clearance. ACF will provide OMB with a copy of the individual instruments or questionnaires, as well as other materials describing the project. ACF requests OMB's review within 10 days of submission of individual requests under this generic.

Find currently approved information collections here: *https://www.reginfo.gov/public/do/PRAICList?ref_nbr=202504-0970-028.*

Respondents: Respondents could include key groups involved in ACF projects and programs, state or local government officials, service providers, participants in ACF programs or similar comparison groups, experts in fields pertaining to ACF research and programs, or others involved in conducting ACF research or evaluation projects.

Annual Burden Estimates

Burden Estimates—Ongoing Requests

The request to OMB will include an extension request for approved information collections that are planned to continue beyond the submission of this request to OMB (estimated November 2026). At this time, the following are expected to be included for an extension. This will be updated, if needed, for the 30-day comment period to reflect new GenICs or changes in plans for the following information collections.

Study	Responses	Burden hours
Center for Indigenous Research Collaborations and Learning in Home Visiting (CIRCLE–HV)	285	162
National and State Survey of Child and Adolescent Well-Being (NSSCAW): Informing Site Selection and Recruitment Processes	78	97
Title IV–E Prevention Services Clearinghouse	71	88
Totals	434	347

Total Burden Estimates—New Requests

Burden for potential new requests has been adjusted to reflect agency priorities, resulting in a 30 percent decrease compared to the currently approved burden for new requests.

	Total number of respondents	Total number of responses per respondent	Average burden hours per response	Total burden hours
Semi-Structured Discussions and Focus Groups	2,800	1	1.5	4,200
Interviews	1,050	1	1	1,050
Questionnaires/Surveys	800	1	.5	400
Totals	4,650	.....	.....	5,650

Comments: The Department specifically requests comments on (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Authority: Social Security Act, section 1110. [42 U.S.C. 1310].

Mary C. Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2026–15851 Filed 8–4–26; 8:45 am]

BILLING CODE 4184–79–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2026–N–7605]

Establishment of a Quantitative Medicine Innovation Network: Scope, Feasibility, and Opportunities; Request for Information

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice; request for information.

SUMMARY: The Center for Drug Evaluation and Research (CDER) within the Food and Drug Administration (FDA or Agency), through its Quantitative Medicine Center of Excellence (QM CoE), is announcing a request for information to inform the development of a Quantitative Medicine Innovation Network (QMIN). The vision for the QMIN is to create a cross-sector collaborative platform that accelerates the translation of quantitative medicine approaches to transform drug development, regulatory science, and clinical decision-making for patient benefit. The purpose of this request is to obtain feedback from industry, academia, healthcare providers, patient groups, and other interested parties on identifying critical community needs and establishing mechanisms for continuous engagement, supporting collaborative demonstration projects or research on innovative approaches aimed at addressing high priority areas through the application of QM approaches, and exploring mechanisms to leverage community expertise and capacity to promote QM innovation and adoption. Information submitted in response to this request will be considered in shaping the structure, priorities, and activities of the QMIN.

DATES: Either electronic or written comments on the notice must be submitted by November 3, 2026.

ADDRESSES: You may submit comments as follows. Please note that late, untimely filed comments will not be considered. The *https://www.regulations.gov* electronic filing system will accept comments until 11:59 p.m. Eastern Time at the end of November 3, 2026. Comments received

by mail/hand delivery/courier (for written/paper submissions) will be considered timely if they are received on or before that date.

Electronic Submissions

Submit electronic comments in the following way:

- *Federal eRulemaking Portal: https://www.regulations.gov.* Follow the instructions for submitting comments. Comments submitted electronically, including attachments, to *https://www.regulations.gov* will be posted to the docket unchanged. Because your comment will be made public, you are solely responsible for ensuring that your comment does not include any confidential information that you or a third party may not wish to be posted, such as medical information, your or anyone else's Social Security number, or confidential business information, such as a manufacturing process. Please note that if you include your name, contact information, or other information that identifies you in the body of your comments, that information will be posted on *https://www.regulations.gov.*
- If you want to submit a comment with confidential information that you do not wish to be made available to the public, submit the comment as a written/paper submission and in the manner detailed (see ''Written/Paper Submissions'' and ''Instructions'').

Written/Paper Submissions

Submit written/paper submissions as follows:

- *Mail/Hand delivery/Courier (for written/paper submissions):* Dockets Management Staff (HFA–305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852.
- For written/paper comments submitted to the Dockets Management Staff, FDA will post your comment, as well as any attachments, except for information submitted, marked and identified, as confidential, if submitted as detailed in ''Instructions.''

