Recordkeeping: As noted previously, section 417(g) of the FD&C Act requires that responsible persons maintain records related to reportable foods reports and notifications for a period of 2 years. However, we do not expect that records will always be kept in relation to voluntary reportable food reports.

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. 2026–16714 Filed 8–14–26; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency Information Collection Request; 30-Day Public Comment Request; Submission for Office of Management and Budget Review; Generic Clearance for the Trusted Exchange Framework and Common Agreement (TEFCA) Monitoring Activities

AGENCY: Office of the National Coordinator for Health IT, Office of the Secretary, HHS.

ACTION: Request for public comments.

SUMMARY: The Office of the National Coordinator for Health IT (ONC), Office of the Secretary (OS), Department of Health and Human Services, is seeking a three-year generic clearance to collect routine customer feedback on agency service delivery and program performance related to TEFCA.

DATES: Comments on the ICR must be received on or before September 16, 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 title of this information collection is, ''Generic Clearance for the Trusted Exchange Framework and Common Agreement (TEFCA) Monitoring Activities''.

FOR FURTHER INFORMATION CONTACT: Talisha Searcy, *talisha.searcy@hhs.gov,* or call (240) 276–0642.

SUPPLEMENTARY INFORMATION: Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (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.

Title of the Collection: Generic Clearance for the Trusted Exchange Framework and Common Agreement (TEFCA) Monitoring Activities.

Type of Collection: New Generic Collection.

Abstract: The Office of the National Coordinator for Health Information Technology (ONC) is seeking a three-year generic approval to collect routine customer feedback on agency service delivery related to TEFCA. ONC oversees a TEFCA Recognized Coordinating Entity® (RCE®) to administer aspects of TEFCA. The RCE is responsible for developing, implementing, and maintaining the Common Agreement that establishes the baseline technical and legal requirements for health information networks to share electronic health information. The data collections under this clearance will be designed to standardize monitoring and performance reports for TEFCA participants. With the number of TEFCA participants on the rise, ONC is seeking approval to collect this information from TEFCA users to enhance the efficiency of program management. In the **Federal Register** of May 11, 2026 (0990-New-60D), we published a 60-day notice requesting public comment on the proposed collection of information. We did not receive any comments in response to this notice. Thus, there were no modifications made to the content or burden hours estimated for this information collection.

Need and Proposed Use of the Information: The proposed information collection activity provides a means to garner qualitative customer and stakeholder feedback in an efficient, timely manner, in accordance with the Administration's commitment to improving service delivery. Qualitative feedback means information that provides useful insights on perceptions and opinions and is not statistical surveys that yield quantitative results that can be generalized to the population of study. This feedback will provide insights into TEFCA users and stakeholder perceptions, experiences, and expectations; provide an early warning of issues with the service; or focus attention on areas where communication, training, or changes in operations might improve delivery of products or services. These collections will allow for ongoing, collaborative, and actionable communication between ONC and its customers and stakeholders. It will also allow feedback to contribute directly to the improvement of program management.

The solicitation of feedback will target areas such as timeliness, appropriateness, accuracy of information, courtesy, efficiency of service delivery, and resolution of issues with service delivery. If this information is not collected, vital feedback from TEFCA users and stakeholders on the ONC services will be unavailable.

Likely respondents to the data collections under this generic clearance will be the Qualified Health Information Networks® (QHINs™), which are health information networks approved to access and exchange data through TEFCA. Over each of the next three years, an estimated 15 respondents are expected to participate, with approximately 7 qualitative feedback activities occurring annually and an average of 71 responses per respondent. The frequency of response will vary by activity, with each response taking an average of 80 minutes. This results in a total estimated burden of 1,420 hours annually, or 4,260 hours over a three-year period.

ESTIMATED ANNUALIZED BURDEN HOUR TABLE

Type of respondent	Form name	Number of respondents	Number responses per respondent	Average burden per response (in hours)	Total burden hours
QHIN	QHIN Application	15	1	3	45
QHIN	QHIN Monthly Report	15	12	2	360

ESTIMATED ANNUALIZED BURDEN HOUR TABLE—Continued

Type of respondent	Form name	Number of respondents	Number responses per respondent	Average burden per response (in hours)	Total burden hours
QHIN	QHIN Quarterly Report	15	4	2	120
QHIN	QHIN Attestation	15	1	1	15
QHIN	TEFCA Directory Submission (weekly).	15	1040	0.033	520
QHIN	Program Evaluation or Usability Testing.	15	4	4	240
QHIN	Other	15	4	2	120
Total					1,420

Authority: 44 U.S.C. 3501 *et seq.*

Catherine Howard,

Paperwork Reduction Act Reports Clearance Officer, Office of the Secretary.

[FR Doc. 2026–16766 Filed 8–14–26; 8:45 am]

BILLING CODE 4150–45–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; 60-Day Comment Request; Data Use Certification for the NIH National Institute on Drug Abuse Data Share Site

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

SUMMARY: The purpose of this notice is to inform the public of the information collection requirement for the NIDA Data Share, the data use terms and conditions, and to request a progress report statement at the time of renewal. In compliance with the requirement of the Paperwork Reduction Act of 1995 to provide opportunity for public comment on proposed data collection projects, the National Institute on Drug Abuse (NIDA) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

DATES: Comments regarding this information collection are best assured of having their full effect if received within 60 days of the date of this publication.

FOR FURTHER INFORMATION CONTACT: To obtain a copy of the data collection plans and instruments, submit comments in writing, or request more information on the proposed project, contact: Dr. Ming Zhan, Director, Office of Data Science and Coordination, National Institute on Drug Abuse, 3WFN Room 09D14, 11601 Landsdown St, Rockville MD 20852, or call non-toll-free number (301) 480–3506 or email your request, including your address to: *ming.zhan@nih.gov.*

Formal requests for additional plans and instruments must be requested in writing.

SUPPLEMENTARY INFORMATION: Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 requires: written comments and/or suggestions from the public and affected agencies are invited to address one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) 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) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Proposed Collection Title: Data Use Certification for the NIDA Data Share, OMB#0925–NEW, National Institute on Drug Abuse (NIDA), National Institutes of Health (NIH).

Need and Use of Information Collection: The purpose of this proposal is to inform data requestors about terms and conditions for using data stored in the NIDA Data Share System, and to obtain signed agreements from requestors and their institutional officials attesting to their commitment to abide by the data use terms and conditions. These include using data for research purposes; adhering to human subjects research requirements; not distributing the data to non-authorized users; minimizing risk of participant identifiability; using data ethically and responsibly; and keeping the data secure. Recipients must include a brief description of their research project and submit their signed data use agreements to the data repository to gain access to Data Share data.

OMB approval is requested for 3 years. There are no costs to respondents other than their time. The total estimated annualized burden hours are 127.

Estimated Annualized Burden Hours

ANNUAL BURDEN HOURS ESTIMATE

Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total annual burden hours
Data Request	100	1	1	100
Data Request Renewal Annual Progress Report	40	1	30/60	20
Data Request Renewal	40	1	10/60	7
Total	180	180		127