0365 or via email at *paige.ezernack@hhs.gov.*

SUPPLEMENTARY INFORMATION:

I. Background

Under section 564 of the FD&C Act, HHS has the ability to take certain steps to help facilitate the availability of medical countermeasures based on one of four determinations under section 564(b): (1) A determination by the Secretary of Homeland Security that there is a domestic emergency, or a significant potential for a domestic emergency, involving a heightened risk of attack with a, chemical, biological, radiological, or nuclear (''CBRN'') agent or agents; (2) the identification of a material threat by the Secretary of the Homeland Security pursuant to section 319F–2 of the *Public Health Service (PHS) Act* [1] sufficient to affect national security or the health and security of U.S. citizens living abroad; (3) a determination by the Secretary of Defense [War] that there is a military emergency, or a significant potential for a military emergency, involving a heightened risk to U.S. military forces, including personnel operating under the authority of title 10 or title 50, of attack with (i) a CBRN agent or agents; or (ii) an agent or agents that may cause, or are otherwise associated with, an imminently life-threatening and specific risk to U.S. military forces; or (4) a determination by the Secretary [of HHS] that there is a public health emergency, or a significant potential for a public health emergency, that affects, or has a significant potential to affect, national security or the health and security of U.S. citizens living abroad, and that involves a CBRN agent or agents, or a disease or condition that may be attributable to such agent or agents.

Based on any of these four determinations, the Secretary of HHS may declare that circumstances exist that justify the issuance of emergency use authorizations (EUAs), at which point the Commissioner of the U.S. Food and Drug Administration (FDA), acting under delegated authority from the Secretary of HHS, may issue an EUA or EUAs authorizing the emergency use of an unapproved medical product or an unapproved use of an approved medical product in certain emergency circumstances, if the criteria for issuance of an authorization under section 564 of the FD&C Act are met.

[1] 42 U.S.C. 247d–6b, which states: ''[t]he Homeland Security Secretary, in consultation with the Secretary and the heads of other agencies as appropriate, shall on an ongoing basis—(i) assess current and emerging threats of chemical, biological, radiological, and nuclear agents; and (ii) determine which of such agents present a material threat against the United States population sufficient to affect national security.''

II. Determination by the Secretary of War

On July 15, 2026 the Secretary of War determined, pursuant to sec. 564(b)(1)(B) of the FD&C Act, that there is a military emergency, or a significant potential for a military emergency, involving a heightened risk to U.S. military forces of an attack with a chemical, biological, radiological, or nuclear agent or agents; or an attack by an agent or agents that may cause, or are otherwise associated with, an imminently life-threatening and specific risk to U.S. military forces (including agents of military combat such as firearms, projectiles, and explosive devices). Injuries arising from these attacks may cause U.S. military forces to experience moderate to severe acute pain and place them at risk of developing life-threatening hemodynamic instability, including shock or respiratory distress.

III. Declaration of the Secretary of HHS

On August 31, 2026, on the basis of the Secretary of War's determination that there is a military emergency or significant potential for a military emergency involving a heightened risk to U.S. military forces of an attack with an agent or agents that may cause, or are otherwise associated with an imminently life-threatening and specific risk to those forces, I declared that circumstances exist justifying the authorization of emergency use of drugs identified and supported by the DOW as addressing an unmet military operations-related medical need for use to manage moderate to severe acute pain in casualties caused by, or associated with, an emergency involving biological, chemical, radiological, or nuclear agent or agents, or agents of military combat, including firearms, projectiles, and explosive devices, that may cause, or may otherwise be associated with, an imminently life-threatening and specific risk to U.S. military forces, subject to the terms of any authorization issued under that section.

Notice of any EUAs issued by the FDA Commissioner pursuant to this determination and declaration will be provided promptly in the **Federal Register** as required under section 564 of the FD&C Act.

Robert F. Kennedy, Jr.,

Secretary, Health and Human Services.

[FR Doc. 2026–18008 Filed 9–2–26; 8:45 am]

BILLING CODE 4150–37–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS–0955–0019]

Agency Information Collection Request. 30-Day Public Comment Request

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

ACTION: Notice.

SUMMARY: In compliance with the requirement of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment.

DATES: Comments on the ICR must be received on or before October 5, 2026.

