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 16, 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

1. Type of Information Collection Request: Reinstatement without change of a previously approved collection; *Title of Information Collection:* Conditions of Coverage for Portable X-ray Suppliers and Supporting Regulations; *Use:* Portable X-ray services are basic radiology studies (predominately chest and extremity X-rays) that are performed on residents in Skilled Nursing Facilities (SNFs) or Long-term Care Facilities (LTCs) or those who are homebound and unable to travel to an outpatient radiology facility. Portable X-ray suppliers must comply with health and safety requirements under Title 42 Code of Regulations (CFR) Section 486, Subpart C in order to receive payment for services from the Medicare and Medicaid programs. The Centers for Medicare and Medicaid Services (CMS) use the ICs to ensure suppliers are in compliance. *Form Number:* CMS–R–43 (OMB Control number: 0938–0338); *Frequency:* Yearly; *Affected Public:* Business or other for-profit and Not-for-profit institutions; *Number of Respondents:* 540; *Total Annual Responses:* 1,080; *Total Annual Hours:* 340. (For policy questions regarding this collection contact Claudia Molinar at 410–786–8445.)

2. Type of Information Collection Request: Reinstatement without change of a previously approved collection; *Title of Information Collection:* Requirements Related to Surprise Billing; Part II; *Use:* The collection of information is associated with the October 7, 2021 (86 FR 55980) interim final rules. The collection has two components:

A. Good Faith Estimates. Providers and facilities must inform uninsured (or self-pay) individuals of their right to receive a good faith estimate (GFE) of expected charges for items and services. They must also furnish a good faith estimate of expected charges to uninsured (or self-pay) individuals for scheduled items and services and upon request, which provides uninsured (or self-pay) individuals information about health care pricing before receiving care. This information would allow uninsured (or self-pay) individuals to evaluate options for receiving health care and make cost-conscious health care purchasing decisions and reduces surprises regarding individuals' health care costs for items and services. Additionally, uninsured (or self-pay) individuals need a good faith estimate to initiate the patient-provider dispute resolution process.

B. Certification and Recertification of SDR Entities. HHS requests information from entities seeking to be certified or recertified as an SDR entity. This information is used to assess whether or not the entity satisfies the requirements for certification. Entities must submit information on their organizational structure, policies and procedures, staff qualifications, conflict-of-interest safeguards, and operational capacity, along with attestations of compliance with applicable standards. This information allows HHS to determine the entity's eligibility and capability to perform SDR functions effectively and impartially. *Form Number:* CMS–10791 (OMB control number: 0938–1433); *Frequency:* Annually; *Affected Public:* Private sector (Business or other for-profits and Not-for-profit institutions); *Number of Respondents:* 511,749; *Total Annual Responses:* 5,248,414; *Total Annual Hours:* 3,498,944. (For policy questions regarding this collection contact Daniel Kidane at *daniel.kidane@cms.hhs.gov.*)

William N. Parham, III,

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

[FR Doc. 2026–12105 Filed 6–15–26; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2026–N–1224]

Masuu Global Solutions LLC, U.S. Agent for Extrovis AG, et al.; Withdrawal of Approval of 11 Abbreviated New Drug Applications; Correction

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice; correction.

SUMMARY: The Food and Drug Administration (FDA) is correcting a notice that appeared in the **Federal Register** on February 20, 2026. The document announced the withdrawal of approval of 11 abbreviated new drug applications (ANDAs) from multiple applicants, withdrawn as of March 23, 2026. The document indicated that FDA was withdrawing approval of ANDAs 078022 for propranolol hydrochloride (HCl), extended-release capsule, 60 milligrams (mg), 80 mg, 120 mg, and 160 mg, and 090665 for lidocaine HCl, injectable, 2%, held by Masuu Global Solutions LLC, U.S. Agent for Extrovis

AG, 2255 Glades Rd., Suite 324A, Boca Raton, FL 33431. Before FDA withdrew the approval of these ANDAs, Masuu Global Solutions LLC, U.S. Agent for Extrovis AG, informed FDA that they did not want the approval of the ANDAs withdrawn. Because Masuu Global Solutions LLC, U.S. Agent for Extrovis AG, timely requested that approval of their ANDAs not be withdrawn, the approvals are still in effect. This notice corrects that error.

