

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-26-0255]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled “Resources and Services Database of the CDC National Prevention Information Network (NPIN)” to the Office of Management and Budget (OMB) for review and approval. CDC previously published a “Proposed Data Collection Submitted for Public Comment and Recommendations” notice on December 5, 2025, to obtain comments from the public and affected agencies. CDC received no public comments related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

(b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(c) Enhance the quality, utility, and clarity of the information to be collected;

(d) Minimize the burden of the collection of information on those who are to respond, including, through the use of appropriate automated,

electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses; and

(e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639-7570. 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. Find this particular information collection by selecting “Currently under 30-day Review—Open for Public Comments” or by using the search function. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395-5806. Provide written comments within 30 days of notice publication.

Proposed Project

Resources and Services Database of the National Prevention Information Network (NPIN), (OMB Control No. 0920-0255, Exp. 03/31/2026)—Revision—National Center for HIV, Viral Hepatitis, STD, TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The CDC requests a Revision of the Resources and Services Database of the National Prevention Information Network (NPIN) information collection, currently approved under OMB Control No. 0920-0255, for a period of three years. NCHHSTP has the primary responsibility within the CDC and the U.S. Public Health Service for the prevention and control of HIV infection, viral hepatitis, sexually transmitted diseases (STDs), and tuberculosis (TB),

as well as for community-based HIV prevention activities, syphilis, and TB elimination programs. NPIN serves as the U.S. reference, referral, and distribution service for information on HIV/AIDS, viral hepatitis, STDs, and TB, supporting NCHHSTP’s mission to link Americans to prevention, education, and care services. NPIN is a critical member of the network of government agencies, community organizations, businesses, health professionals, educators, and human services providers that educate the American public about the grave threat to public health posed by HIV/AIDS, viral hepatitis, STDs, and TB, and provides services for persons infected with human immunodeficiency virus (HIV).

The NPIN Resources and Services Database contains entries on approximately 13,100 organizations and is the most comprehensive listing of HIV/AIDS, viral hepatitis, STD, and TB resources and services available throughout the country. The American public can also access the NPIN Resources and Services database through the NPIN website. More than 616,557 unique visitors and more than 1,045,160 page views are recorded annually.

To accomplish CDC’s goal of continuing efforts to maintain an up-to-date, comprehensive database, NPIN plans each year to add up to 1,200 newly identified organizations and to verify those organizations currently described in the NPIN Resources and Services Database each year. Organizations with access to the internet will be given the option to complete and submit an electronic version of the questionnaire by visiting the NPIN website.

CDC requests OMB approval for 1,449 estimated annual burden hours. There are no costs to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

Form	Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Initial Questionnaire Telephone Script	Registered nurses, Social and community service managers, Health educators, and Social and Human service assistants.	1,200	1	7/60
Telephone Verification	Registered nurses, Social and community service managers, Health educators, and Social and Human service assistants.	11,135	1	6/60
Email Verification	Registered nurses, Health educators, Social and human service assistants, and Social and community service managers.	1,965	1	6/60

Jeffrey M. Zirger,
*Lead, Information Collection Review Office,
 Office of Public Health Ethics and
 Regulations, Office of Science, Centers for
 Disease Control and Prevention.*
 [FR Doc. 2026-05717 Filed 3-23-26; 8:45 am]
BILLING CODE 4163-18-P

**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