TABLE 3—ESTIMATED ANNUAL THIRD-PARTY DISCLOSURE BURDEN [1]

21 CFR part/activity	Number of Record-keepers	Number of records per recordkeeper	Total annual records	Average burden per recordkeeping	Total hours
558.6(b)(3)–(5) and (b)(7)–(9); requires veterinarians to disclose information on a VFD.	5,145	34	174,930	0.12 (7 minutes)	20,991.6
558.6(c)(8); requires acknowledgment letter from one distributor to another.	2,422	5	12,110	0.12 (7 minutes)	1,453
Total	7,567	.....	.....	.....	22,444.6

[1] There are no capital, start-up, operating or maintenance costs associated with this information collection.

The numbers have been adjusted to reflect current (2024–2025) updated numbers. Since last reauthorization of the collection, the Center for Veterinary Medicine developed an internal database to more accurately capture VFD distributor requests for new distributors and changes to distributor information. A review of updated American Veterinary Medical Association information provided new numbers of licensed veterinarians and we continue to use the estimate of 70 percent will write VFDs. We also continue to see downward trends in the use of some VFD medicated feeds, and the numbers were reduced to reflect that trend.

Grace R. Graham,

Deputy Commissioner for Policy, Legislation, and International Affairs.

[FR Doc. 2026–22964 Filed 11–10–26; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Notice of Purchased/Referred Care Delivery Area Redesignation for the Kewa Pueblo

AGENCY: Indian Health Service, Department of Health and Human Services.

ACTION: Final notice.

SUMMARY: Notice is hereby given that the Indian Health Service (IHS) has decided to expand the geographic boundaries of the Purchased/Referred Care Delivery Area (PRCDA) for the Kewa Pueblo (''Kewa Pueblo'' or ''Tribe'') to include Bernalillo County, New Mexico. The final PRCDA includes Bernalillo, Sandoval, and Santa Fe Counties, New Mexico. This expansion will authorize additional Kewa Pueblo Tribal members and beneficiaries to receive Purchased/Referred Care (PRC) services.

DATES: This expansion is effective as of the date of publication of this notice.

ADDRESSES: This notice can be found at *https://www.federalregister.gov.* Written requests for information should be delivered to: CDR Tracy Sanchez, Acting Director, Office of Resource Access and Partnerships, Indian Health Service, 5600 Fishers Lane, Mail Stop 06SEH03, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: CDR Tracy Sanchez, Acting Director, Office of Resource Access and Partnerships by email at *Tracy.Sanchez@ihs.gov,* or by phone at (301) 443–0969 (This is not a toll-free number).

SUPPLEMENTARY INFORMATION: The IHS provides services under regulations in effect as of September 15, 1987, and republished at 42 CFR part 136, subparts A–C. Subpart C defines a Contract Health Service Delivery Area (CHSDA), now referred to as a PRCDA, as the geographic area within which PRC will be made available by the IHS to members of an identified Indian community who reside in the PRCDA. Residence within a PRCDA by a person who is within the scope of the Indian health program, as set forth in 42 CFR 136.12, creates no legal entitlement to PRC but only potential eligibility for services. Services needed, but not available at an IHS/Tribal facility, are provided under the PRC program depending on the availability of funds, the relative medical priority of the services to be provided, and the actual availability and accessibility of alternate resources in accordance with the regulations.

The regulations at 42 CFR part 136, subpart C, provide that, unless otherwise designated, a PRCDA shall consist of a county which includes all or part of a reservation and any county or counties which have a common boundary with the reservation. 42 CFR 136.22(a)(6). The regulations also provide that after Consultation with the Tribal governing body or bodies on those reservations included within the PRCDA, the Secretary may, from time to time, redesignate areas within the United States for inclusion in or exclusion from a PRCDA. 42 CFR 136.22(b). The regulations require that certain criteria must be considered before any redesignation is made. The criteria are as follows:

(1) The number of Indians residing in the area proposed to be so included or excluded;

(2) Whether the Tribal governing body has determined that Indians residing in the area near the reservation are socially and economically affiliated with the Tribe;

(3) The geographic proximity to the reservation of the area whose inclusion or exclusion is being considered; and

(4) The level of funding which would be available for the provision of PRC.

Additionally, the regulations require that any redesignation of a PRCDA be made in accordance with the procedures of the Administrative Procedure Act (5 U.S.C. 553). 42 CFR 136.22(c). In compliance with this requirement, the IHS published a notice of proposed redesignation and requested public comments on June 25, 2026 (91 FR 38449). The IHS did not receive any comments in response to the notice of proposed redesignation.

In support of this expansion, the IHS makes the following findings:

1. By expanding the PRCDA to include Bernalillo County, New Mexico, the Kewa Pueblo estimates that the Tribe's PRC eligible population would increase by an estimated 200 Tribal members.

2. As part of their expansion request, the Kewa Pueblo submitted a resolution from the Tribe's governing body. The resolution indicates that the requested expansion is intended to serve their members living in Bernalillo County, New Mexico. During Tribal Consultation, the Kewa Pueblo verified that those members are socially and economically affiliated with the Tribe.

3. Bernalillo County is approximately 30 miles from the Tribe's reservation. The requested expansion would form a contiguous area with the existing PRCDA. Tribal members of the Kewa Pueblo reside in the county proposed

for inclusion in the expanded PRCDA. For these reasons, the IHS has determined the additional county proposed for inclusion to be geographically proximate, meaning ''on or near,'' to the Tribe's reservation.

4. Through the Kewa Pueblo's request to expand its PRCDA, the Tribe has indicated that the PRC program can continue providing the same level of care to the PRC eligible population if the PRCDA is expanded as proposed, without requiring additional funding from the IHS or reduction of the current medical priority level.

