

Estimated Time per Response: 1–22 hours.

Frequency of Response: On occasion and annual reporting requirements, recordkeeping requirement.

Obligation to Respond: Required to obtain or retain benefits. Statutory authority for this information collection is contained in 47 U.S.C. 151–154, 214, 218–220, 221(c), 254, and 303(r).

Total Annual Burden: 41,070 hours.

Total Annual Cost: No Cost. Privacy Act Impact Assessment: No impact(s).

Nature and Extent of Confidentiality: No assurance of confidentiality has been given regarding the information. However, respondents may request materials or information submitted to the Commission be withheld from public inspection under 47 CFR 0.459 of the FCC's rules.

Needs and Uses: In order to determine which carriers are entitled to universal service support, all rate-of-return regulated (rate-of-return) incumbent local exchange carriers (LECs) must provide the National Exchange Carrier Association (NECA) with the loop cost and loop count data required by section 54.1305 for each of its study areas and, if applicable, for each wire center as that term is defined in 47 CFR part 54. See 47 CFR 54.1305 and 54.5. The loop cost and loop count information is to be filed annually with NECA by July 31st of each year, and may be updated occasionally pursuant to section 54.1306. See 47 CFR 54.1306. Pursuant to section 54.1307, the information filed on July 31st of each year will be used to calculate universal service support for each study area and is filed by NECA with the Commission on October 1 of each year. See 47 CFR 54.1307. An incumbent LEC is defined as a carrier that meets the definition of "incumbent local exchange carrier" in section 51.5 of the Commission's rules. See 47 CFR 51.5.

In March 2016, the Commission adopted the *Rate-of-Return Reform Order* to continue modernizing the universal service support mechanisms for rate-of-return carriers. *Connect America Fund et al.*, WC Docket No. 10–90 et al., Report and Order, Order and Order on Reconsideration and Further Notice of Proposed Rulemaking, 31 FCC Rcd 3087 (2016) (*Rate-of-Return Reform Order and Further Notice*). The *Rate-of-Return Reform Order* replaces the Interstate Common Line Support (ICLS) mechanism with the Connect America Fund—Broadband Loop Support (CAF–BLS) mechanism. While ICLS supported only lines used to provide traditional voice service (including voice service bundled with broadband service), CAF–BLS also supports consumer broadband-

only loops. FCC Forms 507, 508, and 509 include additional line counts, forecasted cost and revenues, and actual cost and revenue data associated with consumer broadband-only loops necessary for the calculation of CAF–BLS. We propose to move the requirements associated with FCC Form 507, FCC Form 508, FCC Form 509 under OMB Control Number 3060–0986 into this collection.

The Commission therefore proposes to revise this information collection. Any increased burdens are associated with the moving of these requirements and forms into this information collection.

Federal Communications Commission.

Katura Jackson,

Federal Register Liaison Officer, Office of the Secretary.

[FR Doc. 2018–13022 Filed 6–15–18; 8:45 am]

BILLING CODE 6712–01–P

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 (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 notices are set forth in paragraph 7 of the Act (12 U.S.C. 1817(j)(7)).

The notices are available for immediate inspection at the Federal Reserve Bank indicated. The notices also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing to the Reserve Bank indicated for that notice or to the offices of the Board of Governors. Comments must be received not later than July 6, 2018.

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

1. *John H. Dammermann, Fort Myers, Florida*; to acquire voting shares of First BancShares, Inc. and thereby indirectly acquire voting shares of Granite Community Bank, both of Cold Spring, Minnesota.

Board of Governors of the Federal Reserve System, June 13, 2018.

Ann Misback,

Secretary of the Board.

[FR Doc. 2018–12979 Filed 6–15–18; 8:45 am]

BILLING CODE P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Committee on Breast Cancer in Young Women (ACBCYW)

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice of meeting.

SUMMARY: In accordance with the Federal Advisory Committee Act, the CDC announces the following meeting for the Advisory Committee on Breast Cancer in Young Women (ACBCYW). This meeting is open to the public, limited only by audio phone lines (100 audio lines available and 100 web conference lines available).

DATES: The meeting will be held on August 6, 2018, 1:00 p.m. to 5:00 p.m., EDT. Registration must be submitted no later than July 31, 2018 (See **SUPPLEMENTARY INFORMATION** for how to register).

ADDRESSES: The public is also welcome to listen to the meeting by accessing the call-in number, 1–888–989–0726, passcode, 5698676 (100 lines are available). The web conference access is <https://adobeconnect.cdc.gov/r1hixcynbai/>. Online registration is required (See **SUPPLEMENTARY INFORMATION** for how to register).

