

Total Annual Burden: 12,870 hours.
Total Annual Cost: \$508,250.
Privacy Act Impact Assessment: No impact(s).

Nature and Extent of Confidentiality: Part 68 rules do not require respondents to provide proprietary, trade secret or other confidential information to the Commission. If the FCC requests that respondents submit information which respondents believe is confidential, respondents may request confidential treatment of such information pursuant to Section 0.459 of the FCC's rules, 47 CFR 0.459.

Needs and Uses: The purpose of 47 CFR part 68 is to protect the telephone network from certain types of harm and prevent interference to subscribers. To (1) demonstrate that terminal equipment complies with criteria for protecting the

network and (2) ensure that consumers, providers of telecommunications, the Commission and others are able to trace products to the party responsible for ensuring compliance with these criteria; it is essential to require manufacturers or other responsible parties to provide the information required by Part 68. In addition, incumbent local exchange carriers must provide the information in Part 68 to warn their subscribers of impending disconnection of service when subscriber terminal equipment is causing telephone network harm, and to inform subscribers of a change in network facilities that requires modification or alteration of subscribers' terminal equipment.

Federal Communications Commission.
Marlene Dortch,
Secretary, Office of the Secretary.
 [FR Doc. 2020-09742 Filed 5-6-20; 8:45 am]
BILLING CODE 6712-01-P

FEDERAL DEPOSIT INSURANCE CORPORATION

Notice of Termination of Receivership

The Federal Deposit Insurance Corporation (FDIC or Receiver), as Receiver for the following insured depository institution, was charged with the duty of winding up the affairs of the former institution and liquidating all related assets. The Receiver has fulfilled its obligations and made all dividend distributions required by law.

NOTICE OF TERMINATION OF RECEIVERSHIP

Fund	Receivership name	City	State	Termination date
10518	North Milwaukee State Bank	Milwaukee	WI	5/1/2020

The Receiver has further irrevocably authorized and appointed FDIC-Corporate as its attorney-in-fact to execute and file any and all documents that may be required to be executed by the Receiver which FDIC-Corporate, in its sole discretion, deems necessary, including but not limited to releases, discharges, satisfactions, endorsements, assignments, and deeds. Effective on the termination date listed above, the Receivership has been terminated, the Receiver has been discharged, and the Receivership has ceased to exist as a legal entity.

(Authority: 12 U.S.C. 1819)

Federal Deposit Insurance Corporation.

Dated at Washington, DC, on May 4, 2020.

Robert E. Feldman,
Executive Secretary.

[FR Doc. 2020-09735 Filed 5-6-20; 8:45 am]

BILLING CODE 6714-01-P

Matters relating to internal personnel decisions, or internal rules and practices.

Investigatory records compiled for law enforcement purposes and production would disclose investigative techniques.

Information the premature disclosure of which would be likely to have a considerable adverse effect on the implementation of a proposed Commission action.

Matters concerning participation in civil actions or proceedings or arbitration.

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CONTACT PERSON FOR MORE INFORMATION:
 Judith Ingram, Press Officer, Telephone: (202) 694-1220.

Vicktorija J. Allen,
Acting Deputy Secretary of the Commission.
 [FR Doc. 2020-09935 Filed 5-5-20; 4:15 pm]
BILLING CODE 6715-01-P

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 proposed information collection project: "*AHRQ Research Reporting System (ARRS).*" This proposed information collection was previously published in the **Federal Register** on Page 12562, March 3, 2020, and allowed 60 days for public comment. AHRQ did not received comments from the public during this period. The purpose of this notice is to allow an additional 30 days for public comment.

DATES: Comments on this notice must be received by 30 days after date of publication of this notice.

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.

FOR FURTHER INFORMATION CONTACT:
 Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427-1477, or by email at doris.lefkowitz@AHRQ.hhs.gov.

