ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hr)	Total burden (in hr)
General Public—Adults	Aim 2a Cohort Exit Interview (English/Spanish).	15	1	60/60	15
Health Practitioners	Aim 2b Provider Focus Group Screener.	32	1	5/60	3
Health Practitioners	Aim 2b Provider Focus Group Contact Information.	16	1	5/60	1
Health Practitioners	Aim 2b Provider Pre-Focus Group Survey.	16	1	5/60	1
Health Practitioners	Aim 2b Provider Focus Group Guide	16	1	2.0	32
Health Practitioners	Aims 1&2 Clinic Assessment (Baseline a& Final).	7	1	130/60	15
Health Practitioners	Aims 1&2 Clinic Assessment (every 6 months).	7	2	100/60	24
Total					753

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Public Health Ethics and Regulations, Office of Science, Centers for Disease Control and Prevention.

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BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–26–1428; Docket No. CDC–2026–1189]

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 a proposed information collection project titled mChoice: Improving PrEP Uptake and Adherence among Minority MSM through Tailored Provider Training and Adherence Assistance in Two High Priority Settings. The collection is part of a research study designed to implement and evaluate the effectiveness of an intervention that utilizes evidence-based education and support tools to improve preexposure prophylaxis (PrEP) adherence among young men who have sex with men (YMSM).

DATES: CDC must receive written comments on or before September 4, 2026.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2026–1189 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

mChoice: Improving PrEP Uptake and Adherence among Minority MSM through Tailored Provider Training and Adherence Assistance in Two High Priority Settings (OMB Control No. 0920–1428, Exp. 1/31/2027)—Extension—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB

Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP) is requesting approval for a 36-month Extension of data collection for mChoice: Improving PrEP Uptake and Adherence among Minority MSM through Tailored Provider Training and Adherence Assistance in Two High Priority Settings. The purpose of this study is to implement and evaluate the effectiveness of a clinic-based intervention that utilizes evidence-based education and support tools to improve preexposure prophylaxis (PrEP) adherence among young men who have sex with men (YMSM). The goals of this research study are to: (1) improve the overall PrEP experience of providers and YMSM patients; and (2) increase our understanding of provider and patient factors that influence the choice of PrEP regimen by MSM in clinical settings. This study will be carried out in four clinics in New York, NY (two clinics) and Birmingham, AL (two clinics).

Aim 1 of the study will enroll 400 YMSM (ages 18–39) who have sex with men; are using or initiating PrEP; own a smartphone; understand and read English or Spanish; and live in the New York City or Birmingham, AL area. Participants may identify as any race or ethnicity, but to ensure a diverse sample comprised mainly of racial/ethnic minority participants, the study will utilize recruitment controls to enroll at least 50% African American/Black and/or Hispanic/Latino participants. Patient participants will be recruited to the study through a combination of approaches including flyers and social media, referral, in-person outreach, and through word of mouth. Rolling enrollment will continue until enrollment targets are reached. Each Aim 1 participant will be followed for 12 months. All participants will receive PrEP clinical services congruent with CDC PrEP guidelines. Participants using oral PrEP will receive CleverCap, an electronic medication monitoring device, that will track and support medication adherence. At the 3-month study visit, participants using oral PrEP will receive the mChoice mobile phone application, an evidence-based intervention that supports PrEP use through medication monitoring, study staff interaction, and other resources. Aim 1 assessments include: a baseline survey of self-reported demographic factors, sexual and drug use behaviors, and potential cofactors of sexual and drug use behavior including attitudes, beliefs, knowledge, traits, and other psychosocial factors; follow-up surveys at 3-, 6-, 9-, and 12-month study visits which will assess experiences with PrEP, PrEP adherence, and behavioral and social factors; medication adherence data from CleverCap; participant use and voluntary self-reported adherence and HIV exposure risk-related data from the mChoice app; PrEP clinical care data from clinic electronic medical records; and urine studies assessing PrEP adherence. The information collected in Aim 1 will be used to evaluate the effectiveness of the mChoice intervention to improve PrEP adherence and persistence, and to increase understanding of PrEP experiences and factors that influence PrEP choices among MSM in clinical settings.

