Dial in by phone: +1 360–726–3256,, 82097381# United States, Vancouver.
Phone conference ID: 820 973 81#.
Dates: January 13, 2027.
Time: 11:00 a.m. ET–1:00 p.m. ET.
https://teams.microsoft.com/meet/2343420180226053?p=28XQxZhIlpuU9CiS60.
Meeting ID: 234 342 018 022 605 3.
Passcode: FM9CS99B.
Dial in by phone: +1 360–726–3256,, 968352098# United States, Vancouver.
Phone conference ID: 968 352 098#.
Dates: February 3, 2027.
Time: 11:00 a.m. ET–1:00 p.m. ET.
https://teams.microsoft.com/meet/2843350683755901?p=0xl05Oz5UTE3xROIzk.
Meeting ID: 284 335 068 375 590 1.
Passcode: RB3VG6vX.
Dial in by phone: +1 360–726–3256,,407375073# United States, Vancouver.
Phone conference ID: 407 375 073#.

Federal Communications Commission.

Sarah Van Valzah,

Assistant Chief, Office of International Affairs.

[FR Doc. 2026–24014 Filed 11–24–26; 8:45 am]

BILLING CODE 6712–01–P

FEDERAL COMMUNICATIONS COMMISSION

[OMB 3060–1325; FR ID 378850]

Information Collection Being Reviewed by the Federal Communications Commission

AGENCY: Federal Communications Commission.

ACTION: Notice; request for comments.

SUMMARY: As part of its continuing effort to reduce paperwork burdens, and as required by the Paperwork Reduction Act (PRA) of 1995, the Federal Communications Commission (FCC or the Commission) invites the general public and other Federal agencies to take this opportunity to comment on the following information collection. Comments are requested concerning: whether the proposed collection of information is necessary for the proper performance of the functions of the Commission, including whether the information shall have practical utility; the accuracy of the Commission's burden estimate; ways to enhance the quality, utility, and clarity of the information collected; ways to minimize the burden of the collection of information on the respondents, including the use of automated collection techniques or other forms of information technology; and ways to further reduce the information collection burden on small business concerns with fewer than 25 employees.

DATES: Written PRA comments should be submitted on or before January 25, 2027. If you anticipate that you will be submitting comments, but find it difficult to do so within the period of time allowed by this notice, you should advise the contact listed below as soon as possible.

ADDRESSES: Direct all PRA comments to Nicole Ongele, FCC, via email *PRA@fcc.gov* and to *nicole.ongele@fcc.gov.*

FOR FURTHER INFORMATION CONTACT: For additional information about the information collection, contact Nicole Ongele, (202) 418–2991.

SUPPLEMENTARY INFORMATION:

OMB Control Number: 3060–1325.

Title: Safe Connections Act—Supporting Survivors of Domestic and Sexual Violence, WC Docket No. 22–238, et al.

Form Number: N/A.

Type of Review: Extension of a currently approved information collection.

Respondents: Business or other for-profit entities and individuals or households.

Number of Respondents and Responses: 1,700,000 respondents; 1,700,000 responses.

Estimated Time per Response: 1 hour–240 hours.

Frequency of Response: On occasion reporting requirement; third party disclosure requirement.

Obligation to Respond: Required to obtain or retain benefits. Statutory authority for these collections is contained in 47 U.S.C. 345 of the Communications Act of 1934.

Total Annual Burden: 3,631,713 hours.

Total Annual Cost: No Cost.

Needs and Uses: The Safe Connections Act of 2022 (SCA) obligates the Commission to implement rules pursuant to Section 4 of the SCA, which sets forth the requirement that covered providers separate the mobile phone telephone lines of domestic violence survivors (and of those persons in their care) from a shared mobile service contract with an abuser within two business days of a request. To implement the line separation process, the Commission establishes this collection, which requires covered providers to notify consumers about the availability of the line separation process and requires survivors to submit certain information to covered providers to request a line separation.

Federal Communications Commission.

Marlene Dortch,

Secretary, Office of the Secretary.

[FR Doc. 2026–23973 Filed 11–24–26; 8:45 am]

BILLING CODE 6712–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Meeting of the National Committee on Vital and Health Statistics

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice of meeting.

SUMMARY: In accordance with the Federal Advisory Committee Act, the Centers for Disease Control and Prevention (CDC) announces the following meeting of the National Committee on Vital and Health Statistics (NCVHS). The meeting is open to the public.

DATES: The meeting will be held on December 16, 2026, from 11 a.m. to 4 p.m., EST.

ADDRESSES: The public meeting will be held virtually. The public is welcome to obtain a link to attend this meeting by following the instructions posted on the Committee website: *https://www.cdc.gov/faca/committees/ncvhs.html.*

FOR FURTHER INFORMATION CONTACT: Naomi Michaelis, MPA, Executive Secretary, National Committee on Vital Health and Statistics, Centers for Disease Control and Prevention, 3311 Toledo Road, Hyattsville, Maryland 20782. Telephone: (301) 458–4202; Email: *ncvhsmail@cdc.gov.*

SUPPLEMENTARY INFORMATION:

Background: The National Committee on Vital and Health Statistics assists and advises the Secretary of HHS on health data, data standards, statistics, privacy, national health information policy, and the Department's strategy to best address those issues. The original authorities of NCVHS are described at 42 U.S. Code § 242k. Additional authorities were added by the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Pub. L. 104–191, 110 Stat. 1936, Aug. 21, 1996), under which NCVHS advises the Secretary on administrative simplification standards, including those for privacy, security, adoption and implementation of transaction standards, unique identifiers, code sets, and operating rules adopted under the

Patient Protection and Affordable Care Act (ACA, Pub. L. 111–148, 124 Stat, 119, Mar. 23, 2010). Included in HIPAA is the statutory reporting requirement that the Committee submit to Congress and make public, a report regarding the implementation of part C of title XI of the Social Security Act.

