ANNUAL BURDEN ESTIMATES

Instrument	Total number of respondents	Total number of responses per respondent	Average burden hours per response	Total burden hours	Annual burden hours
Universal T/TA Participant Feedback	1,500	1	0.43	645	215
Long Version (full form); Short Version (partial form)	225,000	1	0.10	22,500	7,500
Intensive T/TA Participant Feedback	600	1	1.17	702	234
Follow-Up Feedback	8,000	1	0.50	4,000	1,333
Qualitative Guide	2,000	1	1.50	3,000	1,000
Network Survey	600	1	1.00	600	200
Client Satisfaction Survey	1,000	1	0.08	80	27
Resources Feedback	500	1	0.08	40	13
Requester Feedback	200	1	0.12	24	8
Estimated Total Annual Burden Hours					10,530

Authority: 22 U.S.C. 7104 and 22 U.S.C. 7105(c)(4).

Mary C. Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2026–13922 Filed 7–9–26; 8:45 am]

BILLING CODE 4184–73–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Charter Re-Establishment for the National Advisory Committee on Rural Health and Human Services

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

ACTION: Notice.

SUMMARY: In accordance with the Federal Advisory Committee Act, HHS hereby gives notice that the National Advisory Committee on Rural Health and Human Services (NACRHHS) has been re-established. The effective date of the charter re-establishment is July 17, 2026.

FOR FURTHER INFORMATION CONTACT: Sarah Heppner, Federal Office of Rural Health Policy, HRSA, 5600 Fishers Lane, Rockville, Maryland 20857; 301–443–0835 or *FORHPIOAA@hrsa.gov.*

SUPPLEMENTARY INFORMATION: NACRHHS is authorized by Section 222 of the Public Health Service (PHS) Act (42 U.S.C. 217a). NACRHHS provides advice and recommendations to the Secretary of HHS (Secretary) on issues related to how HHS and its programs serve rural communities. The Committee will focus attention and existing resources on rural health and human service challenges, such as the provision and financing of health care and human services in rural areas.

The re-established charter for the NACRHHS was approved on June 22, 2026. The charter appears to comply with FACA, GSA Final Rule, and current Secretariat guidance. Re-establishment of the NACRHHS charter gives authorization for the committee to operate until July 17, 2028.

A copy of the NACRHHS charter is available on the NACRHHS website at *https://www.hrsa.gov/advisory-committees/rural-health.* A copy of the charter also can be obtained by accessing the FACA database that is maintained by the Committee Management Secretariat under the General Services Administration. The website address for the FACA database is *http://www.facadatabase.gov/.* The public interest determination language is included below.

Information on the following factors for the committee is provided to the Secretariat to demonstrate that reestablishing the committee is in the public interest:

1. Annual budget: $492,358.

a. Federal personnel on a full-time equivalent (FTE) basis: 1.5 FTEs.

b. Other Federal internal costs: $285,358.

c. Proposed payments to members: $27,000.

d. Proposed number of members: 15.

e. Reimbursable costs: $30,000.

2. If applicable, the total dollar value of grants expected to be recommended during the fiscal year: N/A.

3. Criteria for selecting members to ensure the committee has the necessary expertise and fairly balanced membership: Members of the Committee shall be Special Government Employees and knowledgeable in the fields of delivery, financing, research, development, and administration of health care and human services in rural areas. Members shall include representatives from rural community-based organizations, rural health care and human service providers and administrators, and other rural interest groups. Committee members should reflect a broad array of expertise, including Titles XVIII, IX, and XXI of the Social Security Act, and have knowledge of the range of rural-focused health programs under the purview of the Secretary of Health and Human Services. Members should also be knowledgeable in the fields of rural human and social services, including issues related to Native Americans, transportation, children and family services, social work, services for the elderly, and rural economic development. Approximately two thirds of the members should be rural health experts and approximately one third should be rural human services experts. Membership balance is not static, and the points of view needed may change depending on the emerging priorities for rural communities.

The Department will give close attention to geographic distribution to reflect the broad array of perspectives across the country. Appointments shall be made without discrimination on the basis of age, race, sex, religion, or socioeconomic status.

The Committee's membership aims to represent the diversity of the United States by drawing on the wide range of expertise and experience available in the rural population.