Aim 2 of the study will enroll 30 YMSM who participated in Aim 1; 15 from New York and 15 from Alabama. Participants will be recruited at Aim 1 study visits. Study staff will conduct in-depth interviews with Aim 2 participants exploring their experiences with PrEP, reasons for PrEP choices, and thoughts about the mChoice intervention. Data collected in Aim 2 will contribute to the evaluation of the mChoice intervention, implementation, and contribute to understanding factors that influence PrEP choices by MSM in clinical settings.

Aim 3 of the study will include 20 health care providers (10 from New York and 10 from Alabama) involved in the direct delivery of PrEP services at participating clinical sites. Providers may include nurse practitioners, physicians, PrEP coordinators/navigators, medical assistants, and other cross-trained coordinators from the participating clinics. Providers will be recruited via flyers, emails to clinic staff, and referrals. Providers will receive education and training designed to improve knowledge of PrEP options and clinical recommendations and enhance provider communications with patients. Aim 3 includes practice facilitation, an intervention that includes identification of a clinic champion who will engage other providers in embracing PrEP recommendations, as well as ongoing support from a practice coach who will offer tools, resources, hands-on guidance, and content expertise to assist the clinic team in developing strategies to improve clinical PrEP services. Aim 3 assessments include notes from practice facilitation coaching sessions; in-depth interviews of participating providers exploring their experiences with the intervention and thoughts about providing PrEP clinical services; and a clinic assessment completed by clinic staff every six months to describe the current implementation of PrEP services at their clinical site. These data will inform ongoing practice improvement in PrEP clinical services and increase understanding of provider experiences with providing PrEP clinical services.

It is expected that half of screened persons will meet study eligibility. For all aims we anticipate that screening and completion of the locator form will each take five minutes. Study staff will assist Aim 1 participants with onboarding the CleverCap device and mChoice app, a process that will take 20 minutes. Aim 1 participants will complete the baseline survey once (anticipated 30 minutes completion time) and the follow-up survey four times (anticipated completion time 30 minutes each) over their 12-month participation period. Total study enrollment for Aim 1 is 400, over the 3-year data collection period the estimated annual enrollment is 134. Aims 2 and 3 interviews will take 60 minutes to complete. For Aim 2, total study enrollment is 30, over the 3-year data collection period the estimated annual enrollment is 10. For Aim 3, total study enrollment is 20, over the 3-year data collection period the estimated annual enrollment is seven. Additionally, a single Aim 3 participant at each of the four participating clinic sites will complete a clinic assessment form every six months throughout the study period.

Total enrollment for the study is 424. For the Aim 1 patient trial, we will enroll a total of 400 YMSM; over the 3-year data collection period the estimated annual enrollment will be 134. It is expected that 50% of YMSM screened will meet study eligibility criteria and agree to join the study; therefore, we expect to screen 267 YMSM annually. The collection of initial screening information will take approximately 10 minutes to complete. Once enrolled, the collection of locator information will take approximately 10 minutes to complete. YMSM participants will complete a baseline assessment which will take approximately 45 minutes to complete. YMSM participants will also complete a series of follow-up assessments at 3, 6, 9, 12 and 18-month time points. The follow-up assessments will take approximately 45 minutes to complete. Participants will receive their CleverCap and be asked to install the CleverCap app on their mobile phones. We estimate the CleverCap onboarding process will take approximately 10 minutes to complete. While all

participants will be asked to install the app, use of the app after the initial install will be optional.

