goal for transitioning to host government self-reliance.

Authority: This program is authorized under Public Law 108–25 (the United States Leadership Against HIV AIDS, Tuberculosis and Malaria Act of 2003) [22 U.S.C. 7601, *et seq.*] and Public Law 110–293 (the Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008), Public Law 113–56 (PEPFAR Stewardship and Oversight Act of 2013), and Public Health Service Act (42 U.S.C. 242I). Additionally, these programs are authorized under Public Health Service Act, Sections 301(a) [42 U.S.C. 241(a)] and, 307 [42 U.S.C. 2421], as amended.

Period of performance: September 30, 2026, through September 29, 2031.

Jamie Legier,

Chief Grants Management Officer, Centers for Disease Control and Prevention.

[FR Doc. 2026–16865 Filed 8–18–26; 8:45 am]

BILLING CODE 4163–18–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: Rural Maternity and Obstetrics Management Strategies Program Data Collection, OMB No. 0915–0394—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 October 19, 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) 443–9094.

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

Information Collection Request Title: Rural Maternity and Obstetrics Management Strategies Program Data Collection, OMB No. 0915–0394—Revision.

Abstract: HRSA administers the Rural Maternity and Obstetrics Management Strategies (RMOMS) Program, which is authorized by section 330A–2(d) of the Public Health Service Act. The RMOMS Program grants support networks that improve access to, and continuity of, maternal and obstetrics care in rural communities. The goals of the RMOMS Program are to: (1) improve maternal and neonatal outcomes within a rural region; (2) develop a sustainable network approach to increase the delivery and access of preconception, prenatal, pregnancy, labor and delivery, and postpartum services; (3) develop a safe delivery environment with the support and access to specialty care for perinatal patients and infants; and (4) develop sustainable financing models for the provision of maternal and obstetrics care in rural hospitals and communities. HRSA currently collects information about RMOMS 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 RMOMS Program needs, and to improve clarity of reporting for respondents.

Need and Proposed Use of the Information: The purpose of the revised data collection is to assess RMOMS 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 RMOMS Program and ensure that funds are effectively used to provide services that meet the target population's needs.

The proposed changes to this data collection include:

- Changing the frequency of data reporting from an annual basis to a biannual basis (twice a year).
- Changing from aggregate data reporting to patient level data reporting.
- Reducing the number of measures from 34 to approximately 25 data elements.
- Removing Forms/Sections 1 (Consortium/Network) and 2 (Sustainability).
- Form/Section 3: Demographics will be changed to Section 1: Demographic Information.
- Form/Section 4: Project Specific Domain will be separated into the following: Section 2: Prenatal Care and Pregnancy Characteristics; Section 3: Labor and Delivery; Section 4: Postpartum Care; Section 5: Health Behaviors and High-Risk Conditions; and Section 6: Program and Support Services.

HRSA also estimates an increase in the estimated total burden hour compared to the currently approved ICR package. The increase in burden is to account for additional RMOMS respondents, changes to the instrument and frequency of data reporting, and the time it takes for awardees to refine their existing processes to coordinate and collect data from their partner organizations. Awardee organizations vary in data collection and reporting capacity as well as in the number of member organizations each must coordinate with to report this data to HRSA. The amount of time it takes to build processes to coordinate and collect data from network partners will vary. Larger networks with multiple partners across different organizations are likely to report higher burdens due to the wait time in between coordinating data requests. Networks that already have established working relationships with member organizations may have existing processes in place to effectively collect data for this program.

Likely Respondents: Respondents will be the RMOMS 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 Maternity and Obstetrics Management Strategies Data Collection	14	2	28	105	2,940
Total	14	2	28	105	2,940

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. 2026–16871 Filed 8–18–26; 8:45 am]

BILLING CODE 4165–15–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: Voluntary Partner Survey on HRSA Customer Service, OMB No. 0906–0084—Revision

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

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 October 19, 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) 443–9094.

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

Information Collection Request Title: Voluntary Partner Survey on HRSA Customer Service—OMB No. 0906–0084—Revision.

Abstract: The purpose of the information collections under this generic umbrella ICR package is to conduct customer satisfaction surveys to gather feedback from customers, set customer service standards, and measure performance against those standards with the goal of improving federal government service delivery.

HRSA customer service feedback will mostly be gathered in the form of voluntary surveys about stakeholder experiences with HRSA programs, resources, training experiences, internal procedures, and other standard interactions between HRSA and stakeholders. Voluntary focus groups may also be used to learn more about the needs and concerns of HRSA stakeholders (*e.g.,* grantees, people served by HRSA programs). The majority of collections approved under this ICR will be conducted online, but collections may occur via phone, mail, or in-person.

Along with the instruments themselves, each information collection under this ICR will specify the specific procedures to be used to assess customer satisfaction. Participation will be fully voluntary, and non-participation will not affect eligibility for, or receipt of, future HRSA health services research activities, grant awards, recruitment, or participation. In the case of focus groups, appropriate consent procedures will be customized and used for each information collection activity, and any collection of personal, privacy-protected information will be handled in accordance with all applicable federal requirements. If HRSA wishes to record the encounter, the respondent's permission to record will be obtained before beginning the interview. If consent is not provided, the interview will either not be recorded or not be conducted. When screening is used (*e.g.,* quota sampling), the screening will be as brief as possible, and the screening questionnaire will be provided to OMB for review.

Once the information collection is confirmed to be voluntary, low-burden, and uncontroversial, a proposed customer satisfaction survey will go through an abbreviated approval process called a ''generic'' or ''fast-track'' information collection. Information collected under this generic clearance will not be used for data collection, reports, or policy documents to be released to the public. It is anticipated that data collection approved under this generic clearance will rely heavily on qualitative techniques and not the collection of numerical data. In general, these activities will be used to assess strengths and weaknesses in HRSA program services and processes as they are not designed to yield results that meet generally accepted standards of statistical rigor.

HRSA will also request continued approval for the following generic information collections previously approved by OMB:

- Tree Testing of HRSA's Ryan White HIV/AIDS Program website
- HRSA Web User Survey
- HRSA Electronic Handbooks Customer Service Survey
- Division of Independent Review Objective Review Assessment Survey
- Collection of Qualitative Feedback on Telehealth.HHS.gov
- National Maternal Mental Health Hotline
- Maternal, Infant, and Early Childhood Home Visiting Technical Assistance Resource Center Satisfaction Survey
- Maternal, Infant, and Early Childhood Home Visiting Awardee Feedback Form
- National Marrow Donor Program Donation Experience Survey
- Federal Tort Claim Act Site Visit Follow-Up Survey