between 1973 and 2002, and in 2006 moved from a periodically conducted design to a continuous data collection design using in-person interviewing with a self-administered component. This continuous design was used from 2006–2010 and 2011–2019, with breaks as needed to award new contracts for sample design, data collection, and public-use file production. Beginning in 2022, the NSFG moved to a multimode design including both web and in-person data collection. Within the eight-year span (2022–2029), roughly 13,000 households will be screened, with 5,000 participants surveyed annually. Participation in the NSFG is completely voluntary and confidential. The household screening survey is expected to take five minutes on average. Main surveys with one selected respondent from each household are expected to average 50 minutes for males and 75 minutes for females.

The NSFG program produces descriptive statistics which document factors associated with birth and pregnancy rates, including contraception, infertility, marriage, cohabitation, and sexual activity, in the US household population 15–49 years (15–44 prior to 2015), as well as behaviors that affect the risk of HIV and other sexually transmitted diseases (STD). The survey also disseminates statistics on the medical care associated with contraception, infertility, pregnancy, and related health conditions.

NSFG data users include CDC/NCHS and other programs within CDC and elsewhere in HHS. The NSFG is also used by state and local governments (primarily for benchmarking to national data); private research and action organizations focused on men's and women's health, child well-being, and marriage and the family; academic researchers in the social and public health sciences; journalists; and many others.

This submission requests approval for a Revision to NSFG data collection for the next three years. The Revision request includes the continued use of survey questionnaires as have been used since January 2026, per the most recent OMB Non-Substantive Change Request approved in September 2025, as well as permission to conduct a small set of methodological studies designed to improve the efficiency and validity of NSFG data collection for the purposes described above.

CDC requests OMB approval for a total estimated annualized burden of 6,471 hours. There is no cost to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Form	Number of responses	Responses per respondent	Average burden/ response (in hours)
Household member	Household Screener Survey	13,000	1	5/60
Household Female 15–49 years of age	Female Main Survey	2,750	1	75/60
Household Male 15–49 years of age	Male Main Survey	2,250	1	50/60
Household Member	Screener Verification	411	1	2/60
Household Individual 15–49 years of age	Main Verification	736	1	5/60

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Public Health Ethics and Regulations, Office of Science, Centers for Disease Control and Prevention.

[FR Doc. 2026–15077 Filed 7–24–26; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-26–0729; Docket No. CDC–2026–1288]

Proposed Data Collection Submitted for Public Comment and Recommendations

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice with comment period.

SUMMARY: The Centers for Disease Control and Prevention (CDC), as part of its continuing effort to reduce public burden and maximize the utility of government information, invites the general public and other federal agencies the opportunity to comment on a continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled Customer Surveys Generic Clearance for the National Center for Health Statistics. This Generic Clearance uses customer surveys to assess strengths in agency products and services.

DATES: CDC must receive written comments on or before September 25, 2026.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2026–1288 by either of the following methods:

- *Federal eRulemaking Portal: www.regulations.gov.* Follow the instructions for submitting comments.
- *Mail:* Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H21–8, Atlanta, Georgia 30329.

Instructions: All submissions received must include the agency name and Docket Number. CDC will post, without change, all relevant comments to *www.regulations.gov.*

Please note: Submit all comments through the Federal eRulemaking portal (*www.regulations.gov*) or by U.S. mail to the address listed above.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the information collection plan and instruments, contact Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H21–8, Atlanta, Georgia 30329; Telephone: 404–639–7570; Email: *omb@cdc.gov.*

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. In addition, the PRA also requires federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each new proposed collection, each proposed extension of existing collection of information, and each reinstatement of previously approved information

collection before submitting the collection to the OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

The OMB is particularly interested in comments that will help:

1. Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

2. Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

3. Enhance the quality, utility, and clarity of the information to be collected;

4. Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, *e.g.,* permitting electronic submissions of responses; and

5. Assess information collection costs.

Proposed Project

Customer Surveys Generic Clearance for the National Center for Health Statistics (OMB Control No. 0920–0729)—Reinstatement—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

As part of a comprehensive program, the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention, surveys its customers' satisfaction with the quality and relevance of the information it produces. NCHS conducts voluntary customer surveys to assess strengths in agency products and services. Results of these surveys will be used in future planning initiatives. NCHS requests a three-year approval from OMB for a Reinstatement of the Generic Clearance package for future customer surveys it plans to conduct. NCHS is authorized to collect data under Section 306 of the Public Health Service Act (42 U.S.C. 242k).

NCHS, the Nation's principal health statistics agency, compiles statistical information to guide actions to improve the health of the U.S. population. The national surveys and data systems administered by NCHS are a unique public resource for health information. Assessment of key data users' satisfaction with the quality and relevance of NCHS' products and services are of prime importance in evaluating our agency's performance. Voluntary customer surveys to ascertain strengths in agency products and services are useful tools for management in program planning. Data will be collected using a combination of methodologies appropriate to each survey. These may include evaluation forms, mail surveys, focus groups, automated and electronic technology (*e.g.* email, Web-based surveys), and telephone surveys. NCHS will submit to OMB individual survey requests under this Generic Clearance. OMB will provide feedback on the individual requests within ten working days.

NCHS is a unique public resource for health. These data allow NCHS to document the health status of the population and of important subgroups, identify disparities in health status and use of health care by population characteristics, monitor trends in health status and health care delivery, identify health problems, support biomedical and health services research, provide information for making changes in public policies and programs, and evaluate the impact of health policies and programs. NCHS collects data from birth and death records, medical records, interview surveys, and through direct physical exams and laboratory testing.