For Aim 2 of the study, a subset (30 total) of the YMSM participants will be invited to participate in an in-depth interview. The interview will take approximately 90 minutes to complete. For the Aim 3 healthcare provider training, we will enroll a total of 20 healthcare providers. Over the 3-year data collection period, the estimated annual enrollment will be 7. It is expected that 50% of healthcare providers screened will meet study eligibility criteria and agree to join the study. Thus, we expect to screen 14 providers annually. The collection of initial screening information from the 14 providers will take approximately 10 minutes to complete. The collection of locator information from the 7 providers enrolled each year will take approximately 10 minutes to complete. Healthcare provider participants will be asked to complete an assessment before and after the PrEP training. The pre-training assessment and the post-training assessment are expected to take 30 minutes each to complete. Providers will also be asked to take part in a 60-minute interview.

In addition to the training and provider-level assessments, every 6 months during the 36-month data collection period, each of the four participating clinic sites will complete the clinic assessment tool to describe PrEP services implementation at the facility level. The clinic assessment will be completed by a single member of the clinic staff at each clinic (four respondents total). Clinic-level assessments at baseline and study end are estimated to take 120 minutes to complete. Clinic-level assessments conducted at six-month intervals between the baseline and study end points are expected to take 90 minutes to complete.

The total number of burden hours is 2,210 across 36 months of data collection. The total estimated annualized burden hours are 551. There are no costs to the participants 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 response (in hrs)	Total burden (in hrs)
General Public—Adults	Patient Screener (English/Spanish)	267	1	10/60	45
General Public—Adults	Patient Locator Form (English/Spanish)	134	1	10/60	23
General Public—Adults	Patient Baseline Assessment (English/Spanish).	134	1	45/60	101
General Public—Adults	Patient Quarterly Assessment (English/Spanish).	134	3	45/60	302
General Public—Adults	CleverCap App Setup (English/Spanish).	134	1	10/60	23
General Public—Adults	Patient Interview Guide (English/Spanish).	10	1	90/60	15
Health Practitioners	Provider Screener	14	1	10/90	3
Health Practitioners	Provider Locator Form	7	1	10/90	2
Health Practitioners	Provider Pre-Training Assessment	7	1	30/60	4
Health Practitioners	Provider Post-Training Assessment	7	1	30/60	4
Health Practitioners	Provider Interview	7	1	60/60	7
Health Practitioners	Clinic Assessment Baseline and Final	4	1	130/60	9
Health Practitioners	Clinic Assessment Every Six Months	4	2	100/60	13
Total					551

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Public Health Ethics and Regulations, Office of Science, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare and Medicaid Services

Privacy Act of 1974; Matching Program

AGENCY: Centers for Medicare & Medicaid Services, Department of Health and Human Services

ACTION: Notice of a new matching program.

SUMMARY: In accordance with subsection (e)(12) of the Privacy Act of 1974, as amended, the Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS) is providing notice of a new matching program between CMS and the Department of Veterans Affairs (VA), ''Verification of Eligibility for Insurance Affordability Programs Under the Patient Protection and Affordable Care Act.''

DATES: The deadline for comments on this notice is August 5, 2026. The re-established matching program will commence not sooner than 30 days after publication of this notice, provided no comments are received that warrant a change to this notice. The matching program will be conducted for an initial term of 18 months (from approximately May 15, 2026 to November 15, 2027) and within 3 months of expiration may be renewed for one additional year if the parties make no change to the matching program and certify that the program has been conducted in compliance with the matching agreement.

ADDRESSES: Interested parties may submit written comments on this notice, by mail or email, to the CMS Privacy Officer, Division of Security, Privacy Policy & Oversight, Information Security & Privacy Group, Office of Information Technology, Centers for Medicare & Medicaid Services, Location: N1–14–56, 7500 Security Blvd., Baltimore, MD 21244–1850, to *barbara.demopulos@cms.hhs.gov.*

FOR FURTHER INFORMATION CONTACT: If you have questions about the matching program, you may contact Terrence Kane, Director, Division of Automated Verifications and SEP Policy, Marketplace Eligibility and Enrollment