current observations of the state of the supply chain.

Written Comments: Members of the public may submit written comments to NSAC at any time. Comments would be most useful to the Committee if they address the objectives outlined in their charter. Comments should be addressed to NSAC, c/o Dylan Richmond, Federal Maritime Commission, 800 North Capitol St. NW, Washington, DC 20573 or *nsac@fmc.gov.*

A copy of all meeting documentation will be available at *www.fmc.gov* following the meeting.

By the Commission.

Rachel E. Dickon,

Secretary.

[FR Doc. 2021–22200 Filed 10–12–21; 8:45 am]

BILLING CODE 6730–02–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 October 28, 2021.

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

1. *The Dean A. Holmes General Trust, Dean Holmes, as trustee, The Arlene E. Holmes General Trust, Arlene E. Holmes, as trustee, and Neil Holmes, all of Lena, Illinois; Craig Holmes, Pearl City, Illinois; David Holmes, Erie, Pennsylvania; Kevin Holmes, Mesa, Arizona; and Kay Overson, San Diego, California;* to become the Holmes family control group, a group acting in concert, to retain voting shares of First Lena Corporation, and thereby indirectly retain voting shares of Citizens State Bank, both of Lena, Illinois.

B. Federal Reserve Bank of Kansas City (Jeffrey Imgarten, Assistant Vice President) 1 Memorial Drive, Kansas City, Missouri 64198–0001:

1. *Leslie Vezner, Lewisville, Texas;* to retain voting shares of Nebraska Bankshares, Inc., and thereby indirectly retain voting shares of First State Bank, both of Farnam, Nebraska.

C. Federal Reserve Bank of Dallas (Karen Smith, Director, Applications) 2200 North Pearl Street, Dallas, Texas 75201–2272:

1. *James Cook, San Antonio, Texas; the Sue Craft McMahan Trust, Sue Craft McMahan, individually, and as trustee, both of Austin, Texas; the Clint Creighton Craft Trust, Clint Creighton Craft, as trustee, both of Celina, Texas; Malinda R. Crumley, Kay R. Murphey, and Malinda Murphey Cowan, all of Fort Worth, Texas; Bryan Bumpas, Margaret Sue Cherryhomes, Jerry Craft, Debbie J. Reaves, Karen Buckley Rumage, Paula Williams, Mallory Tolleson, Jerry Graybill, and the Amended and Restated Voting Trust Agreement, C. Blain Rumage, individually, and as trustee, all of Jacksboro, Texas; the Davis Revocable Trust, Danna Ritter, as trustee, both of La Vernia, Texas; the Jay David Craft Trust, Jay David Craft, as trustee, both of Christiansted, Virgin Islands; Dayna Geer Gunter, Azle, Texas; Charles Tyson, Bellevue, Texas; Alan Miller, Bowie, Texas; Willis G. Stamper, Jr., Frisco, Texas; William W. Rumage, Gunter, Texas; Jennifer Louise Stayton, Murphy, Texas; Stephen Stamper, Wichita Falls, Texas; James Rhodes Murphey and Emily Loomis Murphey, both of Willow Park, Texas; Craig Anderle, Windthorst, Texas; and Stella Jeanette McClure Matthews, Medford, Oregon;* to join Edwin C. Rumage, and to become members of the Voting Trust Control Group, a group acting in concert, to retain voting shares of Jacksboro National Bancshares, Inc., and thereby indirectly retain voting shares of Jacksboro National Bank, both of Jacksboro, Texas.

Board of Governors of the Federal Reserve System, October 7, 2021.

Ann E. Misback,

Secretary of the Board.

[FR Doc. 2021–22261 Filed 10–12–21; 8:45 am]

BILLING CODE P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Supplemental Evidence and Data Request on Telehealth During COVID–19

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 *Telehealth During COVID–19,* 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 November 12, 2021.

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 *Telehealth During COVID–19.* 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 *Telehealth During COVID–19,* including those that describe adverse events. The entire research protocol is available online at: *https://effectivehealthcare.ahrq.gov/products/virtual-health-covid/protocol*.

This is to notify the public that the EPC Program would find the following information on *Telehealth During COVID–19* 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 (KQ)

KQ 1. What are the characteristics of patient, provider, and health systems using telehealth during the COVID–19 era, specifically:

a. What are the characteristics of patients (*e.g.,* age, race/ethnicity, gender, socioeconomic status, education, geographic location (urban versus rural))?

b. What are the provider and health system characteristics (*e.g.,* specialty, geographic location, private practice, hospital-based practice)?

c. How do the characteristics of patients, providers, and health systems differ between the first four months of the COVID–19 era versus the remainder of the COVID–19 era?

KQ 2. What are the benefits and harms of telehealth during the COVID–19 era?

a. Does this vary by type of telehealth intervention (*i.e.,* telephone, video visits)?

b. Does this vary by patient characteristic (*i.e.,* age, gender, race/ethnicity, type of clinical condition or health concern, geographic location)?

c. Does this vary by provider and health system characteristic (*e.g.,* specialty, geographic location, private practice, hospital-based practice)?