Instructions: All submissions received must include the Docket No. FDA–2026–N–7605 for ''Establishment of a Quantitative Medicine Innovation Network: Scope, Feasibility, and Opportunities; Request for Information.'' Received comments, those filed in a timely manner (see **ADDRESSES**), will be placed in the docket and, except for those submitted as ''Confidential Submissions,'' publicly viewable at *https://www.regulations.gov* or at the Dockets Management Staff between 9 a.m. and 4 p.m., Monday through Friday, 240–402–7500.

- Confidential Submissions—To submit a comment with confidential information that you do not wish to be made publicly available, submit your comments only as a written/paper submission. You should submit two copies total. One copy will include the information you claim to be confidential with a heading or cover note that states ''THIS DOCUMENT CONTAINS CONFIDENTIAL INFORMATION.'' The Agency will review this copy, including the claimed confidential information, in its consideration of comments. The second copy, which will have the claimed confidential information redacted/blacked out, will be available for public viewing and posted on *https://www.regulations.gov.* Submit both copies to the Dockets Management Staff. If you do not wish your name and contact information to be made publicly available, you can provide this information on the cover sheet and not in the body of your comments and you must identify this information as ''confidential.'' Any information marked as ''confidential'' will not be disclosed except in accordance with 21 CFR 10.20 and other applicable disclosure law. For more information about FDA's posting of comments to public dockets, see 80 FR 56469, September 18, 2015, or access the information at: *https://www.govinfo.gov/content/pkg/FR-2015-09-18/pdf/2015-23389.pdf.*

Docket: For access to the docket to read background documents or the electronic and written/paper comments received, go to *https://www.regulations.gov* and insert the docket number, found in brackets in the heading of this document, into the ''Search'' box and follow the prompts and/or go to the Dockets Management Staff, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852, 240–402–7500.

FOR FURTHER INFORMATION CONTACT: Daphne Guinn, Office of Clinical Pharmacology, Center for Drug Evaluation and Research, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 51, Silver Spring, MD 20993–0002, 301–837–7122, *Daphne.Guinn@fda.hhs.gov.*

SUPPLEMENTARY INFORMATION:

I. Background

FDA is announcing a request for information titled ''Establishment of a Quantitative Medicine Innovation Network: Scope, Feasibility, and Opportunities.'' Information submitted in response to this notice will be used by CDER's Quantitative Medicine Center of Excellence (QM CoE) to inform the development and implementation of a cross-sector innovation network.

The proposed mission for the QMIN is to connect FDA scientists, academia, industry, healthcare providers, patient groups, and other regulatory partners in driving the development and application of quantitative medicine to tackle critical unmet needs of the community by fundamentally transforming drug development and clinical care.

Quantitative medicine approaches integrate mathematical and computational models with biological, clinical, and statistical data to inform drug development, regulatory, and clinical decisions. These approaches have the potential to improve the efficiency of drug development, optimize treatment strategies, and ultimately improve patient outcomes.

The QM CoE seeks to establish a collaborative ecosystem that brings together diverse stakeholders to advance the science and application of quantitative medicine toward transformative capabilities. The QMIN is envisioned as a multi-stakeholder network to accelerate the translation of quantitative approaches across the drug discovery, development, regulation, and utilization continuum, fundamentally transforming how safe and effective therapies reach patients. This request for information is designed to gather input on how best to structure and implement the QMIN to maximize its impact on public health.

II. Request for Information

FDA is interested in detailed comments on the topics listed in this section to inform the establishment of the QMIN. The topics identified in this section are not meant to be exhaustive. FDA is also interested in any other pertinent information that interested parties would like to share related to advancing quantitative medicine through collaborative networks. The Agency encourages interested parties to provide specific rationale and basis for their comments, including any available supporting data and information.

The QM CoE seeks to understand the current landscape of quantitative medicine capabilities, challenges, and opportunities across different stakeholder groups. We are interested in establishing mechanisms for problem-solving that leverage community expertise and collaborative capacity.

Specific areas of interest include the following:

A. Scope

1. Priority Domains

- What areas of quantitative medicine (*e.g.,* disease modeling, trial simulation, New Approach Methodologies (NAMs) integration) would most benefit from a coordinated, cross-sector network?

• Where currently are the greatest gaps in tools, standards, or infrastructure?

2. Depth vs. Breadth

• Should the QMIN prioritize a limited number of high-impact domains (*e.g.,* therapeutic area specific needs, methodology development) for deep investment, or a broader set of activities (*e.g.,* improved adoption and integration of QM approaches across therapeutic areas)?

3. Boundaries of Activity

• What activities are most appropriate for a precompetitive network versus those better addressed within individual development programs or regulatory submissions?

