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status due to state primary care office (PCO) actions between October 16, 2024, and September 21, 2025, will be withdrawn.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).

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