KQ 3. What is considered a successful telehealth intervention during the COVID–19 era:

a. From the patient or caregiver perspective?

b. From the provider perspective?

c. From the health system perspective?

KQ 4. What strategies have been used to implement telehealth interventions during the COVID–19 era?

a. What are the barriers and enablers of a successful telehealth strategy (*e.g.,* setting, reimbursement, access to technology)?

- From the patient or caregiver perspective?
- From the provider perspective?
- From the health system perspective?

Contextual Questions (CQ)

CQ 1. What are the costs of implementation and return on investment for telehealth during the COVID–19 era to the provider/healthcare system?

CQ 2. What are the policy and reimbursement considerations for telehealth during the COVID–19 era?

a. How are these policy and reimbursement considerations for telehealth changing in the post-COVID–19 era (from March 2020, when the World Health Organization declared COVID–19 a pandemic to present); at the federal level (policies such as Medicare), state level (policies such as Medicaid), and by private insurance payers?

b. How do changes in reimbursement policies impact telehealth strategies?

PICOTS (Population, Intervention, Comparator, Outcome, Timing, Setting)

TABLE 1—PICOTS: INCLUSION AND EXCLUSION CRITERIA

PICOT	Inclusion	Exclusion
Population	All KQ: • Patients of any age (or their caregivers for KQ3 KQ4) • Health systems • Hospitals • Providers	All KQ: Patients receiving inpatient care. Providers providing inpatient care.
Interventions	KQ 1–3: • Remotely delivered synchronous medical services (e.g., telephone, video visits) between a patient and a healthcare provider in an ambulatory setting (e.g., outpatient and community-based clinics) or ED providing.	All KQ: Remotely delivered, non-synchronous medical services (e.g., remote monitoring devices, health apps, wearable devices, patient portals).

TABLE 1—PICOTS: INCLUSION AND EXCLUSION CRITERIA—Continued

PICOT	Inclusion	Exclusion
	○ acute/urgent care (e.g., symptom management); routine/chronic care (e.g., preventive services, chronic disease management); mental health services; wellness visits; post-hospital discharge care (e.g., routine follow-up and care for nonacute issues). • Patient and specialist communications facilitated by an ED physician in an ED (particularly important in rural care setting). KQ4: Implementation strategies for telehealth.	
Comparators	KQ 1–3: In-person care, no care, no comparison KQ 4: Implementation strategies for telehealth	NA.
Outcomes	KQ 1: Not applicable KQs 2 and 3: ○ Patient/provider-level outcomes ▪ Patient satisfaction/perceptions ▪ Physician/provider satisfaction/engagement/burnout ○ System outcomes ▪ Healthcare access (e.g., insurance coverage, WIFI and smartphone access) ▪ Healthcare utilization (e.g., hospitalization, readmission, ED visit) ▪ Healthcare performance and quality measures (e.g., adhering or meeting Healthcare Effectiveness Data and Information Set (HEDIS) standards or other validated quality measures), e.g.: • Practice efficiency • No-show rates • Staffing hours • Cycle times ▪ Communication ○ Clinical outcomes(any) ▪ Medication adherence ▪ Up to date lab values ○ Adverse effects/patient safety issues ▪ Inappropriate treatment ▪ Misdiagnosis/delayed diagnosis/care ▪ Case resolution/Duplication of services (telehealth followed immediately by in-person visit) ▪ Privacy/confidentiality breaches ○ Cost (see Appendix A for detailed cost outcomes) KQ4: ○ Barriers and enablers	NA.
Timing	All KQ: the era of COVID–19 (March 2020-present) KQ1d: During the first 4 months or beyond the initial phase.*	Studies completed prior to the era of COVID–19.
Setting	ALL KQ: ○ Healthcare provided outside of a medical office via phone or video. ○ Healthcare provided in an ED by a specialist via phone or video. ○ U.S.-like outpatient population (including ED) (see Appendix B for a list of included countries)	Inpatient setting. Non-U.S. based studies with different patient population or health system characteristics.
Study Design † ..	KQ1: Claims and EHR data KQ 2 and 4 ○ Qualitative studies: Focus groups, interviews ○ Quantitative studies: RCT, CT, observational studies, and surveys KQ3: Qualitative studies: Focus groups, interviews.	

* Studies that began before the era of COVID–19 (11 March 2020) and extend into the era of COVID–19 will be excluded unless they meet the following criteria: Data from the pre and post COVID–19 era are stratified—the stratified data will be extracted; studies initiated as early as 1 January 2020 can be included if they are studies of telehealth in response to COVID–19.

† To be eligible for inclusion as a qualitative study, the Sampling, data collection, and data analyses must be systematically conducted; data must be analyzed using methods of qualitative data analysis (such as thematic analysis).

CT = controlled trial; ED = emergency department; EHR = electronic health record; HEDIS = Healthcare Effectiveness Data and Information Set; KQ = key question(s); NA = not applicable, RCT = randomized controlled trial.

Dated: October 7, 2021.

