In addition, all Indian tribes that meet the definition of such tribes in the Indian Health Care Improvement Act of 1976, 25 U.S.C. 1603, are automatically designated as population groups with primary medical care and dental health professional shortages. Further, the Health Care Safety Net Amendments of 2002 provides eligibility for automatic facility HPSA designations for all federally qualified health centers (FQHC) and rural health clinics that offer services regardless of ability to pay. Specifically, these entities include FQHCs funded under section 330 of the PHS Act, FQHC Look-Alikes, and tribal and urban Indian clinics operating under the Indian Self-Determination and Education Act of 1975 (25 U.S.C. 450) or the Indian Health Care Improvement Act. Many, but not all, of these entities are included in this listing. Absence from this list does not exclude them from HPSA designation; facilities eligible for automatic designation are included in the database when they are identified.

Each list of designated HPSAs is arranged by state. Within each state, the list is presented by county. If only a portion (or portions) of a county is (are) designated, a county is part of a larger designated service area, or a population group residing in a county or a facility located in the county has been designated, the name of the service area, population group, or facility involved is listed under the county name. A county that has a whole county geographic or population group HPSA is indicated by the phrase ''County'' following the county name.

Development of the Designation and Withdrawal Lists

HRSA continuously receives requests for designation or withdrawal of a particular geographic area, population group, or facility as a HPSA. Under a Cooperative Agreement between HRSA and the 54 state and territorial PCOs, PCOs conduct needs assessments and submit applications to HRSA to designate areas as HPSAs. HRSA refers requests that come from other sources to PCOs for review. In addition, interested parties, including governors, state primary care associations, and state professional associations, are notified of requests so that they may submit their comments and recommendations.

HRSA reviews each recommendation for possible addition, continuation, revision, or withdrawal. Following review, HRSA notifies the appropriate agency, individuals, and interested organizations of each designation of a HPSA, rejection of a recommendation for HPSA designation, revision of a HPSA designation, and/or advance notice of pending withdrawals from the HPSA list. Designations (or revisions of designations) are effective as of the date on the notification from HRSA and are updated frequently on the HRSA Data Warehouse website. The effective date of a withdrawal will be the next publication of a notice regarding the list of designated HPSAs in the **Federal Register**.

Ann M. Sheehy,

Principal Deputy Administrator.

[FR Doc. 2026–13309 Filed 6–30–26; 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: National Marrow Donor Program Patient Support Center Survey

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 August 31, 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: National Marrow Donor Program Patient Support Center Survey, OMB No. 0906–0004—Revision.

Abstract: The C.W. Bill Young Cell Transplantation Program (CWBYCTP) was established by the Stem Cell Therapeutic and Research Act of 2005 (Public Law [P.L.] 109–129) and was reauthorized in 2010 (P.L. 111–264), 2015 (P.L. 114–104), and again in 2021 (P.L. 117–15). The CWBYCTP's Office of Patient Advocacy (OPA) is operated by the National Marrow Donor Program, d.b.a. NMDP[SM]. Through the OPA, NMDP[SM] provides navigation services, educational resources, and support to people in need of or who have received an allogeneic hematopoietic cell transplant (HCT). As the contractor for the OPA, NMDP[SM] is required to conduct surveys to evaluate patient satisfaction with the services provided. Accordingly, NMDP[SM] will solicit feedback from HCT patients, caregivers, and family members who have contacted the NMDP[SM] Patient Support Center (PSC). The survey is administered through a web-based system. In addition to questions that measure satisfaction, the survey also includes demographic questions to assess the representativeness of the findings.

Need and Proposed Use of the Information: HCT is a complex medical procedure that requires significant support before, during, and after the procedure. Many patients experience barriers that impede access to HCT. Barriers to HCT-related care and educational information are multifactorial. The NMDP[SM] PSC offers programs and services to support patients, caregivers, and family members throughout their HCT journey. Feedback from recipients of NMDP[SM] services is essential to understand the changing needs for services and information, as well as to assess the effectiveness of existing services. The primary use of information gathered through the survey is to assess the helpfulness of participants' initial contact with PSC patient navigators and to identify areas for improvement in service delivery. Patient navigators are nurses or oncology certified navigators, who respond to requests for information and support. Program managers and NMDP[SM] leadership use this evaluation data to understand patient experiences and inform program and resource allocation decisions.

Web-based surveys will be administered to all participants (patients, caregivers, and family members) who have contact with the PSC. All participants for whom an email address is known will be invited to complete the survey online. Survey

respondents will be notified via email invitation and in the survey instructions that participation is voluntary and that responses will be kept confidential. A follow-up invitation will be sent to non-respondents within 2 weeks.

The survey will include these items to measure: (1) their experience; (2) if the contact helped the participant feel more confident in coping with treatment; (3) if the contact helped the participant feel more hopeful; (4) if the contact helped the participant feel less alone; (5) increased awareness of available resources; (6) if the contact helped the participant feel more informed about treatment options; (7) if their questions were answered; and (8) types of challenges faced by participant. The survey data will be analyzed quarterly and annually, and results will be shared with program managers. Feedback indicating a need for improvement will be reviewed by program managers semiannually and implementation of resulting program changes or additions will be documented.

HRSA is revising some of the survey questions and phrasing to improve clarity, without changing the intent of the question. One response option has been added to the question about the respondent's education level. There are no changes to the instructions, frequency of collection, or use of the information.

Likely Respondents: Respondents will include patients, caregivers, and family members who have contact with the PSC via phone or email for HCT navigation services and support (advocacy). The decision to survey all participants was made based on the historically low response rate to this survey due to patients' frequent transitions in health status as well as transfers between home and the hospital for initial treatment and care for complications. Participants will receive the survey once in a 1-year cycle. If a participant contacts the PSC one or more years after the initial contact, the participants will receive a second survey. This is because participants' needs may change over time.

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.

The total respondent burden for the customer satisfaction survey is estimated to be 75 hours. HRSA expects a total of 1,000 respondents to complete the NMDP℠ PSC Survey with an estimated 4.5 minutes to complete each survey.

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
Be The Match® Patient Support Center Survey	1000	1	1000	0.075	75
Total	1000	1	1000	0.075	75

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 burden of the information collection.

Maria G. Button,

Director, Executive Secretariat.

[FR Doc. 2026–13221 Filed 6–30–26; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Modification of Living Organ Donation Reimbursement Program Eligibility Guidelines in Response To Honor Our Living Donors Act

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS).

ACTION: Notice of proposed eligibility guideline modifications; request for comment.

SUMMARY: HRSA proposes to modify the eligibility guidelines for the Living Organ Donation Reimbursement Program (LODRP) to align with the Honor Our Living Donors (HOLD) Act, enacted on February 3, 2026. The HOLD Act prohibits consideration of the income of the organ transplant recipient in determining eligibility for reimbursement of qualifying non-medical expenses related to living organ donation under LODRP. Consistent with this statutory requirement, HRSA proposes to revise the LODRP eligibility guidelines to eliminate recipient income as a factor in eligibility determinations and to establish a donor-focused eligibility framework based on donor household income and financial need. HRSA will continually monitor the effectiveness and availability of funds for LODRP and further modify the eligibility guidelines in the future if needed.

DATES: Submit comments no later than July 31, 2026.

ADDRESSES: Written and/or electronic comments should be submitted by email to *livingdonorsupport@hrsa.gov* or by mail to Division of Transplantation, Health Systems Bureau, Health Resources and Services Administration, 5600 Fishers Lane, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: Allison Hutchings, Division of Transplantation, Health Systems Bureau, Health Resources and Services Administration, 5600 Fishers Lane,