TABLE 1—ESTIMATED ANNUAL REPORTING BURDEN [1]

Activity	Number of respondents	Number of responses per respondent	Total annual responses	Average burden per response	Total hours
Adverse Event Reporting	300	18	5,400	.5 (30 minutes)	2,700

[1] There are no capital costs or operating and maintenance costs associated with this collection of information.

Based on a review of the information collection since our last request for OMB approval, we have made no adjustments to our burden estimate.

Grace R. Graham,

Deputy Commissioner for Policy, Legislation, and International Affairs.

[FR Doc. 2026–14440 Filed 7–16–26; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Public Comment Request; Information Collection Request Title: National Practitioner Data Bank for Adverse Information on Physicians and Other Health Care Practitioners—45 CFR Part 60 Regulations and Forms, OMB No. 0906–0081—Revision

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Notice.

SUMMARY: In compliance with the requirement for opportunity for public comment on proposed data collection projects of the Paperwork Reduction Act of 1995, HRSA announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on this ICR should be received no later than September 15, 2026.

ADDRESSES: Submit your comments to *paperwork@hrsa.gov* or mail the HRSA Information Collection Clearance Officer, Room 13N82, 5600 Fishers Lane, Rockville, Maryland 20857.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email *paperwork@hrsa.gov* or call Samantha Miller, the HRSA Information Collection Clearance Officer, at (301) 443–3983.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the information request collection title for reference.

Information Collection Request Title: National Practitioner Data Bank for Adverse Information on Physicians and Other Health Care Practitioners—45 CFR part 60 Regulations and Forms, OMB No. 0906–0081—Revision.

Abstract: This is a request for a revision of the OMB-approved information collection contained in regulations found in 45 CFR part 60 governing the National Practitioner Data Bank (NPDB) and the forms to be used in registering with, reporting information to, and requesting information from the NPDB. Administrative forms are also included to aid in monitoring compliance with federal reporting and querying requirements. Responsibility for NPDB implementation and operation resides in HRSA's Bureau of Health Workforce.

The intent of the NPDB is to improve the quality of health care by encouraging entities such as hospitals, state licensing boards, professional societies, and other eligible entities [1] providing health care services to identify and discipline those who engage in unprofessional behavior, and to restrict the ability of incompetent health care practitioners, providers, or suppliers to move from state to state without disclosure or discovery of previous damaging or incompetent performance. It also serves as a fraud and abuse clearinghouse for the reporting and disclosing of certain final adverse actions taken against health care practitioners, providers, or suppliers by health plans, federal agencies, and state agencies (excluding settlements in which no findings of liability have been made). Users of the NPDB include reporters (entities that are required to submit reports) and queriers (entities and individuals that are authorized to request information).

The reporting forms, request for information forms (query forms), and administrative forms (used to monitor compliance) are accessed, completed, and submitted to the NPDB electronically through the NPDB website at *https://www.npdb.hrsa.gov/.* All reporting and querying is performed through the secure portal of this website. This revision proposes changes to update burden totals as well as minor text changes. In addition, this revision eliminates the Account Balance Transfer Request form which allowed registered entities to transfer funds between their accounts. The data collected on this form is part of an electronic workflow that falls under a Paperwork Reduction Act exemption for voluntary commercial transactions.

Need and Proposed Use of the Information: The NPDB acts primarily as a flagging system; its principal purpose is to facilitate comprehensive review of practitioners' professional credentials and background. Information is collected from, and disseminated to, eligible entities (entities that are entitled to query and/or report to the NPDB as authorized in Title 45 CFR part 60 of the Code of Federal Regulations) on the following: (1) medical malpractice payments, (2) licensure actions taken by Boards of Medical Examiners, (3) state licensure and certification actions, (4) federal licensure and certification actions, (5) negative actions or findings taken by peer review organizations or private accreditation entities, (6) adverse actions taken against clinical privileges, (7) federal or state criminal convictions related to the delivery of a health care item or service, (8) civil judgments related to the delivery of a health care item or service, (9) exclusions from participation in federal or state health care programs, and (10) other adjudicated actions or decisions. It is intended for NPDB information to be

[1] "Other *eligible entities*" that participate in the NPDB are defined in the provisions of Title IV, Section 1921, Section 1128E, and implementing regulations. In addition, a few federal agencies also participate with the NPDB through federal memorandums of understanding. Eligible entities are responsible for complying with all reporting and/or querying requirements that apply; some entities may qualify as more than one type of eligible entity. Each eligible entity must certify its eligibility in order to report to the NPDB, query the NPDB, or both. Information from the NPDB is available only to those entities specified as eligible in the statutes and regulations. Not all entities have the same reporting requirements or level of query access.

considered with other relevant information in evaluating credentials of health care practitioners, providers, and suppliers.

