

1. *Title:* Fast-Track Generic Clearance for the Collection of Qualitative Feedback.

OMB Number: 3064–0127.
Form Number: n/a.

Affected Public: Private sector, business and other for-profit entities.
Burden Estimate:

TABLE 1—SUMMARY OF ESTIMATED ANNUAL BURDEN
[OMB No. 3064–0127]

| Information collection (IC) (obligation to respond) | Type of burden (frequency of response) | Number of respondents | Number of responses per respondent | Average time per response (HH:MM) | Annual burden (hours) |
|---|--|-----------------------|------------------------------------|-----------------------------------|-----------------------|
| 1. Fast-Track Generic Clearance for the Collection of Qualitative Feedback, (Voluntary) | Reporting (Once) | 17,000 | 1 | 01:00 | 17,000 |
| Total Annual Burden (Hours) | | | | | 17,000 |

Source: FDIC.

Note: The estimated annual IC time burden is the product, rounded to the nearest hour, of the estimated annual number of responses and the estimated time per response for a given IC. The estimated annual number of responses is the product, rounded to the nearest whole number, of the estimated annual number of respondents and the estimated annual number of responses per respondent. This methodology ensures the estimated annual burdens in the table are consistent with the values recorded in OMB’s consolidated information system.

General Description of Collection: This information collection establishes ongoing authority for FDIC to conduct yet-to-be-determined occasional quality of service surveys under OMB’s generic survey program. Once this information collection extension request is approved by OMB, FDIC will be able to obtain expedited approval of individual surveys by following a special submission process that does not require the publication of **Federal Register** notices for each individual survey. Generic clearance requests should be approved by OMB within five business days of submission. FDIC estimates that the generic surveys to be deployed under this information collection each will involve an average of 850 respondents, generally should not require more than one hour per respondent to complete, and are always voluntary in nature. FDIC estimates that it will deploy approximately 20 such surveys annually. The purpose of the surveys is, in general terms, to obtain anecdotal information on a voluntary basis about quality of service, regulatory burden, problems or successes in the bank supervisory process (including exams related to both safety and soundness, and compliance with consumer protection laws and regulations), the perceived need for regulatory or statutory change, and similar concerns. There is no change in the substance or methodology of this information collection and the estimated annual burden remains unchanged.

Request for Comment

Comments are invited on: (a) whether the collections of information are necessary for the proper performance of the FDIC’s functions, including whether

the information has practical utility; (b) the accuracy of the estimates of the burden of the information collections, including the validity of the methodology and assumptions used; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collections of information on respondents, including through the use of automated collection techniques or other forms of information technology. All comments will become a matter of public record.

Federal Deposit Insurance Corporation.
Dated at Washington, DC, on April 21, 2026.
Jennifer M. Jones,
Deputy Executive Secretary.
[FR Doc. 2026–07920 Filed 4–22–26; 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 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, Benjamin W. McDonough, Secretary of the Board, 20th Street and Constitution Avenue NW, Washington, DC 20551–0001, not later than May 8, 2026.

A. Federal Reserve Bank of Kansas City (Jeffrey Imgarten, Assistant Vice President) 1 Memorial Drive, Kansas City, Missouri 64198–0001. Comments can also be sent electronically to KCApplicationComments@kc.frb.org:

1. *The Gregory L. Massey 2026 Irrevocable Trust, Gregory L. Massey, as trustee, both of Dallas, Texas,* to become a member of the Massey Family Group, a group acting in concert, to acquire voting shares of Spend Life Wisely Company, Inc., and thereby indirectly acquire voting shares of First United Bank and Trust Company, both of Durant, Oklahoma. Gregory Massey was previously permitted by the Federal Reserve System to acquire voting shares

of Spend Life Wisely Company, Inc. in his individual capacity.

Board of Governors of the Federal Reserve System.

Michele Taylor Fennell,

Associate Secretary of the Board.

[FR Doc. 2026-07976 Filed 4-22-26; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Request of Nominations: U.S. Preventive Services Task Force

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

ACTION: Solicitation of nominations.

SUMMARY: The Agency for Healthcare Research and Quality invites nominations of individuals qualified to serve as members of the U.S. Preventive Services Task Force (USPSTF).

DATES: Nominations must be received electronically by May 23, 2026 to be considered for appointment to begin in June, 2026.

