than authorizing a new grant competition is the most efficient use of FY 2026 funds. However, we agree with the commenter's general concern regarding fiscal responsibility. Therefore, we are limiting the final waiver and extension to one additional 12-month period, in alignment with the Administration's FY 2027 budget request which eliminates the program.

Changes: The proposed waiver and extension of up to two additional 12-month periods has been reduced to one additional 12-month period.

Final Waiver and Extension of the Project Period With Funding

In the proposed waiver and extension, we discussed the background and purposes of the CIG program and our reasons for proposing the waiver and extension. As outlined in that document, providing up to two additional years of funding would permit grantees to continue coordinating with one another and continue achieving the goals and objectives of their consortium applications as the Secretary considers changes to the priorities and structure of the CIG program. After considering the public comments in response to our proposal, we have determined that one additional year of funding is likely to achieve the aforementioned benefits.

For these reasons, we have concluded that it would be contrary to the public interest to have a lapse in the work of current CIG program grantees while the Secretary considers changes to the implementation of the CIG program.

Therefore, the Secretary waives the requirements in 34 CFR 75.261(b)(2), which limits the extension of a project period if the extension involves the obligation of additional Federal funds and the requirements in the 2013 Notice, which establishes a 3-year project period.

Under this waiver—

(1) Current grantees are authorized to receive continuation determinations and awards for one additional 12-month period, not to exceed September 30, 2027, using the CIG funding formula currently in existence.

(2) The Department is not announcing a new competition in FY 2026.

(3) During the extension period, any activities carried out must be consistent with, or be a logical extension of, the scope, goals, and objectives of the grantees' approved application from the FY 2023 CIG program competition.

(4) Each grantee that receives a continuation determination and award must also continue to comply with the requirements established in the program regulations, the 2004 and 2013 Notices, and the 2023 notice inviting applications for the CIG program (88 FR 11422).

The waiver of 34 CFR 75.261(b)(2) will not affect the applicability of the requirements in 34 CFR 75.253 (continuation of a multi-year project after the first budget period) to any current CIG program grantee that receives a continuation award as a result of the waiver.

Intergovernmental Review

This action is subject to Executive Order 12372 and the regulations in 34 CFR part 79.

Regulatory Flexibility Act Certification

The Secretary certifies that this final waiver and extension of the project period would not have a significant economic impact on a substantial number of small entities.

The entities that would be affected by this final waiver and extension are:

(a) The FY 2023 SEA grantees currently receiving Title I, Part C funds; and

(b) SEAs that otherwise would have been eligible to apply for an award in FY 2026 under the CIG program if the Department had held that competition.

The Secretary certifies that the final waiver and extension would not have a significant economic impact on these entities because the extension of an existing project period imposes minimal compliance costs, and the activities required to support the additional year(s) of funding would not impose additional regulatory burdens or require unnecessary Federal supervision.

Paperwork Reduction Act of 1995

This notice of final waiver and extension of the project period does not contain any information collection requirements.

Accessible Format: On request to the program contact person listed under **FOR FURTHER INFORMATION CONTACT**, individuals with disabilities can obtain this document in an accessible format. The Department will provide the requestor with an accessible format that may include Rich Text Format (RTF) or text format (txt), a thumb drive, an MP3 file, braille, large print, audiotape, or compact disc, or other accessible format.

Electronic Access to This Document: The official version of this document is the document published in the **Federal Register**. You may access the official edition of the **Federal Register** and the Code of Federal Regulations via the Federal Digital System at: *www.govinfo.gov.* You may also access documents of the Department published in the **Federal Register** by using the article search feature at: *www.federalregister.gov.*

Kirsten Baesler,

Assistant Secretary, Office of Elementary and Secondary Education.

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DEPARTMENT OF VETERANS AFFAIRS

38 CFR Part 17

[Docket No. VA–2025–VHA–0007]

RIN 2900–AS29

Expansion of VA Process for 72-Hour Notification of Emergency Treatment

AGENCY: Department of Veterans Affairs.

ACTION: Final rule.

SUMMARY: The Department of Veterans Affairs (VA) adopts as final, with minor changes, a proposed rule amending its medical regulations to add a new method for veterans, their representatives, and eligible entities or providers to notify VA for the determination of whether emergency treatment can be authorized under the Veterans Community Care Program (VCCP). This will streamline the notification process and make it easier for veterans to have their care authorized under VCCP.

DATES: This rule is effective August 10, 2026.

FOR FURTHER INFORMATION CONTACT: Joseph Duran, Director, Policy, Office of Integrated Veteran Care, Veterans Health Administration, (303) 370–1637.

SUPPLEMENTARY INFORMATION: On July 22, 2025, VA published a rulemaking in the **Federal Register** that proposed to allow veterans, their representatives, and eligible entities or providers to notify VA through a centralized web-based process for determination of whether the emergency treatment can be authorized under the VCCP. 90 FR 34407. VA authorizes payment of emergency treatment furnished to covered veterans by eligible entities or providers under the VCCP if the veteran notifies the appropriate official at the nearest VA medical facility within 72 hours of such care being furnished and VA approves such care. 38 CFR 17.4020(c)(2) and (c)(4); other requirements under § 17.4020(c) also apply. VA specifically proposed to revise § 17.4020(c)(4)(i) to add the option of notification through a centralized notification process instead of only allowing notice to be provided to the appropriate VA official at the

nearest VA facility. 90 FR 34407. As stated in the proposed rule, although the centralized process is more administratively efficient and beneficial to veterans and local VA facilities, VA would maintain the current method of contacting the appropriate VA official at the nearest VA facility as a valid method of providing 72-hour notice to avoid confusion for veterans, their representatives, and eligible entities or providers who are accustomed to and prefer the current method of notification. *Id* at 34408. VA also proposed to amend § 17.4020(c)(4)(i) to include that information on the centralized notification process would be accessible through VA's website at *www.va.gov. Id*.

