- Pediatrics Advisory Committee
- Peripheral and Central Nervous System Advisory Committee
- Pharmacy Compounding Advisory Committee
- Pharmacy Compounding Drugs AC
- Psychopharmacologic Drugs Advisory Committee
- Pulmonary-Allergy Drugs Advisory Committee
- Risk Communication Advisory Committee (Administratively Inactive)
- Science Board to the Food and Drug Administration
- Technical and Electronic Product Safety Standards AC
- Technical and Electronic Products Safety Standards Advisory Committee
- Tobacco Products Advisory Committee

*(5) Justification that the information or advice provided by the Federal advisory committee is not available from another Federal advisory committee, another Federal Government source, or any other more cost-effective and less burdensome source.*

The Gastrointestinal Drugs Advisory Committee provides independent expert advice to FDA on the safety and effectiveness of marketed and investigational human drug products for the treatment of gastrointestinal and liver diseases.

The topics considered by the Gastrointestinal Drugs Advisory Committee require specialized expertise in gastrointestinal physiology, pathology, and clinical practice that is not within the primary scope of other FDA advisory committees. As such, these issues cannot be appropriately addressed by another standing committee without diminishing the depth and relevance of the expert input provided to the Agency.

*(6) If the justification relates to a renewal, a summary of the previous accomplishments of the committee and the reasons it needs to continue.*

**Summary of Previous Accomplishments**

The Gastrointestinal Drugs Advisory Committee most recently met on September 13, 2024, and May 19, 2023, to discuss applications related to obeticholic acid for gastrointestinal indications. These meetings supported FDA's evaluation of complex scientific and regulatory issues associated with both marketed and investigational drug products.

*(7) Explanation of why the committee/subcommittee is essential to the conduct of agency businesses.*

The Committee plays a critical role in enabling FDA to meet the requirements of section 505(n)(1) of the Federal Food, Drug, and Cosmetic Act by providing expert scientific advice and recommendations. Without the Gastrointestinal Drugs Advisory Committee, FDA's ability to obtain external expert input on issues related to the approval and regulation of gastrointestinal drug products would be significantly limited.

In conclusion, this public interest determination documents that renewing the committee is in the public interest, essential to the conduct of agency business, and that the information to be obtained is not already available through another advisory committee or source within the Federal Government.

This notice is issued under the Federal Advisory Committee Act as amended (5 U.S.C. 1001 *et seq.*). For general information related to FDA advisory committees, please visit us at *http://www.fda.gov/AdvisoryCommittees/default.htm.*

**Grace R. Graham,**

*Deputy Commissioner for Policy, Legislation, and International Affairs.*

[FR Doc. 2026–03587 Filed 2–23–26; 8:45 am]

**BILLING CODE 4164–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

### Medical Student Education Program Non-Competitive Supplement; Correction

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

**ACTION:** Notice; correction.

**SUMMARY:** HRSA published a document in the **Federal Register** of December 2, 2025, concerning the Medical Student Education Program Non-Competitive Supplement. The document contained an incorrect project period. The project period in the notice stated July 1, 2026, to June 30, 2027, but should instead state July 1, 2025, to June 30, 2026.

**FOR FURTHER INFORMATION CONTACT:** Andrea Knox, Acting Chief, Medical Training and Geriatrics Branch, Division of Medicine and Dentistry, Bureau of Health Workforce, HRSA, 5600 Fishers Lane, Rockville, MD 20852, email: *aknox@hrsa.gov,* phone: 301–443–4170.

**SUPPLEMENTARY INFORMATION:**

**Correction**

In the **Federal Register** of December 2, 2025, FR Doc. 2025–21742, page 55318, column 3, paragraph 3 of the **SUPPLEMENTARY INFORMATION** section, correct the ''[project period]'' caption to read as follows: ''July 1, 2025, to June 30, 2026.''

**Margaret M. Bush,**

*Deputy Administrator.*

[FR Doc. 2026–03639 Filed 2–23–26; 8:45 am]

**BILLING CODE 4165–15–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

### National Vaccine Injury Compensation Program; List of Petitions Received

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

**ACTION:** Notice.

**SUMMARY:** HRSA is publishing this notice of petitions received under the National Vaccine Injury Compensation Program (the Program), as required by the Public Health Service (PHS) Act, as amended. While the Secretary of HHS is named as the respondent in all proceedings brought by the filing of petitions for compensation under the Program, the United States Court of Federal Claims is charged by statute with responsibility for considering and acting upon the petitions.

**FOR FURTHER INFORMATION CONTACT:** For information about requirements for filing petitions, and the Program in general, contact Lisa L. Reyes, Clerk of Court, United States Court of Federal Claims, 717 Madison Place NW, Washington, DC 20005, (202) 357–6400. For information on HRSA's role in the Program, contact the Director, Division of Injury Compensation Programs, 5600 Fishers Lane, Room 14W–18, Rockville, Maryland 20857; 1–800–338–2382, or visit our website at: *https://www.hrsa.gov/vaccine-compensation.*

**SUPPLEMENTARY INFORMATION:** The Program provides a system of no-fault compensation for certain individuals who have been injured by specific vaccines. Subtitle 2 of Title XXI of the PHS Act, 42 U.S.C. 300aa–10 *et seq.,* provides that those seeking compensation are to file a petition with the United States Court of Federal Claims and to serve a copy of the petition to the Secretary of HHS, who is named as the respondent in each proceeding. The Secretary has delegated this responsibility under the Program to HRSA. The Court is directed by statute to appoint special masters who take evidence, conduct hearings as appropriate, and make initial decisions