collections related to ACF program office monitoring activities. ACF programs promote the economic and social well-being of families, children, individuals, and communities. The Generic for ACF Program Monitoring Activities allows ACF program offices to collect standardized information from recipients that receive federal funds to ensure oversight, evaluation, support purposes, and stewardship of federal funds. There are no changes proposed to the terms of the generic. Burden estimates have been updated.

DATES: *Comments due within 60 days of publication.* In compliance with the requirements of the Paperwork Reduction Act of 1995, ACF is soliciting public comment on the specific aspects of the information collection described above.

ADDRESSES: You can obtain copies of the proposed collection of information and submit comments by emailing *OPREinfocollection@acf.hhs.gov.* Identify all requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: Program monitoring is a post-award process through which ACF assesses a recipient's programmatic performance and business management performance. Monitoring activities are necessary to ensure timely action by ACF to support grantees and protect federal interests. Program offices use information collected under this generic clearance to monitor funding recipient activities and to provide support or take appropriate action, as needed. The information gathered is or will be used primarily for internal purposes, but aggregate data may be included in public materials such as Reports to Congress or program office documents. Following standard OMB requirements, ACF will submit a request for each individual data collection activity under this generic clearance. Each request will include the individual form(s) or instrument(s), a justification specific to the individual information collection, and any supplementary documents. OMB is requested to review requests within 10 days of submission.

Respondents: ACF funding recipients.