accompanying person need not be the same in each trip.

Reimbursement for travel, lodging, meals, and incidental expenses, as appropriate, shall be provided at the federal per diem rate, except for hotel accommodation, which shall be reimbursed at no more than 150 percent of the federal per diem rate.

Donors may receive up to 4 weeks of reimbursement for lost wages, child-care expenses, and elder-care expenses associated with the surgery and recovery time. In addition, donors may receive reimbursement for up to 2 additional weeks for lost wages, child-care expenses, and elder-care expenses if the donor requires follow-up visits and hospitalization as a result of donor complications or other health-related issues. Reimbursement for lost wages is based on the donor providing appropriate documentation, such as pay stubs, to the program. Reimbursement of lost wages is not limited to traditional wage rate income. Donors may receive reimbursement for non-traditional or irregular income through the program if they provide sufficient documentation of the expected lost wages.

To qualify for reimbursement of child-care expenses and elder-care expenses, a donor shall have caretaker responsibilities for:

- A minor child and/or
- An elder who requires caretaker assistance.

Caretaker responsibilities are not limited to familial relationships between the donor and/or the accompanying or assisting person(s), and the aforementioned individuals. In considering requests for reimbursement for child-care expenses and elder-care expenses, the recipient of the cooperative agreement is encouraged to adopt a consistent application of ''child'' and ''elder.'' The recipient of the cooperative agreement may consider applicable laws within the jurisdiction in which the caretaker resides in reviewing requests for reimbursement for expenses for care of a ''child,'' and, in reviewing requests for reimbursement for elder-care expenses, may consider ''elder'' to refer to an individual age 60 and older, consistent with the Older Americans Act, 42 U.S.C. 3002(40).

Requests for reimbursement for the expenses of persons accompanying or assisting the donor for travel, housing, meals, and incidental expenses are considered under the preference categories and processed for reimbursement at the same time as requests for reimbursement for expenses incurred by the donor. Requests for reimbursement for the expenses of persons accompanying or assisting the donor for lost wages, child-care expenses, and elder-care expenses are considered under the priority categories and will be processed separately. Requests for these expenses will be processed after all requests for expenses incurred by the donor, and expenses for persons accompanying or assisting the donor for qualifying expenses for travel, housing, meals, and incidental expenses, have been processed under all four preference categories.

Maximum Number of Prospective Donors per Recipient

- *Kidney:* One donor at a time, with a maximum of three donors.
- *Liver:* One donor at a time, with a maximum of five donors.
- *Lung:* Two donors at a time, with a maximum of six donors.

Special Provisions

Many factors may prevent the intended and willing donor from proceeding with the donation. Circumstances that would prevent the transplant or donation from proceeding include present health status of the intended donor or recipient; perceived long-term risks to the intended donor; justified circumstances such as acts of God (major storms or hurricanes); or a circumstance when an intended donor proceeds toward donation in good faith, subject to a case-by-case evaluation by the recipient of the cooperative agreement, but then elects not to pursue donation. In such cases, the intended donor and accompanying persons may receive reimbursement for qualifying expenses incurred as if the donation had been completed. The recipient of the cooperative agreement will file a form with the Internal Revenue Service reporting funds disbursed as income for expenses not incurred.

vii. Other Eligibility Requirements

All other eligibility requirements established under 42 U.S.C. 274f (Section 377 of the PHS Act, as amended) would remain unchanged.

viii. Request for Comment

HRSA invites public comment on the following:

(1) Proposed donor HHI eligibility thresholds and priority categories, as outlined in III.ii of this notice.

(2) Proposed financial hardship waiver cap for donor applicants with HHIs between 501–570 percent of the HHS Poverty Guidelines, as outlined in III.iii of this notice.

(3) Proposed categories for donors' financial hardship expenses as outlined in III.iii of this notice.

(4) Recommendations for forums, resources, and venues to distribute information about LODRP and the program's new eligibility guidelines, including suggestions for community-based outreach and education.

Please indicate which requests for comment (from above) you are responding to and provide recent and accurate quantitative and qualitative data and information to support your comment(s). Please note that comments on other program guidelines are outside of the scope of this **Federal Register** notice and HRSA will not respond to comments received that do not directly pertain to the above request for comment.

IX. Paperwork Reduction Act of 1995

The proposed changes may result in revisions to information collection requirements subject to review under the Paperwork Reduction Act (44 U.S.C. 3501 *et seq.*).

X. Regulatory Impact

This notice does not establish binding requirements and is not a significant regulatory action under Executive Order 12866.

XI. Implementation

After consideration of public comments, HRSA will publish final eligibility guidelines in the **Federal Register** with the goal of implementing the new guidelines no later than September 1, 2026.

XII. Non-Binding Guidance

This notice sets forth proposed program eligibility guidelines and does not establish legally enforceable rights or obligations. HRSA retains discretion to apply the guidelines based on program requirements and available funding.

Thomas J. Engels,

Administrator.