Likely Respondents: Eligible entities or individuals that are entitled to query and/or report to the NPDB as authorized in regulations found at 45 CFR part 60.

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

Regulation citation	Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours (rounded up)
§ 60.6: Reporting errors, omissions, revisions or whether an action is on appeal.	Correction, Revision-to-Action, Void, Notice of Appeal (manual).	9,103	1	9,103	.2500	2,276
	Correction, Revision-to-Action, Void, Notice of Appeal (automated).	16,192	1	16,192	.0003	5
§ 60.7: Reporting medical malpractice payments.	Medical Malpractice Payment (manual)	11,232	1	11,232	.7500	8,424
	Medical Malpractice Payment (automated)	702	1	702	.0003	1
§ 60.8: Reporting licensure actions taken by Boards of Medical Examiners.	State Licensure or Certification (manual)	16,608	1	16,608	.7500	12,456
§ 60.9: Reporting licensure and certification actions taken by States.	State Licensure or Certification (automated)	15,436	1	15,436	.0003	5
§ 60.10: Reporting Federal licensure and certification actions.	DEA/Federal Licensure	674	1	674	.7500	506
§ 60.11: Reporting negative actions or findings taken by peer review organizations or private accreditation entities.	Peer Review Organization	10	1	10	.7500	8
	Accreditation	10	1	10	.7500	8
§ 60.12: Reporting adverse actions taken against clinical privileges.	Title IV Clinical Privileges Actions	827	1	827	.7500	621
	Professional Society	24	1	24	.7500	18
§ 60.13: Reporting Federal or State criminal convictions related to the delivery of a health care item or service.	Criminal Conviction (Guilty Plea or Trial) (manual)	1,043	1	1,043	.7500	783
	Criminal Conviction (Guilty Plea or Trial) (automated)	246	1	246	.0003	1
	Deferred Conviction or Pre-Trial Diversion	60	1	60	.7500	45
	Nolo Contendere (no contest plea)	34	1	34	.7500	26
	Injunction	2	1	2	.7500	2
§ 60.14: Reporting civil judgments related to the delivery of a health care item or service.	Civil Judgment	10	1	10	.7500	8
§ 60.15: Reporting exclusions from participation in Federal or State health care programs.	Exclusion or Debarment (manual)	1,455	1	1,455	.7500	1,092
	Exclusion or Debarment (automated)	3,560	1	3,560	.0003	2
§ 60.16: Reporting other adjudicated actions or decisions.	Government Administrative (manual)	791	1	791	.7500	594
	Government Administrative (automated)	1,690	1	1,690	.0003	1
	Health Plan Action	445	1	445	.7500	334
§ 60.17 Information which hospitals must request from the National Practitioner Data Bank.	One-Time Query for an Individual (manual)	1,584,245	1	1,584,245	.0800	126,740
	One-Time Query for an Individual (automated)	4,040,137	1	4,040,137	.0003	1,213
	One-Time Query for an Organization (manual)	83,748	1	83,748	.0800	6,700
§ 60.18 Requesting Information from the NPDB.	One-Time Query for an Organization (automated)	43,869	1	43,869	.0003	14
	Self-Query on an Individual	266,839	1	266,839	.4200	112,073
	Self-Query on an Organization	665	1	665	.4200	280
	Continuous Query (manual)	1,315,205	1	1,315,205	.0800	105,217
	Continuous Query (automated)	1,779,886	1	1,779,886	.0003	534

