TABLE III—TEST INFORMATION RECEIVED FROM 12/1/2022 TO 12/31/2022—Continued

Case No.	Received date	Type of test information	Chemical substance
P–15–0443	12/21/2022	90-Day Inhalation Toxicity Testing (OECD Test Guideline 413).	(G) Rare earth doped zirconium oxide.
P–22–0129	12/14/2022	Water Solubility: Column Elution Method; Shake Flask Method (OECD Test Guideline 105).	(G) Substituted heterocyclic onium compound, salt with heteropolysubstitutedalkyl substitutedtricycloalkane carboxylate (1:1), polymer with 1-alkenyl-4-[(alkylcycloalkyl) oxy]carbomonocycle, 5-ethyloctahydro-4,7-methano-1h-inden-5-yl 2-methyl-2-propenoate, hexahydro-5-oxo-2,6-methanofuro[3,2-b]furan-3-yl 2-methyl-2-propenoate and 4-hydroxyphenyl 2-methyl-2-propenoate.
P–23–0030	12/06/2022	Bacterial Reverse Mutation Test (OECD Test Guideline 471)	(G) Phenol, polyalkylcarbo bis-, polymer with 2-carbomono cyclichaloheteromonocycle, bis[(alkenylcarbomonocyclic) alkyl] ether.

If you are interested in information that is not included in these tables, you may contact EPA's technical information contact or general information contact as described under **FOR FURTHER INFORMATION CONTACT** to access additional non-CBI information that may be available.

Authority: 15 U.S.C. 2601 *et seq.*

Dated: January 12, 2023.

Pamela Myrick,

Director, Project Management and Operations Division, Office of Pollution Prevention and Toxics.

[FR Doc. 2023–00859 Filed 1–17–23; 8:45 am]

BILLING CODE 6560–50–P

FEDERAL ELECTION COMMISSION

Sunshine Act Meetings

FEDERAL REGISTER CITATION NOTICE OF PREVIOUS ANNOUNCEMENT: 88 FR 863.

PREVIOUSLY ANNOUNCED TIME AND DATE OF THE MEETING: Tuesday, January 10, 2023 at 10:00 a.m. and its continuation at the conclusion of the open meeting on January 12, 2023.

CHANGES IN THE MEETING: The meeting began at 10:30 a.m. on January 10, 2023.

The meeting also discussed:

Matters relating to internal personnel decisions, or internal rules and practices.

* * * * *

FOR MORE INFORMATION CONTACT: Judith Ingram, Press Officer, Telephone: (202) 694–1220.

(Authority: Government in the Sunshine Act, 5 U.S.C. 552b)

Vicktoria J. Allen,

Acting Deputy Secretary of the Commission.

[FR Doc. 2023–00905 Filed 1–13–23; 11:15 am]

BILLING CODE 6715–01–P

FEDERAL RESERVE SYSTEM

Formations of, Acquisitions by, and Mergers of Bank Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

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 February 17, 2023.

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. *TIAA FSB Holdings, Inc.;* to become a bank holding company upon the conversion of its subsidiary, TIAA, FBS, both of Jacksonville, Florida, into a national bank.

Board of Governors of the Federal Reserve System.

Michele Taylor Fennell,

Deputy Associate Secretary of the Board.

[FR Doc. 2023–00857 Filed 1–17–23; 8:45 am]

BILLING CODE P

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 ''Supporting and Evaluating the Dissemination and Implementation of PCOR to Improve Non-Surgical Treatment of Urinary Incontinence Among Women in Primary Care.'' This proposed information collection was previously published in the **Federal Register** on October 28, 2022 and allowed 60 days for public comment. AHRQ received no substantive comments. The purpose of this notice is to allow an additional 30 days for public comment.

DATES: Comments on this notice must be received by February 17, 2023.

ADDRESSES: Written 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.* Find this particular information collection by selecting ''Currently under 30-day Review—Open for Public Comments'' or by using the search function.

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

Supporting and Evaluating the Dissemination and Implementation of PCOR To Improve Non-Surgical Treatment of Urinary Incontinence Among Women in Primary Care

AHRQ's Improve Non-surgical Treatment of Urinary Incontinence Among Women in Primary Care (INTUIT–PC) initiative, now named the Managing Urinary Incontinence (MUI) initiative, addresses important gaps in urinary incontinence (UI) care for women in the primary care setting. As part of the MUI initiative, AHRQ is funding five cooperative agreement (U18) grantees to develop primary care extension services to disseminate and implement improved nonsurgical treatment of UI for women—including screening, diagnosis, management, and specialty referral—within primary care practices in separate regions of the United States.

AHRQ is also conducting a project to support the MUI cooperative agreements and evaluate the initiative, which includes:

- Support of the five U18 MUI cooperative agreements in the form of a learning community, technical assistance, and other resources to assist grantees to disseminate and implement patient centered outcomes research (PCOR) for nonsurgical treatment of urinary incontinence for women in primary care.
- A rigorous mixed methods process and outcome evaluation of the grantees' dissemination and implementation strategies.

This evaluation is being conducted by AHRQ through its contractor, RAND, pursuant to AHRQ's authority to carry out the PCOR dissemination activities described in section 937 of the Public Health Service Act. 42 U.S.C. 299b–37.

Method of Collection

To achieve the goals of this multisite evaluation, AHRQ is requesting OMB approval for three years of data collection by the evaluator. The evaluator's primary data collection is requested to achieve the goals of the multisite evaluation and includes the following data collection activities:

(1) Focus groups with practice facilitators who are employed by the MUI U18 grantees to provide direct technical assistance to primary care practices.

(2) Semi-structured interviews with leaders and staff of primary care practices participating in the MUI U18 studies.

