

which . . . is privileged or confidential”—as provided by Section 6(f) of the FTC Act, 15 U.S.C. 46(f), and FTC Rule 4.10(a)(2), 16 CFR 4.10(a)(2)—including in particular competitively sensitive information such as costs, sales statistics, inventories, formulas, patterns, devices, manufacturing processes, or customer names.

Comments containing material for which confidential treatment is requested must be filed in paper form, must be clearly labeled “Confidential,” and must comply with FTC Rule 4.9(c). In particular, the written request for confidential treatment that accompanies the comment must include the factual and legal basis for the request, and must identify the specific portions of the comment to be withheld from the public record. *See* FTC Rule 4.9(c). Your comment will be kept confidential only if the General Counsel grants your request in accordance with the law and the public interest. Once your comment has been posted publicly at <https://www.regulations.gov>, we cannot redact or remove your comment unless you submit a confidentiality request that meets the requirements for such treatment under FTC Rule 4.9(c), and the General Counsel grants that request.

The FTC Act and other laws that the Commission administers permit the collection of public comments to consider and use in this proceeding, as appropriate. The Commission will consider all timely and responsive public comments that it receives on or before March 27, 2026. For information on the Commission’s privacy policy, including routine uses permitted by the Privacy Act, see <https://www.ftc.gov/site-information/privacy-policy>.

Josephine Liu,

Assistant General Counsel for Legal Counsel.

[FR Doc. 2026–01459 Filed 1–23–26; 8:45 am]

BILLING CODE 6750–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Patient Safety Organizations: Expired Listing for the MedExpress PSO

AGENCY: Agency for Healthcare Research and Quality (AHRQ), Department of Health and Human Services (HHS).

ACTION: Notice of delisting.

SUMMARY: The Patient Safety and Quality Improvement Final Rule (Patient Safety Rule) authorizes AHRQ, on behalf of the Secretary of HHS, to list as a patient safety organization (PSO) an

entity that attests that it meets the statutory and regulatory requirements for listing. A PSO can be “delisted” by the Secretary if it is found to no longer meet the requirements of the Patient Safety and Quality Improvement Act of 2005 (Patient Safety Act) and Patient Safety Rule, when a PSO chooses to voluntarily relinquish its status as a PSO for any reason, or when a PSO’s listing expires. The listing for MedExpress PSO, PSO number P0216, a component entity of Urgent Care MSO, LLC has expired, and AHRQ has delisted the PSO accordingly.

DATES: The delisting was effective at 12:00 Midnight ET (2400) on December 3, 2025.

ADDRESSES: The directories for both listed and delisted PSOs are ongoing and reviewed weekly by AHRQ. Both directories can be accessed electronically at the following HHS website: <https://www.pso.ahrq.gov/listed>.

FOR FURTHER INFORMATION CONTACT:

Cathryn Bach, Center for Quality Improvement and Patient Safety, AHRQ, 5600 Fishers Lane, MS 06N100B, Rockville, MD 20857; Telephone (toll free): (866) 403–3697; Telephone (local): (301) 427–1111; TTY (toll free): (866) 438–7231; TTY (local): (301) 427–1130; Email: psa@ahrq.hhs.gov.

SUPPLEMENTARY INFORMATION:

Background

The Patient Safety Act, 42 U.S.C. 299b–21 to 299b–26, and the related Patient Safety Rule, 42 CFR part 3, published in the **Federal Register** on November 21, 2008 (73 FR 70732–70814), establish a framework by which individuals and entities that meet the definition of provider in the Patient Safety Rule may voluntarily report information to PSOs listed by AHRQ, on a privileged and confidential basis, for the aggregation and analysis of patient safety work product.

The Patient Safety Act authorizes the listing of PSOs, which are entities or component organizations whose mission and primary activity are to conduct activities to improve patient safety and the quality of health care delivery.

