

establish the timing of treatment. Identification of DMD in an infant would allow early monitoring to initiate treatment prior to the onset of substantial physical decline.

The final comments against adding DMD noted a lack of public health laboratory resources to pay for multi-tier molecular screening. However, HRSA notes that adding a condition to the RUSP does not require states to implement screening for conditions immediately. States determine their resource allocations for NBS screening based on their specific state budget and public health priorities.

After consideration of the evidence review report and public comments, no changes were made to the recommendation and HRSA recommended to the HHS Secretary that DMD be included for addition to the RUSP.

Acceptance of Recommendation

On December 16, 2025, the HHS Secretary accepted HRSA's recommendation. The RUSP is updated and can be accessed at the following link: <https://mchb.hrsa.gov/programs/newborn-screening>.

Thomas J. Engels,
Administrator.

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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; Substance Use Disorder Treatment and Recovery Loan Repayment Program and the Pediatric Specialty Loan Repayment Program—OMB No. 0906-0058—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 paperwork@hrsa.gov or call (301) 443-3983.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title: Substance Use Disorder Treatment and Recovery Loan Repayment Program and the Pediatric Specialty Loan Repayment Program, OMB No. 0906-0058—Revision.

Abstract: The Substance Use Disorder Treatment and Recovery (STAR) Loan Repayment Program (LRP) is authorized by section 781 of the Public Health Service Act (42 U.S.C. 295h). This program allows HRSA to provide the repayment of eligible education loans to individuals working in an eligible full-time substance use disorder treatment job that involves direct treatment or recovery support of patients with or in recovery from a substance use disorder and which is located in either a Health Professional Shortage Area (HPSA) designated for Mental Health, or a county (or municipality, if not contained within any county) where the average drug overdose death rate per 100,000 people over the past 3 years for which official data is available from the state, is higher than the most recent available national average overdose death rate per 100,000 people, as reported by the Centers for Disease Control and Prevention. The Pediatric Specialty (PS) LRP is authorized by section 775 of the Public Health Service Act (42 U.S.C. 295f). This program allows HRSA to provide the repayment of education loans to eligible providers working full-time in or serving a HPSA, medically underserved area (MUA), or medically underserved population (MUP).

The Department of Health and Human Services agrees to make payment of up to \$250,000 for the repayment of eligible educational loans in return for 6 years of obligated service through the STAR LRP, and up to \$100,000 in return for

3 years of obligated service through the PS LRP.

Eligible disciplines for the STAR LRP include, but are not limited to physicians, psychologists, psychiatric nurses, marriage and family therapists, social workers, counselors, and substance use disorder counselors. The PS LRP may make awards to applicants participating in an accredited pediatric medical subspecialty, pediatric surgical specialty, and child and adolescent mental health subspecialty residency or fellowship employed as a pediatric medical subspecialist, pediatric surgical specialist, or child and adolescent mental health professional.

Eligible facilities or sites for the STAR LRP and PS LRP include, but are not limited to: School-Based Clinics, Community Health Centers, Inpatient Programs/Rehabilitation Centers, Federally Qualified Health Centers, Centers for Medicare & Medicaid Services-approved Critical Access Hospitals, Rural Emergency Hospitals, American Indian Health Facilities (Indian Health Service Facilities, Tribally-Operated 638 Health Programs, and Urban Indian Health Programs), inpatient rehabilitation centers, and psychiatric facilities. STAR LRP facilities must be located in a mental health HPSA or a county where the average drug overdose death rate exceeds the national average, as described above. PS LRP sites must provide pediatric medical subspecialty care, pediatric surgical specialty care, or child and adolescent mental and behavioral health care in or to a HPSA, MUA, or MUP. HRSA will approve and activate sites for the PS LRP if:

(1) The facility is already approved for the National Health Service Corps, Nurse Corps, or STAR LRP and located in or serves a HPSA, MUA or MUP; or

(2) During the PS LRP application cycle, the facility submits to HRSA the site type and the point of contact(s) to PS_LRP_Sites@hrsa.gov.

HRSA will review and approve eligible new facilities during the respective application cycle for the STAR LRP and the PS LRP, or upon request by a STAR LRP participant. New facilities must submit to HRSA the facility type and the recruitment contact(s). HRSA will use the information collected to determine eligibility of the facility for participants in the respective program.

Note: Despite the similarity in the titles, the STAR LRP is not the existing National Health Service Corps Substance Use Disorder Workforce LRP (OMB #0915-0127), which is authorized under Title III of the Public Health Service Act. The STAR LRP is authorized under Title VII of the Public

Health Service Act and has different service requirements, loan repayment protocols, and authorized employment facilities.

A 60-day notice was published in the **Federal Register** on August 13, 2025, vol. 90, No. 154; pp. 38983–85. HRSA received one public comment. Below is a summary of key themes raised and HRSA’s response:

- The commenter expressed concern with data captured in the PS LRP’s application and the employment verification forms regarding their alignment with current program guidance and statutory requirements.
- The commenter also expressed support for the STAR/PS LRP application and employment verification forms as well as provided ways in which to streamline the application submission to ensure maximum benefit for eligible applicants.

HRSA acknowledges the concerns and recommendations in the comment and will consider them, as appropriate, in the development of information collection activities for these programs. HRSA responded directly to the stakeholder who submitted the comments, acknowledging the recommendations raised. HRSA appreciates the views shared and the willingness to support the PS LRP and STAR LRP.

Need and Proposed Use of the Information: The need and purpose of

this information collection is to obtain information that is used to assess an applicant’s eligibility and qualifications for the STAR LRP and the PS LRP, and to obtain information for eligible facilities or sites. Clinicians interested in participating in the STAR LRP or the PS LRP must apply to the applicable program to participate. The forms utilized by the STAR LRP and the PS LRP include the following: the STAR LRP or PS LRP Application, respectively, the Authorization for Disclosure of Loan Information form, the Privacy Act Release Authorization form, and the electronic Employment Verification form, if applicable. The forms collect information needed for selecting participants and repaying eligible educational loans.

Additionally, health care facilities located in high overdose death rate areas or mental health HPSAs must submit the facility type and the site point(s) of contact for HRSA to determine the facility’s eligibility to participate in the STAR LRP. Similarly, sites located in or serving a HPSA, MUA, or MUP must submit the site type and the site point(s) of contact for HRSA to determine the sites’ eligibility to participate in the PS LRP. The STAR LRP and the PS LRP application ask for personal, professional, and financial information needed to determine the

applicant’s eligibility to participate in either of the programs. In addition, applicants must provide information regarding the loans for which repayment is being requested.

Likely Respondents: Licensed medical, mental, and behavioral health providers who are employed or seeking employment and are interested in serving underserved populations; and health care facilities or sites interested in becoming approved for the STAR LRP and/or the PS LRP.

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 for the STAR LRP:

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
STAR LRP Application	1,700	1	1,700	0.50	850
Authorization for Disclosure of Loan Information Form	1,700	1	1,700	0.50	850
Privacy Act Release Authorization Form	1,700	1	1,700	0.50	850
Employment Verification Form	1,700	1	1,700	0.50	850
Total	1,700	6,800	3,400

Total Estimated Annualized Burden Hours for the PS LRP:

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Pediatric Specialty LRP Application	500	1	500	0.50	250
Authorization for Disclosure of Loan Information Form	500	1	500	0.50	250
Privacy Act Release Authorization Form	500	1	500	0.50	250
Employment Verification Form	500	1	500	0.50	250
Total	500	2,000	1,000

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; 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 paperwork@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: