DEPARTMENT OF HEALTH AND HUMAN SERVICES

Privacy Act of 1974; System of Records

AGENCY: Office of the Assistant Secretary for Financial Resources (ASFR), Department of Health and Human Services (HHS).

ACTION: Notice of modified systems of records.

SUMMARY: In accordance with the requirements of the Privacy Act of 1974, as amended, the Department of Health and Human Services (HHS) is modifying system of records 09–90–0024 ''HHS Financial Management System Records'' to update the legal authorities, clarify the purpose descriptions, add a new routine use, and revise an existing routine use. The system of records is maintained by HHS' Office of the Assistant Secretary for Financial Resources (ASFR) and covers records retrieved by personal identifier about individuals who receive or are entitled to a payment from HHS and individuals who pay or owe money to HHS.

DATES: In accordance with 5 U.S.C. 552a(e)(4) and (11), this notice is effective March 12, 2026, with the exception of the new and revised routine uses, which will be effective April 13, 2026. Please submit any comments on this notice by April 13, 2026.

ADDRESSES: The public should address written comments on this notice to Beth Kramer, HHS Privacy Act Officer, by email at *beth.kramer@hhs.gov* or by mail addressed to: HHS Privacy Act Officer, FOIA/Privacy Act Division, 200 Independence Ave. SW—Suite 729H, Washington, DC 20201.

FOR FURTHER INFORMATION CONTACT: General questions about the modified system of records may be submitted to Beth Kramer, HHS Privacy Act Officer, by email at *beth.kramer@hhs.gov* or by mail addressed to: HHS Privacy Act Officer, FOIA/Privacy Act Division, 200 Independence Ave. SW—Suite 729H, Washington, DC 20201.

SUPPLEMENTARY INFORMATION: System of records 09–90–0024 ''HHS Financial Management System Records'' is departmentwide; it covers any records about individual payees and payors of HHS that are used to manage HHS payment, collection, and accounting functions, unless covered by a more specific System of Records Notice (SORN). HHS is revising the SORN for system of records 09–90–0024, affecting the Authorities, Purpose(s), and Routine Uses sections of the SORN, as follows:

- HHS is updating the Authorities section to add Executive Order (E.O.) 14249, published at 90 FR 14011 (Mar. 28, 2025), titled ''Protecting America's Bank Account Against Fraud, Waste, and Abuse,'' and to remove 31 U.S.C. 3321 note (typed incorrectly as 31 U.S.C. 1321 note) which was repealed and moved to 31 U.S.C. 3354 in March 2020.
- HHS is revising the Purpose(s) section to make clear that SORN 09–90–0024 is the only HHS SORN that covers records used to determine award and payment eligibility through use of the Department of the Treasury's Do Not Pay Working System, although other SORNs may cover records used for other aspects of award and payment eligibility determinations, *i.e.,* aspects that do not involve using the Department of the Treasury's Do Not Pay Working System.
- HHS is revising routine use 1 in the Routine Uses section to use wording prescribed by the Office of Management and Budget (OMB) in OMB Memorandum M–25–32, issued August 20, 2025, titled ''Preventing Improper Payments and Protecting Privacy Through Do Not Pay,'' and to move a portion of what is currently in routine use 1 to a separate, new routine use 19. Revised routine use 1 will be worded 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.''
- HHS is adding a new routine use 19 which will be limited to authorizing disclosures to the U.S. Department of the Treasury (Treasury) for the purpose of effecting (meaning, disbursing or issuing) payments.

Because these constitute significant changes to the system of records, HHS provided a report on this modified system of records to the Committee on Homeland Security and Governmental Affairs of the Senate, the Committee on Oversight and Accountability of the House of Representatives, and the OMB Office of Information and Regulatory Affairs in accordance with 5 U.S.C. 552a(r).

Dated: December 10, 2025.

Uma D. Yanamandra,

Director, Division of Strategic Planning, Oversight, & Coordination, Office of Systems, Policy & Oversight, Office of Finance.

SYSTEM NAME AND NUMBER:

HHS Financial Management System Records, 09–90–0024.

AUTHORITY FOR MAINTENANCE OF THE SYSTEM:

31 U.S.C. 3354, 3512, 3711, 3716, 3721; E.O.s 13520 and 14249. 31 U.S.C. 7701 mandates collection of Taxpayer Identification Number from persons applying for a loan under a federal loan program and from persons doing business with a federal agency.

PURPOSE(S) OF THE SYSTEM:

Relevant HHS personnel use the records on a need-to-know basis to process and track payments made and monies owed to or by individuals and HHS, and to ensure that payments by HHS are proper (*i.e.,* comply with the Do Not Pay Initiative) and are based on an official commitment and obligation of government funds. When an individual is required to repay funds that have been advanced to him (*e.g.,* as a loan or scholarship), records are used to establish a receivable record and to track repayment status. In the event of an overpayment to an individual, records are used to establish a receivable record for recovery of the amount claimed. Records of payments and uncollectible debts are also used to develop reports of taxable income to the Internal Revenue Service (IRS) and applicable state and local taxing officials. Records in this system of records that pertain to current (non-overdue), overdue, and delinquent federal debts are also used for debt management and collection purposes, as described in the SORN published for System of Records No. 09–90–40–0012 ''HHS Debt Management and Collection Records.''

Note: This is the only HHS SORN that covers records HHS uses to determine award and payment eligibility through the Department of the Treasury's Do Not Pay Working System. Other HHS SORNs may cover other aspects of award and payment eligibility determinations, *i.e.,* aspects that do not involve using the Department of the Treasury's Do Not Pay Working System. For example, the SORNs that cover HHS suitability determination records include records used to vet fitness of HHS employees and contractor personnel to pass a background check or have access to classified information, and the SORN that covers HHS payroll records includes records HHS employees must

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 Staes, 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.

[FR Doc. 2026–04827 Filed 3–11–26; 8:45 am]

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.* 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 minimizes 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