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# Contents

**Federal Register**

Vol. 91, No. 66

Tuesday, April 7, 2026

**Separate Parts In This Issue**

**Part II**



**Part III**



**Reader Aids**

Consult the Reader Aids section at the end of this issue for phone numbers, online resources, finding aids, and notice of recently enacted public laws.

To subscribe to the Federal Register Table of Contents electronic mailing list, go to https://public.govdelivery.com/accounts/USGPOOFR/subscriber/new, enter your e-mail address, then follow the instructions to join, leave, or manage your subscription.

## CFR PARTS AFFECTED IN THIS ISSUE

A cumulative list of the parts affected this month can be found in the Reader Aids section at the end of this issue.

**14 CFR**
97 (2 documents) .....17603, 17604

**Proposed Rules:**
39 (2 documents) .....17610, 17614
71 (2 documents) .....17616, 17618

**40 CFR**
180.....17607

**42 CFR**

**Proposed Rules:**
412.....17720
413.....17678

**49 CFR**

**Proposed Rules:**
367.....17618

# Rules and Regulations

Federal Register
Vol. 91, No. 66
Tuesday, April 7, 2026

This section of the FEDERAL REGISTER contains regulatory documents having general applicability and legal effect, most of which are keyed to and codified in the Code of Federal Regulations, which is published under 50 titles pursuant to 44 U.S.C. 1510.

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## DEPARTMENT OF TRANSPORTATION

### Federal Aviation Administration

### 14 CFR Part 97

**[Docket No. 31657; Amdt. No. 4212]**

## Standard Instrument Approach Procedures, and Takeoff Minimums and Obstacle Departure Procedures; Miscellaneous Amendments

**AGENCY:** Federal Aviation Administration (FAA), DOT.

**ACTION:** Final rule.

**SUMMARY:** This rule amends, suspends, or removes Standard Instrument Approach Procedures (SIAPs) and associated Takeoff Minimums and Obstacle Departure Procedures for operations at certain airports. These regulatory actions are needed because of the adoption of new or revised criteria, or because of changes occurring in the National Airspace System, such as the commissioning of new navigational facilities, adding new obstacles, or changing air traffic requirements. These changes are designed to provide for the safe and efficient use of the navigable airspace and to promote safe flight operations under instrument flight rules at the affected airports.

**DATES:** This rule is effective April 7, 2026. The compliance date for each SIAP, associated Takeoff Minimums, and ODP is specified in the amendatory provisions.

The incorporation by reference of certain publications listed in the regulations is approved by the Director of the Federal Register as of April 7, 2026.

**ADDRESSES:** Availability of matter incorporated by reference in the amendment is as follows:

**For Examination**

1. U.S. Department of Transportation, Docket Ops-M30, 1200 New Jersey Avenue SE, West Bldg., Ground Floor, Washington, DC 20590–0001;

2. The FAA Air Traffic Organization Service Area in which the affected airport is located;

3. The office of Aeronautical Information Services, 6500 South MacArthur Blvd., Oklahoma City, OK 73169 or,

4. The National Archives and Records Administration (NARA).

For information on the availability of this material at NARA, visit *www.archives.gov/federal-register/cfr/ibr-locations* or email *fr.inspection@nara.gov.*

**Availability**

All SIAPs and Takeoff Minimums and ODPs are available online free of charge. Visit the National Flight Data Center online at *nfdc.faa.gov* to register. Additionally, individual SIAP and Takeoff Minimums and ODP copies may be obtained from the FAA Air Traffic Organization Service Area in which the affected airport is located.

**FOR FURTHER INFORMATION CONTACT:** Rune Duke, Manager (Acting), Standards Section, Flight Procedures and Airspace Group, Aviation Safety, Federal Aviation Administration. Mailing Address: FAA Mike Monroney Aeronautical Center, Flight Procedures and Airspace Group, 6500 South MacArthur Blvd., STB Annex, Bldg. 26, Room 217, Oklahoma City, OK 73099. Telephone (405) 954–1139.

**SUPPLEMENTARY INFORMATION:** This rule amends 14 CFR part 97 by amending the referenced SIAPs. The complete regulatory description of each SIAP is listed on the appropriate FAA Form 8260, as modified by the National Flight Data Center (NFDC)/Permanent Notice to Airmen (P–NOTAM), and is incorporated by reference under 5 U.S.C. 552(a), 1 CFR part 51, and 14 CFR 97.20. The large number of SIAPs, their complex nature, and the need for a special format make their verbatim publication in the **Federal Register** expensive and impractical. Further, pilots do not use the regulatory text of the SIAPs, but refer to their graphic depiction on charts printed by publishers of aeronautical materials. Thus, the advantages of incorporation by reference are realized and publication of the complete description of each SIAP contained on FAA form documents is unnecessary. This amendment provides the affected CFR sections, and specifies the SIAPs and Takeoff Minimums and ODPs with their applicable effective dates. This amendment also identifies the airport and its location, the procedure and the amendment number.

**Availability and Summary of Material Incorporated by Reference**

The material incorporated by reference is publicly available as listed in the **ADDRESSES** section.

The material incorporated by reference describes SIAPs, Takeoff Minimums and ODPs as identified in the amendatory language for part 97 of this final rule.

**The Rule**

This amendment to 14 CFR part 97 is effective upon publication of each separate SIAP and Takeoff Minimums and ODP as amended in the transmittal. For safety and timeliness of change considerations, this amendment incorporates only specific changes contained for each SIAP and Takeoff Minimums and ODP as modified by FDC permanent NOTAMs.

The SIAPs and Takeoff Minimums and ODPs, as modified by FDC permanent NOTAM, and contained in this amendment are based on criteria contained in the U.S. Standard for Terminal Instrument Procedures (TERPS). In developing these changes to SIAPs and Takeoff Minimums and ODPs, the TERPS criteria were applied only to specific conditions existing at the affected airports. All SIAP amendments in this rule have been previously issued by the FAA in a FDC NOTAM as an emergency action of immediate flight safety relating directly to published aeronautical charts.

The circumstances that created the need for these SIAP and Takeoff Minimums and ODP amendments require making them effective in less than 30 days.

Because of the close and immediate relationship between these SIAPs, Takeoff Minimums and ODPs, and safety in air commerce, I find that notice and public procedure under 5 U.S.C. 553(b) are impracticable and contrary to the public interest and, where applicable, under 5 U.S.C. 553(d), good cause exists for making these SIAPs effective in less than 30 days.

The FAA has determined that this regulation only involves an established body of technical regulations for which frequent and routine amendments are

necessary to keep them operationally current. It, therefore—(1) is not a ''significant regulatory action'' under Executive Order 12866; (2) is not a ''significant rule'' under DOT regulatory Policies and Procedures (44 FR 11034; February 26, 1979); and (3) does not warrant preparation of a regulatory evaluation as the anticipated impact is so minimal. For the same reason, the FAA certifies that this amendment will not have a significant economic impact on a substantial number of small entities under the criteria of the Regulatory Flexibility Act.

**List of Subjects in 14 CFR Part 97**

Air Traffic Control, Airports, Incorporation by reference, Navigation (Air).

Issued in Washington, DC, on March 27, 2026.

**Thomas C. Noble,**

*Manager (Acting), AFS–420 Group, Flight Procedures and Airspace Group, Flight Technologies & Procedures Division, Federal Aviation Administration.*

**Adoption of the Amendment**

Accordingly, pursuant to the authority delegated to me, 14 CFR part 97 is amended by amending Standard Instrument Approach Procedures and Takeoff Minimums and ODPs, effective at 0901 UTC on the dates specified, as follows:

## PART 97—STANDARD INSTRUMENT APPROACH PROCEDURES

■ 1. The authority citation for part 97 continues to read as follows:

**Authority:** 49 U.S.C. 106(f), 106(g), 40103, 40106, 40113, 40114, 40120, 44502, 44514, 44701, 44719, 44721–44722.

■ 2. Part 97 is amended to read as follows:

By amending: § 97.23 VOR, VOR/DME, VOR or TACAN, and VOR/DME or TACAN; § 97.25 LOC, LOC/DME, LDA, LDA/DME, SDF, SDF/DME; § 97.27 NDB, NDB/DME; § 97.29 ILS, ILS/DME, MLS, MLS/DME, MLS/RNAV; § 97.31 RADAR SIAPs; § 97.33 RNAV SIAPs; and § 97.35 COPTER SIAPs, Identified as follows:

** * * Effective Upon Publication*

| AIRAC date | State | City | Airport | FDC No. | FDC date | Procedure name |
|---|---|---|---|---|---|---|
| 14–May–26 .... | IL | Taylorville ..... | Taylorville Muni ..... | 6/0528 | 2/5/2026 | RNAV (GPS) RWY 18, Orig-B. |
| 14–May–26 .... | IA | Sioux City ..... | Sioux Gateway/Brig General Bud Day Fld. | 6/2091 | 2/11/2026 | ILS OR LOC RWY 13, Amdt 3A. |
| 14–May–26 .... | IA | Carroll ..... | Arthur N Neu ..... | 6/2098 | 2/11/2026 | RNAV (GPS) RWY 13, Amdt 1C. |
| 14–May–26 .... | IA | Carroll ..... | Arthur N Neu ..... | 6/2100 | 2/11/2026 | RNAV (GPS) RWY 31, Amdt 1C. |
| 14–May–26 .... | KS | Syracuse ..... | Syracuse-Hamilton County Muni ..... | 6/2458 | 1/12/2026 | Takeoff Minimums and Obstacle DP, Amdt 1. |
| 14–May–26 .... | CA | Groveland ..... | Pine Mountain Lake ..... | 6/3341 | 3/6/2026 | GPS RWY 27, Orig-D. |
| 14–May–26 .... | IA | Waterloo ..... | Waterloo Rgnl ..... | 6/3399 | 1/20/2026 | ILS OR LOC RWY 12, Amdt 10B. |
| 14–May–26 .... | IA | Waterloo ..... | Waterloo Rgnl ..... | 6/3400 | 1/20/2026 | LOC BC RWY 30, Amdt 12A. |
| 14–May–26 .... | IA | Waterloo ..... | Waterloo Rgnl ..... | 6/3401 | 1/20/2026 | VOR RWY 12, Amdt 10C. |
| 14–May–26 .... | IA | Waterloo ..... | Waterloo Rgnl ..... | 6/3402 | 1/20/2026 | VOR RWY 18, Amdt 10. |
| 14–May–26 .... | OK | Chickasha ..... | Chickasha Muni ..... | 6/5209 | 2/25/2026 | VOR/DME–A, Amdt 1C. |
| 14–May–26 .... | MI | Howell ..... | Livingston County/Spencer J Hardy | 6/5223 | 1/27/2026 | ILS OR LOC RWY 13, Amdt 1C. |
| 14–May–26 .... | MI | Howell ..... | Livingston County/Spencer J Hardy | 6/5224 | 1/27/2026 | RNAV (GPS) RWY 13, Amdt 2C. |
| 14–May–26 .... | MI | Howell ..... | Livingston County/Spencer J Hardy | 6/5225 | 1/27/2026 | RNAV (GPS) RWY 31, Amdt 1C. |
| 14–May–26 .... | CA | Los Angeles ..... | Los Angeles Intl ..... | 6/6044 | 2/24/2026 | ILS OR LOC RWY 24R, ILS RWY 24R (CAT II & III), Amdt 26B. |
| 14–May–26 .... | CA | Los Angeles ..... | Los Angeles Intl ..... | 6/6045 | 2/24/2026 | ILS OR LOC RWY 25L, ILS RWY 25L (CAT II & III), Amdt 15A. |
| 14–May–26 .... | OH | East Liverpool ... | Columbiana County ..... | 6/6047 | 2/19/2026 | RNAV (GPS) RWY 25, Orig-A. |
| 14–May–26 .... | MO | Memphis ..... | Memphis Meml ..... | 6/6048 | 2/19/2026 | RNAV (GPS) RWY 12, Orig-A. |
| 14–May–26 .... | MN | Hawley ..... | Hawley Muni ..... | 6/6049 | 2/19/2026 | RNAV (GPS) RWY 34, Orig-B. |
| 14–May–26 .... | AL | Wetumpka ..... | Wetumpka Muni ..... | 6/6051 | 2/19/2026 | RNAV (GPS) RWY 9, Orig-C. |
| 14–May–26 .... | AL | Centreville ..... | Bibb County ..... | 6/6052 | 2/19/2026 | RNAV (GPS) RWY 28, Orig-A. |
| 14–May–26 .... | TX | Bowie ..... | Bowie Muni ..... | 6/6053 | 2/19/2026 | RNAV (GPS) RWY 17, Amdt 1. |
| 14–May–26 .... | TN | Camden ..... | Benton County ..... | 6/6054 | 2/19/2026 | RNAV (GPS) RWY 4, Orig-B. |
| 14–May–26 .... | VA | Jonesville ..... | Lee County ..... | 6/6065 | 2/19/2026 | RNAV (GPS) RWY 7, Amdt 2. |
| 14–May–26 .... | OK | Madill ..... | Madill Muni ..... | 6/6067 | 2/19/2026 | RNAV (GPS) RWY 18, Orig-B. |

[FR Doc. 2026–06717 Filed 4–6–26; 8:45 am]

**BILLING CODE 4910–13–P**

## DEPARTMENT OF TRANSPORTATION

## Federal Aviation Administration

## 14 CFR Part 97

**[Docket No. 31656; Amdt. No. 4211]**

## Standard Instrument Approach Procedures, and Takeoff Minimums and Obstacle Departure Procedures; Miscellaneous Amendments

**AGENCY:** Federal Aviation Administration (FAA), DOT.

**ACTION:** Final rule.

**SUMMARY:** This rule establishes, amends, suspends, or removes Standard Instrument Approach Procedures (SIAPS) and associated Takeoff Minimums and Obstacle Departure procedures (ODPs) for operations at certain airports. These regulatory actions are needed because of the adoption of new or revised criteria, or because of changes occurring in the National Airspace System, such as the commissioning of new navigational facilities, adding new obstacles, or changing air traffic requirements. These changes are designed to provide safe and efficient use of the navigable

airspace and to promote safe flight operations under instrument flight rules at the affected airports.