TOTAL ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Regulation citation	Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours (rounded up)
§ 60.21: How to dispute the accuracy of NPDB information.	Subject Statement and Dispute	3,453	1	3,453	.7500	2,590
	Request for Dispute Resolution	117	1	117	8.0000	936
Administrative	Entity Registration (Initial)	4,176	1	4,176	1.0000	4,176
	Entity Registration (Renewal & Update)	15,020	1	15,020	.2500	3,755
	State Licensing Board Data Request	51	1	51	10.5000	536
	State Licensing Board Attestation	346	1	346	1.0000	346
	Authorized Agent Attestation	193	1	193	1.0000	193
	Health Center Attestation	781	1	781	1.0000	781
	Hospital Attestation	3,293	1	3,293	1.0000	3,293
	Medical Malpractice Payer, Peer Review Organization, or Private Accreditation Organization Attestation.	260	1	260	1.0000	260
	Other Eligible Entity Attestation	5,349	1	5,349	1.0000	5,349
	Corrective Action Plan (Entity)	10	1	10	.0800	1
	Reconciling Missing Actions	1,924	1	1,924	.0800	154
	Agent Registration (Initial)	107	1	107	1.0000	107
	Agent Registration (Renewal & Update)	380	1	380	.0800	31
	Electronic Funds Transfer Authorization	632	1	632	.0800	51
	Authorized Agent Designation	167	1	167	.2500	42
	Account Discrepancy	19	1	19	.2500	5
	New Administrator Request	191	1	191	.0800	16
	Purchase Query Credits	7,282	1	7,282	.0800	583
	Education Request	10	1	10	.0800	1
	Missing Report from Query Form	10	1	10	.0800	1
	Total	9,238,519		9,238,519		403,194

Maria G. Button,

Director, Executive Secretariat.

[FR Doc. 2026–14476 Filed 7–16–26; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Center for Complementary & Integrative Health; Notice of Meeting

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of a meeting of the National Advisory Council for Complementary and Integrative Health.

The meeting will be held as a virtual meeting and will be open to the public as indicated below. Once available, the open session meeting link can be accessed through the Institute's/Center's home page: *https://nccih.nih.gov/about/naccih* and through the NIH Videocast web page *https://videocast.nih.gov/.*

The meeting 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: National Advisory Council for Complementary and Integrative Health.

Date: September 11, 2026.

Closed: 10:00 a.m. to 12:00 p.m.

Agenda: To review and evaluate grant applications.

Address: National Center for Complementary and Integrative Health, National Institutes of Health, 6707 Democracy Boulevard, Suite 401 Bethesda, MD 20892.

Meeting Format: Virtual Meeting.

Open: 1:00 p.m. to 5:00 p.m.

Agenda: Reports and Updates about Recent and Ongoing NCCIH Led or Involved Activities by NCCIH staff and its Director.

Address: National Center for Complementary and Integrative Health, National Institutes of Health, 6707 Democracy Boulevard, Suite 401 Bethesda, MD 20892.

Meeting Format: Virtual Meeting.

Contact Person: Martina Schmidt, Ph.D., Director, Division of Extramural Activities, National Center for Complementary and Integrative Health, National Institutes of Health, 6707 Democracy Boulevard., Suite 401, Bethesda, MD 20892, (301) 594–3456, *schmidma@mail.nih.gov.*

Any interested person may file written comments with the committee by forwarding the statement to the Contact Person listed on this notice. The statement should be less than 700 words in length, and should include the name, email address, telephone number and when applicable, the business or professional affiliation of the interested person. Any member of the public may submit written comments no later than August 28th, 2026 (14 days before the council meeting).

Information is also available on the Institute's/Center's home page: *https://nccih.nih.gov/about/naccih,* where an agenda and any additional information for the meeting will be posted when available.

(Catalogue of Federal Domestic Assistance Program Nos. 93.213, Research and Training in Complementary and Alternative Medicine, National Institutes of Health, HHS)

Dated: July 14, 2026.

Bruce A. George,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2026–14475 Filed 7–16–26; 8:45 am]

BILLING CODE 4167–05–P

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR–6617–N–01]

Notice of the Withdrawal of OGC Guidance Documents

AGENCY: Office of General Counsel, Department of Housing and Urban Development (HUD).

ACTION: Notice.

SUMMARY: This notice informs the public that the Office of General Counsel (OGC) has withdrawn the guidance documents identified below.

DATES: The withdrawal of the guidance was effective September 25, 2025.