stakeholders. Exceptions are included for U.S. citizens, U.S. nationals, lawful permanent residents, certain U.S. government personnel and military, case-by-case humanitarian or law enforcement exceptions, and Department of Homeland Security (DHS)-approved entry processes with CDC-documented mitigation protocols.

CDC relies on its federal partners in the Department of Homeland Security (DHS) to assist in the screening process because of their presence at the ports of entry. DHS will refer travelers that have been to Ebola outbreak areas to another location at the airport where CDC will ask initial health screening questions to determine if a more in-depth public health risk assessment is necessary. CDC develops the tools and training to facilitate this screening process and works to ensure that any individual who is identified by DHS as being from the outbreak area is further evaluated. This may involve medical evaluation by CDC followed by transport to a healthcare facility if somebody is identified as being ill; a location for quarantine at or near that location; and/or communication via phone with CDC or state and local health departments to see if the travelers develop symptoms after arrival.

On May 17, 2026, an outbreak of Ebola disease caused by Bundibugyo virus was detected in the Democratic Republic of the Congo (DRC) and Uganda. On May 20, 2026, the DHS published Arrival Restrictions Applicable to Flights Carrying Persons Who Have Recently Traveled From or Were Otherwise Present Within the Democratic Republic of the Congo (DRC), Uganda, or South Sudan. Airlines are instructed to redirect flights carrying persons who have recently traveled from or were otherwise present within DRC, Uganda, and South Sudan in the previous 21 days to Washington-Dulles International Airport (IAD). CDC is conducting public health entry screening at designated U.S. airports (IAD) of travelers coming from DRC, Uganda, and South Sudan. The purpose of public health entry screening is to detect ill travelers or travelers arriving from regions affected by the outbreak who are at risk of becoming ill with Ebola to facilitate post-arrival management.

CDC will utilize information collected during public health entry screening to determine which travelers should be monitored for Ebola symptoms in accordance with CDC's interim recommendations for post-arrival public health management of travelers from the outbreak area. CDC is currently sharing contact information and initial public health assessment of exposure risk for travelers who have been in areas affected by the outbreak during the 21 days before their arrival in the United States with state and local health departments through existing data-sharing infrastructure. State and local health departments utilize the contact information provided by CDC to prioritize and identify the level of follow-up needed based on the level of risk of exposure to Ebola and determine additional if additional risk assessment and/or targeted public health measures are necessary. This coordination is necessary to facilitate post-arrival public health management as specified in CDC interim guidance.

At the end of the 21-day monitoring period, CDC will send a final survey to travelers intended to evaluate the impact of rerouting and public health entry screening on travelers. The results of this final survey will allow CDC to identify the most efficient channels for reaching travelers and refine public health messaging for travelers coming from the outbreak area.

CDC requests OMB approval for an estimated 6,945 annual burden hours.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number responses per respondent	Avg. Burden per response (in hrs.)	Total burden (in hrs.)
Traveler	Initial PHA _2026 Ebola DRC	36,500	1	5/60	3,042
Traveler	Follow up PHA_2026 Ebola DRC	3,650	1	15/60	913
Traveler	2026 Ebola Symptom Monitoring Daily	365	21	1/60	128
Traveler	2026 Ebola Symptom Monitoring Web Survey	365	21	5/60	639
Traveler	2026 Ebola Symptom Monitoring Weekly	3,285	3	1/60	164
Traveler	2026 Ebola Symptom Monitoring Web Survey	3,285	3	5/60	821
Traveler	2026 Ebola Response Survey of Travelers	3,650	1	10/60	608
State/Local Health Department.	2026 Ebola Jurisdiction Traveler Monitoring	70	104	5/60	607
State/Local Health Department.	2026 Ebola Jurisdiction Final Survey	70	1	20/60	23
Total					6, 945

Jeffrey M. Zirger,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–10463 and CMS–10492]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: The Centers for Medicare & Medicaid Services (CMS) is announcing an opportunity for the public to comment on CMS' intention to collect information from the public. Under the Paperwork Reduction Act of 1995 (PRA), federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, and to allow a second opportunity for public

comment on the notice. Interested persons are invited to send comments regarding the burden estimate or any other aspect of this collection of information, including the necessity and utility of the proposed information collection for the proper performance of the agency's functions, the accuracy of the estimated burden, ways to enhance the quality, utility, and clarity of the information to be collected, and the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

DATES: Comments on the collection(s) of information must be received by the OMB desk officer by July 2, 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 30-day Review—Open for Public Comments'' or by using the search function.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, please access the CMS PRA website by copying and pasting the following web address into your web browser: *https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing.*

FOR FURTHER INFORMATION CONTACT: William Parham at (410) 786–4669.

