CMS's beneficiary and public-facing digital products and experiences.

- Oversees the end-to-end lifecycle of external technology products—from ideation and development through deployment, maintenance, and long-term sustainment—ensuring products have a defined, supported, and strategically aligned home within the organization.
- Coordinates across CMS components and external partners to align priorities, manage dependencies, and ensure technology products meet the diverse needs of beneficiaries and other external users.
- Leads product management for beneficiary engagement and experience platforms, including *Medicare.gov* and related tools such as the Medicare Plan Finder, ensuring accessible, user-centered, and secure digital experiences.
- Supports all beneficiary-facing products and services across CMS.
- Champions the prioritization of external technical systems, identifying opportunities to modernize, consolidate, and mature CMS's public-facing technology portfolio in a deliberate and strategic manner.
- Builds and maintains strategic partnerships with industry stakeholders to drive innovation, adopt emerging technologies, and ensure CMS external products remain modern, scalable, and competitive within the evolving health technology landscape.
- Advances public digital experience and customer experience for CMS's external audiences, consistent with the 21st Century IDEA and customer experience governance.
- Ensures all external technology products adhere to applicable federal regulations, CMS security and privacy requirements, and enterprise architecture standards throughout development and operations.

Digital Service at CMS

- Strategically engages on focused sets of short-term discovery sprints to enable high-impact technology projects across the Centers for Medicare & Medicaid Services (CMS) and the Department of Health and Human Services (HHS), prioritizing initiatives that address critical healthcare system needs, support vulnerable populations, and strengthen agency operations. Through agile, iterative delivery cycles. DSAC publishes reports with the outcomes of the sprints, along with recommendations, for business owners to evaluate priorities and potential future work.
- Supports OHTP implementing best-in-class private sector practices and transforming the way software products are built and delivered within and across CMS and HHS.
- Goals for improving effective CMS digital services are: understand what people need; address the whole experience, from start to finish; make it simple and intuitive; build the service using agile and iterative practices; structure budgets and contracts to support delivery; bring in experienced teams; choose a modern technology stack; deploy in a flexible hosting environment; automate testing and deployments; manage security and privacy through reusable processes; and use data to drive decisions.
- Supports OHTP in implementation of programs under Titles XI, XVIII, XIX, and XXI of the Social Security Act and related statutes, as amended. This includes fostering effective relationships between these programs and other private and federally supported health-related programs.
- In alignment with OHTP's enterprise leadership responsibilities, DSAC contributes surge capacity to support healthcare technology and digital product strategy, beneficiary-facing digital services, Medicaid and CHIP technology modernization, interoperability initiatives, and the advancement of artificial intelligence across CMS digital products and platforms—supporting OHTP's longer-term modernization and governance functions while ensuring rapid, user-centered delivery of short-term technical engagements.
- Assists by providing guidance, policies, practices, and talent pipelines that build trust and amplify impact across OHTP, CMS, and HHS.

Authority: 44 U.S.C. 3101.

Robert F. Kennedy, Jr.,

Secretary, Department of Health and Human Services.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[Office of Management and Budget #: 0970–0424]

Submission for Office of Management and Budget Review; National Child Abuse and Neglect Data System

AGENCY: Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Administration for Children, Youth and Families in the U.S. Department of Health and Human Services (HHS) is requesting a three-year extension of the National Child Abuse and Neglect Data System (NCANDS) collection (OMB#0970–0424, expiration 07/31/2026). There are no changes requested to this data collection.

DATES: *Comments due July 13, 2026.*

ADDRESSES: The public may view and comment on this information collection request at: *https://www.reginfo.gov/public/do/PRAViewICR?ref_nbr=202606-0970-004*. You can obtain copies of the proposed collection of information and submit comments by emailing *infocollection@acf.hhs.gov.* Identify all requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: The Child Abuse Prevention and Treatment Act (CAPTA) was amended in 1988 to direct the Secretary of HHS to establish a national data collection and analysis program, which would make available state child abuse and neglect reporting information. HHS responded by establishing NCANDS as a voluntary national reporting system.

During 1996, CAPTA was amended to require all states that receive funds from the Basic State Grant program to work with the Secretary of HHS to provide specific data elements, to the maximum extent practicable, about children who had been maltreated. Subsequent CAPTA reauthorizations and amendments added required data elements. The current list of CAPTA required data elements includes:

(1) The number of children who were reported to the state during the year as victims of child abuse or neglect.

(2) Of the number of children described in paragraph (1), the number with respect to whom such reports were —

(a) Substantiated;

(b) Unsubstantiated; or

(c) Determined to be false.

