by federal agencies when records in a system of records (meaning, federal agency records about individuals retrieved by name or other personal identifier) are matched with records of other federal or non-federal agencies. The Privacy Act requires agencies involved in a matching program to:

1. Enter into a written agreement, which must be prepared in accordance with the Privacy Act, approved by the Data Integrity Board of each source and recipient federal agency, provided to Congress and the Office of Management and Budget (OMB), and made available to the public, as required by 5 U.S.C. 552a(o), (u)(3)(A), and (u)(4).

2. Notify the individuals whose information will be used in the matching program that the information they provide is subject to verification through matching, as required by 5 U.S.C. 552a(o)(1)(D).

3. Verify match findings before suspending, terminating, reducing, or making a final denial of an individual's benefits or payments or taking other adverse action against the individual, as required by 5 U.S.C. 552a(p).

4. Report the matching program to Congress and the OMB, in advance and annually, as required by 5 U.S.C. 552a(o) (2)(A)(i), (r), and (u)(3)(D).

5. Publish advance notice of the matching program in the **Federal Register** as required by 5 U.S.C. 552a(e)(12).

This matching program meets these requirements.

Barbara Demopulos,

CMS Privacy Act Officer, Division of Security, Privacy Policy & Oversight, Information Security and Privacy Group, Office of Information Technology, Centers for Medicare & Medicaid Services.

Participating Agencies

The Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS) is the recipient agency, and the Department of Veterans Affairs (VA), Veterans Health Administration (VHA) is the source agency.

Authority for Conducting the Matching Program

The matching program is authorized under 42 U.S.C. 18001.

Purpose(s)

The purpose of the matching program is to assist CMS in determining individuals' eligibility for financial assistance in paying for private health insurance coverage. In this matching program, VHA provides CMS with data when an Administering Entity (AE) requests it and VHA is authorized to release it, verifying whether an individual who is applying for or is enrolled in private health insurance coverage under a qualified health plan through a federally-facilitated health insurance exchange is eligible for coverage under a VHA health plan. CMS makes the data provided by VHA available to the requesting AE through a data services hub to use in determining the applicant's or enrollee's eligibility for financial assistance (including an advance tax credit and cost-sharing reduction, which are types of insurance affordability programs) in paying for private health insurance coverage. VHA health plans provide minimum essential coverage, and eligibility for such plans usually precludes eligibility for financial assistance in paying for private coverage. The data provided by VHA under this matching program will be used by CMS and AEs to authenticate identity, determine eligibility for financial assistance, and determine the amount of the financial assistance.

Categories of Individuals

The categories of individuals whose information is involved in the matching program are:

- Veterans whose records at VHA match data provided to VHA by CMS (submitted by AEs) about individuals who are applying for or are enrolled in private insurance coverage through a federally-facilitated health insurance exchange.

Categories of Records

The categories of records used in this matching program are identity records and minimum essential coverage period records consisting of the following data elements:

Data provided by CMS to VHA:

a. First Name (required)

b. Middle Name/Initial (if provided by applicant)

c. Surname (Applicant's Last Name) (required)

d. Date of Birth (required)

e. Sex (required)

f. SSN (required)

g. Requested Qualified Health Plan (QHP) Coverage Effective Date (required)

h. Requested QHP Coverage End Date (required)

i. State Identification (required)

j. Transaction ID (required)

Data provided by VHA to CMS:

a. SSN (required)

b. Start/End Date{s) of enrollment period(s) (when match occurs)

c. A blank date response when a non-match occurs, or if the VA's records contain a Date of Death.

System(s) of Records

The data used in this matching program will be disclosed from the following systems of records, based on the routine uses identified:

- Health Insurance Exchanges System (HIX), CMS System No. 09–70–0560, last published in full at 78 FR 63211 (Oct. 23, 2013), as amended at 83 FR 6591 (Feb. 14, 2018).
- ''Veterans and Beneficiaries Purchased Care Community Health Care Claims, Correspondence, Eligibility, Inquiry and Payment Files-VA, ''System No. 54VA10; last fully published at 90 FR 4447354 (September 15, 2025).
- ''Compensation, Pension, Education, and Veteran Readiness and Employment Records, VA (58VA21/22/28), last published at 90 FR 44464.

