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 July 12, 2023.

A. Federal Reserve Bank of Atlanta (Erien O. Terry, Assistant Vice President) 1000 Peachtree Street NE, Atlanta, Georgia 30309. Comments can also be sent electronically to *Applications.Comments@atl.frb.org:*

1. *Carmen De Abreu 2023 Family Exempt Trust, Jackson, Wyoming; and Carmen Elena De Abreu, Miami, Florida, Investa Group Corp., Wilmington, Delaware, and Teton Trust Company LLC, Jackson, Wyoming, as co-trustees;* to join the Abreu Family Control Group, a group acting in concert, to acquire voting shares of Ocean Bankshares, Inc., and thereby indirectly acquire voting shares of Ocean Bank, both of Miami, Florida.

Board of Governors of the Federal Reserve System.

Michele Taylor Fennell,

Deputy Associate Secretary of the Board.

[FR Doc. 2023–13662 Filed 6–26–23; 8:45 am]

BILLING CODE P

FINANCIAL STABILITY OVERSIGHT COUNCIL

[Docket No. FSOC–2023–0001]

Analytic Framework for Financial Stability Risk Identification, Assessment, and Response

AGENCY: Financial Stability Oversight Council.

ACTION: Proposed analytic framework; extension of comment period.

SUMMARY: The Financial Stability Oversight Council (Council) is extending by 30 days the comment period on its proposed Analytic Framework for Financial Stability Risk Identification, Assessment, and Response. The comment period will now close on July 27, 2023.

DATES: *Comment due date:* July 27, 2023

ADDRESSES: You may submit comments by either of the following methods. All submissions must refer to the document title and docket number FSOC–2023–0001.

Electronic Submission of Comments: You may submit comments electronically through the Federal eRulemaking Portal at *http://www.regulations.gov.* Electronic submission of comments allows the commenter maximum time to prepare and submit a comment, ensures timely receipt, and enables the Council to make them available to the public. Comments submitted electronically through the *http://www.regulations.gov* website can be viewed by other commenters and interested members of the public. Commenters should follow the instructions provided on that site to submit comments electronically.

Mail: Send comments to Financial Stability Oversight Council, Attn: Eric Froman, 1500 Pennsylvania Avenue NW, Room 2308, Washington, DC 20220.

All properly submitted comments will be available for inspection and downloading at *http://www.regulations.gov.*

In general, comments received, including attachments and other supporting materials, are part of the public record and are available to the public. Do not submit any information in your comment or supporting materials that you consider confidential or inappropriate for public disclosure.

FOR FURTHER INFORMATION CONTACT: Eric Froman, Office of the General Counsel, Treasury, at (202) 622–1942; Devin Mauney, Office of the General Counsel, Treasury, at (202) 622–2537; or Carol Rodrigues, Office of the General Counsel, Treasury, at (202) 622–6127.

SUPPLEMENTARY INFORMATION: On April 28, 2023, the Council published in the **Federal Register** a proposed Analytic Framework for Financial Stability Risk Identification, Assessment, and Response (Proposed Analytic Framework), which describes the approach the Council expects to take in identifying, assessing, and responding to certain potential risks to U.S. financial stability.[1] Comments on the Proposed Analytic Framework were originally due on June 27, 2023.

The Council has received a request to extend the comment period to allow interested parties additional time to review and comment on the Proposed Analytic Framework. The Council is therefore extending the comment period on the Proposed Analytic Framework by 30 days to July 27, 2023.

Dated: June 21, 2023.

Sandra Lee,

Deputy Assistant Secretary, Financial Stability Oversight Council.

[FR Doc. 2023–13548 Filed 6–26–23; 8:45 am]

BILLING CODE 4810–AK–P–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Supplemental Evidence and Data Request on Nonpharmacologic Treatment for Maternal Mental Health Conditions

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 *Nonpharmacologic Treatment for Maternal Mental Health Conditions,* 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 July 27, 2023.

ADDRESSES:

Email submissions: epc@ahrq.hhs.gov.

Print submissions:

Mailing Address: Center for Evidence and Practice Improvement, Agency for

[1] 88 FR 26305 (April 28, 2023).