**DATES:** This rule is effective April 7, 2026. The compliance date for each SIAP, associated Takeoff Minimums, and ODP is specified in the amendatory provisions.

The incorporation by reference of certain publications listed in the regulations is approved by the Director of the Federal Register as of April 7, 2026.

**ADDRESSES:** Availability of matters incorporated by reference in the amendment is as follows:

**For Examination**

1. U.S. Department of Transportation, Docket Ops-M30. 1200 New Jersey Avenue SE, West Bldg., Ground Floor, Washington, DC 20590–0001.
2. The FAA Air Traffic Organization Service Area in which the affected airport is located;
3. The office of Aeronautical Information Services, 6500 South MacArthur Blvd., Oklahoma City, OK 73169 or,
4. The National Archives and Records Administration (NARA). For information on the availability of this material at NARA, visit *www.archives.gov/federal-register/cfr/ibr-locations* or email *fr.inspection@nara.gov.*

**Availability**

All SIAPs and Takeoff Minimums and ODPs are available online free of charge. Visit the National Flight Data Center at *nfdc.faa.gov* to register. Additionally, individual SIAP and Takeoff Minimums and ODP copies may be obtained from the FAA Air Traffic Organization Service Area in which the affected airport is located.

**FOR FURTHER INFORMATION CONTACT:** Rune Duke, Manager (Acting), Standards Section, Flight Procedures and Airspace Group, Aviation Safety, Federal Aviation Administration. Mailing Address: FAA Mike Monroney Aeronautical Center, Flight Procedures and Airspace Group, 6500 South MacArthur Blvd., STB Annex, Bldg. 26, Room 217, Oklahoma City, OK 73099. Telephone (405) 954–1139.

**SUPPLEMENTARY INFORMATION:** This rule amends 14 CFR part 97 by establishing, amending, suspending, or removes SIAPS, Takeoff Minimums and/or ODPS. The complete regulatory description of each SIAP and its associated Takeoff Minimums or ODP for an identified airport is listed on FAA form documents which are incorporated by reference in this amendment under 5 U.S.C. 552(a), 1 CFR part 51, and 14 CFR 97.20. The applicable FAA Forms are 8260–3, 8260–4, 8260–5, 8260–15A, 8260–15B, when required by an entry on 8260–15A, and 8260–15C.

The large number of SIAPs, Takeoff Minimums and ODPs, their complex nature, and the need for a special format make publication in the **Federal Register** expensive and impractical. Further, pilots do not use the regulatory text of the SIAPs, Takeoff Minimums or ODPs, but instead refer to their graphic depiction on charts printed by publishers of aeronautical materials. Thus, the advantages of incorporation by reference are realized and publication of the complete description of each SIAP, Takeoff Minimums and ODP listed on FAA form documents is unnecessary. This amendment provides the affected CFR sections and specifies the types of SIAPS, Takeoff Minimums and ODPs with their applicable effective dates. This amendment also identifies the airport and its location, the procedure, and the amendment number.

**Availability and Summary of Material Incorporated by Reference**

The material incorporated by reference is publicly available as listed in the **ADDRESSES** section.

The material incorporated by reference describes SIAPS, Takeoff Minimums and/or ODPs as identified in the amendatory language for part 97 of this final rule.

**The Rule**

This amendment to 14 CFR part 97 is effective upon publication of each separate SIAP, Takeoff Minimums and ODP as amended in the transmittal. Some SIAP and Takeoff Minimums and textual ODP amendments may have been issued previously by the FAA in a Flight Data Center (FDC) Notice to Airmen (NOTAM) as an emergency action of immediate flights safety relating directly to published aeronautical charts.

The circumstances that created the need for some SIAP and Takeoff Minimums and ODP amendments may require making them effective in less than 30 days. For the remaining SIAPs and Takeoff Minimums and ODPs, an effective date at least 30 days after publication is provided.

Further, the SIAPs and Takeoff Minimums and ODPs contained in this amendment are based on the criteria contained in the U.S. Standard for Terminal Instrument Procedures (TERPS). In developing these SIAPs and Takeoff Minimums and ODPs, the TERPS criteria were applied to the conditions existing or anticipated at the affected airports. Because of the close and immediate relationship between these SIAPs, Takeoff Minimums and ODPs, and safety in air commerce, I find that notice and public procedure under 5 U.S.C. 553(b) are impracticable and contrary to the public interest and, where applicable, under 5 U.S.C. 553(d), good cause exists for making some SIAPs effective in less than 30 days.

The FAA has determined that this regulation only involves an established body of technical regulations for which frequent and routine amendments are necessary to keep them operationally current. It, therefore-(1) is not a ''significant regulatory action'' under Executive Order 12866; (2) is not a ''significant rule'' under DOT Regulatory Policies and Procedures (44 FR 11034; February 26, 1979); and (3) does not warrant preparation of a regulatory evaluation as the anticipated impact is so minimal. For the same reason, the FAA certifies that this amendment will not have a significant economic impact on a substantial number of small entities under the criteria of the Regulatory Flexibility Act.

**Lists of Subjects in 14 CFR Part 97**

Air Traffic Control, Airports, Incorporation by reference, Navigation (Air).

Issued in Washington, DC, on March 27, 2026.

**Thomas C. Noble,**

*Manager (Acting), AFS–420 Group, Flight Procedures and Airspace Group, Flight Technologies & Procedures Division, Federal Aviation Administration.*

**Adoption of the Amendment**

Accordingly, pursuant to the authority delegated to me, 14 CFR part 97 is amended by establishing, amending, suspending, or removing Standard Instrument Approach Procedures and/or Takeoff Minimums and Obstacle Departure Procedures effective at 0901 UTC on the dates specified, as follows:

## PART 97—STANDARD INSTRUMENT APPROACH PROCEDURES

■ 1. The authority citation for part 97 continues to read as follows:

**Authority:** 49 U.S.C. 106(f), 106(g), 40103, 40106, 40113, 40114, 40120, 44502, 44514, 44701, 44719, 44721–44722.

■ 2. Part 97 is amended to read as follows:

*Effective 14 May 2026*

Hope, AR, M18, VOR RWY 4, Orig-A, CANCELED
St Johns, AZ, SJN, VOR–A, Amdt 3, CANCELED

Tucson, AZ, RYN, NDB RWY 6R, Amdt 2, CANCELED
Window Rock, AZ, RQE, VOR–A, Amdt 1, CANCELED
Davis/Woodland/Winters, CA, DWA, RNAV (GPS) RWY 34, Amdt 3
Windsor Locks, CT, BDL, COPTER ILS OR LOC RWY 6, Amdt 2A, CANCELED
Windsor Locks, CT, BDL, ILS OR LOC RWY 33, Amdt 11
Windsor Locks, CT, BDL, RNAV (GPS) RWY 33, Amdt 4
Washington, DC, DCA, COPTER ILS OR LOC/DME RWY 1, Amdt 1B, CANCELED
Washington, DC, DCA, LDA RWY 19, Amdt 4A
Washington, DC, DCA, LDA Y RWY 19, Amdt 2, CANCELED
Washington, DC, DCA, RNAV (GPS) RWY 1, Orig
Washington, DC, DCA, RNAV (GPS) RWY 33, Amdt 1
Washington, DC, DCA, RNAV (RNP) RWY 1, Amdt 1B, CANCELED
Destin, FL, DTS, RNAV (GPS) RWY 14, Amdt 2D
Destin, FL, DTS, RNAV (GPS) RWY 32, Amdt 1D
Cochran, GA, 48A, RNAV (GPS) RWY 11, Amdt 2, CANCELED
Emmetsburg, IA, EGQ, RNAV (GPS) RWY 13, Orig-D
Emmetsburg, IA, EGQ, RNAV (GPS) RWY 31, Orig-D
Fort Madison, IA, FSW, VOR–A, Amdt 7C, CANCELED
Lamoni, IA, LWD, RNAV (GPS) RWY 18, Amdt 1A
Muscatine, IA, MUT, RNAV (GPS) RWY 24, Orig-C
Muscatine, IA, MUT, Takeoff Minimums and Obstacle DP, Amdt 4
Spencer, IA, SPW, VOR RWY 30, Amdt 3C, CANCELED
Chicago/Prospect Heights/Wheeling, IL, PWK, VOR RWY 16, Orig-H, CANCELED
Lincoln, IL, AAA, VOR RWY 3, Amdt 7B, CANCELED
Evansville, IN, EVV, VOR RWY 4, Amdt 7A, CANCELED
Indianapolis, IN, MQJ, ILS OR LOC RWY 25, Amdt 3A
Indianapolis, IN, MQJ, RNAV (GPS) RWY 25, Orig-D
Indianapolis, IN, MQJ, RNAV (GPS) RWY 34, Amdt 1C
Indianapolis, IN, MQJ, Takeoff Minimums and Obstacle DP, Amdt 3A
Marion, IN, MZZ, VOR RWY 15, Amdt 10G, CANCELED
Washington, IN, DCY, RNAV (GPS) RWY 18, Amdt 2A
Great Bend, KS, GBD, NDB RWY 35, Amdt 3B, CANCELED
Topeka, KS, TOP, RNAV (GPS) RWY 31, Amdt 1C
Wichita, KS, BEC, VOR–B, Amdt 4, CANCELED
Wichita, KS, CEA, VOR–C, Amdt 1A, CANCELED
Bardstown, KY, BRY, VOR RWY 3, Amdt 1A, CANCELED
Danville, KY, DVK, NDB–A, Amdt 8B, CANCELED
London, KY, LOZ, VOR RWY 6, Amdt 13C, CANCELED
Galliano, LA, GAO, ILS OR LOC RWY 36, Amdt 2A
Opelousas, LA, OPL, VOR RWY 36, Amdt 1C, CANCELED
Frenchville, ME, FVE, RNAV (GPS) RWY 14, Amdt 1C
Frenchville, ME, FVE, RNAV (GPS) RWY 32, Amdt 2B
Cheboygan, MI, SLH, VOR RWY 10, Amdt 9C, CANCELED
Ironwood, MI, IWD, VOR RWY 9, Amdt 13C, CANCELED
Mackinac Island, MI, MCD, VOR/DME–A, Amdt 9B, CANCELED
Midland, MI, IKW, Takeoff Minimums and Obstacle DP, Amdt 1
Crookston, MN, CKN, VOR RWY 13, Amdt 1, CANCELED
Grand Rapids, MN, GPZ, VOR RWY 34, Amdt 11B, CANCELED
Granite Falls, MN, GDB, VOR/DME RWY 33, Orig-D, CANCELED
Minneapolis, MN, ANE, VOR RWY 9, Amdt 12E, CANCELED
Redwood Falls, MN, RWF, VOR–A, Amdt 5A, CANCELED
Ava, MO, AOV, VOR–A, Amdt 3A, CANCELED
Cape Girardeau, MO, CGI, RNAV (GPS) RWY 20, Orig-D
Cape Girardeau, MO, CGI, RNAV (GPS) RWY 28, Amdt 1C
Farmington, MO, FAM, VOR/DME–A, Orig-B, CANCELED
Kirksville, MO, IRK, VOR–A, Amdt 15B, CANCELED
Springfield, MO, SGF, ILS OR LOC RWY 14, Amdt 1
Springfield, MO, SGF, RNAV (GPS) RWY 14, Amdt 3
Ripley, MS, 25M, VOR/DME–A, Amdt 2B, CANCELED
Hatteras, NC, HSE, RNAV (GPS) RWY 7, Orig-A
Hatteras, NC, HSE, RNAV (GPS) RWY 25, Orig-A
Morganton, NC, MRN, RNAV (GPS) RWY 21, Amdt 1D
Tioga, ND, D60, RNAV (GPS) RWY 30, Amdt 1D
Ord, NE, ODX, NDB RWY 13, Amdt 5B, CANCELED
Wahoo, NE, AHQ, NDB RWY 20, Amdt 3, CANCELED
Morristown, NJ, MMU, RNAV (GPS) X RWY 23, Orig-A
Carlsbad, NM, CNM, VOR RWY 32L, Amdt 6B, CANCELED
Socorro, NM, ONM, VOR/DME–A, Orig-B, CANCELED
Le Roy, NY, 5G0, VOR–A, Amdt 1C, CANCELED
Akron, OH, AKR, NDB RWY 25, Amdt 15D, CANCELED
Dayton, OH, MGY, NDB–A, Amdt 3, CANCELED
Medina, OH, 1G5, VOR RWY 27, Amdt 3, CANCELED
Washington Court House, OH, I23, NDB RWY 23, Amdt 5C, CANCELED
Woodsfield, OH, 4G5, VOR/DME RWY 25, Amdt 7B, CANCELED
Ardmore, OK, ADM, VOR–B, Amdt 1C, CANCELED
Blackwell, OK, BKN, VOR–A, Amdt 4A, CANCELED
Enid, OK, WDG, RNAV (GPS) RWY 13, Orig
Enid, OK, WDG, RNAV (GPS) RWY 31, Orig
Enid, OK, WDG, Takeoff Minimums and Obstacle DP, Amdt 5
Portland, OR, HIO, ILS OR LOC RWY 13R, Amdt 11B
Portland, OR, HIO, RNAV (GPS) RWY 13R, Amdt 3A
Portland, OR, HIO, RNAV (GPS) RWY 31L, Amdt 1B
Aberdeen, SD, ABR, VOR RWY 13, Amdt 13B, CANCELED
Atlanta, TX, ATA, NDB RWY 5, Amdt 4A, CANCELED
Bridgeport, TX, XBP, Takeoff Minimums and Obstacle DP, Amdt 2A
Dallas-Fort Worth, TX, DFW, ILS OR LOC RWY 35R, ILS RWY 35R (SA CAT I), ILS RWY 35R (CAT II), ILS RWY 35R (CAT III), Amdt 5
Decatur, TX, LUD, VOR/DME RWY 17, Amdt 2B, CANCELED
Ingleside, TX, TFP, RNAV (GPS) RWY 14, Amdt 2
Ingleside, TX, TFP, RNAV (GPS) RWY 32, Amdt 2
Ingleside, TX, TFP, Takeoff Minimums and Obstacle DP, Amdt 1
Marshall, TX, ASL, VOR/DME–A, Amdt 4F, CANCELED
Odessa, TX, ODO, VOR–A, Amdt 7B, CANCELED
Palestine, TX, PSN, VOR RWY 18, Amdt 6, CANCELED
Plainview, TX, PVW, VOR RWY 4, Amdt 9D, CANCELED
Robstown, TX, RBO, VOR/DME–A, Amdt 3B, CANCELED
San Antonio, TX, SSF, RNAV (GPS) RWY 32, Amdt 1A
Waco, TX, PWG, RNAV (GPS) RWY 35, Amdt 2
Waco, TX, PWG, VOR RWY 17, Amdt 12
Eau Claire, WI, EAU, VOR–A, Amdt 22A, CANCELED
Watertown, WI, RYV, NDB RWY 5, Amdt 1F, CANCELED
Watertown, WI, RYV, NDB RWY 23, Amdt 2B, CANCELED
Bluefield, WV, BLF, VOR RWY 23, Amdt 5E, CANCELED