VA provided the public with a 60-day comment period, which ended on September 22, 2025. VA received three comments from the public. One comment was not relevant to this issue and the other two supported the proposed rulemaking. One of these supportive comments also included a suggestion, as discussed below.

In the proposed rule, VA stated that information on the centralized notification process would be accessible through VA's website at *www.va.gov,* versus a more specific Emergency Care Reporting (ECR) website as located on the Community Care section of the *www.va.gov.com* site. 90 FR 34407. One commenter recommended maintaining the ECR Portal link and instructions on the Community Care web page within *www.va.gov* because veterans use the Community Care web page as a valuable resource. VA agrees with the commenter about the importance of maintaining the ECR portal link and instructions on the Community Care web page.

Based on the feedback from the commenter, VA will update the website reference in § 17.4020(c)(4)(i) as proposed to include the more specific *www.va.gov/resources/getting-emergency-care-at-non-va-facilities/* or successor website. VA will also make a technical change to provide that the website ''is'' accessible on the website and not ''will be'' accessible on the website. This change provides clarity that the website is currently operational. The regulation will state that the notification be made to the appropriate VA official at the nearest VA facility or by using the centralized notification process (information on the centralized notification process is accessible through VA's website at *https://www.va.gov/resources/getting-emergency-care-at-non-va-facilities/* or successor website). This will ensure that veterans can easily find information related to notification of emergency treatment.

Based on the rationale set forth in the **SUPPLEMENTARY INFORMATION** section of the proposed rule and this final rule, VA adopts the proposed rule as final with the changes explained herein.

Executive Orders 12866, 13563, and 14192

VA examined the impact of this rulemaking as required by Executive Orders 12866 (Sept. 30, 1993) and 13563 (Jan. 18, 2011), which direct agencies to assess all costs and benefits of available regulatory alternatives and, if regulation is necessary, to select regulatory approaches that maximize net benefits. The Office of Information and Regulatory Affairs has determined that this final rule is not a significant regulatory action under E.O. 12866, as supplemented by Executive Order 13563. This final rule is a deregulatory action under Executive Order 14192.

Economic Impact: VA has determined there are no costs or transfers associated with this rule because the rule codifies the current practice of providing notice of emergency treatment to a centralized entity while still allowing individuals to notify the appropriate VA official at the nearest VA facility. VA designated this as a deregulatory action under Executive Order 14192 due to there being no increases in incremental costs or transfers and because the rulemaking also provides for a proven method of notification. While VA is unable to quantify savings, there will be increases in efficiency as this rulemaking simplifies centralized 72-hour notification without imposing new regulatory requirements.

Regulatory Flexibility Act

The Secretary hereby certifies that this final rule will not have a significant economic impact on a substantial number of small entities as they are defined in the Regulatory Flexibility Act, 5 U.S.C. 601–612. This final rule adds a method for veterans, their representatives, and eligible entities or providers to contact VA for determination of whether emergency treatment can be authorized under the VCCP after the veteran has received such care. It will not have a substantial economic impact on small entities because it merely provides for an additional method of notification. Therefore, pursuant to 5 U.S.C. 605(b), the initial and final regulatory flexibility analysis requirements of 5 U.S.C. 603 and 604 do not apply.

Unfunded Mandates

This final rule will not result in the expenditure by State, local, and Tribal governments, in the aggregate, or by the private sector, of $100 million or more (adjusted annually for inflation) in any one year.

Paperwork Reduction Act

Although this final rule contains collection of information under the provisions of the Paperwork Reduction Act of 1995 (44 U.S.C. 3501–3521), there are no provisions associated with this rulemaking constituting any new collection of information or any revisions to the existing collection of information. The collection of information for 38 CFR 17.4020 is currently approved by the Office of Management and Budget (OMB) and has been assigned OMB control number 2900–0823.

List of Subjects in 38 CFR Part 17

Administrative practice and procedure, Alcohol abuse, Alcoholism, Claims, Day care, Dental health, Drug abuse, Foreign relations, Government contracts, Grant programs—health, Grant programs—veterans, Health care, Health facilities, Health professions, Health records, Homeless, Medical and dental schools, Medical devices, Medical research, Mental health programs, Nursing homes, Philippines, Reporting and recordkeeping requirements, Scholarships and fellowships, Travel and transportation expenses, Veterans.

Signing Authority

Douglas A. Collins, Secretary of Veterans Affairs, approved this document on July 7, 2026, and authorized the undersigned to sign and submit the document to the Office of the Federal Register for publication electronically as an official document of the Department of Veterans Affairs.

Jacquelyn Collins,

Alternate Federal Register Liaison Officer, Department of Veterans Affairs.

For the reasons set forth in the preamble, the Department of Veterans Affairs amends 38 CFR part 17 as follows:

PART 17—MEDICAL

■ 1. The authority citation for part 17 continues to read in part as follows:

Authority: 38 U.S.C. 501, and as noted in specific sections.

* * * * *

■ 2. Amend § 17.4020 by revising paragraph (c)(4) to read as follows:

§ 17.4020 Authorized non-VA care.

* * * * *

(c) * * *

(4) Notice to VA must:

(i) Be made to the appropriate VA official at the nearest VA facility or by using the centralized notification process (information on the centralized notification process is accessible through VA's website at *https://www.va.gov/resources/getting-emergency-care-at-non-va-facilities/* or successor website);

(ii) Identify the covered veteran; and

(iii) Identify the eligible entity or provider.

* * * * *

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