An updated listing of the PRCDAs for all federally recognized Tribes may be accessed via the Purchased/Referred Care Delivery Areas link on the IHS PRCDA Redesignation website (*https://www.ihs.gov/prc/prcda-expansion*).

Accordingly, the IHS finalizes the redesignation of the Kewa Pueblo PRCDA to include Bernalillo County, New Mexico.

Mark Cruz,

Director, Indian Health Service.

[FR Doc. 2026–23036 Filed 11–10–26; 8:45 am]

BILLING CODE 4166–14–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Notice of Purchased/Referred Care Delivery Area Redesignation for Ysleta Del Sur Pueblo

AGENCY: Indian Health Service, Department of Health and Human Services.

ACTION: Final notice.

SUMMARY: Notice is hereby given that the Indian Health Service (IHS) has decided to expand the geographic boundaries of the Purchased/Referred Care Delivery Area (PRCDA) for Ysleta Del Sur Pueblo (''YDSP'' or ''Tribe'') to include Dona Ana County, New Mexico. The final PRCDA includes Dona Ana County, New Mexico, and El Paso and Hudspeth Counties, Texas. This expansion will authorize additional YDSP Tribal members and beneficiaries to receive Purchased/Referred Care (PRC) services.

DATES: This expansion is effective as of the date of publication of this notice.

ADDRESSES: This notice can be found at *https://www.federalregister.gov.* Written requests for information should be delivered to: CDR Tracy Sanchez, Acting Director, Office of Resource Access and Partnerships, Indian Health Service, 5600 Fishers Lane, Mail Stop 06SEH03, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: CDR Tracy Sanchez, Acting Director, Office of Resource Access and Partnerships by email at *Tracy.Sanchez@ihs.gov,* or by phone at (301) 443–0969 (This is not a toll-free number).

SUPPLEMENTARY INFORMATION: The IHS provides services under regulations in effect as of September 15, 1987, and republished at 42 CFR part 136, subparts A–C. Subpart C defines a Contract Health Service Delivery Area (CHSDA), now referred to as a PRCDA, as the geographic area within which PRC will be made available by the IHS to members of an identified Indian community who reside in the PRCDA. Residence within a PRCDA by a person who is within the scope of the Indian health program, as set forth in 42 CFR 136.12, creates no legal entitlement to PRC but only potential eligibility for services. Services needed, but not available at an IHS/Tribal facility, are provided under the PRC program depending on the availability of funds, the relative medical priority of the services to be provided, and the actual availability and accessibility of alternate resources in accordance with the regulations.

The regulations at 42 CFR part 136, subpart C, provide that, unless otherwise designated, a PRCDA shall consist of a county which includes all or part of a reservation and any county or counties which have a common boundary with the reservation. 42 CFR 136.22(a)(6). The regulations also provide that after Consultation with the Tribal governing body or bodies on those reservations included within the PRCDA, the Secretary may, from time to time, redesignate areas within the United States for inclusion in or exclusion from a PRCDA. 42 CFR 136.22(b). The regulations require that certain criteria must be considered before any redesignation is made. The criteria are as follows:

(1) The number of Indians residing in the area proposed to be so included or excluded;

(2) Whether the Tribal governing body has determined that Indians residing in the area near the reservation are socially and economically affiliated with the Tribe;

(3) The geographic proximity to the reservation of the area whose inclusion or exclusion is being considered; and

(4) The level of funding which would be available for the provision of PRC.

Additionally, the regulations require that any redesignation of a PRCDA be made in accordance with the procedures of the Administrative Procedure Act (5 U.S.C. 553). 42 CFR 136.22(c). In compliance with this requirement, the IHS published a notice of proposed redesignation and requested public comments on July 1, 2026 (91 FR 40009). The IHS received no comments in response to the notice of proposed redesignation.

In support of this expansion, the IHS makes the following findings:

1. By expanding the PRCDA to include Dona Ana County, New Mexico, the IHS and YDSP estimate that the Tribe's PRC-eligible population would increase by an estimated 500 Tribal members.

2. As part of their expansion request, YDSP submitted a resolution from the Tribe's governing body. The resolution explains that the expansion is intended to serve their Tribal members living in Dona Ana County, New Mexico, and it describes those Tribal members as being socially and economically tied to the Tribe's reservation. The resolution also states that YDSP intends to include other eligible American Indians and Alaska Natives who maintain close economic and social ties with the Tribe, consistent with 42 CFR 136.23(a)(2)(ii).

3. The requested expansion would form a contiguous area with the existing PRCDA. Tribal members of YDSP reside in the county proposed for inclusion in the expanded PRCDA. Through their expansion request, the Tribe described how close Dona Ana County, New Mexico, is to their reservation and health clinic, approximately 45 miles. The Tribe explained that it is close enough for their Tribal members residing in Dona Ana County to utilize the YDSP Health Clinic as their primary site of care. For these reasons, the IHS has determined the additional county proposed for inclusion to be geographically proximate, meaning ''on or near,'' to the Tribe's reservation.

4. Through YDSP's request to expand its PRCDA, the Tribe has indicated that the PRC program can continue providing the same level of care to the PRC eligible population if the PRCDA is expanded as proposed, without requiring additional funding from the IHS or reduction of the current medical priority level.

An updated listing of the PRCDAs for all federally recognized Tribes may be accessed via a link on the IHS PRCDA Redesignation website (*https://www.ihs.gov/prc/prcda-expansion*).

While recent PRCDA listings have not included Hudspeth County, this was a clerical error and unintentional omission that the IHS has corrected.