[FR Doc. 2026–13250 Filed 6–30–26; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Notice of Proposed Purchased/Referred Care Delivery Area Redesignation for Ysleta Del Sur Pueblo

AGENCY: Indian Health Service, Department of Health and Human Services

ACTION: Notice.

SUMMARY: This notice advises the public that the Indian Health Service (IHS) proposes to expand the geographic boundaries of the Purchased/Referred Care Delivery Area (PRCDA) for Ysleta Del Sur Pueblo (''YDSP'' or ''Tribe'') to include the Dona Ana County of New Mexico. The current PRCDA for YDSP includes the Texas counties of El Paso and Hudspeth. While recent PRCDA listings have not included Hudspeth County, this was a clerical error and unintentional omission that the IHS has corrected.

YDSP Tribal members who reside outside of the PRCDA are eligible for direct care services; however, they are not eligible for Purchased/Referred Care (PRC) services. The sole purpose of this expansion would be to authorize additional YDSP Tribal members and beneficiaries to receive PRC services.

DATES: Comments must be submitted by July 31, 2026.

ADDRESSES: Because of staff and resource limitations, we cannot accept comments by facsimile (FAX) transmission. You may submit comments in one of four ways (please choose only one of the ways listed):

1. *Electronically.* You may submit electronic comments on this regulation to *http://www.regulations.gov.* Follow the ''Submit a Comment'' instructions.

2. *By regular mail.* You may mail written comments to the following address ONLY:

Carl Mitchell, Director, Division of Regulatory and Policy Coordination, Indian Health Service, 5600 Fishers Lane, Mail Stop: 06SWH03, Rockville, Maryland 20857.

Please allow sufficient time for mailed comments to be received before the close of the comment period.

3. *By express or overnight mail.* You may send written comments to the above address.

4. *By hand or courier.* If you prefer, you may deliver (by hand or courier) your written comments before the close of the comment period to the address above.

If you intend to deliver your comments to the Rockville address, please call the telephone number (301) 651–0489 in advance to schedule your arrival with a staff member.

SUPPLEMENTARY INFORMATION:

Inspection of Public Comments: All comments received before the close of the comment period are available for viewing by the public, including any personally identifiable or confidential business information that is included in a comment.

FOR FURTHER INFORMATION CONTACT: CDR Tracy Sanchez, Acting Director, Office of Resource Access and Partnerships, Indian Health Service, 5600 Fishers Lane, Mail Stop 06SEH03, Rockville, Maryland 20857. Telephone (301) 443–0969 (This is not a toll-free number).

Background: The IHS provides services under regulations in effect as of September 15, 1987, and republished at 42 CFR part 136, subparts A—C. Subpart C defines a Contract Health Service Delivery Area (CHSDA), now referred to as a PRCDA, as the geographic area within which PRC will be made available by the IHS to members of an identified Indian community who reside in the PRCDA. Residence within a PRCDA by a person who is within the scope of the Indian health program, as set forth in 42 CFR 136.12, creates no legal entitlement to PRC services but only potential eligibility for services. Services needed, but not available at an IHS/Tribal facility, are provided under the PRC program depending on the availability of funds, the relative medical priority of the services to be provided, and the actual availability and accessibility of alternate resources in accordance with the regulations.

The regulations at 42 CFR part 136, subpart C provide that, unless otherwise designated, a PRCDA shall consist of a county which includes all or part of a reservation and any county or counties which have a common boundary with the reservation. 42 CFR 136.22(a)(6). The regulations also provide that after Tribal Consultation with the Tribal governing body or bodies on those reservations included within the PRCDA, the Secretary may, from time to time, redesignate areas within the United States for inclusion in or exclusion from a PRCDA. 42 CFR 136.22(b). The regulations require that certain criteria be considered before any redesignation is made. The criteria are as follows:

(1) The number of Indians residing in the area proposed to be so included or excluded;

(2) Whether the tribal governing body has determined that Indians residing in the area near the reservation are socially and economically affiliated with the tribe;

(3) The geographic proximity to the reservation of the area whose inclusion or exclusion is being considered; and

(4) The level of funding which would be available for the provision of PRC.

Additionally, the regulations require that any redesignation of a PRCDA be made in accordance with the procedures of the Administrative Procedure Act (5 U.S.C. 553). 42 CFR 136.22(c). In compliance with this requirement, the IHS is publishing this Notice and requesting public comments.

YDSP is in El Paso, Texas. YDSP operates their PRC program under an Indian Self-Determination and Education Assistance Act agreement with the IHS. The YDSP has requested that the IHS expand its PRCDA to include Dona Ana County, New Mexico. Under 42 CFR 136.23, those otherwise eligible Indians who do not reside on a reservation, but reside within a PRCDA, must be either members of the Tribe or other IHS beneficiaries who maintain close economic and social ties with the Tribe. In this case, applying the aforementioned PRCDA redesignation criteria required by operative regulations codified at 42 CFR part 136, subpart C, the following findings are made:

1. By expanding the PRCDA to include Dona Ana County, New Mexico, the IHS and YDSP estimate that the Tribe's PRC eligible population would increase by an estimated 500 Tribal members.

