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: When submitting comments or requesting information, please include the ICR title for reference.

Information Collection Request Title: Rural Health Care Services Outreach Program Measures, OMB No. 0906–0009—Revision.

Abstract: The Rural Health Care Services Outreach (Outreach) Program is authorized by section 330A(e) of the Public Health Service Act (42 U.S.C. 254c(e)) to ''promote rural health care services outreach by improving and expanding the delivery of health care services to include new and enhanced services in rural areas.'' HRSA currently collects information about Outreach grants using an OMB-approved set of performance measures and seeks to revise that approved collection. The proposed changes are a result of keeping this instrument relevant, responsive to the Outreach Program needs and to improve clarity and ease of reporting for respondents.

A 60-day notice published in the **Federal Register** on April 7, 2026, vol. 91, No. 66; pp. 17660–61. There were no public comments.

Need and Proposed Use of the Information: HRSA has revised the performance measures which Outreach awardees will submit to HRSA on an annual basis. The purpose of the revised data collection is to assess Outreach awardees' progress in meeting the program goals and how well each awardee meets their community needs. Additionally, HRSA will be able to monitor and assess the impact of the Outreach program and ensure that funds are effectively used to provide services that meet the target population's needs.

The proposed changes include the consolidation of three sub-sections (Consortium/Network, Access to Care, and Population Demographics) into two new sub-sections (Capacity/Organizational Information and Access/Population Demographics); addition of nine new maternal health measures (four required measures; five optional measures) for the 11 award recipients in the Healthy Rural Hometown Initiative track only; and adding one new question and revising the response selection list related to sustainability. Additionally, there is an increase in the estimated total burden hours compared to the previous ICR package. The increase in burden is to account for a new cohort of recipients new to this data collection. This includes 40 recipients funded under the Regular Outreach Track and 18 recipients funded under the Healthy Rural Hometown Initiative Track awarded under HRSA–25–038.

Likely Respondents: Respondents include all 58 Outreach award recipients.

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. 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 hours)	Total burden hours
Rural Health Care Services Outreach Performance Measures	58	1	58	8.75	507.50
Total	58	1	58	8.75	507.50

HRSA specifically requests comments on (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.

Maria G. Button,

Director, Executive Secretariat.

[FR Doc. 2026–13636 Filed 7–6–26; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Office of the Secretary; Notice of Meeting

Pursuant to section 10(a) of the Federal Advisory Committee Act, as amended, (5 U.S.C. App.), notice is hereby given of an Interagency Autism Coordinating Committee (IACC or Committee) meeting.

The purpose of the IACC meeting is to discuss committee business, agency updates, and issues related to autism research and services activities. The meeting will be open to the public to attend in person or virtually. Virtual viewing will be accessible via NIH Videocast. Advanced registration is required for in-person attendance. Individuals wishing to participate in person or virtually and in need of special assistance or other reasonable accommodations, should submit a request to the Contact Person listed on this notice at least seven (7) business days prior to the meeting.

The open session can be accessed from the NIH Videocast website (*https://videocast.nih.gov/*).

Name of Committee: Interagency Autism Coordinating Committee.

Date: July 31, 2026.

Time: 9:00 a.m. to 5:00 p.m. ET.

Agenda: To discuss committee business, updates, and issues related to autism research and services activities.

Address: National Institutes of Mental Health (NIMH), Neuroscience Center (NSC), First Floor Conference Rooms, 6001 Executive Boulevard, Rockville, MD 20852.

Meeting Format: Open Meeting. Hybrid.

Cost: The meeting is free and open to the public.

Registration: A registration web link will be posted on the IACC website (*iacc.hhs.gov*) prior to the meeting. Pre-registration is required for in-person attendance.

Deadlines: Public Comment Due Date: Friday, July 17, by 5:00 p.m. ET, Public Comment Guidelines, For public comment instructions, see below.

