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/aperworkReductionActof1995/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:* Revision of a currently approved collection; *Title of Information Collection:* Submission of 1135 Waiver Request Automated Process; *Use:* This is a revision of an information collection request approved under Office of Management and Budget (OMB) control number of 0938–1384 with an expiration date of August 31, 2026. The Acute Hospital Care at Home (AHCAH) program will no longer be included in this package.

Waivers under Section 1135 of the Social Security Act (the Act) and certain flexibilities allow the CMS to relax certain requirements, known as the Conditions of Participation (CoPs) or Conditions of Coverage to promote the health and safety of beneficiaries. Under Section 1135 of the Act, the Secretary may temporarily waive or modify certain Medicare, Medicaid, and Children's Health Insurance Program (CHIP) requirements to ensure that sufficient health care services are available to meet the needs of individuals enrolled in Social Security Act programs in the emergency area and time periods. These waivers ensure that healthcare entities/caregivers who provide such services in good faith can be reimbursed and exempted from sanctions.

During emergencies, CMS must be able to apply program waivers and flexibilities under section 1135 of the Social Security Act, in a timely manner to respond quickly to unfolding events. In a disaster or emergency, waivers and flexibilities assist health care providers/suppliers in providing timely healthcare and services to people who have been affected and enables states, Federal districts, and U.S. territories to ensure Medicare and/or Medicaid beneficiaries have continued access to care. During disasters and emergencies, it is not uncommon to evacuate patients in health care facilities to other provider settings or across state lines, especially during hurricane, wildfire, and tornado events. CMS must collect relevant information for which a provider is requesting a waiver or flexibility to make proper decisions about approving or denying such requests. Collection of this data aids in the prevention of gaps in access to care and services before, during, and after an emergency. CMS must also respond to inquiries related to a Public Health Emergency (PHE) from providers. CMS is not collecting information from these inquiries; we are merely responding to them.

The collection of the information surrounding 1135 Waiver requests/inquiries is based on a case-by-case basis and not regularly scheduled (*e.g.,* quarterly, annually, by all providers/suppliers). The collection of information only occurs when the healthcare entity, impacted by an emergency, is requesting waivers/flexibilities under Section 1135 of the Act or inquiring about PHEs. The collection of information is also dependent on provider types; therefore, it is not a collection for all Medicare-participating facilities.

In 2021, we implemented a streamlined, automated process to standardize the 1135 waiver requests and inquiries submitted based on lessons learned during the COVID–19 PHE. Furthermore, the normal operations of a healthcare provider are disrupted by emergencies or disasters occasionally. When this occurs, State Survey Agencies (SA) or Health Care Providers deliver a provider/beneficiary tracking report regarding the status of all affected healthcare providers and their beneficiaries. This report includes demographic information about the beneficiary status, provider, their operational status, anticipated needs and planned resumption of normal operations. This information is provided whether or not a PHE has been declared.

We are enhancing this information collection to better support emergency response by capturing the emergency date, simplifying ongoing status updates for stakeholders, and providing a more comprehensive view of cybersecurity incidents through expanded reporting on patient and operational impacts. This automated process will continue to consist of a public facing web form as well as a process for SAs/Providers to submit data using extracts (CSV or Excel) on emergent events impacting Health Care Facilities via an automated mail handler system. Both processes (public facing web form and extracts via an automated mail handler system) are known as the Health Care Facility (HCF) Operational Status. *Form Number:* CMS–10752 (OMB control number: 0938–1384); *Frequency:* Occasionally; *Affected Public:* Private Sector: Business or other for-profits and Not-for-profit institutions and State, Local or Tribal Governments; *Number of Respondents:* 4,829; *Total Annual Responses:* 4,829; *Total Annual Hours:* 4,016. (For policy questions regarding this collection, contact Adriane Saunders at 404–562–7484.)

William N. Parham, III,

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

[FR Doc. 2026–12328 Filed 6–17–26; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[Office of Management and Budget #: 0970–0497]

Submission for Office of Management and Budget Review; Personal Responsibility Education Program (PREP) Performance Measures

AGENCY: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

ACTION: Request for Public Comments.

SUMMARY: The Office of Planning, Research, and Evaluation (OPRE) and the Family and Youth Services Bureau (FYSB) in the Administration for Children and Families (ACF) request approval for a revision to a currently approved information collection activity as part of the Personal Responsibility Education Program (PREP) Performance project (Office of Management and

Budget (OMB) #: 0970–0497; expiration date July 31, 2026). The goal of the project is to collect, analyze, and report on performance measures data for the PREP-funded programs. The purpose of the request is to continue the ongoing data collection and submission of the performance measures by PREP grant recipients, with revisions to the current performance measures. We are proposing revisions to the current participant surveys and reporting forms to address feedback from grant recipients to simplify and clarify information collections, and to ensure the measures meet FYSB data needs while reducing burden.

