

5. Office of Planning and Risk Report
6. New Business

Written Statements: Pursuant to 41 CFR 102–3.105(j) and 102–3.140 and section 10(a)(3) of the Federal Advisory Committee Act, interested parties may submit written statements in response to the stated agenda of the meeting, or to the Employee Thrift Advisory Council (ETAC), in general. Individuals may submit their comments to ETACComments@frtib.gov. Written comments or statements received less than 5 days before ETAC’s meeting may not be provided to the Committee until its next meeting.

Authority: 5 U.S.C. 552b(e)(1).

Dated: October 5, 2026.

Dharmesh Vashee,

General Counsel, Federal Retirement Thrift Investment Board.

[FR Doc. 2026–20519 Filed 10–6–26; 8:45 am]

BILLING CODE 6760–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–R–284 and CMS–10415]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

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

ACTION: Notice.

SUMMARY: The Centers for Medicare & Medicaid Services (CMS) is announcing an opportunity for the public to comment on CMS’ intention to collect information from the public. Under the Paperwork Reduction Act of 1995 (PRA), federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, and to allow a second opportunity for public comment on the notice. Interested persons are invited to send comments regarding the burden estimate or any other aspect of this collection of information, including the necessity and utility of the proposed information collection for the proper performance of the agency’s functions, the accuracy of the estimated burden, ways to enhance the quality, utility, and clarity of the information to be collected, and the use of automated collection techniques or other forms of information technology to

minimize the information collection burden.

DATES: Comments on the collection(s) of information must be received by the OMB desk officer by November 6, 2026.

ADDRESSES: 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.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, please access the CMS PRA website by copying and pasting the following web address into your web browser: <https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing>.

FOR FURTHER INFORMATION CONTACT:

William Parham at (410) 786–4669.

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501–3520), federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. The term “collection of information” is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires federal agencies to publish a 30-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice that summarizes the following proposed collection(s) of information for public comment.

Information Collections

1. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Transformed—Medicaid Statistical Information System (T–MSIS); *Use:* The data reported in T–MSIS are used by federal, state, and local officials, as well as by private researchers and corporations to monitor past and projected future trends in the Medicaid and CHIP programs. The data provides the only national level information available on enrollees,

beneficiaries, and expenditures. It also provides the only national level information available on Medicaid utilization. The information is the basis for analyses and for cost savings estimates for the Department’s cost sharing legislative initiatives to Congress. The collected data are also crucial to our actuarial forecasts.

Section 71109 of the Working Families Tax Cut legislation (WFTC) (Pub. L. 119–21) amended sections 1903(v) and 2107(e)(1) of the Social Security Act (the Act) by restricting, with limited exceptions, Federal Financial Participation (FFP) for medical assistance (Medicaid) and child or pregnancy-related health assistance (CHIP) to the following groups beginning October 1, 2026: (1) U.S. citizens and U.S. nationals; (2) Lawful Permanent Residents (LPRs); (3) Cuban/Haitian entrants; and (4) Compact of Free Association (COFA) migrants (collectively referred to as “FFP-eligible noncitizens”).

The statutory amendments necessitate an update to the valid value set for the IMMIGRATION–STATUS data element reported to CMS through T–MSIS to accurately reflect updates to state eligibility determination processes and support compliance, program oversight, and proper FFP claiming. To support oversight of the implementation of changes to IMMIGRATION–STATUS, two valid values are being added to the ELIGIBILITY–TERMINATION–REASON data element to identify disenrollment reasons related to changes in immigration status or immigration verifications.

The TRANSACTION–TYPE (FTX388) data element will be updated to include a new valid value with an effective date of October 1, 2026, for per-member-per-month home health service payments. These payments are already expected to be reported as part of state T–MSIS submissions but are not currently uniquely identifiable as states typically report these data in the “other” valid value. Implementation of this data element will support oversight of home health programs.

We also propose three non-substantive changes that would not impact current state T–MSIS reporting. The purpose of these updates is to eliminate ambiguity and potentially reduce both CMS and state burden by reducing the need for technical assistance to address any questions on these topics.

Form Number: CMS–R–284 (OMB control number: 0938–0345); **Frequency:** Quarterly, monthly, and once; **Affected Public:** State, Local, or Tribal Governments; **Number of Respondents:**

54; *Total Annual Responses*: 648; *Total Annual Hours*: 15,390. (For policy questions regarding this collection contact Brian Johnston at 410–786–0143.)

2. Type of Information Collection
Request: Reinstatement with change of a previously approved collection; *Title of Information Collection*: Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery; *Use*: This collection of information is necessary to enable the Agency to garner customer and stakeholder feedback in an efficient, timely manner, in accordance with our commitment to improving service delivery. The information collected from our customers and stakeholders will help ensure that users have an effective, efficient, and satisfying experience with the Agency's programs. This feedback will provide insights into customer or stakeholder perceptions, experiences and expectations, provide an early warning of issues with service, or focus attention on areas where communication, training or changes in operations might improve delivery of products or services. These collections will allow for ongoing, collaborative and actionable communications between the Agency and its customers and stakeholders. It will also allow feedback to contribute directly to the improvement of program management. Collecting voluntary customer feedback is the least burdensome, most effective way for the Agency to determine whether or not its public websites are useful to and used by its customers. Generic clearance is needed to ensure that the Agency can continuously improve its websites through regular surveys developed from these pre-defined questions. Surveying the Agency websites on a regular, ongoing basis will help ensure that users have an effective, efficient, and satisfying experience on any of the websites, maximizing the impact of the information and resulting in optimum benefit for the public. The surveys will ensure that this communication channel meets customer and partner priorities, builds the Agency's brands, and contributes to the Agency's health and human services impact goals. *Form Number*: CMS–10415 (OMB control number 0938–1185); *Frequency*: Occasionally; *Affected Public*: Individuals and Households; *Number of Respondents*: 2,000,000; *Number of Responses*: 2,000,000; *Total Annual Hours*: 60,000. (For policy questions regarding this collection contact

Mohanraj Balasubramanian at 410–786–7808.)

