

DATES: Comments on this ICR should be received no later than May 13, 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:

Information Collection Request Title: HRSA AIDS Drug Assistance Program Data Report, OMB No. 0915–0345—Extension.

Abstract: HRSA’s Ryan White HIV/AIDS Program (RWHAP) AIDS Drug Assistance Program (ADAP) is authorized under Part B of the RWHAP statute, codified in sections 2611 to 2631 of the Public Health Service Act, which provides grants to U.S. states and territories. RWHAP Part B ADAP is a state- and territory-administered program that provides Food and Drug Administration-approved medications to low-income people with HIV. RWHAP Part B ADAP funds may also be used to purchase health care coverage for eligible clients and for services that

enhance access, adherence, and monitoring of drug treatments.

All 50 states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, and the five U.S. Pacific Territories or Associated Jurisdictions receive RWHAP Part B grant awards, including funds for ADAP. HRSA RWHAP Part B ADAP requires the annual submission of an ADAP Data Report, which is composed of a Recipient Report and a Client Report. The Recipient Report is a collection of basic information about grant recipient characteristics and policies including program administration, purchasing mechanisms, funding, and expenditures. The Client Report is a collection of de-identified client-level records (one record for each client enrolled in RWHAP ADAP), which includes the client’s encrypted unique identifier, basic demographic data, enrollment and confirmation information, details on medication and/or health care coverage assistance received (including associated costs), and HIV clinical information.

HRSA is not proposing any changes to the collection, and there are no anticipated changes in the reporting burden.

A 60-day notice published in the **Federal Register** on January 30, 2026, vol. 91, No. 20; pp. 4085–86. There were no public comments.

Need and Proposed Use of the Information: The RWHAP statute specifies HRSA’s responsibilities in administering grant funds, allocating

funding, assessing HIV care outcomes (e.g., viral suppression), and serving priority populations. HRSA uses the ADAP Data Report to evaluate the national impact of RWHAP ADAP by providing de-identified client-level data on individuals being served, services being delivered, and costs associated with these services. The client-level data is used to assess the health outcomes of people with HIV receiving services through RWHAP ADAP, monitor the use of RWHAP ADAP funds in addressing the HIV epidemic and its impact on communities, and track progress toward achieving the goals identified in Ending the HIV Epidemic in the United States.

Likely Respondents: State ADAPs of RWHAP Part B 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 use 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
Recipient Report	54	1	54	6	324
Client Report	54	1	54	81	4,374
Total	54	54	4,698

Maria G. Button,

Director, Executive Secretariat.

[FR Doc. 2026–07083 Filed 4–10–26; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Emergency Medical Services for Children Data Center (EDC)

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

ACTION: Announcing period of performance extension with funding for EDC Award recipient.

SUMMARY: HRSA will provide additional funds to the University of Utah, Salt Lake City, Utah, the current EDC Program recipient, to extend the recipient’s current period of performance by 12 months. This extension is necessary to support continuity of operations that facilitate pediatric readiness national data collection activities in hospital emergency departments (ED) and prehospital emergency medical services (EMS) agencies throughout the country. The current performance period ends June 30, 2026.

FOR FURTHER INFORMATION CONTACT: Sara B. Kinsman, MD., Ph D., Director, Division of Child, Adolescence, and Family Health, at SKinsman@hrsa.gov or (240) 475–3712.

SUPPLEMENTARY INFORMATION:
 • *Intended Recipient(s) of the Award:* University of Utah, Salt Lake City, Utah.
 • *Amount of Competitive Award(s):* One award for \$1,600,000.
 • *Project Period:* July 1, 2026, to June 30, 2027.

• *Assistance Listing (CFDA) Number:* 93.127.
 • *Award Instrument:* Cooperative Agreement.
 • *Authority:* 42 U.S.C. 300w–9 (Public Health Service Act, Title XIX, § 1910).