*Rescinded:* On March 17, 2026 (91 FR 12687), the FAA published an Amendment in Docket No. 31654, Amdt No. 4209, to Part 97 of the Federal Aviation Regulations under section 97.37. The following entry for Charlotte, NC, effective May 14, 2026, is hereby rescinded in its entirety:

Charlotte, NC, CLT, Takeoff Minimums and Obstacle DP, Amdt 9A

[FR Doc. 2026–06716 Filed 4–6–26; 8:45 am]

**BILLING CODE 4910–13–P**

## ENVIRONMENTAL PROTECTION AGENCY

### 40 CFR Part 180

**[EPA–HQ–OPP–2025–0176; FRL–13258–01–OCSPP]**

## Citrus Tristeza Virus (CTV) Strain T36 Expressing Spinach Defensin Proteins SoD2, SoD2-1, and SoD2*; Exemption From the Requirement of a Tolerance

**AGENCY:** Environmental Protection Agency (EPA).

**ACTION:** Final rule.

**SUMMARY:** This regulation establishes an exemption from the requirement of a tolerance for residues of *Citrus tristeza* virus (CTV) strain T36 expressing Spinach Defensin Proteins SoD2, SoD2-1, and SoD2* in or on the food and feed commodities of citrus. Silvec Biologics, Inc submitted a petition to EPA under the Federal Food, Drug, and Cosmetic Act (FFDCA) requesting an exemption from the requirement of a tolerance. This regulation eliminates the need to establish a maximum permissible level for residues of CTV strain T36 expressing Spinach Defensin Proteins SoD2, SoD2-1, and SoD2* under FFDCA when used in accordance with this exemption.

**DATES:** This regulation is effective April 7, 2026. Objections and requests for hearings must be received on or before June 8, 2026, and must be filed in accordance with the instructions provided in 40 CFR part 178 (see also Unit I.C. of this document).

**ADDRESSES:** The docket for this action, identified by docket identification (ID) number EPA–HQ–OPP–2025–0176, is available at *https://www.regulations.gov.* Additional information about the docket generally, along with instructions for visiting the docket in-person, is available at *https://www.epa.gov/dockets.*

**FOR FURTHER INFORMATION CONTACT:** Shannon Borges, Biopesticides and Pollution Prevention Division (7511P), Office of Pesticide Programs, Environmental Protection Agency, 1200 Pennsylvania Ave. NW, Washington, DC 20460–0001; main telephone number: (202) 566–1400; email address: *BPPDFRNotices@epa.gov.*

**SUPPLEMENTARY INFORMATION:**

### I. Executive Summary

*A. Does this action apply to me?*

You may be potentially affected by this action if you are an agricultural producer, food manufacturer, or pesticide manufacturer. The following list of North American Industrial Classification System (NAICS) codes is not intended to be exhaustive, but rather provides a guide to help readers determine whether this document applies to them:

- Crop production (NAICS code 111).
- Animal production (NAICS code 112).
- Food manufacturing (NAICS code 311).
- Pesticide manufacturing (NAICS code 32532).

If you have any questions regarding the applicability of this action to a particular entity, consult the person listed under **FOR FURTHER INFORMATION CONTACT**.

*B. What is EPA's authority for taking this action?*

EPA is issuing this rulemaking under section 408 of the FFDCA, 21 U.S.C. 346a. FFDCA section 408(c)(2)(A)(i) allows EPA to establish an exemption from the requirement for a tolerance (the legal limit for a pesticide chemical residue in or on a food) only if EPA determines that the exemption is ''safe.'' FFDCA section 408(c)(2)(A)(ii) defines ''safe'' to mean that ''there is a reasonable certainty that no harm will result from aggregate exposure to the pesticide chemical residue, including all anticipated dietary exposures and all other exposures for which there is reliable information.'' This includes exposure through drinking water and in residential settings but does not include occupational exposure. Pursuant to FFDCA section 408(c)(2)(B), in establishing or maintaining in effect an exemption from the requirement of a tolerance, EPA must take into account the factors set forth in FFDCA section 408(b)(2)(C), which require EPA to give special consideration to exposure of infants and children to the pesticide chemical residue in establishing a tolerance and to ''ensure that there is a reasonable certainty that no harm will result to infants and children from aggregate exposure to the pesticide chemical residue. . . .'' Additionally, FFDCA section 408(b)(2)(D) requires that the Agency consider, among other things, ''available information concerning the cumulative effects of a particular pesticide's residues'' and ''other substances that have a common mechanism of toxicity.''

*C. How can I file an objection or hearing request?*

Under FFDCA section 408(g), 21 U.S.C. 346a, any person may file an objection to any aspect of this regulation and may also request a hearing on those objections. If you fail to file an objection to the final rule within the time period specified in the final rule, you will have waived the right to raise any issues resolved in the final rule. You must file your objection or request a hearing on this regulation in accordance with the instructions provided in 40 CFR part 178. To ensure proper receipt by EPA, you must identify docket ID number EPA–HQ–OPP–2025–0176 in the subject line on the first page of your submission. All objections and requests for a hearing must be in writing, and must be received by the Hearing Clerk on or before June 8, 2026.

EPA's Office of Administrative Law Judges (OALJ), in which the Hearing Clerk is housed, urges parties to file and serve documents by electronic means only, notwithstanding any other particular requirements set forth in other procedural rules governing those proceedings. *See* ''Order Urging Electronic Filing and Service,'' dated December 3, 2025, which can be found at *https://www.epa.gov/system/files/documents/2025-12/2025-12-03-order-urging-electronic-filing-and-service.pdf.* Although EPA's regulations require submission via U.S. Mail or hand delivery, EPA intends to treat submissions filed via electronic means as properly filed submissions; therefore, EPA believes the preference for submission via electronic means will not be prejudicial. When submitting documents to the OALJ electronically, a person should utilize the OALJ e-filing system at *https://yosemite.epa.gov/OA/EAB/EAB-ALJ_upload.nsf.*

In addition to filing an objection or hearing request with the Hearing Clerk as described in 40 CFR part 178, please submit a copy of the filing (excluding any Confidential Business Information (CBI)) for inclusion in the public docket at *https://www.regulations.gov.* Follow the online instructions for submitting comments. Do not submit electronically any information you consider to be CBI or other information whose disclosure is restricted by statute. If you wish to include CBI in your request, please follow the applicable instructions at *https://www.epa.gov/dockets/commenting-epa-dockets#rules* and clearly mark the information that you claim to be CBI. Information not marked confidential pursuant to 40 CFR part 2 may be disclosed publicly by EPA without prior notice.

### II. Petitioned for Exemption

In the **Federal Register** of July 3, 2025 (90 FR 29516) (FRL–12474–05–OCSPP), EPA issued a document pursuant to FFDCA section 408(d)(3), 21 U.S.C. 346a(d)(3), announcing the filing of a pesticide tolerance petition (PP 4E9114) by Silvec Biologics Inc., 200 Girard

Street, Suite 200, Gaithersburg, MD 20877. The petition requested that 40 CFR part 180 be amended by establishing an exemption from the requirement of a tolerance for residues of Spinach Defensin Genes 2 (SoD2, SoD2-1, SoD2*), expressed in CTV strain T36 (CTV-SoD2, CTV-SoD2-1, and CTV-SoD2*) in citrus (Crop Group 10–10). That document referenced a summary of the petition prepared by the petitioner Silvec Biologics Inc, which is available at *https://www.regulations.gov,* docket ID number EPA–HQ–OPP–2025–0176.

Three comments were received on the notice of filing. All comments were supportive of a tolerance exemption for CTV-SoD2, CTV-SoD2-1, and CTV-SoD2* proteins.

## III. Final Tolerance Actions

### *A. EPA's Safety Determination*

EPA evaluated the available toxicological and exposure data on CTV strain T36 expressing Spinach Defensin Protein 2 (SoD2), CTV strain T36 expressing Spinach Defensin Protein 2-1 (SoD2-1), and CTV strain T36 expressing Spinach Defensin Protein 2* (SoD2*) (collectively called ''CTV-SoD2 variants'') and considered their validity, completeness, and reliability, as well as the relationship of this information to human risk. A full explanation of the data upon which EPA relied and its risk assessment based on those data can be found in the document, ''Science review of the human health and product characterization data presented for the three active ingredients *Citrus tristeza* virus (CTV) strain T36 expressing Spinach Defensin Proteins (SoD) 2, 2-1 and 2*, and End Use Product Citrus budwood infected with CTV-SoD2, CTV-SoD2-1 and CTV-SoD2*'' (Human Health Risk Assessment). This document, as well as other relevant information, is available at *https://www.regulations.gov,* docket ID number EPA–HQ–OPP–2025–0176.

CTV strain T36 was genetically engineered to create three separate strains expressing spinach defensin genes SoD2, SoD2-1, or SoD2* to help citrus trees resist citrus greening disease. Spinach defensin proteins are derived from a food plant (spinach). The spinach defensin proteins are thought to cause the formation of pores on the outer membrane of the disease-causing bacterium, thus compromising the integrity of the membrane and ultimately killing the bacterium. CTV strain T36, the vector for expression of these defensin proteins, is a single stranded positive sense RNA virus which is commonly found in citrus trees globally. Genetically engineered CTV T36 strains carrying the genes coding for SoD2, SoD2-1, or SoD2* are introduced into the phloem of citrus trees via bark grafting where the viruses express these proteins to control citrus greening.

There is a long history of safe exposure to both CTV and spinach defensins through the consumption of citrus and spinach, respectively. Given this exposure to both CTV and spinach defensins, there is no expectation that genetically engineered CTV strain T36 expressing the three CTV-SoD2 variants are toxic or allergenic to mammals through the dietary route of exposure. In an acute oral toxicity study conducted with a single dose of 5000 mg/kg of microbial-produced SoD2 protein, no evidence of toxic or adverse effects was observed. The estimated acute lethal dose, $LD_{50}$, was determined to be greater than 5000 mg/kg in female mice (EPA Toxicity Category IV). Due to high amino acid sequence identity, the other two CTV-SoD2 variants (SoD2-1 and SoD*) are likely to show a similar toxicity profile. The potential for all three CTV-SoD2 variants to be allergens is minimal because of experimentally demonstrated rapid digestion of SoD2 in simulated intestinal fluid and no indication of cross-reactivity of any of the three CTV-SoD2 variants to known allergens in *in silico* studies using the internationally recognized Codex Alimentarius guidelines.

