them here. The submitter also raised an issue regarding whether FDA had overestimated the burden associated with individual provisions established by part 251 (21 CFR part 251) (Section 804 Importation Program) although no alternative figures were given by the commenter. The commenter questions the number of recordkeepers and how FDA derived its count. In this regard, we note that the scope of the information collection is set forth in § 251.1 (21 CFR 251.1) and that our estimate of the number of recordkeepers is forward-looking and its baseline is based on historical experience. Consistent with Executive Order 14273, FDA is taking steps to streamline and improve the section 804 importation program to make it easier for States to obtain authorization without sacrificing safety or quality in accordance with section 804 of the FD&C Act and FDA's implementing regulations. Additionally, in June 2026, FDA authorized another state's drug importation program proposal under section 804 of the FD&C Act. Consequently, we recognize that the number of respondents may fluctuate, especially during the initial phases of the program's implementation. Because of this, the number of recordkeepers is based on our current best estimate of state involvement and interest.

We appreciate all comments on this information collection but refrain from making further modifications to our estimate until we gain more experience with its implementation. Upon receipt of such information FDA will revise our burden estimate accordingly in our next submission to OMB.

FDA estimates the burden of this collection of information as follows:

TABLE 1—ESTIMATED ANNUAL RECORDKEEPING BURDEN [1]

21 CFR section 251; information collection activity	Number of recordkeepers	Number of records per recordkeeper	Total annual records	Average burden per recordkeeping	Total hours
Subpart B; SIP proposals and pre-import requests	40	1.5	60	72	4,320
Subpart C; Certain requirements for importation programs	40	1	40	43	1,720
Total			100		6,040

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

We have established a web page at *https://www.fda.gov/drugs/importation-program-under-section-804-fdc-act/section-804-importation-program-policies-and-authorizations* to communicate news and information about FDA efforts to implement the SIP. We assume the burden attributable to the required retention, reporting, and disclosure of records pertaining to these information collection activities will be distributed among respondents at an average of 100 responses and 6,040 hours annually. 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. 2026–17603 Filed 8–27–26; 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: The National Health Service Corps Loan Repayment Programs OMB No. 0915–0127—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 27, 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: The National Health Service Corps Loan Repayment Programs, OMB No. 0915–0127—Revision.

Abstract: The National Health Service Corps (NHSC) Loan Repayment Program (LRP) was established to assure an adequate supply of trained primary care health professionals to provide services in Health Professional Shortage Areas (HPSAs) of the United States with the greatest need. The NHSC Substance Use Disorder Workforce LRP and the NHSC Rural Community LRP were established to recruit and retain a health professional workforce with specific training and credentials to provide evidence-based substance use disorder treatment in HPSAs. Under these programs, HHS agrees to repay the qualifying educational loans of selected primary care health professionals. In return, the health professionals agree to serve for a specified period of time in an NHSC-approved site located in a federally-designated HPSA approved by the Secretary of HHS for NHSC LRP participants.

The forms used by each NHSC LRP include the following: (1) the NHSC LRP Application; (2) the Authorization for Disclosure of Loan Information Form; (3) the Privacy Act Release Authorization Form, and, if applicable; (4) the Certification of Vulnerable Background Form; (5) the Private Practice Option Form; (6) the NHSC Comprehensive Behavioral Health Services Checklist; (7) the NHSC Spanish Language Assessment Proficiency Test Form; and (8) the NHSC Site Application. The first four of these NHSC LRP forms collect information that is needed for selecting participants and repaying qualifying educational loans. The Private Practice Option and Spanish Language Assessment forms are needed to collect information from applicants who wish to be considered for those options. The NHSC Comprehensive Behavioral Health Services Checklist collects information to ascertain whether behavioral health providers are practicing in a community-based setting that provides access to comprehensive behavioral health services. The NHSC Site Application collects information used for determining the eligibility of sites for the assignment of NHSC health professionals and to verify the need for NHSC clinicians.

In this revision, the NHSC seeks to update the terminology with respect to Disadvantaged Background and accompanying definitions. More specifically, the Verification of Disadvantaged Background Form, which is used to determine whether an applicant qualifies for a funding priority on the basis that the applicant is from a disadvantaged background (42 U.S.C. 254l–1(d)(2)(C)), has been changed in the following ways: updated the name to ''Certification of Vulnerable Background'', updated ''disadvantaged'' to ''vulnerable'', and updated ''educational/environmental and or economic factors'' to ''educationally/geographically vulnerable background'' and ''economically vulnerable background.'' These changes are being made to align with the Administration's priority of reinforcing programs that direct resources to areas of greatest need to improve health outcomes.

Previously, the NHSC used the same definition of ''disadvantaged background'' as that used by the Scholarships for Disadvantaged Students Program, which is authorized by Sec. 737 of the Public Health Service Act (42 U.S.C. 293a). HRSA's use of ''vulnerable background'' operationalizes the statutory term by identifying individuals whose geographic or economic circumstances inhibited them from obtaining the knowledge, skills, and abilities required to enroll in and graduate from an eligible health profession school. This approach remains consistent with the statute's intent while incorporating more current terminology. These updates were made throughout the revised Certification of Vulnerable Background Form to improve consistency and help ensure that applicants and reviewers understand the criteria using current terminology.

