

complete to be paid, to comply with the direct deposit mandate in 31 U.S.C. 3332(a).

**ROUTINE USES OF RECORDS MAINTAINED IN THE SYSTEM, INCLUDING CATEGORIES OF USERS AND PURPOSES OF SUCH USES:**

Routine use 1 is revised to read as follows:

1. Records may be disclosed to the U.S. Department of the Treasury when disclosure of the information is relevant to review payment and award eligibility through the Do Not Pay Working System for the purposes of identifying, preventing, or recouping improper payments to an applicant for, or recipient of, Federal funds, including funds disbursed by a state (meaning a state of the United States, the District of Columbia, a territory or possession of the United States, or a federally recognized Indian tribe) in a state-administered, federally funded program.

The two breach response-related routine uses that were revised or added in February 2018 are now numbered as routine uses 17 and 18.

New routine use 19 is added to read as follows:

19. Records may be disclosed to the U.S. Department of the Treasury for purposes of effecting (meaning, disbursing or issuing) payments.

**HISTORY:**

80 FR 67767 (Nov. 3, 2015), 83 FR 6591 (Feb. 14, 2018).

[FR Doc. 2026-04842 Filed 3-11-26; 8:45 am]

**BILLING CODE 4150-24-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Indian Health Service**

**Catastrophic Health Emergency Fund (CHEF) Fiscal Year 2026 Threshold**

**AGENCY:** Indian Health Service, Department of Health and Human Services.

**ACTION:** Notice.

**SUMMARY:** This notice announces the Catastrophic Health Emergency Fund (CHEF) threshold established at \$19,630 for Fiscal Year 2026 CHEF requests.

**SUPPLEMENTARY INFORMATION:** The Indian Health Service (IHS) administers the CHEF pursuant to section 202 of the Indian Health Care Improvement Act (IHCIA). The purpose of the CHEF is to meet the extraordinary medical costs associated with the treatment of victims of disasters or catastrophic illnesses who are within the responsibility of the Service. The CHEF was established by section 202 of the IHCIA, Public Law

94-437 (25 U.S.C. 1621a). The Patient Protection and Affordable Care Act, Public Law 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Public Law 111-152 (collectively, the Affordable Care Act or “the ACA”), reauthorized the IHCIA and amended the CHEF, directing the Secretary to promulgate regulations governing the administration of the CHEF. The final CHEF regulation (2024-19421 (89 FR 70527)) was published on August 30, 2024, in the **Federal Register**, establishing the threshold cost of \$19,000 for Fiscal Year (FY) 2024. See 42 CFR 136.503(a). The threshold amount in subsequent years is calculated from the threshold amount of the previous year, and increased by the percentage increase in the medical care expenditure category of the Consumer Price Index for all urban consumers (United States city average) for the 12-month period ending with December of the previous year. See 42 CFR 136.503(b). The Consumer Price Index is released monthly. For FY 2026, “December of the previous year” is December 2024, because December 2025 is part of FY 2026. The “12-month period ending with December of the previous year” is therefore December 2023 to December 2024. The medical care expenditure category for this 12-month period was 2.8%, thereby increasing the threshold from \$19,095 for FY 2025 to \$19,630 for FY 2026 CHEF requests. See <https://www.federalregister.gov/documents/2025/11/26/2025-21314/catastrophic-health-emergency-fund-chef-threshold> for the FY 2025 CHEF Threshold Notice.

Clayton Fulton,

*Chief of Staff, Indian Health Service.*

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**BILLING CODE 4166-14-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**Proposed Collection; 30-Day Comment Request; NIH Information Collection Web Interface and Forms To Support Genomic Data Sharing and NIH Controlled-Access Data Repository Requirements (OD)**

**AGENCY:** National Institutes of Health, HHS.

**ACTION:** Notice.

**SUMMARY:** In compliance with the requirement of the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed data

collection projects, the National Institutes of Health Office of the Director (OD) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

**DATES:** Comments regarding this information collection are best assured of having their full effect if received by April 13, 2026.

**FOR FURTHER INFORMATION CONTACT:** To obtain a copy of the data collection plans and instruments, submit comments in writing, or request more information on the proposed project, contact: Jon Lorsch, Ph.D., Deputy Director for Extramural Research, Office of Extramural Research, NIH, 6705 Rockledge Drive, Suite 800-C, Bethesda, MD 20892, non-toll-free number (301)-594-7783; [GDS@mail.nih.gov](mailto:GDS@mail.nih.gov). Formal requests for additional plans and instruments must be requested in writing.

**SUPPLEMENTARY INFORMATION:** Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 requires: written comments and/or suggestions from the public and affected agencies are invited to address one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) 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) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimize the burden of the collection of information from those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

*Proposed Collection Title:* NIH Information Collection Web Interfaces and Forms to Support Genomic Data Sharing for Research Purposes—0925-0670—Expiration Date 03/31/2026—REVISION—Office of the Director (OD), National Institutes of Health (NIH).

*Need and Use of Information Collection:* To promote robust sharing of human and non-human genomic data from a wide range of large-scale genomic research, and to provide appropriate protections for research involving human data, the NIH issued the Genomic Data Sharing (GDS) Policy (<https://grants.nih.gov/grants/guide/notice-files/NOT-OD-14-124.html>). The