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 July 21, 2026.

A. Federal Reserve Bank of Dallas (Lindsey Wieck, Director, Mergers & Acquisitions) 2200 North Pearl Street Dallas, Texas 75201–2272. Comments can also be sent electronically to *Comments.applications@dal.frb.org:*

1. *William Horwood, Lonnie Horwood, Tristan Himes, Katlin Horwood, Tate Horwood, Larry Horwood, Linda Horwood, Lathen Horwood, and Lane Horwood, all of Sterling City, Texas; Carly Horwood Janca, San Angelo, Texas; Trisha Horwood Halfmann, Garden City, Texas; Lyle Horwood, Ringgold, Texas; Lisa Horwood Spanjer, San Antonio, Texas; Laura Bibb, Llano, Texas; and Ellen Shoemake*r, *Helotes, Texas;* to form the Horwood Family Control Group, a group acting in concert, to retain voting shares of Sterling City Bancshares, Inc., and thereby indirectly retain voting shares of The First National Bank of Sterling City, both of Sterling City, Texas.

Board of Governors of the Federal Reserve System.

Erin Cayce,

Assistant Secretary of the Board.

[FR Doc. 2026–13591 Filed 7–2–26; 8:45 am]

BILLING CODE P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Patient Safety Organizations: Voluntary Relinquishment for the Cassatt Patient Safety Organization

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

ACTION: Notice of delisting.

SUMMARY: The Patient Safety and Quality Improvement Final Rule (Patient Safety Rule) authorizes AHRQ, on behalf of the Secretary of HHS, to list as a patient safety organization (PSO) an entity that attests that it meets the statutory and regulatory requirements for listing. A PSO can be ''delisted'' by the Secretary if it is found to no longer meet the requirements of the Patient Safety and Quality Improvement Act of 2005 (Patient Safety Act) and Patient Safety Rule, such as when a PSO chooses to voluntarily relinquish its status as a PSO for any reason or when a PSO's listing expires. AHRQ accepted a notification of proposed voluntary relinquishment from the Cassatt Patient Safety Organization, PSO number P0136, of its status as a PSO and has delisted the PSO accordingly.

DATES: The delisting was effective at 12:00 Midnight ET (2400) on June 8, 2026.

ADDRESSES: The directories for both listed and delisted PSOs are ongoing and reviewed weekly by AHRQ. Both directories can be accessed electronically at the following HHS website: *https://www.pso.ahrq.gov/listed.*

FOR FURTHER INFORMATION CONTACT: Cathryn Bach, Center for Quality Improvement and Patient Safety, AHRQ, 5600 Fishers Lane, MS 07N66B, Rockville, MD 20857; Telephone (toll free): (866) 403–3697; Telephone (local): (301) 427–1111; TTY (toll free): (866) 438–7231; TTY (local): (301) 427–1130; Email: *pso@ahrq.hhs.gov.*

SUPPLEMENTARY INFORMATION:

Background

The Patient Safety Act, 42 U.S.C. 299b–21 to 299b–26, and the related Patient Safety Rule, 42 CFR part 3, published in the **Federal Register** on November 21, 2008 (73 FR 70732–70814), establish a framework by which individuals and entities that meet the definition of provider in the Patient Safety Rule may voluntarily report information to PSOs listed by AHRQ, on a privileged and confidential basis, for the aggregation and analysis of patient safety work product.

The Patient Safety Act authorizes the listing of PSOs, which are entities or component organizations whose mission and primary activity are to conduct activities to improve patient safety and the quality of health care delivery.

HHS issued the Patient Safety Rule to implement the Patient Safety Act. AHRQ administers the provisions of the Patient Safety Act and Patient Safety Rule relating to the listing and operation of PSOs. The Patient Safety Rule authorizes AHRQ to list as a PSO an entity that attests that it meets the statutory and regulatory requirements for listing. A PSO can be ''delisted'' if it is found to no longer meet the requirements of the Patient Safety Act and Patient Safety Rule, when a PSO chooses to voluntarily relinquish its status as a PSO for any reason, or when a PSO's listing expires. Section 3.108(d) of the Patient Safety Rule requires AHRQ to provide public notice when it removes an organization from the list of PSOs.