TABLE 1—RECIPIENT(S) AND AWARD AMOUNT(S)

Grant number	Award recipient name	City, state	Award amount
UJ5MC30824	UNIVERSITY OF UTAH	Salt Lake City, UT	\$1,600,000

Justification: The Emergency Medical Services for Children (EMSC) program funds demonstration projects to expand and improve emergency medical services for children who need treatment for trauma or critical care. The purpose of this program is to support activities that demonstrate expansion and improvement in the delivery of high-quality emergency services for all children throughout our nation by: (1) Providing independent, comprehensive research support for large multi-center randomized clinical trials and other types of clinical research conducted by and associated with the Pediatric Emergency Care Applied Research Network; (2) Enhancing and collecting performance measure data that align with the combined efforts of the EMSC State Partnership and the EMSC Innovation and Improvement Center to expand and improve EMSC in states/ jurisdictions; and (3) Collaborating with national partners to coordinate and support nationally representative data collection efforts to assess the expansion of prehospital and hospital pediatric readiness initiatives. The EDC was established in 2017 through a 4-year cooperative agreement. HRSA’s Maternal and Child Health Bureau re-competed the program in 2022 for another 4 years. The current budget period ends on June 30, 2026. Renewal of this cooperative agreement will allow EDC to continue to assess pediatric readiness nationally during this upcoming extension period in both prehospital EMS and hospital emergency departments through the collection of data. HRSA will award \$1,600,000 to the existing EDC Program award recipient to continue operations as outlined in HRSA–22–087 Notice of Funding Opportunity.

Margaret M. Bush,
Deputy Administrator.

[FR Doc. 2026–07035 Filed 4–10–26; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a summary of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these documents, email the SAMHSA Reports Clearance Officer at samhsapra@samhsa.hhs.gov.

Project: SAMHSA Unified Performance Reporting Tool (SUPRT)—Project (P)—(OMB No. 0930–NEW)

The Substance Abuse and Mental Health Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA is seeking approval for the new SAMHSA Unified Performance Reporting Tool (SUPRT)—Project (P). The tool will replace the Center for Mental Health Services’ (CMHS) Infrastructure Development, Prevention, and Mental Health Promotion (IPP) Indicators (included in #0930–0285) and will serve as a single tool to collect grant-level aggregate data on target goals and actual performance from CMHS, Center for Substance Abuse Treatment (CSAT), Center for Substance Abuse Prevention (CSAP), and 988 & Behavioral Health Crisis Coordinating Office (988) grant recipients. This notice informs the public of SAMHSA’s intent to develop and implement a new streamlined performance tool that will allow SAMHSA to continue to meet reporting requirements mandated by the Government Performance Results Modernization Act (GPRMA) of 2010, reduce grantee reporting burden, and is projected to enhance the accuracy of the

collected performance data from CMHS, CSAT, CSAP, and 988 grantees.

SAMHSA will use the data collected through SUPRT–P for annual reporting required by GPRMA, grantee monitoring, and continuous improvement of its discretionary grant programs. The SUPRT–P will also align with and strengthen SAMHSA’s complementary evaluation activities of its discretionary grant programs providing client services. The information collected through this process will allow SAMHSA to (1) monitor and report on implementation and overall performance of the associated grant programs; (2) advance SAMHSA’s proposed performance goals; and (3) assess the accountability and performance of its discretionary grant programs, focused on efforts that promote mental health, prevent substance use, and provide treatments and supports to foster recovery.

The new SUPRT–P reflects diverse feedback SAMHSA obtained through multiple listening sessions conducted with key stakeholders, in addition to extensive deliberations conducted by different working groups within SAMHSA. Accordingly, SUPRT–P retains some prior questions, adds new questions, and deletes other questions from the IPP indicators and client-level performance reporting tools currently in use. The SUPRT–P will reduce client reporting burden and is projected to enhance the accuracy of the collected performance data from CMHS, CSAT, CSAP, and 988 grantees by streamlining questions; incorporating questions for mental health, substance use treatment and prevention, and 988 indicators in one tool; and including indicators to assess the accountability and performance of its discretionary grants. The SUPRT–P will track data associated with the following:

- Total Served and Demographics
- Awarene
- Outreach
- Prevention Activities and Education
- Screening, Assessment, and Testing
- Referral