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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; Rural Communities Opioid Response Program Performance Measures, OMB No 0906-0044—Revision

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 21, 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 papwork@hrsa.gov or call (301) 443-3983.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title: Rural Communities Opioid Response Program Performance Measures, OMB No. 0906-0044—Revision.

Abstract: HRSA administers the Rural Communities Opioid Response Program (RCORP), which is authorized by

Section 711(b)(5) of the Social Security Act (42 U.S.C. 912(b)(5)) and is a multi-initiative program that aims to: (1) support treatment for and prevention of substance use disorder (SUD), including opioid use disorder (OUD); and (2) reduce morbidity and mortality associated with SUD, including OUD, by improving access to and delivering prevention, treatment, and recovery support services to high-risk rural communities. To support this purpose, RCORP grant initiatives include:

- RCORP-Implementation grants, which fund established networks and consortia to deliver SUD/OUD prevention, treatment, and recovery activities in high-risk rural communities;
- RCORP-Psychostimulant Support grants, which aim to strengthen and expand access to prevention, treatment, and recovery services for individuals in rural areas who misuse psychostimulants, to enhance their ability to access treatment and move toward recovery;
- RCORP-Medication Assisted Treatment Access grants, which aim to establish new access points in rural facilities where none currently exist;
- RCORP-Behavioral Health Care support grants, which aim to expand access to and quality of behavioral health care services at the individual, provider, and community levels;
- RCORP Overdose Response recipients address immediate needs in rural areas through improving access to, capacity for, and sustainability of prevention, treatment, and recovery services for SUD;
- RCORP Child and Adolescent Behavioral Health grants, which aim to establish and expand sustainable behavioral health care services for children and adolescents aged 5 to 17 years who live in rural communities;
- RCORP-Neonatal Abstinence Syndrome grants, which aim to reduce the incidence and impact of Neonatal Abstinence Syndrome in rural communities and
- RCORP-Impact recipients aim to improve access to integrated, coordinated treatment and recovery services for SUD, including OUD, in rural areas.
- Note that additional grant initiatives may be added pending fiscal year 2026 and future fiscal year appropriations.

HRSA currently collects information about RCORP grants using approved performance measures. HRSA developed separate performance

measures for the new RCORP-Impact program and seeks OMB approval for the new collection.

A 60-day notice published in the **Federal Register** on August 19, 2025, vol. 90, No. 158; pp. 40374–75. There were no public comments.

Need and Proposed Use of the Information: Due to the growth in the number of grant initiatives included within RCORP, as well as emerging SUD and other behavioral health trends in rural communities, HRSA is submitting a revised ICR that includes measures for the new RCORP-Impact grant program. HRSA developed performance measures to provide data on each RCORP initiative and to enable HRSA to provide aggregate program data required by Congress under the Government Performance and Results Act of 1993. These measures cover the principal topic areas of interest to HRSA, including: (a) provision of, and referral to, rural behavioral health care services, including SUD prevention, treatment and recovery support services; (b) behavioral health care, including SUD prevention, treatment, and recovery, process and outcomes; (c) provider prevention, treatment, and recovery services; and (d) sustainability. Performance measures for the RCORP initiative include common elements about consortium/network activities, direct services provided and service access, workforce, and sustainability while also capturing tailored measures for each specific program.

Likely Respondents: The respondents will be the recipients of the RCORP grants.

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
Rural Communities Opioid Response Program—Implementation	290	2	580	1.24	719.20
Rural Communities Opioid Response Program—Psychostimulant Support	15	1	15	1.30	19.50
Rural Communities Opioid Response Program—Medication Assisted Treatment Access	11	1	11	1.95	21.45
Rural Communities Opioid Response Program—Behavioral Health Care Support	58	1	58	2.02	117.16
Rural Communities Opioid Response Program—Overdose Response	47	3	141	0.56	78.96
Rural Communities Opioid Response—Child and Adolescent Behavioral Health	9	2	18	0.48	8.64
Rural Communities Opioid Response—Neonatal Abstinence Syndrome	41	4	164	2.31	378.84
Rural Communities Opioid Response—Impact (NEW)	19	1	19	1.15	21.85
Total	490	1,006	1,365.60

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Public Comment Request; Information Collection Request Title: The Maternal, Infant, and Early Childhood Home Visiting Program Performance Measurement Information System, OMB No. 0915-0017—Revision.

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

ACTION: Notice.

SUMMARY: In compliance with the requirement for opportunity for public comment on proposed data collection projects of the Paperwork Reduction Act of 1995, HRSA announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on this ICR should be received no later than February 20, 2026.

ADDRESSES: Submit your comments to paperwork@hrsa.gov or mail the HRSA Information Collection Clearance Officer, Room 13N82, 5600 Fishers Lane, Rockville, Maryland 20857.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email paperwork@hrsa.gov or call Samantha Miller, the HRSA Information Collection Clearance Officer, at (301) 443-3983.

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

Information Collection Request Title: The Maternal, Infant, and Early Childhood Home Visiting Program Performance Measurement Information System, OMB No. 0915-0017—Revision.

Abstract: This request is for continued approval of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program Performance Measurement Information System. The MIECHV Program is administered by the Maternal and Child Health Bureau within HRSA in partnership with the Administration for Children and Families, and provides support to all 56 states and jurisdictions, as well as tribes and tribal organizations. Through a needs assessment, states, jurisdictions, tribes, and tribal organizations identify target populations and select the home visiting service delivery model(s) that best meet their needs. State and jurisdiction MIECHV funding recipients report annual demographic and performance data to HRSA through Form 1—Demographic Performance Measures and Form 2—Benchmark Performance Measures. MIECHV funding recipients also report program information on a quarterly basis through Form 4—Quarterly Data Collection (Currently approved under OMB No. 0906-0016). This ICR will now include

Forms 1, 2, and 4, so all the components of data collection for the MIECHV Program in one request. OMB No. 0906-0016 will be discontinued after OMB approval of this ICR.

HRSA is revising the data collection forms for the MIECHV Program to reduce administrative burden where possible and to increase alignment with current clinical guidelines, evidence-based guidelines, and performance measures of other maternal and child health programs. HRSA proposes the following changes:

- Form 1 cross-cutting changes:
 - Remove new and continuing participant categories from Tables 4, 5, 18, 19, and 20.
 - Remove pregnant participant and caregiver categories for Table 9, 10, 11, and 18.
 - Add Section D: Place Based Services to collect, on an annual basis, information previously reported quarterly on Form 4.
 - Renumber tables as appropriate per other changes.
- Form 1, Tables 1 and 2: Combine Tables 1 and 2 into one table that captures new and continuing participants and households together.
- Form 1, Table 4: Decrease the number of response categories for age of adult participants from 10 to 6.
- Form 1, Tables 6 and 7: Update response categories to align with OMB's Statistical Policy Directive 15: Standards for Maintaining, Collecting and Presenting Federal Data on Race and Ethnicity.
- Form 1, Table 8: Remove this table from the data collection form.
- Form 1, Table 11: Streamline reporting for adult participants by housing status by decreasing "Not Homeless" data sub-categories from 5 to