Practice facilitator focus groups. Practice facilitators (also known as practice coaches) perform a critical role in enabling primary care practices to implement evidence-based improvements. The purpose of the annual focus groups with practice facilitators is to gather their insights on challenges assisting various types of primary care practices, the resources needed to promote improvement in primary care practices, and the effectiveness of different dissemination and implementation strategies used by the MUI U18 studies. The evaluator aims to conduct a virtual focus group with 8–10 practice facilitators for each of the five U18 studies, for an expected total of 45 focus group participants per year.

Practice leader/staff semi-structured interviews. The goal of the MUI U18 studies is to disseminate and implement evidence-based UI treatment for women within primary care practices. The purpose of the semi-structured interviews with leaders and staff of primary care practices is to collect data from the practices' perspective on the barriers and facilitators to implementing evidence-based UI treatment for women in primary care, as well as on the utility of the technical assistance and resources provided to practices by the grant studies. The evaluator aims to conduct 4–8 in-person individual interviews in one practice per each U18 study (average of 1 interviews × on average 6 participants × 1 practice × 5 grants = 30 interviews), and 1 telephone interview with 1–2 participants per interview for two additional practices per each grant study (1 interview × on average 1.5 participants × 2 practices × 5 grants = 15 interviews), for an expected total of 45 interview participants per year.

Estimated Annual Respondent Burden

Exhibit A.1a shows the estimated annualized burden hours for the respondents' time to complete the Practice Facilitator Focus Groups and Practice Leader/Staff Semi-Structured Interviews. For the three-year clearance period, the estimated annualized burden hours for the interviews are $2,190.50.

EXHIBIT A.1a—ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Practice Facilitator Focus Groups	45	1	1	45
Practice Leader/Staff Semi-Structured Interviews	45	1	1	45
Total	90	N/A	N/A	90

EXHIBIT A.1b—ESTIMATED ANNUALIZED COST BURDEN

Form name	Number of respondents	Total burden hours	Average hourly wage rate *	Total cost burden
Practice Facilitator Focus Groups	45	45	[a] $28.01	1,260.45
Practice Leader/Staff Semi-Structured Interviews	45	45	[a] 28.01	1,260.45
Total	90	90	24.34	2,520.90

* Mean hourly wage for All Occupations (00–0000).

[a] Occupational Employment Statistics, May 2021 National Occupational Employment and Wage Estimates United States, U.S. Department of Labor, Bureau of Labor Statistics.

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: January 11, 2023.

Marquita Cullom,

Associate Director.

[FR Doc. 2023–00796 Filed 1–17–23; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Toxic Substances and Disease Registry

[30Day–23–0041]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Agency for Toxic Substances and Disease Registry (ATSDR) has submitted the information collection request titled the ''National Amyotrophic Lateral Sclerosis (ALS) Registry'' to the Office of Management and Budget (OMB) for review and approval. ATSDR previously published a ''Proposed Data Collection Submitted for Public Comment and Recommendations'' notice on September 30, 2022, to obtain comments from the public and affected agencies. ATSDR received one comment related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

ATSDR 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.* 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 Amyotrophic Lateral Sclerosis (ALS) Registry (OMB Control No. 0923–0041, Exp. 1/31/2023)—Revision—Agency for Toxic Substances and Disease Registry (ATSDR).

Background and Brief Description

The Agency for Toxic Substances and Disease Registry (ATSDR) is requesting a three-year Paperwork Reduction Act (PRA) clearance for a revision information collection request (ICR) titled the ''National Amyotrophic Lateral Sclerosis (ALS) Registry'' (OMB Control No. 0923–0041, Exp. Date 01/31/2023).

In 2008, Public Law 110–373 (the ALS Registry Act) amended the Public Health Service Act for ATSDR to: (1) develop a system to collect data ALS and other motor neuron disorders that can be confused with ALS, misdiagnosed as ALS, or progress to ALS; and (2) establish a national registry for the collection and storage of such data to develop a population-based registry of cases. Under these two mandates, ATSDR established the National ALS Registry.

The primary operational goal of the Registry is to obtain reliable information on the incidence and prevalence of ALS, and to better describe the demographic characteristics (age, race, sex, and geographic location) of persons with ALS. The secondary operational goal of the surveillance system/registry is to collect additional information on potential risk factors for ALS, including, but not limited to, family history of ALS, smoking history, military service, residential history, lifetime occupational exposure, home pesticide use, hobbies, participation in sports, hormonal and reproductive history (women only), caffeine use, trauma, health insurance, open-ended supplemental questions, and clinical signs and symptoms.

With those goals in mind, persons with ALS first joined the Registry in 2010. Those interested in taking part answered a series of validation questions. If determined to be eligible, they created an online account to enroll in the Registry. Next, they were asked to complete up to 17 one-time voluntary survey modules, each taking up to five minutes. New registrants were also asked to complete a longitudinal disease progression survey (modified from the ALS Functional Rating Scale—Revised [ALSFRS–R]) at regular intervals over their first three years in the Registry.

A biorepository component was added in 2016. At the time of enrollment, interested registrants can request additional information about the biorepository and provide additional contact information. ATSDR selects a geographically representative sample from among the interested registrants to collect specimens. There are two types of specimen collections, in-home and postmortem. The in-home collection includes blood, urine, hair, nails, and saliva. The postmortem collection includes the brain, spinal cord, cerebral spinal fluid (CSF), bone, muscle, and skin. Researchers can now request access to registrants' specimens, data, or both through an ATSDR research application process. Once approved for scientific merit, validity, and human subjects protections, ATSDR makes the requested data and/or specimens available to the requester. ATSDR also collaborates with ALS service