Information is at the core of the NCHS mission. It is critical that information be available to provide customers with quick and easy access to a wide range of information and data through a variety of channels. Customer satisfaction and customer input are critical for accomplishment of our mission as a key element of the national public health infrastructure, providing important surveillance information that helps identify and address critical health problems. Satisfaction can be enhanced through suggestions for ways to improve our outputs and services, whether presentation of data on the Web, publications, statistical services, or other products at NCHS.

Surveys of several groups are anticipated. Among these are federal clients and policy makers; state and local officials who rely on NCHS data; the broader educational, research, and public health community; and other data users. Other users may include self-selected broad-based groups of data users who register for and attend NCHS sponsored conferences as well as people who access the NCHS website.

CDC requests OMB approval for an estimated 2,250 annual burden hours. There is no cost to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Questionnaire for conference registrants/attendees.	Customer Surveys	1,000	1	15/60	250
Focus groups		500	1	1	500
Web-based		4,000	1	15/60	1,000
Other customer surveys		2,000	1	15/60	500
Total					2,250

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Public Health Ethics and Regulations, Office of Science, Centers for Disease Control and Prevention.

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BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–9162–N]

Medicare and Medicaid Programs; Quarterly Listing of Program Issuances—April Through June 2026

AGENCY: Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: This quarterly notice lists Centers for Medicare & Medicaid Services (CMS) manual instructions, substantive and interpretive regulations, and other **Federal Register** notices that were published in the 3-month period, relating to the Medicare and Medicaid programs and other programs administered by CMS.

FOR FURTHER INFORMATION CONTACT: It is possible that an interested party may need specific information and not be able to determine from the listed information whether the issuance or regulation would fulfill that need. Consequently, we are providing contact persons to answer general questions concerning each of the addenda published in this notice.

Addenda	Contact	Phone number
I. CMS Manual Instructions	Ronda Allen-Bonner	(410) 786–4657
II. Regulation Documents Published in the **Federal Register**	Gittel Treitel	(410) 786–4673
III. CMS Rulings	Tiffany Lafferty	(410) 786–7548
IV. Medicare National Coverage Determinations	Wanda Belle, MPA	(410) 786–7491
V. FDA-Approved Category B IDEs	John Manlove	(410) 786–6877
VI. Collections of Information	William Parham	(410) 786–4669
VII. Medicare-Approved Carotid Stent Facilities	Sarah Fulton, MHS	(410) 786–2749
VIII. American College of Cardiology-National Cardiovascular Data Registry Sites	Sarah Fulton, MHS	(410) 786–2749
IX. Medicare's Active Coverage-Related Guidance Documents	Lori Ashby, MA	(410) 786–6322
X. One-time Notices Regarding National Coverage Provisions	JoAnna Baldwin, MS	(410) 786–7205
XI. National Oncologic Positron Emission Tomography Registry Sites	David Dolan, MBA	(410) 786–3365
XII. Medicare-Approved Ventricular Assist Device (Destination Therapy) Facilities	David Dolan, MBA	(410) 786–3365
XIII. Medicare-Approved Lung Volume Reduction Surgery Facilities	Sarah Fulton, MHS	(410) 786–2749
XIV. Medicare-Approved Bariatric Surgery Facilities	Sarah Fulton, MHS	(410) 786–2749
XV. Fluorodeoxyglucose Positron Emission Tomography for Dementia Trials	David Dolan, MBA	(410) 786–3365
All Other Information	Shawn Braxton	(410) 786–7292

SUPPLEMENTARY INFORMATION:

I. Background

The Centers for Medicare & Medicaid Services (CMS) is responsible for administering the Medicare and Medicaid programs and coordination and oversight of private health insurance. Administration and oversight of these programs involves the following: (1) furnishing information to Medicare and Medicaid beneficiaries, health care providers, and the public; and (2) maintaining effective communications with CMS regional offices, State governments, State Medicaid agencies, State survey agencies, various providers of health care, all Medicare contractors that process claims and pay bills, National Association of Insurance Commissioners (NAIC), health insurers, and other interested parties. To implement the various statutes on which the programs are based, we issue regulations under the authority granted to the Secretary of the Department of Health and Human Services (the Secretary) under sections 1102, 1871, 1902, and related provisions of the Social Security Act (the Act) and Public Health Service Act. We also issue various manuals, memoranda, and statements necessary to administer and oversee the programs efficiently.

Section 1871(c) of the Act requires that we publish a list of all Medicare manual instructions, interpretive rules, statements of policy, and guidelines of general applicability not issued as regulations at least every 3 months in the **Federal Register**.

II. Format for the Quarterly Issuance Notices

This quarterly notice provides only the specific updates that have occurred in the 3-month period along with a hyperlink to the full listing that is available on the CMS website or the appropriate data registries that are used as our resources. This is the most current up-to-date information and will be available earlier than we publish our quarterly notice. We believe the website list provides more timely access for beneficiaries, providers, and suppliers. We also believe the website offers a more convenient tool for the public to find the full list of qualified providers for these specific services and offers more flexibility and ''real time'' accessibility. In addition, many of the websites have listservs; that is, the public can subscribe and receive immediate notification of any updates to the website. These listservs avoid the need to check the website, as notification of updates is automatic and sent to the subscriber as they occur. If assessing a website proves to be difficult, the contact person listed can provide information.

III. How To Use the Notice

This notice is organized into 15 addenda so that a reader may access the subjects published during the quarter covered by the notice to determine whether any are of particular interest. We expect this notice to be used in concert with previously published notices. Those unfamiliar with a description of our Medicare manuals should view the manuals at *http://www.cms.gov/manuals.*

The Director of the Office of Strategic Operations and Regulatory Affairs of CMS, Kathleen Cantwell, having reviewed and approved this document, authorizes Trenesha Fultz-Mimms, who is the Federal Register Liaison, to electronically sign this document for