ESTIMATED ANNUALIZED BURDEN HOURS

(Type of) respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
General Population	Screening & Consent	16,667	1	5/60	1,389
Adult Smokers, ages 18–54, in the United States.	Smoker Survey Wave A	2,668	1	20/60	889
	Smoker Survey Wave B	1,667	1	20/60	556
	Smoker Survey Wave C	1,667	1	20/60	556
	Smoker Survey Wave D	1,667	1	20/60	556
	Smoker Survey Wave E	1,667	1	20/60	556
	Smoker Survey Wave F	1,667	1	20/60	556
	Smoker Survey Wave G	1,667	1	20/60	556
	Smoker Survey Wave H	1,667	1	20/60	556
	Smoker Survey Wave I	1,667	1	20/60	556
Adult Nonsmokers, ages 18–54, in the United States.	Nonsmoker Survey Wave A	1,100	1	20/60	366
	Nonsmoker Survey Wave B	835	1	20/60	277
	Nonsmoker Survey Wave C	835	1	20/60	277
	Nonsmoker Survey Wave D	835	1	20/60	277
	Nonsmoker Survey Wave E	835	1	20/60	277
	Nonsmoker Survey Wave F	835	1	20/60	277
	Nonsmoker Survey Wave G	835	1	20/60	277
	Nonsmoker Survey Wave H	835	1	20/60	277
	Nonsmoker Survey Wave I	835	1	20/60	277
Total					9,308

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. 2026–07761 Filed 4–20–26; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–26–0856; Docket No. CDC–2026–0663]

Proposed Data Collection Submitted for Public Comment and Recommendations

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice with comment period.

SUMMARY: The Centers for Disease Control and Prevention (CDC), as part of its continuing effort to reduce public burden and maximize the utility of government information, invites the general public and other federal agencies the opportunity to comment on a continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on an information collection project titled National Quitline Data Warehouse. The National Quitline Data Warehouse (NQDW) collects a core set of information from all U.S. states, the District of Columbia, Guam, Puerto Rico, and the Asian Smoker's Quitline regarding what services telephone quitlines offer to tobacco users, as well as the number and type of tobacco users who receive services from telephone quitlines.

DATES: CDC must receive written comments on or before June 22, 2026.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2026–0663 by either of the following methods:

☐ *Federal eRulemaking Portal: www.regulations.gov.* Follow the instructions for submitting comments.

☐ *Mail:* Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H21–8, Atlanta, Georgia 30329.

Instructions: All submissions received must include the agency name and Docket Number. CDC will post, without change, all relevant comments to *www.regulations.gov.*

Please note: Submit all comments through the Federal eRulemaking portal (*www.regulations.gov*) or by U.S. mail to the address listed above.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the information collection plan and instruments, contact Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H21–8, Atlanta, Georgia 30329; Telephone: 404–639–7118; Email: *omb@cdc.gov.*

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501–3520), federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. In addition, the PRA also requires federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each new proposed collection, each proposed extension of existing collection of information, and each reinstatement of previously approved information collection before submitting the collection to the OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

The OMB is particularly interested in comments that will help:

1. 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;

2. Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

3. Enhance the quality, utility, and clarity of the information to be collected;

4. 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 submissions of responses; and

5. Assess information collection costs.

Proposed Project

National Quitline Data Warehouse (OMB Control No. 0920–0856)—Reinstatement—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Since 2010, the National Quitline Data Warehouse (NQDW) has collected a core set of information from the 50 U.S. states, the District of Columbia, Guam, and Puerto Rico regarding what services telephone quitlines offer to tobacco users as well as the number and type of tobacco users who receive services from telephone quitlines. The data collection was modified in 2015 to collect data from the Asian Smokers' Quitline (ASQ) in addition to the other 53 states/territories that provide data, and included five new questions to the NQDW Intake Questionnaire to help CDC and states tailor quitline services to the needs of its callers. Additionally, collection of the NQDW Services Survey was changed from quarterly to semiannually in 2019.

The NQDW provides data on the general smoking population who contact their state quitlines, but also allows for collection of information about key subgroups of tobacco users who contact state quitlines to better support cessation services. Data is collected on tobacco users who received service from state telephone quitlines from all funded U.S. states, territories, and the Asian Smokers' Quitline (ASQ) through the NQDW Intake Questionnaire. The NQDW Seven-Month Follow-up Questionnaire is administered to tobacco users who received services from the ASQ only. Data on the quitline call volume, number of tobacco users served, and the services offered by state quitlines will be provided by state health department personnel who manage the quitline, or their designee, such as contracted quitline service providers, using the NQDW Quitline Services Survey. Data collected from the NQDW is analyzed with simple descriptive data tabulations, and trends are currently reported online through the CDC State Tobacco Activities Tracking and Evaluation (STATE) System website. More complex statistical analyses, including multivariate regression techniques will be utilized to assess quitline outcomes such as quitline reach, service utilization, how callers reported hearing about the quitline, and the effectiveness of quitline promotions and the CDC Tips From Former Smokers national tobacco education media campaigns on state quitline call volume and tobacco users receiving services from state quitlines. CDC uses the information collected by the NQDW for ongoing monitoring, reporting, and evaluation related to state quitlines. Select data from the NQDW are reported online through the CDC STATE System website (*http://www.cdc.gov/statesystem*).