Marquita Cullom,

Associate Director.

[FR Doc. 2021–22239 Filed 10–12–21; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Request for Information: AHRQ's Role in Climate Change and Environmental Justice

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

ACTION: Notice of request for information.

SUMMARY: The Agency for Healthcare Research and Quality (AHRQ) is seeking information from the public on how the agency may have the greatest impact in addressing climate change through its core competencies of health systems research, practice improvement, and data & analytics. Specifically, AHRQ wants to learn how the agency can best use its resources to help build the healthcare system's resilience to climate threats, reduce the healthcare industry's contribution to climate change while increasing sustainability, and address environmental justice issues in healthcare.

DATES: Comments on this notice must be received by December 13, 2021. AHRQ will not respond individually to responders but will consider all comments submitted by the deadline.

ADDRESSES: Please submit all responses via email to *ClimateChange@AHRQ.HHS.gov* as a Word document or in the body of an email.

FOR FURTHER INFORMATION CONTACT: Brent Sandmeyer, Social Science Analyst, Email: *Brent.Sandmeyer@AHRQ.HHS.gov,* Telephone: 301–427–1441.

SUPPLEMENTARY INFORMATION: The Agency for Healthcare Research and Quality's mission is to produce evidence to make healthcare safer, higher quality, more accessible, equitable, and affordable, and to work within the U.S. Department of Health and Human Services and with other partners to make sure that the evidence is understood and used.

In pursuit of that mission, AHRQ recognizes that climate change is a large and growing threat to public health and the ability of the U.S. healthcare system to provide high quality, equitable care. Climate change has contributed to heat waves, wildfires, hurricanes, droughts, flooding, and associated infrastructure failures. All of these have detrimental physical and behavioral health consequences and place increased demands on the healthcare system as it also struggles to respond to the COVID–19 pandemic. Both climate change and the COVID–19 pandemic have highlighted and exacerbated long-standing racial, ethnic, and economic health disparities.

AHRQ is seeking the public's input on how the agency may have the greatest impact in addressing climate change through its core competencies of health systems research, practice improvement, and data & analytics. Specifically, AHRQ wants to learn how the agency can best use its resources to help build the healthcare system's resilience to climate threats, reduce the healthcare industry's contribution to climate change while increasing sustainability, and address environmental justice issues in healthcare.

AHRQ is requesting information from the public regarding the following broad questions:

1. What should AHRQ's role be at the intersection of climate change, healthcare, and environmental justice to maximize the agency's impact?

2. How can AHRQ incorporate climate change and environmental justice issues into its core competencies of healthcare systems research, practice improvement, and data & analytics?

3. What are the most pressing healthcare-related areas of climate change and environmental justice research and actions that AHRQ could address? Relatedly, what evidence do healthcare systems and policymakers need to make decisions on responding to climate change?

4. How can AHRQ help healthcare systems prepare for and respond to the impacts of climate change on patient care, especially for vulnerable populations?

5. What role could AHRQ play in identifying, gathering, and disseminating data on climate-related risks and impacts, and making the information timely and easily available for researchers, healthcare systems, and policy makers?

6. What practice improvement resources (*e.g.,* tools, strategies) could AHRQ provide to help healthcare systems improve patient safety and system resiliency during climate-related emergencies?

7. What are the training and education needs of healthcare professionals related to climate change and what role could AHRQ play in addressing those needs?

8. What key research has been conducted to assess or mitigate the impact that healthcare has on climate change? What are effective strategies to measure and reduce the carbon footprint and other environmental impacts of the healthcare sector?

9. What has been learned about health systems' capacity and limitations during the COVID–19 pandemic that can help care delivery organizations better address climate change impacts and reduce disparities?

10. How might AHRQ take advantage of the existing national infrastructure to advance quality and safety (*e.g.,* measurement standards, accrediting bodies, learning networks, incentives) to accelerate work on climate health and equity?

11. Which organizations working on climate change response in healthcare should AHRQ learn from and collaborate with? Please describe the nature of the organization's work, evidence, and solutions, as applicable.

AHRQ is interested in all of the questions listed above, but respondents are welcome to address as many or as few as they choose and to address additional areas of interest not listed.

This RFI is for planning purposes only and should not be construed as a policy, solicitation for applications, or as an obligation on the part of the Government to provide support for any ideas identified in response to it. AHRQ will use the information submitted in response to this RFI at its discretion and will not provide comments to any responder's submission. However, responses to the RFI may be reflected in future solicitation(s) or policies. The information provided will be analyzed and may appear in reports. Respondents will not be identified in any published reports. Respondents are advised that the Government is under no obligation to acknowledge receipt of the information received or provide feedback to respondents with respect to any information submitted. No proprietary, classified, confidential, or sensitive information should be included in your response. The contents of all submissions will be made available to the public upon request. Materials submitted must be publicly available or can be made public.

Dated: October 6, 2021.

Marquita Cullom,

Associate Director.

[FR Doc. 2021–22166 Filed 10–12–21; 8:45 am]

BILLING CODE 4160–90–P