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 06E53A, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: Kelly Carper, Telephone: 301–427–1656 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 *Nonpharmacologic Treatment for Maternal Mental Health Conditions.* 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 Nonpharmacologic Treatment for Maternal Mental Health Conditions, including those that describe adverse events. The entire research protocol is available online at: *https://effectivehealthcare.ahrq.gov/products/mental-health-pregnant/protocol.*

This is to notify the public that the EPC Program would find the following information on Nonpharmacologic Treatment for Maternal Mental Health Conditions 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 are the effectiveness and comparative effectiveness and harms of nonpharmacologic treatments for mental health conditions in perinatal individuals?
(a) Depressive disorders
(b) Bipolar disorder
(c) Anxiety disorders
(d) Post-traumatic stress disorder
(e) Obsessive-compulsive disorder

KQ 2: What are the comparative effectiveness and harms of nonpharmacologic treatments compared with pharmacologic treatment alone for mental health conditions in perinatal individuals?
(a) Depressive disorders
(b) Bipolar disorder
(c) Anxiety disorders
(d) Post-traumatic stress disorder
(e) Obsessive-compulsive disorder

Population(s)

- Perinatal individuals
  - Individuals who are pregnant or postpartum (up to 12 months after delivery) with new or preexisting diagnosis of depression disorder, bipolar disorder, anxiety disorders, post-traumatic stress disorder (PTSD), obsessive-compulsive disorder (OCD)
  - Diagnoses must be confirmed via clinical interview or validated screening tool (*e.g.,* Edinburgh Postnatal Depression Scale [EPDS]; Patient Health Questionnaire-9 [PHQ–9) with a commonly accepted threshold
  - EXCLUDE: studies that evaluate patients with depressive or anxiety symptoms in contrast with diagnoses of depression or anxiety, including studies that include patients with screening tool values below a threshold consistent with diagnosis
  - EXCLUDE: populations in which the primary condition is phobia of pregnancy (*i.e.,* tokophobia)
  - EXCLUDE: studies with mixed populations (*e.g.,* perinatal and non-perinatal, mental health condition and non-mental health condition), unless ≥90% of the studied population represent an eligible population for the review. This exclusion criterion does not apply to populations with multiple eligible mental health conditions; studies of perinatal individuals with two or more conditions (*e.g.,* studies targeting individuals with both depression and anxiety) will be included.
  - EXCLUDE: Studies of patients with substance use disorders, exclusively.

Intervention

- Nonpharmacologic modalities

To be included, studies must evaluate one or more nonpharmacological modalities such as those listed below. Although the list sought to be comprehensive, it is not intended to be restrictive to modalities not appearing on the list. If a study otherwise meets eligibility criteria and describes a nonpharmacological intervention involving a form of psychotherapy or complementary/alternative therapy (aside from those specified for exclusion) it will be considered for inclusion.

Note that the list of modalities includes treatments for any of the mental health conditions under consideration, recognizing that not all therapies are appropriate for all conditions.

Psychotherapies

- Cognitive behavior therapy (CBT)
  - Examples: trauma-focused CBT, mindfulness-based, cognitive processing therapy, cognitive restructuring, cognitive remediation therapy, stress inoculation training
- Acceptance and commitment therapy (ACT)
- Psychodynamic therapy

- Interpersonal psychotherapy (IPT)
- Supportive therapy
- Dialectical behavioral therapy (DBT)
- Exposure therapy
  - Example: Narrative Exposure Therapy (NET), prolonged exposure therapy
- Eye movement desensitization and reprocessing therapy
- Imagery rehearsal therapy
- Social rhythm therapy

Psychoeducation

- Trauma affect regulation
- Problem solving

Other

- Electroconvulsive therapy (ECT)

Complementary/alternative therapies

- Mindfulness
- Exercise
- Relaxation
- Yoga
- Tai Chi
- Self-hypnosis and relaxation
- Acupuncture
- Bright light therapy
- Sleep therapy
- Writing, art, music therapy

