

5. Assess information collection costs.

**Proposed Project**

Information Collection for The Electronic Disease Notification (EDN) System Tuberculosis Follow-Up Worksheet for Newly-Arrived Persons and US Status Adjusters with Overseas Tuberculosis Classifications (OMB Control No. 0920–1238)—Reinstatement—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

This information is designed to assist CDC in fulfilling its regulatory responsibility to prevent the importation and spread of communicable diseases from foreign countries (42 CFR part 71) and interstate control of communicable diseases in humans (42 CFR part 70). Section 361 of the Public Health Service (PHS) Act (42 U.S.C. 264) authorizes the Secretary of Health and Human Services to make and enforce regulations necessary to prevent the introduction, transmission, or spread of communicable disease from foreign countries into the United States. Under its delegated authority in 42 CFR parts 70 and 71, the Division of Global Migration Health (DGMH) works to fulfill this responsibility through numerous activities that include monitoring the arrival of persons with Class A and Class B TB conditions and

coordinating domestic follow-up examinations to prevent new transmission of TB in the United States. The TB follow-up worksheet is designed to capture U.S. TB examination data for newly arrived persons and U.S. status adjusters with Classification A and B for TB. The information collected by the TB follow-up worksheet will provide a method of performing several TB prevention activities, both international and domestic in nature.

The U.S. foreign-born population had the highest incidence of TB compared to the U.S. non-foreign-born population. CDC strongly recommends incoming persons receive follow-up examinations for TB in the U.S. This data collection will facilitate the methodical collection of TB follow-up outcome data to monitor and track persons with overseas Classification A and B for TB and will assist in the national effort to prevent new transmission of TB. To accurately determine rates of TB, recent U.S. arrivals receive domestic follow-up evaluations. U.S. health departments will provide domestic follow-up outcome information to CDC. Without this data, DGMH will not have a method of tracking and monitoring newly arrived persons with overseas Classification A or B for TB. DGMH will use information reported on the worksheet to ensure that TB programs are effectively tracking new foreign arrivals and coordinating follow-up evaluations with local clinicians. To

monitor and evaluate domestic TB program performance, CDC needs to collect data on all elements of TB domestic follow-up evaluations including chest x-rays, diagnoses, and U.S. treatment outcomes.

DGMH staff along with other federal partners will also use this information to evaluate panel physician/civil surgeon performance and prevention activities. To evaluate panel physician/civil surgeon performance and TB prevention activities, CDC needs to know the results of domestic chest x-rays (CXR), CXR comparison sputum smears and cultures, and TB diagnoses along with domestic reviews of overseas treatment.

Modifications to the previously approved data collection include: (1) changes to the number of respondents due to more applicants requesting access to the EDN system since the last approval; (2) a change to the number of respondents due to addition of U.S. status adjusters with TB classification and data collection efficiencies (specifically using an electronic rather than paper collection system); and (3) minor adjustments made to the information collection in order to provide more clarity through enhancement of particular fields. CDC requests OMB approval for an estimated 3,626 annual burden hours. There are no costs to respondents other than their time to participate.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Type of respondent	Form name	Number of respondents	Number responses per respondent	Avg. burden per response (in hrs.)	Total burden (in hrs.)
EDN data entry staff at state and local health departments.	US Tuberculosis Follow-up Worksheet for Newly-Arrived and US Status Adjusters with Tuberculosis Classifications.	1,813	4	0.5	3,626
Total .....	.....	.....	.....	.....	3,626

**Jeffrey M. Zirger,**

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**[30Day–26–1166]**

**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 “Poison Center Collaborations for Public Health Emergencies (PCCPHE)” 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 January 15, 2026 to obtain comments from the public and affected agencies. CDC received three 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](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. 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**

Poison Center Collaborations for Public Health Emergencies (PCCPHE) (OMB Control No. 0920-1166, Exp. 4/30/2026)—Revision—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

The Centers for Disease Control and Prevention (CDC) is requesting a three-year Paperwork Reduction Act (PRA) Revision of the Generic Information Collection Request (Generic ICR) titled Poison Center Collaborations for Public Health Emergencies (PCCPHE) (OMB Control No. 0920-1166; Expiration date 04/30/2026).

CDC’s key partner is America’s Poison Centers™, formerly known as the American Association of Poison Control Centers (AAPCC). America’s Poison Centers™ is a national network of 53 poison centers working to prevent and treat poison exposures. America’s Poison Centers™ manages its existing surveillance system called the National Poison Data System (NPDS) and provides CDC access to monitor the system under a cooperative agreement and a data license agreement.