HHS issued the Patient Safety Rule to implement the Patient Safety Act. AHRQ administers the provisions of the Patient Safety Act and Patient Safety Rule relating to the listing and operation of PSOs. The Patient Safety Rule authorizes AHRQ to list as a PSO an entity that attests that it meets the statutory and regulatory requirements for listing. A PSO can be “delisted” if it is found to no longer meet the

requirements of the Patient Safety Act and Patient Safety Rule, when a PSO chooses to voluntarily relinquish its status as a PSO for any reason, or when a PSO’s listing expires. Section 3.108(d) of the Patient Safety Rule requires AHRQ to provide public notice when it removes an organization from the list of PSOs.

Section 3.104(e)(1) of the Patient Safety Rule specifies that a PSO’s listing, unless revoked or relinquished earlier, automatically expires at midnight of the last day of the three-year listing period if, prior to this deadline, the required certifications for a new three-year listing are not submitted by the PSO and accepted by AHRQ. These conditions were not met. Accordingly, MedExpress PSO, PSO number P0216, a component entity of Urgent Care MSO, LLC., was delisted effective at 12:00 Midnight ET (2400) on December 3, 2025.

More information on PSOs can be obtained through AHRQ’s PSO website at <http://www.pso.ahrq.gov>.

Roger D. Klein,

Director.

[FR Doc. 2026–01461 Filed 1–23–26; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Health Center Program Performance Period Extension

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

ACTION: Notice of 5-month extension of the period of performance for Pueblo of Jemez.

SUMMARY: HRSA is extending Pueblo of Jemez’s period of performance, which currently ends on February 28, 2026. Pueblo of Jemez will receive a 5-month Extension with Funds to extend its period of performance end date from February 28, 2026, to July 31, 2026. Extending Pueblo of Jemez’s total period of performance to July 31, 2026, will prevent interruption in access to critical primary health care services in the community currently served by Pueblo of Jemez. The area Pueblo of Jemez currently serves will be announced in a Service Area Competition—Additional Area (SAC-AA) in January 2026.

FOR FURTHER INFORMATION CONTACT: Erica Clift, Division Director, Office of Program and Policy Development,

Bureau of Primary Care, HRSA, at eclift@hrsa.gov and 301-443-0741.

SUPPLEMENTARY INFORMATION:

Intended Recipient of the Award: Pueblo of Jemez, which serves the rural northern New Mexico service area. This

community is vulnerable to a lapse in access to comprehensive primary care services.

Amount of Award: \$625,096.
Project Period: March 1, 2023, to August 1, 2026.

Assistance Listing Number: 93.224.
Award Instrument: Grant—Non-competing Continuation.

Authority: Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b, as amended).

Grant No.	Award recipient name	City, state	Award amount
H80CS26584	Pueblo of Jemez	Jemez Pueblo, NM	\$625,096

Justification: HRSA will provide Pueblo of Jemez, Inc. with a 5-month Extension with Funds to ensure continuity of services between their current project period end date and when a new award will be made for the service area.

Request for Recipient Response: This action extends the period of performance with funds to Pueblo of Jemez’s Health Center Program (H80CS26584) award. Pueblo of Jemez’s award with a current period of performance of March 1, 2023, through February 28, 2026, will be extended by 5 months to July 31, 2026. This extension will prevent interruptions in access to critical health care services in the community. To process this action, Pueblo of Jemez must respond to this request for information (RFI) within the specified timeframe by providing a SF-424A and Budget Narrative, as detailed below.

Activities/Requirements: Activities and work funded under this 5-month extension are within the scope of the current award. All of the terms and conditions of the current award apply to activities and work supported by this 5-month extension.

Required Submission Response: Pueblo of Jemez must submit the response to the RFI in HRSA’s Electronic Handbook. If HRSA does not receive a response to the RFI by the deadline, or the response to the RFI is incomplete or non-responsive, there may be a delay or lapse in the issuance of funding.

SF-424A: Budget Information Form

Upload an SF-424A: BUDGET INFORMATION FORM attachment.

Section A: Budget Summary: Enter the funding request in the Federal column for each of the Health Center Program special medically underserved population funding types as defined in § 330:

- (e) Community Health Center (CHC)
- (g) Migratory and Seasonal Agricultural Workers (MSAW)
- (h) Homeless Population (HP), and/or
- (i) Residents of Public Housing (RPH)

The total federal funding requested across all Health Center Program special

medically underserved population funding types must align with the amount provided in the request from HRSA.