NHSC will define ''vulnerable background'' as ''coming from an educationally/geographically vulnerable background or an economically vulnerable background that has inhibited the individual from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a health profession school.''

NHSC will define ''educationally/geographically vulnerable background'' as ''a background that has inhibited the individual from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a health profession school, or from a program providing education or training in an allied health profession.'' Examples of indicators that an individual comes from an educationally/geographically vulnerable background include, but are not limited to:

- Attending/graduating from a high school with low average SAT/ACT scores or below the average state test results.
- Having lived in a school district where 50 percent or less of graduates go to college.
- Diagnosed with a physical or mental impairment that substantially limits participation in educational experiences.
- Having a primary language other than English and for whom language is still a barrier to academic performance.
- Being the first generation to attend college.
- Attending/graduating from a high school where at least 30 percent of enrolled students are eligible for free or reduced-price lunches.
- Being from a rural, remote, or geographically isolated community where access to quality education, health care, transportation, or broadband is limited.

NHSC will define ''economically vulnerable background'' as:

- Coming from a family with an annual income that does not exceed 200 percent of the HHS Poverty Guidelines. A family is a group of two or more individuals related by birth, marriage, or adoption who live together, or an individual who is not living together with any relatives.

Need and Proposed Use of the Information: The need and proposed use of this information collection is to assess an NHSC LRP applicant's eligibility and qualifications for the NHSC LRP, and to determine NHSC LRP applicants' Spanish language proficiency if relevant to their application, and to obtain information for NHSC site applicants. The NHSC LRP application asks for personal, professional, and financial/loan information.

Likely Respondents: Likely respondents include licensed primary care medical, dental, and behavioral health providers who are employed or seeking employment and are interested in serving in HPSAs.

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
NHSC LRP Application	9,020	1	9,020	1.00	9,020

TOTAL ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Authorization for Disclosure of Loan Information Form.	7,150	1	7,150	0.10	715
Privacy Act Release Authorization Form.	303	1	303	0.10	30
Certification of Vulnerable Background Form.	660	1	660	0.50	330
Private Practice Option Form.	330	1	330	0.10	33
NHSC Comprehensive Behavioral Health Services Checklist.	4,400	1	4,400	0.13	572
NHSC Spanish Language Assessment Proficiency Test Form.	3,006	1	3,006	0.50	1,503
NHSC Site Application (including recertification)	4,070	1	4,070	0.50	2,035
Total	28,939		28,939		14,238

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. 2026–17625 Filed 8–27–26; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR–7107–N–21; OMB Control No.: 2577–0230]

30-Day Notice of Proposed Information Collection: Public Housing Reform; Change in Admission and Occupancy Requirements

ACTION: Notice.

SUMMARY: HUD is seeking approval from the Office of Management and Budget (OMB) for the information collection described below. In accordance with the Paperwork Reduction Act, HUD is requesting comments from all interested parties on the proposed collection of information. The purpose of this notice is to allow for 30 days of public comment.

DATES: *Comments Due Date:* September 28, 2026.

ADDRESSES: Interested persons are invited to submit comments regarding this proposal. Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to *www.reginfo.gov/public/do/PRAMain.* Find this particular information collection by selecting ''Currently under 30-day Review—Open for Public Comments'' or by using the search function.

FOR FURTHER INFORMATION CONTACT: Anna Guido, PRA Compliance Officer, Paperwork Reduction Act Division, PRAD, Department of Housing and Urban Development, 451 7th Street SW, Room 8210, Washington, DC 20410; email at *PaperworkReductionActOffice@hud.gov,* ATTN: Anna Guido, telephone (202) 402–5535. This is not a toll-free number. HUD welcomes and is prepared to receive calls from individuals who are deaf or hard of hearing, as well as individuals with speech or communication disabilities. To learn more about how to make an accessible telephone call, please visit *https://www.fcc.gov/consumers/guides/telecommunications-relay-service-trs.* Copies of available documents submitted to OMB may be obtained from Ms. Guido.

SUPPLEMENTARY INFORMATION: This notice informs the public that HUD is seeking approval from OMB for the information collection described in Section A. The **Federal Register** notice that solicited public comment on the information collection for a period of 60 days was published on February 18, 2026 at 91 FR 7508.

A. Overview of Information Collection

Title of Information Collection: Public Housing Reform; Change in Admission and Occupancy Requirements.

OMB Approval Number: 2577–0230.

Type of Request: Revision of currently approved collection.

Form Number: N/A.

Description of the need for the information and proposed use: This information collection continues the requirement that public housing agencies (PHAs) make their admission and occupancy policies available upon request to the public and to HUD. PHAs must maintain and provide, for inspection, written policies related to admission and continued occupancy, including eligibility, local preferences, and rent determination, to respond to inquiries from tenants, legal-aid organizations, HUD, and other interested parties, whether informally or through the Freedom of Information Act.

The Quality Housing and Work Responsibility Act of 1998 (QHWRA) (Title V of the FY 1999 HUD Appropriations Act, Public Law 105–276), requires PHAs to maintain and make available written documentation of their admission and occupancy policies. QHWRA made comprehensive changes to the Public Housing program, including updates to choice of rent, community service and self-sufficiency requirements, admission preferences, and the determination of income and rent. This information collection reflects these QHWRA-related admission and occupancy requirements.

Section 103 of the Housing Opportunity Through Modernization