Assuming that the same 70 application holders of products requiring Medication Guides must ensure that distributors and authorized dispensers are provided with an adequate supply or means to produce the required Medication Guide, as required under 21 CFR 208.24(b)(1) and (b)(2), we calculate an average of 9,000 disclosures annually and an average of 1.25 hours per disclosure, as reflected in row 1, table2.

Similarly, assuming 12% of 1,600 distributors (191), based on figures consistent with, accounted for, and approved in OMB control number 0910–0806 (Pharmaceutical Distribution Supply Chain) will ship drug products that require a Medication Guide and must provide the Medication Guide or the means to produce it to authorized dispensers, as required under 21 CFR 208.24(c), we calculate an average of 9,000 disclosures annually and an average of 1.25 hours per disclosure, as reflected in row 2, table 2.

Regarding authorized dispensers, we currently assume 88,736 authorized dispensers based on informal data and reports from various pharmacy trade associations and have retained this figure. We also retain our estimated average of 5,705 patients to whom Medication Guides will be distributed annually. However, we have revised the time we attribute necessary to the task of dispensing Medication Guides to patients, as required under 21 CFR part 208.24(e). FDA originally proffered 5 seconds in its proposed rule of August 24, 1995 (60 FR 44182) inviting comment under the Paperwork Reduction Act of 1980. In our final rule on December 1, 1998 (63 FR 66378), after enactment of the Paperwork Reduction Act of 1995, FDA again estimated 5 seconds of burden for the task of dispensing a Medication Guide to a patient and invited public comment. No comments were posted to the rulemaking docket (Legacy Docket No. 93–0371; RIN 0910–AA37) regarding the 5-second estimate.

Upon further review, we find that in 2008 FDA revised its original estimate from 5 seconds to 3 minutes based on a public comment that the estimate had remained unchanged since 1998, ''while the program continue[d] to expand in an unchecked manner,'' (emphasis added), and that FDA's estimate failed to consider ''realities pharmacists face in complying with the program'' (emphasis added). See Docket No. FDA–2008–N–0162. We are now adjusting that estimate to 10 seconds noting the following:

- As required by the PRA of 1995, FDA has confined its estimate of burden attributable to that we believe is required by 21 CFR 208.24(e), which entails the task of dispensing the Medication Guide. Effort that may be attributable to counseling patients, dispensing literature not required by 21 CFR 208.24(e), and to patients reading the Medication Guide is not included in our estimate.
- As provided for by the PRA of 1995, FDA believes that tasks that may be associated with dispensing a Medication Guide, such as counseling patients, dispensing literature not required by our regulations, and recordkeeping that may be required by other authorities such as State licensing agents and the Drug Enforcement Administration, to be usual and customary as part of the practice of pharmacy. Therefore, we estimate no burden for efforts relating to tasks that fall beyond the scope of 21 CFR part 208.
- FDA does account for various tasks that may be performed by authorized dispensers in its active collection inventory including OMB control numbers 0910–0800 (Human Drug Compounding Under Sections 503A and 503B of the Federal Food, Drug, and Cosmetic Act); 0910–0806 (Pharmaceutical Distribution Supply Chain); and 0910–0858 (Human Drug Compounding, Repackaging, and Related Activities Regarding Sections 503A and 503B of the Federal Food, Drug, and Cosmetic Act); and
- FDA believes that the advent of technology has facilitated, not prolonged, the effort necessary in satisfying existing requirements under 21 CFR part 208.

Upon adjusting our estimates accordingly, the information collection reflects a decrease of 22,938,375 hours and an increase of 4,829,782 responses annually. We believe these estimates are consistent with current submission figures and the specific tasks required in 21 CFR part 208.

Grace R. Graham,

Deputy Commissioner for Policy, Legislation, and International Affairs.

[FR Doc. 2026–13346 Filed 6–30–26; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Rural Health Innovation and Transformation Technical Assistance

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

ACTION: Notice of supplemental funding.

SUMMARY: HRSA will provide additional award funds to the Rural Health Innovation and Transformation Technical Assistance (RHIT–TA) recipient, the University of Iowa, to provide additional technical assistance on rural value-based care-related activities and support the improvement of health care in rural areas.

FOR FURTHER INFORMATION CONTACT: Lawrencia Afagbedzi, Health Insurance Specialist, Federal Office of Rural Health Policy, HRSA at *lafagbedzi@hrsa.gov* and 301–443–3196.

SUPPLEMENTARY INFORMATION:

Intended Recipient of the Award: The University of Iowa.

Amount of Non-Competitive Award: One supplemental award for $150,000.

Project Period: August 1, 2023, to July 31, 2027.

Assistance Listing Number: 93.692.

Award Instrument: Cooperative Agreement Supplement for Services.

Authority: Section 711 of the Social Security Act (42 U.S.C. 912).

TABLE 1—RECIPIENT AND AWARD AMOUNT

Grant No.	Award recipient name	City, state	Supplemental award amount
UB7RH25011	University of Iowa	Iowa City, IA	$150,000

Justification: This funding will provide a one-time supplement to the University of Iowa through the RHIT–TA Cooperative Agreement with a budget period of August 1, 2026, through July 31, 2027. This supplement will allow the University of Iowa to build on past and ongoing projects supported by HRSA to support health

care in rural areas by advancing the knowledge base regarding the unique considerations and barriers facing rural providers implementing value-based care and innovative payment models. The University of Iowa is the recipient of the only award under the RHIT–TA program and has established relationships with rural stakeholders and has longstanding experience developing resources related to rural value-based care. The supplement to the RHIT–TA Cooperative Agreement will allow the University of Iowa to provide additional technical assistance and develop additional resources to promote rural value-based care related activities.