Note: This RFI submission may *not* be used to request changes to the total award, funding type(s), or Health Center Program funds allocation between funding types. *Funding must be requested and will be awarded proportionately for all funding types as currently funded under the Health Center Program.*

In the Non-Federal column, provide the total non-federal funding sources for each Health Center Program funding type (CHC, MSAW, HP, RPH).

Section B: Object Class Categories: Provide the object class category breakdown (*i.e.*, line-item budget) for FY 2026 budgeted funds. Include federal funding in the first column and non-federal funding in the second column. Each line represents a distinct object class category that must be addressed in the Budget Narrative. Indirect costs may only be claimed with an approved indirect cost rate (see details in the Budget Narrative section below).

Section C: Non-Federal Resources: Provide a breakdown of non-federal funds by funding source (*e.g.*, state, local) for each type of Health Center Program funding (CHC, MSAW, HP, RPH). If you are a state agency, leave the State column blank and include state funding in the Applicant column.

Salary Rate Limitation

As required by the current appropriations act, “[n]one of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate over Executive Level II” (see <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/25Tables/exec/html/EX.aspx>). Effective January 2025, the salary rate limitation is \$225,700. As required by law, salary rate limitations may apply in future years and will be updated.

1. Budget Narrative

Upload a Budget Narrative attachment for the budget period (March 1, 2026, to

July 31, 2026) that explains the amounts requested for each line in Section B: Object Class Categories of the SF-424A Budget Information Form. The Budget Narrative must itemize both your federal request and non-federal resources.

The Budget Narrative must describe how each line-item will support achieving the project objectives. Refer to 2 CFR 200 for information on allowable costs (see <https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200>). Include detailed calculations explaining how each line-item expense within each cost category is derived (*e.g.*, number of visits, cost per unit). Include a description for each item in the “other” category.

Include the following in the Budget Narrative:

Personnel Costs: Explain personnel costs and list each staff member who will be supported by Health Center Program funds, name (if possible), position title, percentage of full-time equivalency, and annual salary.

Reminder: An individual’s base salary is NOT constrained by the statutory provision for a salary limitation. The rate limitation limits the amount that may be awarded and charged to the HRSA grant. Provide an individual’s actual base salary if it exceeds the cap. Refer to the Sample Budget Narrative on the Budget Period Progress Report Technical Assistance web page (see <https://bphc.hrsa.gov/funding/funding-opportunities/budget-period-progress-report-bpr-noncompeting-continuation-ncc>).

Fringe Benefits: List the components that make up the fringe benefit rate, for example, health insurance, taxes, unemployment insurance, life insurance, retirement plans, and tuition reimbursement. The fringe benefits should be directly proportional to the personnel costs allocated for the project.

Travel: List travel costs according to local and long-distance travel. For local travel, outline the mileage rate, number of miles, reason for travel, and staff members/consumers completing the travel. The budget should also reflect the travel expenses (*e.g.*, airfare, lodging, parking, per diem, etc.) for each person and the trip associated with

participating in meetings and other proposed training or workshops. Name the traveler(s) if possible, describe the purpose of the trip, provide the number of trips involved, the destinations, and the number of individuals for whom funds are requested.

Equipment: List equipment costs and justify the need for the equipment to carry out the program's goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds to purchase items that meet the definition of equipment (a unit cost of \$10,000 or more and a useful life of 1 or more years).

Supplies: List the items that will be used to implement the proposed project. Separate items into 3 categories: office supplies (e.g., paper, pencils), medical supplies (e.g., syringes, blood tubes, gloves), and educational supplies (e.g., brochures, videos). Items must be listed separately. Equipment items such as laptops, tablets, and desktop computers are classified as a supply if the acquisition cost is under the \$10,000 per unit cost threshold.

Contractual/Subawards/Consultant: Provide a clear justification, including how you estimated the costs and the specific contract/subaward deliverables. Attach a summary of contracts with the Budget Narrative. Make sure that your organization has an established and adequate procurement system with fully developed written procedures for awarding and monitoring all contracts/subawards. Recipients must notify potential subrecipients that entities receiving subawards must be registered in System for Award Management (SAM) and provide the recipient with their Unique Entity Identifier number (see 2 CFR part 25 in <https://www.ecfr.gov/current/title-2/subtitle-A/chapter-I/part-25>).

