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

Annual Submission of the Ingredients Added to, and the Quantity of Nicotine Contained in, Smokeless Tobacco Manufactured, Imported, or Packaged in the U. S. (OMB Control No. 0920–0338, Exp. 4/30/2022)—Extension—National Center for Chronic Disease and Public Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Smokeless tobacco products (SLT) are associated with many health problems. Using smokeless tobacco: Can lead to nicotine addiction; causes cancer of the mouth, esophagus, and pancreas; is associated with diseases of the mouth; can increase risks for early delivery and stillbirth when used during pregnancy; can cause nicotine poisoning in children; and may increase the risk for death from heart disease and stroke.

The CDC's Office on Smoking and Health (OSH) is the lead federal agency for comprehensive tobacco prevention and control. As required by the Comprehensive Smokeless Tobacco Health Education Act of 1986 (CSTHEA, 15 U.S.C. 4401 *et seq.,* Pub. L. 99–252), CDC collects a list of ingredients added to tobacco in the manufacture of smokeless tobacco products and a specification of the quantity of nicotine contained in each product. HHS has delegated responsibility for implementing the required information collection to CDC's OSH. Respondents are manufacturers, packagers, or importers (or their representatives) of smokeless tobacco products. Respondents are not required to submit specific forms; however, they are required to meet reporting guidelines and to submit the ingredient report by chemical name and Chemical Abstract Service (CAS) Registration Number, consistent with accepted reporting practices for other companies that are required to report ingredients added to other consumer products, and to report on the quantity of nicotine contained in each smokeless tobacco product as specified in previous **Federal Register** Notices. Respondents may submit the required information to CDC through a designated representative. The information collection is subject to strict confidentiality provisions.

Ingredient and nicotine analysis reports for new SLT products are due at the time of first importation. Thereafter, ingredient reports are due annually on March 31. Information is submitted to CDC by mailing a written report on the respondent's letterhead. Electronic mail submissions are not accepted. Annual submission reports are mailed to Attention: FCLAA Program Manager, Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, 4770 Buford Highway NE, MS S107–7, Atlanta, GA 30341–3717.

Following receipt of the annual nicotine and ingredient report, CDC issues a Certificate of Compliance to the respondent. As deemed appropriate by the Secretary of HHS, HHS is authorized to use the information to report to Congress the health effects of ingredients, research activities related to the health effects of ingredients, and other information that the Secretary determines to be of public interest.

There are no costs to respondents other than their time. The total estimated annualized burden hours are 18,843. OMB approval is requested for three years.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Smokeless Tobacco Manufacturers, Packagers, and Importers.	SLT Ingredient Report	11	1	6.5	71.5
Smokeless Tobacco Manufacturers, Packagers, and Importers.	SLT Nicotine Data Reporting	11	1	1,706.5	18,771.5
Total					18,843

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Scientific Integrity, Office of Science, Centers for Disease Control and Prevention.

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BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket No. CDC–2021–0106; NIOSH–344]

Interventions To Prevent Work-Related Stress and Support Health Worker Mental Health; Request for Information

AGENCY: Centers for Disease Control and Prevention, HHS.

ACTION: Request for information.

SUMMARY: The National Institute for Occupational Safety and Health (NIOSH), within the Centers for Disease Control and Prevention (CDC), announces an opportunity for the public to provide information and comments on current evidence-based, workplace and occupational safety and health interventions to prevent work-associated stress, support stress reduction, and foster positive mental health and well-being among the nation's health workers. Information and comments are also requested on interventions under development and research in progress to support and promote the mental health and well-being of health workers. NIOSH is seeking information on related best practices, promising practices, or

successful programs related to providing stress prevention and mental health services to health workers. Examples of such services include, but are not limited to, employee assistance programs, screenings, supervisor trainings, workplace policies, talk therapy, mindfulness, peer support, and mobile apps.

DATES: Comments must be received by November 26, 2021.

