the NRS refers runaway and homeless youth to shelters, counseling, medical assistance, and other vital services. The NRS collects information from all contacts with youth and adults connecting with the NRS (*i.e.,* parents, family members, legal guardians, service providers) on a voluntary basis to inform crisis services and develop an annual report on the information collected during calls, chats, emails, and forum posts from young people who reached out to the NRS's crisis services. This information collection is approved under Office of Management and Budget (OMB)#: 0970–0610. FYSB plans to submit a request to OMB to extend approval of these activities beyond the current expiration date of May 31, 2026.

DATES: Comments due June 26, 2026.

ADDRESSES: In compliance with the requirements of the Paperwork Reduction Act of 1995, ACF is soliciting public comment on the specific aspects of the information collection described above. You can obtain copies of the proposed collection of information and submit comments by emailing *infocollection@acf.hhs.gov.* Identify all requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: The NRS is required to have a system for collecting and analyzing data to report on calls, emails, chat, texts, and online messages received as well as other information, such as prevention resources, referrals, demographics, and visitors to the NRS website. The NRS must submit to FYSB monthly and semi-annual reports that include the following:

- Number of calls received, answered, and missed.
- Number of chats, emails, and texts received; number of chats, emails, and texts answered; and number of chats, emails, and texts that were missed and did not receive a response, in which the users are youth in crisis, runaway youth, and youth experiencing homelessness.
- Number of parents, legal guardians, and service providers contacting the NRS and the type of resources, interventions, and technical support/assistance requested and provided.
- Number and type of prevention materials disseminated to communities, especially to underserved populations.
- Number and type of unique visitors to the NRS' website.
- Information on referrals provided and where youth were referred for services.
- Information on the callers' or users' demographics and where they were located when contacting the NRS.
- Information on the prevention materials developed and disseminated by the NRS.
- Information and analysis of the latest trends and their impact on runaway prevention.

The NRS will continue to use two online forms, one form to collect relevant information disclosed during calls, emails, and forum posts and a second online form to collect information from chats. All data will be provided to FYSB in the aggregate and no personally identifiable data are collected.

The information collected will allow FYSB to better understand the types of services needed by youth contacting the NRS, as well as to identify outreach and prevention strategies to increase the visibility of the NRS services among youth experiencing housing instability, homelessness, youth who run away, and youth in crisis. Additionally, the findings from this data collection will be included in a required report to Congress to provide accurate information on the status of youth in crisis and runaway and homeless youth nationwide.

Respondents: Youth and adults who contact the NRS during calls, chats, emails, and forum posts.

ANNUAL BURDEN ESTIMATES

Instrument	Total number of respondents	Total number of responses per respondent	Average burden hours per response	Total burden hours	Annual burden hours
Youth in Crisis Form	47,175	1	.23	10,850	3,617
NRS Live Chat Form	29,679	1	.65	19,291	6,430
Estimated Total Annual Burden Hours					10,047

Comments: The Department specifically requests comments on (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Authority: Section 331 of the Runaway and Homeless Youth Act authorize the award of grants for the National Communication System for Runaway and Homeless Youth (34 U.S.C. 11231).

Mary C. Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2026–08107 Filed 4–24–26; 8:45 am]

BILLING CODE 4182–04–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2022–N–0621]

Advisory Committee; Anesthetic and Analgesic Drug Products Advisory Committee; Renewal

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice; renewal of Federal advisory committee.

SUMMARY: The Food and Drug Administration (FDA) is announcing the renewal of the Anesthetic and Analgesic Drug Products Advisory Committee by the Commissioner of Food and Drugs (the Commissioner). The Commissioner has determined that it is in the public

interest to renew the Anesthetic and Analgesic Drug Products Advisory Committee for an additional 2 years beyond the charter expiration date. The new charter will be in effect until the May 1, 2028, expiration date.

DATES: Authority for the Anesthetic and Analgesic Drug Products Advisory Committee will expire on May 1, 2026, unless the Commissioner formally determines that renewal is in the public interest.

FOR FURTHER INFORMATION CONTACT: Advisory Committee Oversight and Management Staff, Office of the Chief Scientist, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 1, Rm. 3215, Silver Spring, MD 20993–0002, (301) 796–8220, *ACOMSSubmissions@fda.hhs.gov.*

SUPPLEMENTARY INFORMATION: Pursuant to 21 CFR 14.40(b) and 41 CFR 102–3.65, and following approval by the Department of Health and Human Services and review by the General Services Administration, FDA is announcing the renewal of the Anesthetic and Analgesic Drug Products Advisory Committee (the Committee). The Committee is a discretionary Federal advisory committee established to provide advice to the Commissioner. The Committee advises the Commissioner or designee in discharging responsibilities as they relate to helping to ensure safe and effective drugs for human use and, as required, any other product for which FDA has regulatory responsibility.

The Committee reviews and evaluates available data concerning the safety and effectiveness of marketed and investigational human drug products including analgesics, *e.g.,* abuse-deterrent opioids, novel analgesics, issues related to opioid abuse, and drug products for use in anesthesiology, and makes appropriate recommendations to the Commissioner.

The Committee shall consist of a core of at least six voting members including the Chair. Subject to legal and regulatory requirements, members and the Chair are selected by and serve at the discretion of the Commissioner or designee. Each member, including the Chair, will be selected from among authorities knowledgeable in the fields of anesthesiology, analgesics (*e.g.,* abuse deterrent opioids, novel analgesics, and issues related to opioid abuse) epidemiology or statistics, and related specialties.

Members will be invited to serve for terms of up to four years, or for less time in the discretion of the Commissioner or designee. Non-Federal members of this committee will serve as Special Government Employees or representatives. Federal members will serve as Regular Government Employees or Ex-Officios.

In addition to the voting members, the Commissioner or designee may identify consumer and/or industry representatives to join the Committee (or serve as alternate representatives) as non-voting representative member(s), via a process consistent with legal and regulatory requirements. Individuals currently employed at FDA-regulated companies, such as pharmaceutical and medical device manufacturers, shall not be selected to serve as members of the Committee unless this Committee is expected to address issues for which inclusion of an industry representative is required by statute. If this Committee includes an industry representative, the Commissioner or designee will determine whether to invite them to participate in meetings on a case-by-case basis, according to applicable legal and regulatory requirements.

The Commissioner or designee shall have the authority to select members of other scientific and technical FDA advisory committees to serve temporarily as voting members and to designate Special Government Employees to serve temporarily as voting members when: (1) expertise is required that is not available among current voting standing members of the Committee (when additional voting members are added to the Committee to provide needed expertise, a quorum will be based on the combined total of regular and added members), or (2) to comprise a quorum when, because of unforeseen circumstances, a quorum is or will be lacking.

A quorum for the Committee is a majority of the current voting members present at the time, provided that FDA may specify a quorum that is less than a majority of the current voting members because of the size of the Committee and the variety in the types of issues that it will consider, or other reason determined appropriate in accordance with legal and regulatory requirements. 21 CFR 14.22(d).

Members appointed to an advisory committee serve for the duration of the committee, or until their terms expire, they resign, or they are removed from membership by the Commissioner or designee. Committee members' terms may be ended prior to their date of expiration, for reasons determined to be good cause. Good cause includes excessive absenteeism from committee meetings, a demonstrated bias that interferes with the ability to render objective advice, failure to abide by established procedures, or violation of other applicable rules and regulations.

Further information regarding the most recent charter and other information can be found at *https://www.fda.gov/advisory-committees/human-drug-advisory-committees/anesthetic-and-analgesic-drug-products-advisory-committee* or by contacting the Designated Federal Officer (see **FOR FURTHER INFORMATION CONTACT**). In light of the fact that no change has been made to the committee name or description of duties, no amendment will be made to 21 CFR 14.100.

Renewal Requirements and Justification: The Commissioner has determined that renewal of the AADPAC is in the public interest. This determination is based on the Committee's essential role in providing independent expert advice on complex scientific and regulatory matters related to anesthesiology, analgesics, and related specialties, the continued need for specialized expertise in this therapeutic area, and the Committee's demonstrated value in supporting FDA's regulatory mission. The following information supports this determination in accordance with applicable legal and regulatory requirements.

Public Interest Determination

Pursuant to 41 CFR 102–3.60(a), to establish, renew, reestablish, or merge a discretionary (agency discretion) advisory committee, an agency must first consult with the General Services Administration's Committee Management Secretariat (the Secretariat) and, as part of the consultation, provide a written public interest determination approved by the head of the agency to the Secretariat with a copy to the Office of Management and Budget. In addition, pursuant to 41 CFR 102–3.35, an agency shall follow the same consultation process and document in writing the same determination of need before creating a subcommittee under a discretionary committee that is not made up entirely of members of a parent advisory committee.

Information on the following factors for the committee is provided to the Secretariat to demonstrate that renewing the committee is in the public interest:

1. Annual budget.

The overall budget for this committee is $126,950.

a. Federal personnel on a full-time equivalent (FTE) basis.

The estimated person years of Federal staff support required is 0.25.

b. Other Federal internal costs.

The anticipated total value in dollars of other internal costs, such as costs

associated with IT and supplies for meetings, is $21,700.

c. Proposed payments to members.

The estimated annual payment to members is $8,473.

d. Proposed number of members.

The anticipated number of members is 6.

e. Reimbursable costs.

The estimated annual reimbursable costs, including travel and related expenses for members, is $45,902.

2. If applicable, the total dollar value of grants expected to be recommended during the fiscal year.

N/A.

3. Criteria for selecting members to ensure the committee has the necessary expertise and fairly balanced membership.

Ensuring Necessary Expertise: Members must have background, education, and experience commensurate with the committee's function of advising FDA on the existing and relevant evidence of benefits and risks of marketed and investigational human drug products including analgesics, *e.g.,* abuse-deterrent opioids, novel analgesics, issues related to opioid abuse, and drug products for use in anesthesiology. Scientific and technical competence is critical. Nominees should be acknowledged experts with demonstrated skills in critical evaluation of data and effective communication. As outlined in the committee charter, the membership should include authorities knowledgeable in the fields of anesthesiology, analgesics (*e.g.,* abuse deterrent opioids, novel analgesics, and issues related to opioid abuse), epidemiology or statistics, and related specialties, as well as needed consumer and industry representation. FDA also follows the requirements in section 505(n)(3) regarding membership of drug product advisory committees. (21 U.S.C. 355(n)(3)). Ensuring Fair Balance: Appointments are made without discrimination. The committee is reviewed in totality for balance, characterized by inclusion of necessary knowledge, insight, and scientific perspective from the relevant community or expertise area. Nominations are sought from all geographic locations within the United States and its territories, and from diverse sources including professional and scientific societies, academia, government agencies, industry and trade associations, consumer and patient organizations, and current Agency staff.

4. List of all other Federal advisory committees of the agency FDA maintains the following Federal advisory committees:

- Antimicrobial Drugs Advisory Committee
- Blood Products Advisory Committee
- Cardiovascular and Renal Drugs Advisory Committee
- Cellular, Tissue and Gene Therapies Advisory Committee
- Dermatologic and Ophthalmic Drugs Advisory Committee
- Device Good Manufacturing Practice Advisory Committee
- Digital Health Advisory Committee
- Drug Safety and Risk Management Advisory Committee
- Endocrinologic and Metabolic Drugs Advisory Committee
- Genetic and Metabolic Disease Advisory Committee
- Medical Devices Advisory Committee
- National Mammography Quality Assurance Advisory Committee (Administratively Inactive)
- Nonprescription Drugs Advisory Committee
- Obstetrics, Reproductive and Urologic Drugs Advisory Committee
- Oncologic Drugs Advisory Committee
- Patient Engagement Advisory Committee
- Pediatrics Advisory Committee
- Peripheral and Central Nervous System Advisory Committee
- Pharmacy Compounding Advisory Committee
- Psychopharmacologic Drugs Advisory Committee
- Pulmonary-Allergy Drugs Advisory Committee
- Risk Communication Advisory Committee (Administratively Inactive)
- Science Board to the Food and Drug Administration
- Technical Electronic Product Radiation Safety Standards Committee
- Tobacco Products Scientific Advisory Committee

5. Justification that the information or advice provided by the Federal advisory committee or subcommittee is not available from another Federal advisory committee, another Federal Government source, or any other more cost-effective and less burdensome source.

The Anesthetic and Analgesic Drug Products Advisory Committee is the only FDA advisory committee that provides specialized expertise in anesthesiology, addiction medicine, and analgesics (*e.g.,* abuse deterrent opioids, novel analgesics, and issues related to opioid abuse). The complexity of technical, clinical, and regulatory considerations in this therapeutic area exceeds the expertise of other advisory committees, necessitating the continuation of this dedicated committee.

6. If the consultation is a committee renewal, a summary of the previous accomplishments of the committee and the reasons it needs to continue.

Patients benefit from this committee's review and evaluation of anesthetics and analgesic drugs. For example, in 2025, the committee met jointly with the Drug Safety and Risk Management Advisory Committee and discussed the findings of the completed extended-release/long-acting opioid analgesic (ER/LA OA) post marketing requirements (PMRs) 3033–1 and 3033–2. These PMRs were prospective (3033–1) and retrospective (3033–2) epidemiologic studies that examined the serious risks and predictors of misuse, abuse, addiction, and fatal and non-fatal opioid overdose in patients with long-term use of opioid analgesics for management of chronic pain, including patients prescribed ER/LA OAs. The Committees discussed their interpretation of the findings from these PMRs on the incidence and prevalence of misuse, abuse, Opioid Use Disorder (OUD), and fatal and nonfatal overdose in patients using OAs long-term, their thoughts on the most important findings, as well as any novel findings they believed FDA should communicate to healthcare providers, patients, and other members of the public.

7. Explanation of why the committee/subcommittee is essential to the conduct of agency business.

The Committee plays a critical role in enabling FDA to meet the requirements of section 505(n)(1) and (s)(1) of the Federal Food, Drug, and Cosmetic Act by providing expert scientific advice and recommendations. The Anesthetic and Analgesic Drug Products Advisory Committee is the only FDA advisory committee that provides specialized expertise in anesthesiology, addiction medicine, and analgesics. Without the Anesthetic and Analgesic Drug Products Advisory Committee, FDA's ability to obtain external input on issues related to the approval and regulation of anesthetics, addiction medicine and analgesics would be significantly limited.

In conclusion, this public interest determination documents that renewing the Committee is in the public interest, essential to the conduct of agency business, and that the information to be obtained is not already available through another advisory committee or source within the Federal Government

This notice is issued under the Federal Advisory Committee Act as amended (5 U.S.C. 1001 *et seq.*). For general information related to FDA advisory committees, please visit us at

http://www.fda.gov/AdvisoryCommittees/default.htm.

Grace R. Graham,

Deputy Commissioner for Policy, Legislation, and International Affairs.

[FR Doc. 2026–08125 Filed 4–24–26; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2026–N–3962]

Vaccines and Related Biological Products Advisory Committee; Notice of Meeting; Establishment of a Public Docket; Request for Comments—United States (U.S.) 2026–2027 Formula for COVID–19 Vaccine Composition

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice; establishment of a public docket; request for comments.

SUMMARY: The Food and Drug Administration (FDA) announces a forthcoming public advisory committee meeting of the Vaccines and Related Biological Products Advisory Committee (the Committee). The general function of the Committee is to provide advice and recommendations to FDA on regulatory issues. The meeting will be open to the public. FDA is establishing a docket for public comment on this document.

DATES: The meeting will be held on May 28, 2026, from 8:30 a.m. to 4:30 p.m. Eastern Time.