DATES: Comments due July 20, 2026.

ADDRESSES: The public may view and comment on this information collection request at: *https://www.reginfo.gov/public/do/PRAViewICR?ref_nbr=202606-0970-012.* You can also obtain copies of the proposed collection of information by emailing *OPREinfocollection@acf.hhs.gov.* Identify all requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: The purpose of PREP is to provide grants to states, tribes and tribal communities, and community organizations to support evidence-based programs to reduce teen pregnancy and sexually transmitted infections. The programs are required to provide education on both abstinence and contraceptive use. The programs also offer information on adulthood preparation subjects such as healthy relationships, adolescent development, financial literacy, parent-child communication, education and employment skills, and healthy life skills.

The PREP project collects performance measures data from PREP grant recipients, program providers, and participants. The data include information on program structure, cost, and support for implementation; program attendance, reach, and dosage; the characteristics of youth involved in programming; youth sexual risk behaviors and behaviors related to adulthood preparation prior to program participation; and youth behavior intentions at program exit. The performance measures help the ACF program office and grant recipients to monitor and report on progress in implementing PREP programs and inform technical assistance. In addition, ACF will use the information to continue fulfilling its reporting requirements to Congress and OMB concerning the PREP initiative.

Some of the performance measures data come from youth participants through surveys PREP grant recipients administer at program entry and exit. There are separate versions of the entry and exit surveys for middle school youth, which exclude some of the more sensitive items that are included in the versions for high school and older youth. There is also a shorter version of the entry survey for participants in the Personal Responsibility Education Innovative Strategies (PREIS) and Tribal PREP (TPREP) programs, to reduce the burden on participants in those programs (who are likely responding to other surveys); youth in these programs complete the same version of the exit survey as other youth.

We are proposing revisions to the current performance measures to address feedback from grant recipients and to ensure the measures meet FYSB data needs. Grant recipients have requested various changes to simplify and clarify the measures, including noting particular questions in the participant surveys that youth have difficulty understanding and responding to. In addition, contractor staff have noted which measures most frequently result in help desk contacts or are prone to data quality issues. Finally, FYSB staff identified measures that are no longer needed or could be obtained from other sources. Types of revisions include re-wording to use simpler language, reducing the number of sub-items or response categories, avoiding patterns in which survey respondents need to skip one or more questions based on their response to an earlier question, and removing some measures entirely. The proposed revisions to the participant surveys were cognitively tested with program participants for clarity and to check burden estimates.

Respondents: State PREP (SPREP), TPREP, Competitive PREP (CPREP), and PREIS grant recipients, their subrecipients, and program participants.

Annual Burden Estimates

The changes described above reduced the overall length of the surveys and are expected to reduce the burden for completing the participant entry survey from 8 minutes to 5 minutes per response and the participant exit survey from 7 minutes to 5 minutes per response. Additionally, the estimated number of respondents has been adjusted to reflect the estimated number over the next 3 years, which is reduced compared to previous estimates. Overall, we expect a 40 percent reduction in the annual burden hours under this request compared to the previously approved annual burden.

Instrument	Number of respondents (total over request period)	Number of responses per respondent (total over request period)	Avg. burden per response (in hours)	Total burden (in hours)	Annual burden (in hours)
Instrument 1					
Participant entry survey (all versions)	235,353	1	0.0833	19,605	6,535
Instrument 2					
Participant exit survey (all versions)	195,528	1	0.0833	16,287	5,429
Instrument 3: Performance Reporting System Data Entry Form					
State grant recipients	49	6	18	5,292	1,764
TPREP grant recipients	7	6	18	756	252
CPREP grant recipients	27	6	14	2,268	756
PREIS grant recipients	12	6	14	1,008	336
Instrument 4: Subrecipient Data Collection and Reporting From					
State subrecipients	269	6	14	22,596	7,532

Instrument	Number of respondents (total over request period)	Number of responses per respondent (total over request period)	Avg. burden per response (in hours)	Total burden (in hours)	Annual burden (in hours)
TPREP subrecipients	25	6	14	2,100	700
CPREP subrecipients	36	6	12	2,592	864
PREIS subrecipients	16	6	12	1,152	384
Estimated Total and Annual Burden Hours				73,656	24,552

*Authority:*42 U.S.C 1310.

Mary C. Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2026–12266 Filed 6–17–26; 8:45 am]

BILLING CODE 4184–37–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2026–N–6182]

Authorization of Emergency Use for Two Animal Drugs for the Prevention and Treatment of New World Screwworm; Availability

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice of availability.