Oral exposure to the CTV-SoD2 variants through drinking water is considered unlikely. CTV can only propagate in plant phloem cells and will be rapidly deactivated by environmental conditions outside of a plant or insect vector. CTV-SoD2 variants are proteins expressed in plants. As such, they are susceptible to degradation by environmental conditions and microbial activity. In the unlikely event that CTV-SoD2 variants do enter drinking water, exposure to these proteins would not be expected to result in a human health risk based on the same considerations articulated for food exposure.

Non-occupational and residential exposure is considered to be negligible. CTV can only propagate in plants, where CTV-SoD2 variants would be expressed. As such, CTV-SoD2 variants are contained within the plant cells.

Section 408(b)(2)(C) of FFDCA provides that EPA shall apply an additional tenfold (10X) margin of safety for infants and children in the case of threshold effects to account for prenatal and postnatal toxicity and the completeness of the database on toxicity and exposure unless EPA determines based on reliable data that a different margin of safety will be safe for infants and children. Here, EPA has determined that there are no such effects due to the lack of toxicity and allergenicity of CTV strain T36 expressing SoD2, SoD2-1, and SoD2* proteins. As a result, an additional margin of safety for the protection of infants and children is unnecessary.

### *B. Analytical Enforcement Methodology*

An analytical method is not required for CTV-SoD2, CTV-SoD2-1, and CTV-SoD2* proteins since the Agency is establishing an exemption from the requirement of a tolerance without any numerical limitation.

### *C. Conclusion*

Based upon its evaluation in the Human Health Risk Assessment, EPA concludes that use of CTV strain T36 expressing SoD2, SoD2-1, and SoD2* proteins will not result in unreasonable adverse health effects to humans and that there is a reasonable certainty that no harm will result to the U.S. population, including infants and children, from aggregate exposure to residues of the active ingredients. Therefore, an exemption from the requirement of a tolerance is established for residues of CTV strain T36 expressing SoD2, SoD2-1, and SoD2* in or on citrus when used according to the label and good agricultural practices.

## IV. Statutory and Executive Order Reviews

Additional information about these statutes and Executive Orders can be found at *https://www.epa.gov/regulations/and-executive-orders.*

### *A. Executive Order 12866: Regulatory Planning and Review*

This action is exempt from review under Executive Order 12866 (58 FR 51735, October 4, 1993), because it establishes or modifies a pesticide tolerance or a tolerance exemption under FFDCA section 408 in response to a petition submitted to the Agency. The Office of Management and Budget (OMB) has exempted these types of actions from review under Executive Order 12866.

### *B. Executive Order 14192: Unleashing Prosperity Through Deregulation*

Executive Order 14192 (90 FR 9065, February 6, 2025) does not apply because actions that establish a tolerance under FFDCA section 408 are exempted from review under Executive Order 12866.

### *C. Paperwork Reduction Act (PRA)*

This action does not impose an information collection burden under the

PRA, 44 U.S.C. 3501 *et seq.,* because it does not contain any information collection activities.

*D. Regulatory Flexibility Act (RFA)*

This action is not subject to the RFA, 5 U.S.C. 601 *et seq.* The RFA applies only to rules subject to notice and comment rulemaking requirements under the Administrative Procedure Act (APA), 5 U.S.C. 553, or any other statute. This rule is not subject to the APA but is subject to FFDCA section 408(d), which does not require notice and comment rulemaking to take this action in response to a petition.

*E. Unfunded Mandates Reform Act (UMRA)*

This action does not contain an unfunded mandate of $100 million or more (in 1995 dollars and adjusted annually for inflation) as described in UMRA, 2 U.S.C. 1531–1538, and does not significantly or uniquely affect small governments. The action imposes no enforceable duty on any State, local or Tribal governments or the private sector.

*F. Executive Order 13132: Federalism*

This action does not have federalism implications as specified in Executive Order 13132 (64 FR 43255, August 10, 1999), because it will not have substantial direct effects on the States, on the relationship between the National Government and the States, or on the distribution of power and responsibilities among the various levels of government.

*G. Executive Order 13175: Consultation and Coordination With Indian Tribal Governments*

This action does not have Tribal implications as specified in Executive Order 13175 (65 FR 67249, November 9, 2000), because it will not have substantial direct effects on Tribal governments, on the relationship between the Federal Government and the Indian Tribes, or on the distribution of power and responsibilities between the Federal Government and Indian Tribes.

*H. Executive Order 13045: Protection of Children From Environmental Health Risks and Safety Risks*

This action is not subject to Executive Order 13045 (62 FR 19885, April 23, 1997) because it is not a significant regulatory action under section 3(f)(1) of Executive Order 12866 (See Unit IV.A.), and because EPA does not believe the environmental health or safety risks addressed by this action present a disproportionate risk to children.

However, EPA's 2021 Policy on Children's Health applies to this action. This rule finalizes an exemption from the requirement of a tolerance under the FFDCA, which requires EPA to give special consideration to exposure of infants and children to the pesticide chemical residue in establishing a tolerance and to ''ensure that there is a reasonable certainty that no harm will result to infants and children from aggregate exposure to the pesticide chemical residue . . .'' (FFDCA 408(b)(2)(C)). The Agency's consideration is documented in Unit III.A.

*I. Executive Order 13211: Actions Concerning Regulations That Significantly Affect Energy Supply, Distribution or Use*

This action is not subject to Executive Order 13211 (66 FR 28355) (May 22, 2001) because it is not a significant regulatory action under Executive Order 12866.

*J. National Technology Transfer Advancement Act (NTTAA)*

This action does not involve technical standards that would require Agency consideration under NTTAA section 12(d), 15 U.S.C. 272.

*K. Congressional Review Act (CRA)*

This action is subject to the CRA, 5 U.S.C. 801 *et seq.,* and EPA will submit a rule report to each House of Congress and to the Comptroller General of the United States. This action is not a ''major rule'' as defined by 5 U.S.C. 804(2).

**List of Subjects in 40 CFR Part 180**

Environmental protection, Administrative practice and procedure, Agricultural commodities, Pesticides and pests, Reporting and recordkeeping requirements.

Dated: March 31, 2026.

**Edward Messina,**

*Director, Office of Pesticide Programs.*

For the reasons set forth in the preamble, EPA is amending 40 CFR chapter I as follows:

## PART 180—TOLERANCES AND EXEMPTIONS FOR PESTICIDE CHEMICAL RESIDUES IN FOOD

■ 1. The authority citation for part 180 continues to read as follows:

**Authority:** 21 U.S.C. 321(q), 346a and 371.

■ 2. Revise § 180.1337 to read as follows:

### § 180.1337 Citrus tristeza virus (CTV) strain T36 expressing Spinach Defensin Proteins SoD2, SoD2-1, and SoD2*; exemption from the requirement of a tolerance.

An exemption from the requirement of a tolerance is established for residues of *Citrus tristeza* virus (CTV) strain T36 expressing Spinach Defensin Proteins SoD2, SoD2-1, and SoD2* in or on the commodities listed in fruit, citrus group 10–10 when used in accordance with label directions and good agricultural practices.

[FR Doc. 2026–06686 Filed 4–6–26; 8:45 am]

BILLING CODE 6560–50–P

# Proposed Rules

Federal Register
Vol. 91, No. 66
Tuesday, April 7, 2026

This section of the FEDERAL REGISTER contains notices to the public of the proposed issuance of rules and regulations. The purpose of these notices is to give interested persons an opportunity to participate in the rule making prior to the adoption of the final rules.

## DEPARTMENT OF TRANSPORTATION

## Federal Aviation Administration

## 14 CFR Part 39

**[Docket No. FAA–2026–3476; Project Identifier MCAI–2025–01366–R]**

**RIN 2120–AA64**

## Airworthiness Directives; Bell Textron Canada Limited Helicopters

**AGENCY:** Federal Aviation Administration (FAA), DOT.

**ACTION:** Notice of proposed rulemaking (NPRM).

**SUMMARY:** The FAA proposes to supersede Airworthiness Directive (AD) 2025–09–03, which applies to certain Bell Textron Canada Limited (Bell) Model 430 helicopters. AD 2025–09–03 reduced the life limits on the main rotor (M/R) clevises, universal bearings, universal to pitch link bolts, the tube assembly, and the rod end assembly and requires replacing the M/R pitch link assemblies with re-identified part numbered assemblies. Since the FAA issued AD 2025–09–03, the FAA received comments proposing changes to the actions of AD 2025–09–03. This proposed AD proposes changes to actions in AD 2025–09–03 and addresses the comments received. The FAA is proposing this AD to address the unsafe condition on these products.

**DATES:** The FAA must receive comments on this NPRM by May 22, 2026.

**ADDRESSES:** You may send comments, using the procedures found in 14 CFR 11.43 and 11.45, by any of the following methods:

- *Federal eRulemaking Portal:* Go to *regulations.gov*. Follow the instructions for submitting comments.
- *Fax:* (202) 493–2251.
- *Mail:* U.S. Department of Transportation, Docket Operations, M–30, West Building Ground Floor, Room W12–140, 1200 New Jersey Avenue SE, Washington, DC 20590.
- *Hand Delivery:* Deliver to Mail address above between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays.

*AD Docket:* You may examine the AD docket at *regulations.gov* under Docket No. FAA–2026–3476; or in person at Docket Operations between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays. The AD docket contains this NPRM, the mandatory continuing airworthiness information (MCAI) any comments received, and other information. The street address for Docket Operations is listed above.

*Material Incorporated by Reference:*

- For Transport Canada material identified in this AD, contact Transport Canada, Transport Canada National Aircraft Certification, 159 Cleopatra Drive, Nepean, Ontario, K1A 0N5, CANADA; phone: (888) 663–3639; email: *TC.AirworthinessDirectives-Consignesdenavigabilite.TC@tc.gc.ca*. You may find the Transport Canada material on the Transport Canada website at *tc.canada.ca/en/aviation*.
- You may view this material at the FAA, Office of the Regional Counsel, Southwest Region, 10101 Hillwood Parkway, Room 6N–321, Fort Worth, TX 76177. For information on the availability of this material at the FAA, call (817) 222–5110.

**FOR FURTHER INFORMATION CONTACT:** Alexis Whitaker, Aviation Safety Engineer, FAA, 1600 Stewart Avenue, Suite 410, Westbury, NY; phone: (516) 228–7309; email: *alexis.j.whitaker@faa.gov*.

**SUPPLEMENTARY INFORMATION:**

### Comments Invited

The FAA invites you to send any written relevant data, views, or arguments about this proposal. Send your comments using a method listed under **ADDRESSES**. Include ''Docket No. FAA–2026–3476; Project Identifier MCAI–2025–01366–R'' at the beginning of your comments. The most helpful comments reference a specific portion of the proposal, explain the reason for any recommended change, and include supporting data. The FAA will consider all comments received by the closing date and may amend the proposal because of those comments.

Except for Confidential Business Information (CBI) as described in the following paragraph, and other information as described in 14 CFR 11.35, the FAA will post all comments received, without change, to *regulations.gov,* including any personal information you provide. The agency will also post a report summarizing each substantive verbal contact received about this NPRM.

### Confidential Business Information

CBI is commercial or financial information that is both customarily and actually treated as private by its owner. Under the Freedom of Information Act (FOIA) (5 U.S.C. 552), CBI is exempt from public disclosure. If your comments responsive to this NPRM contain commercial or financial information that is customarily treated as private, that you actually treat as private, and that is relevant or responsive to this NPRM, it is important that you clearly designate the submitted comments as CBI. Please mark each page of your submission containing CBI as ''PROPIN.'' The FAA will treat such marked submissions as confidential under the FOIA, and they will not be placed in the public docket of this NPRM. Submissions containing CBI should be sent to Alexis Whitaker, Aviation Safety Engineer, FAA, 1600 Stewart Avenue, Suite 410, Westbury, NY. Any commentary that the FAA receives which is not specifically designated as CBI will be placed in the public docket for this rulemaking.

### Background

The FAA issued AD 2025–09–03, Amendment 39–23024 (90 FR 17547, April 28, 2025), (AD 2025–09–03), for Bell Model 430 helicopters, serial numbers 49001 through 49129 inclusive. AD 2025–09–03 was prompted by an MCAI originated by Transport Canada, which is the aviation authority for Canada. Transport Canada issued AD CF–2024–40, dated December 3, 2024, (Transport Canada AD CF–2024–40) to correct an unsafe condition identified as wear and damage of the M/R clevis neck or threaded area, which could lead to crack initiation at the M/R clevis neck and failure of the M/R pitch link, resulting in loss of control of the helicopter.

AD 2025–09–03 was prompted by an in-flight failure of the main rotor pitch link clevis due to fatigue damage caused by excessive wear of the universal bearing. AD 2025–09–03 requires a visual inspection of the M/R clevis, rod end, and a certain part-numbered universal bearing; performing a purge grease; performing a magnetic particle

inspection of each M/R clevis; and depending on the inspection results, removing or replacing certain parts, and performing additional actions. AD 2025–09–03 also requires recurring inspections of each M/R clevis and each universal bearing. Additionally, AD 2025–09–03 requires reducing the life limits of affected parts and re-identifying the M/R pitch link assemblies with new part numbered assemblies.