4. List of all other Federal advisory committees of the agency:

Advisory Commission on Childhood Vaccines
Advisory Committee on Interdisciplinary, Community-Based Linkages
Advisory Council on Blood Stem Cell Transplantation
Council on Graduate Medical Education
National Advisory Council on Nurse Education and Practice
National Advisory Council on the National Health Service Corps

National Advisory Council on Migrant Health

5. Justification that the information or advice provided by the Federal advisory committee or subcommittee is not available from another Federal advisory committee, another Federal Government source, or any other more cost-effective and less burdensome source: The NACRHHS is the only federal advisory committee focused solely on identifying and addressing emerging rural health and human services needs. No other committee at the U.S. Department of Health and Human Services prioritizes the health and wellbeing of rural Americans and solicits their direct feedback on concerns and solutions. The NACRHHS meetings held in rural communities provide a forum to elevate the opinion and experience of rural Americans needed to expand on increasingly complex issues to improve rural health and human services. Obtaining this advice and information would be much more difficult to obtain through written submissions or one-on-one conversations. Each of the Committee members represents a significant portion of the rural health care and human service field, both professionally and regionally, and this kind of voice does not exist outside of the Committee. Outside of an advisory committee, the Department often hears from professional associations and interest groups that are more affected by self-interest than the needs of rural communities. The Committee meetings, staffed by the Federal Office of Rural Health Policy (FORHP), offer the Secretary the best objective advice on pressing rural health and human service issues. Further, this Committee is the only Committee that brings together rural health leaders across the federal government such as the Centers for Medicare & Medicaid Services, Health Resources and Services Administration, Indian Health Service, Centers for Disease Control and Prevention, Substance Abuse and Mental Health Services Administration, Administration for Community Living, U.S. Department of Agriculture (USDA), and the U.S. Department of Veterans Affairs to learn about these emerging rural health needs and inform collaboration and program efficiencies across the federal government.

6. If the justification relates to a committee renewal, a summary of the previous accomplishments of the committee and the reasons it needs to continue: Established in 1987, NACRHHS developed over 627 recommendations and informed agency-wide initiatives to improve rural health care, including playing an instrumental role in developing President Trump's 2020 Rural Action Plan.

The Trump Administration advanced several of the Committee's recommendations, such as recommending the Secretary develop guidelines and implement safety and treatment protocols in rural hospitals and clinics to respond to obstetric complications. The Trump Administration also implemented the NACRHHS recommendation to work with USDA, the Commerce Department, and the Federal Communications Commission to help rural home-based childcare providers gain access to high-speed, low-cost broadband services for training and education. Most recently, CDC began to implement an NACRHHS recommendation to ensure annual overdose death rates due to opioids include a rural-urban cut to ensure policy relevant data captures rural needs and trends.

NACRHHS needs to continue to ensure formal coordination and collaboration of rural health and human service initiatives that advance Administration priorities across the federal government. Further, it will ensure government-wide rural health and human service initiatives are informed by the subject-matter expertise provided by NACRHHS members, who serve as rural health leaders in their communities, as well as feedback from rural communities themselves.

7. Explanation of why the committee/subcommittee is essential to the conduct of agency business: Section 711 of the Social Security Act charges FORHP to advise the Secretary on key rural health issues. NACRHHS relies on FORHP for its operations and rural health expertise to produce reports and policy briefs to the Secretary on key rural health and human services issues. These rural health policy briefs help to keep the Secretary informed of emerging rural health issues that arise in real time. Further, NACRHHS is the only federal advisory committee that gathers the leading rural health and human services agencies to collaborate on initiatives that promote continued education and government-wide program efficiencies. With FORHP staff overseeing the operations of NACRHHS, the agency will continue to meet its mission and legal requirement to advise the Secretary on rural health and human service issues and innovative policy recommendations, as well as coordinate rural health and human service activities across the Department. NACRHHS provides regular and structured opportunities for the public to weigh in directly with the Secretary and the foremost rural health and human service experts. The public (rural communities themselves), with the support and direction of the Secretary, drives the agenda and focus areas for NACRHHS. A key component of NACRHHS' operations include several in-person site visits to rural health and human service providers and tribes. These site visits allow Committee members to see local challenges and innovations first-hand and elevate their findings to the Secretary. They also provide an opportunity for HHS to hear from the community regarding rural policy and program perspectives. Given their small size and geographic isolation, rural communities face unique challenges that should be considered as HHS develops regulations and programmatic decisions that could have a significant impact on these communities.

In conclusion, this public interest determination affirms that reestablishing the committee serves the public interest, is essential to conducting agency business, and will provide information not already available through another advisory committee or source within the federal government.

Maria G. Button,

Director, Executive Secretariat.

[FR Doc. 2026–13962 Filed 7–9–26; 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: Healthy Start Evaluation and Quality Improvement, OMB No. 0915–0338—Revision

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.