

TOTAL ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Multipurpose or Hybrid Program .....	1,207	1	1,207	2.8	3,379.6
Total .....	1,968	.....	1,968	.....	5,656.9

**Maria G. Button,**  
 Director, Executive Secretariat.  
 [FR Doc. 2026-05671 Filed 3-23-26; 8:45 am]  
 BILLING CODE 4165-15-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: Rural Health Care Coordination Program Performance Improvement Measures, OMB No. 0906-0024—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 26, 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:* Rural Health Care Coordination Program Performance Improvement Measures, OMB No. 0906-0024—Revision.

*Abstract:* The Rural Health Care Coordination (Care Coordination) Program is authorized under 42 U.S.C. 254c(e) (section 330A(e) of the Public Health Service Act) to promote rural health care services outreach by improving and expanding the delivery of health care services through comprehensive care coordination strategies addressing a primary focus area: (1) heart disease, (2) cancer, (3) chronic lower respiratory disease, (4) stroke, or (5) maternal health. HRSA currently collects information about Care Coordination Program grants using an OMB-approved set of performance measures and seeks to revise that approved collection. The proposed changes are a result of keeping this instrument relevant, responsive to the Care Coordination Program needs, and to improve clarity and ease of reporting for respondents.

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

HRSA revised the performance measures that Care Coordination Program awardees will submit to HRSA on an annual basis. The proposed changes include adding one additional response option for the race/ethnicity measures, one additional measure in the Leadership and Workforce Composition

section, modifying the text of an existing measure to enhance clarity, and correcting the units of measurement on two existing measures.

There is a proposed increase in the estimated total burden hours compared to the current approved information collection. The increase in burden is to account for changes to the instruments and the time it takes for awardees to refine their existing processes to coordinate and collect data from their partner organizations. These organizations vary in data collection and reporting capacity as well as in the number of member organizations each must coordinate with to report this data to HRSA. The amount of time it takes to build processes to coordinate and collect data from network partners will vary. Larger networks with multiple partners across different organizations are likely to report higher burdens due to the wait time in between coordinating data requests. Networks that already have established working relationships with member organizations may have existing processes in place to effectively collect data for this program.

*Likely Respondents:* Respondents will be the Care Coordination 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
Rural Health Care Coordination Performance Measures ....	10	1	10	58.18	581.80
Total .....	10	1	10	58.18	* 581.80

\* **Note:** Total Burden Hours round up to 582.

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.

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 [FR Doc. 2026-05663 Filed 3-23-26; 8:45 am]  
 BILLING CODE 4165-15-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**Submission for OMB Review; 30-Day Comment Request; National Institutes of Health (NIH) Loan Repayment Programs, (Office of the Director)**

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

**ACTION:** Notice.

**SUMMARY:** In compliance with the Paperwork Reduction Act of 1995, the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request for review

and approval of the information collection listed below.

**DATES:** Comments regarding this information collection are best assured of having their full effect if received by April 23, 2026.

**ADDRESSES:** Written comments and recommendations for the proposed information collection should be sent to [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). Find this particular information collection by selecting “Currently under 30-day Review—Open for Public Comments” or by using the search function.

**FOR FURTHER INFORMATION CONTACT:** To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact: Matthew Lockhart, Director, Division of Loan Repayment, National Institutes of Health, 6705 Rockledge Dr, 8th Floor (MSC 7963), Bethesda, Maryland 20892-7963 or email your request, including your address to [matthew.lockhart@nih.gov](mailto:matthew.lockhart@nih.gov) or call (240) 380-3062. Formal requests for additional plans and instruments must be requested in writing.

**SUPPLEMENTARY INFORMATION:** This proposed information collection was previously published in the **Federal Register** on December 23, 2025, page numbers 60110-60111 (87 FR 60110) and allowed 60 days for public comment. No public comments were received. The purpose of this notice is

to allow an additional 30 days for public comment. The NIH may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

*Proposed Collection:* Loan Repayment Programs (LRP), 0925-0361, expiration date 03/31/26, EXTENSION, Office of the Director (OD), National Institutes of Health.

*Need and Use of Information Collection:* The NIH makes available financial assistance, in the form of educational loan repayment, to M.D., Ph.D., Pharm.D., Psy.D., D.O., D.D.S., D.M.D., D.P.M., DC, N.D., O.D., D.V.M, or equivalent doctoral degree holders who perform biomedical or behavioral research in NIH intramural laboratories or as extramural grantees or scientists funded by domestic non-profit organizations for a minimum of two years (three years for the General Research subcategory) in research areas supporting the mission and priorities of the NIH. The information proposed for collection will be used by the DLR to determine an applicant’s eligibility for the program.

OMB approval is requested for 3 years. There are no costs to respondents other than their time. The total estimated annualized burden hours are 20,8020.

ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Type of respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total annual burden hours
Applicant .....	Applicants	2,070	1	8	16,560
Recommender .....	Recommenders	8,080	1	30/60	4,040
Institutional Business Officer .....	Institutional Business Officer .....	2,000	1	5/60	167
NIH LRP Coordinator .....	NIH LRP Coordinator .....	70	1	30/60	35
Total .....	.....	12,220	12,220	.....	20,802