

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request: Advanced Nursing Education Program Specific Form OMB No. 0906– 0089—Revision

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

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995, HRSA submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period. OMB may act on HRSA's ICR only after the 30-day comment period for this notice has closed.

DATES: Comments on this ICR should be received no later than November 23, 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 Review—Open for Public Comments" or by using the search function.

FOR FURTHER INFORMATION CONTACT: To request a copy of the clearance requests submitted to OMB for review, email Samantha Miller, the HRSA Information Collection Clearance Officer, at paperwork@hrsa.gov or call (301) 443–3983.

SUPPLEMENTARY INFORMATION:
Information Collection Request Title: Advanced Nursing Education Program Specific Form OMB No. 0906–0089—Revision

Abstract: HRSA provides advanced nursing education grants to educational institutions to increase the supply, distribution, quality of, and access to advanced education nurses through the Advanced Nursing Education (ANE)

Programs. The ANE Programs are authorized by Section 811 of the Public Health Service (PHS) Act (42 U.S.C. 296j), as amended. This clearance request is for continued approval of the information collection OMB No. 0906–0089.

The proposed revision to Table 2 of the ANE Program Specific Form outlined in the initial public comment request that was published on July 22, 2026, was to remove the Part-Time column under the Nurse Midwife and Nurse Anesthetist specialty headers, based on the requirement that trainees participating in programs for these two specialty areas must be enrolled full-time. Upon further consideration, HRSA decided to retain the Full-Time and Part-Time columns to provide a consistent, comprehensive format that accommodates the varying enrollment requirements across programs and supports accurate and complete data collection. This is important because the ANE Program Specific Form is used across multiple ANE Programs, the majority of which support both full-time and part-time trainees. Therefore, the proposed revision is retracted and the Part-Time column under the Nurse Midwife and Nurse Anesthetist specialty headers in Table 2 will be retained.

In addition, it is proposed that the ANE Program Specific Form, Table 1: Funding Preference section will be updated to collect the combined number of graduates/program completers employed in funding preference settings (Rural Area, Medically Underserved Community, State or Local Health Department) in one row rather than three separate rows (1a, 1b, 1c). Since the funding preference settings are not mutually exclusive and a graduate must only be counted once, this is to avoid confusion for the applicant on which row to include a graduate/program completer, and for greater administrative efficiency.

A 60-day notice published in the **Federal Register** on July 22, 2026, vol. 91, No. 139; pp. 46126–27. There were no public comments.

Need and Proposed Use of the Information: Section 811 of the PHS Act provides the Secretary of Health and Human Services with the authority to award grants to and enter into contracts with eligible entities to meet the costs of: (1) projects that support the enhancement of advanced nursing

education and practice; and (2) traineeships for individuals in advanced nursing education programs. Under this section, HRSA makes awards to entities who train and support nurses characterized as "advanced education nurses." Section 805 of the PHS Act (42 U.S.C. 296d) requires that in awarding such grants, a statutory funding preference is given to "applicants with projects that will substantially benefit rural or underserved populations, or help meet public health nursing needs in State or local health departments." For traineeship awards, PHS Act section 811(h)(2) requires special consideration be given to an eligible entity that agrees to expend the award to train advanced education nurses who will practice in designated Health Professional Shortage Areas.

The ANE Program Specific Form allows HRSA to effectively target funding and measure the impact of the ANE Programs in meeting the legislative intent and program goals of supporting the enhancement of advanced nursing education and creating opportunities for individuals in advanced nursing education programs to increase the number of advanced practice nurses, especially in rural and medically underserved areas. Additionally, collecting this data assists HRSA in carrying out the most impactful program and ensuring resources are used responsibly.