The FAA issued AD 2025–09–03 to detect and address wear and damage of the M/R pitch link assembly components. The unsafe condition, if not addressed, could result in crack initiation at the M/R clevis neck and failure of the M/R pitch link, which could result in loss of control of the helicopter.

**Actions Since AD 2025–09–03 Was Issued**

Since the issuance of AD 2025–09–03, the FAA received comments from Bell and Superior Aviation Services requesting changes to the required actions of AD 2025–09–03, specifically in regard to some of the exceptions in the regulatory text of AD 2025–09–03. The comment disposition below specifically explains and addresses these comments. The FAA revised some of the actions required in this proposed rule in response to comments received on AD 2025–09–03. These revisions are explained below in the comment disposition. You may examine the MCAI in the AD docket at *regulations.gov* under Docket No. FAA–2026–3476.

**Comments on AD 2025–09–03**

The FAA gave the public the opportunity to comment on AD 2025–09–03. The following presents the comments received on AD 2025–09–03 and the FAA's response to each comment.

**Request To Remove the Magnetic Particle Inspection (MPI) Requirement**

Bell and Superior Aviation Services requested that the FAA remove the requirement to perform an MPI after performing each detailed visual inspection in paragraph (h)(4) of AD 2025–09–03. The commenters stated the addition of an MPI at every 50 hours [time-in-service] is an unnecessary and burdensome requirement for operators due to not all operators having readily available access to perform an MPI. Additionally, the commenters stated all clevises were required to be inspected using an MPI in accordance with FAA AD 2021–24–09 and any suspected clevises would have been removed at the accomplishment of that FAA AD. The commenters also stated that Transport Canada AD CF–2024–40 states an MPI should only be performed if any suspected defects are found as a result of the detailed inspection (DI). One commenter stated difficulty in locating the procedure to perform the MPI as well as finding individuals that are certified in performing the MPI. This commenter suggested instead of the MPI, the FAA should require a more thorough check (inspection) of the universal bearing by focusing on excessive wear and rotational forces. Additionally, one commenter stated the Transport Canada AD CF–2024–40 already requires a recurring 50-hour or 60-day DI, and the FAA AD adding an additional MPI requirement after each DI inspection is not necessary due to the 60-day period imposing little stress on the pitch link clevis and the additional inspections are excessive.

The FAA agrees that performing an MPI of the universal bearings after each DI is not a requirement of Transport Canada AD CF–2024–40. Accordingly, the FAA has determined that performing an MPI of the universal bearings after every DI is not necessary and has revised the regulatory text of this proposed AD by removing this recurring inspection. The FAA also agrees that the requirement to perform an MPI of the M/R clevis after every DI is unnecessary to address the unsafe condition. However, the FAA has determined that there may be limited circumstances in which an MPI of the clevis must be performed. The FAA revised paragraph (h)(4) of the regulatory text of this proposed AD to require an MPI only if any linear indications are found on the M/R clevis as a result of the DI. The FAA acknowledges that only certified individuals can perform an MPI.

**Request To Remove the Re-Identification Requirement**

Bell requested that the FAA revise paragraph (h)(6) of the Required Actions paragraph of AD 2025–09–03 that states ''Where Part I paragraph A.9. of Transport Canada AD CF–2024–40 specifies to re-identify the main rotor pitch link assemblies and sub-components, for this AD those actions are not required if already accomplished when doing Part I paragraphs A.2. through A.4. of Transport Canada AD CF–2024–40.'' Reidentification is only conducted in paragraph A.9 of Transport Canada AD CF–2024–40. Paragraphs A.2 through A.4 specify replacing parts with serviceable parts.

The FAA disagrees that paragraph (h)(6) of AD 2025–09–03 should be revised. Part I paragraphs A.2 through A.4 of the Transport Canada AD CF–2024–40 specify accomplishing the required actions in accordance with Part I of Bell Alert Service Bulletin (ASB) 430–22–61, Basic Issue, dated November 6, 2023 (ASB 430–22–61). Paragraphs 4.d and 8 of Part I of ASB–430–22–61 require part number re-identification of the universal bearing, pitch link assemblies, and their sub-components, and the FAA has determined that this should be required in the FAA AD. No changes were made to this proposed AD as a result of this comment.

**Request To Remove the Replacement Requirement for Certain Parts**

Bell requested that the FAA remove paragraph (h)(7) of AD 2025–09–03. Bell stated that paragraph (h)(7) is not correct since Table 4–1 of the Bell 430 ALS [Airworthiness Limitations Section] does not have a life limit assigned to the –109 or –111 part numbers, instead it is based on condition.

The FAA disagrees with removing paragraph (h)(7) of AD 2025–09–03 because the FAA determined this exception is necessary to clarify that the requirement in Transport Canada AD CF–2024–40 Part I paragraph B. does not apply to M/R pitch link assemblies part numbers 430–010–411–109, –109FM, –111, and –111FM, as those parts are replaced on-condition and do not have a life limit. No changes were made to this proposed AD as a result of this comment.

**Material Incorporated by Reference Under 1 CFR Part 51**

The FAA reviewed Transport Canada AD CF–2024–40, which was approved for incorporation by reference as of May 13, 2025 (90 FR 17547, April 28, 2025). Transport Canada AD CF–2024–40 specifies procedures for verifying rotorcraft historical records to determine the total accumulated hours air time of certain parts, replacing the M/R pitch link assembly components that have exceeded their life limit, re-identifying the M/R pitch link assemblies, and performing a detailed inspection of the pitch link tube assembly, rod end assembly, and universal pitch link bolt.

Transport Canada AD CF–2024–40 also specifies procedures for performing repetitive detailed inspections of the M/R clevises and universal bearings (including hardware) and depending on the inspection results, replacing any part that does not meet inspection criteria or further corrective actions. Additionally, Transport Canada AD CF–2024–40 specifies procedures for

performing a purge grease, performing a magnetic particle inspection and either replacing any M/R clevis with cracks or replacing any missing cadmium plating. Furthermore, Transport Canada AD CF–2024–40 specifies reporting any cracks or M/R clevises with damage beyond published limits to Bell Product Support Engineering.

This material is reasonably available because the interested parties have access to it through their normal course of business or by the means identified in the **ADDRESSES** section.

**FAA's Determination**

These products have been approved by the civil aviation authority (CAA) of another country and are approved for operation in the United States. Pursuant to the FAA's bilateral agreement with this State of Design Authority, that authority has notified the FAA of the unsafe condition described in the MCAI referenced above. The FAA is issuing this NPRM after determining that the unsafe condition described previously is likely to exist or develop on other products of the same type design.

**Proposed AD Requirements in This NPRM**

This proposed AD would continue to require all actions of AD 2025–09–03, except for any changes described above to the actions specified in Transport Canada AD CF–2024–40 and any differences identified as exceptions in the regulatory text of this proposed AD. See ''Differences Between this Proposed AD and the MCAI'' for a discussion of the general differences included in this proposed AD.

**Differences Between This Proposed AD and the MCAI**

The MCAI requires replacing M/R pitch link assembly P/Ns 430–010–411–109, –109FM, –111, and –111FM before they exceed their life limit. This AD does not contain that requirement because those assemblies do not have a life limit and are replaced on-condition as required by the Airworthiness Limitations Section.

**Explanation of Required Compliance Information**

In the FAA's ongoing efforts to improve the efficiency of the AD process, the FAA developed a process to use some CAA ADs as the primary source of information for compliance with requirements for corresponding FAA ADs. The FAA has been coordinating this process with manufacturers and CAAs. As a result, the FAA proposes to incorporate Transport Canada AD CF–2024–40 by reference in the FAA final rule. This proposed AD would, therefore, require compliance with Transport Canada AD CF–2024–40 in its entirety through that incorporation, except for any differences identified as exceptions in the regulatory text of this proposed AD. Material required by Transport Canada AD CF–2024–40 for compliance will be available at regulations.gov under Docket No. FAA–2026–3476 after the FAA final rule is published.

**Costs of Compliance**

The FAA estimates that this AD, if adopted as proposed, would affect 29 helicopters of U.S. registry.

The FAA estimates the following costs to comply with this proposed AD:

ESTIMATED COSTS

| Action | Labor cost | Parts cost | Cost per product | Cost on U.S. operators |
|---|---|---|---|---|
| Review records to determine total time on each part. | .25 work-hour × $85 per hour = $22. | $0 | $22 | $638. |
| Inspect the pitch link tube assembly, rod end assembly, and universal to pitch link bolt. | 4 work-hours × $85 per hour = $340. | 0 | $340 | $9,860. |
| Inspect the M/R pitch link clevis | 2 work-hours × $85 per hour = $170. | 0 | $170 per inspection cycle. | $4,930 per inspection cycle. |
| Inspect the universal bearing and hardware | 2 work-hours × $85 per hour = $170. | 0 | $170 per inspection cycle. | $4,930 per inspection cycle. |
| Re-identify components | 1 work-hour × $85 per hour = $85. | 0 | $85 | $2,465. |
| Perform a magnetic particle inspection | 4 work-hours × $85 per hour = $340. | 0 | $340 per inspection cycle. | $9,860 per inspection cycle. |

The FAA estimates the following costs to do any repairs/replacements that would be required based on the results of the inspection. The agency has no way of determining the number of helicopters that might need these repairs or replacements:

ON-CONDITION COSTS

| Action | Labor cost | Parts cost | Cost per product |
|---|---|---|---|
| Replace an M/R clevis | 4 work-hours × $85 per hour = $340 | $432 | $772 per part. |
| Replace a universal bearing | 4 work-hours × $85 per hour = $340 | 3,566 | $3,906 per part. |
| Replace a universal to pitch link bolt | 4 work-hours × $85 per hour = $340 | 374 | $714 per part. |
| Replace missing cadmium plating | 4 work-hours × $85 per hour = $340 | 0 | $340. |
| Replace a pitch link tube assembly or rod end assembly. | 4 work-hours × $85 per hour = $340 | 6,463 | $6,803 per part. |

**Authority for This Rulemaking**

Title 49 of the United States Code specifies the FAA's authority to issue rules on aviation safety. Subtitle I, section 106, describes the authority of the FAA Administrator. Subtitle VII, Aviation Programs, describes in more detail the scope of the Agency's authority.

The FAA is issuing this rulemaking under the authority described in

Subtitle VII, Part A, Subpart III, Section 44701: General requirements. Under that section, Congress charges the FAA with promoting safe flight of civil aircraft in air commerce by prescribing regulations for practices, methods, and procedures the Administrator finds necessary for safety in air commerce. This regulation is within the scope of that authority because it addresses an unsafe condition that is likely to exist or develop on products identified in this rulemaking action.

**Regulatory Findings**

The FAA determined that this proposed AD would not have federalism implications under Executive Order 13132. This proposed AD would not have a substantial direct effect on the States, on the relationship between the national Government and the States, or on the distribution of power and responsibilities among the various levels of government.

For the reasons discussed above, I certify that the proposed regulation:

(1) Is not a ''significant regulatory action'' under Executive Order 12866,

(2) Would not affect intrastate aviation in Alaska, and

(3) Would not have a significant economic impact, positive or negative, on a substantial number of small entities under the criteria of the Regulatory Flexibility Act.

**List of Subjects in 14 CFR Part 39**

Air transportation, Aircraft, Aviation safety, Incorporation by reference, Safety.

**The Proposed Amendment**

Accordingly, under the authority delegated to me by the Administrator, the FAA proposes to amend 14 CFR part 39 as follows:

## PART 39—AIRWORTHINESS DIRECTIVES

■ 1. The authority citation for part 39 continues to read as follows:

**Authority:** 49 U.S.C. 106(g), 40113, 44701.

**§ 39.13 [Amended]**

■ 2. The FAA amends § 39.13 by:

■ a. Removing Airworthiness Directive 2025–09–03, Amendment 39–23024 (90 FR 17547, April 28, 2025); and

■ b. Adding the following new airworthiness directive:

**Bell Textron Canada Limited:** Docket No. FAA–2026–3476; Project Identifier MCAI–2025–01366–R.

**(a) Comments Due Date**

The FAA must receive comments on this airworthiness directive (AD) by May 22, 2026.

**(b) Affected ADs**

This AD replaces AD 2025–09–03, Amendment 39–23024 (90 FR 17547, April 28, 2025).

**(c) Applicability**

This AD applies to Bell Textron Canada Limited (Bell) Model 430 helicopters, serial numbers 49001 through 49129 inclusive, certificated in any category.

**(d) Subject**

Joint Aircraft System Component (JASC) Code 6220, Main Rotor Head.

**(e) Unsafe Condition**

This AD was prompted by an in-flight failure of the main rotor (M/R) pitch link clevis (clevis) due to fatigue damage caused by excessive wear of the universal bearing. The FAA is issuing this AD to detect and address wear and damage of the M/R pitch link assembly components. The unsafe condition, if not addressed, could result in crack initiation at the M/R clevis neck and failure of the M/R pitch link, which could result in loss of control of the helicopter.

