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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; Bureau of Health Workforce
 Performance Data Collection, OMB No.
 0906-0086-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. Comments
 submitted during the first public review
 of this ICR will be provided to OMB.
 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 23, 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 or call (301) 443-
 3983.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title:
 Bureau of Health Workforce
 Performance Data Collection, OMB No.
 0906-0086-Revision.

Abstract: Over 50 Bureau of Health
 Workforce programs award grants to
 health professions schools and training
 programs across the United States to
 develop, expand, and enhance training,
 and to strengthen the distribution of the
 health workforce. These programs are
 governed by Titles III, VII, and VIII of
 the Public Health Service Act.
 Performance information is collected in
 the HRSA Performance Report for
 Grants and Cooperative Agreements.
 Data collection activities consisting of
 an annual progress report and an annual
 performance report satisfy statutory and
 programmatic requirements for
 performance measurement and
 evaluation (including specific Titles III,
 VII and VIII requirements), as well as
 the Government Performance and
 Results Modernization Act of 2010 and
 the Foundations for Evidence-Based
 Policymaking Act of 2018 requirements.
 The performance measures were last
 revised in 2023 to ensure they
 addressed programmatic changes, met
 evolving program management needs,
 and responded to emerging workforce
 concerns. Measures were then updated
 in 2025 to better reflect agency
 priorities. HRSA will continue with its
 current performance management
 strategy and make additional changes
 that reduce burden, simplify reporting,
 reflect new legislative or Department of
 Health and Human Services priorities,
 and enable longitudinal analysis of
 program performance. To reduce
 reporting burden, HRSA will remove
 four complex interrelated forms and
 more than 50 questions that are no
 longer needed. To simplify reporting on
 the individual characteristics form, four
 questions will be consolidated into two.
 HRSA will also amend four training and
 employment questions to ensure
 consistent reporting across forms and
 key outcomes measures are captured.
 Additionally, the data collection forms
 will be revised for compliance with
 OMB’s Statistical Policy Directive No.

15. Lastly, the progress report will be
 updated to include a new summary
 information section with five questions
 to capture outcomes at project closeout.

A 60-day notice published in the
Federal Register on January 8, 2026,
 vol. 91, No. 5; pp. 713-714. There were
 no public comments.

*Need and Proposed Use of the
 Information:* The purpose of the
 proposed data collection is to continue
 analysis and reporting of grantee
 training activities and education,
 identify details about the practice
 locations where trainees work after
 program completion, and report
 outcomes of funded initiatives. Data
 collected from these grant programs will
 also provide a description of the
 program activities of approximately
 1,968 reporting grantees to inform
 policymakers on the barriers,
 opportunities, and outcomes involved
 in health care workforce development.
 The proposed measures focus on four
 key outcomes: (1) increasing the
 workforce supply of well-educated
 practitioners in needed professions, (2)
 increasing the number of practitioners
 that practice in underserved and rural
 areas, (3) enhancing the quality of
 education, and (4) supporting
 educational infrastructure to increase
 the capacity to train more health
 professionals in high demand areas.

Likely Respondents: Respondents are
 grantees of Bureau of Health Workforce
 health professions grant programs.

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
Direct Financial Support Program	602	1	602	2.7	1,625.4
Infrastructure Program	159	1	159	4.1	651.9

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.
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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 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 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.