

technology. All comments will become a matter of public record.

Federal Deposit Insurance Corporation.

Dated at Washington, DC, on October 4, 2024.

James P. Sheesley,

Assistant Executive Secretary.

[FR Doc. 2024–23408 Filed 10–9–24; 8:45 am]

BILLING CODE 6714–01–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 received are subject to public disclosure. In general, comments received will be made available without change and will not be modified to remove personal or business information including confidential, contact, or other identifying information. Comments should not include any information such as confidential information that would not be appropriate for public disclosure.

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 November 12, 2024.

A. Federal Reserve Bank of New York (Bank Applications Officer) 33 Liberty

Street, New York, New York 10045–0001. Comments can also be sent electronically to

Comments.applications@ny.frb.org:

1. *Banco BTG Pactual S.A., BTG Pactual G7 Holding S.A., BTG Pactual Holding Financeira Ltda., and BTG Pactual Holding Internacional S.A., all of Rio de Janeiro, Brazil; BTG Pactual Holding S.A., São Paulo, Brazil; BTG Pactual UK Holdco Limited, London, United Kingdom; and BTG Pactual Bancorp, LLC, New York, New York;* to become bank holding companies by acquiring M.Y. Safra Bank, FSB, also of New York, New York.

B. 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. *Oak Tree Financial Corporation, Inc., Rogers, Arkansas;* to become a bank holding company by acquiring Riverside Bank, Sparkman, Arkansas.

C. Federal Reserve Bank of Minneapolis (Mark Rauzi, Vice President), 90 Hennepin Avenue, Minneapolis, Minnesota 55480–0291.

Comments can also be sent electronically to *MA@mpls.frb.org:*

1. *Stearns Financial Services, Inc. Employee Stock Ownership Plan and Trust, Saint Cloud, Minnesota;* to acquire up to 23.65 percent of the voting shares of Stearns Financial Services, Inc., and thereby indirectly acquire voting shares of Stearns Bank National Association, both of Saint Cloud, Minnesota, and Stearns Bank of Upsala, National Association, Upsala, Minnesota.

Board of Governors of the Federal Reserve System.

Michele Taylor Fennell,

Associate Secretary of the Board.

[FR Doc. 2024–23485 Filed 10–9–24; 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 extension without change of the previously approved information collection project “Nursing Home Survey on Patient Safety Culture Database,” OMB No. 0935–0195. This information collection was previously published in the **Federal Register** on August 9th, 2024 and allowed 60 days for public comment. AHRQ received no substantive comments from members of the public. The purpose of this notice is to allow an additional 30 days for public comment.

DATES: Comments on this notice must be received by November 12, 2024.

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. Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer.

FOR FURTHER INFORMATION CONTACT:

Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427–1477, or by email REPORTSCLEARANCEOFFICER@ahrq.hhs.gov.

SUPPLEMENTARY INFORMATION:

Proposed Project

Nursing Home Survey on Patient Safety Culture Database

In 1999, the Institute of Medicine called for healthcare organizations to develop a “culture of safety” such that their workforce and processes focus on improving the reliability and safety of care for patients (IOM, 1999; *To Err is Human: Building a Safer Health System*). To respond to the need for tools to assess patient safety culture in healthcare, AHRQ developed and pilot tested the Surveys on Patient Safety Culture® (SOPS®) Nursing Home Survey with OMB approval (OMB No. 0935–0132). The survey is designed to enable nursing homes to assess provider and staff perspectives about patient safety issues, medical error, and error reporting and includes 42 items that measure 12 composites of patient safety culture. AHRQ made the survey publicly available along with a Survey User’s Guide and other toolkit materials in November 2008 on the AHRQ website.