When a public health emergency of interest emerges in NPDS, the CDC and America’s Poison Centers™ hold a meeting to mutually decide whether the incident needs further investigation. For a public health emergency to be selected for call-back, adverse health effects must have occurred, and a response is needed to prevent further morbidity and mortality. The incident must meet the following criteria: (1) the incident is a public health emergency causing adverse health effects; (2) timely data are urgently needed to inform rapid public health action to prevent or reduce injury, disease, or death; (3) the incident is characterized by a natural or man-made disaster, contaminated food or water, a new or existing consumer product, or an emerging public health threat; (4) the incident has resulted in calls to a poison center, and the poison center agrees to conduct the call-back data collection; (5) the incident is domestic; and (6) data collection will be completed in 60 days or less.

The purpose of this Generic ICR is to create a timely mechanism to allow poison centers, supported by CDC, to follow-up with callers during select public health emergencies on exposure and health. These PCCPHE Generic

information collections (GenICs) will obtain information on sources of exposure, scenario of exposure, health seeking behaviors following exposure, and awareness of health communication messaging. These additional data can help CDC identify interventions to improve health messaging meant to reduce exposure; improve disaster and emergency response; and prevent future incidents for the specific area or incident of interest.

Trained poison center staff will conduct the call-back telephone survey or will facilitate the call-back web survey, after administering consent. Respondents will include individuals who call poison centers about exposures related to the select public health emergencies. These respondents include adults, 18 years and older; adolescents, 15 to less than 18 years; and parents or guardians on behalf of their children less than 15 years of age.

In 2019, a PCCPHE GenIC, titled “Risk Factors for Harmful Algal Blooms (HABs),” was conducted to identify sources of and risk factors for HAB exposures. New information gained about HAB exposures were used to improve HAB incident response, communication, and outreach at the state and national level.

No PCCPHE GenICs were conducted during the past three-year approval period. However, two NPDS-related follow-up studies were implemented during the 2020-2023 approval period using the Secretary’s Public Health Emergency PRA Waiver for COVID-19. During a non-pandemic situation, these two studies would have used this Generic ICR. These studies assessed unintentional exposures associated with cleaning products (e.g., bleach, hand sanitizers) in home settings to determine knowledge, attitudes, and practices regarding cleaning behaviors and help guide public health messaging.

No revisions affecting public burden are proposed, at this time. CDC requests OMB approval for an estimated 250 annual burden hours. There is no cost to the respondents other than their time to participate.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Adult Poison Center Callers .....	Call-back Questionnaire for Self .....	1,200	1	10/60
Adolescent Poison Center Callers .....	Call-back Questionnaire for Self .....	150	1	10/60
Parent or Guardian Poison Center Callers .....	Call-back Questionnaire for Proxy .....	150	1	10/60

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS-1852-N]

#### Medicare Program; Public Meeting for New Revisions to the Healthcare Common Procedure Coding System (HCPCS) Level II Coding

**AGENCY:** Centers for Medicare &  
Medicaid Services (CMS), Department  
of Health and Human Services (HHS).

**ACTION:** Notice.

**SUMMARY:** This notice announces the first biannual Healthcare Common Procedure Coding System (HCPCS) Level II public meeting of 2026 to discuss the CMS' preliminary coding, Medicare benefit category, and Medicare payment determinations, if applicable, for new revisions to the HCPCS Level II code set for non-drug and non-biological items and services, as well as how to register for the meeting.

**DATES:**

*Primary meeting date:* Monday, June 1, 2026, 9 a.m. to 5 p.m. Eastern Daylight Time (EDT).

*Overflow meeting date:* Tuesday, June 2, 2026, 9 a.m. to 5 p.m. EDT (virtual only).

*Deadline for Registration of Speakers, In-person Attendees, and Requests for Special Accommodations:* The deadline to register as a speaker, register for in-person attendee, or request special accommodations is 5:00 p.m. EDT on Monday, May 18, 2026.

*Deadline for Submission of Written Comments:* 5:00 p.m. EDT on Wednesday, June 3, 2026.

**ADDRESSES:**

*Meeting Location:* The HCPCS Level II public meeting will be a hybrid event held as follows:

- *In-person:* The Centers for Medicare and Medicaid Services (CMS), 7500 Security Boulevard, Baltimore, MD 21244.