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501–3520), federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. The term ''collection of information'' is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires federal agencies to publish a 30-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice that summarizes the following proposed collection(s) of information for public comment.

Information Collection

Type of Information Collection Request: Reinstatement with change of a previously approved collection; *Title of Information Collection:* Cooperative Agreement to Support Navigators in Federally-facilitated Exchanges and State Partnership Exchanges; *Use:* Section 1311(i) of the ACA requires Exchanges to establish a Navigator program under which it awards grants to eligible individuals and entities, as described in Section 1311(i)(2) of the ACA and 45 CFR 155.210(a) and (c), to carry out certain Navigator duties in states with an FFE. Entities or individuals that receive a cooperative agreement award must be capable of carrying out, at a minimum, all Navigator duties required by the ACA and HHS regulations. The primary regulations that establish requirements for Navigator grant awardees are 45 CFR 155.210 and 155.215. Under the terms and conditions of the Navigator program cooperative agreements, awardees must provide progress reports on a weekly, monthly, and quarterly basis, and a final report at the end of the five-year period of performance. *Form Number:* CMS–10463 (OMB control number: 0938–1215); *Frequency:* Annually, Monthly, Quarterly, Weekly; *Affected Public:* Private Sector; Businesses or other for-profits, Not-for-profit institutions; *Number of Respondents:* 44; *Total Annual Responses:* 120,236; *Total Annual Hours:* 457,857. (For questions regarding this collection contact Gian Johnson at 301–492–4323.)

2. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Coverage of Certain Preventive Services Under the Affordable Care Act: Data Submission Requirements to Receive the Federally-facilitated Exchange User Fee Adjustment*; Use:* The Patient Protection and Affordable Care Act, Public Law 111–148, enacted on March 23, 2010, and the Health Care and Education Reconciliation Act, Public Law 111–152, enacted on March 30, 2010 [collectively, the ''Affordable Care Act'' (ACA)], provides the authority for the U.S. Department of Health and Human Services (HHS) to charge user fees to issuers participating in Federally-facilitated Exchanges (FFEs) and State-based Exchanges on the Federal platform (SBE–FPs). Additionally, section 2713 of the Public Health Service Act (PHS Act) requires coverage without cost sharing of certain preventive health services, including certain contraceptive services, in non-exempt, non-grandfathered group health plans and health insurance coverage, including issuers participating in the FFEs and SBE–FPs. The final rule ''Coverage of Certain Preventive Services Under the Affordable Care Act'' (78 FR 39870) set forth regulations regarding coverage for certain preventive services under section 2713 of the PHS Act. The final regulations (78 FR 39870) establish rules under which the third party administrator (TPA) of a self-insured group health plan will provide or arrange for a third party to provide separate contraceptive coverage to plan participants and beneficiaries without cost sharing, premium, fee, or other charge to plan participants or beneficiaries or to the eligible organization or its plan under a process to accommodate qualifying objections to contraceptive coverage.

The final rules (78 FR 39870) also require the submission of certain information to HHS and the associated adjustment of user fees to issuers, as well as standards to fund the payments for the contraceptive services that are provided for participants and beneficiaries in self-insured plans of eligible organizations under the accommodation described previously, through an adjustment to the user fees payable by issuers. HHS requires this information to ensure that these FFE (or SBE–FP) user fee adjustments reflect payments for contraceptive services provided under this accommodation and that the adjustment is applied to the appropriate participating issuer.

This document describes the data collection requirements related to this adjustment, collected via a webform. This revision includes a decrease in burden, with the total estimated issuer and TPA burden and associated costs decreasing based on past years of experience with the program demonstrating a decreasing number of participants. *Form Number:* CMS–10492 (OMB Control Number: 0938–1285); *Frequency:* Annually; *Affected Public:* Private Sector, Business or other for-profit and not-for-profit institutions; *Number of Respondents:* 235; *Number of Responses:* 315; *Total Annual Hours:* 1,340. (For policy questions regarding this collection, contact Mohinee Mukherjee at 404–562–0151.)

William N. Parham, III

Director, Division of Information Collections and Regulatory Impacts, Office of Strategic Operations and Regulatory Affairs.

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