The Judge may consider all factors, in totality, in determining if a remote hearing will be held and who may be present for the hearing. No single factor is dispositive. These procedures shall be in place until June 30, 2022 unless extended or modified by order.

(Authority: 30 U.S.C. 823; 29 CFR part 2700.)

Dated: December 3, 2021.

Sarah L. Stewart,

Deputy General Counsel, Federal Mine Safety and Health Review Commission.

[FR Doc. 2021–26620 Filed 12–8–21; 8:45 am]

BILLING CODE 6735–01–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 public portions of 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(s) indicated below and at the offices of the Board of Governors. This information may also be obtained on an expedited basis, upon request, by contacting the appropriate Federal Reserve Bank and from the Board's Freedom of Information Office at *https://www.federalreserve.gov/foia/request.htm.* 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 December 24, 2021.

A. Federal Reserve Bank of Minneapolis (Chris P. Wangen, Assistant Vice President), 90 Hennepin Avenue, Minneapolis, Minnesota 55480–0291. Comments can also be sent electronically to *MA@mpls.frb.org*:

1. *David R. Rounds, St. Louis Park, Minnesota, as trustee to the Gerald Rauenhorst 2004 Children's Trust u/a/d December 23, 2004, and the Grandchildren's Fidelity Trust u/a/d February 24, 2015, both of Minnetonka, Minnesota;* to acquire voting shares of Fidelity Holding Company, Minnetonka, Minnesota, and thereby indirectly acquire voting shares of Fidelity Bank, Edina, Minnesota.

B. Federal Reserve Bank of Chicago (Colette A. Fried, Assistant Vice President) 230 South LaSalle Street, Chicago, Illinois 60690–1414:

1. *Tamara S. Wagers, Mt. Zion, Illinois; the Arthur R. Wilkinson Trust, dated April 3, 2010, Arthur R. Wilkinson, as trustee, the Karen S. Wilkinson Trust, dated April 3, 2010, Karen S. Wilkinson, as trustee, and Michelle Wilkinson Gross, all of Bement, Illinois; and the George Mark Wilkinson Living Trust, dated April 24, 2009, George Mark Wilkinson, as trustee, both of Waikoloa, Hawaii;* to form the Wilkinson Family Control Group, a group acting in concert, and *The Ann Wilkinson Trust, Ann Wilkinson, individually, and as trustee, both of Mountain View, California;* to retain voting shares of Bement Bancshares, Inc., and thereby indirectly retain voting shares of the State Bank of Bement, Bement, Illinois, and the State Bank of Cerro Gordo, Cerro Gordo, Illinois.

Board of Governors of the Federal Reserve System, December 6, 2021.

Michele Taylor Fennell,

Deputy Associate Secretary of the Board.

[FR Doc. 2021–26689 Filed 12–8–21; 8:45 am]

BILLING CODE P

FEDERAL RESERVE SYSTEM

Formations of, Acquisitions by, and Mergers of Bank Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The public portions of 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(s) indicated below and at the offices of the Board of Governors. This information may also be obtained on an expedited basis, upon request, by contacting the appropriate Federal Reserve Bank and from the Board's Freedom of Information Office at *https://www.federalreserve.gov/foia/request.htm.* Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)).

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 January 10, 2022.

A. Federal Reserve Bank of Atlanta (Erien O. Terry, Assistant Vice President) 1000 Peachtree Street NE, Atlanta, Georgia 30309. Comments can also be sent electronically to *Applications.Comments@atl.frb.org:*

1. *Fourth Capital Holdings, Inc., Nashville, Tennessee*; to become a bank holding company by acquiring Fourth Capital Bank, Nashville, Tennessee.

B. Federal Reserve Bank of Chicago (Colette A. Fried, Assistant Vice President) 230 South LaSalle Street, Chicago, Illinois 60690–1414:

1. *First internet Bancorp, Fishers, Indiana;* to acquire First Century Bancorp, Roswell, Georgia, and thereby indirectly acquire First Century Bank, N.A., Commerce, Georgia.

2. *First Merchants Corporation, Muncie, Indiana;* to merge with Level One Bancorp, Inc., and thereby indirectly acquire Level One Bank, both of Farmington Hills, Michigan.

Board of Governors of the Federal Reserve System, December 6, 2021.

Michele Taylor Fennell,

Deputy Associate Secretary of the Board.

[FR Doc. 2021–26694 Filed 12–8–21; 8:45 am]

BILLING CODE 6210–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Supplemental Evidence and Data Request on Emergency Medical Service/911 Workforce Infection Control and Prevention Issues

AGENCY: Agency for Healthcare Research and Quality (AHRQ), HHS.

ACTION: Request for supplemental evidence and data submissions.