The AHRQ SOPS Nursing Home Database consists of data from the AHRQ Nursing Home Survey on Patient Safety Culture and may include

reportable, non-required supplemental items. Nursing homes in the U.S. can voluntarily submit data from the survey to AHRQ through its contractor, Westat. The SOPS Nursing Home Database was developed by AHRQ in 2011 in response to requests from nursing homes interested in viewing their organizations' patient safety culture survey results. Organizations submitting data receive a feedback report, as well as a report on the aggregated, de-identified findings of the other nursing homes submitting data. These reports are used to assist nursing home staff in their efforts to improve patient safety culture in their organizations.

The SOPS Nursing Home Survey and the SOPS Nursing Home Database support AHRQ's goals of promoting improvements in the quality and safety of healthcare in nursing home settings. The survey, toolkit materials, and database results are all made publicly available on AHRQ's website. Technical assistance is provided by AHRQ through its contractor at no charge to nursing homes, to facilitate the use of these materials for nursing home patient safety and quality improvement.

The nursing home survey and database have the following goals:

- Promote improvements in the quality and safety of healthcare in nursing home settings,
- Present results from nursing homes that voluntarily submit their data,
- Provide data to nursing homes to facilitate internal assessment and learning in the patient safety improvement process, and
- Provide supplemental information to help nursing homes identify their strengths and areas with potential for improvement in patient safety culture.

This study is being conducted by AHRQ through its contractor, Westat,

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; quality measurement and improvement; and database development. 42 U.S.C 299a(a)(1), (2), and (8).

Method of Collection

To achieve the goal of this project the following activities and data collections will be implemented:

(1) *Eligibility and Registration Form*—The nursing home (or parent organization) point-of-contact (POC) completes a number of data submission steps and forms, beginning with the completion of an online Eligibility and Registration Form. The purpose of this form is to collect basic demographic information about the nursing home and initiate the registration process.

(2) *Nursing Home Site Information*—The purpose of the site information form, completed by the nursing home POC, is to collect background characteristics of the nursing home. This information will be used to analyze data collected with the SOPS Nursing Home Survey.

(3) *Data Use Agreement*—The purpose of the data use agreement, completed by the nursing home POC, is to state how data submitted by nursing homes will be used and provides confidentiality assurances.

(4) *Data File(s) Submission*—POCs upload their data file(s) using the data file specifications, to ensure that users submit their data in a standardized way (e.g., variable names, order, coding, formatting). The number of submissions to the database is likely to vary from

submission period to submission period because nursing homes do not administer the survey and submit data every database year. Data submission is typically handled by one POC who is either a corporate level healthcare manager for a Quality Improvement Organization (QIO), a survey vendor who contracts with a nursing home to collect their data, or a nursing home Director of Nursing or nurse manager. POCs submit data on behalf of 1 nursing home, on average, because many nursing homes are part of a QIO or larger nursing home or health system that includes many nursing home sites, or the POC is a vendor that is submitting data for multiple nursing homes.

Estimated Annual Respondent Burden

Exhibit 1 shows the estimated annualized burden hours for the respondents' time to participate in the database. An estimated 50 POCs, each representing an average of 1 individual nursing home each, will complete the database submission steps and forms. Each POC will submit the following:

1. Eligibility and registration form (completion is estimated to take about 3 minutes).
2. Data Use Agreement (completion is estimated to take about 3 minutes).
3. Nursing Home Site Information Form (completion is estimated to take about 5 minutes).
4. Survey data submission will take an average of one hour.

The total annual burden hours are estimated to be 60 hours.

Exhibit 2 shows the estimated annualized cost burden based on the respondents' time to submit their data. The cost burden is estimated to be \$2,903 annually.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents/POCs	Number of responses per POC	Hours per response	Total burden hours
1. Eligibility/Registration Form	50	1	3/60	3
2. Data Use Agreement	50	1	3/60	3
3. Nursing Home Site Information Form	50	1	5/60	4
4. Data Files Submission	50	1	1	50
Total	NA	NA	NA	60

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form name	Total burden hours	Average hourly wage rate *	Total cost burden
1. Eligibility/Registration Forms	3	\$48.43	\$146
2. Data Use Agreement	3	48.43	146
3. Nursing Home Site Information Form	4	48.43	194

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN—Continued

Form name	Total burden hours	Average hourly wage rate *	Total cost burden
4. Data Files Submission	50	48.43	2,422
Total	61	NA	2,907

* Mean hourly wage rate of \$48.43 for Medical and Health Services Managers (SOC code 11–9111) was obtained from the May 2023 National Industry-Specific Occupational Employment and Wage Estimates, NAICS 623000—Nursing and Residential Care Facilities located at https://www.bls.gov/oes/current/naics3_623000.htm.

