

traded at rates persistently below the interest rate on excess reserves.⁵ EBAs permit eligible institutions to earn interest on their excess balances without disrupting established correspondent-respondent relationships. An EBA is a limited-purpose account at a Federal Reserve Bank managed by an agent and established for maintaining the excess balances of one or more institutions (participants) that are eligible to earn interest on balances held at a Reserve Bank.⁶ The agent does not own the EBA or the balances therein and thus the balances held in the EBA are not included in the calculation of the agent's regulatory leverage ratio.

III. Current Scope of the Guidelines

Currently, the Guidelines do not expressly state that EBA arrangements are in the scope of the Guidelines. The Board believes it is appropriate to amend the Guidelines to clarify that they apply to requests to be an agent for, or a participant in, an EBA. Expressly including EBAs in the Guidelines will clarify that the same standard of review will be applied to any institution requesting access to accounts and services. While EBAs are not used to access Reserve Bank financial services, they are, in fact, limited-purpose Reserve Bank accounts. This clarification, therefore, would prevent depository institutions that do not qualify for access to Federal Reserve accounts and services under the Guidelines from accessing the Federal Reserve's balance sheet through EBAs.

IV. Clarification to Scope of Guidelines

For the reasons set forth in this document, the Board is amending and restating the text in footnote seven to the Guidelines to read as follows:

Unless otherwise expressly excluded under the previous footnote, these principles apply to account requests from all institutions, including member banks, entities that meet the definition of a depository institution under section 19(b) (12 U.S.C. 461(b)(1)(A)), Edge and Agreement Corporations (12 U.S.C. 601–604a, 611–631), and U.S. branches and agencies of foreign banks (12 U.S.C.

347d), and to requests to be an agent or participant in an excess balance account (12 CFR 204.10(d)).

By order of the Board of Governors of the Federal Reserve System.

Ann E. Misback,

Secretary of the Board.

[FR Doc. 2024–29250 Filed 12–11–24; 8:45 am]

BILLING CODE 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 January 13, 2025.

A. Federal Reserve Bank of Boston
(Prabal Chakrabarti, Senior Vice President) 600 Atlantic Avenue, Boston,

Massachusetts 02210–2204. Comments can also be sent electronically to BOS.SRC.Applications.Comments@bos.frb.org:

1. *Liberty Financial Corporation, Middletown, Connecticut*; to become a bank holding company by acquiring Liberty Bank, also of Middletown, Connecticut.

Board of Governors of the Federal Reserve System.

Michele Taylor Fennell,

Associate Secretary of the Board.

[FR Doc. 2024–29278 Filed 12–11–24; 8:45 am]

BILLING CODE 6210–01–P

GENERAL SERVICES ADMINISTRATION

[OMB Control No. 3090–0324; Docket No. 2024–0001; Sequence No. 14]

Submission for OMB Review; General Services Administration Acquisition Regulation; Foreign Ownership and Financing Representation for High-Security Leased Space

AGENCY: Office of Acquisition Policy, General Services Administration (GSA).

ACTION: Notice; request for comments.

SUMMARY: In accordance with the Paperwork Reduction Act of 1995, and the Office of Management and Budget (OMB) regulations, GSA invites the public to comment on an extension concerning disclosure of foreign ownership information under high-security lease space acquisitions.

DATES: Submit comments on or before January 13, 2025.

ADDRESSES: Written comments and recommendations for this 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 Review—Open for Public Comments” or by using the search function.

FOR FURTHER INFORMATION CONTACT: Ms. Amy Lara, 816–589–3783, General Services Acquisition Policy Division, by email at gsarpolicy@gsa.gov.

SUPPLEMENTARY INFORMATION:

A. Purpose

The purpose of this information collection supports the implementation of the Secure Federal LEASEs Act (Pub. L. 116–276) to reduce security risks in high-security leased space. Section 3 of the bill requires agencies, before entering into a lease agreement for high-security leased space, to require the contractor to identify the immediate or

⁵ Final Rule, Regulation D, 74 FR 25620 (May 29, 2009); Press Release, “Board announces approval of final amendments to Regulation D pertaining to transfers from savings deposits and the establishment of excess balance accounts at Reserve Banks” (May 20, 2009), <https://www.federalreserve.gov/newsevents/pressreleases/monetary20090520b.htm>.

⁶ See 12 CFR 204.2(aa) (defining “excess balance account”); 12 CFR 204.10(d)(4) (establishing interest payable on excess balance accounts). An EBA agent and participant may also be in a separate correspondent-respondent relationship, but not necessarily.

highest-level owner of the space, including any financing entity, and disclose whether that owner is a foreign person or entity, including the country associated with the ownership entity.

This information collection covers GSA's implementation of the Act through GSAR clause 552.270–33. As this information is still required, GSA seeks to have this information collection extended for three years.

B. Annual Reporting Burden

The annual reporting burden is estimated as follows:

1. Initial Disclosure

Baseline Representation

Estimated annual responses: 542.

