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 September 17, 2015.

A. Federal Reserve Bank of Minneapolis (Jacquelyn K. Brunmeier, Assistant Vice President) 90 Hennepin Avenue, Minneapolis, Minnesota 55480–0291:

1. *Kenneth D. Brooks, Eden Prairie, Minnesota, individually and as a trustee of Signature Bancshares, Inc., Employee Stock Ownership Plan and Trust,* Minnetonka, Minnesota; to retain voting shares of Signature Bancshares, Inc., and thereby indirectly retain voting shares of Signature Bank, both in Minnetonka, Minnesota.

Board of Governors of the Federal Reserve System, August 28, 2015.

Michael J. Lewandowski,

Associate Secretary of the Board.

[FR Doc. 2015–21717 Filed 9–1–15; 8:45 am]

BILLING CODE 6210–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Patient Safety Organizations: Voluntary Relinquishment From Safe Pediatric Healthcare PSO

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 Act of 2005, 42 U.S.C. 299b–21 to b–26, (Patient Safety Act) and the related Patient Safety and Quality Improvement Final Rule, 42 CFR part 3 (Patient Safety Rule), published in the **Federal Register** on November 21, 2008, (73 FR 70732–70814), provide for the formation of Patient Safety Organizations (PSOs), which collect, aggregate, and analyze confidential information regarding the quality and safety of health care delivery. The Patient Safety Rule authorizes AHRQ, on behalf of the Secretary of HHS, to list as a 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 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. AHRQ has accepted a notification of voluntary relinquishment from Safe Pediatric Healthcare PSO of its status as a PSO, and has delisted the PSO accordingly.

DATES: The directories for both listed and delisted PSOs are ongoing and reviewed weekly by AHRQ. The delisting was effective at 12:00 Midnight ET (2400) on August 1, 2015.

ADDRESSES: Both directories can be accessed electronically at the following HHS Web site: *http://www.pso.AHRQ.gov/listed.*

FOR FURTHER INFORMATION CONTACT: Eileen Hogan, Center for Quality Improvement and Patient Safety, AHRQ, 540 Gaither Road, Rockville, MD 20850; 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 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 the 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 federally approved PSOs.

AHRQ has accepted a notification from Safe Pediatric Healthcare PSO, a component entity of Childrens National Medical Center and Spectrum Health Hospitals dba Helen DeVos Children's Hospital, PSO number P0132, to voluntarily relinquish its status as a PSO. Accordingly, Safe Pediatric Healthcare PSO was delisted effective at 12:00 Midnight ET (2400) on August 1, 2015.

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

Sharon B. Arnold,

Deputy Director.

[FR Doc. 2015–21720 Filed 9–1–15; 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) reapprove the proposed information collection project: *''Medical Expenditure Panel Survey—Insurance Component.''* In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501–3521, AHRQ invites the public to comment on this proposed information collection.

This proposed information collection was previously published in the **Federal Register** on June 11th, 2015 and allowed 60 days for public comment. No comments were received. The purpose of this notice is to allow an additional 30 days for public comment.

DATES: Comments on this notice must be received by October 2, 2015.

ADDRESSES: Written comments should be submitted to: AHRQ's OMB Desk Officer by fax at (202) 395–6974 (attention: AHRQ's desk officer) or by email at *OIRA_submission@omb.eop.gov* (attention: AHRQ's desk officer).

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 email at *doris.lefkowitz@AHRQ.hhs.gov.*

SUPPLEMENTARY INFORMATION:

Proposed Project

Medical Expenditure Panel Survey—Insurance Component

Employer-sponsored health insurance is the source of coverage for 79.3 million current and former workers, plus many of their family members, and is a cornerstone of the U.S. health care system. The Medical Expenditure Panel Survey—Insurance Component (MEPS–IC) measures the extent, cost, and coverage of employer-sponsored health insurance on an annual basis. These statistics are produced at the National, State, and sub-State (metropolitan area) level for private industry. Statistics are also produced for State and Local governments.

This research has the following goals:

(1) To provide data for Federal policymakers evaluating the effects of National and State health care reforms.

