* 5. FAO and WHO. 2022. ''Risk Assessment of Food Allergens. Part 1—Review and validation of Codex Alimentarius priority allergen list through risk assessment. Meeting Report.'' Food Safety and Quality Series No. 14. Rome. Available at: *https://doi.org/10.4060/cb9070en*.
* 6. FAO and WHO. 2023. ''Risk Assessment of Food Allergens—Part 5: Review and establish threshold levels for specific tree nuts (Brazil nut, macadamia nut or Queensland nut, pine nut), soy, celery, lupin, mustard, buckwheat and oats. Meeting report.'' Food Safety and Quality Series, No. 23. Rome. Available at: *https://doi.org/10.4060/cc8387en*.
* 7. Memorandum from Ben Remington, Senior Scientist, HFP, *Summary and review of information from FAO/WHO reports and other sources relevant to the citizen petition from Celiac Journey (Docket No. FDA–2023–P–3942),* Aug. 13, 2025.
* 8. Memorandum from Stefano Luccioli, Senior Medical Officer and Allergen Coordinator, HFP, OFCSDSI, DCC, *Data and information reported by the ad hoc Joint FAO/WHO Expert Consultation on Risk Assessment of Food Allergens on gluten-containing grains (GCGs) and oats as priority allergenic foods causing celiac disease or other non-IgE-mediated food allergy,* Aug. 24, 2025.
9. Do, A.B., Khuda, SE, Sharma, G.M., 2018. ''Undeclared Food Allergens and Gluten in Commercial Food Products Analyzed by ELISA,'' Journal of AOAC International 101, 1–13. Available at: *https://doi.org/10.5740/jaoacint.17-0384*.

Lowell M. Zeta,

Acting Deputy Commissioner for Policy, Legislation, and International Affairs.

[FR Doc. 2026–01121 Filed 1–21–26; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS–0937–0213]

Agency Information Collection Request; 60-Day Public Comment Request

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: In compliance with the requirement of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment.

DATES: Comments on the ICR must be received on or before March 23, 2026.

ADDRESSES: When commenting, please reference the document identifier/OMB control number 0937–0213–60D and title of collection ''Teen Pregnancy Prevention FY2023 performance measures collection.'' You may send your comments electronically to Tara Rice, *tara.rice@hhs.gov*.

FOR FURTHER INFORMATION CONTACT: To obtain copies of supporting material for the proposed collection(s) summarized in this notice, please include the document identifier and project title for reference, and address inquiries to Tara Rice, *tara.rice@hhs.gov* or 240–453–8123.

SUPPLEMENTARY INFORMATION: Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (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.

Title of the Collection: Teen Pregnancy Prevention FY2023 performance measures collection.

Type of Collection: extension.

OMB No.: 0937–0213.

Abstract: The Office of Population Affairs (OPA), in the Office of the Assistant Secretary for Health (OASH), U.S. Department of Health and Human Services (HHS), requests an extension clearance for the collection of performance measures specifically for FY2023 Teen Pregnancy Prevention (TPP) Program grantees. OPA supports two types of grants through the TPP program: projects that replicate TPP program models that have been shown to be effective through rigorous evaluation (Tier 1), research and demonstration projects that develop and test additional models and innovative strategies to prevent teen pregnancy (Tier 2). Collection of performance measures is a requirement of all TPP awards and is in the NOFOs. The data collection allows OPA to comply with federal accountability and performance requirements, inform stakeholders of grantee progress in meeting TPP program goals, provide OPA with metrics for monitoring FY2023 TPP grantees, and facilitate individual grantees' continuous quality improvement efforts within their projects.

OPA requests clearance for three years.

ANNUALIZED BURDEN HOUR TABLE

Forms (if necessary)	Respondents (if necessary)	Number of respondents	Number of responses per respondent	Average burden per response (hours)	Total burden hours
TPP Tier 1 & Tier 2 Rigorous Impact grantees.	TPP Tier 1 & Tier 2 Rigorous Impact grantees.	73	2	8	1,168
Supportive Services	Tier 1 Grantees	58	2	0.25	29
Tier 2 Innovation Network	Tier 2 Innovation Network Grantees	6	2	1	12
Total					1,209

Catherine Howard,

Paperwork Reduction Act Reports Clearance Officer, Office of the Secretary.

[FR Doc. 2026–01136 Filed 1–21–26; 8:45 am]

BILLING CODE 4150–34–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

RIN 0917–AA26

Reimbursement Rates for Calendar Year 2026

AGENCY: Indian Health Service, HHS.

ACTION: Notice.

SUMMARY: Notice is provided that the Chief of Staff, who has the Delegated Authority of the Indian Health Service (IHS) Director has approved the rates for inpatient and outpatient medical care provided by the IHS facilities for Calendar Year 2026.

