

nonbanking company complies with the standards in section 4 of the BHC Act (12 U.S.C. 1843), and interested persons may express their views in writing on the standards enumerated in section 4. Unless otherwise noted, nonbanking activities will be conducted throughout the United States.

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 7, 2026.

A. Federal Reserve Bank of Boston (Prabal Chakrabarti, Executive Vice President) 600 Atlantic Avenue, Boston, Massachusetts 02210-2204. Comments can also be sent electronically to *BOS.SRC.Applications.Comments@bos.frb.org*:

1. *Banco Santander, S.A., Boadilla del Monte (Madrid), Spain, and Santander Holdings USA, Inc., (together, "Santander") Boston, Massachusetts*; to acquire Webster Financial Corporation ("Webster"), and thereby indirectly acquire Webster Bank, National Association, both of Stamford, Connecticut. In addition, *Santander*, through the acquisition of Webster, would indirectly acquire MW Advisor Holding, LLC, MW Advisor, LLC, and Marathon Direct Lending SLP, LLC, all of Wilmington, Delaware, and thus engage in investment advisory activities pursuant to section 225.28(b)(6) of the Board's Regulation Y.

Board of Governors of the Federal Reserve System.

Michele Taylor Fennell,

Associate Secretary of the Board.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-26-1419; Docket No. CDC-2026-0529]

Proposed Data Collection Submitted for Public Comment and Recommendations

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

ACTION: Notice with comment period.

SUMMARY: The Centers for Disease Control and Prevention (CDC), as part of its continuing effort to reduce public burden and maximize the utility of government information, invites the general public and other federal agencies the opportunity to comment on a continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled Public Health/Public Safety Strategies to Reduce Drug Overdose Data Collection. The information gathered about public health/public safety strategies to reduce overdose will be used to improve public health/public safety partnerships and responses to the overdose crisis that involve public safety.

DATES: CDC must receive written comments on or before June 8, 2026.

ADDRESSES: You may submit comments, identified by Docket No. CDC-2026-0529 by either of the following methods:

- *Federal eRulemaking Portal:* www.regulations.gov. Follow the instructions for submitting comments.
- *Mail:* Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H21-8, Atlanta, Georgia 30329.

Instructions: All submissions received must include the agency name and Docket Number. CDC will post, without change, all relevant comments to www.regulations.gov.

Please Note: Submit all comments through the Federal eRulemaking portal (www.regulations.gov) or by U.S. mail to the address listed above.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the information collection plan and instruments, contact Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H21-8, Atlanta, Georgia 30329;

Telephone: 404-639-7570; Email: omb@cdc.gov.

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501-3520), federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. In addition, the PRA also requires federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each new proposed collection, each proposed extension of existing collection of information, and each reinstatement of previously approved information collection before submitting the collection to the OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

The OMB is particularly interested in comments that will help:

1. 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;
2. Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
3. Enhance the quality, utility, and clarity of the information to be collected;
4. 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 submissions of responses; and
5. Assess information collection costs.

Proposed Project

Public Health/Public Safety Strategies to Reduce Drug Overdose Data Collection (OMB Control No. 0920-1419, Exp. 10/31/2026)—Revision—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The drug overdose epidemic continues to pose a threat to communities across the country. In 2024, there were 79,384 overdose deaths, which equates to approximately 217 overdose deaths each day. While this indicates a decline in deaths since 2022, overdose remains the leading cause of death for Americans aged 18-44. In December 2025, the declaration of

the opioid crisis as a national public health emergency was renewed yet again. Adding to this challenge, drug availability and overdose trends continue to change, shaped most recently by the widespread inclusion of adulterants in the drug supply (e.g., fentanyl, xylazine, medetomidine) and an increase in the number of overdose deaths with evidence of smoking.

