

(3) Additional Medical Documentation and Certification:

During the eligibility review, CICP provides requesters with the opportunity to supplement their RFB package with additional medical records and supporting documentation before the Program makes a final decision. CICP may ask requesters and/or representatives to complete and sign a form indicating whether they intend to submit additional required documentation before the final determination of their case. After CICP makes a final decision on a case, there are no other opportunities for a requester or representative to submit additional medical records or supporting documents.

(4) Supporting Benefits Documentation:

Documentation: A requester who is an injured countermeasure recipient may be eligible to receive benefits for unreimbursed medical expenses and/or lost employment income. The estate of a deceased injured countermeasure recipient may also be eligible to receive payment for unreimbursed medical expenses and/or lost employment

income accrued before the injured countermeasure recipient's death. Requesters seeking such benefits must submit documentation of the injured countermeasure recipient's unreimbursed medical expenses and lost employment income. If the administration or use of a covered countermeasure directly caused an individual's death, certain of the individual's survivors may be eligible to receive a death benefit, but not unreimbursed medical expenses or lost employment income benefits (42 CFR 110.33). Survivors or their representatives must submit additional information, such as a marriage license, to prove that they are a survivor of the deceased countermeasure recipient.

The RFB package instructions outline the supporting documentation needed to determine the type and amount of benefits. This documentation is required under 42 CFR 110.60–110.63 to enable the Program to determine the type and amount of benefits the requester may be eligible to receive.

Likely Respondents: Countermeasure recipients, their estates, survivors, and/

or their representatives, are the most likely respondents to this **Federal Register** notice regarding the CICP information collection request because CICP reviews and, if eligible, compensates countermeasure recipient injury claims.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose, or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install, and utilize technology and systems for the purpose of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN HOURS

Document name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
RFB Form and Supporting Medical Documentation	360	1	360	11.00	3,960
Authorization for Use or Disclosure of Health Information Form (Authorization Form)	360	1	360	2.00	720
Additional Medical Documentation and Certification	324	1	324	0.75	243
Supporting Benefits Documentation	30	1	30	10.00	300
Total	1,074	1,074	5,223

HRSA specifically requests comments on: (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions, (2) the accuracy of the estimated burden, (3) ways to enhance the quality, utility, and clarity of the information to be collected, and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Maria G. Button,

Director, Executive Secretariat.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Health Resources and Services Administration****Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request; Shortage Designation Management System, OMB No. 0906-0029—Extension**

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995, HRSA submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review

of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period. OMB may act on HRSA's ICR only after the 30-day comment period for this notice has closed.

DATES: Comments on this ICR should be received no later than January 16, 2026.

ADDRESSES: Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to www.reginfo.gov/public/do/PRAMain. Find this particular information collection by selecting "Currently under Review—Open for Public Comments" or by using the search function.

FOR FURTHER INFORMATION CONTACT: To request a copy of the clearance requests submitted to OMB for review, email Samantha Miller, the HRSA Information

Collection Clearance Officer, at paperwork@hrsa.gov or call (301) 443-3983.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the ICR title for reference.

Information Collection Request Title:
Shortage Designation Management System OMB No. 0906-0029—Extension.

Abstract: HRSA is committed to improving the health of the Nation's underserved communities and vulnerable populations by developing, implementing, evaluating, and refining programs that strengthen the nation's health workforce. The Department of Health and Human Services relies on two federal shortage designations to identify and dedicate resources to areas and populations in greatest need of providers: Health Professional Shortage Area (HPSA) designations and Medically Underserved Area/Medically Underserved Population (MUA/P) designations. HPSA designations are geographic areas, population groups, and facilities that are experiencing a shortage of health professionals. The authorizing statute for the National Health Service Corps (NHSC) created HPSAs to fulfill the statutory requirement that NHSC personnel be directed to areas of greatest need. To further differentiate areas of greatest need, HRSA calculates a score for each HPSA. There are three categories of HPSAs based on health discipline: primary care, dental health, and mental health. Scores range from 1 to 25 for primary care and mental health and from 1 to 26 for dental health, with higher scores indicating greater need. They are used to prioritize applications for NHSC Loan Repayment Program award funding and determine service sites eligible to receive NHSC Scholarship and Students-to-Service participants.

MUA/P designations are geographic areas, or population groups within geographic areas, that are experiencing a shortage of primary care health care services based on the Index of Medical Underservice. MUAs are designated for the entire population of a particular geographic area. MUP designations are limited to a particular subset of the population within a geographic area. Both designations were created to aid the federal government in identifying areas with healthcare workforce shortages.

As part of HRSA's Bureau of Health Workforce's cooperative agreement with the state primary care offices (PCOs), the state PCOs conduct needs assessments

in their states, determine what areas are eligible for designations, and submit designation applications for HRSA review via the Shortage Designation Management System (SDMS). Requests that come from other sources are referred to the PCOs for their review, concurrence, and submission via SDMS. To obtain a federal shortage designation for an area, population, or facility, PCOs must submit a shortage designation application through SDMS for review and approval by HRSA. Both HPSA and MUA/P applications request local, state, and national data on the population that is experiencing a shortage of health professionals and the number of health professionals relative to the population covered by the proposed designation. The information collected on the applications is used to determine which areas, populations, and facilities have qualifying shortages.

In addition, interested parties, including the state's governor, primary care association, and professional associations are notified of each designation request submitted via SDMS for their comments and recommendations.

HRSA reviews the HPSA applications submitted by the state PCOs, and—if they meet the designation eligibility criteria for the type of HPSA or MUA/P the application is for—designates the HPSA or MUA/P on behalf of the Secretary of Health and Human Services. HPSAs are statutorily required to be annually reviewed and revised as necessary after initial designation to reflect current data. HPSA scores, therefore, may and do change from time to time. MUA/Ps do not have a statutorily mandated review period.