ADDRESSES: Comments may be submitted through either of the following two methods:

- *Federal eRulemaking Portal: http://www.regulations.gov* (follow the instructions for submitting comments), or
- *By Mail:* NIOSH Docket Office, Robert A. Taft Laboratories, MS C–34, 1090 Tusculum Avenue, Cincinnati, Ohio 45226–1998.

Instructions: All written submissions received in response to this notice must include the agency name (Centers for Disease Control and Prevention, HHS) and docket number (CDC–2021–0106; NIOSH–344) for this action. All relevant comments, including any personal information provided, will be posted without change to *http://www.regulations.gov.*

FOR FURTHER INFORMATION CONTACT: Rachel Weiss, Program Analyst; 1090 Tusculum Ave., MS: C–48, Cincinnati, OH 45226; telephone (855) 818–1629 (this is a toll-free number); email *NIOSHregs@cdc.gov.*

SUPPLEMENTARY INFORMATION: The Centers for Disease Control and Prevention (CDC) is charged by the American Rescue Plan Act of 2021 (Pub. L. 117–2, sec. 2704) with educating health workers and first responders on primary prevention of mental health conditions and substance use disorders and encouraging these professionals to identify and seek support for their own mental health or substance use concerns. Accordingly, CDC's National Institute for Occupational Safety and Health (NIOSH) announces an opportunity for the public to provide information and comments on evidence-based workplace and occupational safety and health interventions, policies, or other activities relevant to health care professionals and first responders, including those at the population, organizational, or individual levels. Information and comments are requested on related interventions under development and research in progress. NIOSH is also seeking information on related best practices, promising practices, or successful programs related to providing stress prevention and mental health services to health workers.

Health workers include everyone who works in healthcare—for public and private providers, in clinical and community settings—such as first responders, admitting and ward clerks, laboratory technologists and technicians, nurses, physicians, environmental services workers, and food service staff in healthcare settings. Health workers face many demands at work, which may include difficult working conditions, long work hours, rotating and irregular shifts, exposure to human suffering and death, and increased risks for personal exposure to disease and harm.[1] The COVID–19 pandemic has exacerbated these challenges and contributed to new and worsening mental health concerns, including burnout, compassion fatigue, depression, anxiety, substance use disorders, and suicidal ideation. These concerns, in turn, can affect workers' overall health, job performance, and patient care and safety.[2]

Many lower-paid or part-time health workers—such as home health aides, orderlies, medical assistants, phlebotomists, and pharmacy aides—may have experienced barriers preventing access to health care services and information, including financial challenges, lack of health insurance coverage, or lack of adequate transportation. They can also face lack of recognition and civility (including threatened and actual workplace violence) for the important work they do. Even health workers who are not on the frontlines or at high risk of infection may still encounter work demands that cause poor mental health outcomes.[3]

Public health workers are also at increased risk for negative mental health consequences when responding to public health emergencies, such as the COVID–19 pandemic, where they must operate under high-stakes conditions for extended periods of time without relief.[4]

NIOSH is interested in receiving comments and other relevant, evidence-based information from a variety of partners, including employers, labor unions, workers, researchers, treatment providers, and government agencies at all levels (Federal, State, Territorial, local, and Tribal). Information provided, including narrative evidence, data, or anecdotes, will support nation-wide efforts to raise awareness of mental health concerns, identify best practices to prevent and reduce work stress and related adverse mental health outcomes, identify workplace and community supports, and reduce stigma related to seeking and receiving care. NIOSH may use the information provided to assimilate the best available evidence; develop a repository of best practices, resources, and interventions; identify and adapt tools; improve data and surveillance; and develop trainings and resources to inform and support employer policy change. NIOSH will also generate awareness by conducting a national social marketing campaign to provide tools and resources to employers, normalize the conversation around mental health, and lower barriers for health workers seeking care for mental health.

