program operations, special populations, and consumer and community perspectives.

The DFO, in collaboration with the ACIP Secretariat, solicits candidate names through multiple channels, which may include:

- Publication of nomination notices in the **Federal Register**;
- Information and application procedures on the ACIP website at *https://www.cdc.gov/acip/apply-for-membership/index.html,* including a continuous nomination process throughout the year;
- Announcements and application information at ACIP meetings and webcasts;
- Outreach to professional associations, public health organizations, academic institutions, state, local, Tribal, and territorial partners, health systems, and consumer or community organizations, as appropriate to address identified expertise gaps or community perspectives;
- Recommendations from current or former Committee members, CDC subject matter experts, and other knowledgeable sources, as appropriate; and
- Targeted outreach, when needed, to identify nominees with expertise relevant to special populations, implementation in diverse settings, or other emerging needs reflected in the Committee's work.

Members, including the Chair and Vice Chair, shall be selected by the HHS Secretary and shall be invited to serve for overlapping terms of up to four years, except that any member appointed to fill a vacancy for an unexpired term shall be appointed for the remainder of that term. A member may serve 180 days after the expiration of that member's term if a successor has not taken office.

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

- Advisory Board on Radiation and Worker Health
- Advisory Committee for the Elimination of Tuberculosis
- Advisory Committee on Breast Cancer in Young Women
- Advisory Committee to the Director, CDC
- Board of Scientific Counselors, National Center for Injury Prevention and Control
- Lead Exposure and Prevention Advisory Committee
- Mine Safety and Health Research Advisory Committee
- National Committee on Vital and Health Statistics
- World Trade Center Health Program Scientific/Technical 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 ACIP has been given statutory roles under subsections 1928(c)(2)(B)(i) and 1928(e) of the Social Security Act (42 U.S.C. 1396s(c)(2)(B)(i) and 1396s(e)) and subsection 2713(a)(2) of the Public Health Service Act (42 U.S.C. 300gg–13(a)(2)). In accordance with Section 1928 of the Social Security Act, the ACIP shall establish and periodically review and, as appropriate, revise the list of vaccines for administration to children and adolescents eligible to receive vaccines through the Vaccines for Children (VFC) Program, along with schedules regarding the appropriate dose and dosing interval, and contraindications to administration of the pediatric vaccines. The Secretary, and as delegated the CDC Director, shall use the list established by the ACIP for the purpose of the purchase, delivery, and administration of pediatric vaccines in the VFC Program. Further, under provisions of the Affordable Care Act (Section 2713 of the Public Health Service Act, as amended), immunization recommendations of the Committee that have been adopted by the Director of the CDC must be covered by applicable health plans. Therefore, the advice provided by the ACIP is not available from another Federal advisory committee or Federal Government source, or any other more cost-effective and less burdensome source.

6. Explanation of why the committee/subcommittee is essential to the conduct of agency business: The Secretary, HHS, and by delegation the Director, CDC, are authorized under Section 311 and Section 317 of the Public Health Service Act, [42 U.S.C. 243 and 42 U.S.C. 247b], as amended, to assist states and their political subdivisions to assist in the prevention and control of communicable diseases and to support related public health activities. The ACIP provides advice and recommendations to the CDC Director on the use of vaccines and immunization program strategies to inform clinical practice and public health action. The Committee convenes scientific and medical experts to evaluate the best available evidence regarding vaccine safety, efficacy, effectiveness, and implementation. ACIP shall provide advice and guidance regarding the use of vaccines and related immunobiologic agents for the control of vaccine-preventable diseases in the United States, including identifying areas where additional data or evaluation would inform future recommendations. Recommendations made by ACIP are reviewed by the CDC Director and, if adopted, become official CDC and HHS recommendations and may be published in the *Morbidity and Mortality Weekly Report* (*MMWR*).

In conclusion, this public interest determination documents that re-establishing 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.

The Director, Office of Strategic Business Initiatives, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the CDC and the Agency for Toxic Substances and Disease Registry.

Kalwant Smagh,

Director, Office of Strategic Business Initiatives, Office of the Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2026–10012 Filed 5–18–26; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Public Comment Request; Information Collection Request Title: Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report, OMB No. 0915–0172—Revision

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

ACTION: Notice.

SUMMARY: In compliance with the requirement for opportunity for public comment on proposed data collection projects of the Paperwork Reduction Act of 1995, HRSA announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget

(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.

[FR Doc. 2026–09979 Filed 5–18–26; 8:45 am]

BILLING CODE 4165–15–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; 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.