2. As part of their expansion request, YDSP submitted a resolution from the Tribe's governing body. The resolution explains that the expansion is intended to serve their Tribal members living in Dona Ana County, New Mexico, and it describes those Tribal members as being socially and economically tied to the Tribe's reservation. The resolution also states that YDSP intends to include other eligible American Indians and Alaska Natives who maintain close economic and social ties with the Tribe, consistent with 42 CFR 136.23(a)(2)(ii).

3. The requested expansion would form a contiguous area with the existing PRCDA. Tribal members of YDSP reside in the county proposed for inclusion in the expanded PRCDA. Through their expansion request, the Tribe described how close Dona Ana County, New Mexico is to their reservation and health clinic, approximately 45 miles. The Tribe explained that it is close enough for their Tribal members residing in Dona Ana County to utilize the YDSP Health Clinic as their primary site of care. For these reasons, the IHS has determined the additional county proposed for inclusion herein to be geographically proximate, meaning ''on or near,'' to the Tribe's reservation.

4. Through YDSP's request to expand its PRCDA, the Tribe has indicated that the PRC program can continue providing the same level of care to the PRC eligible population if the PRCDA is expanded as proposed, without requiring additional funding from the IHS or reduction of the current medical priority level.

Accordingly, the IHS proposes to expand the PRCDA of YDSP to include the county of Dona Ana in the state of New Mexico.

This Notice does not contain reporting or recordkeeping requirements subject to prior approval by the Office of Management and Budget under the Paperwork Reduction Act of 1995.

Clayton W. Fulton,

Chief of Staff, Delegated Authority of the IHS Director. Indian Health Service.

[FR Doc. 2026–13288 Filed 6–30–26; 8:45 am]

BILLING CODE 4166–14–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Center for Scientific Review; Notice of Closed Meetings

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

The meetings 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; Member Conflict: Cancer Prevention and Therapeutics.
Date: July 24, 2026.
Time: 9:00 a.m. to 5:00 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: Robert F. Gahl, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 808 F, Bethesda, MD 20892, 301–480–9675, *robert.gahl@nih.gov*.

Name of Committee: Center for Scientific Review Special Emphasis Panel; Biomedical Imaging Approaches in Health Research.
Date: July 24, 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: Vera A. Cherkasova, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892, 301–443–8351, *vera.cherkasova@nih.gov*.

Name of Committee: Center for Scientific Review Special Emphasis Panel; Member Conflict: Eye Diseases and Visual Processes.
Date: July 24, 2026.
Time: 9:00 a.m. to 7:00 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: Lai Yee Leung, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 1011D, Bethesda, MD 20892, 301–827–8106, *leungl2@csr.nih.gov*.

Name of Committee: Center for Scientific Review Special Emphasis Panel; Gametogenesis and Development of Reproductive Systems.
Date: July 24, 2026.
Time: 10:00 a.m. to 8:00 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: Leslie Mccue Turner, Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892, 301–480–4962, *leslie.turner@nih.gov*.

Name of Committee: Center for Scientific Review Special Emphasis Panel; Health Promotion for Mental Health and Substance Misuse.
Date: July 24, 2026.
Time: 10:00 a.m. to 6:30 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: Kristen Prentice, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 3112, MSC 7808, Bethesda, MD 20892, 301–496–0726, *prenticekj@mail.nih.gov*.

Name of Committee: Center for Scientific Review Special Emphasis Panel; PAR Panel: Academic Industrial Partnerships for Translation of Medical Technologies.
Date: July 27, 2026.
Time: 9:30 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: Weihua Luo, MD, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 5114, MSC 7854, Bethesda, MD 20892, 301–435–1170, *luow@csr.nih.gov*.

Name of Committee: Center for Scientific Review Special Emphasis Panel; Special Topics in Genetics and Genomics of Human Diseases.
Date: July 27, 2026.
Time: 10:00 a.m. to 4:00 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: Manas Chattopadhyay, Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892, 301–443–7368, *manas.chattopadhyay@nih.gov*.

Name of Committee: Center for Scientific Review Special Emphasis Panel; PAR–23–077: Collaborative Program Grant for Multidisciplinary Teams.
Date: July 27–28, 2026.
Time: 10:00 a.m. to 5:00 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: Bruce Sundstrom, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892, 301–594–4481, *jay.sundstrom@nih.gov*.

Name of Committee: Center for Scientific Review Special Emphasis Panel; PAR–23–124: Genomic Community Resources.
Date: July 27, 2026.
Time: 10:00 a.m. to 6:00 p.m.
Agenda: To review and evaluate cooperative agreement applications.
Address: National Institutes of Health, Rockledge II, 6701 Rockledge Drive, Bethesda, MD 20892.
Meeting Format: Virtual Meeting.
Contact Person: Joonil Seog, SCD, Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892, 301–402–9791, *joonil.seog@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: June 29, 2026.

Bruce A. George,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2026–13337 Filed 6–30–26; 8:45 am]

BILLING CODE 4167–05–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Center for Scientific Review; Notice of Closed Meetings

Pursuant to section 1009 of the Federal Advisory Committee Act, as