ADDRESSES: All meeting participants will be heard, viewed, captioned, and recorded for this advisory committee meeting via an online teleconferencing and/or video conferencing platform. Answers to commonly asked questions about FDA advisory committee meetings may be accessed at: *https://www.fda.gov/AdvisoryCommittees/AboutAdvisoryCommittees/ucm408555.htm.*

The online web conference meeting will be available at the following link on the day of the meeting at: *https://youtube.com/live/3wU0NWzXvZY.*

FDA is establishing a docket for public comment on this meeting. The docket number is FDA–2026–N–3962. The docket will close on May 27, 2026. Please note that late, untimely filed comments will not be considered. The *https://www.regulations.gov* electronic filing system will accept comments until 11:59 p.m. Eastern Time at the end of May 27, 2026. Comments received by mail/hand delivery/courier (for written/paper submissions) will be considered timely if they are received on or before that date.

Comments received on or before May 21, 2026, will be provided to the Committee. Comments received after that date will be taken into consideration by FDA. In the event that the meeting is cancelled, FDA will continue to evaluate any relevant applications or information, and consider any comments submitted to the docket, as appropriate.

You may submit comments as follows:

Electronic Submissions

Submit electronic comments in the following way:

- *Federal eRulemaking Portal: https://www.regulations.gov.* Follow the instructions for submitting comments. Comments submitted electronically, including attachments, to *https://www.regulations.gov* will be posted to the docket unchanged. Because your comment will be made public, you are solely responsible for ensuring that your comment does not include any confidential information that you or a third party may not wish to be posted, such as medical information, your or anyone else's Social Security number, or confidential business information, such as a manufacturing process. Please note that if you include your name, contact information, or other information that identifies you in the body of your comments, that information will be posted on *https://www.regulations.gov.*
- If you want to submit a comment with confidential information that you do not wish to be made available to the public, submit the comment as a written/paper submission and in the manner detailed (see ''Written/Paper Submissions'' and ''Instructions'').

Written/Paper Submissions

Submit written/paper submissions as follows:

- *Mail/Hand Delivery/Courier (for written/paper submissions):* Dockets Management Staff (HFA–305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852.
- For written/paper comments submitted to the Dockets Management Staff, FDA will post your comment, as well as any attachments, except for information submitted, marked and identified, as confidential, if submitted as detailed in ''Instructions.''

Instructions: All submissions received must include the Docket No. FDA–2026–N–3962 for ''Vaccines and Related Biological Products Advisory Committee; Notice of Meeting; Establishment of a Public Docket; Request for Comments—United States (U.S.) 2026–2027 Formula for COVID–19 Vaccine Composition.'' Received comments, those filed in a timely manner (see **ADDRESSES**), will be placed in the docket and, except for those submitted as ''Confidential Submissions,'' publicly viewable at *https://www.regulations.gov* or at the Dockets Management Staff between 9 a.m. and 4 p.m., Monday through Friday, 240–402–7500.

- Confidential Submissions—To submit a comment with confidential information that you do not wish to be made publicly available, submit your comments only as a written/paper submission. You should submit two copies total. One copy will include the information you claim to be confidential with a heading or cover note that states ''THIS DOCUMENT CONTAINS CONFIDENTIAL INFORMATION.'' FDA will review this copy, including the claimed confidential information, in its consideration of comments. The second copy, which will have the claimed confidential information redacted/blacked out, will be available for public viewing and posted on *https://www.regulations.gov.* Submit both copies to the Dockets Management Staff. If you do not wish your name and contact information to be made publicly available, you can provide this information on the cover sheet and not in the body of your comments and you must identify the information as ''confidential.'' Any information marked as ''confidential'' will not be disclosed except in accordance with 21 CFR 10.20 and other applicable disclosure law. For more information about FDA's posting of comments to public dockets, see 80 FR 56469, September 18, 2015, or access the information at: *https://www.govinfo.gov/content/pkg/FR-2015-09-18/pdf/2015-23389.pdf.*

Docket: For access to the docket to read background documents or the electronic and written/paper comments received, go to *https://www.regulations.gov* and insert the docket number, found in brackets in the heading of this document, into the ''Search'' box and follow the prompts and/or go to the Dockets Management Staff, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852, 240–402–7500.

FOR FURTHER INFORMATION CONTACT: Cicely Reese; Center for Biologics Evaluation and Research, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 71, Rm. 1232, Silver Spring, MD 20993–0002, 301–796–9025, email: *CBERVRBPAC@fda.hhs.gov,* or FDA Advisory