centers will be added to Appendix D (Question 20), to include:

- For individuals under 19 years of age, does your health center provide services that use puberty blockers, sex hormones, or surgical procedures for the purpose of transforming their physical appearance to align with an identity that differs from their sex? *Puberty blockers may include GnRH agonists and other interventions, to delay the onset or progression of normally timed puberty in an individual. Sex hormones may include androgen blockers, estrogen, progesterone, or testosterone. Surgical procedures may include alteration or removal of an individual's sex organs.*

HRSA is making these updates to Appendix D based on internal agency review and approval processes to capture the breadth of integrated primary care services offered by health centers.

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.

In 2026, the estimated total burden hours for this ICR are approximately 304,616 hours, compared to 2025, when the burden was estimated at 377,317 hours—a decrease of approximately 72,701 hours collectively across health centers or an average of 42 hours per health center. This decrease is primarily attributable to HRSA's streamlining efforts, which were undertaken to reduce provider burden.

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 ours)	Total burden hours
UDS—Universal Report	1,596.00	1.00	1,596.00	184.20	293,983.20
UDS Grant Report	419.00	1.22	511.18	20.80	10,632.54
Total	2,015.00		2,107.18		304,615.74

* The estimated number of respondents for the Universal Report consists of 1,356 Health Center Program recipients, 170 Health Center Look-alikes, and 70 NEPQR and ANE recipients. The estimated number of respondents for the ''Grant Report'' is based on the number of reports submitted by health centers in 2025: 337 (one report), 71 (two reports), 11 (three reports).

Amy P. McNulty,

Deputy Director, Executive Secretariat.

[FR Doc. 2026–12046 Filed 6–15–26; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Announcement of Solicitation of Written Comments on Proposed Healthy People 2030 Objectives and Request for Information on Screen Time To Inform Healthy People

AGENCY: Office of Disease Prevention and Health Promotion, Office of the Assistant Secretary of Health, Office of the Secretary, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: The U.S. Department of Health and Human Services (HHS), Office of Disease Prevention and Health Promotion (ODPHP) solicits written comments from the public on new objectives to be added to Healthy People 2030 and gather input to refine or expand the existing screen time objectives.

DATES: Written comments will be accepted through 11:59 p.m. ET, July 16, 2026.

ADDRESSES: Written comments should be submitted by email to *HP2030Comment@hhs.gov.*

FOR FURTHER INFORMATION CONTACT: Yen Lin, Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services, 1101 Wootton Parkway, Suite 420, Rockville, MD 20852; Email: *HP2030@hhs.gov.*

SUPPLEMENTARY INFORMATION: Since 1980, Healthy People has provided science-based, measurable 10-year objectives to improve the nation's health and well-being, established national priorities, and monitored progress throughout each subsequent decade. Shaped by input from individuals and organizations across all sectors and all levels of government, Healthy People solicits annual public comment to reflect current public health priorities.

ODPHP seeks written public comments on three new objectives to be added to Healthy People 2030. These new objectives were developed by federal Healthy People topic area workgroup agencies and have been reviewed by the Healthy People 2030 Federal Interagency Workgroup (FIW).

They are:

1. *Access to Health Services (New Objective–10):* Reduce the proportion of persons who are unable to obtain or who delay obtaining mental health care due to cost. Data source: National Health Interview Survey, Centers for Disease Control and Prevention/ National Center for Health Statistics.

2. *Early and Middle Childhood (New Objective–05):* Increase the proportion of children who are developmentally 'on track' and healthy and ready to learn at school. Data source: National Survey of Children's Health, Health Resources and Services Administration/Maternal and Child Health Bureau.

3. *Social Determinants of Health (New Research Objective–03):* Explore the impact of referrals to non-clinical activities (*e.g.,* art, music, movement, nature, and community service) on improving health outcomes. Data source: No known reliable national data source is currently available.

Note:

Research objectives highlight critical emerging public health issues that lack the research or reliable national data needed to establish 10-year targets.