The lists of designated HPSAs are published annually in the **Federal Register**. In addition, lists of HPSAs are updated on the HRSA website (<https://data.hrsa.gov/>) so that interested parties can access the information.

A 60-day notice was published in the **Federal Register** on May 19, 2025, vol. 90, No. 95; pp. 21318–19. There were 51 public comments. Below is a summary of key themes raised in the comments and HRSA's response:

The public comments HRSA received largely centered around two key themes: (1) the essential role of MUA/P and HPSA designations in supporting community health centers (CHCs), and (2) the administrative burden and data integrity challenges involved in shortage designation processes.

- A total of 36 commenters—including CHCs, state associations, and national organizations emphasized that these designations are critical for funding, workforce recruitment

(especially through the NHSC), expansion of services, and addressing broader impacts on health outcomes, such as food and pharmacy deserts. Many stressed that without these designations, CHCs would face severe operational and financial strain, leading to reduced access and worsened disparities. HRSA acknowledged these concerns, reaffirming the importance of these designations, and its recognition of their role in improving health outcomes and supporting safety-net providers.

- Another 12 commenters, especially from State Primary Care Offices, and technical organizations, focused on underestimation of administrative burden and technical challenges with the SDMS system. They highlighted that HRSA's estimated eight-hour workload was unrealistically low, pointing instead to much higher demands for provider updates, data acquisition, and reconciliation. Suggestions included integrating federal datasets (e.g., Medicaid, CDC, NSDUH), improving SDMS functionality (geocoding, duplicate checks, provider exit tracking), and providing clearer federal guidance. HRSA acknowledged these concerns, agreed that accurate data and system performance are critical, and committed to reviewing burden estimates, pursuing automation and integration of federal datasets, and exploring system enhancements. However, HRSA also noted that certain structural changes (e.g., adjusting population thresholds or adopting new designation methodologies) would require regulatory action through formal rulemaking.

- Finally, 3 commenters offered more targeted recommendations, such as adopting the ADA Dental Care Geographic Accessibility Dashboard, revising population thresholds, or grandfathering existing designations. HRSA expressed appreciation for these suggestions and noted that while it is open to considering alternatives, such changes would require formal regulatory updates before implementation.

Need and Proposed Use of the Information: The information obtained from the SDMS applications is used to determine which areas, populations, and facilities have critical shortages of health professionals per PCO application submission. The SDMS HPSA and MUA/P applications are used for these designation determinations. Applicants must have an SDMS application submitted to HRSA to obtain a federal shortage designation. In addition, the application must contain detailed information explaining how the

area, population, or facility faces a critical shortage of health professionals.

Likely Respondents: State primary care offices and or site points of contact interested in obtaining a primary care, dental health, or mental health HPSA designation or an MUA/P in their state.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain,

disclose, or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install, and utilize technology and systems for the purpose of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to

a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

Total Estimated Annualized Burden Hours:

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Designation Planning and Preparation	54	48	2,592	8	20,736
SDMS Application	54	83	4,482	4	17,928
Total	54	7,074	38,664

Maria G. Button,

Director, Executive Secretariat.

[FR Doc. 2025-23065 Filed 12-16-25; 8:45 am]

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DEPARTMENT OF HOMELAND SECURITY

U.S. Immigration and Customs Enforcement

[OMB Control Number 1653-0055]

Agency Information Collection Activities; Extension of a Currently Approved Collection: Flight Manifest/Billing Agreement

AGENCY: U.S. Immigration and Customs Enforcement, Department of Homeland Security.

ACTION: 60-Day notice.

SUMMARY: In accordance with the Paperwork Reduction Act (PRA) of 1995, the Department of Homeland Security (DHS), U.S. Immigration and Customs Enforcement (ICE) will submit the following Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and clearance.

DATES: Comments are encouraged and will be accepted for 60 days until February 17, 2026.

ADDRESSES: All submissions received must include the OMB Control Number 1653-NEW in the body of the correspondence, the agency name and Docket ID ICEB 2021-0005. All comments received will be posted without change to <http://www.regulations.gov>, including any personal information provided.

FOR FURTHER INFORMATION CONTACT: If you have questions related to this collection, call or email Vivian Davis, Office of the Chief Financial Officer, 802-683-4841, email: vivian.davis@ice.dhs.gov.

SUPPLEMENTARY INFORMATION:

Comments

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information should address one or more of the following four points:

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 agencies 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; and

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 submission of responses.

Overview of This Information Collection

1. **Type of Information Collection:** Extension of a Currently Approved Collection.

2. **Title of the Form/Collection:** Flight Manifest/Billing Agreement.

3. **Agency form number, if any, and the applicable component of the Department of Homeland Security sponsoring the collection:** U.S. Immigration and Customs Enforcement.

4. **Affected public who will be asked or required to respond, as well as a brief abstract:** Primary: Individuals or households. The Flight Manifest/Billing Agreement collects information for the purpose of confirming Space Available passengers on any ICE-chartered flight and to facilitate the effective billing of those passengers for the full coach fare of their seats on the flight.

5. **An estimate of the total number of respondents and the amount of time estimated for an average respondent to respond:** The estimated total number of respondents for the information collection is 250 and the estimated hour burden per response is .25 hours.

6. **An estimate of the total public burden (in hours) associated with the collection:** 63 annual burden hours.

7. **An estimate of the total public burden (in cost) associated with the collection:** The estimated total annual cost burden associated with this collection of information is \$2,391.

Dated: December 15, 2025.

Scott Elmore,

PRA Clearance Officer, Office of the Chief Information Officer, U.S. Immigration and Customs Enforcement.

[FR Doc. 2025-23087 Filed 12-16-25; 8:45 am]

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