**(f) Compliance**

Comply with this AD within the compliance times specified, unless already done.

**(g) Requirements**

Except as specified in paragraphs (h) and (i) of this AD: Comply with all required actions and compliance times specified in, and in accordance with, Transport Canada AD CF–2024–40, dated December 3, 2024 (Transport Canada AD CF–2024–40).

**(h) Exceptions to Transport Canada AD CF–2024–40**

(1) Where Transport Canada AD CF–2024–40 refers to its effective date, this AD requires using May 13, 2025, the effective date of AD 2025–09–03.

(2) Where Transport Canada AD CF–2024–40 requires compliance in terms of hours air time, this AD requires using hours time-in-service.

(3) Where Transport Canada AD CF–2024–40 uses the term ''new'' in the definition of ''serviceable part,'' this AD requires replacing that text with ''new (zero hours time-in-service)''.

(4) Where any paragraph in Transport Canada AD CF–2024–40 specifies performing a magnetic particle inspection (MPI) ''if any suspected defects are found'' after performing a detailed inspection, this AD requires replacing that text with ''if any suspected defects (evidenced by linear indications) are found on the M/R clevis as a result of the detailed inspection''.

**Note to paragraph (h)(4):** a linear indication is defined as an indication for which the longest dimension is at least three times longer than the smallest one.

(5) Where Part I paragraph A.8. and Part III paragraph B. of Transport Canada AD CF–2024–40 specify to purge grease the bearings, for this AD those actions are not required if already accomplished when doing Part I paragraph A.7 and Part III paragraph A. of Transport Canada AD CF–2024–40.

(6) Where Part I paragraph A.9. of Transport Canada AD CF–2024–40 specifies to re-identify the main rotor pitch link assemblies and sub-components, for this AD those actions are not required if already accomplished when doing Part I paragraphs A.2. through A.4. of Transport Canada AD CF–2024–40.

(7) Where Part I paragraph B. of Transport Canada AD CF–2024–40 specifies to replace each component listed in Table 1 of the Bell ASB before exceeding the applicable airworthiness life limit indicated in Table 4–1 of the applicable ALS [Airworthiness Limitations Section], for this AD that requirement does not apply to M/R pitch link assemblies part numbers 430–010–411–109, –109FM, –111, and –111FM, as those parts are replaced on-condition.

**(i) No Reporting Requirement**

Although the material referenced in Transport Canada AD CF–2024–40 specifies to submit certain information to the manufacturer, this AD does not require that action.

**(j) Alternative Methods of Compliance (AMOCs)**

(1) The Manager, International Validation Branch, FAA, has the authority to approve AMOCs for this AD, if requested using the procedures found in 14 CFR 39.19. In accordance with 14 CFR 39.19, send your request to your principal inspector or local Flight Standards District Office, as appropriate. If sending information directly to the manager of the International Validation Branch, send it to the attention of the person identified in paragraph (k) of this AD and email to: *AMOC@faa.gov.*

(2) Before using any approved AMOC, notify your appropriate principal inspector, or lacking a principal inspector, the manager of the local flight standards district office/certificate holding district office.

**(k) Additional information**

For more information about this AD, contact Alexis Whitaker, Aviation Safety Engineer, FAA, 1600 Stewart Avenue, Suite 410, Westbury, NY; phone: (516) 228–7309; email: *alexis.j.whitaker@faa.gov.*

**(l) Material Incorporated by Reference**

(1) The Director of the Federal Register approved the incorporation by reference (IBR) of the material listed in this paragraph under 5 U.S.C. 552(a) and 1 CFR part 51.

(2) You must use this material as applicable to do the actions required by this AD, unless the AD specifies otherwise.

(3) The following material was approved for IBR on May 13, 2025 (90 FR 17547, April 28, 2025).

(i) Transport Canada AD CF–2024–40, dated December 3, 2024.

(ii) [Reserved]

(4) For Transport Canada material identified in this AD, contact Transport Canada National Aircraft Certification, 159 Cleopatra Drive, Nepean, Ontario K1A 0N5, Canada; phone: 888–663–3639; email: *TC.AirworthinessDirectives-Consignesdenavigabilite.TC@tc.gc.ca.* You may find this material on the Transport Canada website at *tc.canada.ca/en/aviation.*

(5) You may view this material at the FAA, Office of the Regional Counsel, Southwest Region, 10101 Hillwood Parkway, Room 6N–321, Fort Worth, TX 76177. For information on the availability of this material at the FAA, call (817) 222–5110.

(6) You may view this material at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, visit *www.archives.gov/federal-register/cfr/ibr-locations* or email *fr.inspection@nara.gov.*

Issued on April 2, 2026.

**Paul R. Bernado,**

*Acting Director, Compliance & Airworthiness Division, Aircraft Certification Service.*

[FR Doc. 2026–06690 Filed 4–6–26; 8:45 am]

**BILLING CODE 4910–13–P**

## DEPARTMENT OF TRANSPORTATION

## Federal Aviation Administration

## 14 CFR Part 39

**[Docket No. FAA–2026–3471; Project Identifier AD–2025–01563–T]**

**RIN 2120–AA64**

## Airworthiness Directives; The Boeing Company Airplanes

**AGENCY:** Federal Aviation Administration (FAA), DOT.

**ACTION:** Notice of proposed rulemaking (NPRM).

**SUMMARY:** The FAA proposes to adopt a new airworthiness directive (AD) for all The Boeing Company Model 787–8, 787–9, and 787–10 airplanes. This proposed AD was prompted by reports of fatigue cracks found on the thrust reverser (TR) outer V-blade (OVB) during scheduled maintenance and inspections. This proposed AD would require repetitive inspections of the upper, center, and lower segments of the OVB and the inner radius of the OVB for any crack and applicable on-condition actions. The FAA is proposing this AD to address the unsafe condition on these products.

**DATES:** The FAA must receive comments on this proposed AD by May 22, 2026.

**ADDRESSES:** You may send comments, using the procedures found in 14 CFR 11.43 and 11.45, by any of the following methods:

- *Federal eRulemaking Portal:* Go to *regulations.gov.* Follow the instructions for submitting comments.
- *Fax:* 202–493–2251.
- *Mail:* U.S. Department of Transportation, Docket Operations, M–30, West Building Ground Floor, Room W12–140, 1200 New Jersey Avenue SE, Washington, DC 20590.
- *Hand Delivery:* Deliver to Mail address above between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays.

*AD Docket:* You may examine the AD docket at *regulations.gov* under Docket No. FAA–2026–3471; or in person at Docket Operations between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays. The AD docket contains this NPRM, any comments received, and other information. The street address for Docket Operations is listed above.

*Material Incorporated by Reference:*

- For Boeing material identified in this proposed AD, contact Boeing Commercial Airplanes, Attention: Contractual & Data Services (C&DS), 2600 Westminster Blvd., MC 110–SK57, Seal Beach, CA 90740–5600; telephone 562–797–1717; website *myboeingfleet.com.*
- You may view this material at the FAA, Airworthiness Products Section, Operational Safety Branch, 2200 South 216th St., Des Moines, WA. For information on the availability of this material at the FAA, call 206–231–3195. It is also available at *regulations.gov* under Docket No. FAA–2026–3471.

**FOR FURTHER INFORMATION CONTACT:** Tak Kobayashi, Aviation Safety Engineer, FAA, 2200 South 216th St., Des Moines, WA 98198; phone: 206–231–3553; email: *Takahisa.Kobayashi@faa.gov.*

**SUPPLEMENTARY INFORMATION:**

### Comments Invited

The FAA invites you to send any written relevant data, views, or arguments about this proposal. Send your comments using a method listed under the **ADDRESSES** section. Include ''Docket No. FAA–2026–3471; Project Identifier AD–2025–01563–T'' at the beginning of your comments. The most helpful comments reference a specific portion of the proposal, explain the reason for any recommended change, and include supporting data. The FAA will consider all comments received by the closing date and may amend this proposal because of those comments.

Except for Confidential Business Information (CBI) as described in the following paragraph, and other information as described in 14 CFR 11.35, the FAA will post all comments received, without change, to *regulations.gov,* including any personal information you provide. The agency will also post a report summarizing each substantive verbal contact received about this NPRM.

### Confidential Business Information

CBI is commercial or financial information that is both customarily and actually treated as private by its owner. Under the Freedom of Information Act (FOIA) (5 U.S.C. 552), CBI is exempt from public disclosure. If your comments responsive to this NPRM contain commercial or financial information that is customarily treated as private, that you actually treat as private, and that is relevant or responsive to this NPRM, it is important that you clearly designate the submitted comments as CBI. Please mark each page of your submission containing CBI as ''PROPIN.'' The FAA will treat such marked submissions as confidential under the FOIA, and they will not be placed in the public docket of this NPRM. Submissions containing CBI should be sent to Takahisa Kobayashi, Aviation Safety Engineer, FAA, 2200 South 216th St., Des Moines, WA 98198; phone: 206–231–3553; email: *Takahisa.Kobayashi@faa.gov.* Any commentary that the FAA receives that is not specifically designated as CBI will be placed in the public docket for this rulemaking.

### Background

The FAA has received a report indicating fatigue cracks were found on the TR OVB during scheduled maintenance and inspections. The OVB and the inner V-blade (IVB) are the primary load paths on the TR, and any full-length crack could lead to loss of load path. This condition, if not addressed, could cause TR structural failure during TR operation on the ground, which could result in asymmetric reverse thrust, leading to runway excursion, and the release of parts from the damaged TR, which could hit the fuselage and result in injury to passengers or crew members.

### FAA's Determination

The FAA is issuing this NPRM after determining that the unsafe condition described previously is likely to exist or develop on other products of the same type design.

### Material Incorporated by Reference Under 1 CFR Part 51

The FAA reviewed Boeing Alert Requirements Bulletin B787–81205–SB780049–00 RB, Issue 001, dated August 12, 2025. This material specifies procedures for performing, on the left and right TR halves on both engines, a repetitive detailed inspection of the upper, center, and lower segments of the OVB and a repetitive surface high frequency eddy current (HFEC) inspection of the inner radius of the TR OVB for any crack, and applicable on-condition actions. On-condition actions include performing a surface HFEC inspection at the crack location,

performing a detailed inspection of the upper, center, and lower segments of the OVB for any worn and missing dry film lubricant and restoring the dry film lubricant as applicable, and replacing an affected TR half.

This material is reasonably available because the interested parties have access to it through their normal course of business or by the means identified in the **ADDRESSES** section.

**Proposed AD Requirements in This NPRM**

This proposed AD would require accomplishing the actions specified in the material already described, except for any differences identified as exceptions in the regulatory text of this proposed AD. For information on the procedures and compliance times, see this material at regulations.gov under Docket No. FAA–2026–3471.

**Interim Action**

The FAA considers that this proposed AD would be an interim action. The manufacturer is currently developing a terminating action that would address the unsafe condition identified in this proposed AD. Once this terminating action is developed, approved, and available, the FAA might consider further rulemaking.

**Costs of Compliance**

The FAA estimates that this AD, if adopted as proposed, would affect 194 airplanes of U.S. registry. The FAA estimates the following costs to comply with this proposed AD:

ESTIMATED COSTS

| Action | Labor cost | Parts cost | Cost per product | Cost on U.S. operators |
|---|---|---|---|---|
| Inspection of the TR halves (left and right halves on both engines) for cracks. | Up to 20 work-hours × $85 per hour = $1,700 per inspection cycle. | $0 | Up to $1,700 per inspection cycle. | Up to $329,800 per inspection cycle. |

The FAA estimates the following costs to do any necessary repairs or replacements that would be required based on the results of the proposed inspection. The agency has no way of determining the number of aircraft that might need these repairs or replacements:

ON-CONDITION COSTS

| Action | Labor cost | Parts cost | Cost per product |
|---|---|---|---|
| HFEC of crack location | 1 work-hour × $85 per hour = $85 | $0 | $85. |
| Inspection of the TR halves (left and right halves on both engines) for lubricant. | Up to 3 work-hours × $85 per hour = $255 | 0 | Up to $255. |
| Replacement of TR | Up to 100 work-hours × $85 per hour = $8,500 | (*) | Up to $8,500. |
| Restoration of dry film lubricant | 7 work-hours × $85 per hour = $595 | 0 | $595. |

*The FAA has received no definitive data on which to base the cost estimate for the parts cost for the TR replacement specified in this proposed AD.

**Authority for This Rulemaking**

Title 49 of the United States Code specifies the FAA's authority to issue rules on aviation safety. Subtitle I, section 106, describes the authority of the FAA Administrator. Subtitle VII: Aviation Programs, describes in more detail the scope of the Agency's authority.

The FAA is issuing this rulemaking under the authority described in Subtitle VII, Part A, Subpart III, Section 44701: General requirements. Under that section, Congress charges the FAA with promoting safe flight of civil aircraft in air commerce by prescribing regulations for practices, methods, and procedures the Administrator finds necessary for safety in air commerce. This regulation is within the scope of that authority because it addresses an unsafe condition that is likely to exist or develop on products identified in this rulemaking action.