Commenters are not required to respond to the questions below and may respond to as many or few as desired. While all inputs are welcomed, comments addressing the following questions are especially helpful:

Questions for Workplaces With Interventions and Services in Place

1. Please tell us about your experience with the development of any preventive interventions currently in place in your workplace to help health workers avoid work-related stress and maintain or improve their mental health and well-being. Describe the intervention's origins and basis, its target population, evaluation or outcome measures, challenges and successes, as well as any other information you think is noteworthy.

2. Please tell us about your experience with the development of any diagnostic and/or therapeutic services offered in your workplace by the employer or union to health workers who are experiencing stress or difficulties with their mental health and well-being. Describe the services' origins and bases, their target population, evaluation or outcome measures, challenges and successes, as well as any other information you think is noteworthy.

[1] National Occupational Research Agenda (NORA) Healthcare and Social Assistance Council. *National Occupational Research Agenda for Healthcare and Social Assistance (HCSA).* February 2019. *https://www.cdc.gov/nora/councils/hcsa/pdfs/National_Occpational_Agenda_for_HCSA_February_2019-508.pdf.*

[2] National Academy of Medicine. *Strategies to Support the Health and Well-Being of Clinicians during the COVID–19 Outbreak. https://nam.edu/initiatives/clinician-resilience-and-well-being/clinician-well-being-strategies-during-covid-19/.*

[3] See *supra* note 1.

[4] Bryant-Genevier J, Rao CY, Lopes-Cardozo B, et al. *Symptoms of Depression, Anxiety, Post-Traumatic Stress Disorder, and Suicidal Ideation Among State, Tribal, Local, and Territorial Public Health Workers During the COVID–19 Pandemic — United States, March–April 2021.* MMWR Morb Mortal Wkly Rep 2021;70:947–952.

3. For both preventive interventions and diagnostic/treatment services in your workplace, please describe how widely the services are used, how stigma associated with seeking mental health care is addressed, and how health workers are encouraged to participate. In your experience, how does the workplace benefit from implementing interventions or offering services to health workers to prevent/reduce work-related stress, to decrease stigma related to seeking and receiving care, and to improve the mental health and well-being of health workers?

4. Please describe any programs you are aware of that help employers to fund or otherwise develop interventions or services to support health worker mental health and well-being.

Questions About Workplaces

5. Please tell us about your experience with any workplace policies designed to protect workers from stress and adverse mental health outcomes and to address these issues. Describe the part(s) of your organization involved in work-associated stress prevention efforts.

Questions About Health Workers' Communication Preferences

6. Please tell us about your workplace's most effective methods of informing health workers about available interventions, services, and workplace practices and policies, including but not limited to: Notification channels, trusted messengers (*e.g.,* upper management, front line supervisor, union representatives), and efforts to reach workers who are underserved by mental health/behavioral health resources.

7. In your experience, do workers seek mental health and well-being information outside the workplace and, if so, where (*e.g.,* community-based, faith-based)? Do health workers generally find sources of information outside the workplace more trustworthy and credible than employer-based programs? If so, what is the basis for this understanding and what efforts have you undertaken to address such concerns?

In addition to the specific questions above, NIOSH would also like to hear from researchers currently conducting research on stress, burnout, and other mental health and well-being concerns among a broad range of health workers.

John J. Howard,

Administrator, World Trade Center Health Program and Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, Department of Health and Human Services.

[FR Doc. 2021–20931 Filed 9–24–21; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–21–0210; Docket No. CDC–2021–0102]

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 proposed and/or continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a continuing information collection project titled List of Ingredients Added to Tobacco in the Manufacture of Cigarette Products. The proposed collection allows CDC's Office of Smoking and Health (OSH) to collect information about the ingredients used in cigarette products, a responsibility that has been delegated to CDC by HHS.

DATES: CDC must receive written comments on or before November 26, 2021.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2021–0102 by any of the following methods:

- *Federal eRulemaking Portal: 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 *Regulations.gov*.

Please note: Submit all comments through the Federal eRulemaking portal (*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; phone: 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

List of Ingredients Added to Tobacco in the Manufacture of Cigarette Products (OMB Control No. 0920–0210, Exp. 4/30/2022)—Extension—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP),