

TABLE 2—ESTIMATED ANNUAL RECORDKEEPING BURDEN^{1 2}

Activity; FD&C Act or 21 CFR part	Number of record-keepers	Number of records per recordkeeper	Total annual records	Average burden per record	Total hours
SUBPART B: CGMP Requirements; Part 106	5	429.8	2,149	4.4	9,414
SUBPARTS C–G: Quality control; audits; quality factors; records and reports; Part 106	5	726.8	3,634	6	21,818
SUBPART C; Exempt infant formulas; Part 107	3	10	30	300	9,000
Exempt infant formula production; GMP; audits, recordkeeping, & reports	3	634	1,902	45	85,590
Risk management plan; draft guidance for Notifying FDA of a Permanent Discontinuance in the Manufacture or an Interruption of the Manufacture of an Infant Formula	11	1	11	60	660
Total ²					126,482

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

² Figures have been rounded.

Regarding recordkeeping found in the draft guidance, we estimate that each year 11 manufacturers of critical foods will create and maintain a risk

management plan in compliance with section 424(b) of the FD&C Act. We estimate that each risk management plan will take an estimated 60 hours to

create and maintain for an annual recordkeeping burden of 660 hours (11 records × 60 hours).

TABLE 3—ESTIMATED ANNUAL THIRD-PARTY DISCLOSURE BURDEN¹

Activity; 21 CFR section	Number of respondents	Number of disclosures per respondent	Total annual disclosures	Average LI≤burden per disclosure	Total hours
Nutrient labeling; §§ 107.10(a) and 107.20	5	13	65	8	520
Elements of infant formula recall; § 107.230	2	1	2	50	100
Revision of an infant formula recall; § 107.260	1	1	1	25	25
Total					645

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

Based on a review of the information collection since our last request for OMB approval, we are revising the information collection to include activities recommended in the draft guidance titled “Notifying FDA of a Permanent Discontinuance in the Manufacture or an Interruption of the Manufacture of an Infant Formula.” We are also removing burden associated with the guidance titled “Infant Formula Transition Plan for Exercise of Enforcement Discretion” (September 2022) as we are no longer experiencing disruptions in the supply of infant formula in the United States and therefore did not extend the guidance’s in-effect end date. Lastly, we are correcting an inadvertent omission of 22 responses from the previous approval.

The draft guidance added 676 hours and 19 responses to the information collection. We also are adding 22 responses to correct an inadvertent omission. However, removal of the enforcement discretion guidance will reduce the burden estimate by 3,805 hours and 137 responses. Calculating hours and responses for the addition of the draft guidance and the correction

along with the subtraction of the enforcement discretion guidance results in a net reduction of 3,129 hours (3,805 hours reduced for enforcement discretion guidance – 676 hours added for draft guidance) and 96 responses (137 responses reduced for enforcement discretion guidance – 19 responses added for draft guidance – 22 responses added for the correction).

Grace R. Graham,

Deputy Commissioner for Policy, Legislation, and International Affairs.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Health Center Program Performance Period Extensions; Correction

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS).

ACTION: Notice; correction.

SUMMARY: HRSA published a document in the **Federal Register** on September 24, 2026, concerning performance period extensions for health centers scheduled to compete for a January, February, or March FY 2027 Service Area Competition. The document did not include one service area that was not eligible for a performance period extension at the time of publication but has since become eligible.

FOR FURTHER INFORMATION CONTACT:

Patricia Burbano, Lead Public Health Analyst, Office of Program and Policy Development, Bureau of Primary Care, Health Resources and Services Administration, at pburbano@hrsa.gov and 301–443–7238.

SUPPLEMENTARY INFORMATION:

Correction

In the **Federal Register** of September 24, 2026, 2026–19578 (91 FR 60626), page 60632, column titled “Grant No.” add “H80CS06645” to the last row; column titled “Budget period start” add “JAN;” column titled “Name” add “Sayre Health Center;” column titled “City” add “Philadelphia;” column titled “State” add “PA;” and column

titled “Estimated award amount” add “900,374.”

Maria G. Button

Director, Executive Secretariat.

[FR Doc. 2026–20960 Filed 10–13–26; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Request for Public Comment: 60-Day Notice for Proposed Information Collection: Indian Health Service Purchased/Referred Care Proof of Residency

AGENCY: Indian Health Service, HHS.

ACTION: Notice and request for comments; request for reinstatement.

SUMMARY: In compliance with the Paperwork Reduction Act (PRA) of 1995, which requires a 60-day public comment period on proposed information collection projects, the Indian Health Service (IHS) invites the public to take this opportunity to comment on the information collection titled, “Purchased/Referred Care (PRC) Proof of Residency” The purpose of this notice is to announce our intent to seek reinstatement of the previously approved information collection by the Office of Management and Budget (OMB), and to allow 60 days for public

comment to be submitted to the IHS. A copy of the draft supporting statement is available at www.regulations.gov (see Docket ID IHS_FRDOC_____).

DATES: Your comments regarding this information are best assured of having full consideration if received within 60 days of the date of publication. IHS must receive written comments on or before December 14, 2026.

ADDRESSES: This notice can be found at <https://federalregister.gov>.

FOR FURTHER INFORMATION CONTACT:

Submit comments, requests for more information on the collection, or requests to obtain a copy of the data collection instrument and instructions to Mr. Thomas Hamby, Acting Information Collection Clearance Officer by email at Thomas.Hamby@ihs.gov or 240–252–0331.

SUPPLEMENTARY INFORMATION: The IHS is seeking renewal of this previously approved information collection and will submit it to OMB for review, as required by the PRA. This notice is soliciting comments from members of the public and affected agencies concerning the proposed collection of information to: (1) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (2) Evaluate the accuracy of the agency’s estimate of the burden of the proposed collection of

information; (3) Enhance the quality, utility, and clarity of the information to be collected; and (4) Minimize the burden of the collection of information on those who are to respond; including through the use of appropriate automated collection techniques of other forms of information technology, *e.g.*, permitting electronic submission of responses.

Proposed Collection Title: “Indian Health Service Purchased/Referred Care Proof of Residency.”

Type of Information Collection Request: This is a reinstatement of an expired information collection.

Title: Purchased/Referred Care Proof of Residency.

OMB Control Number: 0917–0040.

Need and Use of Information

Collection: The IHS PRC Program needs the information requested on the PRC Proof of Residency form to verify that individuals seeking medical services through PRC meet the residency requirements specific to PRC under 42 CFR 136.23.

Agency Form Number: IHS–976.

Members of the Affected Public: Patients.

Type of Respondents: Individuals.

The table below provides: Type of respondent, form name, estimated number of respondents, number of responses per respondent, average burden minutes per response, and total annual burden hours.

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (hours) *	Total burden (hours)
Individual	IHS–976, PRC Proof of Residency	18,000	1	3	900
Total		18,000	1	3	900

* For ease of understanding, the average burden is provided in actual minutes.

There are no Capital Costs, Operating Costs, and/or Maintenance Costs to report.

Mark Cruz,

Director, Indian Health Service.

[FR Doc. 2026–20984 Filed 10–13–26; 8:45 am]

BILLING CODE 4166–14–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Division of Program Coordination, Planning, and Strategic Initiatives, Office of the Director Notice of Proposed Reorganization

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

SUMMARY: The Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI) in the Office of the Director (OD), National Institutes of Health (NIH) is seeking public comment regarding its proposal to establish the

Office of the NIH Chief Artificial Intelligence Officer (OCAIO) within DPCPSI and move the Office of Dietary Supplements (ODS) under the Office of Nutrition Research (ONR) within DPCPSI in OD, NIH.

DATES: Any interested person may file written comments by sending an email to DPCPSIreorgcomments@nih.gov by 11:59 p.m. ET on October 28, 2026. The statement should include the individual’s name, and when applicable, professional affiliation.

ADDRESSES: The following email address has been established for comments on the reorganization: DPCPSIreorgcomments@nih.gov.

FOR FURTHER INFORMATION CONTACT: Betina Orezzoli at