on the quality of care provided to Medicaid beneficiaries enrolled in Medicaid/CHIP managed care. States use the information during their oversight of these organizations. *Form Number:* CMS–R–305 (OMB control number: 0938–0786); *Frequency:* Annually and one-time; *Affected Public:* Private sector and State, Local or Tribal Governments; *Number of Respondents:* 681; *Number of Responses:* 7,236; *Total Annual Hours:* 887,086. (For policy questions regarding this collection contact Carrie Hanlon at 410–786–1660.)

William N. Parham, III,

Director, Division of Information Collections and Regulatory Impacts, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2026–07851 Filed 4–21–26; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–10434 #15]

Medicaid and Children's Health Insurance Program (CHIP) Generic Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: On May 28, 2010, the Office of Management and Budget (OMB) issued Paperwork Reduction Act (PRA) guidance related to the ''generic'' clearance process. Generally, this is an expedited process by which agencies may obtain OMB's approval of collection of information requests that are ''usually voluntary, low-burden, and uncontroversial collections,'' do not raise any substantive or policy issues, and do not require policy or methodological review. The process requires the submission of an overarching plan that defines the scope of the individual collections that would fall under its umbrella. This **Federal Register** notice seeks public comment on one or more of our collection of information requests that we believe are generic and fall within the scope of the umbrella. Interested persons are invited to submit comments regarding our burden estimates or any other aspect of this collection of information, including: the necessity and utility of the proposed information collection for the proper performance of the agency's functions, the accuracy of the estimated burden, ways to enhance the quality, utility and clarity of the information to be collected, and the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

DATES: Comments must be received by May 6, 2026.

ADDRESSES: When commenting, please reference the applicable form number (CMS–10434 #15) and the OMB control number (0938–1188). To be assured consideration, comments and recommendations must be submitted in any one of the following ways:

1. *Electronically.* You may send your comments electronically to *http://www.regulations.gov.* Follow the instructions for ''Comment or Submission'' or ''More Search Options'' to find the information collection document(s) that are accepting comments.

2. *By regular mail.* You may mail written comments to the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development Attention: CMS–10434 #15/OMB control number: 0938–1188, Room C4–26–05, 7500 Security Boulevard, Baltimore, MD 21244–1850.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, please access the CMS PRA website by copying and pasting the following web address into your web browser: *https://www.cms.gov/medicare/regulations-guidance/legislation/paperwork-reduction-act-1995/pra-listing.*

FOR FURTHER INFORMATION CONTACT: William N. Parham at 410–786–4669.

SUPPLEMENTARY INFORMATION: Following is a summary of the use and burden associated with the subject information collection(s). More detailed information can be found in the collection's supporting statement and associated materials (see **ADDRESSES**).

Generic Information Collection

1. *Title:* Medicaid State Plan Eligibility*; Type of Information Collection Request:* Revision of a currently approved collection; *Use:* This iteration proposes substantive changes to the Citizenship and Noncitizen Eligibility SPA template (RU S89) related to section 71109 of the Working Families Tax Cut (WFTC) legislation which limits federal financial participation (FFP) for full Medicaid coverage, with limited exceptions, to individuals who are U.S. citizens or nationals or in only three groups of noncitizens, including lawful permanent residents (LPRs), Cuban/Haitian entrants, or COFA (Compact of Free Association) migrants, who CMS refers to as ''FFP-eligible noncitizens.''

The revised template includes a required attestation that the state will provide emergency coverage for the care and services necessary for the treatment of an emergency medical condition (often referred to as ''emergency Medicaid''), and State option to provide medical assistance to lawfully residing children and pregnant women (often referred to as the ''CHIPRA 214 option'').

Section 71109 of the WFTC legislation did not change emergency Medicaid or the CHIPRA 214 option and provides that expenditures for emergency Medicaid are excepted from the FFP limitations.

The template also proposes to add another required attestation that the State will provide coverage during a reasonable opportunity period (ROP) pending verification of U.S. citizenship/national status/satisfactory immigration status, as well as State options related to extending the ROP for noncitizens, which is unchanged by section 71109.

Form Number: CMS–10434 #15 (OMB control number: 0938–1188); *Frequency:* One time and on occasion; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 56; *Total Annual Responses:* 56; *Total Annual Hours:* 1,120. (For policy questions regarding this collection contact: Abby Kahn at 410–786–4321.)