In your budget:

- For consultant services, list the total costs for all consultant services. Identify each consultant, the services they will perform, the total number of days, travel costs, and total estimated costs.

- For subawards to entities that will help carry out the work of the grant, describe how you monitor their work to ensure the funds are being properly used.

- *Note:* You should not provide line-item details on proposed contracts; rather, provide the basis for your cost estimate for the contract.

Per the Suspension and Debarment rules in the Uniform Administrative Requirements, as implemented by HRSA under 2 CFR 200.214, non-federal entities and contractors are subject to the non-procurement debarment and

suspension regulations implementing Executive Orders 12549 and 12689, and 2 CFR parts 180 and 376. These regulations restrict awards, subawards, and contracts with certain parties debarred, suspended, or otherwise excluded from or ineligible for participation in federal assistance programs or activities.

Other: Include all costs that do not fit into any other category and provide an explanation for each cost in this category (e.g., Electronic Health Record provider licenses, audit, legal counsel). In some cases, rent, utilities, and insurance fall under this category if they are not included in an approved indirect cost rate.

Indirect Costs: Indirect costs are costs you charge across more than one project that cannot be easily separated by project.

To charge indirect costs, you can select 1 of 2 methods:

Method 1—Approved rate. You currently have an indirect cost rate approved by your cognizant federal agency. If indirect costs are included in the budget, attach a copy of the indirect cost rate agreement in the Budget Narrative attachment.

Method 2—De minimis rate. Per 2 CFR 200.414(f) (see <https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-E/subject-group-ECFRd93f2a98b1f6455/section-200.414>), if you have never received a negotiated indirect cost rate, you may elect to charge a *de minimis* rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs.

This rate is 15 percent of modified total direct costs (see 2 CFR 200.1 in <https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200#p-200.1> (Modified%20Total%20Direct%20Cost%20(MTDC))). You can use this rate indefinitely.

Submission Deadline: Submit the response to this request via HRSA's Electronic Handbook no later than 30 days from the receipt of the request.

System for Award Management (SAM): Recipients must continue to maintain active SAM registration with current information at all times that they have an active federal award, an active application, or an active plan under consideration by an agency (unless you are an individual or federal agency that is exempted from those requirements under 2 CFR 25.110(b) or (c), or you have an exception approved by the agency under 2 CFR 25.110(d)). For your SAM registration, you must submit a notarized letter appointing the authorized Entity Administrator.

Intergovernmental Review: This funding is subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

Review Criteria and Process: HRSA will conduct a review of the submitted response in accordance with HRSA guidelines. HRSA reserves the right to request clarification, a resubmission of the budget, narrative, and forms, or additional information if the submission is not fully responsive to any of the requirements or if ineligible activities are proposed. Following the review of all applicable information, HRSA reviews and awards management officials will determine if special conditions are required, and what level of funding is appropriate. Award decisions and funding levels are discretionary and are not subject to appeal. Continued funding depends on congressional appropriation of funds, satisfactory performance, and a decision that continued funding would be in the government's best interest.

As part of HRSA's required review of risk posed by applicants for this program, as described in 2 CFR 200.206 (see <https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-C/section-200.205>), HRSA will consider additional factors. These factors include, but are not limited to, past performance and the results of HRSA's assessment of the financial stability of your organization. HRSA reserves the right to conduct site visits and/or use the current compliance status to inform final funding decisions.

Award Notice: HRSA anticipates issuing the Notice of Award on or near March 1, 2026.

Thomas J. Engels,
Administrator.

[FR Doc. 2026-01403 Filed 1-23-26; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

National Vaccine Injury Compensation Program; List of Petitions Received

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

ACTION: Notice.

SUMMARY: HRSA is publishing this notice of petitions received under the National Vaccine Injury Compensation Program (the Program), as required by the Public Health Service (PHS) Act, as amended. While the Secretary of HHS is