**Regulatory Findings**

The FAA determined that this proposed AD would not have federalism implications under Executive Order 13132. This proposed AD would not have a substantial direct effect on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government.

For the reasons discussed above, I certify this proposed regulation:

(1) Is not a ''significant regulatory action'' under Executive Order 12866,

(2) Would not affect intrastate aviation in Alaska, and

(3) Would not have a significant economic impact, positive or negative, on a substantial number of small entities under the criteria of the Regulatory Flexibility Act.

**List of Subjects in 14 CFR Part 39**

Air transportation, Aircraft, Aviation safety, Incorporation by reference, Safety.

**The Proposed Amendment**

Accordingly, under the authority delegated to me by the Administrator, the FAA proposes to amend 14 CFR part 39 as follows:

## PART 39—AIRWORTHINESS DIRECTIVES

■ 1. The authority citation for part 39 continues to read as follows:

**Authority:** 49 U.S.C. 106(g), 40113, 44701.

**§ 39.13 [Amended]**

■ 2. The FAA amends § 39.13 by adding the following new airworthiness directive:

**The Boeing Company:** Docket No. FAA–2026–3471; Project Identifier AD–2025–01563–T.

**(a) Comments Due Date**

The FAA must receive comments on this airworthiness directive (AD) by May 22, 2026.

**(b) Affected ADs**

None.

**(c) Applicability**

This AD applies to all The Boeing Company Model 787–8, 787–9, and 787–10 airplanes, certificated in any category.

**(d) Subject**

Air Transport Association (ATA) of America Code 78, Engine Exhaust.

**(e) Unsafe Condition**

This AD was prompted by reports of fatigue cracks found on the thrust reverser (TR) outer V-blade (OVB) during scheduled maintenance and inspections. The FAA is issuing this AD to address fatigue cracking of the TR OVB. The unsafe condition, if not addressed, could cause TR structural failure during TR operation on the ground, which could result in asymmetric reverse thrust, leading to runway excursion, and the release of parts from the damaged TR, which could hit the fuselage and result in injury to passengers or crew members.

**(f) Compliance**

Comply with this AD within the compliance times specified, unless already done.

**(g) Required Actions**

Except as specified by paragraph (h) of this AD: At the applicable times specified in the ''Compliance'' paragraph of Boeing Alert Requirements Bulletin B787–81205–SB780049–00 RB, Issue 001, dated August 12, 2025, do all applicable actions identified in, and in accordance with, the Accomplishment Instructions of Boeing Alert Requirements Bulletin B787–81205–SB780049–00 RB, Issue 001, dated August 12, 2025.

**Note 1 to paragraph (g):** Guidance for accomplishing the actions required by this AD can be found in Boeing Alert Service Bulletin B787–81205–SB780049–00, Issue 001, dated August 12, 2025, which is referred to in Boeing Alert Requirements Bulletin B787–81205–SB780049–00 RB, Issue 001, dated August 12, 2025.

**(h) Exception to Requirements Bulletin Specifications**

Where the Compliance Time column of the tables in the ''Compliance'' paragraph of Boeing Alert Requirements Bulletin B787–81205–SB780049–00 RB, Issue 001, dated August 12, 2025, refer to the Issue 001 date of Requirements Bulletin B787–81205–SB780049–00 RB, this AD requires using the effective date of this AD.

**(i) Alternative Methods of Compliance (AMOCs)**

(1) The Manager, AIR–520, Continued Operational Safety Branch, FAA, has the authority to approve AMOCs for this AD, if requested using the procedures found in 14 CFR 39.19. In accordance with 14 CFR 39.19, send your request to your principal inspector or responsible Flight Standards Office, as appropriate. If sending information directly to the manager of the Continued Operational Safety Branch, send it to the attention of the person identified in paragraph (j)(1) of this AD. Information may be emailed to: *AMOC@faa.gov.* Before using any approved AMOC, notify your appropriate principal inspector, or lacking a principal inspector, the manager of the responsible Flight Standards Office.

(2) An AMOC that provides an acceptable level of safety may be used for any repair, modification, or alteration required by this AD if it is approved by The Boeing Company Organization Designation Authorization (ODA) that has been authorized by the Manager, AIR–520, Continued Operational Safety Branch, FAA, to make those findings. To be approved, the repair method, modification deviation, or alteration deviation must meet the certification basis of the airplane, and the approval must specifically refer to this AD.

**(j) Additional Information**

(1) For more information about this AD, contact Tak Kobayashi, Aviation Safety Engineer, FAA, 2200 South 216th St., Des Moines, WA 98198; phone: 206–231–3553; email: *Takahisa.Kobayashi@faa.gov.*

(2) Material identified in this AD that is not incorporated by reference is available at the address specified in paragraph (k)(3) this AD.

**(k) Material Incorporated by Reference**

(1) The Director of the Federal Register approved the incorporation by reference of the material listed in this paragraph under 5 U.S.C. 552(a) and 1 CFR part 51.

(2) You must use this material as applicable to do the actions required by this AD, unless the AD specifies otherwise.

(i) Boeing Alert Requirements Bulletin B787–81205–SB780049–00 RB, Issue 001, dated August 12, 2025.

(ii) [Reserved]

(3) For Boeing material identified in this AD, contact Boeing Commercial Airplanes, Attention: Contractual & Data Services (C&DS), 2600 Westminster Blvd., MC 110–SK57, Seal Beach, CA 90740–5600; telephone 562–797–1717; website *myboeingfleet.com.*

(4) You may view this material at the FAA, Airworthiness Products Section, Operational Safety Branch, 2200 South 216th St., Des Moines, WA. For information on the availability of this material at the FAA, call 206–231–3195.

(5) You may view this material at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, visit *www.archives.gov/federal-register/cfr/ibr-locations* or email *fr.inspection@nara.gov.*

Issued on March 27, 2026.

**Lona C. Saccomando,**

*Acting Deputy Director, Integrated Certificate Management Division, Aircraft Certification Service.*

[FR Doc. 2026–06691 Filed 4–6–26; 8:45 am]

**BILLING CODE 4910–13–P**

## DEPARTMENT OF TRANSPORTATION

## Federal Aviation Administration

## 14 CFR Part 71

**[Docket No. FAA–2026–3598; Airspace Docket No. 26–ASW–5]**

**RIN 2120–AA66**

## Establishment of Class E Airspace; Mountain Home, TX

**AGENCY:** Federal Aviation Administration (FAA), DOT.

**ACTION:** Notice of proposed rulemaking (NPRM).

**SUMMARY:** This action proposes to establish Class E airspace at Rancho Paraiso Airport, Mountain Home, TX. The FAA is proposing this action to support new instrument procedures and instrument flight rule (IFR) operations.

**DATES:** Comments must be received on or before May 22, 2026.

**ADDRESSES:** Send comments identified by FAA Docket No. FAA–2026–3598 and Airspace Docket No. 26–ASW–5 using any of the following methods:

* *Federal eRulemaking Portal*: Go to *www.regulations.gov* and follow the online instructions for sending your comments electronically.

* *Mail:* Send comments to Docket Operations, M–30; U.S. Department of Transportation, 1200 New Jersey Avenue SE, Room W12–140, West Building Ground Floor, Washington, DC 20590–0001.

* *Hand Delivery or Courier:* Take comments to Docket Operations in Room W12–140 of the West Building Ground Floor at 1200 New Jersey Avenue SE, Washington, DC, between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays.

* *Fax:* Fax comments to Docket Operations at (202) 493–2251.

*Docket:* Background documents or comments received may be read at *www.regulations.gov* at any time. Follow the online instructions for accessing the docket or go to Docket Operations in Room W12–140 of the West Building Ground Floor at 1200 New Jersey Avenue SE, Washington, DC, between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays.

FAA Order JO 7400.11K, Airspace Designations and Reporting Points, and subsequent amendments can be viewed online at *www.faa.gov/air_traffic/publications/.* You may also contact the Rules and Regulations Group, Office of Policy, Federal Aviation Administration, 600 Independence Avenue SW, Washington, DC 20597; telephone: (202) 267–8783.

**FOR FURTHER INFORMATION CONTACT:** Raul Garza Jr., Federal Aviation Administration, Operations Support Group, Central Service Center, 10101 Hillwood Parkway, Fort Worth, TX 76177; telephone (817) 222–5874.

**SUPPLEMENTARY INFORMATION:**

**Authority for This Rulemaking**

The FAA's authority to issue rules regarding aviation safety is found in Title 49 of the United States Code. Subtitle I, Section 106 describes the authority of the FAA Administrator. Subtitle VII, Aviation Programs, describes in more detail the scope of the agency's authority. This rulemaking is promulgated under the authority described in Subtitle VII, Part A, Subpart I, Section 40103. Under that section, the FAA is charged with prescribing regulations to assign the use of airspace necessary to ensure the safety of aircraft and the efficient use of airspace. This regulation is within the scope of that authority as it would establish Class E airspace extending upward from 700 feet above the surface at Rancho Paraiso, Mountain Home, TX, to support IFR operations at this airport.

**Comments Invited**

The FAA invites interested persons to participate in this rulemaking by submitting written comments, data, or views. Comments are specifically invited on the overall regulatory, aeronautical, economic, environmental, and energy-related aspects of the proposal. The most helpful comments reference a specific portion of the proposal, explain the reason for any recommended change, and include supporting data. To ensure the docket does not contain duplicate comments, commenters should submit only one time if comments are filed electronically, or commenters should send only one copy of written comments if comments are filed in writing.

The FAA will file in the docket all comments it receives, as well as a report summarizing each substantive public contact with FAA personnel concerning this proposed rulemaking. Before acting on this proposal, the FAA will consider all comments it received on or before the closing date for comments. The FAA will consider comments filed after the comment period has closed if it is possible to do so without incurring expense or delay. The FAA may change this proposal in light of the comments it receives.

*Privacy:* In accordance with 5 U.S.C. 553(c), DOT solicits comments from the public to better inform its rulemaking process. DOT posts these comments, without edit, including any personal information the commenter provides, to *www.regulations.gov* as described in the system of records notice (DOT/ALL–14FDMS), which can be reviewed at *www.dot.gov/privacy.*

**Availability of Rulemaking Documents**

An electronic copy of this document may be downloaded through the internet at *www.regulations.gov.* Recently published rulemaking documents can also be accessed through the FAA's web page at *www.faa.gov/air_traffic/publications/airspace_amendments/.*

You may review the public docket containing the proposal, any comments received, and any final disposition in person in the Dockets Office (see the **ADDRESSES** section for the address, phone number, and hours of operation). An informal docket may also be examined during normal business hours at the Federal Aviation Administration, Air Traffic Organization, Central Service Center, Operations Support Group, 10101 Hillwood Parkway, Fort Worth, TX 76177.

**Incorporation by Reference**

Class E airspace is published in paragraph 6005 of FAA Order JO 7400.11, Airspace Designations and Reporting Points, which is incorporated by reference in 14 CFR 71.1 on an annual basis. This document proposes to amend the current version of that order, FAA Order JO 7400.11K, dated August 4, 2025, and effective September 15, 2025. These updates would be published subsequently in the next update to FAA Order JO 7400.11. FAA Order JO 7400.11K, which lists Class A, B, C, D, and E airspace areas, air traffic service routes, and reporting points, is publicly available as listed in the **ADDRESSES** section of this document.

**The Proposal**

The FAA is proposing an amendment to 14 CFR part 71 that would establish Class E airspace extending upward from 700 feet above the surface to within a 7.6-mile radius of Rancho Paraiso Airport, Mountain Home, TX.

This action is the result of instrument procedures being developed for this airport to support IFR operations.

**Regulatory Notices and Analyses**

The FAA has determined that this proposed regulation only involves an established body of technical regulations for which frequent and routine amendments are necessary to keep them operationally current. It, therefore: (1) is not a ''significant regulatory action'' under Executive Order 12866; (2) is not a ''significant rule'' under DOT Order 2100.6B, ''Policies and Procedures for Rulemakings'' (March 10, 2025); and (3) does not warrant preparation of a regulatory evaluation as the anticipated impact is so minimal. Since this is a routine matter that will only affect air traffic procedures and air navigation, it is certified that this proposed rule, when promulgated, will not have a significant economic impact on a substantial number of small entities under the criteria of the Regulatory Flexibility Act.

**Environmental Review**

This proposal will be subject to an environmental analysis in accordance with FAA Order 1050.1G, ''FAA National Environmental Policy Act Implementing Procedures'' prior to any FAA final regulatory action.

**List of Subjects in 14 CFR Part 71**

Airspace, Incorporation by reference, Navigation (air).

**The Proposed Amendment**

In consideration of the foregoing, the Federal Aviation Administration proposes to amend 14 CFR part 71 as follows:

## PART 71—DESIGNATION OF CLASS A, B, C, D, AND E AIRSPACE AREAS; AIR TRAFFIC SERVICE ROUTES; AND REPORTING POINTS

■ 1. The authority citation for 14 CFR part 71 continues to read as follows:

**Authority:** 49 U.S.C. 106(f), 106(g), 40103, 40113, 40120; E.O. 10854, 24 FR 9565, 3 CFR, 1959–1963 Comp., p. 389.

**§ 71.1 [Amended]**

■ 2. The incorporation by reference in 14 CFR 71.1 of FAA Order JO 7400.11K, Airspace Designations and Reporting Points, dated August 4, 2025, and effective September 15, 2025, is amended as follows:

*Paragraph 6005 Class E Airspace Areas Extending Upward From 700 Feet or More Above the Surface of the Earth.*

* * * * *

**ASW TX E5 Mountain Home, TX [Establish]**

Rancho Paraiso Airport, TX
(Lat. 30°10′53″ N, long. 99°24′27″ W)

That airspace extending upward from 700 feet above the surface within a 7.6-mile radius of Rancho Paraiso Airport.