Thomas J. Engels,

Administrator.

[FR Doc. 2026–13243 Filed 6–30–26; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Lists of Designated Primary Medical Care, Mental Health, and Dental Health Professional Shortage Areas

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

ACTION: Notice.

SUMMARY: This notice informs the public of the availability of the complete lists of all geographic areas, population groups, and facilities designated as primary medical care, dental health, and mental health professional shortage areas (HPSA) in a designated status as of April 30, 2026. The lists are available on the shortage area topic page on HRSA's *data.hrsa.gov* website. Federal law requires publication of an annual **Federal Register** notice (FRN) not later than July 1 of each year listing designated HPSAs. This FRN serves as notice that HPSAs that were placed in a proposed for withdrawal status due to state primary care office (PCO) actions between October 16, 2024, and September 21, 2025, will be withdrawn. HPSAs that did not pass the National Shortage Designation Update conducted in September 2025 will be maintained in a proposed for withdrawal status after the publication of this FRN, and the state PCOs will be allowed additional time to review and update designations. HRSA intends to address those HPSAs with the publication of the FRN on or before July 1, 2027.

ADDRESSES: Complete lists of HPSAs designated as of April 30, 2026, are available on the website at *https://data.hrsa.gov/topics/health-workforce/shortage-areas/frn.* Frequently updated information on HPSAs is available at *https://data.hrsa.gov/topics/health-workforce/shortage-areas.* Information on shortage designations is available at *https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation.*

FOR FURTHER INFORMATION CONTACT: For further information on the HPSA designations listed on the website or to request additional designation, withdrawal, or reapplication for designation, please contact Matthew Patterson, Acting Branch Chief, Shortage Designation Branch, Division of Policy and Shortage Designation, Bureau of Health Workforce (BHW), HRSA, 5600 Fishers Lane, Rockville, Maryland 20857, (301) 594–5110, *sdb@hrsa.gov.*

SUPPLEMENTARY INFORMATION:

Background

Section 332 of the Public Health Service (PHS) Act, 42 U.S.C. 254e, provides that the Secretary of Health and Human Services shall designate HPSAs based on criteria established by regulation. HPSAs are defined in section 332 to include (1) urban and rural geographic areas with shortages of health professionals, (2) population groups with such shortages, and (3) facilities with such shortages. Section 332 further requires that the Secretary of Health and Human Services annually publish lists of the designated geographic areas, population groups, and facilities. The lists of HPSAs are to be reviewed at least annually and revised as necessary.

Final regulations (42 CFR part 5) were published on November 17, 1980 (45 FR 75996), that include the criteria for designating HPSAs. Criteria were defined for seven health professional types: primary medical care, dental, psychiatric, vision care, podiatric, pharmacy, and veterinary care. The criteria for correctional facility HPSAs were published on October 29, 1987 (52 FR 41594), and revised March 2, 1989 (54 FR 8735). The criteria for psychiatric HPSAs were expanded to mental health HPSAs on January 22, 1992 (57 FR 2473). Currently funded PHS Act programs use only the primary medical care, mental health, or dental HPSA designations.

HPSA designation offers access to potential federal assistance. Public or private nonprofit entities are eligible to apply for assignment of National Health Service Corps personnel to provide primary medical care, mental health, or dental health services in or to these HPSAs. National Health Service Corps health professionals enter into service agreements to serve in federally designated HPSAs. Entities with clinical training sites located in HPSAs are eligible to receive priority for certain residency training program grants administered by HRSA. Other federal programs also utilize HPSA designations. For example, under authorities administered by the Centers for Medicare & Medicaid Services, certain qualified providers in geographic area HPSAs are eligible for increased levels of Medicare reimbursement.

In 2023, HRSA published two FRNs related to HPSAs. The first in July 2023 met the statutory requirement to publish an annual FRN and listed all HPSAs in designated and proposed for withdrawal status. The FRN publication did not withdraw any HPSAs, rather it served as a preview to states as to what HPSAs may lose designated status if action was not taken. HRSA then published a second FRN in November 2023 that withdrew any HPSA designations not addressed and still in a proposed for withdrawal status. In 2024, HRSA reverted to a once-annual FRN posting that served to withdraw any HPSAs that no longer met criteria for designation. HRSA reviewed statuses of HPSAs on October 15, 2024, to inform development of the 2024 FRN, posted November 5, 2024, meeting the statutory requirement. In September 2025, HRSA conducted the National Shortage Designation Update that applied new data to existing HPSAs and checked designations against established regulatory criteria. The status of those HPSAs that did not pass the National Shortage Designation Update will be maintained in a proposed for withdrawal status after the publication of this FRN, and the state PCOs will be allowed additional time to review and update designations. HRSA intends to address those HPSAs with the publication of the FRN on or before July 1, 2027.

Content and Format of Lists

The three lists of designated HPSAs are available on the HRSA Data Warehouse shortage area topic web page and include a snapshot of all geographic areas, population groups, and facilities that were designated HPSAs as of April 30, 2026. This notice incorporates the most recent annual reviews of designated HPSAs and supersedes the HPSA lists published in the **Federal Register** on November 5, 2024, (FR/Vol. 89, No. 214, Tuesday, November 5, 2024/Document Number 2024–25624).