the public via live feed from the FCC's web page at *www.fcc.gov/live.*

FOR FURTHER INFORMATION CONTACT: Elizabeth Cuttner, Designated Federal Officer, at (202) 418–2145, or *Elizabeth.Cuttner@fcc.gov;* Stacy Ferraro, Deputy Designated Federal Officer, at (202) 418–0795, or *Stacy.Ferraro@fcc.gov;* or Lauren Garry, Deputy Designated Federal Officer, at (202) 418–0942, or *Lauren.Garry@fcc.gov.*

SUPPLEMENTARY INFORMATION: The meeting will be held on December 2, 2022 at 10 a.m. EST and may be viewed live, by the public, at *http://www.fcc.gov/live.* Any questions that arise during the meeting should be sent to *PrecisionAgTF@fcc.gov* and will be answered at a later date. Members of the public may submit comments to the Task Force in the FCC's Electronic Comment Filing System, ECFS, at *www.fcc.gov/ecfs.* Comments to the Task Force should be filed in GN Docket No. 19–329. Open captioning will be provided for this event. Other reasonable accommodations for people with disabilities are available upon request. Requests for such accommodations should be submitted via email to *fcc504@fcc.gov* or by calling the Consumer & Governmental Affairs Bureau at (202) 418–0530 (voice). Such requests should include a detailed description of the accommodation needed. In addition, please include a way the FCC can contact you if it needs more information. Please allow at least five days' advance notice; last-minute requests will be accepted but may not be possible to fill.

Proposed Agenda: At this meeting, the Task Force will hear presentations on topics relevant to its charges and will consider and vote on reports from its four working groups: (1) Mapping and Analyzing Connectivity on Agricultural Lands; (2) Accelerating Broadband Deployment on Unserved Agricultural Lands; (3) Examining Current and Future Connectivity Demand for Precision Agriculture; and (4) Encouraging Adoption of Precision Agriculture and Availability of High-Quality Jobs on Connected Farms. This agenda may be modified at the discretion of the Task Force Chair and the Designated Federal Officer.

Federal Communications Commission.

Marlene Dortch,

Secretary, Office of the Secretary.

[FR Doc. 2022–24295 Filed 11–7–22; 8:45 am]

BILLING CODE 6712–01–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 December 8, 2022.

A. Federal Reserve Bank of New York (Ivan Hurwitz, Head of Bank Applications) 33 Liberty Street, New York, New York 10045–0001. Comments can also be sent electronically to *Comments.applications@ny.frb.org:*

1. *SR Bancorp, Inc., Bound Brook, New Jersey;* to become a bank holding company by acquiring Somerset Savings Bank, SLA, Bound Brook, New Jersey, upon the conversion of Somerset Savings Bank, SLA, from mutual to stock form.

B. Federal Reserve Bank of St. Louis (Holly A. Rieser, Senior Manager) P.O. Box 442, St. Louis, Missouri 63166–2034. Comments can also be sent electronically to *Comments.applications@stls.frb.org* comments:

1. *Southern Missouri Bancorp, Inc., Poplar Bluff, Missouri;* to merge with Citizens Bancshares Co., and thereby indirectly acquire Citizens Bank and Trust Company, both of Kansas City, Missouri.

Board of Governors of the Federal Reserve System.

Michele Taylor Fennell,

Deputy Associate Secretary of the Board.

[FR Doc. 2022–24372 Filed 11–7–22; 8:45 am]

BILLING CODE P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Supplemental Evidence and Data Request on Respectful Maternity Care: Dissemination and Implementation of Perinatal Safety Culture To Improve Equitable Maternal Healthcare Delivery and Outcomes

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 *Respectful Maternity Care: Dissemination and Implementation of Perinatal Safety Culture to Improve Equitable Maternal Healthcare Delivery and Outcomes,* 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 December 8, 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 Center (EPC) Program to complete a review of the evidence for *Respectful Maternity Care: Dissemination and Implementation of Perinatal Safety Culture to Improve Equitable Maternal Healthcare Delivery and Outcomes.* AHRQ is conducting this systematic review 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 Respectful Maternity Care: Dissemination and Implementation of Perinatal Safety Culture to Improve Equitable Maternal Healthcare Delivery and Outcomes, including those that describe adverse events. The entire research protocol is available online at: *https://effectivehealthcare.ahrq.gov/products/respectful-maternity-care/protocol.*

This is to notify the public that the EPC Program would find the following information on Respectful Maternity Care: Dissemination and Implementation of Perinatal Safety Culture to Improve Equitable Maternal Healthcare Delivery and Outcomes 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 systematic review will answer the following questions. This information is provided as background. AHRQ is not requesting that the public provide answers to these questions.

Key Questions (KQs)

KQ1. Which components of Respectful Maternity Care (RMC) have been examined using validated measures? Are there validated tools to measure RMC?

KQ2. What is the effectiveness of strategies to implement RMC?

KQ3. What is the effectiveness of RMCe on maternal health and utilization outcomes?

a. How does effectiveness vary among disadvantaged pregnant persons?

b. Which components of RMC are associated with effectiveness?

c. Which (non-patient) factors are associated with effectiveness?

