

(OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on this ICR should be received no later than July 20, 2026.

ADDRESSES: Submit your comments to paperwork@hrsa.gov or mail the HRSA Information Collection Clearance Officer, Room 13N82, 5600 Fishers Lane, Rockville, Maryland 20857.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email paperwork@hrsa.gov or call Samantha Miller, the HRSA Information Collection Clearance Officer, at (301) 443-3983.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the ICR title for reference.

Information Collection Request Title: Title V Maternal and Child Health Services Block Grant to States Program: OMB No. 0915-0172—Revision

Abstract: The Title V Maternal and Child Health (MCH) Services Block Grant to States Program is authorized by Sections 501–509 of Title V of the Social Security Act (42 U.S.C. 701–709). HRSA is updating the *Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report* (Guidance). This Guidance is used

annually by the 50 states and nine jurisdictions (the District of Columbia, the Republic of the Marshall Islands, the Federated States of Micronesia, the Republic of Palau, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands; hereafter referred to as “state”) in applying for Block Grants under Title V of the Social Security Act and in preparing the required Annual Report. The updates being proposed by HRSA for this edition of the Guidance continue to support the federal-state partnership that is supported by the Title V MCH Services Block Grant and the state’s role in developing a 5-Year Action Plan that addresses its individual priority needs.

Updates to this edition of the Guidance are editorial and technical revisions based on feedback from the states in using the Guidance and Forms since January 2024. Specific updates include the following:

(1) Minor editorial corrections and clarifications to Form 7, Form 10, and Form 12 instructions and the Glossary.

(2) Updates to the short and long titles of the National Performance Measures to improve title accuracy and fulfill Government Accountability Office recommendations to align the National Performance Measures with other HRSA program measures.

Need and Proposed Use of the Information: Each year, all states are

required to submit an Application/Annual Report for federal funds for their Title V MCH Services Block Grant to States Program to HRSA (Sections 505(a) and 506(a)(1) of Title V of the Social Security Act). In addition, the state MCH Services Block Grant programs are required to conduct a state-wide, comprehensive needs assessment every 5 years. The information and instructions for the preparation and submission of this Application/Annual Report are contained in the Guidance.

Likely Respondents: Likely respondents are state MCH agencies and other MCH stakeholders.

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.

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
Application and Annual Report without Five-Year Needs Assessment Summary	59	1	59	116	6,844
Total	59	59	6,844

The burden estimates presented in the table above are based on previous burden estimates and consultation with a few states. States will use the updated edition of the Guidance to prepare and submit the fiscal year (FY) 2028, FY 2029, and FY 2030 Applications/FY 2026, FY 2027, and FY 2028 Annual Reports, which will not contain the 5-Year Needs Assessment Summary. States will submit the next 5-Year Needs Assessment Summary in 2030, as part of the FY 2031 Application/FY 2029 Annual Report.

HRSA specifically requests comments on: (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.

Maria G. Button,

Director, Executive Secretariat.

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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; The Division of Independent Review Application Reviewer Recruitment Form, OMB No. 0915-0295—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. 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 June 18, 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:
 The Division of Independent Review Application Reviewer Recruitment Form, OMB No. 0915–0295—Revision.

Abstract: HRSA’s Division of Independent Review (DIR) is responsible for administering the review of eligible applications submitted for grants under HRSA competitive announcements. DIR ensures that the objective review process is independent, efficient, effective, economical, and complies with the applicable statutes, regulations, and policies. Applications are reviewed by subject matter experts knowledgeable in health and public health disciplines for which support is requested. Review findings are advisory to HRSA programs responsible for making award decisions.

This ICR is for continuation of a web-based data collection system, the Reviewer Recruitment Module (RRM), used to gather critical reviewer information. The RRM uses standardized categories of information in drop down menu format for data such as the following: degree, specialty, occupation, work setting, and affiliations with organizations and institutions that serve special populations (in select instances). Some program regulations require that objective review panels contain consumers of health services. Other demographic data may be voluntarily provided by a potential reviewer. Defined data elements assist HRSA in finding and selecting expert reviewers for objective review committees.