SUMMARY: The Agency for Healthcare Research and Quality (AHRQ) is seeking scientific information submissions from the public. Scientific information is being solicited to inform our review on *Emergency Medical Service/911 Workforce Infection Control and Prevention Issues,* which is currently

being conducted by the AHRQ's Evidence-based Practice Centers (EPC) Program. Access to published and unpublished pertinent scientific information will improve the quality of this review.

DATES: *Submission Deadline* on or before January 10, 2022.

ADDRESSES:

Email submissions: epc@ahrq.hhs.gov.

Print submissions:

Mailing Address: Center for Evidence and Practice Improvement, Agency for Healthcare Research and Quality, ATTN: EPC SEADs Coordinator, 5600 Fishers Lane, Mail Stop 06E53A, Rockville, MD 20857.

Shipping Address (FedEx, UPS, etc.): Center for Evidence and Practice Improvement, Agency for Healthcare Research and Quality, ATTN: EPC SEADs Coordinator, 5600 Fishers Lane, Mail Stop 06E77D, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: Jenae Benns, Telephone: 301–427–1496 or Email: *epc@ahrq.hhs.gov.*

SUPPLEMENTARY INFORMATION: The Agency for Healthcare Research and Quality has commissioned the Evidence-based Practice Centers (EPC) Program to complete a review of the evidence for *Emergency Medical Service/911 Workforce Infection Control and Prevention Issues.* AHRQ is conducting this technical brief pursuant to Section 902 of the Public Health Service Act, 42 U.S.C. 299a.

The EPC Program is dedicated to identifying as many studies as possible that are relevant to the questions for each of its reviews. In order to do so, we are supplementing the usual manual and electronic database searches of the literature by requesting information from the public (*e.g.,* details of studies conducted). We are looking for studies that report on *Emergency Medical Service/911 Workforce Infection Control and Prevention Issues,* including those that describe adverse events. The entire research protocol is available online at: *https://effectivehealthcare.ahrq.gov/products/ems-911-workforce-infection-control/protocol.*

This is to notify the public that the EPC Program would find the following information on *Emergency Medical Service/911 Workforce Infection Control and Prevention Issues* helpful:

- A list of completed studies that your organization has sponsored for this indication. In the list, please *indicate whether results are available on ClinicalTrials.gov along with the ClinicalTrials.gov trial number.*
- *For completed studies that do not have results on ClinicalTrials.gov,* a summary, including the following elements: Study number, study period, design, methodology, indication and diagnosis, proper use instructions, inclusion and exclusion criteria, primary and secondary outcomes, baseline characteristics, number of patients screened/eligible/enrolled/lost to follow-up/withdrawn/analyzed, effectiveness/efficacy, and safety results.
- *A list of ongoing studies that your organization has sponsored for this indication.* In the list, please provide the *ClinicalTrials.gov* trial number or, if the trial is not registered, the protocol for the study including a study number, the study period, design, methodology, indication and diagnosis, proper use instructions, inclusion and exclusion criteria, and primary and secondary outcomes.
- Description of whether the above studies constitute *ALL Phase II and above clinical trials* sponsored by your organization for this indication and an index outlining the relevant information in each submitted file.

Your contribution is very beneficial to the Program. Materials submitted must be publicly available or able to be made public. Materials that are considered confidential; marketing materials; study types not included in the review; or information on indications not included in the review cannot be used by the EPC Program. This is a voluntary request for information, and all costs for complying with this request must be borne by the submitter.

The draft of this review will be posted on AHRQ's EPC Program website and available for public comment for a period of 4 weeks. If you would like to be notified when the draft is posted, please sign up for the email list at: *https://www.effectivehealthcare.ahrq.gov/email-updates.*

The technical brief will answer the following questions. This information is provided as background. AHRQ is not requesting that the public provide answers to these questions.

Guiding Questions

1. What are the characteristics, incidence, prevalence, and severity of occupationally-acquired exposures to infectious diseases for the EMS/911 workforce?

a. How do the incidence, prevalence, and severity of exposures vary by *demographic characteristics* (*e.g.,* age, sex, race, ethnicity) of the workforce?

b. How do the incidence, prevalence, and severity of exposures vary by *workforce characteristics* (*e.g.,* training, experience, level of practice, geographic region)?

2. What are the characteristics and reported effectiveness (*i.e.,* benefits and harms) in studies of EMS/911 workforce practices to prevent infectious diseases?

a. How do workforce practices to prevent infectious diseases vary by *demographic characteristics* (*e.g.,* age, sex, race, ethnicity)?

b. How do workforce practices to prevent infectious diseases vary by *workforce characteristics* (*e.g.,* training, experience, geographic region etc.)?

c. How do workforce practices to prevent infectious diseases *vary by practice characteristics* (*e.g.,* training, personal protective equipment (PPE), personnel, and budget requirements)?

d. What is the *reported effectiveness* (*i.e.* benefits and harms) in studies of EMS/911 workforce practices to prevent infectious diseases? (Outcomes of interest include but are not limited to, incidence, prevalence, duration, severity, missed work, healthcare utilization, separation from the workforce, disability, and death from infections.)