Purpose: The National Committee on Vital and Health Statistics shall assist and advise the Secretary on health data, statistics, privacy, national health information policy, and the Department's strategy to best address those issues. The Committee also shall assist and advise the Department in the implementation of the Administrative Simplification provisions of HIPAA and shall inform decision making about data policy by HHS, states, local governments and the private sector.

Matters to be Considered: The agenda will include drafting of the annual Report to Congress and a review of potential future topics. The Committee will reserve time on the agenda for public comment. Agenda items are subject to change as priorities dictate. Summaries of meetings and a roster of Committee members are available on the NCVHS website: *https://www.cdc.gov/faca/committees/ncvhs.html,* where further information including an agenda and instructions to access the broadcast of the meeting will be posted.

Should you require reasonable accommodation due to a disability, please contact Naomi Michaelis at *ncvhsmail@cdc.gov* (see **FOR FURTHER INFORMATION CONTACT**) at least 7 days in advance of the meeting.

The Director, Office of Strategic Business Initiatives, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Kalwant Smagh,

Director, Office of Strategic Business Initiatives, Office of the Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2026–23954 Filed 11–24–26; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–6100–N]

RIN 0938–ZC03

Medicare, Medicaid, and Children's Health Insurance Programs; Provider Enrollment Application Fee Amount for Calendar Year 2027

AGENCY: Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: This notice announces a $776.00 calendar year 2027 application fee for institutional providers that are initially enrolling in the Medicare or Medicaid program or the Children's Health Insurance Program (CHIP); revalidating their Medicare, Medicaid, or CHIP enrollment; or adding a new Medicare practice location. This fee is required with any enrollment application submitted on or after January 1, 2027, and on or before December 31, 2027.

DATES: The application fee announced in this notice is effective on January 1, 2027.

FOR FURTHER INFORMATION CONTACT: Frank Whelan, (410) 786–1302.

SUPPLEMENTARY INFORMATION:

I. Background

In the February 2, 2011, **Federal Register** (76 FR 5862), we published a final rule with comment period titled ''Medicare, Medicaid, and Children's Health Insurance Programs; Additional Screening Requirements, Application Fees, Temporary Enrollment Moratoria, Payment Suspensions and Compliance Plans for Providers and Suppliers''. This final rule finalized, among other things, provisions related to the submission of application fees as part of the Medicare, Medicaid, and the Children's Health Insurance Program (CHIP) provider enrollment processes.

As provided in section 1866(j)(2)(C)(i) of the Social Security Act (the Act) and in 42 CFR 424.514, ''institutional providers'' that are initially enrolling in the Medicare or Medicaid programs or CHIP, revalidating their enrollment, or adding a new Medicare practice location are required to submit a fee with their enrollment application. An ''institutional provider'' for purposes of Medicare is defined at § 424.502 as ''any provider or supplier that submits a paper Medicare enrollment application using the CMS–855A, CMS–855B (not including physician and non-physician practitioner organizations), CMS–855S, or associated internet-based PECOS enrollment application.'' As we explained in the February 2, 2011, final rule (76 FR 5914), in addition to the providers and suppliers subject to the application fee under Medicare, Medicaid-only and CHIP-only institutional providers would include nursing facilities, intermediate care facilities for persons with intellectual disabilities (ICF/IID), and psychiatric residential treatment facilities; they may also include other institutional provider types designated by a State in accordance with their approved State plan.

As indicated in §§ 424.514 and 455.460, the application fee is not required for either of the following:

- A Medicare physician or non-physician practitioner submitting a CMS–855I.
- A prospective or revalidating Medicaid or CHIP provider—

++ Who is an individual physician or non-physician practitioner; or

++ That is enrolled as an institutional provider in Title XVIII of the Act or another State's Title XIX or XXI plan and has paid the application fee to a Medicare contractor or another State.

II. Provisions of the Notice

Section 1866(j)(2)(C)(i)(I) of the Act established a $500 application fee for institutional providers in calendar year (CY) 2010. Consistent with section 1866(j)(2)(C)(i)(II) of the Act, § 424.514(d)(2) states that for CY 2011 and subsequent years, the preceding year's fee will be adjusted by the percentage change in the consumer price index (CPI) for all urban consumers (all items; United States city average, CPI–U) for the 12-month period ending on June 30 of the previous year. Consequently, each year since 2011 we have published in the **Federal Register** an announcement of the application fee amount for the forthcoming CY based on this formula. Most recently, in the December 3, 2025, **Federal Register** (90 FR 55738), we published a notice announcing a fee amount for the period of January 1, 2026, through December 31, 2026, of $750.00. The $750.00 fee amount for CY 2026 was used to calculate the fee amount for CY 2027 as specified in § 424.514(d)(2).

According to Bureau of Labor Statistics (BLS) data, the CPI–U increase for the period of July 1, 2025, through June 30, 2026, was 3.5 percent. (See *https://www.bls.gov/news.release/archives/cpi_07142026.htm*). As required by § 424.514(d)(2), the preceding year's fee of $750 will be