(2) to provide descriptive data on the current employer-sponsored health insurance system and data for modeling the differential impacts of proposed health policy initiatives.

(3) to supply critical State and National estimates of health insurance spending for the National Health Accounts and Gross Domestic Product.

(4) to support evaluation of the impact of the PPACA on health insurance offered by all employers, and especially by small employers (due to the implementation of Small Business Health Options Program (SHOP) exchanges under the PPACA), through the addition of a longitudinal component to the sample.

This study is being conducted by AHRQ through the Bureau of the Census, 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 health care 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 for both private sector and state and local government employers will be implemented:

(1) Prescreener Questionnaire—The purpose of the Prescreener Questionnaire, which is collected via telephone, varies depending on the insurance status of the establishment contacted (establishment is defined as a single, physical location in the private sector and a governmental unit in state and local governments.) For establishments that do not offer health insurance to their employees, the prescreener is used to collect basic information such as number of employees. Collection is completed for these establishments through this telephone call. For establishments that do offer health insurance, contact name and address information is collected that is used for the mailout of the establishment and plan questionnaires. Obtaining this contact information helps ensure that the questionnaires are directed to the person in the establishment best equipped to complete them.

(2) Establishment Questionnaire—The purpose of the mailed Establishment Questionnaire is to obtain general information from employers that provide health insurance to their employees. This information includes total active enrollment in health insurance, other employee benefits, demographic characteristics of employees, and retiree health insurance is collected through the establishment questionnaire.

(3) Plan Questionnaire—The purpose of the mailed Plan Questionnaire is to collect plan-specific information on each plan (up to four plans) offered by establishments that provide health insurance to their employees. This questionnaire obtains information on total premiums, employer and employee contributions to the premium, and plan enrollment for each type of coverage offered—single, employee-plus-one, and family—within a plan. It also asks for information on deductibles, copays, and other plan characteristics.

(4) 2016–2017 Longitudinal Sample—For 2016 and 2017, an additional sample of 7,000 employers will be included in the collection. The sample will include employers of all sizes, however 50 percent of the sample will be small employers (those with 50 or fewer employees). This sample, called the Longitudinal Sample (LS), is designed to measure the impact of the ACA on employer sponsored health insurance and especially the impact of the SHOP exchanges on small employers. The 2016 LS will consist of 7,000 private-sector employers that responded to the 2015 MEPS–IC, and the 2017 LS will consist of 7,000 private-sector employers that responded to the 2016 MEPS–IC. These employers will be surveyed again in 2016 and 2017—using the same collection methods as the regular survey—in order to track changes in their health insurance offerings, characteristics, and costs.

The primary objective of the MEPS–IC is to collect information on employer-sponsored health insurance. Such information is needed in order to provide the tools for Federal, State, and academic researchers to evaluate current and proposed health policies and to support the production of important statistical measures for other Federal agencies.

Estimated Annual Respondent Burden

The estimated annualized respondent burden hours and costs for the regular MEPS–IC and the Longitudinal Sample are presented separately below.

2016–2017 Regular MEPS–IC

Exhibit 1a shows the estimated annualized burden hours for the respondent's time to participate in the MEPS–IC. The Prescreener questionnaire will be completed by 27,606 respondents and takes about 5½ minutes to complete. The Establishment questionnaire will be completed by 23,814 respondents and takes about 23 minutes to complete. The Plan questionnaire will be completed by 21,084 respondents and will require an average of 2.2 responses per respondent. Each Plan questionnaire takes about 11 minutes to complete. The total annualized burden hours are estimated to be 19,883 hours.

Exhibit 2a shows the estimated annualized cost burden associated with the respondents' time to participate in this data collection. The annualized cost burden is estimated to be $615,380.

Exhibit 1A—Estimated Annualized Burden Hours for the 2016–2017 MEPS–IC

Form name	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Prescreener Questionnaire	27,606	1	0.09	2,485
Establishment Questionnaire	23,814	1	*0.38	9,049

Exhibit 1A—Estimated Annualized Burden Hours for the 2016–2017 MEPS–IC—Continued

Form name	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Plan Questionnaire	21,084	2.2	0.18	8,349
Total	72,504	na	na	19,883

*The burden estimate printed on the establishment questionnaire is 45 minutes which includes the burden estimate for completing the establishment questionnaire, an average of 2.2 plan questionnaires, plus the prescreener. The establishment and plan questionnaires are sent to the respondent as a package and are completed by the respondent at the same time.