AHRQ has accepted a notification of proposed voluntary relinquishment from the Cassatt Patient Safety Organization to voluntarily relinquish its status as a PSO. Accordingly, the Cassatt Patient Safety Organization, PSO number P0136, was delisted effective at 12:00 Midnight ET (2400) on June 8, 2026.

Cassatt Patient Safety Organization has patient safety work product (PSWP) in its possession. The PSO will meet the requirements of section 3.108(c)(2)(i) of the Patient Safety Rule regarding notification to providers that have reported to the PSO and of section 3.108(c)(2)(ii) regarding disposition of PSWP consistent with section 3.108(b)(3). According to section 3.108(b)(3) of the Patient Safety Rule, the PSO has 90 days from the effective date of delisting and revocation to complete the disposition of PSWP that is currently in the PSO's possession.

More information on PSOs can be obtained through AHRQ's PSO website at *http://www.pso.ahrq.gov.*

Roger D. Klein,

Director.

[FR Doc. 2026–13604 Filed 7–2–26; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-26–1419]

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 ''Public Health/Public Safety Strategies to Reduce Drug Overdose Data Collection'' 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 April 7, 2026 to obtain comments from the public and affected agencies. CDC received eight 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. 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. 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

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 about 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 to this Generic Clearance 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 removed objective C: Identify disparities in access to, or the effectiveness of, strategies, as it is no longer needed.

This Generic Clearance 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 Clearance are used to rapidly improve the implementation of programs enacted through these partnerships throughout the lifespan of CDC's national programs and more broadly. 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 is no cost 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)
Public Health/Public Safety Strategies Data Collection Participants.	Public Health/Public Safety Strategies Data Collection Instruments.	5,000	1	30/60

Jeffrey M. Zirger,

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

[FR Doc. 2026–13558 Filed 7–2–26; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–26–0841; Docket No. CDC–2026–1156]

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 Management Information System for Comprehensive Cancer Control Programs. This CDC project is designed to use annual key informant interviews and biennial surveys to monitor program outcomes and report progress to CDC annually.

DATES: CDC must receive written comments on or before September 4, 2026.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2026–1156 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

Management Information System for Comprehensive Cancer Control Programs (OMB Control No. 0920–0841, Exp 09/30/2026)—Revision—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC)

Background and Brief Description

CDC requests clearance of a Revision for the National Comprehensive Cancer Control Program's (NCCCP) Management Information System for Comprehensive Cancer Control Programs (OMB Control No. 0920–0841, Exp. 9/30/2026) to continue electronic data collection of information about the NCCCP, funded by the Comprehensive Cancer Control Branch of the Centers for Disease Control and Prevention (CDC). OMB approval is requested for three years. This information collection is authorized by the Public Health Service Act, section 301, 241(a).

The Comprehensive Cancer Control Branh manages the NCCCP, which provides funding to 66 recipients representing State Health Departments, the District of Columbia, U.S. Territories and Freely Associated States, Federally Recognized American Indian Tribes, Tribal Organizations, Alaska Native Organizations, and Urban Indian Organization; or their Bona Fide Agents, to design, implement, and evaluate comprehensive cancer control plans to reduce the burden of cancer locally. Support for these programs is a cornerstone of CDC efforts to reduce the burden of cancer throughout the nation. Awards to individual applicants are made for a five-year program period. Continuation awards for subsequent budget periods are made on the basis of satisfactory progress in achieving both national and program-specific goals and objectives, as well as the availability of funds.

In 2022, 66 recipients were selected for funding for DP22–2202 (''Cancer Prevention and Control Programs for State, Territorial, and Tribal Organizations'') to implement a program to support cancer coalition efforts that leverage resources to plan and implement evidence-based strategies to promote the primary prevention of cancer; support cancer early detection efforts, address the needs of cancer survivors; and promote health for all. Consistent with programmatic changes, the proposed data collection plan for DP22–2202 has been redesigned to increase efficiency by updating existing and adding new data collection instruments, which were previously approved under the current OMB package, and associated Generic Clearance package (OMB Control No. 0920–0879). This revised data collection will allow CDC to continue providing routine feedback to recipients based on their data submissions, tailor technical assistance as needed, support program planning, and assess program outcomes.

In this Revision, CDC seeks OMB approval to continue using an interview and web-based survey to collect, store, retrieve, share, and report accurate and timely information to monitor and