HRSA maintains a roster of approximately 9,000 qualified individuals who have actively served on HRSA objective review committees. The web based RRM simplifies reviewer registration entry using a user-friendly Graphical User Interface with a few data drop down menu choices, a search engine that supports key word queries in the actual resume or Curriculum Vitae text, and permits reviewers to access and update their information at will and as needed. The RRM is 508 compliant and accessible by the general public via a link on the HRSA “Grants” internet site, or by keying the RRM URL into their browser. The RRM is accessible using any of the commonly used internet browsers.

The only change to the collection is updating two questions about reviewer attributes (*i.e.*, past/current affiliation or characteristics, and demographic information) for compliance with administration priorities.

A 60-day notice was published in the **Federal Register** on January 29, 2026, vol. 91, No. 19; pp. 3896–3897. There were no public comments.

Need and Proposed Use of the Information: HRSA currently uses the RRM to collect information from individuals who wish to volunteer as objective review committee participants for the agency’s discretionary and competitive grant or cooperative

agreement funding opportunities. The RRM provides HRSA with an effective search and communication functionality with which to identify and contact qualified potential reviewers. The RRM has an enhanced search and reporting capability to help DIR ensure that the HRSA reviewer pool has the necessary skills, education, and qualifications to meet the ever-evolving need for qualified reviewers. If HRSA identifies either an expertise or demographic that is under-represented in the RRM pool, HRSA is able to recruit specifically to address those needs. Expertise is always the primary determinant in selecting potential reviewers for any specific grant review; no reviewer is required to provide demographic information to join the reviewer pool or be selected as a reviewer for any competition.

Likely Respondents: All HRSA reviewers must possess the technical skill and ability to access the internet on a secure desktop laptop, or touch pad, and either a land line or Voice Over internet Protocol capability to participate in HRSA objective review committees. Reviewers are professionals with expertise and experience consistent with the HRSA mission. Certain legislation requires HRSA programs to include consumers of specific health care services in the objective review committee.

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.

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
New reviewer	700	1	700	0.333	233
Updating reviewer information	9,000	1	9,000	0.166	1,494
Total	9,700	9,700	1,727

HRSA specifically requests comments on: (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.

Maria G. Button,

Director, Executive Secretariat.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Privacy Act of 1974; System of Records

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

ACTION: Notice of a new system of records.

SUMMARY: In accordance with the requirements of the Privacy Act of 1974, as amended (Privacy Act) (5 U.S.C. 552a), HHS is establishing a new system of records, 09-15-0070, "Graduate Medical Education (GME) Full-Time Equivalent (FTE) Resident Assessment Records," to be maintained by, and on behalf of, HRSA. The system of records will contain records about medical and dental residents training in children's hospitals and teaching health centers, which are used to justify the number of residents counted in calculating GME reimbursement payments to the hospitals and health centers and avoid duplicative reimbursements.

DATES: In accordance with 5 U.S.C. 552a(e)(4) and (11), this notice is effective May 19, 2026, with the exception of the routine uses described below, which are effective June 18, 2026. Please submit any comments on the notice, including the routine uses, by June 18, 2026.

ADDRESSES: The public should submit written comments, identified by Privacy Act System of Records number 09-15-0070, by email to PrivacyAct@hrsa.gov or by mail to HRSA Privacy Act Office, Office of Planning, Analysis, and Evaluation, 5600 Fishers Lane, 13N82, Rockville, MD 20852. Comments will be made available by request to the email or physical address above.

FOR FURTHER INFORMATION CONTACT:

General questions about the system of records may be submitted to Samantha Miller, HRSA Privacy Act Office, Office of Planning, Analysis, and Evaluation, 5600 Fishers Lane, 13N82, Rockville, MD 20852, email: PrivacyAct@hrsa.gov and 301-443-3983.

