on-site servers at CDC. This environment provides users with easily managed on-demand access to a shared pool of configurable computing resources such as networks, servers, software, tools, storage, and services, with limited need for additional IT support. Each site (*i.e.,* state or local public health department) controls its data within the cloud and is provided with free secure data storage space with tools for posting, receiving, controlling and analyzing their data; an easy-to-use data display dashboard; and a shared environment where users can collaborate and advance public health surveillance practice. Each site is responsible for creating its own data use agreements with the facilities that are sending the data, retains ownership of any data it contributes to its exclusive secure space, and can share data with CDC or users from other sites.

NSSP has three different types of information collection:

(1) Collection of onboarding data about healthcare facilities needed for state, local, and territorial public health departments to submit EHR data to the BioSense Platform;

(2) Collection of registration data needed to allow users access to the BioSense Platform tools and services; and

(3) Collection of data sharing permissions so that state, local, and territorial health departments can share data with other state, local, and territorial health departments and CDC.

Healthcare data shared with CDC can include: EHR data received by state and local public health departments from facilities including hospital emergency departments and inpatient settings, urgent care, and ambulatory care; mortality data from state and local vital statistics offices; laboratory tests ordered and their results from a national private sector laboratory company; and EHR data from the Department of Defense (DoD) and the Department of Health and Human Services (HHS) National Disaster Medical System (NDMS) Disaster Medical Assistance Teams (DMATs).

The only burden incurred by the health departments is for submitting onboarding data about facilities to CDC, submitting registration data about users to CDC, and setting up data sharing permissions with CDC. CDC requests OMB approval for an estimated 54 annual burden hours. Respondents include state, local, and territorial public health departments. There are no costs to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Avg. burden per response (in hours)
State, Local, and Territorial Public Health Departments	Onboarding	15	10	10/60
State, Local, and Territorial Public Health Departments	Registration	15	10	10/60
State, Local, and Territorial Public Health Departments	Data Sharing Permissions.	15	1	15/60

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Public Health Ethics and Regulations, Office of Science, Centers for Disease Control and Prevention.

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BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Next Steps for Tribal TANF Research and Data (New Collection)

AGENCY: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: This proposed information collection will use multiple methods to gather information from Tribal Leaders and Tribal Temporary Assistance for Needy Families (TANF) leaders, staff, and participants. The purpose of these activities is to gather systematic information directly from Tribal TANF program leaders, staff, and participants about (1) their challenges, successes, and support needs related to Tribal TANF data reporting requirements; and (2) their research and evidence needs related to Tribal TANF program operations. Foremost, ACF will use this information to inform future changes to Tribal TANF data reporting requirements and revisions to accompanying guidance (for example, to improve clarity and address inconsistencies in data definitions), as well as improvements to data-related technical assistance provided to Tribal TANF grantees.

DATES: *Comments due May 4, 2026.*

ADDRESSES: In compliance with the requirements of the Paperwork Reduction Act of 1995, the Administration for Children and Families (ACF) is soliciting public comment on the specific aspects of the information collection described above. You can obtain copies of the proposed collection of information and submit comments by emailing *OPREinfocollection@acf.hhs.gov.* Identify all requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: This information collection is designed to gather systematic information directly from Tribal TANF program leaders, staff, and participants about (1) their challenges, successes, and support needs related to Tribal TANF data reporting requirements; and (2) their research and evidence needs related to Tribal TANF program operations. Foremost, ACF will use this information to inform future changes to Tribal TANF data reporting requirements and revisions to accompanying guidance (for example, to improve clarity and address inconsistencies in data definitions), as well as improvements to data-related technical assistance provided to Tribal TANF grantees. The information collection will use talking circles, a survey, individual interviews, and direct observations. The goal is to thoughtfully mitigate a long-standing burdensome requirement into a more efficient and sustainable data collection process that yields reliable and higher-quality information actionable to both Tribal TANF programs, to inform program operations, and ACF in monitoring program compliance and performance. Additionally, the information will be used to inform future OPRE-sponsored research activities so that they yield information that enables Tribal TANF programs to engage in evidence-informed decision-making around program implementation

to ultimately serve their communities better and improve participant outcomes. *Respondents:* Tribal leaders, Tribal TANF program leaders, Tribal TANF staff, past and current Tribal TANF participants.