Multisector collaboration is critical to saving lives and reducing the overdose epidemic. Two key sectors in this response, public health and public safety (PH/PS), are both on the front lines and tasked with improving community safety and well-being. CDC demonstrates strong commitment to PH/PS partnerships through implementation of several national programs. In September 2019, CDC launched the first multiyear Overdose Data to Action (OD2A) cooperative agreement that enhanced surveillance and prevention of fatal and nonfatal opioid overdoses in 47 states and 19 localities. In August 2023, CDC awarded new cooperative agreements to 49 states and 40 localities that aimed to apply lessons learned from the previous funding opportunity, continue to enhance surveillance, and close gaps in

prevention. The current iteration of the program requires recipients to carry out prevention activities in partnership with public safety or in public safety settings. Since 2017, CDC has supported the Overdose Response Strategy (ORS), a unique collaboration between public health and public safety partners created to help local communities reduce drug overdose and save lives. Finally, CDC leads the Opioid Rapid Response Program, an interagency, coordinated federal effort with the HHS Office of Inspector General, the Drug Enforcement Administration, and other federal agencies, to help mitigate overdose risks among patients who lose access to a prescriber of opioids due to law enforcement actions. As PH/PS strategies for overdose prevention continue to be leveraged, a comprehensive understanding of their design, implementation, and effects is needed to inform these national programs.

The goal of this Revision for this Generic information collection request (ICR) is to continue to collect data to improve overdose prevention efforts that involve PH/PS sectors or address populations at increased risk of overdose in the public safety setting.

This requires practical information and experiential knowledge on current implementation of overdose prevention efforts by PH/PS. Based on previous experience, NCIPC has revised this ICR to remove objective C: Identify disparities in access to, or the effectiveness of, strategies, as it is no longer needed.

This Generic ICR will continue to allow for the gathering of information about PH/PS strategies to identify actions to improve responses to the overdose crisis. The assessments conducted and information gathered through this Generic ICR are used to rapidly improve the implementation of programs enacted through these partnerships throughout the lifespan of CDC's national programs. In this context, a routine ICR does not suffice, as not collecting this information in a timely manner impedes CDC from responding to state or local requests for assistance and delays identifying new strategies or modifying existing ones that could lead to reduced overdose morbidity and mortality.

CDC requests OMB approval for an estimated 2,500 annual burden hours. There are no costs to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Public Health/Public Safety Strategies Data Collection Participants.	Public Health/Public Safety Strategies Data Collection Instruments.	5,000	1	30/60	2,500
Total	2,500

Jeffrey M. Zirger,
*Lead, Information Collection Review Office,
 Office of Public Health Ethics and
 Regulations, Office of Science, Centers for
 Disease Control and Prevention.*

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**DEPARTMENT OF HEALTH AND
 HUMAN SERVICES**

**Centers for Disease Control and
 Prevention**

[NIOSH Docket 094]

**World Trade Center Health Program;
 Petitions 029, 034, 035, and 062—
 Hepatic Steatosis; Finding of
 Insufficient Evidence**

AGENCY: Centers for Disease Control and Prevention, Department of Health and Human Services.

ACTION: Denial of petition for addition of a health condition.

SUMMARY: The Administrator of the World Trade Center (WTC) Health Program has received several petitions (Petitions 029, 034, 035, and 062) to add “hepatic steatosis” or “fatty liver disease” to the List of WTC-Related Health Conditions. Upon reviewing the scientific and medical literature, including information provided by the petitioners, the Administrator has determined that there is insufficient evidence available to support taking further action at this time regarding hepatic steatosis. The Administrator also finds that insufficient evidence exists to request a recommendation of the WTC Health Program Scientific/ Technical Advisory Committee, publish a proposed rule, or publish a determination not to publish a proposed rule.

DATES: The Administrator of the WTC Health Program is denying these petitions for the addition of a health condition as of April 7, 2026.

ADDRESSES: Visit the WTC Health Program website at <https://www.cdc.gov/wtc/received.html> to review Petitions 029, 034, 035, and 062.

FOR FURTHER INFORMATION CONTACT:

Rachel Weiss, Program Analyst, 1090 Tusculum Avenue, MS: C-48, Cincinnati, OH 45226; telephone (404) 498-2500 (this is not a toll-free number); email NIOSHregs@cdc.gov.

SUPPLEMENTARY INFORMATION:

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