SUPPLEMENTARY INFORMATION:

Background

The Chief of Staff, who has the Delegated Authority of the Indian Health Service (IHS) Director, under the authority of sections 321(a) and 322(b) of the Public Health Service Act (42 U.S.C. 248 and 249(b)), Public Law 83–568 (42 U.S.C. 2001(a)), and the Indian Health Care Improvement Act (25 U.S.C. 1601 *et seq.*), has approved the following rates for inpatient and outpatient medical care provided by IHS facilities for Calendar Year 2026 for Medicare and Medicaid beneficiaries, beneficiaries of other Federal programs, and for recoveries under the Federal Medical Care Recovery Act (42 U.S.C. 2651–2653). The inpatient rates for Medicare Part A are excluded from the table below. That is because Medicare inpatient payments for IHS hospital facilities are made based on the prospective payment system, or (when IHS facilities are designated as Medicare Critical Access Hospitals) on a reasonable cost basis. Since the inpatient per diem rates set forth below do not include all physician services and practitioner services, additional payment shall be available to the extent that those services are provided.

Please note that the Centers for Medicare & Medicaid Services (CMS) has issued a Final Rule to continue to pay an add-on to the Medicare Outpatient Per Visit Rate listed below for certain high-cost drugs for people with Medicare who receive care at IHS or Tribal hospitals for CY 2026. *See* 90 FR 53448, (November 25, 2025). The high-cost drugs qualifying for this add-on payment for CY 2026 are listed in Addendum Q to this Final Rule, *available at https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1834-fc.*

Inpatient Hospital per Diem Rate (Excludes Physician/Practitioner Services)

Calendar Year 2026

Lower 48 States: $5,707.
Alaska: $5,208.

Outpatient per Visit Rate (Excluding Medicare)

Calendar Year 2026

Lower 48 States: $826.
Alaska: $1,222.

Outpatient per Visit Rate (Medicare)

Calendar Year 2026

Lower 48 States: $733.
Alaska: $1,233.

Medicare Part B Inpatient Ancillary per Diem Rate

Calendar Year 2026

Lower 48 States: $1,289.
Alaska: $1,617.

Outpatient Surgery Rate (Medicare)

Established Medicare rates for freestanding Ambulatory Surgical Centers.

Effective Date for Calendar Year 2026 Rates

Consistent with previous annual rate revisions, the Calendar Year 2026 rates will be effective for services provided on or after January 1, 2026, to the extent consistent with payment authorities, including the applicable Medicaid State plan.

Clayton W. Fulton,

Chief of Staff, Delegated Authority of the IHS Director.

[FR Doc. 2026–01178 Filed 1–21–26; 8:45 am]

BILLING CODE 4166–14–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Heart, Lung, and Blood Institute; Notice of Meeting

Pursuant to section 10(a) of the Federal Advisory Committee Act, as amended, notice is hereby given of a meeting of the Sleep Disorders Research Advisory Board (SDRAB).

This will be a hybrid meeting held in-person and virtually and will be open to the public as indicated below. Individuals who plan to attend in-person or view the virtual meeting and need special assistance or other reasonable accommodation should notify the Contact Person listed below in advance of the meeting. The meeting can be accessed from a link that will be provided once registration is confirmed.

Name of Committee: Sleep Disorders Research Advisory Board.

Date: April 9, 2026.

Time: 1:00 p.m. to 5:00 p.m.

Agenda: The purpose of this meeting is to seek guidance and gather input from the Sleep Disorders Research Advisory Board on research priorities conducted or supported by the Institute; and to continue discussions on the topics for the NIH Sleep Research Plan refresh.

Address: National Heart, Lung, and Blood Institute, National Institutes of Health, 6705 Rockledge Drive, Suite 407B, Bethesda, MD 20814.

Meeting Format: Virtual and In-person.

Contact Person: Marishka Brown, Ph.D., nom SDRAB, Executive Secretary, Director, National Center on Sleep Disorders Research, National Institutes of Health, National Heart, Lung, and Blood Institute, 6705 Rockledge Drive, Suite 407B, Bethesda, Maryland 20814, 301–435–0199, *ncsdr@nih.gov*.

Date: April 10, 2026.

Time: 9:30 a.m. to 2:00 p.m.

Agenda: The purpose of this meeting is to seek guidance and gather input from the Sleep Disorders Research Advisory Board on research priorities conducted or supported by the Institute; and to continue discussions on the topics for the NIH Sleep Research Plan refresh.

Address: National Institutes of Health, Rockledge II, 6701 Rockledge Drive, Bethesda, MD 20892.

Meeting Format: Virtual and In-person.

Contact Person: Marishka Brown, Ph.D., SDRAB Executive Secretary, Director, National Center on Sleep Disorders Research, National Institutes of Health, National Heart, Lung, and Blood Institute, 6705 Rockledge Drive, Suite 407B, Bethesda, Maryland 20814, 301–435–0199, *ncsdr@nih.gov*.

Registration is required to attend the open portion of this meeting. To register, use the following link: *https://events.gcc.teams.microsoft.com/event/65acb0f8-d2c3-44c1-9351e9d359e3bd0d@14b77578-9773-42d5-8507-251ca2dc2b06*.

Any member of the public interested in presenting oral comments to the committee may notify the Contact Person listed on this notice at least 10 days in advance of the meeting. Interested individuals and representatives of organizations may submit a letter of intent, a brief description of the organization represented, and a short description of the oral presentation. Only one representative of an organization may be allowed to present oral comments and if accepted by the committee, presentations may be limited to five minutes. Both printed and electronic copies are requested for the record. In addition, any interested person may file written comments with the committee by forwarding their statement to the Contact Person listed on this notice. The