OMB approval is requested for three years. Information will be collected from all U.S. states, the District of Columbia, Guam, Puerto Rico, and the Asian Smokers' Quitline (ASQ). Participation in the caller intake and follow-up interviews is voluntary for quitline callers. The estimated burden is 10 minutes for a complete intake call conducted with an individual who calls on their own behalf. The estimated burden is one minute for a caller who requests information for someone else, as these callers complete only a subset of questions on the intake questionnaire. As a condition of funding (CDC–RFA–DP20–2001), the 54 cooperative agreement awardees are required to submit NQDW intake data quarterly, and services survey data semiannually. CDC recognizes that awardees incur additional burden for preparing and transmitting summary files with their de-identified caller intake and follow-up data. This burden is acknowledged in the instructions for transmitting the electronic data files.

CDC requests OMB approval for an estimated 68,088 annual burden hours. There is no cost to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per respondent (in hours)	Total burden (in hours)
Quitline participants who contact the quitline for help for themselves.	NQDW Intake Questionnaire (English-complete).	405,053	1	10/60	67,509
	ASQ Intake Questionnaire (Chinese, Korean, or Vietnamese-complete).	1,686	1	10/60	281
	ASQ Seven-Month Follow-up Questionnaire.	236	1	7/60	28
Participants who contact the quitline on behalf of someone else.	NQDW Intake Questionnaire (English-subset).	819	1	1/60	14
	ASQ Intake Questionnaire (Chinese, Korean, or Vietnamese-subset).	249	1	1/60	4
Tobacco Control Manager or their Designee/ quitline Service Provider.	Submission of NQDW Intake Questionnaire Electronic Data File to CDC.	54	4	1	216
	Submission of NQDW (ASQ) Seven-Month Follow-up Electronic Data File to CDC.	1	1	1	1
	NQDW Quitline Services Survey.	54	2	20/60	36
Total					68,088

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. 2026–07760 Filed 4–20–26; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Center for Scientific Review; Notice of Closed Meeting

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: Center for Scientific Review Special Emphasis Panel PAR; Panel: Catalyze Research on Heart, Lung, Blood, and Sleep (HLBS) Diseases and Disorder.

Date: April 28, 2026.

Time: 9:00 a.m. to 6:00 p.m.

Agenda: To review and evaluate grant applications.

Address: National Institutes of Health, Rockledge II, 6701 Rockledge Drive, Bethesda, MD 20892.

Meeting Format: Virtual Meeting.

Contact Person: Dylan P. Flather, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institute of Health, 6701 Rockledge Drive, Bethesda, MD 20892, (406) 802–6209, *dylan.flather@nih.gov*.

(Catalogue of Federal Domestic Assistance Program Nos. 93.306, Comparative Medicine; 93.333, Clinical Research, 93.306, 93.333, 93.337, 93.393–93.396, 93.837–93.844, 93.846–93.878, 93.892, 93.893, National Institutes of Health, HHS)

Dated: April 17, 2026.

Margaret N. Vardanian,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2026–07747 Filed 4–20–26; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services.

ACTION: Notice.

Proposed Project: SAMHSA Certified Community Behavioral Health Clinic—Expansion Grant Program Evaluation (OMB No. 0930–XXXX)—NEW COLLECTION

In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, SAMHSA will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer at: *samhsapra@samhsa.hhs.gov.*

Comments are invited on: (a) whether the proposed collections of information are necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

In fiscal year 2022, SAMHSA awarded two new cohorts of its Certified Community Behavioral Health Clinic (CCBHC)-Expansion program, one for clinics interested in becoming CCBHCs that need planning and support to come into compliance with CCBHC Certification Criteria, and another for established CCBHCs seeking to expand, improve, and advance their services. The purpose of the CCBHC-Expansion grants is to address problems of access, coordination, and quality of behavioral health care by establishing a standard definition and criteria for organizations certified as CCBHCs to ensure that all service recipients have access to a common set of comprehensive, coordinated services, with the ultimate goal of decreasing gaps in care and improving outcomes across communities.

SAMHSA is requesting clearance for one data collection activity and forms related to the implementation and impact studies to be conducted as part of an evaluation of these cohorts. Data collected in this evaluation will help SAMHSA assess the degree to which activities at the clinic level and systems level affect the development, implementation, and sustainment of CCBHCs consistent with the certification criteria and the impacts of model adoption on client outcomes.

1. SAMHSA will ask grantees to upload de-identified client-level Electronic Health Record data. This data will include client demographics and interview information, the Patient Health Questionnaire, the Columbia-Suicide Severity Rating Scale, the Generalized Anxiety Disorder 7-item, the Alcohol Use Disorders Identification Test, and the Drug Abuse Screening Test, which the Evaluation Team has identified as tools grantees commonly use to collect client data. Grantees will upload this data during Quarter 4, 2025 and during Quarter 3 2026; all client data will be uploaded during periods to reduce burden required to determine duplicates. This data will provide SAMHSA with further data about client outcomes. If this data is not conducted, SAMHSA will not have adequate information to evaluate the extent to which clients improve over time on key outcomes related to CCBHC services.

The estimated response burden is as follows:

Type of respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours	Average hourly wage	Total hour cost burden [a]
Electronic Health Record data collection	298	2	8	4,768	$59.07	$281,645.76