William N. Parham, III,

Director, Division of Information Collections and Regulatory Impacts, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2026–07802 Filed 4–21–26; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request; Health Center Program Forms—OMB No. 0915–0285—Revision

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

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995, HRSA submitted an Information

Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period. HRSA seeks comments from the public regarding the burden estimate below or any other aspect of the ICR. OMB may act on HRSA's ICR only after the 30-day comment period for this notice has closed.

DATES: Comments on this ICR should be received no later than May 22, 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: Health Center Program Forms, OMB No. 0915–0285—Revision.

Abstract: The Health Center Program, administered by HRSA, is authorized under Section 330 of the Public Health Service Act (42 U.S.C. 254b). Health centers are patient-directed organizations that deliver affordable, accessible, quality, and cost-effective primary health care services to patients and adjust fees based on income and family size. Nearly 1,400 health centers operate more than 16,000 service delivery sites that provide primary health care to more than 32 million people in every U.S. state, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Basin. HRSA uses forms for new and existing health centers and other entities to apply for various grant and non-grant opportunities, renew grant and non-grant designations, report progress, and change their scope of project.

A 60-day notice published in the **Federal Register** on December 15, 2025, vol. 90, No. 238; pp. 58019–21. There was one comment. The commenter noted that tracking and managing service areas defined by Form 5B ZIP codes is complex when a health center uses the Health Center Program forms. In response, HRSA is currently exploring improvements to the Health Center Program GeoCare Navigator to help health centers better visualize their service area prior to requesting changes to their service area.

Need and Proposed Use of the Information: Health Center Program-specific forms are necessary for award processes and oversight of the Health Center Program and other relevant programs. These forms provide HRSA staff and merit review panels with the information essential for application evaluation, funding recommendation and approval, designation, and monitoring. These forms also provide HRSA staff with information essential for evaluating compliance with Health Center Program statutory and regulatory requirements. The current forms will expire April 30, 2026, and this input will inform edits and updates to the Health Center Program's information collection and reporting. HRSA intends to make several changes to its forms.

HRSA will modify the following forms to update and clarify data currently being collected:

Form No./name	Description of modifications
Form 1A: General Information Worksheet	Updated response options and text; aligned classification to the current process; removed the visit-count field.
Form 2: Staffing Profile	Moved to FTE counts; standardized staffing categories.
Form 3: Income Analysis	Question updates with targeted adds/removals.
Form 5A: Services Provided	Updated labels and categories of services.
Form 5B: Sites (previously ''Service Sites'')	Modified fields collecting site information.
Form 6A: Current Board Member Characteristics	Removed patient board member characteristics section.
Form 12: Organization Contacts	Consolidated contact information; kept two key contacts.
Checklist for Adding a New Service	Revised checklist statements and questions.
Checklist for Adding a New Service Delivery Site	Revised checklist statements and questions.
Checklist for Deleting Existing Service	Revised checklist statements and questions.
Checklist for Deleting Existing Service Delivery Site	Revised checklist statements and questions.
HCCN Progress Report	Clarified and updated objectives; reduced the total number of objectives.
Impact Form (previously ''Expanded Services Patient Impact'')	Streamlined form to request generic information based on the Notice of Funding Opportunity.
Loan Guarantee Program Financial Performance Measures (previously: Financial Performance Indicators).	Three questions removed.
NHHCIA NCC Clinical Performance Measures	Minor language updates; no content changes.
NHHCIA NCC Financial Performance Measures	Minor language updates; no content changes.
NHHCIA NCC Income Analysis Form	Question updates with targeted adds/removals.
NH–NCC Project Work Plan Update	Minor language updates; no content changes.
Project Cover Page	Minor language updates; no content changes.
Project Narrative Update	Minor language updates; no content changes.
Project Overview Form	Converted to a generic form usable across funding opportunities; updated questions.
Project Qualification Criteria	Removed 3 questions.
Project Work Plan	Updated to indicate which questions are for PCAs vs NTAPs. Updated minor language updates.
Quality Improvement Fund (QIF) Evaluative Measures Report	Minor language updates; no content changes.
QIF Progress Report	Minor language updates; no content changes.
QIF Project Plan Form	Converted to a generic form usable across funding opportunities; updated questions.
Summary Page (Service Area Competition)	Aligned special medically underserved population terminology with statute; minor language updates.

Form No./name	Description of modifications
Summary Page (New Access Point)	Aligned special medically underserved population terminology with statute; minor language updates.