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: October 3, 2024.

Marquita Cullom,
Associate Director.

[FR Doc. 2024–23429 Filed 10–9–24; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Medicare & Medicaid Services**

[CMS–1800–N4]

Inflation Reduction Act (IRA) Medicare Drug Price Negotiation Program Final Guidance

AGENCY: Centers for Medicare & Medicaid Services, Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: The Centers for Medicare & Medicaid Services (CMS) is announcing

the availability of CMS’ final guidance for the second cycle of the Medicare Drug Price Negotiation Program and manufacturer effectuation of the maximum fair price in 2026 and 2027 for the implementation of the Inflation Reduction Act. This and other Inflation Reduction Act-related guidance can be viewed on the dedicated Inflation Reduction Act section of the CMS website at <https://www.cms.gov/inflation-reduction-act-and-medicare/>.

ADDRESSES: Inquiries related to the final guidance should be sent to IRARebateandNegotiation@cms.hhs.gov with the relevant subject line, “Medicare Drug Price Negotiation Program Final Guidance.”

SUPPLEMENTARY INFORMATION: The Inflation Reduction Act was signed into law on August 16, 2022. Sections 11001 and 11002 of the Inflation Reduction Act (IRA) (Pub. L. 117–169) established the Medicare Drug Price Negotiation Program (hereafter the “Negotiation Program”) to negotiate maximum fair prices (MFPs) for certain high expenditure, single source drugs and biological products. The requirements for this program are described in sections 1191 through 1198 of the Social Security Act (hereafter “the Act”) as added by sections 11001 and 11002 of the IRA. The final guidance summarizes and addresses comments received on the draft guidance issued on May 3, 2024 and describes how CMS intends to implement the Negotiation Program for Initial Price Applicability Year 2027 (January 1, 2027 to December 31, 2027), and specifies the requirements for manufacturer effectuation of the MFPs in 2026 and 2027. To obtain copies of the Negotiation Program final guidance and other Inflation Reduction Act-related documents, please access the CMS Inflation Reduction Act website by copying and pasting the following web address into your web browser: <https://www.cms.gov/inflation-reduction-act-and-medicare/>. If interested in receiving CMS Inflation Reduction Act updates by email, individuals may sign up for CMS Inflation Reduction Act’s email updates at <https://www.cms.gov/About-CMS/>

Agency-Information/Aboutwebsite/EmailUpdates. The Administrator of the Centers for Medicare & Medicaid Services (CMS), Chiquita Brooks-LaSure, having reviewed and approved this document, authorizes Evell J. Barco Holland, who is the Federal Register Liaison, to electronically sign this document for purposes of publication in the **Federal Register**.

Evell J. Barco Holland,
Federal Register Liaison, Centers for Medicare & Medicaid Services.

[FR Doc. 2024–23418 Filed 10–9–24; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Administration for Children and Families****Proposed Information Collection Activity; Financing for Early Care and Education: Quality and Access for All–Case Studies (New Collection)**

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) at the U.S. Department of Health and Human Services seeks approval to collect information to deepen our understanding of Head Start programs’ funding approaches, as well as how the use of multiple funding sources within a single Head Start program may be associated with the delivery of Head Start’s comprehensive services and early care and education (ECE) funding landscapes within states. Interviews will be conducted with Head Start staff, as well as state and local/regional staff knowledgeable about and/or directly responsible for ECE financial decision making and/or funding source administration. Existing documents from Head Start programs and ECE agencies will also be reviewed to further contextualize interview data.