ADDRESSES: Submit your responses electronically via: <https://uspstfnominations.ahrq.gov/register>.

FOR FURTHER INFORMATION CONTACT: Beatriz Canas at (301) 427-1629.

SUPPLEMENTARY INFORMATION:

Arrangement for Public Inspection

Nominations and applications are kept on file at the Center for Evidence and Practice Improvement, AHRQ, and are available for review during business hours. AHRQ does not reply to individual nominations but considers all nominations in making recommendation for appointment. Information regarded as private and personal, such as a nominee's social security number, home and email addresses, home telephone and fax numbers, or names of family members will not be disclosed to the public in accordance with the Freedom of Information Act. 5 U.S.C. 552(b)(6); 45 CFR 5.31(f).

Nomination Submissions

Nominations must be submitted electronically, and should include:

1. The applicant's current curriculum vitae and contact information, including mailing address, and email address; and
2. A letter explaining how this individual meets the qualification requirements and how he or she would contribute to the USPSTF. The letter

should also attest to the nominee's willingness to serve as a member of the USPSTF.

AHRQ will later ask people under serious consideration for USPSTF membership to provide detailed information that will permit evaluation of possible significant conflicts of interest. Such information will concern matters such as financial holdings, consultancies, non-financial scientific interests, and research grants or contracts.

To obtain a broad range of expertise, AHRQ encourages nominations of physician specialists in anesthesiology/pain management, cardiology, endocrinology, family medicine, gastroenterology, hematology/oncology, internal medicine, obstetrics and gynecology, pediatrics, preventive medicine, radiology, and experts in health economics. However, applications from physicians in other relevant specialties including but not limited to surgery, laboratory medicine/molecular pathology, and clinical genetics are also desired. AHRQ also seeks wide geographic representation and practice experience in diverse setting, including individuals with expertise in rural medicine. Interested individuals can nominate themselves. Organizations and individuals may nominate one or more people qualified for membership on the USPSTF for consideration in this or future nomination cycles.

Qualification Requirements

To qualify for the USPSTF and support its mission, an applicant or nominee should possess expertise in reviewing scientific evidence related to the effectiveness, appropriateness, and cost-effectiveness of clinical preventive services for the purpose of developing recommendations for the health care community, and updating previous clinical preventive recommendations for individuals and organizations delivering clinical services, including primary care professionals, health care systems, professional societies, employers, community organizations, non-profit organizations, Congress and other policy-makers, governmental public health agencies, health care quality organizations, and organizations developing national health objectives.

These skills include:

1. The critical evaluation of research published in peer-reviewed literature;
2. Clinical prevention and health promotion in primary care and specialty settings.
3. Implementation of evidence-based recommendations in clinical practice

including at the clinician-patient level, practice level, and health-system level.

Additionally, the Task Force benefits from members with expertise in the following areas:

Public health;
Application of science to health policy; and

Communication of scientific findings to multiple audiences including health care professionals, policymakers, and the general public.

Candidates with experience and skills in any of these areas should highlight them in their nomination materials.

Applicants must have no substantial conflicts of interest, whether financial, professional, or intellectual, that would impair the scientific integrity of the work of the USPSTF and must be willing to complete regular conflict of interest disclosures.

Applicants must have the ability to work collaboratively with a team of diverse professionals who support the mission of the USPSTF. Applicants must have adequate time to contribute substantively to the work products of the USPSTF.

Nominee Selection

Nominated individuals will be selected for the USPSTF on the basis of how well they meet the required qualifications, and the current expertise needs of the USPSTF. It is anticipated that new members will be invited to serve on the USPSTF beginning in July 2026. All nominated individuals will be considered. AHRQ will retain and may consider for future vacancies nominations received this year and not selected during this cycle.

Background

Under title IX of the Public Health Service Act, AHRQ is charged with enhancing the quality, appropriateness, and effectiveness of health care services and access to such services. 42 U.S.C. 299(b). AHRQ accomplishes these goals through scientific research and promotion of improvements in clinical practice, including clinical prevention of diseases and other health conditions. See 42 U.S.C. 299(b).

The USPSTF, a body of experts in prevention and evidence-based medicine, works to improve the health of people nationwide by making evidence-based recommendations about the effectiveness of clinical preventive services and health promotion. The recommendations made by the USPSTF address clinical preventive services for adults and children, and include screening tests, counseling services, and preventive medications.