Categories of Records

The categories of records that will be used in the matching program are identifying records; minimum essential coverage period records; return information (household income and family size information); citizenship status records; birth and death information; disability coverage and income information; postsecondary educational enrollment records and imprisonment status records.

The data elements CMS will receive from AEs may include: Social Security Number (if applicable), Last Name, First Name, and Date of Birth, and, from state Medicaid and CHIP agencies, Medicaid and CHIP eligibility and enrollment information (such as program type, eligibility dates, state, and state beneficiary identifier).

The data elements the AEs will receive from CMS may include: Validation of SSN; Verification of citizenship or immigration status; Incarceration status; Eligibility and/or enrollment in certain types of MEC; Income, based on Federal Tax Information (FTI), Veteran's disability rating data; educational enrollment data; Social Security Title II benefits (retirement, survivors, and disability insurance) and current income sources; Quarters of Coverage; and Death Indicator.

System(s) of Records

The records used in this matching program will be disclosed from the following systems of records, consistent with the routine uses identified in the applicable System of Records Notices (SORNs):

CMS Health Insurance Exchanges System (HIX), CMS System No. 09–70–0560, last published in full at 78 FR 63211 (October 23, 2013), as amended at 83 FR 6591 (February 14, 2018).

[FR Doc. 2026–22015 Filed 10–28–26; 8:45 am]

BILLING CODE 4120–03–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS–0990–0421]

Agency Information Collection Request. 60-Day Public Comment Request

AGENCY: Office of the Secretary, U.S. Department of Health and Human Services.

ACTION: Notice of request for public comments.

SUMMARY: In compliance with the requirement of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services (HHS), the Assistant Secretary for Planning and Evaluation (ASPE) is inviting public comment on an extension request for an approved information collection request: ASPE Umbrella Generic Clearance for the Collection of Qualitative Research and Assessment (OMB #0990–0421). No changes are proposed to the purpose and use described within this generic, but burden estimates have been adjusted to reflect estimated use over the next three years.

DATES: Comments on the ICR must be received on or before December 28, 2026.

ADDRESSES: Submit your comments to *Danielle.Berman@hhs.gov*.

FOR FURTHER INFORMATION CONTACT: When submitting comments or requesting information, please include the document identifier 0990–0421 and project title for reference, to Danielle Berman, email: *Danielle.Berman@hhs.gov.*

SUPPLEMENTARY INFORMATION:

Title of the Collection: ASPE Umbrella Generic Clearance for the Collection of Qualitative Research and Assessment.

Type of Collection: Extension of an Umbrella Generic Clearance.

OMB No. 0990–0421.

Abstract

The Office of the Assistant Secretary for Planning and Evaluation (ASPE) is requesting an extension without changes for their umbrella generic clearance for purposes of conducting qualitative research. ASPE advises the Secretary of the Department of Health and Human Services on policy development in health, disability, human services, data, and science, and provides advice and analysis on economic policy. ASPE leads special initiatives, coordinates the Department's evaluation, research, and demonstration activities, and manages cross-Department planning activities such as strategic planning, legislative planning, and review of regulations. Integral to this role, ASPE conducts qualitative research to gain a better understanding of emerging health policy issues, develop future intramural and extramural research projects, and to ensure HHS leadership and agencies have relevant data for evidence-based program and policy decision-making. These efforts often require quick planning and implementation to ensure timely data collection and information around emergent areas of interest. ASPE is requesting approval for at least four types of qualitative research: (a) interviews, (b) focus groups, (c) questionnaires, and (d) other qualitative methods. Data collection will take place through a variety of activities—both in-person and virtual—dependent on the specific project. ASPE will submit individual requests under this clearance, as they are planned.

The goal of developing these activities is to gather timely information and first-hand perspectives on priority policy-relevant topics and identify emerging issues and research gaps to ensure the successful implementation of HHS programs. Qualitative data and information collected from activities carried out under this generic clearance will inform internal analyses, surface areas for further research, and provide opportunities for engagement and collaboration with key stakeholders. Feedback collected under this generic clearance provides useful information, but it does not yield data that can be generalized to the overall population. This type of generic clearance for qualitative information will not be used for quantitative information collections that are designed to yield reliably actionable results, such as monitoring trends over time or documenting program performance.

ASPE is requesting comments on the burden for qualitative research aimed at understanding emerging health and human services policy issues.

Respondents: Participants may include health and human services experts; national, state, and local health or human services representatives; public health, human services, or healthcare providers; representatives of other health or human services organizations, and people with lived experience.