SUPPLEMENTARY INFORMATION:

FEDERAL ELECTION COMMISSION

Sunshine Act Meeting

TIME AND DATE: Tuesday, May 12, 2020 at 10:00 a.m.

PLACE: 1050 First Street NE, Washington, DC. (This meeting will be a virtual meeting.)

STATUS: This meeting will be closed to the public.

MATTERS TO BE CONSIDERED: Compliance matters pursuant to 52 U.S.C. 30109.

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.

Proposed Project

AHRQ Research Reporting System (ARRS)

AHRQ has developed a systematic method for its grantees to report project progress and important preliminary findings for grants funded by the Agency. This system, the AHRQ Research Reporting System (ARRS), previously known as the Grants Reporting System (GRS), was last approved by OMB on May 22, 2017. The system addressed the shortfalls in the previous reporting process and established a consistent and comprehensive grants reporting solution for AHRQ. The ARRS provides a centralized repository of grants research progress and additional information that can be used to support initiatives within the Agency. This includes future research planning and support to administration activities such as performance monitoring, budgeting, knowledge transfer as well as strategic planning.

This Project has the following goals:

(1) To promote the transfer of critical information more frequently and efficiently and enhance the Agency’s ability to support research designed to improve the outcomes and quality of health care, reduce its costs, and broaden access to effective services.

(2) To increase the efficiency of the Agency in responding to ad-hoc information requests.

(3) To support Executive Branch requirements for increased transparency and public reporting.

(4) To establish a consistent approach throughout the Agency for information collection regarding grant progress and a systematic basis for oversight and for facilitating potential collaborations among grantees.

(5) To decrease the inconvenience and burden on grantees of unanticipated ad-hoc requests for information by the Agency in response to particular (one-time) internal and external requests for information.

This study is being conducted by AHRQ pursuant to AHRQ’s statutory authority to conduct and support research on healthcare and on systems for the delivery of such care, including activities with respect to the quality, effectiveness, efficiency, appropriateness and value of healthcare services and with respect to quality measurement and improvement. 42 U.S.C. 299a(a)(1) and (2).

Method of Collection

To achieve the goals of this project the following data collections will be implemented:

AHRQ Research Reporting System (ARRS)—Grantees and vendors use the ARRS system to report project progress and important preliminary findings for grants and contracts funded by the Agency. Grantees and vendors submit progress reports on a monthly or quarterly basis which are reviewed by

AHRQ personnel. All users access the ARRS system through a secure online interface which requires a user I.D. and password entered through the ARRS login screen. When status reports are due AHRQ notifies principal investigators and vendors via email.

The ARRS is an automated user-friendly resource that is utilized by AHRQ staff for preparing, distributing, and reviewing reporting requests to grantees and vendors for the purpose of information sharing. AHRQ personnel are able to systematically search on the information collected and stored in the ARRS database. Personnel will also use the information to address internal and/or external requests for information regarding grant progress, preliminary findings, and other requests, such as Freedom of Information Act requests, and producing responses related to federally mandated programs and regulations.

Estimated Annual Respondent Burden

Exhibit 1 shows the estimated annualized burden hours for the respondents. It will take grantees an estimated 15 minutes to enter the necessary data into the ARRS System and reporting will occur four times annually. The total annualized burden hours are estimated to be 500 hours.

Exhibit 2 shows the estimated annualized cost burden for the respondents. The total estimated cost burden for respondents is \$19,710.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Data entry into ARRS	500	4	15/60	500
Total	500	N/A	N/A	500

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form name	Number of respondents	Total burden hours	Average hourly wage rate *	Total cost burden
Data entry into ARRS	500	500	\$39.42	\$19,710
Total	500	500	N/A	19,710

* Based upon the average wages for Healthcare Practitioner and Technical Occupations (29–0000), “National Compensation Survey: Occupational Wages in the United States, May 2015,” U.S. Department of Labor, Bureau of Labor Statistics, http://www.bls.gov/oes/current/oes_nat.htm#29-0000.