HRSA will add the following forms necessary for data collection and change in scope requests to simplify the process:

- Grant Number form
- Checklist for Adding a Transitional Care in Carceral Setting Site to Scope
- QIF Transitions in Care for Justice-Involved Populations Progress Report
- QIF Transitions in Care for Justice-Involved Populations Evaluative Measures Report
- LAL Cover page
- Checklist for Form 5A Scope Adjustments
- Checklist for Form 5B Scope Adjustments

HRSA will remove the following forms to further streamline information collected by HRSA and reduce burden:

- Applicant Qualification Criteria Form
- Checklist for Adding a New Target Population
- Environmental Information and Documentation
- Form 3A: Look-Alike Budget Information
- Form 4: Community Characteristics
- Fiscal Year 2020 Ending the HIV Epidemic Primary Care HIV Prevention PCHP Progress Reporting
- HRSA EHBs Action Plan
- Patient Impact Form
- Patient Target and Calculations
- Progress Report—Non-Capital Investments
- Project Plan

Likely Respondents: Health Center Program award recipients (those funded under section 330 of the Public Health Service Act) and Health Center Program look-alikes, state and national technical assistance organizations, and other organizations seeking funding.

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 utilize 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.

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (hours)	Total burden hours
Capital Semi-Annual Progress Report	500	2	1,000	1.00	1,000.00
Checklist for Adding a New Service	450	1	450	2.00	900.00
Checklist for Adding a New Service Delivery Site	1,480	1	1,480	2.00	2,960.00
Checklist for Deleting Existing Service	500	1	500	2.00	1,000.00
Checklist for Deleting Existing Service Delivery Site	750	1	750	2.00	1,500.00
Equipment List	130	1	130	0.50	65.00
Federal Object Class Categories Form	500	1	500	0.25	125.00
Loan Guarantee Program Financial Performance Indicators (previously: Financial Performance Indicators)	5	1	5	1.00	5.00
Form 1A: General Information Worksheet	1,370	1	1,370	0.75	1,027.50
Form 1B: Funding Request Summary	900	1	900	0.75	675.00
Form 1C: Documents on File	1,460	1	1,460	0.50	730.00
Form 2: Staffing Profile	1,370	1	1,370	1.00	1,370.00
Form 3: Income Analysis	1,370	1	1,370	1.00	1,370.00
Form 5A: Services Provided	1,428	1	1,428	0.25	357.00
Form 5B: Sites (previously "service sites")	1,428	1	1,428	0.25	357.00
Form 5C: Other Activities/Locations	550	1	550	0.25	137.50
Form 6A: Current Board Member Characteristics	1,370	1	1,370	1.00	1,370.00
Form 6B: Request for Waiver of Board Member Requirements	1,370	1	1,370	1.00	1,370.00
Form 8: Health Center Agreements	1,370	1	1,370	1.00	1,370.00
Form 12: Organization Contacts	970	1	970	0.50	485.00
Funding Sources	130	1	130	0.50	65.00
FY 2022 Accelerating Cancer Screening Progress Report	29	1	29	1.50	43.50
Grant Number Form	400	1	400	0.25	100.00
HCCN Progress Report	50	1	50	0.50	25.00
Health Center Program Progress Report	130	1	130	1.00	130.00
HRSA Loan Guarantee Program Application	5	1	5	1.00	5.00
Impact Form (old name: Expanded Services Patient Impact)	400	1	400	1.00	400.00
NHHCIA NCC Clinical Performance Measures	5	1	5	1.50	7.50
NHHCIA NCC Financial Performance Measures	5	1	5	0.50	2.50
NHHCIA NCC Income Analysis Form	5	1	5	0.15	0.75
NHHCIA Sample Project Work Plan	2	1	2	0.15	0.30
NH–NCC Project Work Plan Update	5	1	5	1.00	5.00
Operational Plan	350	1	350	2.00	700.00
Other Requirements for Sites	130	1	130	0.50	65.00
Participating Health Centers List	90	1	90	1.00	90.00
Project Cover Page	130	1	130	1.00	130.00

