must register and submit their agenda item(s) via email to *NTAP@cms.hhs.gov* by the dates specified in the **DATES** section of this notice.

Depending on the number of presentations, we will determine if a second meeting day is necessary. The final date(s) for the New Technology Town Hall meeting will be posted on the CMS website at *http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/newtech.html* by November 27, 2026 to inform the public of the number of days of the meeting.

Written comments may be submitted after the meeting for our consideration. If the comments are to be considered before the publication of the FY 2028 IPPS/LTCH PPS proposed rule, the comments must be received via email to *NTAP@cms.hhs.gov* by the date specified in the **DATES** section of this notice.

B. Conference Call and Webinar Information

As noted previously, the New Technology Town Hall meeting will be held virtually. There will be an option to participate in the New Technology Town Hall Meeting via webinar and a toll-free teleconference phone line. Information on the option to participate via webinar and a teleconference dial-in will be provided through an upcoming listserv/email notice to registered presenters and will appear on the final meeting agenda, which will be posted on the New Technology website at: *http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/newtech.html.* Continue to check the website for updates.

C. Disclaimer

We cannot guarantee reliability for a webinar.

III. Registration Instructions

The Division of New Technology in CMS is coordinating the meeting registration for the New Technology Town Hall meeting on substantial clinical improvement. While there is no registration fee, individuals planning to present at the New Technology Town Hall meeting must register to present.

Registration for presenters may be completed by sending an email to *NTAP@cms.hhs.gov,* by the date specified in the **DATES** section of this notice. Please include the name (with applicable title(s), as it should appear on the agenda) and email address of the presenter(s), as well as address, telephone number, and the name of the technology for which they will be presenting.

Registration for attendees not presenting at the meeting is not required.

IV. Collection of Information

This document does not impose information collection requirements, that is, reporting, recordkeeping, or third-party disclosure requirements. Consequently, there is no need for review by the Office of Management and Budget under the authority of the Paperwork Reduction Act of 1995 (44 U.S.C. chapter 35 *et seq*).

The Administrator of the Centers for Medicare & Medicaid Services (CMS), Dr. Mehmet Oz, having reviewed and approved this document, authorizes Chyana Woodyard, who is the Federal Register Liaison, to electronically sign this document for purposes of publication in the **Federal Register**.

Chyana Woodyard,

Federal Register Liaison, Centers for Medicare & Medicaid Services.

[FR Doc. 2026–18226 Filed 9–4–26; 8:45 am]

BILLING CODE 4169–69–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: Bureau of Health Workforce Performance Data Collection, OMB No. 0906–0086-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 November 9, 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: Bureau of Health Workforce Performance Data Collection, OMB No. 0906–0086-Revision.

Abstract: Over 50 Bureau of Health Workforce programs award grants to health professions schools and training programs across the United States to develop, expand, and enhance training, and to strengthen the distribution of the health workforce. These programs are governed by Titles III, VII, and VIII of the Public Health Service Act. Performance information is collected in the HRSA Performance Report for Grants and Cooperative Agreements. Data collection activities consisting of an annual progress report and an annual performance report satisfy statutory and programmatic requirements for performance measurement and evaluation (including specific Titles III, VII and VIII requirements), as well as the Government Performance and Results Modernization Act of 2010 and the Foundations for Evidence-Based Policymaking Act of 2018 requirements. The performance measures were last revised in 2026 to ensure they addressed programmatic changes, met evolving program management needs, and reflected agency priorities. HRSA will continue with its current performance management strategy and make additional changes that reduce burden, simplify reporting, reflect new legislative or Department of Health and Human Services priorities, and enable longitudinal analysis of program performance. To further align with Administration priorities, this request seeks to make changes to the previously approved data collection method to include an additional dropdown option for three questions. These options are applicable to only Children's Hospital Graduate Medical Education (CHGME) applicants and grantees (T23). These updates impact data related to sex rejecting procedures and services for minors that is collected for the purposes of CHGME grantee reporting periods and project outcomes. Changes to the previously approved instrument include

adding ''Sex Rejecting Procedures and Services for Minors'' as a dropdown option for Program Curriculum Changes form, adding ''Individuals Receiving Training on Sex Rejecting Procedures and Services for Minors'' as a dropdown option for the Individual Characteristics form and adding ''This Site Offers Sex Rejecting Procedures and Services for Minors'' as a dropdown option for the Experiential Training Sites form.

The CHGME specific report seeks to add an affirmation statement regarding adherence to Centers for Medicaid and Medicare price transparency rules as well as an attestation upon report submission that the CHGME hospital certifies the following:

''I _____ certify that I am authorized to submit this report to HRSA for grant _____, wherein:

- The hospital complies with all applicable federal grants regulations, including 2 CFR part 200.
- The hospital complies with all terms and conditions of the CHGME award.
- The hospital complies with all applicable federal civil rights laws.
- The hospital complies with HIPAA and federal data security requirements.
- The hospital complies with the Centers for Medicare & Medicaid Services Hospital Price Transparency requirements at 45 CFR part 180.''

Need and Proposed Use of the Information: The purpose of the proposed data collection is to continue analysis and reporting of grantee training activities and education, identify details about the practice locations where trainees work after program completion, and report outcomes of funded initiatives. Data collected from these grant programs will also provide a description of the program activities of almost 2,000 reporting grantees to inform policymakers on the barriers, opportunities, and outcomes involved in health care workforce development. The proposed measures focus on four key outcomes:

(1) increasing the workforce supply of well-educated practitioners in needed professions,

(2) increasing the number of practitioners that practice in underserved and rural areas,

(3) enhancing the quality of education, and

(4) supporting educational infrastructure to increase the capacity to train more health professionals in high demand areas.

Failure to respond to, or provide accurate information in response to, this collection may result in a reduction in federal funding pursuant to section 340e(b)(3)(A) of the Public Health Service Act (42 U.S.C. 256e(b)(3)(A)).

Likely Respondents: Respondents are grantees of Bureau of Health Workforce health professions grant programs.

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
Direct Financial Support Program	602	1	602	2.7	1,625.4
Infrastructure Program	159	1	159	4.1	651.9
Multipurpose or Hybrid Program	1,207	1	1,207	2.8	3,379.6
Total	1,968		1,968		5,656.9

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. 2026–18235 Filed 9–3–26; 4:15 .08SE3.]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Center for Scientific Review; Notice of Closed Meetings

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meetings.

The meetings 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 the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: Center for Scientific Review Special Emphasis Panel; Urological Systems Function and Dysfunction.

Date: October 5–6, 2026.

Time: 9:00 a.m. to 6:00 p.m.

Agenda: To review and evaluate grant applications.

Address: National Institutes of Health, Rockledge II, 6701 Rockledge Drive, Bethesda, MD 20892.

Meeting Format: Virtual Meeting.

Contact Person: Santanu Banerjee, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 2106, Bethesda, MD 20892, (301) 435–5947, *banerjees5@mail.nih.gov*.

Name of Committee: Oncology 1-Basic Translational Integrated Review