

Dockets Management Staff (see ADDRESSES).

**Grace R. Graham,**

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

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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; Ryan White HIV/AIDS Program Part F Dental Services Report, OMB No. 0915-0151—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 March 30, 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](http://www.reginfo.gov/public/do/PRAMain). Find this 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](mailto:paperwork@hrsa.gov) or call (301) 443-3983.

#### SUPPLEMENTARY INFORMATION:

*Information Collection Request Title:* Ryan White HIV/AIDS Program Part F Dental Services Report, OMB No. 0915-0151—Revision.

*Abstract:* The Dental Reimbursement Program (DRP) and the Community Based Dental Partnership Program (CBDPP) under Part F of the Ryan White

HIV/AIDS Program (RWHAP) offer funding to accredited dental education programs to support the education and training of oral health providers in HIV oral health care and reimbursement for the provision of oral health services for people eligible for the RWHAP. Institutions eligible for the RWHAP DRP and CBDPP are accredited schools of dentistry and other accredited dental education programs, such as dental hygiene programs or those sponsored by a school of dentistry, a hospital, or a public or private institution that offers postdoctoral training in the specialties of dentistry, advanced education in general dentistry, or a dental general practice residency. The RWHAP DRP Application for the Notice of Funding Opportunity includes the Dental Services Report (DSR) that applicants use to apply for funding of non-reimbursed costs incurred in providing oral health care to clients with HIV and to report annual program data. Awards are authorized under section 2692(b) of the Public Health Service Act (42 U.S.C. 300ff-111(b)). The DSR is also used by CBDPP recipients to report on services rendered, clients served, and partnerships as an annual requirement. The DSR collects data on program information, client demographics, oral health services, funding, and training. It also requests applicants and recipients provide a narrative description of the services offered, the types of facilities available, and their linkage and collaboration with community-based oral health service providers.

Beginning with the 2022 DSR submission, the DSR website provided RWHAP DRP applicants and RWHAP CBDPP recipients an easily accessible and secure location to enter and submit their aggregate DSR data annually. All RWHAP DRP applicants and RWHAP CBDPP recipients will be authorized users of a web-based platform that allows users to easily navigate the site and enter their data. Users can see their report submission status and no longer need to email their dataset to HRSA. The implementation of the DSR website contributed to the overall decrease in burden hours. HRSA proposes minor modifications to the DSR data reporting tool:

- Remove the question regarding gender to align with administrative priorities.
- Add an "Unknown" response option for the "Sex at Birth" variable.
- Remove "People and Communities Disproportionately Impacted by HIV" from section 4.

A 60-day notice was published in the **Federal Register** on November 26, 2025,

vol. 90, No. 226; pp. 34332–33. There were no public comments.

*Need and Proposed Use of the Information:* The primary purpose of collecting this information annually is to verify applicant eligibility and determine reimbursement amounts for DRP applicants, as well as to document the program accomplishments of CBDDP grant recipients. This information allows HRSA to learn about (1) the extent of the involvement of dental schools and programs in treating persons with HIV, (2) the number and characteristics of clients who receive RWHAP supported oral health services, (3) the types and frequency of the provision of these services, (4) the non-reimbursed costs of oral health care provided to persons with HIV, and (5) the scope of grant recipients' community-based collaborations and training of providers. In addition to meeting the goal of accountability to Congress, clients, community groups, and the public, information collected in the DSR is critical for HRSA and recipients to assess the status of existing HIV-related health service delivery systems. The information will provide the measurement data for the HRSA budget justifications on the following indicators: number of persons for whom a portion/percentage of their unreimbursed oral health costs were reimbursed and the number of providers trained through the RWHAP Part F Dental Reimbursement and Community-Based Partnership Programs.

*Likely Respondents:* Accredited schools of dentistry and other accredited dental education programs, such as dental hygiene programs or those sponsored by a school of dentistry, a hospital, or a public or private institution that offers postdoctoral training in the specialties of dentistry, advanced education in general dentistry, or a general dental practice residency.