Annual Burden Estimates

Data collection efforts are expected to take place over about 2.5 years. Annual burden estimates have been calculated for a 3-year request to account for potential delays.

Instrument	Number of respondents (total over request period)	Number of responses per respondent (total over request period)	Average burden per response (in hours)	Total burden (in hours)	Annual burden (in hours)
Instrument 1: Talking Circle Facilitator's Guide—Knowledge Development	32	1	2	64	21
Instrument 2: Talking Circle Facilitator's Guide—Data Needs Assessment	48	1	2	96	32
Instrument 3: Tribal TANF Data Needs Assessment Survey	76	1	0.5	38	13
Instrument 4: Knowledge Sharing Visit Interview Protocol—Tribal TANF Program Leaders	10	1	1.5	15	5
Instrument 5: Knowledge Sharing Visit Interview Protocol—Data Staff	10	1	1.5	15	5
Instrument 6: Knowledge Sharing Visit Data Observation (Learning Exchange) Worksheet	10	1	1.5	15	5
Instrument 7: Knowledge Sharing Visit Talking Circle Facilitator's Guide—Staff	40	1	2	80	27
Instrument 8: Knowledge Sharing Visit Talking Circle Facilitator's Guide –Participants	40	1	2	80	27
Estimated Total Annual Burden Hours:					135

Comments: The Department specifically requests comments on (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Authority: Sec. 412 of the Social Security Act [42 U.S.C. 1310], as amended by P.L. 104–193.

Mary C. Jones,

ACF/OPRE Certifying Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2026–N–0809]

Recommendations on Scale-Up and Postapproval Changes Guidances for Industry; Request for Comments

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice; request for information and comments.

SUMMARY: The Food and Drug Administration (FDA, the Agency, or we) is announcing the opening of a public docket to solicit information and comments on the Agency's series of guidances for industry on scale-up and postapproval changes (SUPAC) for specific dosage forms. Specifically, we are seeking comment on the following guidances for industry: ''Immediate Release Solid Oral Dosage Forms Scale-Up and Postapproval Changes: Chemistry, Manufacturing, and Controls, In Vitro Dissolution Testing, and In Vivo Bioequivalence Documentation'' (SUPAC–IR); ''SUPAC–IR Questions and Answers about SUPAC–IR Guidance'' (SUPAC–IR Q&A); ''Nonsterile Semisolid Dosage Forms Scale-Up and Postapproval Changes: Chemistry, Manufacturing, and Controls; In Vitro Release Testing and In Vivo Bioequivalence Documentation'' (SUPAC–SS); ''SUPAC–MR: Modified Release Solid Oral Dosage Forms Scale-Up and Postapproval Changes: Chemistry, Manufacturing, and Controls; In Vitro Dissolution Testing and In Vivo Bioequivalence Documentation'' (SUPAC–MR); and ''SUPAC: Manufacturing Equipment Addendum'' (SUPAC–MEA). The Agency is seeking public information and comment on the continued utility of and suggestions for potential revisions to the recommendations in these guidances.

DATES: Submit either electronic or written comments on the notice by June 1, 2026 to ensure that the Agency considers your comment on these guidance documents before it begins work on any revisions.

ADDRESSES: You may submit comments as follows. Please note that late, untimely filed comments will not be considered. The *https://www.regulations.gov* electronic filing system will accept comments until 11:59 p.m. Eastern Time at the end of June 1, 2026. Comments received by mail/hand delivery/courier (for written/paper submissions) will be considered timely if they are received on or before that date.

Electronic Submissions

Submit electronic comments in the following way: