estimate that the burden to respondents will average 16 minutes each (varying from 5 minutes to 90 minutes). FDA estimates the burden of this collection of information based on prior experience with the various types of data collection methods described earlier.

In the **Federal Register** of August 7, 2025 (90 FR 38155), FDA published a 60-day notice requesting public comment on the proposed collection of information. No comments were received.

FDA estimates the burden of this collection of information as follows:

TABLE 1—ESTIMATED ANNUAL REPORTING BURDEN [1]

Activity	Number of respondents	Number of responses per respondent	Total annual responses	Average burden per response	Total hours
Individual In-Depth Interviews	420	1	420	0.75 (45 minutes) ..	315
General Public Focus Group Interviews	288	1	288	1.50	432
Intercept Interviews: Central Location	200	1	200	0.25 (15 minutes ...	50
Intercept Interviews: Telephone	4,000	1	4,000	0.08 (5 minutes)	320
Self-Administered Surveys	2,400	1	2,400	0.25 (15 minutes) ..	600
Gatekeeper Reviews	400	1	400	0.50 (30 minutes) ..	200
Omnibus Surveys	1,200	1	1,200	0.17 (10 minutes) ..	204
Total (General Public)	8,908				2,121
Healthcare Professional Individual In-Depth Interviews	72	1	72	0.75 (45 minutes) ..	54
Healthcare Professional Focus Group Interviews	144	1	144	1.50	216
Total (Healthcare Professionals)	216				270
Total (Overall)	9,124				2,391

[1] There are no capital costs or operating and maintenance costs associated with this collection of information.

Based on a review of the information collection since our last request for OMB approval, we have made no adjustments to our burden estimate.

Grace R. Graham,

Deputy Commissioner for Policy, Legislation, and International Affairs.

[FR Doc. 2026–09244 Filed 5–8–26; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: 0990–New–60D]

Agency Information Collection Request; 60-Day Public Comment Request

AGENCY: Office of the National Coordinator for Health IT, Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: In compliance with the requirement of the Paperwork Reduction Act of 1995, the Office of the National Coordinator for Health IT (ONC), 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 July 10, 2026.

ADDRESSES: When commenting, please reference the document identifier 0990–New–60D and title of collection ''Generic Clearance for the Trusted Exchange Framework and Common Agreement (TEFCA) Monitoring Activities''. Submit your comments to Talisha Searcy at *Talisha.searcy@hhs.gov* or by mail to: Talisha Searcy, ONC, Office of Policy, 330 C St. SW, Floor 7, STE 7028A, Washington, DC 20201.

FOR FURTHER INFORMATION CONTACT: When submitting comments or requesting copies of supporting material, please include the document identifier 0990–New–60D and project title for reference to Talisha Searcy, *talisha.searcy@hhs.gov,* or call (240) 276–0642.

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: Generic Clearance for the Trusted Exchange Framework and Common Agreement (TEFCA) Monitoring Activities.

Type of Collection: New Collection.

Abstract: The Office of the National Coordinator for Health Information Technology (ONC) is seeking a three-year generic approval to collect routine customer feedback on agency service delivery related to TEFCA. ONC oversees a TEFCA Recognized Coordinating Entity® (RCE®) to administer aspects of TEFCA. The RCE is responsible for developing, implementing, and maintaining the Common Agreement that establishes the baseline technical and legal requirements for health information networks to share electronic health information. The data collections under this clearance will be designed to standardize monitoring and performance reports for TEFCA participants. With the number of TEFCA participants on the rise, ONC is seeking approval to collect this information from TEFCA users to enhance the efficiency of program management.

