testing which supports revised estimates for response burden.

Also, all functions related to fellowship alumni will be discontinued and the FMS Alumni Directory module will be deactivated. CDC also will discontinue activity tracking for the majority of fellowship programs. These functions are currently unnecessary, and in some cases, duplicative of other data management and collection processes. Embedding them in the current FMS platform was deemed not cost effective at this time. However, CDC will retain the activity tracking function for the EIS and LLS fellowship programs.

This Revision proposes a modest decrease in total time burden. This is the result of more comprehensive estimations for fellow and host site applicants' respondent and time burdens, including discontinuation of data collection for the Future Leaders in Infections and Global Health (FLIGHT) program and the Presidential Management Fellow (PMF) programs. Burden reduction also is achieved through the changes related to streamlining the functions housed in the system.

FMS Application Module

The estimated annual number of fellowship applicants is decreased in this request from 5,286 to 2,500 based on application submission trends from the most recent approval period. In accordance with a reduction in the number of applicants, a reduction in the number of reference letter requests is included as well. The number requested to conduct a writing assessment in FMS remains the same as previously approved. Based on the pilot test, in which CDC encouraged more comprehensive assessment of time needed to prepare and submit the information included in these applications, the average burden per response increased from 87 to 163 minutes.

FMS Host Site Module

As with the FMS Application Module, the revised number of host site applicants comes from FMS system reporting for the most recent approval period. The new estimated annual number of host site applicants is decreased from 970 to 560 responses. Previously, estimates for the FMS Host Site Module's burden per response were based on the time it would take to fill out the form itself, assuming that responses were largely prepared or known ahead of time. The new estimate, created in part with feedback from former host site applicants, captures the true extent of burden imposed by discussing, drafting, reviewing, and submitting responses to these applications among various agency staff typically involved in that process. The estimated average burden per response is increased from 75 to 461 minutes.

FMS Activity Tracking Module

Given the significant reduction in the scope and use of this module, the estimated annual number of activity tracking respondents is decreased from 555 to 100, responding twice per year. No change to burden per response is requested, as CDC assessed the currently approved time burden to be a conservative, accurate estimate.

FMS Alumni Directory

The Alumni Module is proposed for deactivation and thus has no burden in this revision request.

Across these burden changes, compared to the currently approved burden of 13,477 hours annually, the new proposed burden is 12, 555 hours. OMB approval is requested for three years. Applying for and participating in fellowship programs are voluntary for both fellows and host site supervisors.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Fellowship Applicants	FMS Application Module	2,500	1	163/60
Reference Letter Writers	FMS Application Module	5,000	1	15/60
Subset of FMS Fellowship Applicants	FMS Application Module (Section 13.6)	220	1	30/60
Public Health Agency or Organization Staff	FMS Host Site Module	560	1	461/60
Public Health Agency or Organization Staff	FMS Activity Tracking Module	100	2	30/60

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

Centers for Disease Control and Prevention

[60Day–26–1208; Docket No. CDC–2026–0397]

Proposed Data Collection Submitted for Public Comment and Recommendations

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice with comment period.

SUMMARY: The Centers for Disease Control and Prevention (CDC), as part of its continuing effort to reduce public burden and maximize the utility of government information, invites the opportunity for the public and other federal agencies to comment on a continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled Developmental/Methodological Projects to Improve the National Health and Nutrition Examination Survey and Related Programs. The goal of these projects is to evaluate proposed survey designs, content, methods, and alternative approaches to activities such as outreach, screening, participant recruitment/retention, data collection, or other survey activities for NHANES or NCHS-wide projects.

DATES: CDC must receive written comments on or before May 8, 2026.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2026–0397 by either of the following methods:

- *Federal eRulemaking Portal: www.regulations.gov.* Follow the instructions for submitting comments.
- *Mail:* Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H21–8, Atlanta, Georgia 30329.