EXHIBIT 2a—ESTIMATED ANNUALIZED COST BURDEN FOR THE 2016–2017 MEPS–IC

Form name	Number of respondents	Total burden hours	Average hourly wage rate*	Total cost burden
Prescreener Questionnaire	27,606	2,485	30.95	$76,911
Establishment Questionnaire	23,814	9,049	30.95	280,067
Plan Questionnaire	21,084	8,349	30.95	258,402
Total	72,504	19,883	na	615,380

*Based upon the mean hourly wage for Compensation, Benefits, and Job Analysis Specialists occupation code 13–1141, at *http://bls.gov/oes/current/oes131141.htm* (U.S. Department of Labor, Bureau of Labor Statistics.)

2016–2017 Longitudinal Sample

Exhibit 1b shows the estimated annualized burden hours for the respondent's time to participate in the Longitudinal Sample. The Prescreener questionnaire will be completed by 4,517 respondents and takes about 5½ minutes to complete. The Establishment questionnaire will be completed by 4,023 respondents and takes about 23 minutes to complete. The Plan questionnaire will be completed by 3,487 respondents and will require an average of 2.2 responses per respondent. Each Plan questionnaire takes about 11 minutes to complete. The total annualized burden hours are estimated to be 3,317 hours.

Exhibit 2b shows the estimated annualized cost burden associated with the respondents' time to participate in this data collection. The annualized cost burden is estimated to be $102,662.

EXHIBIT 1b—ESTIMATED ANNUALIZED BURDEN HOURS FOR THE 2016–2017 LONGITUDINAL SAMPLE

Form name	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Prescreener Questionnaire	4,517	1	0.09	407
Establishment Questionnaire	4,023	1	*0.38	1,529
Plan Questionnaire	3,487	2.2	0.18	1,381
Total	12,027	na	na	3,317

*The burden estimate printed on the establishment questionnaire is 45 minutes which includes the burden estimate for completing the establishment questionnaire, an average of 2.2 plan questionnaires, plus the prescreener. The establishment and plan questionnaires are sent to the respondent as a package and are completed by the respondent at the same time.

EXHIBIT 2b—ESTIMATED ANNUALIZED COST BURDEN FOR THE 2016–2017 LONGITUDINAL SAMPLE

Form name	Number of respondents	Total burden hours	Average hourly wage rate*	Total cost burden
Prescreener Questionnaire	4,517	407	$30.95	$12,597
Establishment Questionnaire	4,023	1,529	30.95	47,323
Plan Questionnaire	3,487	1,381	30.95	42,742
Total	12,027	3,317	na	102,662

*Based upon the mean hourly wage for Compensation, Benefits, and Job Analysis Specialists occupation code 13–1141, at *http://bls.gov/oes/current/oes131141.htm* (U.S. Department of Labor, Bureau of Labor Statistics.)

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 health care research and 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 on 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.

Sharon Arnold,

Deputy Director.

[FR Doc. 2015–21719 Filed 9–1–15; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Toxic Substances and Disease Registry

[Docket No. ATSDR–2015–0004]

Availability of Draft Toxicological Profile; Perfluoroalkyls

AGENCY: Agency for Toxic Substances and Disease Registry (ATSDR), Department of Health and Human Services (HHS).

ACTION: Notice of availability, and request for comment.

SUMMARY: The Agency for Toxic Substances and Disease Registry (ATSDR) located in the Department of Health and Human Services (HHS) announces the availability of the Toxicological Profile for Perfluoroalkyls for review and comment. Comments can include additional information or reports on studies about the health effects of perfluoroalkyls. Although ATSDR considered key studies for this substance during the profile development process, this **Federal Register** notice solicits any relevant, additional studies, particularly unpublished data. ATSDR will evaluate the quality and relevance of such data or studies for possible inclusion into the profile. ATSDR remains committed to providing a public comment period for this document as a means to best serve public health and our clients.