Need and Proposed Use of the Information: The proposed information collection activity provides a means to garner qualitative customer and stakeholder feedback in an efficient, timely manner, in accordance with the Administration's commitment to improving service delivery. Qualitative feedback means information that provides useful insights on perceptions and opinions and is not statistical surveys that yield quantitative results that can be generalized to the population of study. This feedback will provide insights into TEFCA users and

stakeholder perceptions, experiences, and expectations; provide an early warning of issues with the service; or focus attention on areas where communication, training, or changes in operations might improve delivery of products or services. These collections will allow for ongoing, collaborative, and actionable communications between ONC and its customers and stakeholders. It will also allow feedback to contribute directly to the improvement of program management.

The solicitation of feedback will target areas such as timeliness, appropriateness, accuracy of information, courtesy, efficiency of service delivery, and resolution of issues with service delivery. If this information is not collected, vital feedback from TEFCA users and stakeholders on the ONC services will be unavailable.

Likely respondents to the data collections under this generic clearance will be the Qualified Health Information Networks® (QHINs™), which are health information networks approved to access and exchange data through TEFCA. Over each of the next three years, an estimated 15 respondents are expected to participate, with approximately 7 qualitative feedback activities occurring annually and an average of 71 responses per respondent. The frequency of response will vary by activity, with each response taking an average of 80 minutes. This results in a total estimated burden of 1,420 hours annually, or 4,260 hours over the three-year period.

ESTIMATED ANNUALIZED BURDEN HOUR TABLE

Type of respondent	Form name	Number of respondents	Number responses per respondent	Average burden per response (in hours)	Total burden hours
QHIN	QHIN Application	15	1	3	45
QHIN	QHIN Monthly Report	15	12	2	360
QHIN	QHIN Quarterly Report	15	4	2	120
QHIN	QHIN Attestation	15	1	1	15
QHIN	TEFCA Directory Submission (weekly)	15	1040	0.033	520
QHIN	Program Evaluation or Usability Testing	15	4	4	240
QHIN	Other	15	4	2	120
Total					1,420

Catherine Howard,

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

[FR Doc. 2026–09285 Filed 5–8–26; 8:45 am]

BILLING CODE 4150–45–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Eye Institute; Notice of Meeting

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of a meeting of the National Advisory Eye Council.

The meeting will be open to the public as indicated below, with attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting. The meeting will be videocast and can be accessed from the NIH Videocasting and Podcasting website (*https://videocast.nih.gov*).

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The intramural programs and projects and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Advisory Eye Council.

Date: June 5, 2026.

Open: 9:00 a.m. to 10:30 a.m.

Agenda: Presentation of the NEI Director's report, discussion of NEI programs, and concept clearances.

Address: National Eye Institute, 6700B Rockledge Drive, Bethesda, MD 20892.

Meeting Format: Virtual Meeting.

Closed: 10:30 a.m. to 11:00 a.m.

Agenda: To review and evaluate personnel qualifications and performance, and competence of individual investigators.

Address: National Eye Institute, 6700B Rockledge Drive, Bethesda, MD 20892.

Meeting Format: Virtual Meeting.

Contact Person: Hyo-Jung Anna Han, Acting Director Division of Extramural Activities, National Eye Institute, 6700B Rockledge Drive, Bethesda, MD 20892, *anna.han@nih.gov*.

Registration is not required to attend the open portion of this meeting.

Any interested person may file written comments with the committee by forwarding the statement to the Contact Person listed on this notice before the meeting or within 15 days after the meeting. The statement should include the name, address, telephone number and when applicable, the business or professional affiliation of the interested person.

Information is also available on the Institute's/Center's home page: *https://www.nei.nih.gov/about/advisory-committees/national-advisory-eye-council-naec,* where an agenda and any additional information for the meeting will be posted when available.

Dated: May 6, 2026.

Rosalind M. Niamke,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2026–09228 Filed 5–8–26; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government Owned Inventions Available for License: Enhanced Tumor Reactivity of T Cells Lacking SIT1, LAX1 or TRAT1

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

SUMMARY: The *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD) is actively seeking potential licensees interested in further developing these inhibitory transmembrane adapter proteins as targets for T-cell immunotherapy for the treatment of