SUMMARY: The Food and Drug Administration (FDA or the Agency) is announcing the issuance of two Emergency Use Authorizations (EUA) (Authorization) under the Federal Food, Drug, and Cosmetic Act (FD&C Act) for new animal products. FDA has issued one EUA for an animal product as requested by Health and Hygiene (Pty) Ltd. for the prevention and treatment of infestations caused by New World screwworm (*Cochliomyia hominivorax*) (NWS) larvae (myiasis) in cattle, horses, minor species of hoof stock, raptors and other wild birds, pet birds, and captive wild, exotic, and zoo mammals. FDA has issued one EUA for an animal product as requested by Elanco US Inc. for the prevention and treatment of infestations caused by NWS larvae (myiasis) in cattle, swine, goats, sheep, horses, donkeys, domestic hybrid equids, and captive wild, exotic, and zoo mammals. The Authorizations contain, among other things, conditions on the emergency use of the authorized products. The Authorizations follow the August 18, 2025, determination by the Secretary of Health and Human Services (HHS) that there is a significant potential for a public health emergency that has a significant potential to affect national security or the health and security of U.S. citizens living abroad and that involves NWS. On the basis of such determination, the Secretary of HHS declared on August 18, 2025, that circumstances exist justifying the authorization of emergency use of animal drugs to treat or prevent NWS myiasis in animals. The Authorizations, which include an explanation of the reasons for issuance, are reprinted in this document.

DATES: The Authorizations are effective on their dates of issuance: April 24, 2026, and April 27, 2026, respectively.

ADDRESSES: Submit written requests for single copies of the EUAs to the Policy and Regulations Staff, Center for Veterinary Medicine, Food and Drug Administration, 5001 Campus Drive, College Park, MD 20740. Send one self-addressed adhesive label to assist that office in processing your requests. See the **SUPPLEMENTARY INFORMATION** section for electronic access to the Authorizations.

FOR FURTHER INFORMATION CONTACT: Crystal Groesbeck, Center for Veterinary Medicine, Food and Drug Administration, 5001 Campus Drive, College Park, MD 20740, 240–402–0819, *Crystal.Groesbeck@fda.hhs.gov.*

SUPPLEMENTARY INFORMATION:

I. Background

Section 564 of the FD&C Act (21 U.S.C. 360bbb–3) allows FDA to strengthen public health protections against biological, chemical, nuclear, and radiological agents. Among other things, section 564 of the FD&C Act allows FDA to authorize the use of an unapproved medical product or an unapproved use of an approved medical product in certain situations. With this EUA authority, FDA can help ensure that medical countermeasures may be used in emergencies to diagnose, treat, or prevent serious or life-threatening diseases or conditions caused by biological, chemical, nuclear, or radiological agents when there are no adequate, approved, and available alternatives (among other criteria).

II. Criteria for EUA Authorization

Section 564(b)(1) of the FD&C Act provides that, before an EUA may be issued, the Secretary of HHS must declare that circumstances exist justifying the authorization based on one of the following grounds: (A) a determination by the Secretary of Homeland Security that there is a domestic emergency, or a significant potential for a domestic emergency, involving a heightened risk of attack with a biological, chemical, radiological, or nuclear agent or agents (''CBRN''); (B) a determination by the Secretary of Defense that there is a military emergency, or a significant potential for a military emergency, involving a heightened risk to U.S. military forces, including personnel operating under the authority of title 10 or title 50, U.S. Code, of attack with (i) a CBRN; or (ii) an agent or agents that may cause, or are otherwise associated with, an imminently life-threatening and specific risk to U.S. military forces; [1] (C) a determination by the Secretary of HHS that there is a public health emergency, or a significant potential for a public health emergency, that affects, or has a significant potential to affect, national security or the health and security of U.S. citizens living abroad, and that involves a CBRN agent or agents, or a disease or condition that may be attributable to such agent or agents; or (D) the identification of a material threat by the Secretary of Homeland Security pursuant to section 319F–2 of the Public Health Service (PHS) Act (42 U.S.C. 247d–6b) sufficient to affect national security or the health and security of U.S. citizens living abroad.

Once the Secretary of HHS has declared that circumstances exist justifying an authorization under section 564 of the FD&C Act, FDA may authorize the emergency use of a drug,

[1] In the case of a determination by the Secretary of Defense, the Secretary of HHS shall determine, within 45 calendar days of such determination, whether to make a declaration under section 564(b)(1) of the FD&C Act, and, if appropriate, shall promptly make such a declaration (see section 564(b)(6) of the FD&C Act).