• How should the QMIN define its role relative to existing efforts, including those led by FDA and external stakeholders?

B. Operating Model

1. Structure and Governance

• What governance structures would best support a multi-stakeholder network involving FDA, industry, academia, and patient groups?

• What roles should different stakeholders play in setting priorities, developing outputs, and ensuring scientific rigor?

2. Modes of Collaboration

• What mechanisms (*e.g.,* working groups, pilot projects, public workshops, shared platforms) would most effectively support the QMIN's objectives?

• How should collaboration be structured to enable both innovation and broad participation?

3. Sustainability and Incentives

• What incentives would encourage sustained participation from stakeholders?

• What funding or resourcing models (*e.g.,* public-private partnerships) should be considered?

C. Priority Use Cases

1. Selection of Use Cases

• What types of use cases are most appropriate for initial QMIN focus?

• What criteria should be used to select and evaluate use cases?

2. Demonstration of Value

• How should the QMIN's use cases be designed to demonstrate clear impact?

• What metrics (*e.g.,* reduced development time, improved decision confidence, reduced animal use) are most appropriate?

(Authority: 21 U.S.C. 355)

Grace R. Graham,

Deputy Commissioner for Policy, Legislation, and International Affairs.

[FR Doc. 2026–15887 Filed 8–4–26; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2026–N–2364]

Agency Information Collection Activities; Submission for Office of Management and Budget Review; Comment Request; Food and Drug Administration Advisory Committees

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that a proposed collection of information has been submitted to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995.

DATES: Submit written comments (including recommendations) on the collection of information by September 4, 2026.

ADDRESSES: To ensure that comments on the information collection are received, OMB recommends that written comments be submitted to *https://www.reginfo.gov/public/do/PRAMain.* Find this particular information collection by selecting ''Currently under Review—Open for Public Comments'' or by using the search function. The OMB control number for this information collection is 0910–0833. Also include the FDA docket number found in brackets in the heading of this document.

FOR FURTHER INFORMATION CONTACT: Kelly Covington, Office of Operations, Food and Drug Administration, Three White Flint North, 10A–12M, 11601 Landsdown St., North Bethesda, MD 20852, 240–402–5661, *PRAStaff@fda.hhs.gov.*

SUPPLEMENTARY INFORMATION: In compliance with 44 U.S.C. 3507, FDA has submitted the following proposed collection of information to OMB for review and clearance.

FDA Advisory Committees

OMB Control Number 0910–0833—Extension

This information collection supports certain Food and Drug Administration (FDA, the Agency, us or we) Advisory Committee administrative activities. FDA Advisory Committees are established to advise or make recommendations on matters of public health that come before the Agency. The Federal Advisory Committee Act (5 U.S.C. App. 2 § 3, Pub. L. 92–463) (''FACA'') defines what constitutes an ''advisory committee'' under the Act and provides general procedures to follow for the operation of advisory committees. In addition, FACA is designed to ensure that the Congress and the public are kept informed with respect to the purpose, membership, and activities of advisory committees. Public advisory committee regulations in part 14 set forth requirements governing the administrative procedures to follow for the operation of advisory committees. Agency regulations in part 14, subpart A (§§ 14.1 through 14.15) identify scope of coverage, applicable definitions, and establish general provisions. The regulations in part 14, subpart B (§§ 14.20 through 14.39) set forth content and format requirements along with required schedules for submission of information. The regulations in part 14 subparts C, D, and E (§§ 14.40 through 14.95) set forth requirements governing advisory committee establishment, recordkeeping, and maintenance, respectively.

FACA does not specify the manner in which advisory committee members and staff must be appointed. (*See generally* 5 U.S.C. App. 2. *See also,* 41 CFR 102–3.105, 102–3.130(a)). FDA's regulations, however, specify that the Commissioner ''will publish one or more notices in the **Federal Register** each year requesting nominations for voting members of all existing standing advisory committees.'' (21 CFR 14.82(a)). Nominations must specify the committee for which the nominee is recommended, include a complete curriculum vitae (CV), state that the nominee is aware of the nomination and willing to serve, and state that the nominee appears to have no conflict of interest that would preclude membership. (21 CFR 14.82(c)). In an effort to promote transparency, consistent with FDA and General Services Administration (''GSA'') policy (*See,* GSA regulations encouraging agencies to ''practice openness'' and suggesting that ''agencies may wish to explore the use of the internet to post advisory committee information . . .'' 41 CFR 102–3.95(b)), and pursuant to a settlement agreement in the case *Public Citizen Foundation, Inc.* v. *Food & Drug Administration, et al.,* No. 16–cv–781 (D.D.C.), FDA is also