ADDRESSES: When commenting, please reference the document identifier/OMB control number OS–0955–0019 and title of collection, ''National Survey of Health Information Exchange Organizations (HIO)''. You may send your comments electronically to Wesley Barker, *wesley.barker@hhs.gov.*

FOR FURTHER INFORMATION CONTACT: To obtain copies of supporting material for the proposed collection(s) summarized in this notice, please include the document identifier OS–0955–0019 and title of collection ''National Survey of Health Information Exchange Organizations (HIO)'' for reference, and address inquiries to Wesley Barker, *wesley.barker@hhs.gov.*

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: National Survey of Health Information Exchange Organizations (HIO).

Type of Collection: Revision of a previously approved collection.

OMB No. 0955–0019

Abstract: Electronic health information exchange (HIE) was one of three goals specified by Congress in the 2009 Health Information Technology for Economic and Clinical Health (HITECH) Act to ensure that the $30 billion federal

investment in certified electronic health records (EHRs) resulted in higher-quality, lower-cost care. Subsequent legislation and regulations have continued to prioritize the sharing of data electronically across EHRs and other health information systems. Within the Department of Health and Human Services, the Office of the National Coordinator for Health IT (hereafter ONC) is responsible for coordinating across the federal government, industry, and the health care community to achieve nationwide interoperability of electronic health information exchange. Health information exchange organizations (HIOs) play a pivotal role facilitating health information exchange across disparate providers, labs, pharmacies, public health departments, and others. This information collection request will gather data from HIOs across the nation through the administration of a survey of HIOs to generate the most current national statistics and associated actionable insights to inform policy efforts. The timely collection of national data from our survey will assess current capabilities of HIOs to support effective electronic information sharing within the U.S. health care system and further aims to achieve nationwide interoperability.

Since prior to HITECH there has been ongoing assessment of trends in the capabilities of HIOs to support clinical exchange through nationwide surveys of HIOs. These prior surveys and studies have collected data on organizational structure, financial viability, geographic coverage, scope of services, implementation and use of standards, perceptions of information blocking, support for public health exchange, and participation in networks and the Technical Exchange Framework and Common Agreement (TEFCA). Continuing the ongoing data collection will be critical to construct a current and comprehensive picture of HIOs' role in facilitating exchange and ensuring rapid access to important health care data and information when it matters most, including vital data to address public health emergencies.

The survey will collect data on HIO capabilities to support electronic health information exchange, their maturity, and challenges they face. There are five key areas that require assessment: (1) adoption of technical standards; (2) perceptions related to information blocking; (3) network-to-network connectivity and TEFCA; (4) public health data exchange; and (5) organizational demographics, including technical capabilities offered by HIOs and the challenges they face in supporting electronic health information exchange.

The survey is being revised (previously approved in 2022 and 2024; OMB Control No: 0955–0019) to reflect progress made and ongoing efforts in areas including public health, TEFCA, and information blocking to ensure alignment with current priorities such as improving public health interoperability and Make Health Tech Great Again. These updates were developed in consultation with subject matter experts (SMEs) to improve the relevance, clarity, and usefulness of the data collected in all five key areas of the survey. For example, certain questions with low response rates and have lower relevance to current priorities have been removed or reorganized. Some question and response wording have also been updated to ensure consistency with current policy efforts. For example, in the TEFCA section, the list of Qualified Health Information Networks (QHINs) have been updated to reflect the current list. These changes are intended to reduce respondent burden and improve overall data quality while maintaining continuity with prior surveys where appropriate.

This is a 3-year request for OMB approval.

ANNUALIZED BURDEN HOUR TABLE

Forms (If necessary)	Respondents (if necessary)	Number of respondents	Number of responses per respondent	Average burden per response	Total burden hours
HIO Survey	U.S. based public and private HIOs	85	1	1.0	85
Total					85

Based on a review of the information collection since our last request for OMB approval, we have made no adjustments to our burden estimate.

Christopher Reyes,

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

[FR Doc. 2026–18060 Filed 9–2–26; 8:45 am]

BILLING CODE 4150–28–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Mental Health; Notice of Meeting

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of a meeting of the National Advisory Mental Health Council.

The meeting will be open to the public as indicated below, with attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting. The open session will be videocast and can be accessed from the NIH Videocasting website (*https://videocast.nih.gov/*). Registration is not required to access the videocast.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and/or contract proposals and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications and/or contract proposals, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Advisory Mental Health Council.

Date: September 14–15, 2026.

Closed: September 14, 2026, 1:00 p.m. to 4:30 p.m.

Agenda: To review and evaluate grant applications and/or proposals.

Address: National Institutes of Health, Neuroscience Center, 6001 Executive Boulevard, Rooms 1255/65, Rockville, MD 20852.

Meeting Format: In Person and Virtual Meeting.

Open: September 15, 2026, 10:00 a.m. to 1:30 p.m.