William N. Parham, III,

Director, Division of Information Collections and Regulatory Impacts, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2026–20546 Filed 10–6–26; 8:45 am]

BILLING CODE 4169–69–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2022–P–0558]

Determination That Oxandrin (Oxandrolone) Tablets, 2.5 Milligrams and 10 Milligrams, Were Withdrawn From Sale for Reasons of Safety or Effectiveness; Correction

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice; correction.

SUMMARY: The Food and Drug Administration (FDA) is correcting a notice that appeared in the **Federal Register** of September 13, 2023 (88 FR 62799). The notice announced the determination that Oxandrin (oxandrolone) tablets, 2.5 milligrams (mg) and 10 mg, were withdrawn from sale for reasons of safety or effectiveness. The notice did not include the determination that the abbreviated new drug applications (ANDAs) referencing Oxandrin (oxandrolone) tablets, 2.5 mg and 10 mg, were also determined to be withdrawn from sale for reasons of safety or effectiveness and that these ANDAs would be removed from “Approved Drug Products With Therapeutic Equivalence Evaluations,” which is known generally as the “Orange Book.” This notice corrects that error.

FOR FURTHER INFORMATION CONTACT: Kimberly Lehrfeld, Center for Drug Evaluation and Research, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 51, Rm. 6250, Silver Spring, MD 20993–0002, 301–796–3137, Kimberly.Lehrfeld@fda.hhs.gov.

SUPPLEMENTARY INFORMATION: In the **Federal Register** of September 13, 2023, appearing on pages 62799 and 62800 in FR Doc. 2023–19796, the following corrections are made:

1. On page 62799, in the first column, before the last sentence in the **SUMMARY** section, the following sentence is added:

Additionally, FDA has determined that Par Pharmaceutical Inc.'s ANDA 077827 for oxandrolone tablets, 2.5 mg and 10 mg; Roxane Laboratories, Inc.'s

ANDA 077249 for oxandrolone tablets, 2.5 mg and 10 mg; Sandoz Inc.'s ANDA 076897 for oxandrolone tablets, 2.5 mg and 10 mg; and Upsher Smith Laboratories LLC's ANDA 076761 for oxandrolone tablet, 2.5 mg, and ANDA 078033 for oxandrolone tablet, 10 mg, that all reference Oxandrin (oxandrolone) tablets, 2.5 mg and 10 mg, were also withdrawn for reasons of safety or effectiveness.

2. On page 62799 in the third column, the second paragraph is corrected to read as follows:

In a letter dated March 26, 2019, Gemini requested that FDA withdraw approval of NDA 013718 for Oxandrin (oxandrolone) tablets, 2.5 mg and 10 mg, under § 314.150(c) (21 CFR 314.150(c)), stating that the product was no longer being marketed. Subsequently, on December 16, 2022, FDA notified Gemini and other holders of approved applications for oxandrolone tablets, 2.5 mg and 10 mg, that the Agency believes a potential problem associated with oxandrolone tablets is sufficiently serious that the drug products should be removed from the market, and to enable withdrawal of approval of their applications under § 314.150(d). After FDA notified Gemini that it believes the potential problems associated with the drugs are sufficiently serious that the drugs should be removed from the market pursuant to § 314.150(d), Gemini requested in a letter dated December 19, 2022, that FDA withdraw approval of NDA 013718 for Oxandrin (oxandrolone) tablets, 2.5 mg and 10 mg, under § 314.150(d). Similarly, after notification by FDA, the following holders of approved ANDAs requested withdrawal of their applications under § 314.150(d) and waived their opportunity for a hearing: Par Pharmaceutical Inc. for ANDA 077827 for oxandrolone tablets, 2.5 mg and 10 mg; Sandoz Inc. for ANDA 076897 for oxandrolone tablets, 2.5 mg and 10 mg; and Upsher Smith Laboratories LLC for ANDA 076761 for oxandrolone tablet, 2.5 mg, and ANDA 078033 for oxandrolone tablet, 10 mg. In the **Federal Register** of June 28, 2023 (88 FR 41970), FDA announced that it was withdrawing approval of NDA 013718, ANDA 077827, ANDA 076897, ANDA 076761, and ANDA 078033, effective June 28, 2023. Additionally, Roxane Laboratories, Inc. previously requested withdrawal of its ANDA 077249 for oxandrolone tablets, 2.5 mg and 10 mg, and waived its opportunity for a hearing. In the **Federal Register** of May 19, 2009 (74 FR 23407), FDA announced that it was withdrawing approval of ANDA 077249, effective June 18, 2009.