

proposed revision sought to clarify that an Incremental submission is required even if the distribution that exceeds the planned amount is not captured by Schedule C. This means that, in certain instances, an Incremental submission may be unchanged when compared to the “Original” or “Adjusted” Schedule C submission. The Board does not intend to collect data on these distributions outside of Schedule C. The Board has adopted this revision effective for the December 31, 2026, as of date.

### Securities

The Board proposed to revise FR Y–14Q, Schedule B.2, item 15 (ASU 2017–12 ASU Hedge Designations) to reflect the updated portfolio layer method (PLM) of hedge accounting. Additionally, the Board proposed to retire Schedule B.2, item 11 (Hedged Cash Flow). A commenter stated that FR Y–14Q, Schedule B (Securities) does not comprehensively capture PLM hedges and suggested that the Board introduce a new Schedule B sub-schedule to collect this information. As mentioned in FR Y–14 Q&A #Y140001696, the current data collection used to support the securities modeling was designed to capture more traditional hedges and does not consistently and comprehensively capture PLMs. The Board has since proposed revisions to Schedule B that would more comprehensively capture data on hedges, including PLMs.<sup>9</sup> Therefore, the Board has not adopted the proposed revisions to items 11 and 15.

Board of Governors of the Federal Reserve System, May 18, 2026.

**Erin M. Cayce,**

*Assistant Secretary of the Board.*

[FR Doc. 2026–10099 Filed 5–19–26; 8:45 am]

**BILLING CODE 6210–01–P**

---

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30Day–26–1294]

#### Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled “The Maternal Mortality Review Information Application (MMRIA)” to the Office of

Management and Budget (OMB) for review and approval. CDC previously published a “Proposed Data Collection Submitted for Public Comment and Recommendations” notice on January 13, 2026 to obtain comments from the public and affected agencies. CDC received 105 comments related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

(b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(c) Enhance the quality, utility, and clarity of the information to be collected;

(d) Minimize the burden of the collection of information on those who are to respond, including, through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses; and

(e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639–7570. 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](http://www.reginfo.gov/public/do/PRAMain). Find this particular information collection by selecting “Currently under 30-day Review—Open for Public Comments” or by using the search function. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street, NW, Washington, DC 20503 or by fax to (202) 395–5806. Provide written comments within 30 days of notice publication.

#### Proposed Project

The Maternal Mortality Review Information Application (MMRIA) (OMB Control No. 0920–1294, Exp. 05/31/2026)—Revision—National Center for Chronic Disease Prevention and

Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

The Centers for Disease Control and Prevention (CDC) seeks a Revision to continue to collect information through the Maternal Mortality Review Information Application (MMRIA) for three additional years. MMRIA is a standardized data system that allows Maternal Mortality Review Committees (MMRCs) across the United States to abstract relevant data (clinical and nonclinical) about pregnancy-associated deaths identified from a variety of sources, create case narratives to facilitate review of data, and document committee decisions such as pregnancy relatedness of the death, contributing factors, and recommendation efforts to prevent future deaths.

Deaths during pregnancy or in the year after the end of pregnancy are a tragedy for families and for society as a whole. Sadly, for over a decade, deaths in the United States resulting from pregnancy or delivery complications, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy have remained unacceptably high. However, findings from MMRCs indicate that four of five pregnancy related deaths are preventable. Maternal Mortality Review is a process by which a multidisciplinary committee at the jurisdiction level identifies and reviews cases of deaths occurring within one year of pregnancy. Members of MMRCs typically represent public health, obstetrics and gynecology, maternal fetal medicine, nursing, midwifery, forensic pathology, mental health, and behavioral health. Members might also include social workers, patient advocates, and other relevant multidisciplinary stakeholders. Through a partnership among the MMRC, the state vital records office, and epidemiologists, deaths among women of reproductive age are examined to determine if they occurred during pregnancy or within a year of the end of pregnancy (i.e., pregnancy-associated deaths). Through this process, potential cases of pregnancy-related deaths (i.e., maternal death from any cause related to or aggravated by pregnancy or its management) are then identified. Review committees access multiple sources of clinical and non-clinical information to understand the circumstances surrounding a death as they develop recommendations for action to prevent similar deaths in the future. This multidisciplinary approach encourages collaboration with clinical

<sup>9</sup> See 90 FR 51856 (November 18, 2025).

and non-clinical partnerships to improve quality of care and address medical and non-medical drivers; a comprehensive approach to more effectively improve health outcomes.