Instructions: All submissions received must include the agency name and Docket Number. CDC will post, without change, all relevant comments to *www.regulations.gov.*

Please note: Submit all comments through the Federal eRulemaking portal (*www.regulations.gov*) or by U.S. mail to the address listed above.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the information collection plan and instruments, contact Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H21–8, Atlanta, Georgia 30329; Telephone: 404–639–7570; Email: *omb@cdc.gov.*

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501–3520), federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. In addition, the PRA also requires federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each new proposed collection, each proposed extension of an existing collection of information, and each reinstatement of a previously approved information collection before submitting the collection to the OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

The OMB is particularly interested in comments that will help:

1. Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

2. Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

3. Enhance the quality, utility, and clarity of the information to be collected;

4. Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, *e.g.,* permitting electronic submissions of responses; and

5. Assess information collection costs.

Proposed Project

Developmental/Methodological Projects to Improve the National Health and Nutrition Examination Survey and Related Programs, (OMB Control No. 0920–1208, Exp. 5/31/2026)—Extension—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Section 306 of the Public Health Service (PHS) Act (42 U.S.C. 242k) authorizes that the Secretary of Health and Human Services (DHHS), acting through National Center for Health Statistics (NCHS), collect statistics on subjects in the United States, such as the extent and nature of illness and disability; environmental, social, and other health hazards; determinants of health; health resources; and utilization of healthcare. The National Health and Nutrition Examination Survey (NHANES) has been conducted periodically between 1970 and 1994, and continuously since 1999 by the NCHS/CDC.

The mission of NHANES programs is to produce descriptive statistics which measure the health and nutritional status of the general population. The continuous operation of NHANES programs presents unique challenges in testing new survey content and activities, such as outreach or participant screening. This Generic Clearance request covers developmental projects to help evaluate and enhance NHANES existing and proposed data collection activities to increase research capacity and improve data quality. The information collected through this Generic Clearance will not be used to make generalizable statements about the population of interest or to inform public policy; however, methodological findings from these projects may be reported.

The purpose and use of projects under this NHANES Generic Clearance would include developmental projects necessary for activities such as testing new procedures, equipment, technology and approaches that are going to be folded into NHANES or other NCHS programs; designing and testing examination components or survey questions; creating new studies including biomonitoring and clinical measures; creating new cohorts, including a pregnancy and/or a birth—24 month cohort; testing of the cognitive and interpretive aspects of survey methodology; feasibility testing of proposed new components or modifications to existing components; testing of human-computer interfaces/usability; assessing the acceptability of proposed NHANES components among likely participants; testing alternative approaches to existing NHANES procedures, including activities related to improving nonresponse; testing the use of, or variations/adjustments in, incentives; testing content of web-based surveys; testing the feasibility of obtaining bodily fluid specimens (blood, urine, semen, saliva, breastmilk) and tissue samples (swabs); testing digital imaging technology and related procedures (*e.g.,* retinal scan, liver ultrasound, dual-energy X-ray absorptiometry (DEXA)), prescription and over-the-counter dietary supplement bottles; testing the feasibility of, and procedure/processes for, accessing participant's medical records from healthcare settings (*e.g.,* hospitals and physician offices); testing the feasibility and protocols for home examination measurements; testing survey materials and procedures to improve response rates, including changes to advance materials and protocols, changes to the incentive structure, introduction of new and timely outreach and awareness procedures including the use of social media; conducting crossover studies; creating and testing digital survey materials; and conducting customer satisfaction assessments.

The types of participants covered by the NHANES Generic Clearance may include current or past NHANES participants; family or household members of NHANES participants; individuals eligible to be participants in NHANES, but who did not screen into the actual survey; convenience samples; volunteers; subject matter experts or consultants such as survey methodologists, academic researchers, clinicians or other health care providers; NHANES data or website users; members of the general public or individuals abroad who would be part of a collaborative development project or projects between NCHS and related public health agencies in the U.S. and/or abroad.