KQ4. What is the effectiveness of RMC on infant health outcomes?

a. How does effectiveness vary among infants of disadvantaged pregnant persons?

b. Which components of RMC are associated with effectiveness?

c. Which (non-patient) factors are associated with effectiveness?

For KQ 3a and 4a, 'disadvantaged pregnant persons' may be defined by geography, race/ethnicity, age, disability, language, education, SES, etc., as described in Cochrane's PROGRESS-Plus framework.[1] In KQ 3c and 4c, 'non-patient factors' could be related to setting (type of hospital, rural/urban, staffing ratios) or intervention characteristics.

Contextual Question (CQ)

CQ1. How is RMC during labor and delivery, and the immediate postpartum period defined in the literature? Does the literature define the essential/critical components of RMC? For example, is teamwork and communication (amongst providers, staff, patients and families) an essential element of RMC?

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

	Inclusion	Exclusion
Population	KQ 1–4: Pregnant adolescents and adults admitted for labor through discharge after delivery. *Subgroups of interest:* • KQ 3a and 4a: Disadvantaged individuals [a].	Non-pregnant populations.
Interventions	KQ 1: Validated measures of RMC KQ 2: Implementation strategies for RMC (*e.g.,* patient/provider education, policies, payment, doula/patient advocate, practice facilitation). KQ 3–4: RMC (any definition). KQ 3b and 4b: Specific component of RMC.	Non-validated RMC measures.
Comparators	KQ 1: Other tool(s), reference/gold standard or no tool to measure RMC. KQ 2: Other implementation strategies for RMC. KQ 3–4: Routine maternity care. Absence of a specific RMC component.	No tool, measure, or comparison.
Outcomes	KQ 1: • RMC as measured by a validated tool.	KQ4: Infant health outcomes >1 year.

PICOTS (POPULATIONS, INTERVENTIONS, COMPARATORS, OUTCOMES, AND SETTINGS)—Continued

	Inclusion	Exclusion
	KQ 2: • RMC provider knowledge and/or practices. • Rates of procedures and interventions. KQ 3: • Health outcomes for pregnant persons. ○ Maternal morbidity. ○ Maternal mortality. ○ Mental health outcomes. ○ Function, quality of life, patient satisfaction using validated measures. ○ Mental health outcomes based on validated measures (*e.g.,* anxiety, depression). ○ Harms. • Utilization outcomes for pregnant persons. ○ Length of stay. ○ Healthcare utilization post-discharge. ○ Rates of procedures. KQ 4: • Health outcomes for infants. ○ Infant morbidity. ○ Infant mortality. ○ Harms. • Utilization outcomes for infants. ○ Length of stay. ○ Healthcare utilization post-discharge.	
Timing	• Intervention: Admission for labor through discharge after delivery. • Outcomes: from admission through one year postpartum	Interventions: before labor, during prenatal care. Outcomes: More than one year postpartum.
Settings	• KQ1, CQ: All countries in a hospital or birthing facility setting (eg, birth centers). • KQ 2–4: hospital or birthing facility in US or US relevant countries. • KQ 3c and 4c: hospital or birthing facility in US or US relevant countries.	Home births.
Study designs and publication types.	• KQ1–4: Trials (randomized and comparative nonrandomized), comparative observational studies.	KQ 1: Studies that do not describe psychometric properties/methods of determining validity of measures or components. KQ2–4: Case reports, case series (or similar single-arm designs). Publication types: Conference abstracts or proceedings, editorials, letters, white papers, citations that have not been peer-reviewed, single site reports of multi-site studies.

Abbreviations: CQ, contextual question; KQ, key question; RMC, respectful maternity care.
"Disadvantaged persons" as defined by PROGRESS-plus framework.[1]

Reference

1. O'Neill J, Tabish H, Welch V, et al. Applying an equity lens to interventions: using PROGRESS ensures consideration of socially stratifying factors to illuminate inequities in health. J Clin Epidemiol. 2014 Jan;67(1):56–64. doi: 10.1016/j.jclinepi.2013.08.005. PMID: 24189091.

Dated: November 2, 2022.

Marquita Cullom,

Associate Director.

[FR Doc. 2022–24384 Filed 11–7–22; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Closed Meeting

In accordance with Section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended, and the Determination of the Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, CDC, pursuant to Public Law 92–463.

Name of Committee: Safety and Occupational Health Study Section (SOHSS), National Institute for Occupational Safety and Health (NIOSH).

Dates: February 7–8, 2023.

Times: 11:00 a.m.–5:00 p.m., EST.

Place: Teleconference.

Agenda: The meeting will convene to address matters related to the conduct of Study Section business and for the Study Section to consider safety and occupational health-related grant applications.

For Further Information Contact: Michael Goldcamp, Ph.D., Scientific Review Officer, NIOSH, 1095 Willowdale Road, Morgantown, West Virginia 26506; Telephone: (304) 285–5951; Email: *MGoldcamp@cdc.gov.*

The Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, has been delegated the authority to sign **Federal Register** notices pertaining to