Annual Burden Estimates: The anticipated annualized burden is expected to increase slightly from what is currently approved to account for additional research efforts to be responsive to emerging leadership priorities and interest in broad-based input.

ANNUALIZED BURDEN HOUR TABLE

Type of respondent	Information collection	Number of respondents	Number of responses per respondents	Average burden hours per response	Total burden hours
Health or Human Services Policy Stakeholders.	Qualitative Research Methods	7,000	1	1	7,000

Comments: Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (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.

Catherine Howard,

Paperwork Reduction Act Reports Clearance Officer, Office of the Secretary.

[FR Doc. 2026–22096 Filed 10–28–26; 8:45 am]

BILLING CODE 4151–19–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Biomedical Imaging and Bioengineering; Notice of Meeting

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of a meeting of the National Advisory Council for Biomedical Imaging and Bioengineering.

The meeting will be open to the public as indicated below, with attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting.

The meeting 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.

The meeting will be videocast and can be accessed from the NIH Videocast website at the following links: *http://videocast.nih.gov/* or *https://www.nibib.nih.gov/about-nibib/advisory-council.*

Name of Committee: National Advisory Council for Biomedical Imaging and Bioengineering.

Date: May 18, 2027.

Open: 9:00 a.m. to 12:55 p.m.

Agenda: Report from the Institute Director, Council Members and other Institute staff.

Address: National Institutes of Health, Rockledge II, Conference Room 160, 6701 Rockledge Drive, Bethesda, MD 20892.

Meeting Format: In Person and Virtual Meeting.

Closed: 12:55 p.m. to 1:30 p.m.

Agenda: To review and evaluate grant applications and/or proposals.

Address: National Institutes of Health, Rockledge II, Conference Room 160, 6701 Rockledge Drive, Bethesda, MD 20892.

Meeting Format: In Person and Virtual Meeting.

Contact Person: David Rampulla, Ph.D., Deputy Director, National Institute of Biomedical Imaging and Bioengineering, 9000 Rockville Pike, Bldg. 31, Room 1C14, Bethesda MD 20892–5477, 301.451.4774, *david.rampulla@nih.gov*.

Any interested person may file written comments with the committee by forwarding the statement to the Contact Person listed on this notice. The statement should include the name, address, telephone number and when applicable, the business or professional affiliation of the interested person.

Information is also available on the Institute's/Center's home page: *http://www.nibib1.nih.gov/about/NACBIB/NACBIB.htm,* where an agenda and any additional information for the meeting will be posted when available.

Dated: October 26, 2026.

Margaret N. Vardanian,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2026–22105 Filed 10–28–26; 8:45 am]

BILLING CODE 4167–05–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Office of the Director, National Institutes of Health; Notice of Meeting

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of a meeting of the NIH Clinical Center Research Hospital Board.

This will be a hybrid meeting held in-person and virtually and will be open to the public as indicated below. Individuals who plan to attend in-person or view the virtual meeting and need special assistance or other reasonable accommodations should notify the Contact Person listed below in advance of the meeting. The meeting can be accessed from the NIH Videocast at the following link: *https://videocast.nih.gov/.*

Name of Committee: NIH Clinical Center Research Hospital Board.

Date: February 19, 2027.

Time: 9:00 a.m. to 1:00 p.m.

Agenda: NIH and Clinical Center (CC) Leadership Announcements, CC Chief Executive Officer (CEO) Update of Recent Activities and Organizational Priorities, and Other Business of the Clinical Center Research Hospital Board (CCRHB).

Address: National Institutes of Health, Building 31, Conference Room 6C02 A & B, 9000 Rockville Pike, Bethesda, MD 20892.

Meeting Format: In Person and Virtual Meeting.

Contact Person: Jonathan M. Green, MD, MBA Chief Executive Officer, Clinical Center, NIH 10 Center Drive, Bethesda, MD 20892, 314–503–8019, *jonathan.green3@nih.gov*.

Any interested person may file written comments with the committee by forwarding the statement to the Contact Person listed on this notice. The statement should include the name, address, telephone number and when applicable, the business or professional affiliation of the interested person. In the interest of security, NIH has procedures at *https://security.nih.gov/visitors/Pages/visitor-campus-access.aspx* for entrance into on-campus and off-campus facilities. All visitor vehicles, including taxicabs, hotel, and airport shuttles will be inspected before being allowed on campus. Visitors attending a meeting on campus or at an off-campus federal facility will be asked to show one form of identification (for example, a government-issued photo ID, driver's license,