Estimated hours per response: 2.

Additional Representation

Estimated annual responses: 54.

Estimated hours per response: 10.

Total Initial Response Burden Hours: 1,624.

2. Annual Updates

Estimated annual responses: 542.

Estimated hours per response: 0.50.

Total Update Response Burden Hours: 271.

C. Public Comments

A 60-day notice published in the **Federal Register** at 89 FR 78305 on September 25, 2024. No public comments were received.

Jeffrey A. Koses,

Senior Procurement Executive, Office of Acquisition Policy, Office of Government-wide Policy.

[FR Doc. 2024–29130 Filed 12–11–24; 8:45 am]

BILLING CODE 6820–61–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Request for Information Regarding Diagnostic Excellence Measurement

AGENCY: Agency for Healthcare Research and Quality, Department of Health and Human Services.

ACTION: Notice of Request for Information (RFI) regarding diagnostic excellence measurement.

SUMMARY: The Agency for Healthcare Research and Quality (AHRQ) invites public comment in response to this Request for Information (RFI) on the development of measures of diagnostic excellence that may be calculated using administrative data or electronic health

record (EHR) data. The purpose of diagnostic excellence measurement is to identify potential opportunities to improve the diagnostic process at a health system or geographic level. AHRQ welcomes comments on the importance and usability of existing measures and those that may be under development.

DATES: Comments on this notice must be received by February 13, 2025.

ADDRESSES: Interested parties may submit comments electronically to qisupport@ahrq.hhs.gov with the subject line “Diagnostic Excellence Measurement.”

FOR FURTHER INFORMATION CONTACT:

Questions may be addressed to Judy George, judy.george@ahrq.hhs.gov, (301) 427–1717.

SUPPLEMENTARY INFORMATION: The COVID–19 pandemic led to disruptions in healthcare service delivery and reversed some of the gains made in patient safety over the previous two decades. In 2024, AHRQ on behalf of HHS, officially launched the National Action Alliance for Patient and Workforce Safety (<https://www.ahrq.gov/action-alliance/index.html>), a collaboration between public and private partners to recommit to patient and workforce safety and to eliminate preventable harm in healthcare. Diagnostic safety events are an important contributor to patient safety, with diagnostic errors potentially impacting millions of U.S. residents each year (<https://pmc.ncbi.nlm.nih.gov/articles/PMC5502242/>). Diagnostic error is “the failure to (a) establish an accurate and timely explanation of the patient’s health problem(s) or (b) communicate that explanation to the patient” (<https://doi.org/10.17226/21794>). However, in order to improve patient safety, a focus on diagnostic error reduction alone is not sufficient. Efforts are needed to improve the diagnostic process as a whole, with an emphasis on diagnostic excellence.

Diagnostic excellence may be defined as “an optimal process to attain an accurate and precise explanation about a patient’s condition” (<https://jamanetwork.com/journals/jama/article-abstract/2785845>). This process should be “timely, cost-effective, convenient, and understandable to the patient.” Diagnostic excellence “embraces the six dimensions of quality enumerated by the Institute of Medicine in 2001: care that is safe, effective, patient-centered, timely, efficient, and equitable” (<https://jamanetwork.com/journals/jama/article-abstract/2785845>).

Several efforts have been underway to develop measures that provide information on the state of diagnostic excellence, including research funded by AHRQ and the Gordon and Betty Moore Foundation. The AHRQ Quality Indicators (QI) Program develops indicators of healthcare quality and patient safety in a variety of healthcare settings. The QI Program is actively engaged in collecting information on measures that can contribute to diagnostic excellence measurement. AHRQ is considering measures that rely on administrative claims data (for state and regional health departments with limited access to clinical data), as well as electronic health record data (for healthcare systems with full access to clinical data). AHRQ aims to address gaps in diagnostic excellence measurement with a population health lens and with the following goals:

1. Develop a starter set of standardized measures to support population-level diagnostic excellence surveillance.
2. Generate measures that are accessible and applicable across different types of users, especially those with limited access to clinical data sources.
3. Produce national benchmarks for population-level surveillance of diagnostic excellence.
4. Foster healthcare quality improvement in the area of diagnostic excellence.

AHRQ requests information from the public on existing measures that may be used in diagnostic excellence measurement and others that may be under development.

Criteria. Diagnostic excellence measures should be important, scientifically acceptable, feasible, and useful. These concepts are defined as follows:

Important. (1) There is evidence linking the measure to important outcomes (including either process outcomes or clinical outcomes); (2) there is evidence of inequalities across groups or opportunity for improvement on that measure; or (3) the target population of the measure (*e.g.*, patients) or users of the measure (*e.g.*, researchers, providers) value the measurement and find it meaningful.

Scientifically acceptable. A scientifically acceptable measure is both (1) valid (the measure accurately represents the concept it is trying to measure) and (2) reliable (the measure consistently produces the same result over time and in different contexts).

Feasible. A measure is feasible if it is possible to implement with existing data systems and clinical processes.