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (hours)	Total burden hours
Project Narrative Update	1,325	1	1,325	4.00	5,300.00
Project Overview Form	500	1	500	1.00	500.00
Project Qualification Criteria	130	1	130	0.50	65.00
Project Work Plan	508	1	508	4.00	2,032.00
Proposal Cover Page	130	1	130	1.00	130.00
QIF Evaluative Measures Report	25	2	50	1.50	75.00
QIF Progress Report	25	12	300	1.50	450.00
QIF TJI Evaluative Measures Report	54	10	540	1.50	810.00
QIF TJI Progress Report	54	10	540	1.50	810.00
QIF Project Plan Form	100	1	100	1.00	100.00
Summary Page (New Access Point)	500	1	500	1.00	500.00
Summary Page (Service Area Competition)	360	1	360	0.50	180.00
LAL Cover page	110	1	110	0.50	55.00
Checklist for Adding a Transitional Care in a Carceral Setting Site to Scope	50	1	50	1.00	50.00
Checklist for Form 5A Scope Adjustments	1,875	1	1,875	0.50	937.50
Checklist for Form 5B Scope Adjustments	1,695	1	1,695	0.50	847.50
Total	28,588		30,350.00		32,785.55

Maria G. Button,

Director, Executive Secretariat.

[FR Doc. 2026–07793 Filed 4–21–26; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government-Owned Inventions; Availability for Licensing

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

SUMMARY: The National Institute of Allergy and Infectious Diseases (NIAID), an institute of the National Institutes of Health (NIH), Department of Health and Human Services (HHS), is giving notice of the invention listed below, which is owned by an agency of the U.S. Government and is available for licensing to achieve expeditious commercialization of results of federally funded research and development. Foreign patent applications are filed on selected inventions to extend market coverage for companies and may also be available for licensing.

FOR FURTHER INFORMATION CONTACT: Inquiries related to this licensing opportunity should be directed to: Brian Bailey at 240–669–5128, or *bbailey@mail.nih.gov.* Licensing information may be obtained by communicating with the Technology Transfer and Intellectual Property Office, National Institute of Allergy and Infectious Diseases, 5601 Fishers Lane, Rockville, MD 20852: tel. 301–496–2644. A signed Confidential Disclosure Agreement will be required to receive copies of unpublished information related to the invention.

SUPPLEMENTARY INFORMATION: Technology descriptions follows:

Neutralizing Monoclonal Antibodies Against West Nile Virus.

Description of Technology

West Nile virus (WNV) is a mosquito-borne flavivirus that can cause fever and, in some cases, severe neurologic disease. There is no approved human vaccine or specific antiviral treatment for WNV.

Researchers at NIAID's Vaccine Research Center (VRC), working with collaborators at Sheba Medical Center under the PREMISE program, identified five new human monoclonal antibodies that potently neutralize WNV. These antibodies bind the viral envelope (E) protein, with data indicating recognition of E dimers or quaternary epitopes on the virion.

The invention includes compositions comprising the antibodies alone or in combination, nucleic acids encoding them, vectors and host cells for production, and methods for preventing, treating, or detecting WNV infection. The antibodies may be formulated for therapeutic administration, including emergency-use settings, and may also support diagnostic and research applications.

This technology is available for licensing for commercial development in accordance with 35 U.S.C. 209 and 37 CFR part 404, as well as for further development and evaluation under a research collaboration.

Potential Commercial Applications

- Prevention or treatment antibodies for WNV, including use alone or in combination.
- Antibodies that strongly target the WNV E protein.
- Potential treatments for WNV outbreak response and prevention in high-risk populations.
- Genetic and cell-engineering tools for antibody production and product development.
- Antibodies for WNV detection, surveillance, and research tests.
- Potential intravenous treatments for patients with WNV.

Competitive Advantages

- Shown to strongly neutralize WNV at low concentrations in laboratory cell-based studies.
- Novel antibodies with distinct molecular features not previously reported in scientific literature.
- Human monoclonal antibodies targeting E dimer or quaternary epitopes on the WNV virion.
- Potential applications in WNV treatment, diagnostics, and surveillance.
- Collaboration may help speed development to support WNV outbreak response.

Development Stage

- Pre-Clinical

Inventors: Dr. Daniel Douek, Dr. Chaim Schramm, Dr. Ananda Chowdhury, Dr. Parker Dabbs, Dr. Lu Wang, Dr. Sarah Smith, Dr. Leonid Serebryannyy, Dr. Theodore C. Pierson, Dr. Kimberly Dowd, Dr. Katherine Burgomaster, Dr. Laura Vanblargan, Dr. David Gordon, and Dr. Yuxiang Wang, all of NIAID; Dr. Yaniv Lustig, Dr. Yael