(3) Of the number of children described in paragraph (2) —

(a) the number that did not receive services during the year under the state program funded under this section or an equivalent state program;

(b) the number that received services during the year under the state program funded under this section or an equivalent state program; and

(c) the number that were removed from their families during the year by disposition of the case.

(4) The number of families that received preventive services, including

use of differential response, from the state during the year.

(5) The number of deaths in the state during the year resulting from child abuse or neglect.

(6) Of the number of children described in paragraph (5), the number of such children who were in foster care.

(7)

(a) The number of child protective service personnel responsible for the —

(i.) intake of reports filed in the previous year;

(ii.) screening of such reports;

(iii.) assessment of such reports; and

(iv.) investigation of such reports.

(b) The average caseload for the workers described in subparagraph (A).

(8) The agency response time with respect to each such report with respect to initial investigation of reports of child abuse or neglect.

(9) The response time with respect to the provision of services to families and children where an allegation of child abuse or neglect has been made.

(10) N/A for NCANDS.

(11) The number of children reunited with their families or receiving family preservation services that, within five years, result in subsequent substantiated reports of child abuse or neglect, including the death of the child.

(12) The number of children for whom individuals were appointed by the court to represent the best interests of such children and the average number of out of court contacts between such individuals and children.

(13) N/A for NCANDS.

(14) N/A for NCANDS.

(15) The number of children referred to a child protective services system under subsection (b)(2)(B)(ii).

(16) The number of children determined to be eligible for referral, and the number of children referred, under subsection (b)(2)(B)(xxi), to agencies providing early intervention services under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 *et seq.*).

(17) The number of children determined to be victims described in subsection (b)(2)(B)(xxiv).

(18) The number of infants —

(a) identified under subsection (b)(2)(B)(ii);

(b) for whom a plan of safe care was developed under subsection (b)(2)(B)(iii); and

(c) for whom a referral was made for appropriate services, including services for the affected family or caregiver, under subsection (b)(2)(B)(iii).

The items listed under number (10), (13), and (14) are not collected by NCANDS.

The Children's Bureau proposes to continue collecting the NCANDS data through the two files of the Detailed Case Data Component, the Child File (the case-level component of NCANDS) and the Agency File (additional aggregate data, which cannot be collected at the case level). There are no proposed changes to the NCANDS data collection instruments. Small changes were made to streamline the instructions to provide clarity.

Respondents: State governments, the District of Columbia, and the Commonwealth of Puerto Rico.

ANNUAL BURDEN ESTIMATES

Information collection title	Total number of respondents	Annual number of responses per respondent	Average burden hours per response	Annual burden hours
Detailed Case Data Component: (Child File and Agency File) IT Staff	52	1	42.6	2,215.2
Detailed Case Data Component: (Child File and Agency File) Programmatic Staff	52	1	65.4	3,400.8
Estimated Annual Burden Total				5,616

Authority: 42 U.S.C. 5101 *et seq.*

Mary C. Jones,

ACF/OPRE Certifying Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2026–N–0809]

Recommendations on Scale-Up and Postapproval Changes Guidances for Industry; Request for Comments; Reopening of the Comment Period

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice; request for information and comments; reopening of the comment period.

SUMMARY: The Food and Drug Administration (FDA or the Agency) is reopening the comment period for the request for information and comments that appeared in the **Federal Register** of March 3, 2026. In the notice, FDA requested comments on the Agency's series of guidances for industry on scale-up and postapproval changes for specific dosage forms. The Agency is taking this action to allow interested persons additional time to submit comments.

DATES: FDA is reopening the comment period on the request for information and comments published on March 3, 2026 (91 FR 10397). Either electronic or written comments must be submitted by July 13, 2026.

ADDRESSES: You may submit comments as follows. Please note that late, untimely filed comments will not be considered. The *https://www.regulations.gov* electronic filing system will accept comments until 11:59 p.m. Eastern Time at the end of July 13, 2026. Comments received by mail/hand delivery/courier (for written/paper submissions) will be considered timely if they are received on or before that date.

Electronic Submissions

Submit electronic comments in the following way:

- *Federal eRulemaking Portal: https://www.regulations.gov.* Follow the instructions for submitting comments. Comments submitted electronically, including attachments, to *https://www.regulations.gov* will be posted to the docket unchanged. Because your comment will be made public, you are solely responsible for ensuring that your comment does not include any confidential information that you or a third party may not wish to be posted, such as medical information, your or anyone else's Social Security number, or confidential business information, such as a manufacturing process. Please note that if you include your name, contact information, or other information that identifies you in the body of your