comment procedures and estimated implementation burdens.

Response: GSA maintained that the proposal does not create additional implementation burden, noting that contractors will use standard, universally accessible methods to submit existing public information.

Richard Speidel,

Deputy Chief Data Officer, General Services Administration.

[FR Doc. 2026–18277 Filed 9–8–26; 8:45 am]

BILLING CODE 6820–WY–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Reorganization of the National Center for Immunization and Respiratory Diseases

AGENCY: Centers for Disease Control and Prevention (CDC), the Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: CDC has modified its structure. This notice announces the reorganization of the National Center for Immunization and Respiratory Diseases (NCIRD). NCIRD has consolidated offices, retitled divisions and branches, and modified mission and function statements.

DATES: This reorganization of NCIRD was approved by the Secretary, HHS on August 18, 2026 and became effective on September 4, 2026.

FOR FURTHER INFORMATION CONTACT: Rebecca Greco Kone, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H24–9, Atlanta, GA 30329; Telephone 800–232–4636; Email: *pmoncird@cdc.gov*.

SUPPLEMENTARY INFORMATION: Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772–76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 89 FR 78305, dated September 25, 2024) is amended to reflect the reorganization of National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention. Specifically, the changes are as follows:

I. Under Part C, Section C–B, Organization and Functions, make the following changes:

- Merges the Influenza Division (CJC) and the Coronavirus and Other Respiratory Diseases Division (CJG) to establish the Influenza and Respiratory Viruses Division (CJH). The newly established Influenza and Respiratory Viruses Division (CJH) consists of the following components:
- Influenza and Respiratory Viruses Division (CJH)
- Office of the Director (CJH1)
- Virology and Laboratory Surveillance Branch (CJHB)
- Respiratory Virus Detection and Immunology Branch (CJHC)
- Surveillance, Epidemiology, and Modeling Branch (CJHD)
- Public Health Interventions Branch (CJHE)
- Emerging Viral Respiratory Threats Branch (CJHG)

II. Under Part C, Section C–B, Organization and Functions, within the National Center for Immunization and Respiratory Diseases (CJ), insert the following:

Influenza and Respiratory Viruses Division (CJH). The Influenza and Respiratory Viruses Division (IRVD) prevents disease, disability, and death through the prevention and control of seasonal, epidemic and pandemic respiratory viral diseases, including influenza, and other respiratory viral diseases. IRVD informs national awareness of respiratory viral diseases and use of effective interventions. In collaboration with partners IRVD: (1) Monitors and assesses infection and disease patterns related to influenza, and other viruses causing respiratory illness of public health importance; (2) conducts surveillance and response activities through collaboration, support and technical assistance with partners, including state and local health departments and international partners; (3) identifies and characterizes viruses to improve detection, diagnostics, vaccines and treatments; (4) designs, evaluates, enhances and implements prevention/intervention strategies, including vaccines, treatment, and non-pharmaceutical interventions; and (5) applies research to provide science-based enhancement of prevention and control policies and programs.

Office of the Director (CJH1). (1) Provides vision, leadership, management, and direction for the division; (2) fosters cross-cutting external partnerships and activities that support quality science and program implementation; (3) provides leadership and guidance for the development and implementation of public health program operations and policies and strengthening national capacity; (4) provides technical leadership and strategic direction for awareness and strategic engagement around respiratory disease prevention and detection, and response to support national and international pandemic preparedness activities; (5) provides oversight and leadership for technical and functional activities, including informatics, science and laboratory including oversight for CLIA, quality, and safety; and (6) provides technical leadership and strategic direction for public communications, public health guidance, informatics, epidemiologic, and laboratory science, and reagent resources.

Virology and Laboratory Surveillance Branch: uses traditional surveillance systems, newer data technologies, advanced molecular diagnostics including metagenomics, in collaboration with other branches in the division, divisions within the Center and with other Centers to: (1) Conduct comprehensive antigenic, phenotypic, genotypic, structural, and evolutionary characterization of human and animal viruses and novel emerging viruses with pandemic potential; (2) performs genetic and antigenic testing to support risk assessments of seasonal and novel viruses and emerging viruses with pandemic potential; (3) provide expert guidance and technical support on vaccine virus selection and other medical countermeasures; (4) develop methods to detect and characterize seasonal, novel, and emerging viruses; (5) train and support external laboratories that perform molecular detection and genetic characterization of influenza and other respiratory viruses; (6) develops and evaluate seasonal and pre-pandemic candidate vaccine viruses; and (7) identify viral factors that impact host response, virulence, and transmissibility of respiratory viruses.

Respiratory Virus Detection and Immunology Branch (CJHC). (1) Performs immunologic and genetic surveillance for respiratory viruses; (2) examines and characterizes immunity against respiratory viruses; (3) conducts antigenic and other characterization of respiratory viruses; (4) provides laboratory support and technical expertise for respiratory virus infections, outbreaks and clusters; (5) provides expert input for respiratory virus vaccine selection; (6) develops and evaluates laboratory and analytic methods used for surveillance of respiratory viruses; (7) determines virus and host factors that impact virulence and transmission of respiratory viruses; (8) conducts immunologic and virologic pandemic risk assessment of novel

respiratory viruses; and (9) trains and supports laboratories that perform immunologic testing of respiratory viruses.