- *Virtual:* Live stream via Teams (link will be posted on the HCPCS Level II website).

*Registration of Speakers, In-person Attendees, and Requests for Special Accommodations:* Individuals wishing to speak at the meeting must following

the instructions in sections IV. and V. of this notice by the previously specified deadline via email to [HCPCS@cms.hhs.gov](mailto:HCPCS@cms.hhs.gov). Individuals who need special accommodations should follow the instructions specified in section III.C. of this notice or send an email by the previously specified deadline to [HCPCS@cms.hhs.gov](mailto:HCPCS@cms.hhs.gov).

*Submission of Written Comments:* Each speaker must submit a written summary as specified in section VI. of this notice by the previously specified deadline via email to [HCPCS@cms.hhs.gov](mailto:HCPCS@cms.hhs.gov). Written comments must be submitted via email by the previously specified deadline to [HCPCS@cms.hhs.gov](mailto:HCPCS@cms.hhs.gov).

**FOR FURTHER INFORMATION CONTACT:**

Sundus Ashar, (410) 786-0750,  
[Sundus.ashar1@cms.hhs.gov](mailto:Sundus.ashar1@cms.hhs.gov), or  
[HCPCS@cms.hhs.gov](mailto:HCPCS@cms.hhs.gov).

**SUPPLEMENTARY INFORMATION:**

#### I. Background

On December 21, 2000, Congress enacted the Medicare, Medicaid, and State Children's Health Insurance Program (CHIP) Benefits Improvement and Protection Act of 2000 (BIPA) (Pub. L. 106-554). Section 531(b) of BIPA mandated that the Secretary establish procedures that permit public consultation for coding and payment determinations for new durable medical equipment (DME) under Medicare Part B of title XVIII of the Social Security Act (the Act). In the November 23, 2001 **Federal Register** (66 FR 58743), we published a notice providing information regarding the establishment of the annual public meeting process for DME.

In 2020, we implemented changes to our HCPCS Level II coding procedures, including the establishment of quarterly coding cycles for drugs and biological products and biannual coding cycles for non-drug and non-biological items and services.

In the December 28, 2021 **Federal Register** (86 FR 73860), we published a final rule that established procedures for making Medicare benefit category and payment determinations for new items and services that are DME, prosthetic devices, orthotics and prosthetics, therapeutic shoes and inserts, surgical dressings or splints, casts, and other devices used for reductions of fractures and dislocations under Medicare Part B.

#### II. Public Meeting Agendas

The list of topics for discussion, which will become available in the upcoming days at <https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/HCPCSPublicMeetings>, will identify the

Centers for Medicare & Medicaid Services (CMS) preliminary coding, Medicare benefit category, and Medicare payment determinations, if applicable. In establishing the public meeting agendas, CMS may group multiple related code applications under the same agenda item. While both days will have virtual access via Teams, the public meeting agenda order will be based on prioritizing speakers who attend in person first, followed by agenda items whose speakers are all attending virtually. While the list of topics will already be made available, the public meeting agenda order will become available on the CMS website sometime shortly after the speaker registration deadline. We will only be discussing those topics listed on the CMS website.

#### A. Overflow Procedures

If all of the agenda items are not addressed during the primary meeting date specified in the **DATES** section of this notice, CMS will hold a subsequent virtual-only session on the overflow meeting date specified in the **DATES** section of this notice. We will proceed in the order of the HCPCS Level II public meeting agenda, only discussing those that were not addressed, until complete. We will not go back and discuss any prior agenda items. Original registration will apply to the overflow date. The link to the live stream of the public meeting will be posted in the Guidelines for Participation in HCPCS Public Meetings document on the CMS website.

#### III. Participation Categories

Every speaker must declare at the beginning of their presentation during the meeting, as well as in their written summary, whether they have any financial involvement with the applicant and manufacturer, if different, of the item that is the subject of the HCPCS Level II application, or with any competitors of that manufacturer with respect to the item. This includes any payment, salary, remuneration, or benefit provided to the speaker by the applicant, manufacturer, or any such competitors.

#### A. Primary Speakers

Each applicant that submitted a HCPCS Level II code application that will be discussed at the public meeting is permitted to designate a primary speaker. Fifteen minutes is the total time interval for a primary speaker per agenda item. Any unused time from the primary speaker will be forfeited and cannot be delegated to another speaker. Primary speakers must register as a