engages in notice-and-comment rulemaking. It does not apply to this notice.

E. State and Local Costs

Executive Order 13132 establishes certain requirements that an agency must meet when it promulgates a proposed regulatory action (and subsequent final action) that imposes substantial direct requirement costs on State and local governments, preempts State law, or otherwise has Federalism implications. Since this notice does not impose any costs on State or local governments, the requirements of Executive Order 13132 are not applicable.

In accordance with the provisions of Executive Order 12866, this notice was reviewed by the Office of Management and Budget.

The Administrator of the Centers for Medicare & Medicaid Services (CMS), Dr. Mehmet Oz, having reviewed and approved this document, authorizes Vanessa Garcia, who is the Federal Register Liaison, to electronically sign this document for purposes of publication in the **Federal Register**.

Vanessa Garcia,

Federal Register Liaison, Centers for Medicare & Medicaid Services.

[FR Doc. 2026–23241 Filed 11–12–26; 4:15 pm]

BILLING CODE 4169–69–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; Information Collection Request Title: Rural Maternity and Obstetrics Management Strategies Program Data Collection, OMB No. 0915–0394—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 December 16, 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) 443–9094.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title: Rural Maternity and Obstetrics Management Strategies Program Data Collection, OMB No. 0915–0394—Revision.

Abstract: HRSA administers the Rural Maternity and Obstetrics Management Strategies (RMOMS) Program, which is authorized by section 330A–2(d) of the Public Health Service Act. The RMOMS Program grants support networks that improve access to, and continuity of, maternal and obstetrics care in rural communities. The goals of the RMOMS Program are to: (1) improve maternal and neonatal outcomes within a rural region; (2) develop a sustainable network approach to increase the delivery and access of preconception, prenatal, pregnancy, labor and delivery, and postpartum services; (3) develop a safe delivery environment with the support and access to specialty care for perinatal patients and infants; and (4) develop sustainable financing models for the provision of maternal and obstetrics care in rural hospitals and communities. HRSA currently collects information about RMOMS grants using an OMB-approved set of performance measures and seeks to revise that approved collection. The proposed changes are a result of keeping this instrument relevant, responsive to the RMOMS Program needs, and to improve clarity of reporting for respondents.

A 60-day notice published in the **Federal Register** on August 19, 2026, vol. 91, No. 159; pp. 53622–53623. There were no public comments.

Need and Proposed Use of the Information: The purpose of the revised data collection is to assess RMOMS awardees' progress in meeting the program goals and how well each awardee meets their community needs. Additionally, HRSA will be able to monitor and assess the impact of the RMOMS Program and ensure that funds are effectively used to provide services that meet the target population's needs.

The proposed changes to this data collection include:

- Changing the frequency of data reporting from an annual basis to a biannual basis (twice a year).
- Changing from aggregate data reporting to patient level data reporting.
- Reducing the number of measures from 34 to approximately 25 data elements.
- Removing Forms/Sections 1 (Consortium/Network) and 2 (Sustainability).
- Form/Section 3: Demographics will be changed to Section 1: Demographic Information.
- Form/Section 4: Project Specific Domain will be separated into the following: Section 2: Prenatal Care and Pregnancy Characteristics; Section 3: Labor and Delivery; Section 4: Postpartum Care; Section 5: Health Behaviors and High-Risk Conditions; and Section 6: Program and Support Services.

HRSA also estimates an increase in the estimated total burden hours compared to the currently approved ICR package. The increase in burden is to account for additional RMOMS respondents, changes to the instrument and frequency of data reporting, and the time it takes for awardees to refine their existing processes to coordinate and collect data from their partner organizations. Awardee organizations vary in data collection and reporting capacity as well as in the number of member organizations each must coordinate with to report this data to HRSA. The amount of time it takes to build processes to coordinate and collect data from network partners will vary. Larger networks with multiple partners across different organizations are likely to report higher burdens due to the wait time in between coordinating data requests. Networks that already have established working relationships with member organizations may have existing processes in place to effectively collect data for this program.

Likely Respondents: Respondents will be the RMOMS award recipients.

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	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Rural Maternity and Obstetrics Management Strategies Data Collection	14	2	28	105	2,940
Total	14	2	28	105	2,940

Maria G. Button,

Director, Executive Secretariat.

[FR Doc. 2026–23223 Filed 11–13–26; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Public Comment Request; Information Collection Request Title: Rural Residency Planning and Development Program Annual Performance Report—NEW

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

ACTION: Notice.

SUMMARY: In compliance with the requirement for opportunity for public comment on proposed data collection projects of the Paperwork Reduction Act of 1995, HRSA announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on this ICR should be received no later than January 15, 2027.

ADDRESSES: Submit your comments to *paperwork@hrsa.gov* or mail the HRSA Information Collection Clearance Officer, Room 13N82, 5600 Fishers Lane, Rockville, Maryland 20857.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email *paperwork@hrsa.gov* or call Samantha Miller, the HRSA Information Collection Clearance Officer, at (301) 443–9094.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the ICR title for reference.

Information Collection Request Title: Rural Residency Planning and Development Program Annual Performance Report, OMB No. 0906–xxxx—New.

Abstract: The Rural Residency Planning and Development (RRPD) program is authorized under 42 U.S.C. 912(b)(5) (§ 711(b)(5)) of the Social Security Act to improve and expand access to health care in rural areas by developing new sustainable rural residency programs. Under the program, start-up funding is provided to grant recipients to create accredited rural residency programs in a qualifying medical specialty. These residency programs are then sustained long-term through viable and stable funding mechanisms. This data collection will be an annual progress report for performance measurement and evaluation to demonstrate how funding addresses physician workforce shortages and challenges faced by rural communities. Prior data collection for this program was collected under Bureau of Health Workforce Performance Data Collection, OMB No. 0906–0086. The proposed changes are an effort to reduce grantee burden, increase relevant measure collection, to be responsive to RRPD Program needs, and to improve clarity of reporting for respondents. This will strategically align data collection for the RRPD program with other current Federal Office of Rural Health Policy program data and systems efforts.

Need and Proposed Use of the Information: The purpose of the proposed data collection is to assess RRPD awardees' progress toward meeting RRPD goals. Additionally, HRSA will be able to monitor and assess the impact of the RRPD program and identify improvements made by RRPD awardees. RRPD grantees will submit annual reports to HRSA on performance measures covering the following topic areas: (1) capacity/organizational information, (2) workforce training, (3) access/population demographics, (4) sustainability, (5) program characteristics, (6) position description, (7) individual characteristics, (8) training site set up, (9) trainees by discipline/experiential characteristics, (10) course development and enhancement, (11) course trainees by discipline, and (12) faculty development.

Likely Respondents: Respondents will be the RRPD award recipients.

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.