The MMRIA is a standardized data system that MMRCs use to collect timely, accurate, and standardized information about deaths to women during pregnancy and the year after the end of pregnancy, including opportunities for prevention, within and across jurisdictions. Data will be abstracted and entered into MMRIA from various sources, including death certificates, autopsy reports, birth certificates, prenatal care records, emergency room visits records, hospitalization records, records for other medical office visits, medical transport records, social and environmental profiles, mental health profiles, and informant interviews. Case narratives are auto-populated from the

abstracted data for committee review, and subsequent committee decisions are also documented in MMRIA.

Burden estimates presented here are for 52 jurisdictions that receive funding through CDC-RFA-DP24-0053. As part of this cooperative agreement, these jurisdictions are required to compile in MMRIA, a defined set of information about deaths that occur during pregnancy or the year after the end of pregnancy. It is estimated that information will be collected for a total of 2,832 pregnancy-associated deaths on average, annually, among the 52 jurisdictions with funding support through CDC-RFA-DP24-0053. It is estimated that on average, 15 hours of abstraction are required for each death entered into MMRIA. CDC has established a process that reduces the burden related to abstraction of vital records into MMRIA that is currently applicable to 41 of the 52 funding

recipients. The estimated average is 14 hours of abstraction for each death entered into MMRIA for these 41 funding recipients. For all jurisdictions with funding support through CDC-RFA-DP24-0053, an additional 24 minutes on average is needed to enter the committee decisions into MMRIA. This Revision reflects an increase in the burden from an overall total of 33,482 (last approval) to 41,789, for a total increase of 8,307 hours. The explanation for this increase is that in the prior approval, deaths were estimated indirectly because actual counts were not available. The numbers of deaths used in this Revision are based on actual case counts among CDC-RFA-DP24-0053 funding recipients.

CDC requests OMB approval for an estimated 41,789 annual burden hours. There is no cost to respondents other than their time to participate.

**ESTIMATED ANNUALIZED BURDEN HOURS**

| Type of respondents   | Form name                      | Number of respondents | Number of responses per respondent | Average burden per response (in hours) |
|---|--------------------------------|-----------------------|------------------------------------|--|
| Jurisdictions with current funding support through CDC-RFA-DP24-0053 who manually abstract all data into MMRIA.   | MMRIA abstraction form .....   | 11                    | 55                                 | 15                                     |
| Jurisdictions with current funding support through CDC-RFA-DP24-0053, for which CDC is uploading vital records into MMRIA and jurisdiction staff abstract remaining data manually into MMRIA. | MMRIA abstraction form .....   | 41                    | 55                                 | 14                                     |
| All jurisdictions with current funding support through CDC-RFA-DP124-003.   | MMRIA committee decision form. | 52                    | 55                                 | 0.4                                    |

**Jeffrey M. Zirger,**

*Lead, Information Collection Review Office, Office of Public Health Ethics and Regulations, Office of Science, Centers for Disease Control and Prevention.*

[FR Doc. 2026-10040 Filed 5-19-26; 8:45 am]

**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30Day-26-1030]

**Agency Forms Undergoing Paperwork Reduction Act Review**

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled “Developmental Studies to improve the National Health Care Surveys” to the Office of Management and Budget (OMB) for review and approval. CDC previously

published a “Proposed Data Collection Submitted for Public Comment and Recommendations” notice on February 24, 2026 to obtain comments from the public and affected agencies. CDC received two comments related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

(b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(c) Enhance the quality, utility, and clarity of the information to be collected;

(d) Minimize the burden of the collection of information on those who are to respond, including, through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses; and

(e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639-7570. 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](http://www.reginfo.gov/public/do/PRAMain). Find this particular information collection by selecting “Currently under 30-day Review—Open for Public Comments” or by using the search function. Direct written