FOR FURTHER INFORMATION CONTACT: Temeika L. Fairley, Ph.D., Designated Federal Officer, National Center for Chronic Disease Prevention and Health Promotion, CDC, 5770 Buford Highway NE, Mailstop K52, Atlanta, Georgia, 30341, Telephone (770) 488–4518, Fax (770) 488–4760. Email: acbcyw@cdc.gov.

SUPPLEMENTARY INFORMATION:

How to register for the meeting: All ACBCYW Meeting participants must register online at least 7 business days in advance at https://www.cdc.gov/cancer/breast/what_cdc_is_doing/conference.htm. Please complete all the required fields before submitting your registration, and submit no later than July 31, 2018.

Purpose: The committee provides advice and guidance to the Secretary, HHS; the Assistant Secretary for Health; and the Director, CDC, regarding the formative research, development, implementation and evaluation of evidence-based activities designed to prevent breast cancer (particularly among those at heightened risk) and promote the early detection and support of young women who develop the

disease. The advice provided by the Committee will assist in ensuring scientific quality, timeliness, utility, and dissemination of credible appropriate messages and resource materials.

Matters to be Considered: The agenda will include discussions on current and emerging topics related to breast cancer in young women. These will include public health communication, breast cancer in young women digital and social media campaign, CDC updates, and updates from the field. Agenda items are subject to change as priorities dictate.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Elaine Baker,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 2018–13047 Filed 6–15–18; 8:45 am]

BILLING CODE 4163–19–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–18–17AUZ]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled “Project NICE: Navigating Insurance Coverage Expansion” to the Office of Management and Budget (OMB) for review and approval. CDC previously published a “Proposed Data Collection Submitted for Public Comment and Recommendations” notice on November 13, 2017, to obtain comments from the public and affected agencies. CDC did not receive comments related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC 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 or send an email to omb@cdc.gov. 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

Project NICE: Navigating Insurance Coverage Expansion—New—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC is requesting a three-year approval to evaluate the efficacy of an in-person health insurance enrollment assistance intervention among 1,000 Black and Hispanic men who have sex with men (MSM) and transgender persons ages ≥18 years living in the Chicago, Illinois metropolitan area.

In 2013, MSM accounted for 81% of new HIV infections among males and 65% of all new HIV infections. In 2010 African Americans comprised only 12% of the US population, but Black MSM nearly equaled White MSM in numbers of new HIV infections (10,600 and 11,200, respectively). In 2010 Hispanics comprised 17% of the US population, and Hispanic MSM accounted for 22% (6,700) of all new HIV infections. A 2008 systematic review found HIV rates among Black and Hispanic transgender women to be 56% and 16%, respectively. Contributing to these disproportionate HIV rates are that

Black and Hispanic MSM and transgender persons face obstacles in seeking medical care and following through with referrals or appointments, including lack of health insurance.

The intervention being evaluated in this study (in-person health insurance enrollment assistance) is not a new activity. This study will evaluate whether moving the delivery of in-person health insurance enrollment assistance, from the first clinic visit after receipt of an HIV test result, to earlier in the care continuum during the HIV testing event, will impact health outcomes. Because this study does not introduce new intervention activities, only reorders the sequence of delivery of standard practice, the burden to the participant experience will be data collection forms and research procedures only.

The goal of this study is to test whether providing a point of care, in-person assistance in enrolling in private health insurance or Medicaid for the first time, changing to a different insurance plan, or understanding how to use current insurance policies following HIV testing will (1) increase the proportion of participants who obtain health insurance; (2) result in better health outcomes among participants (e.g., achieving viral suppression, remaining HIV negative); (3) improve the linkage and retention rates for HIV care (i.e., HIV treatment, Pre-exposure Prophylaxis (PrEP)) and other HIV-associated health services (e.g., mental health counseling, substance use treatment) of participants, especially those diagnosed with HIV; and (4) increase HIV care linkage and retention rates sufficiently to justify the cost of implementing the intervention (cost-benefit analysis) among Black and Hispanic MSM and transgender persons age 18 or older in the Chicago, Illinois metropolitan area.

This study is funded through a cooperative agreement between CDC and the University of Chicago Medicine. Three partner agencies will conduct the intervention: (1) University of Chicago Medicine (the lead partner agency), (2) Howard Brown Health, and (3) Chicago House and Social Service Agency (Chicago House). These three partner agencies currently provide in-person health insurance enrollment assistance, linkage to care (HIV-related treatment, primary care), and patient navigation services to the study population.

This study uses a randomized controlled trial design, which will enhance scientific validity and the policy impact of the intervention, and help researchers assess the efficacy of this intervention as an emerging