

Current Good Manufacturing Practice (CGMP) sample retention have been approved under OMB control number 0910-0139.

**III. Electronic Access**

Persons with access to the internet may obtain the guidance at <https://www.fda.gov/drugs/guidance-compliance-regulatory-information/guidances-drugs>, <https://www.fda.gov/regulatory-information/search-fda-guidance-documents>, or <https://www.regulations.gov>.

**Grace R. Graham,**

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

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BILLING CODE 4164-01-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Agency Information Collection Activities: Proposed Collection: Public Comment Request; Information Collection Request Title: Delta States Rural Development Network Grant Program, OMB No. 0915-0386—Revision**

**AGENCY:** Health Resources and Services Administration (HRSA), Department of Health and Human Services.

**ACTION:** Notice.

**SUMMARY:** In compliance with the requirement for opportunity for public comment on proposed data collection projects of the Paperwork Reduction Act of 1995, HRSA announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

**DATES:** Comments on this ICR should be received no later than May 18, 2026.

**ADDRESSES:** Submit your comments to [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or mail the HRSA Information Collection Clearance

Officer, Room 13N82, 5600 Fishers Lane, Rockville, Maryland 20857.

**FOR FURTHER INFORMATION CONTACT:** To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or call Samantha Miller, the HRSA Information Collection Clearance Officer, at (301) 443-3983.

**SUPPLEMENTARY INFORMATION:** When submitting comments or requesting information, please include the ICR title for reference.

*Information Collection Request Title:* Delta States Rural Development Network Grant Program, OMB No. 0915-0386—Revision.

*Abstract:* The Delta States Rural Development Network Grant (Delta) Program is authorized by the Public Health Service Act, Section 330A(f) (42 U.S.C. 254c(f)). The Delta Program supports projects that demonstrate evidence based and/or promising approaches around cardiovascular disease, diabetes, acute ischemic stroke, or obesity in order to improve health status in rural communities throughout the Delta Region. Key features of Delta Program-supported projects are collaboration, adoption of an evidence-based approach, demonstration of health outcomes, program replicability, and sustainability. HRSA collects information from Delta Program award recipients using an OMB-approved set of performance measures and wants to revise that information collection.

*Need and Proposed Use of the Information:* The purpose of the data collection is for HRSA to assess Delta Program awardees' progress in meeting the program goals (as stated in the authorizing statute) and how well each awardee meets their community needs. Additionally, HRSA will be able to monitor and assess the impact of the Delta Program and ensure funds are effectively used to provide services that meet the target population's needs.

HRSA seeks to revise the approved information collection, which Delta Program awardees will submit to HRSA on an annual basis. The proposed revisions include modifying how HRSA displays race and ethnicity measures in

the data collection platform by making it display as two separate questions for current Delta Program recipients. As the Delta Program recipients are currently in an active project period, this proposed revision would minimize any disruptions to their existing data collection processes and help maintain consistent data reporting to HRSA, while also starting to ease the transition toward SPD-15 compliance.

Additionally, the estimated total burden hours have increased to reflect the time required for current Delta Program awardees to complete data collection-related training for their internal staff as well as staff within their network partnerships. There are several additional contributing factors to the increase in estimated total burden. These grantee organizations vary in data collection and reporting capacity as well as vary in the number of network organizations they must coordinate with to report this data to HRSA. Furthermore, the grantee organization and its network organizations may not share the same data collection systems/platforms. As a result, this increase in total burden accounts for the time that Delta Program awardees will need to compile and review data quality from its network organizations prior to submitting the data to HRSA.

*Likely Respondents:* Respondents will be the Delta Program award recipients.

*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 utilize 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	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Delta States Rural Development Network Program Performance Measures .....	12	1	12	72.75	873
Total .....	12	1	12	72.75	873

HRSA specifically requests comments on (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.

**Maria G. Button,**

*Director, Executive Secretariat.*

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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; Countermeasures Injury Compensation Program—OMB No. 0915-0334—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. No comments were submitted during the first public review of this ICR. 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 April 17, 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 particular 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:* Countermeasures Injury Compensation Program—OMB No. 0915-0334—Revision.

*Abstract:* This is a request for continued OMB approval of the information collection requirements for the Countermeasures Injury Compensation Program (CICP or Program).

This request includes revisions to improve the efficiency of the information collection process and the quality of the information collected. The revisions streamline questions on the information collection documents and update CICP contact information. HRSA administers CICP in accordance with the Public Readiness and Emergency Preparedness Act (PREP Act) and CICP regulations at 42 CFR part 110. CICP is requesting continued approval for this information collection, which includes documents specified in CICP's regulations (42 CFR part 110).

The PREP Act authorized the establishment of CICP and provides liability immunity to covered persons for claims of loss caused by, arising out of, relating to, or resulting from the administration or use of covered countermeasures for diseases, threats, and conditions identified in PREP Act declarations. The immunity extended in the PREP Act encourages the development, manufacture, testing, distribution, and administration/use of countermeasures (e.g., vaccine, medication, device) when a disease, health condition, or other threat to health constitutes a public health emergency, or there is a credible risk that it may in the future constitute such an emergency. A 60-day notice published in the **Federal Register** on December 17, 2025, vol. 90, No. 240; pp. 58568. There were no public comments.

*Need and Proposed Use of the Information:* CICP provides compensation to eligible individuals who suffer serious injuries or death directly caused by a covered countermeasure administered or used pursuant to a PREP Act Declaration or to their estates and/or to certain survivors. An individual who is an injured countermeasure recipient, the estate or survivor(s) of a deceased injured countermeasure recipient, or their representative is responsible for submitting the Request for Benefits (RFB) package, as well as the injured countermeasure recipient's medical records and supporting documentation. Individuals can apply at any time, but eligibility for compensation is subject to meeting applicable filing deadlines and other requirements.

To determine whether a requester is eligible for Program benefits (compensation) for a countermeasure injury, CICP staff must review the RFB package, which includes the following:

(1) RFB Form and Supporting Medical Documentation: Submission of the RFB form and supporting medical documentation initiate the CICP claims review process. CICP assesses the RFB form and supporting medical documentation to gather required information about the requester, document the use or administration of a countermeasure, and obtain medical information about the countermeasure recipient.

(2) Authorization for Use or Disclosure of Health Information Form (Authorization Form): The requester or representative, if applicable, completes the Authorization Form and gives medical providers permission to disclose the countermeasure recipient's health information via medical records to CICP for the purpose of determining eligibility for CICP benefits.

(3) Additional Medical Documentation and Certification: During the eligibility review, CICP provides requesters with the opportunity to supplement their RFB package with additional medical records and supporting documentation before the Program makes a final decision. CICP may ask requesters and/or representatives to complete and sign a form indicating whether they intend to submit additional required documentation before the final determination of their case. After CICP makes a final decision on a case, there are no other opportunities for a requester or representative to submit additional medical records or supporting documents.

(4) Supporting Benefits Documentation: A requester who is an injured countermeasure recipient may be eligible to receive benefits for unreimbursed medical expenses and/or lost employment income. The estate of a deceased injured countermeasure recipient may also be eligible to receive payment for unreimbursed medical expenses and/or lost employment income accrued before the injured countermeasure recipient's death. Requesters seeking such benefits must submit documentation of the injured countermeasure recipient's unreimbursed medical expenses and lost employment income. If the administration or use of a covered countermeasure directly caused an individual's death, certain of the individual's survivors may be eligible to receive a death benefit, but not unreimbursed medical expenses or lost