3. What are the characteristics and reported effectiveness (*i.e.,* benefits and harms) in studies of EMS/911 workforce practices to recognize and control (*e.g.,* chemoprophylaxis, but excluding treatment) infectious diseases?

a. How do workforce practices to recognize and control infectious diseases vary by *demographic characteristics* (*e.g.,* age, sex, race, ethnicity) of the EMS/911 workforce?

b. How do workforce practices to recognize and control infectious diseases vary by *workforce characteristics* (*e.g.,* training, experience, level of practice, geographic region)?

c. How do workforce practices to recognize and control infectious diseases vary by *infection recognition and control practice characteristics* (*e.g.,* training, PPE, personnel, and budget requirements)?

d. What is the *reported effectiveness* (*i.e.,* benefits and harms) in studies of EMS/911 workforce practices to recognize and control infectious disease? (Outcomes of interest include but are not limited to, incidence, prevalence, duration, severity, missed work, healthcare utilization, separation from the workforce, disability, and death from infections.)

4. What are the context and implementation factors of studies with effective EMS/911 workforce practices to prevent, recognize and treat occupationally-acquired infectious diseases? This description might include distinguishing factors such as workforce training, surveillance, protective equipment, pre- and post-exposure prophylaxis, occupational health services, preparedness for emerging infectious diseases, and program funding.

5. What future research is needed to close existing evidence gaps regarding preventing, recognizing, and treating occupationally-acquired infectious diseases in the EMS/911 workforce?

PICOTS (POPULATIONS, INTERVENTIONS, COMPARATORS, OUTCOMES, TIMING, AND SETTINGS)

	Inclusion criteria	Exclusion criteria
Population	• Emergency medical service workforce including 911 dispatchers exposed to or at risk of exposure to an occupationally-acquired infectious disease as contact exposure, respiratory exposure, or blood-borne exposure.*	• Fire fighters and police personnel not involved in medical care.
Intervention	• One or more of the following types of interventions: ○ Training or education. ○ PPE protocols. ○ Personnel policies. ○ Budget allocations. ○ Vaccines. ○ Equipment.	• NA.
Comparison	• Any comparison group (for studies that evaluate the effectiveness of an EMS/911 workforce practice).	• Studies without a comparison group (for studies that evaluate the effectiveness of an EMS/911 workforce practice).
Outcomes	• Incidence • Prevalence. • Duration. • Severity. • Missed work. • Healthcare utilization. • Separation from the workforce. • Disability. • Death from infections.	• NA.
Timing	• Published after 2006 and includes data after 2006.	
Setting	• Conducted in the United States	• Military exercises and drills. • Live evacuations from another country.
Study design	• Experimental and non-experimental studies with comparison groups, including pre-post studies. • Relevant systematic reviews.	• No original data (Narrative reviews, commentaries, simulation studies).

* Organisms of interest included but are not limited to SARS–COV2, influenza, tuberculosis, HIV, and Hepatitis B and C.

Dated: December 3, 2021.

Marquita Cullom,

Associate Director.

[FR Doc. 2021–26630 Filed 12–8–21; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2021–D–0373]

Tobacco Product User Fees: Responses to Frequently Asked Questions; Guidance for Industry; Availability

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice of availability.

SUMMARY: The Food and Drug Administration (FDA, Agency, or we) is announcing the availability of a final guidance for industry entitled ''Tobacco Product User Fees: Responses to Frequently Asked Questions.'' This guidance provides information in response to frequently asked questions related to tobacco product user fees assessed and collected under the Federal Food, Drug, and Cosmetic Act (FD&C Act).

DATES: The announcement of the guidance is published in the **Federal Register** on December 9, 2021.

ADDRESSES: You may submit either electronic or written comments on Agency guidances at any time as follows:

Electronic Submissions

Submit electronic comments in the following way:

• *Federal eRulemaking Portal: https://www.regulations.gov.* Follow the instructions for submitting comments. Comments submitted electronically, including attachments, to *https://www.regulations.gov* will be posted to the docket unchanged. Because your comment will be made public, you are solely responsible for ensuring that your comment does not include any confidential information that you or a third party may not wish to be posted, such as medical information, your or anyone else's Social Security number, or confidential business information, such as a manufacturing process. Please note that if you include your name, contact information, or other information that identifies you in the body of your comments, that information will be posted on *https://www.regulations.gov.*

• If you want to submit a comment with confidential information that you do not wish to be made available to the public, submit the comment as a written/paper submission and in the manner detailed (see ''Written/Paper Submissions'' and ''Instructions'').

Written/Paper Submissions

Submit written/paper submissions as follows:

• *Mail/Hand Delivery/Courier (for written/paper submissions):* Dockets Management Staff (HFA–305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852.