

related to banking and permissible for bank holding companies. Unless otherwise noted, these activities will be conducted throughout the United States.

Each notice is available for inspection at the Federal Reserve Bank indicated. The notice also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the question whether the proposal complies with the standards of section 4 of the BHC Act.

Unless otherwise noted, comments regarding the 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 May 11, 2020.

A. Federal Reserve Bank of San Francisco (Sebastian Astrada, Director, Applications) 101 Market Street, San Francisco, California 94105-1579:

1. *GBank Financial Holdings, Inc., Las Vegas, Nevada*; to acquire Bankcard Services LLC, Las Vegas, Nevada, and thereby indirectly engage in data processing activities pursuant to section 225.28(b)(14)(i) of Regulation Y.

Board of Governors of the Federal Reserve System, April 21, 2020.

Yao-Chin Chao,

Assistant Secretary of the Board.

[FR Doc. 2020-08783 Filed 4-23-20; 8:45 am]

BILLING CODE 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 (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 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 indicated. The applications will also be available for inspection at the offices of the Board of Governors. 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 May 11, 2020.

A. *Federal Reserve Bank of Minneapolis* (Chris P. Wangen, Assistant Vice President), 90 Hennepin Avenue, Minneapolis, Minnesota 55480-0291:

1. *James Sexton, Scottsdale, Arizona*; as a member of the Sexton shareholder group to retain voting shares of Kensington Bancorp, Inc., and thereby indirectly retain voting shares of Kensington Bank, both of Kensington, Minnesota.

Board of Governors of the Federal Reserve System, April 21, 2020.

Yao-Chin Chao,

Assistant Secretary of the Board.

[FR Doc. 2020-08782 Filed 4-23-20; 8:45 am]

BILLING CODE P

GENERAL SERVICES ADMINISTRATION

[Notice-MA-2020-06; Docket No. 2020-0002; Sequence No.15]

Relocation Allowances—Waiver of Certain Provisions of the Federal Travel Regulation (FTR) (Chapter 302) for Official Relocation Travel of Employees During the COVID-19 Pandemic

AGENCY: Office of Government-wide Policy (OGP), General Services Administration (GSA).

ACTION: Notice of GSA Bulletin FTR 20-06.

SUMMARY: This Federal Travel Regulation (FTR) bulletin informs agencies that certain provisions of the FTR governing official relocation travel are temporarily waived for employees relocating during the national emergency issued by the President on March 13, 2020 concerning the coronavirus disease 2019 (COVID-19).

DATES: *Applicability Date:* This notice is retroactively effective for official relocation travel performed after March 13, 2019, one year prior to the date of the national emergency issued by the President concerning COVID-19.

FOR FURTHER INFORMATION CONTACT: For clarification of content, contact Mr. Rodney (Rick) Miller, Senior Program Analyst, Office of Government-wide Policy, Office of Asset and Transportation Management, at 202-501-3822, or by email at travelpolicy@gsa.gov. Please cite Notice of FTR Bulletin 20-06.

SUPPLEMENTARY INFORMATION:

Background: Federal agencies authorize relocation entitlements to those individuals listed at FTR § 302-1.1 and those assigned under the Government Employees Training Act (GETA) (5 U.S.C. Chapter 41). The FTR requires relocating employees to complete all aspects of their relocation within one year or meet an authorized exception. Further, temporary storage of employees' household goods is limited to 150 days maximum for continental United States (CONUS) to CONUS shipments, and 180 days maximum for shipments with an origin/destination outside the continental United States (OCONUS). Employees are also limited to 10 calendar days to complete a house hunting trip. This FTR bulletin permits agencies to apply GSA-approved waivers to the aforementioned time requirements, within the parameters set forth in the bulletin, to prevent personal hardship to relocating employees impacted by the COVID-19 pandemic. This bulletin can be viewed at <https://www.gsa.gov/ftrbulletins>.

Jessica Salmoiraghi,

Associate Administrator, Office of Government-wide Policy.

[FR Doc. 2020-08687 Filed 4-23-20; 8:45 am]

BILLING CODE P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Agency Information Collection Activities: Proposed Collection; Request

AGENCY: Agency for Healthcare Research and Quality (AHRQ), Department of Health and Human Services (HHS).

ACTION: Request for Information; notice of extension of comment period.

SUMMARY: For the “*Opioid Management in Older Adults*” project, AHRQ is seeking to identify innovative approaches to managing opioid medications for chronic pain that are particularly relevant for *older adults*. Use of long-term opioid therapy in older adults can be especially problematic because of increased risks such as delirium, falls, and dementia. Through this notice, the comment period has been extended to June 30, 2020. The subject matter content remains unchanged from the original notice which was previously published on March 18, 2020 (<https://www.govinfo.gov/content/pkg/FR-2020-03-18/pdf/2020-05612.pdf>).

DATES: Information must be received by June 30, 2020.

ADDRESSES: Written comments should be submitted by email to: *Opioids_OlderAdults@abtassoc.com*.