Request for Comments

In accordance with the Paperwork Reduction Act, 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: May 1, 2020.

Virginia L. Mackay-Smith,
Associate Director.

[FR Doc. 2020–09725 Filed 5–6–20; 8:45 am]

BILLING CODE 4160–90–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 proposed information collection project “*Medical Expenditure Panel Survey (MEPS) Social and Health Experiences Self-Administered Questionnaire.*”

DATES: Comments on this notice must be received by 60 days after date of publication of this notice.

ADDRESSES: Written comments should be submitted to: Doris Lefkowitz, Reports Clearance Officer, AHRQ, by email at doris.lefkowitz@AHRQ.hhs.gov.

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

emails at doris.lefkowitz@AHRQ.hhs.gov.

SUPPLEMENTARY INFORMATION:

Proposed Project

“Medical Expenditure Panel Survey (MEPS) Social and Health Experiences Self-Administered Questionnaire.”

The Medical Expenditure Panel Survey (MEPS) consists of the following three components and has been conducted annually since 1996:

- *Household Component:* A sample of households participating in the National Health Interview Survey (NHIS) in the prior calendar year are interviewed 5 times over a 2 and one-half (2.5) year period. These 5 interviews yield two years of information on use of, and expenditures for, health care, sources of payment for that health care, insurance status, employment, health status and health care quality.

- *Medical Provider Component:* The MEPS–MPC collects information from medical and financial records maintained by hospitals, physicians, pharmacies and home health agencies named as sources of care by household respondents.

- *Insurance Component (MEPS–IC):* The MEPS–IC collects information on establishment characteristics, insurance offerings and premiums from employers. The MEPS–IC is conducted by the Census Bureau for AHRQ and is cleared separately.

This request is for the MEPS–HC only. The OMB Control Number for the MEPS–HC and MPC is 0935–0118, which was last approved by OMB on November 8, 2019, and will expire on November 30, 2022.

The purpose of this request is to integrate the new self-administered questionnaire (SAQ) entitled, “Social and Health Experiences,” into the MEPS. This SAQ will include questions in a dual mode (web and paper) self-administered questionnaire about social and behavioral determinants of health including questions about housing affordability and quality, neighborhood characteristics, food security, transportation needs, financial strain, smoking and physical activity, and

experiences with discrimination, social support, general well-being, personal safety, and adverse circumstances in childhood. The information collected will be used to examine the relationship between measures of the social determinants of health and measures of health status, and the use and expense of health care services. The goal of this survey is to help understand the relationship between social determinants of health and health care need in order to ultimately improve health care and health.

This study is being conducted by AHRQ through its contractors, Westat and RTI International, pursuant to AHRQ’s statutory authority to conduct and support research on healthcare and on systems for the delivery of such care, including activities with respect to the cost and use of health care services and with respect to health statistics and surveys. 42 U.S.C. 299a(a)(3) and (8); 42 U.S.C. 299b–2.

Method of Collection

Data collection will be for adults (aged 18 and over). AHRQ proposes a mixed-mode (web and paper) primarily to further protect respondents’ privacy due to the sensitive nature of some of the items. Web completion will be the main mode with paper offered to those with barriers to internet access.

Estimated Annual Respondent Burden

Exhibit 1 shows the estimated annualized burden hours for respondents’ time to participate in this research. The Social and Health Experiences SAQ will be completed during Round 1, Panel 26, Round 3, Panel 25, and Round 5, Panel 24, by each person in the Reporting Unit (RU) that is 18 years old and older, an estimated 27,059 persons, and takes about 7 minutes to complete. The total annualized burden is estimated to be 3,157 hours.

Exhibit 2 shows the estimated annualized cost burden associated with respondents’ time to participate in this research. The total cost burden is estimated to be \$81,198 annually.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Activity	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Social and Health Experiences SAQ; Adult SAQ—Year 2021	27,059	1	7/60	3,157
Total	27,059	n/a	n/a	3,157