*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 use 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	Type of respondent	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Dental Services Report .....	DRP Applicants .....	56	1	56	32.0	1,792
	CBDPP Recipients .....	12	1	12	1.5	18
Total .....	.....	68	.....	68	.....	1,810

**Maria G. Button,**

*Director, Executive Secretariat.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

[Document Identifier: OS-0990-0488-30D]

**Agency Information Collection Request; 30-Day Public Comment Request**

**AGENCY:** Office of the Secretary, Administration for Strategic Preparedness and Response (ASPR), U.S. Department of Health and Human Services (HHS).

**ACTION:** Notice.

**SUMMARY:** In compliance with the requirement of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Administration for Strategic Preparedness and Response (ASPR), HHS, submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. OMB will accept further comments from the public during the review and approval period.

**DATES:** Comments on the ICR must be received on or before March 30, 2026.

**ADDRESSES:** Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice via [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). Find this information collection by selecting “Currently under Review” and “Select Agency: Department of Health and Human Services”.

**FOR FURTHER INFORMATION CONTACT:** Wayland Coker, ASPR Center for Industrial Base Management and Supply Chain (IBMSC), Chief Supply Chain Strategist, and Acting Interim Assistant Director of IBMSC at [wayland.coker@hhs.gov](mailto:wayland.coker@hhs.gov), or call (202) 875-1103. When submitting comments or requesting

information, please include the document identifier 0990-0488-30D and project title for reference.

**SUPPLEMENTARY INFORMATION:** OS, ASPR, and HHS, is announcing that a proposed extension of a generic information collection has been submitted to OMB for review and approval. OMB will accept further comments from the public during the review and approval period. No comments were received in the initial 60-day comment period. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (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.

*Title of the Collection:* Ensure a Strong Public Health Supply Chain Through Streamlined Oversight and American Priorities.

*Type of Collection:* Extension.  
*Office of Management and Budget (OMB) No. 0990-0488—Administration for Strategic Preparedness and Response—Center for Industrial Base Management and Supply Chain.*

*Abstract:* HHS, ASPR is seeking approval by OMB on an extension of the existing clearance (OMB Control Number: 0990-0488, Expiration Date: March 31, 2026). HHS is working with the White House and across the federal interagency to launch a multiyear implementation involving the identification and coordination of measurable activities across the United States government, state, local, tribal, and territorial (SLTT) jurisdictions, and private sector partners. Cross-sectoral engagement is the underpinning of

many of the interdependent implementation activities. For example, one such activity involves information collection from SLTT partners on facility, local, and state stockpiling plans to ensure coordinated plans are in place for a future public health emergency. Potential engagements include, and are not limited to, surveys, stakeholder meetings, requests for information (RFI), town hall meetings, and workshops. With each of these different mechanisms of engagement, there is a varied frequency ranging from single engagements to regularly recurring meetings.

In 2025, the White House capacity and strengthening the public health supply chain through a series of executive actions focused on reducing foreign dependency, enhancing domestic manufacturing capacity, and improving emergency preparedness. This includes the establishment of the Strategic Active Pharmaceutical Ingredients Reserve (SAPIR), directed by HHS and managed through ASPR, to ensure a secure, domestic supply of essential drug components. The administration has also invoked Section 232 of the *Trade Expansion Act of 1962* to assess whether reliance on imports of materials such as processed critical minerals and copper poses a national security risk, including risks to the production of pharmaceuticals and other medical countermeasures. These coordinated efforts reflect a broader federal strategy to increase the resilience, agility, and visibility of the public health supply chain in support of future emergency response operations. To support White House priorities, HHS seeks a 3-year extension to its Paperwork Reduction Act clearance and will engage with SLTT, trade groups, mixed cross-sector audiences, non-governmental organizations, manufacturers, academia, health care providers and facilities, and local communities.