FOR FURTHER INFORMATION CONTACT: Martha Nguyen, Center for Drug Evaluation and Research, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 75, Rm. 1676, Silver Spring, MD 20993–0002, 301–796–3471, *Martha.Nguyen@fda.hhs.gov.*

SUPPLEMENTARY INFORMATION: In the **Federal Register** of Friday, February 20, 2026 (91 FR 8242), appearing on page 8242 in FR Doc. 2026–03411, the following correction is made:

On page 8243, in the table, the entries for ANDA 078022 and ANDA 090665 are removed.

Grace R. Graham,

Deputy Commissioner for Policy, Legislation, and International Affairs.

[FR Doc. 2026–12044 Filed 6–15–26; 8:45 am]

BILLING CODE 4164–01–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; Health Resources and Services Administration Uniform Data System

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 July 16, 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: Health Resources and Services Administration Uniform Data System, OMB No. 0915–0193—Revision.

Abstract: The Health Center Program, administered by HRSA, is authorized under section 330 of the Public Health Service (PHS) Act (42 U.S.C. 254b). Health centers are community-based and patient-directed organizations that deliver affordable, accessible, quality, and cost-effective primary health care services to patients on a sliding fee based on income and family size. Nearly 1,400 health centers operate more than 16,200 service delivery sites that provide primary health care to over 32 million people in every U.S. state, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Basin.

HRSA uses the Uniform Data System (UDS) for required annual reporting of program-specific data by Health Center Program awardees (those funded under section 330 of the PHS Act), Health Center Program look-alikes (entities meeting requirements of, but not funded under, section 330 of the PHS Act), and Nurse Education, Practice, Quality and Retention (NEPQR) and Advanced Nursing Education (ANE) Program awardees (specifically those funded under the practice priority areas of sections 831(b) and 811 of the PHS Act).

Some NEPQR and ANE Program awardees establish and expand nursing practice arrangements in non-institutional settings to demonstrate methods to improve access to primary health care in medically underserved communities. Nursing grantees implementing nursing practice arrangements have historically used the same data collection system as the Health Center Program.

A 60-day notice published in the **Federal Register** on December 10, 2025, vol. 90, No. 235; pp. 57205–57208. There were 16 public comments. Below is a summary of key themes raised in the comments and HRSA's responses:

- *Maintain COVID-related measures (Two comments):*
  - Stakeholders recommended reconsideration of the proposed removal of several COVID-related measures in *Table 6A: Selected Diagnoses and Services Rendered,* including *Respiratory conditions related to COVID–19, Long COVID, Novel coronavirus (SARS-CoV–2) disease, Novel coronavirus (SARS-CoV–2) diagnostic test,* and *Novel coronavirus (SARS-CoV–2) antibody test,* emphasizing the importance of continued tracking for surveillance, resource allocation, and monitoring impacts on special medically underserved populations. Of the five COVID-related measures currently included in the 2025 UDS, HRSA will retain two measures in response to stakeholder feedback, while three measures will be removed as part of broader streamlining efforts.
- *Recognize Psychiatric Mental Health Nurse Practitioners (PMHNP) distinctly (One comment):*
  - One stakeholder requested to specify PMHNPs separately in *Table 5: Staffing and Utilization* due to their significant role in delivering mental health services and managing high patient volume. In response to this feedback, PMHNPs will be added to Table 5, line 20b, under *Other Licensed Mental Health Providers.*
- *Include additional case management codes (Two comments):*
  - Commenters also requested enhancements to the Case Management codes under *Table 6A: Patient Support Services* to include Advance Primary Care Management codes (G0556, G0557, G0558) and T1016, to capture broader case management services beyond Medicare. Based on stakeholder feedback, these codes will be added to Table 6A, line 35, *Case Management.*
- *Adjust Substance Use Disorder Initiation/Engagement electronic clinical quality measure (eCQM) for health center realities (Two comments):*
  - Commenters recommended reconsideration of the substance use disorder (SUD) measure, *Initiation and Engagement of SUD Treatment,* which was introduced in the 2025 UDS instrument. Stakeholders noted that the current eCQM does not align with health center data capabilities, resulting in misclassification of ongoing SUD treatment and understated health center performance. Commenters specifically