Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Travel Request Worksheet	400	2	800	0.0667	53.36
Total	400		800		53.36

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. 2026–10077 Filed 5–19–26; 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; Standardized Work Plan Form for Use With Applications to the Bureau of Health Workforce Research and Training Grants and Cooperative Agreements, OMB No. 0906–0049—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 22, 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: Standardized Work Plan Form for Use with Applications to HRSA's Bureau of Health Workforce Research and Training Grants and Cooperative Agreements, OMB No. 0906–0049—Revision

Abstract: HRSA's Bureau of Health Workforce (BHW) requires applicants for training and research grants and cooperative agreements to submit work plans via the Standardized Work Plan (SWP) form. Information in the SWP describes the timeframes and progress required during the grant period of performance to address each of the needs detailed in the Purpose and Need section of the application, as required in the Notice of Funding Opportunity announcement. Applicants use the SWP form when they submit their proposals, and award recipients and Project Officers use the SWP information to assist in monitoring progress once HRSA makes the awards. After awards are made, recipients complete a Quarterly Progress Update (QPU) to provide information to BHW on a quarterly basis on each activity listed in the SWP.

A 60-day notice published in the **Federal Register** on March 6, 2026, vol. 91, No. 44; pp. 11081–82. There were no public comments.

Need and Proposed Use of the Information: The QPU is completed via HRSA's Electronic Handbook system and prompts recipients to report on progress of activities that were submitted using the SWP in the original application. The QPU automatically populates activities from the recipient's SWP form on a quarterly basis. For each activity listed in the submitted SWP for any particular quarter within the project period, recipients select and submit a single selection response for each activity status from a pull-down menu with five options: (1) Activity is on Schedule, (2) Activity is Complete, (3) Timing is off track, (4) Activity will be missed if action is not taken, and (5) Activity cannot be achieved. This information collection request seeks to split ''Timing is Off Track'' into three options; (1) Timing is Off Track: Barrier Resolved/Proceeding, (2) Activity no longer needed/applicable, and (3) Barrier Not Resolved.

Information provided is used by the program staff to regularly assess overall progress of program requirements and analyze data to monitor award recipient compliance and track progress against proposed targets and goals. Information gathered allows an improved and more efficient method for identifying whether projects' goals are being advanced or achieved, as set forth in 2 CFR 200.329. Program staff also use information provided over the period of performance to see emerging trends and to assess whether an award recipient requires technical assistance to address challenges that the award recipient may be experiencing with the implementation of the project. Seeking OMB approval of this revision comports with the regulatory requirement imposed by 2 CFR 200.207(a) and 200.329(b).

Likely Respondents: Respondents are applicants for, and recipients of, BHW's research and training grants and cooperative agreements.

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 annual burden hours
SWP	1,000	1	1,000	1.00	1,000
QPU Form	1,000	4	4,000	0.10	400
Total	[1] 1,000		5,000		1,400

[1] The 1,000 SWP respondents reflect the number of new grant applications submitted annually. The 1,000 QPU respondents reflect the current volume of funded, active grants.

Maria G. Button,

Director, Executive Secretariat.

[FR Doc. 2026–10081 Filed 5–19–26; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Announcement of Requirements and Registration for "EHIgnite Challenge"

AGENCY: Office of the National Coordinator for Health Information Technology, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: The EHIgnite Challenge addresses data usability challenges in single patient electronic health information (EHI) exports. This challenge seeks to incentivize the development of tools, platforms, and workflows that transform single patient EHI exports into usable, readable, and actionable information that supports clinical care, patient engagement, and informed decision-making.

DATES: This challenge includes two phases. Only the participants selected to receive a Phase 1 prize may participate in Phase 2.

- *Phase 1:* Concept & Design

Submission period begins: February 23, 2026, 10:00 a.m. EST.

Submission period ends: May 20, 2026, 11:59 p.m. PST.

Phase 1 Announcement of Winners: June 2026.

- *Phase 2:* Prototype Development

Submission period begins: June 23, 2026, 10:00 a.m. EST.

Submission period ends: March 24, 2027, 11:59 p.m. PST.

Phase 2 Announcement of Winners: May 2027.

FOR FURTHER INFORMATION CONTACT: Adam Wong, *adam.wong@hhs.gov* (preferred), 202–664–4396.

SUPPLEMENTARY INFORMATION:

Award Approving Official

Dr. Thomas Keane, National Coordinator for Health Information Technology.

Subject of Challenge

The EHIgnite Challenge, a program managed by the Office of the National Coordinator for Health Information Technology (ONC), addresses data usability challenges in single patient electronic health information (EHI) exports. This challenge seeks to incentivize the development of tools, platforms, and workflows that transform single patient EHI exports into usable, readable, and actionable information that supports clinical care, patient engagement, and informed decision-making.

While health IT developers of a certified Health IT Module that is part of a health IT product that electronically stores EHI (''health IT developers of certified health IT'') are required to provide EHI export functionality, variability in implementation and the sheer volume of data have made these exports difficult for clinicians and patients to effectively use. Although the ONC Health IT Certification Program specifies functional requirements as part of the certification criteria at 45 CFR 170.315(b)(10), it does not mandate specific transport methods, data standards, or implementation strategies. The EHI export file required for Health IT Modules certified to that criterion must be in an electronic and computable format and accessible via hyperlink.

These requirements are designed to offer health IT developers of certified health IT flexibility in their approach to conformance with the certification criterion and to foster innovation, transparency, and best practices for data sharing. While beneficial for innovation, this has created inconsistencies in how exports are structured, formatted, and made accessible. Clinicians, patients, and other stakeholders have reported that EHI exports are often overwhelming, difficult to interpret, and challenging to integrate into existing workflows.

These challenges limit the ability of healthcare teams to provide seamless care, particularly in care transitions (*e.g.,* hospital to rehab), or for patients seeking to manage their own health data. Moreover, current tools do not consistently support critical use cases such as summarizing information for care teams, integrating multiple sources of patient data, or providing patient-facing interactive tools.

EHIgnite Challenge participants are asked to develop solutions that leverage single patient EHI exports to improve data usability and value. To incentivize wide adoption, submissions are encouraged to make use of standards adopted as part of the ONC Health IT Certification Program. Such standards could include FHIR Release 4, US Core Implementation Guide v6, and SMART App Launch Framework 2.0.

Submissions must create a usable, readable summary of relevant health information based on the user and/or a particular scenario. For example, if a patient is being transferred to a rehab or acute care facility after a complex surgery, what information does the place of care and care team need to know to provide the best possible care to this patient? If an individual is moving out of state, what information does their new primary care provider need before their first visit?

Submissions must additionally address at least one of the following five scenarios:

1. *Interactive Patient Tools:* Enable patients to ask questions about their health data and receive understandable responses. Participants can assess an EHI export and make an interactive tool that allows patients to ask questions about their own health and care instructions. For example, if I am a patient, can I use a chatbot to review my own EHI and help me understand post-surgical instructions, or my provider notes to help modify diet or other behaviors?