The type of participants involved in a given developmental project would be determined by the nature of the project. The details of each project will be included in the specific generic

clearance submission.. A three-year Extension for the Generic Clearance is requested. CDC requests OMB approval for an estimated 59,465 annualized burden hours. There is no cost to respondents other than their time

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Individuals or households	Developmental Projects & Focus Group documents.	35,000	1	1.5	52,500
Volunteers	Developmental Projects & Focus Group documents.	300	1	1.5	450
Individuals or households, Volunteers, NHANES Participants.	24-hour developmental projects	200	1	25	5,000
NHANES Participants	Developmental Projects	1,000	1	1.5	1,500
Subject Matter Experts	Focus Group/Developmental Project Documents.	15	1	1	15
Total					59,465

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

Centers for Medicare & Medicaid Services

[CMS–1862–NC]

Medicare and Medicaid Programs; Announcement of Applications From 12 Hospitals Requesting Waivers for Organ Procurement Service Area

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Notice with request for comment.

SUMMARY: This notice acknowledges the receipt of applications from 12 hospitals that have requested a waiver of statutory requirements that would otherwise require the hospitals to enter into an agreement with their designated organ procurement organization (OPO). This notice requests comments from OPOs and the general public for our consideration in determining whether we should grant the requested waivers.

DATES: To be assured consideration, comments must be received at one of the addresses provided below, by May 8, 2026.

ADDRESSES: In commenting, refer to file code CMS–1862–NC.

Comments, including mass comment submissions, must be submitted in one of the following three ways (please choose only one of the ways listed):

1. *Electronically.* You may submit electronic comments on this regulation to *https://www.regulations.gov.* Follow the ''Submit a comment'' instructions.

2. *By regular mail.* You may mail written comments to the following address ONLY: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS–1862–NC, P.O. Box 8010, Baltimore, MD 21244–8010.

Please allow sufficient time for mailed comments to be received before the close of the comment period.

3. *By express or overnight mail.* You may send written comments to the following address ONLY: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS–1862–NC, Mail Stop C4–26–05, 7500 Security Boulevard, Baltimore, MD 21244–1850.

For information on viewing public comments, see the beginning of the **SUPPLEMENTARY INFORMATION** section.

FOR FURTHER INFORMATION CONTACT: Lindsay Pulliam, (410) 786–8674.

SUPPLEMENTARY INFORMATION:

Inspection of Public Comments: All comments received before the close of the comment period are available for viewing by the public, including any personally identifiable or confidential business information that is included in a comment. We post all comments received before the close of the comment period on the following website as soon as possible after they have been received: *https://www.regulations.gov.* Follow the search instructions on that website to view public comments. CMS will not post on *Regulations.gov* public comments that make threats to individuals or institutions or suggest that the individual will take actions to harm the individual. CMS continues to encourage individuals not to submit duplicative comments. We will post acceptable comments from multiple unique commenters even if the content is identical or nearly identical to other comments.

I. Background

Organ Procurement Organizations (OPOs) are not-for-profit organizations that are responsible for the procurement, preservation, and transport of organs to transplant centers throughout the country. Qualified OPOs are designated by the Centers for Medicare & Medicaid Services (CMS) to recover or procure organs in CMS-defined exclusive geographic service areas, under section 371(b)(1) of the Public Health Service Act (42 U.S.C. 273(b)(1)) and our regulations at 42 CFR 486.306. Once an OPO has been designated for an area, hospitals in that area that participate in Medicare and Medicaid are required to work with that OPO in providing organs for transplant, pursuant to section 1138(a)(1)(C) of the Social Security Act (the Act) and our regulations at 42 CFR 482.45.

Section 1138(a)(1)(A)(iii) of the Act provides that a hospital must establish protocols which require the hospital to notify the designated OPO (for the service area in which it is located) of potential organ donors. Under section 1138(a)(1)(C) of the Act, every hospital must have an agreement only with its designated OPO to identify potential donors.

Section 1138(a)(2)(A) of the Act provides that a hospital may submit a request to the Secretary of the Department of Health and Human Services (the Secretary) for a waiver of the above requirements. If the requested waiver meets certain conditions specified in section 1138(a)(2)(A) of the