- EXCLUDE: studies with interventions that are poorly specified or not structured programs (*i.e.,* cannot be reasonably replicated in practice or future research)
- EXCLUDE: unsupervised peer-to-peer or social media interventions
- EXCLUDE: interventions delivered through ingestion or parenterally, and surgical or invasive interventions (with the exception of acupuncture or ECT) (*e.g.,* omega-3 fatty acid, St. John's wort, kava, valerian, theanine)
- EXCLUDE: interventions designed to address issues other than the mental health conditions of interest (*e.g.,* diet changes, weight loss, lactation training, reintroduction of sexual activity)
- EXCLUDE: interventions focused on the processes of delivering of care (*e.g.,* collaborative care model)

Mechanisms of Delivery

The above intervention modalities may be delivered in diverse ways in different settings, by different personnel, with different intensities. We will include studies of the above that directly compare different mechanisms of delivery below. We have purposefully separated the content of modalities of interest from means by which they may be delivered since mechanisms of delivery (*e.g.,* telehealth) are not interventions in their own right.

Number of participants

- Individuals
- Group

Type of participants

- Individual
- Couple
- Family

Type of provider

- Professional (*e.g.,* psychotherapist, exercise instructor)
- Community based non-professional or peer
- Not applicable (*i.e.,* self-administered)

Type of modality

- In-person
- Online via computer
- Online via mobile app

Duration

- 'Brief', 'short-term'
- 'Prolonged'
- *N.B. many studies use diverse labels to signify the duration of the intervention delivered. The meaning of these labels will be extracted as part of our intervention extraction process. We will not exclude studies based on their duration.*

Outcomes

Outcomes in bold font, with footnote ''a'' will be prioritized (i.e., will be included in Evidence Profiles).

- **Scores on psychological assessments** [1] (for each evaluated condition)
  - Including self-assessed symptoms of mental health condition [b]
- **Cure/resolution of symptoms or condition** [a]
- **Parent-infant bonding** [a 2]
- **Suicide** [a b]
  - **Suicidal thoughts** [a]
  - **Attempted suicide** [a]
  - **Death by suicide** [a]
- **Thoughts of harming the baby, including thoughts of extended suicide** [a b]
- **Adherence to mental health treatment** [a b]
- Satisfaction with intervention [b]
- Perceived self-efficacy for parenthood
- Perceived self-efficacy for management of mental health
- Harms of treatment
- Quality of life
- Return to work
- Maternal clinical outcomes (*e.g.,* preeclampsia, preterm delivery)
- Safe family environment
- Fetal/neonatal/pediatric clinical outcomes
  - Live birth
  - Infant feeding success
  - Infant growth
  - Pediatric death
  - Pediatric development (*e.g.,* neurodevelopmental milestones)
  - Pediatric cognitive and academic achievement
  - Pediatric social/emotional wellbeing
- Prenatal care utilization. *E.g.,* completion of prenatal visits, completion of recommended prenatal services, unexpected health care utilization (*e.g.,* emergency department/triage visits), postpartum care follow-up

Potential Modifiers

- Pregnancy status (pregnant, postpartum after live birth, postpartum after fetal loss or infant death or needing intensive care, breastfeeding; change of status within study period)
- Severity of mental health conditions (*e.g.,* mild, moderate or severe depression; depression with or without anxiety, psychosis)
- Comorbidities, including other mental health conditions
- Age
- Race/ethnicity
- Religion/faith
- Birthplace (*e.g.,* immigrant from Latin America vs. U.S.-born)
- Gender identification
- Sexual orientation
- Socioeconomic factors
- Geographic region, urbanicity
- Patient-provider congruence (*e.g.,* with respect to racial, ethnic, language, and other socioeconomic factors)
- Use of social media
- Partner support
- Interpersonal violence (including partner violence)
- Availability of family leave, paid or unpaid
- Drug use
- History of abortion
- History of pregnancy loss
- Intended pregnancy
- Parity
- Insurance status
- Accessibility issues (*e.g.,* internet access, in particular for telehealth interventions)
- COVID–19 pandemic (as defined by study authors)

Setting

- Ambulatory with exception of individuals in hospital due to non-mental health pregnancy or postpartum complications (*i.e.,* exclude patients in acute inpatient psychiatric setting)
- Treatment delivery method (all including in-person, telehealth, digital)
- High-income countries (as defined by World Bank as of May 11, 2023)

Design

- Randomized controlled trials
- EXCLUDE: Nonrandomized comparative studies

[a] Prioritized outcome.