[FR Doc. 2026–13671 Filed 7–6–26; 8:45 am]

BILLING CODE 4120–03–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request; Rural Health Care Services Outreach Program Measures, OMB No. 0906–0009—Revision

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

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995, HRSA submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period. OMB may act on HRSA's ICR only after the 30-day comment period for this notice has closed.

DATES: Comments on this ICR should be received no later than August 6, 2026.

ADDRESSES: Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to *www.reginfo.gov/public/do/PRAMain.* Find this particular information collection by selecting ''Currently under Review—Open for Public Comments'' or by using the search function.

FOR FURTHER INFORMATION CONTACT: To request a copy of the clearance requests submitted to OMB for review, email Samantha Miller, the HRSA Information Collection Clearance Officer, at *paperwork@hrsa.gov* or call (301) 443–3983.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the ICR title for reference.

Information Collection Request Title: Rural Health Care Services Outreach Program Measures, OMB No. 0906–0009—Revision.

Abstract: The Rural Health Care Services Outreach (Outreach) Program is authorized by section 330A(e) of the Public Health Service Act (42 U.S.C. 254c(e)) to ''promote rural health care services outreach by improving and expanding the delivery of health care services to include new and enhanced services in rural areas.'' HRSA currently collects information about Outreach grants using an OMB-approved set of performance measures and seeks to revise that approved collection. The proposed changes are a result of keeping this instrument relevant, responsive to the Outreach Program needs and to improve clarity and ease of reporting for respondents.

A 60-day notice published in the **Federal Register** on April 7, 2026, vol. 91, No. 66; pp. 17660–61. There were no public comments.

Need and Proposed Use of the Information: HRSA has revised the performance measures which Outreach awardees will submit to HRSA on an annual basis. The purpose of the revised data collection is to assess Outreach awardees' progress in meeting the program goals and how well each awardee meets their community needs. Additionally, HRSA will be able to monitor and assess the impact of the Outreach program and ensure that funds are effectively used to provide services that meet the target population's needs.

The proposed changes include the consolidation of three sub-sections (Consortium/Network, Access to Care, and Population Demographics) into two new sub-sections (Capacity/Organizational Information and Access/Population Demographics); addition of nine new maternal health measures (four required measures; five optional measures) for the 11 award recipients in the Healthy Rural Hometown Initiative track only; and adding one new question and revising the response selection list related to sustainability. Additionally, there is an increase in the estimated total burden hours compared to the previous ICR package. The increase in burden is to account for a new cohort of recipients new to this data collection. This includes 40 recipients funded under the Regular Outreach Track and 18 recipients funded under the Healthy Rural Hometown Initiative Track awarded under HRSA–25–038.

Likely Respondents: Respondents include all 58 Outreach award recipients.

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.

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
Rural Health Care Services Outreach Performance Measures	58	1	58	8.75	507.50
Total	58	1	58	8.75	507.50

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 information collection burden.

Maria G. Button,

Director, Executive Secretariat.

[FR Doc. 2026–13636 Filed 7–6–26; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Office of the Secretary; Notice of Meeting

Pursuant to section 10(a) of the Federal Advisory Committee Act, as amended, (5 U.S.C. App.), notice is hereby given of an Interagency Autism Coordinating Committee (IACC or Committee) meeting.

The purpose of the IACC meeting is to discuss committee business, agency updates, and issues related to autism research and services activities. The meeting will be open to the public to attend in person or virtually. Virtual viewing will be accessible via NIH Videocast. Advanced registration is required for in-person attendance. Individuals wishing to participate in person or virtually and in need of special assistance or other reasonable accommodations, should submit a request to the Contact Person listed on this notice at least seven (7) business days prior to the meeting.

The open session can be accessed from the NIH Videocast website (*https://videocast.nih.gov/*).

Name of Committee: Interagency Autism Coordinating Committee.

Date: July 31, 2026.

Time: 9:00 a.m. to 5:00 p.m. ET.

Agenda: To discuss committee business, updates, and issues related to autism research and services activities.

Address: National Institutes of Mental Health (NIMH), Neuroscience Center (NSC), First Floor Conference Rooms, 6001 Executive Boulevard, Rockville, MD 20852.

Meeting Format: Open Meeting. Hybrid.