Recently, HHS released the Surgeon General's Advisory on the Harms of Screen Use which warns of adverse health outcomes associated with screen time. Concerns at various age groups are discussed, beginning with exposure in young children through teenage years, and highlighting concerns with mental, cognitive, and behavioral health. Given the information cited in the advisory, ODPHP is seeking public comments to refine or expand two existing Healthy People 2030 objectives:

1. *Physical Activity–13:* Increase the proportion of children aged 2 to 5 years who get no more than 1 hour of screen time a day. Data Source: National Survey of Children's Health, Health Resources and Services Administration.

2. *Physical Activity Research Objective–02:* Increase the proportion of parents who follow American Academy of Pediatrics recommendations on limiting screen time for children aged 6 to 17 years. Data Source: No known reliable national data source is currently available.

Written comments should be submitted by email to *HP2030Comment@hhs.gov* by 11:59 p.m. ET July 16, 2026. Comments received in response to this notice will be reviewed by the Healthy People topic area workgroups, Healthy People 2030 (FIW), and other federal subject matter experts. For more information on Healthy People 2030, visit *https://healthypeople.gov/*.

For the latest information and guidance from HHS on screen time, please see the Surgeon General's Advisory on the Harms of Screen Use and toolkit for families, schools, health care providers, researchers, and technology companies, available at: *https://www.hhs.gov/surgeongeneral/reports-and-publications/screen-use-harms/index.html*.

Katrina L. Piercy,

Deputy Director, Office of Disease Prevention and Health Promotion.

[FR Doc. 2026–12090 Filed 6–15–26; 8:45 am]

BILLING CODE 4150–32–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS–4040–0010]

Agency Information Collection Request; 30-Day Public Comment Request

AGENCY: Office of Grants, Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: In compliance with the requirement of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. OMB will accept further comments from the public during the review and approval period.

DATES: Comments on the ICR must be received on or before 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 information collection by selecting ''Currently under 30-day Review—Open for Public Comments'' or by selecting ''Currently under Review'' and ''Select Agency: Department of Health and Human Services''.

FOR FURTHER INFORMATION CONTACT: Sagal Musa, *sagal.musa@hhs.gov* or (202) 578–5441. When submitting comments or requesting information, please include the document identifier 4040–0010–30D and project title for reference.

SUPPLEMENTARY INFORMATION: Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (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.

Title of the Collections: Project/Performance Site Location(s), Project Abstract, and Key Contacts forms.

Type of Collection: Extension.

OMB No.: 4040–0010.

Abstract

The Project/Performance Site Location(s), Project Abstract, and Key Contacts forms provide the Federal grant-making agencies an alternative to the Standard Form 424 data set and form. Agencies may use Project/Performance Site Location(s), Project Abstract, and Key Contacts forms for grant programs not required to collect all the data that is required on the SF–424 core data set and form. Project/Performance Site Location(s), Project Abstract, and Key Contacts forms are used by organizations to apply for Federal financial assistance in the form of grants. This form is submitted to the Federal grant-making agencies for evaluation and review. The information collection (IC) expires on December 31, 2026. *Grants.gov* seeks a three-year clearance of these collections.

ANNUALIZED BURDEN HOUR TABLE

Forms	Respondents	Number of respondents	Number of responses per respondents	Average burden per response (hours)	Total burden hours
Project/Performance Site Location(s)	Grant Applicants	127,281	1	1	127,281
Project Abstract	Grant Applicants	230	1	1	230
Key Contacts	Grant Applicants	4,566	1	1	4,566
Total		132,077			132,077

The estimated annual burden hours reflect the number of applications *Grants.gov* received during the most recent fiscal year that included these forms. The increase is attributable to higher form usage by agencies in application packages, not to changes to the forms or burden per response.

Catherine Howard,

Paperwork Reduction Act Reports Clearance Officer, Department of Health and Human Services, Office of the Secretary.

[FR Doc. 2026–12107 Filed 6–15–26; 8:45 am]

BILLING CODE 4151–AE–P