[b] From perinatal depression core outcome set (recommended 9 core outcomes) Helberg et al. 2021. PMID 34047454.

- EXCLUDE: Single group (noncomparative) studies, including case reports or series
- EXCLUDE: Studies with N<10 per arm
- EXCLUDE: Studies published only in dissertation or conference abstract format

We will collect SRs to identify potentially eligible primary studies (within date restrictions) and possibly to narratively summarize older studies of earlier foundational nonpharmacological interventions.

For topics with robust existing SRs (*e.g.,* non-pharmacological interventions for perinatal depression), we will consider (with partners and our task order officer [TOO]) updating these SRs (relying on the published SRs for all data pertaining to the older primary studies).

Eligibility criteria specific to Key Question 1 (nonpharmacologic vs. nothing/treatment as usual/usual care or vs. other nonpharmacologic)

Intervention

- May include same pharmacologic co-intervention as comparator group

Comparators

- No nonpharmacologic treatment
- Other nonpharmacologic modality
- May include same pharmacologic co-intervention as intervention group

Eligibility criteria specific to Key Question 2 (nonpharmacologic vs pharmacologic)

Intervention

- Nonpharmacologic intervention alone (no use of pharmacologic therapy)

Comparators

- Pharmacologic treatment alone

Dated: June 21, 2023.

Marquita Cullom,

Associate Director.

[FR Doc. 2023–13581 Filed 6–26–23; 8:45 am]

BILLING CODE 4160–90–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 ''Use of Open-Ended Responses to Explore Disparities in Patient Experience.'' The purpose of this notice is to allow 60 days for public comment.

DATES: Comments on this notice must be received by August 28, 2023.

ADDRESSES: Written comments should be submitted to: Doris Lefkowitz, Reports Clearance Officer, AHRQ, by email at *doris.lefkowitz@AHRQ.hhs.gov.*

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

Use of Open-Ended Responses To Explore Disparities in Patient Experience

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) program, which is sponsored by AHRQ, has the purpose of advancing the scientific understanding of the patient experience of care, including the development and testing of new surveys and/or approaches to data collection to promote or improve the collection of consumer reports and evaluations of their experiences with health care.

This Project has the following goals:

(1) Use open-ended (narrative) responses to provide context, detail, and understanding regarding observed differences in patient experience based on race, ethnicity, gender, and preferred language.

(2) Use Clinician and Group -CAHPS Narrative Item Set (NIS)-generated narrative data to examine potential algorithmic bias in natural language programs (NLP) that could potentially be used to code large quantities of narrative data.

(3) Where algorithmic bias is uncovered, use this analysis to identify adjustments that can be applied to both the input for these programs or the outputs.

This project is being conducted by AHRQ through its contractor, the RAND Corporation, pursuant to AHRQ's statutory authority to conduct and support research on health care and on systems for the delivery of such care, including activities with respect to the quality, effectiveness, efficiency, appropriateness, and value of healthcare services and with respect to quality measurement and improvement. 42 U.S.C 299a(a)(1) and (2).

Method of Collection

To achieve the goals of this project the following data collections will be implemented:

Online survey: Data will be collected from a sample of 4,998 survey respondents drawn from the Ipsos KnowledgePanel, a large nationwide online panel of American adults (over 50,000 panelists) with demographic characteristics consistent with the adult U.S. population. Equal-sized subsamples will be drawn for each of the following groups: non-Hispanic Asian American, Native Hawaiian or Other Pacific Islander; non-Hispanic Black; Spanish-speaking Hispanic; English-speaking Hispanic; non-Hispanic Multiracial; and non-Hispanic White. Within these six subsamples, we will strive to recruit a roughly equal split of men and women. The survey will be fielded in English and Spanish based on respondent-preferred language.

Estimated Annual Respondent Burden

Exhibit 1 shows the estimated annualized burden hours for survey respondents' time to participate in this data collection. All participants will complete the Online Survey, which is estimated to take 17 minutes per response. The total annual burden hours are estimated to be 1,416 hours.

Exhibit 2 shows the estimated annualized cost burden associated with the respondents' time to participate in this data collection. The cost burden is estimated to be $39,662.