SUPPLEMENTARY INFORMATION: HRSA administers the Children's Hospitals Graduate Medical Education (CHGME) Payment Program and Teaching Health Center Graduate Medical Education (THCGME) Payment Program, which make payments to children's hospitals and teaching health centers that operate GME programs. The Programs' authorities require that payments be calculated based in part on the number of FTE residents in the children's hospitals' and teaching health centers' approved residency training programs. See 42 U.S.C. 256e(c) and 256h(c). Further, the Programs' authorities require a yearly reconciliation, *i.e.*, a yearly determination of any changes to the number of residents reported by a children's hospital or teaching health center in its application, to determine the final amount payable each year. See 42 U.S.C. 256e(e)(3) and 256h(f). HRSA engages a contractor to assist with this determination, which is referred to as the GME FTE Resident Assessment.

To obtain information needed to perform the GME FTE Resident Assessment, the HRSA contractor compiles and maintains records about individuals who are medical and dental residents in participating children's hospitals and teaching health centers. These records are retrieved by the residents' personal identifiers and therefore constitute a "system of records" as defined by the Privacy Act at 5 U.S.C. 552a(a)(5). This system of records, titled "Graduate Medical Education (GME) Full-Time Equivalent (FTE) Resident Assessment Records," is more fully described in this Privacy Act System of Records Notice.

As required by 5 U.S.C. 552a(r), the Department has submitted a report on the proposed system of records to the Office of Management and Budget, the House Committee on Oversight and Government Reform, and the Senate Committee on Homeland Security and Governmental Affairs.

SYSTEM NAME AND NUMBER:

Graduate Medical Education (GME) Full-Time Equivalent (FTE) Resident Assessment Records, 09-15-0070.

SECURITY CLASSIFICATION:

Unclassified.

SYSTEM LOCATION:

The address of the agency component responsible for the system of records is: Division of Medicine and Dentistry, Bureau of Health Workforce, HRSA, 5600 Fishers Lane, Rockville, MD 20857. The contractor maintaining the system of records on behalf of HRSA is currently Integrity Management Services, Inc., located at 5911 Kingstowne Village Parkway, Suite 210, Alexandria, VA 22315.

SYSTEM MANAGER(S):

Contracting Officer's Representative, Division of Medicine and Dentistry, Bureau of Health Workforce, HRSA, 5600 Fishers Lane, Rockville, MD 20857.

AUTHORITY FOR MAINTENANCE OF THE SYSTEM:

The authorities for maintaining the system are 42 U.S.C. 256e (section 340E of the Public Health Service Act) and 42 U.S.C. 256h (section 340H of the Public Health Service Act).

PURPOSE(S) OF THE SYSTEM:

The primary purpose of the system of records is to enable HRSA to carry out the CHGME Payment Program authorized by 42 U.S.C. 256e and the THCGME Program authorized by 42 U.S.C. 256h. Records about medical and dental residents will be used to determine any changes to the number of residents reported by participating children's hospitals and teaching health centers in their applications to determine the final amount of GME reimbursement payable to each hospital and health center. To assist with this determination, which is referred to as the GME FTE Resident Assessment, HRSA engages a contractor ("fiscal intermediary"). Records will be used to assess the accuracy of the number of FTE residents reported (including ensuring that no residents are counted as more than one FTE resident) and to resolve discrepancies identified in the number of FTE residents reported. Records may also be used for program evaluation activities, such as conducting audits; establishing or verifying information provided by or about residents; and combating fraud, waste, or abuse of CHGME or THCGME funds. Other secondary purposes for which the records may be used are to enable HRSA to assist federal or state agency officials who carry out federal GME programs.

CATEGORIES OF INDIVIDUALS COVERED BY THE SYSTEM:

Records will pertain to medical and dental residents training at children's hospitals participating in the CHGME Payment Program and teaching health