Surveillance, Epidemiology, and Modeling Branch (CJHD). (1) Conducts national and sentinel surveillance, epidemiologic studies, and related activities, including modeling and forecasting, to better understand burden, severity, disease trends, and to monitor influenza and other respiratory viruses and diseases; (2) provides technical expertise and support to state and local health departments for surveillance, detection, response, and related activities; (3) develops methods for and provides expertise and support on data analysis and visualization of influenza and other respiratory virus data for internal and external use; and (4) collaborates with intra and interagency partners, to support pandemic preparedness and response activities for influenza and other respiratory viruses, including the integration of advanced analytics and mathematical modeling.

Public Health Interventions Branch (CJHE). (1) Designs intervention strategies to prevent and control influenza and other respiratory viral diseases (*e.g.* vaccination, treatment, and non-pharmaceutical interventions); (2) evaluates the effectiveness of prevention and control interventions; (3) translates, adapts, and implements evidence based respiratory viral disease prevention and control strategies; (4) supports development and implementation of guidance and health education materials related to prevention and control of influenza and other viral respiratory diseases; and (5) designs, develops and conducts economic, health services, epidemiologic, and other analyses related to the impact of prevention and control of influenza and viral respiratory diseases.

Emerging Viral Respiratory Threats Branch (CJHG). (1) Supports enhanced global surveillance for respiratory viruses and diseases; (2) conducts surveillance, program evaluations, research, and modeling activities to improve our understanding of global respiratory viruses; (3) advances rapid detection and response to emerging and novel respiratory viruses outside the United States to support health security; (4) promotes prevention and control of respiratory viruses globally to prevent their spread; and (5) supports global outbreak response and pandemic preparedness activities.

Delegations of Authority

All delegations and redelegations of authority made to officials and employees of affected organizational components will continue in them or their successors pending further redelegation, provided they are consistent with this reorganization.

(Authority: 44 U.S.C. 3101)

Robert F. Kennedy, Jr.,

Secretary, Department of Health and Human Services.

[FR Doc. 2026–18263 Filed 9–8–26; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Privacy Act of 1974; System of Records

AGENCY: Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS).

ACTION: Notice of a modified system of records.

SUMMARY: In accordance with the Privacy Act of 1974, as amended, the Department of Health and Human Services (HHS) is modifying an existing system of records maintained by the Centers for Medicare & Medicaid Services (CMS), titled ''Hospice Item Set (HIS) System,'' System No. 09–70–0548. The amended System of Records Notice (SORN) reflects changes to now include real time data collection at the time of patient assessments to improve the understanding of patient care needs and care coordination. CMS is also changing the name of the system of records to ''Hospice Outcomes and Patient Evaluation (HOPE)'' and making other modifications which are explained in the Supplementary Information section. The HOPE system collects standardized hospice patient data to measure and improve care quality, support regulatory and reporting requirements, and enable research and policy functions.

DATES: In accordance with 5 U.S.C. 552a(e)(4) and (11), this modified system of records notice is effective upon publication, with the exception of the routine uses, which are effective October 9, 2026, subject to comments received during the 30-day comment period.

ADDRESSES: The public should submit written comments on this notice, by mail or email, to Barbara Demopulos, CMS Privacy Act Officer, 7500 Security Blvd., N1–14–56, Baltimore, MD 21244–1850, or *barbara.demopulos@cms.hhs.gov.* Comments will be available for public viewing at the same location. To review comments in person, please contact Barbara Demopulos.

FOR FURTHER INFORMATION CONTACT: General questions about the modified system of records should be addressed to: Jermama Keys, Health Insurance Specialist, Division of Chronic and Post-Acute Care (DCPAC), Center for Clinical Standards and Quality (CCSQ), Centers for Medicare & Medicaid Services (CMS), 7500 Security Blvd., Mail Stop S3–02–01, Baltimore, MD 21244–1850. Office: 410–786–7778 or email *jermama.keys@cms.hhs.gov.*

SUPPLEMENTARY INFORMATION:

I. Reason for Modifying System of Records 09–70–0548

The primary reason for this modification is to highlight the inclusion of real time data collection from hospice providers at the time of patient assessments while the beneficiary is receiving hospice services, and not only at the point of admissions and discharges from hospice care.

II. Modifications Made to the System of Records Notice (SORN)

The modified SORN published in this notice differs from the existing SORN in these respects:

- The name of the System of Records has been changed from Hospice Item Set (HIS) System to Hospice Outcomes and Patient Evaluation (HOPE).
- The Authority section has been corrected to cite sections 1814(i)(5)(C) and 1861(dd)(2)(G) of the Social Security Act (42 U.S.C. 1395f(i)(5)(C) and 1395x(dd)(2)(G), respectively) instead of section 1814(i).
- The Purpose(s) section now mentions that the records in this system of records are collected in the HOPE tool by Medicare-certified hospice providers, during scheduled patient assessments or at the point of the patient's admission/discharge from hospice care, or at other times, such as when entering data from the patient's medical records. The list of secondary purposes for which the records are used is now indicated as ''Hospice Quality Reporting Program (HQRP) and patient health and safety purposes'', in accordance with information collection activities authorized under section 1861(dd)(2)(G) of the Social Security Act. (general purposes such as breach incident response are no longer listed).
- The Categories of Individuals section has been revised to refer to hospice patients as ''hospice patients, most of whom are Medicare beneficiaries'' instead of as ''hospice