FOR FURTHER INFORMATION CONTACT: Parivash Nourjah, *Parivash.nourjah@ahrq.gov*, or 301-427-1106.

SUPPLEMENTARY INFORMATION:

The United States is in the midst of an unprecedented opioid epidemic that is affecting people from all walks of life. Regulators and policy makers have initiated many activities to curb the epidemic, but relatively little attention has been paid to the growing toll of opioid use, opioid misuse and opioid use disorder (OUD) among older adults.

The opioid crisis in older adults is strongly related to challenges in prescription opioid management in this population. Older adults have a high prevalence of chronic pain and are especially vulnerable to suffering adverse events from opioid use, making safe prescribing more challenging even when opioids are an appropriate therapeutic choice. Identifying adverse effects due to opioid use, misuse or abuse is complicated further by factors such as co-occurring medical disorders that can mimic the effects of opioid use. There is also a risk of attributing clinical findings in older adults (*e.g.* personality changes, falls/balance problems, difficulty sleeping, and heart problems) to other conditions that are also common with age. If adverse events due to opioid prescriptions are identified, finding appropriate alternatives for pain management can be challenging if other pharmacologic options (such as NSAIDs) are contraindicated or mobility issues limit access to other therapeutic options.

Diagnosis of substance use disorders is also more complicated in this population. Clinicians may not associate drug misuse or addiction with older adults or they may be inadequately trained in identification and treatment of opioid misuse and OUD among older adults, and hence may not monitor for the signs of opioid use disorder in this population.

Successfully optimizing the prescribing and use of opioids in older adults will require addressing the issue

at many points along the care continuum where older adults may need additional attention or a different approach. AHRQ wants to identify specific tools, strategies and approaches to opioid management in older adults throughout the breadth of the care delivery continuum, from avoiding opioid initiation to screening for opioid misuse and opioid use disorder, as well as approaches to opioid tapering in older adults.

AHRQ is interested in all innovative approaches that address the opioid management concerns in older adults listed above, but respondents are welcome to address as many or as few as they choose and to address additional areas of interest not listed.

Strategies and approaches could come from a variety of health care settings including, but not limited to, primary care and other ambulatory care clinics, emergency departments, home health care organizations, skilled nursing care settings, and inpatient care. Other sources of these strategies might include health care payers, accountable care organizations, and organizations that provide external quality improvement support. Some of the examples of the types of innovations we are looking for might be specific tools or workflows that support providers to assess the risk/benefit balance of opioids within a multidisciplinary approach in pain management; to optimize and monitor the opioid prescribing when appropriate, including tapering strategies; to screen and treat for opioid misuse or opioid use disorder; or to involve family or other caregivers of an older adult in conversations about opioid safety. Descriptions of strategies or approaches should include the setting where it is deployed and the type of patient population served.

This RFI is for planning purposes only and should not be construed as a policy, solicitation for applications, or as an obligation on the part of the Government to provide support for any ideas in response to it. AHRQ will use the information submitted in response to this RFI at its discretion, and will not provide comments to any respondent's submission. However, responses to the RFI may be reflected in future solicitation(s) or policies. Respondents

are advised that the Government is under no obligation to acknowledge receipt of the information received or provide feedback to respondents with respect to any information submitted. No proprietary, classified, confidential or sensitive information should be included in your response. The Government reserves the right to use any non-proprietary technical information in any resultant solicitation(s). The contents of all submissions will be made available to the public upon request. Submitted materials must be publicly available or able to be made public.

Dated: April 21, 2020.

Virginia L. Mackay-Smith,

Associate Director, Office of the Director, AHRQ.

[FR Doc. 2020-08727 Filed 4-23-20; 8:45 am]

BILLING CODE 4160-90-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-9124-N]

Medicare and Medicaid Programs; Quarterly Listing of Program Issuances—January Through March 2020

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Notice.

SUMMARY: This quarterly notice lists CMS manual instructions, substantive and interpretive regulations, and other **Federal Register** notices that were published from January through March 2020, relating to the Medicare and Medicaid programs and other programs administered by CMS.

FOR FURTHER INFORMATION CONTACT: It is possible that an interested party may need specific information and not be able to determine from the listed information whether the issuance or regulation would fulfill that need. Consequently, we are providing contact persons to answer general questions concerning each of the addenda published in this notice.

Addenda	Contact	Phone No.
I. CMS Manual Instructions	Ismael Torres	(410) 786-1864
II. Regulation Documents Published in the Federal Register	Terri Plumb	(410) 786-4481
III. CMS Rulings	Tiffany Lafferty	(410) 786-7548
IV. Medicare National Coverage Determinations	Wanda Belle, MPA	(410) 786-7491
V. FDA-Approved Category B IDEs	John Manlove	(410) 786-6877
VI. Collections of Information	William Parham	(410) 786-4669
VII. Medicare-Approved Carotid Stent Facilities	Sarah Fulton, MHS	(410) 786-2749