Likely Respondents: Likely respondents will be current ANE Programs awardees and new applicants to ANE 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 (includes the ANE Program specific tables and attachments)	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Advanced Nursing Education Workforce	156	1	156	7	1,092
Nurse Anesthetist Traineeship	61	1	61	7	427
ANE—Sexual Assault Nurse Examiners	54	1	54	7	378
ANE—Nurse Practitioner Residency and Fellowship	64	1	64	7	448
Maternity Care Nursing Workforce Expansion	10	1	10	7	70
Total	345		345		2,415

Maria G. Button,

Director, Executive Secretariat.

[FR Doc. 2026–21674 Filed 10–22–26; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request: National Practitioner Data Bank for Adverse Information on Physicians and Other Health Care Practitioners—45 CFR Part 60 Regulations and Forms, OMB No. 0906–0081—Revision

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

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995, HRSA submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period. OMB may act on HRSA's ICR only after the 30-day comment period for this notice has closed.

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FOR FURTHER INFORMATION CONTACT: To request a copy of the clearance requests submitted to OMB for review, email Samantha Miller, the HRSA Information Collection Clearance Officer, at paperwork@hrsa.gov or call (301) 443–9094.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title: National Practitioner Data Bank for Adverse Information on Physicians and Other Health Care Practitioners—45 CFR part 60 Regulations and Forms, OMB No. 0906–0081—Revision.

Abstract: This is a request for a revision of the OMB-approved information collection contained in regulations found in 45 CFR part 60 governing the National Practitioner Data Bank (NPDB) and the forms to be used in registering with, reporting information to, and requesting information from the NPDB. Administrative forms are also included to aid in monitoring compliance with federal reporting and querying requirements. Responsibility for NPDB implementation and operation resides in HRSA's Bureau of Health Workforce.

The intent of the NPDB is to improve the quality of health care by encouraging entities such as hospitals, state licensing boards, professional societies, and other eligible entities¹ providing health care services to identify and discipline those who engage in unprofessional behavior, and to restrict the ability of incompetent health care practitioners, providers, or suppliers to move from state to state without disclosure or discovery of

¹ “Other eligible entities” that participate in the NPDB are defined in the provisions of Title IV, Section 1921, Section 1128E, and implementing regulations. In addition, a few federal agencies also participate with the NPDB through federal memoranda of understanding. Eligible entities are responsible for complying with all reporting and/or querying requirements that apply; some entities may qualify as more than one type of eligible entity. Each eligible entity must certify its eligibility to report to the NPDB, query the NPDB, or both. Information from the NPDB is available only to those entities specified as eligible in the statutes and regulations. Not all entities have the same reporting requirements or level of query access.

previous damaging or incompetent performance. It also serves as a fraud and abuse clearinghouse for the reporting and disclosing of certain final adverse actions taken against health care practitioners, providers, or suppliers by health plans, federal agencies, and state agencies (excluding settlements in which no findings of liability have been made). Users of the NPDB include reporters (entities that are required to submit reports) and queriers (entities and individuals that are authorized to request information).

The reporting forms, request for information forms (query forms), and administrative forms (used to monitor compliance) are accessed, completed, and submitted to the NPDB electronically through the NPDB website at <https://www.npdb.hrsa.gov>. All reporting and querying is performed through the secure portal of this website. This revision proposes changes to update burden totals as well as minor text changes. In addition, this revision eliminates the Account Balance Transfer Request form which allowed registered entities to transfer funds between their accounts. The data collected on this form is part of an electronic workflow that falls under a Paperwork Reduction Act exemption for voluntary commercial transactions.

A 60-day notice published in the **Federal Register** on July 17, 2026, vol. 91, No. 136; pp. 44865–67. HRSA received one comment during the 60-day comment period from Highmark Inc. (Highmark), an independent licensee of the Blue Cross Blue Shield Association. Highmark suggested HRSA explore greater patient access to NPDB information, improve the timeliness of reporting and data availability, implement safeguards to avoid creating disincentives for error reporting and organizational learning, and develop additional educational resources to assist the public with understanding practitioner information.

By law, HRSA is unable to make information about specific health care practitioners, entities, providers, or