DATES: To be considered, comments on the draft Toxicological Profile for Perfluoroalkyls must be received not later than December 1, 2015. Comments received after close of the public comment period will be considered solely at the discretion of ATSDR, based upon what is deemed to be in the best interest of the general public.

ADDRESSES: You may submit comments, identified by the docket number ATSDR–2015–0004, by any of the following methods:

- Federal eRulemaking Portal: *http://www.regulations.gov/#!home.* Follow the instructions for submitting comments.
- Mail: Division of Toxicology and Human Health Sciences, 1600 Clifton Rd. NE., F57, Atlanta, GA 30329–4027.

FOR FURTHER INFORMATION CONTACT: Ms. Delores Grant, Division of Toxicology and Human Health Sciences, Agency for Toxic Substances and Disease Registry, 1600 Clifton Road NE., MS F–57, Atlanta, GA 30329; telephone number (800) 232–4636 or (770) 488–3351.

SUPPLEMENTARY INFORMATION: The Superfund Amendments and Reauthorization Act of 1986 (SARA) (42 U.S.C. 9601 *et seq.*) amended the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA or Superfund) (42 U.S.C. 9601 *et seq.*) by establishing certain requirements for ATSDR and the U.S. Environmental Protection Agency (U.S. EPA) regarding hazardous substances that are most commonly found at facilities on the CERCLA National Priorities List (NPL). Among these statutory requirements is a mandate for the Administrator of ATSDR to prepare toxicological profiles for each substance included on the priority list of hazardous substances (also called the Substance Priority List). This list identifies 275 hazardous substances that ATSDR (in cooperation with EPA) has determined pose the most significant potential threat to human health. The availability of the revised list of the 275 priority substances was announced in the **Federal Register** on May 28, 2014 (79 FR 30613) and is available at *www.atsdr.cdc.gov/spl.*

In addition, ATSDR has the authority to prepare toxicological profiles for substances not found at sites on the National Priorities List, in an effort to ''establish and maintain inventory of literature, research, and studies on the health effects of toxic substances'' under CERCLA Section 104(i)(1)(B), to respond to requests for consultation under section 104(i)(4), and as otherwise necessary to support the site-specific response actions conducted by ATSDR.

On November 6, 2008, ATSDR announced the availability of a draft toxicological profile for Set 22 Toxicological Profiles for public comment (73 FR 66047). The Set 22 Toxicological Profiles included Perfluoroalkyls and ATSDR announced that the Perfluoroalkyls profile was on a modified schedule pending additional review.

On July 23, 2009 ATSDR published a second notice of the availability of the toxicological profile for Perfluoroalkyls in draft form for public review and comment (74 FR 36492). The 90-day comment period ended October 30, 2009. Following the close of the comment period, chemical-specific comments were addressed, and, where appropriate, changes were incorporated into the profile. Given the plethora of new data that have been published since 2009, and the resulting extensive revision to the profile, the agency has determined that it would be in the best interest of public health to release the perfluoroalkyls profile for another public comment period. The public comments and other data submitted in response to the **Federal Register** notices are available for inspection from Monday through Friday, except for legal holidays, from 9 a.m. until 5 p.m., Eastern Time, at 4770 Buford Hwy NE., Atlanta, Georgia 30341. Please call ahead to 1–800–232–4636 and ask for a representative in the Division of Toxicology and Human Health Sciences to schedule your visit.

Availability

The Toxicological Profile for Perfluoroalkyls prepared by ATSDR will be made available to the public on or about August 31, 2015 at the ATSDR Web site: *www.atsdr.cdc.gov/toxprofiles/index.asp* and at the Federal eRulemaking Portal: *http://www.regulations.gov/#!home.*

Sascha Chaney,

Director, Office of Policy, Planning and Evaluation, National Center for Environmental Health and Agency for Toxic Substances and Disease Registry.

[FR Doc. 2015–21544 Filed 9–1–15; 8:45 am]

BILLING CODE 4163–70–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–15–0214; Docket No. CDC–2015–0076]

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