Contact Person: Ms. Rebecca Martin, Office of National Autism Coordination, National Institute of Mental Health, NIH, Phone: 301–435–0886, Email: *IACCPublicInquiries@mail.nih.gov.*

Public Comments

The IACC welcomes written and oral/virtual public comments from members of the autism community and asks the community to review and adhere to its Public Comment Guidelines. In the *2021–2023 IACC Strategic Plan,* the IACC lists the ''Spirit of Collaboration'' as one of its core values, stating that, ''We will treat others with respect, listen with open minds to the diverse lived experiences of people on the autism spectrum and their families, consider multiple solutions, and foster discussions where participants can comfortably share different opinions.'' In keeping with this core value, the IACC and the NIMH Office of Autism Research Coordination (OARC) ask that members of the public who provide public comments or participate in meetings of the IACC also adhere to this core value.

A limited number of slots are available for individuals to provide a ~3-minute summary or excerpt of their written comment to the Committee during the meeting either in person or via videoconference. For those interested in that opportunity, please indicate ''Interested in providing oral/virtual comment'' in your written submission, along with your name, address, email, phone number, and professional/organizational affiliation so that OARC staff can contact you if a slot is available.

For any given meeting, priority for comment slots will be assigned to individuals and organizations that have not previously provided comments in the current calendar year. This will help ensure that as many individuals and organizations as possible have an opportunity to share comments. Commenters going over their allotted 3-minute slot may be asked to conclude immediately in order to allow other comments and the rest of the meeting to proceed on schedule.

Public comment submissions received by 5:00 p.m. ET on Friday, July 17, 2026, will be provided to the Committee prior to the meeting for their consideration. Any written comments received after 5:00 p.m. ET, Friday, July 17, 2026, may be provided to the Committee either before or after the meeting, depending on the volume of comments received and the time required to process them in accordance with privacy regulations and other applicable Federal policies. The Committee is not able to respond individually to comments. All public comments become part of the public record. Attachments of copyrighted publications are not permitted, but web links or citations for any copyrighted works cited may be provided. For public comment guidelines, see: *https://iacc.hhs.gov/meetings/public-comments/guidelines/.*

Technical issues: If you experience any technical problems with the webcast, please email *IACCPublicInquiries@mail.nih.gov.*

Disability Accommodations: All IACC Full Committee Meetings provide Closed Captioning through the NIH videocast website. Individuals whose full participation in the meeting will require special accommodations (*e.g.,* sign language or interpreting services, etc.) must submit a request to the Contact Person listed on the notice at least seven (7) business days prior to the meeting. Such requests should include a detailed description of the accommodation needed and a way for the IACC to contact the requester if more information is needed to fill the request. Special requests should be made at least seven (7) business days prior to the meeting; last-minute requests may be made but may not be possible to accommodate.

Security: Pre-registration is required for in-person attendance. Upon arrival, all attendees will be required to complete the check-in process. Visitors should be prepared to state the purpose of their visit and present a valid form of identification, such as a REAL ID-compliant identification, U.S. passport, or proof of legal U.S. residency. Non-U.S. persons must pre-register at least 10 business days in advance and wait for approval to attend. Seating will be available on a first-come, first-served basis.

Meeting schedule is subject to change.

More Information: Information about the IACC is available on the website: *https://iacc.hhs.gov.*

Dated: July 2, 2026.

Rosalind M. Niamke,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2026–13714 Filed 7–6–26; 8:45 am]

BILLING CODE 4167–05–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Diabetes and Digestive and Kidney Diseases; Amended Notice of Meeting

Notice is hereby given of a change in the meeting of the National Diabetes and Digestive and Kidney Diseases Advisory Council, September 17, 2026, 08:30 a.m. to September 18, 2026, 04:00 p.m., National Institutes of Health, Building 31, 31 Center Drive, Bethesda, M, 20892 which was published in the **Federal Register** on July 24, 2025, 90 FR 34872.

This notice is being amended to reflect the change in date from September 17–18, 2026, to October 28, 2026. The time will change from 8:30 a.m. to 4:00 p.m. to 8:30 a.m. to 3:00 p.m. The meeting format will adjust from in-person/virtual to virtual only. The meeting is partially closed to the public.

Dated: July 1, 2026.

Margaret N. Vardanian,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2026–13635 Filed 7–6–26; 8:45 am]

BILLING CODE 4167–05–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Center for Scientific Review; Notice of Closed Meetings

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meetings.

The meetings will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: Center for Scientific Review Special Emphasis Panel; Cognitive