* * * * *

Issued in Fort Worth, Texas, on April 2 2026.

**Jerry J. Creecy,**

*Acting Manager, Operations Support Group, ATO Central Service Center.*

[FR Doc. 2026–06677 Filed 4–6–26; 8:45 am]

**BILLING CODE 4910–13–P**

## DEPARTMENT OF TRANSPORTATION

### Federal Aviation Administration

### 14 CFR Part 71

**[Docket No. FAA–2026–3532; Airspace Docket No. 26–ASW–4]**

**RIN 2120–AA66**

## Establishment of Class E Airspace; Jewett, TX

**AGENCY:** Federal Aviation Administration (FAA), DOT.

**ACTION:** Notice of proposed rulemaking (NPRM); correction; extension of comment period.

**SUMMARY:** The FAA is correcting an NPRM that published in the **Federal Register** on April 1, 2026, proposing to establish Class E airspace at Jewett, TX. Subsequent to publication, it was discovered that the NPRM was published with the wrong docket number used in two instances. This action corrects those typographic errors.

**DATES:** The comment period is extended. Comments must be received on or before May 22, 2026.

**ADDRESSES:** Send comments identified by FAA Docket No. FAA–2026–3532 and Airspace Docket No. 26–ASW–4 using any of the following methods:

* *Federal eRulemaking Portal:* Go to *www.regulations.gov* and follow the online instructions for sending your comments electronically.

* *Mail:* Send comments to Docket Operations, M–30; U.S. Department of Transportation, 1200 New Jersey Avenue SE, Room W12–140, West Building Ground Floor, Washington, DC 20590–0001.

* *Hand Delivery or Courier:* Take comments to Docket Operations in Room W12–140 of the West Building Ground Floor at 1200 New Jersey Avenue SE, Washington, DC, between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays.

* *Fax:* Fax comments to Docket Operations at (202) 493–2251.

*Docket:* Background documents or comments received may be read at *www.regulations.gov* at any time. Follow the online instructions for accessing the docket or go to Docket Operations in Room W12–140 of the West Building Ground Floor at 1200 New Jersey Avenue SE, Washington, DC, between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays.

FAA Order JO 7400.11K, Airspace Designations and Reporting Points, and subsequent amendments can be viewed online at *www.faa.gov/air_traffic/publications/*. You may also contact the Rules and Regulations Group, Office of Policy, Federal Aviation Administration, 600 Independence Avenue SW, Washington, DC 20597; telephone: (202) 267–8783.

**FOR FURTHER INFORMATION CONTACT:** Raul Garza Jr, Federal Aviation Administration, Operations Support Group, Central Service Center, 10101 Hillwood Parkway, Fort Worth, TX 76177; telephone (817) 222–5874.

**SUPPLEMENTARY INFORMATION:**

### Background

The FAA published an NPRM in the **Federal Register** (91 FR 16168; April 1, 2026), proposing to establish Class E airspace at Jewett, TX. Subsequent to publication, the FAA discovered that the NPRM was published with the wrong docket number in two instances. This action corrects those typographic errors.

### Correction

The FAA is correcting **Federal Register** Doc. No. 2026–06305, published in the **Federal Register** on April 1, 2026 (91 FR 16168), as follows:

1. On page 16168, column 1, within the header for the document, replace ''Docket No. FAA–2025–3532'' with ''Docket No. FAA–2026–3532''.

2. On page 16168, column 1, within the **ADDRESSES** section, replace ''Docket No. FAA–2025–3532'' with ''Docket No. FAA–2026–3532''.

Issued in Fort Worth, Texas, on April 2 2026.

**Jerry J. Creecy,**

*Acting Manager, Operations Support Group, ATO Central Service Center.*

[FR Doc. 2026–06676 Filed 4–6–26; 8:45 am]

**BILLING CODE 4910–13–P**

## DEPARTMENT OF TRANSPORTATION

### Federal Motor Carrier Safety Administration

### 49 CFR Part 367

**[Docket No. FMCSA–2025–0655]**

**RIN 2126–AC72**

## Fees for the Unified Carrier Registration Plan and Agreement

**AGENCY:** Federal Motor Carrier Safety Administration (FMCSA), Department of Transportation (DOT).

**ACTION:** Notice of proposed rulemaking (NPRM).

**SUMMARY:** FMCSA proposes amendments to its regulations governing the annual Unified Carrier Registration (UCR) Plan and Agreement registration fees that participating States collect from motor carriers, motor private carriers of property, brokers, freight forwarders, and leasing companies. The UCR Board of Directors (Board) did not recommend any change in fees for the 2026 registration year, therefore the fees remained the same as the 2025 registration year. However, on September 18, 2025, the Board recommended a fee increase for the 2027 registration year and subsequent registration years. This recommended increase averages 20 percent, with varying increases between $9 and $9,329 per entity, depending on the applicable fee bracket. Even after the proposed increase, the fees for registration year 2027 are still less than those in effect during registration years 2019 through 2022. FMCSA proposes to adopt the recommended fee increase.

**DATES:** Comments must be received on or before May 7, 2026.

**ADDRESSES:** You may submit comments identified by Docket Number FMCSA–2025–0655 using any of the following methods:

- *Federal eRulemaking Portal:* Go to *https://www.regulations.gov/docket/FMCSA-2025-0655/document.* Follow the online instructions for submitting comments.
- *Mail:* Dockets Operations, U.S. Department of Transportation, 1200 New Jersey Avenue SE, West Building, Ground Floor, Washington, DC 20590–0001.
- *Hand Delivery or Courier:* Dockets Operations, U.S. Department of Transportation, 1200 New Jersey Avenue SE, West Building, Ground Floor, Washington, DC 20590–0001, between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays. To be sure someone is there to help you,

please call (202) 366–9317 or (202) 366–9826 before visiting Dockets Operations.

- *Fax:* (202) 493–2251.

**FOR FURTHER INFORMATION CONTACT:** Mr. Kenneth Riddle, Director, Office of Registration and Safety Information, FMCSA, 1200 New Jersey Avenue SE, Washington, DC 20590–0001, *FMCSAMCRS@dot.gov.* If you have questions on viewing or submitting material to the docket, call Dockets Operations at (202) 366–9826.

**SUPPLEMENTARY INFORMATION:** FMCSA organizes this NPRM as follows:



## I. Public Participation and Request for Comments

### *A. Submitting Comments*

If you submit a comment, please include the docket number for this NPRM (FMCSA–2025–0655), indicate the specific section of this document to which your comment applies, and provide a reason for each suggestion or recommendation. You may submit your comments and material online or by fax, mail, or hand delivery, but please use only one of these means. FMCSA recommends that you include your name and a mailing address, an email address, or a phone number in the body of your document so FMCSA can contact you if there are questions regarding your submission.

To submit your comment online, go to *https://www.regulations.gov/docket/FMCSA-2025-0655/document,* click on this NPRM, click ''Comment,'' and type your comment into the text box on the following screen.

If you submit your comments by mail or hand delivery, submit them in an unbound format, no larger than 8½ by 11 inches, suitable for copying and electronic filing.

FMCSA will consider all comments and material received during the comment period.

Confidential Business Information (CBI)

CBI is commercial or financial information that is both customarily and actually treated as private by its owner. Under the Freedom of Information Act (5 U.S.C. 552), CBI is exempt from public disclosure. If your comments responsive to the NPRM contain commercial or financial information that is customarily treated as private, that you actually treat as private, and that is relevant or responsive to the NPRM, it is important that you clearly designate the submitted comments as CBI. Please mark each page of your submission that constitutes CBI as ''PROPIN'' to indicate it contains proprietary information. FMCSA will treat such marked submissions as confidential under the Freedom of Information Act, and they will not be placed in the public docket of the NPRM. Submissions containing CBI should be sent to Brian Dahlin, Chief, Regulatory Evaluation Division, Office of Policy, FMCSA, 1200 New Jersey Avenue SE, Washington, DC 20590–0001 or via email at *brian.g.dahlin@dot.gov.* At this time, you need not send a duplicate hardcopy of your electronic CBI submissions to FMCSA headquarters. Any comments FMCSA receives not specifically designated as CBI will be placed in the public docket for this rulemaking.

### *B. Viewing Comments and Documents*

To view any documents mentioned as being available in the docket, go to *https://www.regulations.gov/docket/FMCSA-2025-0655/document* and choose the document to review. To view comments, click this NPRM, then click ''Document Comments.'' If you do not have access to the internet, you may view the docket online by visiting Dockets Operations on the ground floor of the DOT West Building, 1200 New Jersey Avenue SE, Washington, DC 20590–0001, between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays. To be sure someone is there to help you, please call (202) 366–9317 or (202) 366–9826 before visiting Dockets Operations.

### *C. Privacy*

In accordance with 5 U.S.C. 553(c), DOT solicits comments from the public to better inform its regulatory process. DOT posts these comments, including any personal information the commenter provides, to *www.regulations.gov* as described in the system of records notice DOT/ALL 14 (Federal Docket Management System (FDMS)), which can be reviewed at *https://www.transportation.gov/individuals/privacy/privacy-act-system-records-notices.* The comments are posted without edits and are searchable by the name of the submitter.

## II. Executive Summary

Under 49 U.S.C. 14504a, the UCR Plan and the 41 States participating in the UCR Agreement collect fees from motor carriers, motor private carriers of property, brokers, freight forwarders, and leasing companies. The UCR Plan and Agreement are administered by a 15-member Board, which is comprised of 14 members appointed from the participating States and the motor carrier industry, as well as the Deputy Administrator of FMCSA, who is a statutory member. Revenues collected are allocated to the participating States and the UCR Plan.

In accordance with 49 U.S.C. 14504a(d)(7) and (f)(1)(E), the Board provides fee adjustment recommendations to the Secretary of Transportation (the Secretary) when revenue collections result in a shortfall or surplus from the amount authorized by statute. Statutory factors the Board considers in making a recommendation include the administrative costs of the UCR Plan and Agreement and whether the revenues generated in the previous year and any surplus or shortage from that or prior years enable the participating States to achieve the revenue levels set by the board (49 U.S.C. 14504a(d)(7)(A)(i) and (ii)). It is important to note that, while each year's revenue targets can fluctuate based on the number of registered interstate carriers and freight brokers, and the size of the carriers' fleets—which can vary based on economic conditions and other factors—the statutory allocation of revenue to participating states remains the same under 49 U.S.C. 14504a(g). If the required payments to the States and the cost of administering the UCR Plan exceed the amount in the depository, the UCR Plan must collect additional fees in subsequent years to recover the shortfall (49 U.S.C. 14504a(f)(1)(E)(i)). If there are excess funds after payments to the States and for administrative costs, they are retained in the UCR Plan's depository, see 49 U.S.C. 14504a(f)(1)(E)(ii)), and fees for subsequent registration years must be reduced as required by 49 U.S.C. 14504a(h)(4).

These two distinct statutory provisions are recognized in the fee adjustment recommended by the UCR Plan. In this NPRM, FMCSA proposes to increase, by an average of 20 percent, the annual registration fees established pursuant to the UCR Agreement for the 2027 registration year and subsequent years.[1]

The changes proposed in this NPRM would increase the fees paid by motor carriers, motor private carriers of property, brokers, freight forwarders, and leasing companies to the UCR Plan and the participating States. While the increase in fees is a private cost to covered entities, fees are considered by the Office of Management and Budget (OMB) Circular A–4, Regulatory Analysis, as transfer payments, not costs. (68 FR 58366 (Oct. 9, 2003)).[2] The details of the amount of increase to the annual UCR fee for each fee bracket, are included in the discussion below in Section VI.

## III. Abbreviations

CBI Confidential business information
CFR Code of Federal Regulations
CMV Commercial motor vehicle
DOT Department of Transportation
E.O. Executive Order
FMCSA Federal Motor Carrier Safety Administration
FR Federal Register
NAICS North American Industry Classification System
NPRM Notice of proposed rulemaking
OMB Office of Management and Budget
PIA Privacy Impact Assessment
PTA Privacy Threshold Assessment
RFA Regulatory Flexibility Act
SBA Small Business Administration
SBREFA Small Business Regulatory Enforcement Fairness Act of 1996
Secretary Secretary of Transportation
UCR Unified Carrier Registration
UMRA Unfunded Mandates Reform Act
U.S.C. United States Code

## IV. Legal Basis

This rulemaking would adjust the annual UCR registration fees, as authorized by 49 U.S.C. 14504a. Section 14504a provides that the revenues collected from the fees should not exceed the maximum annual revenue entitlements distributed to the 41 participating States plus the amount established for administrative costs associated with the UCR Plan and Agreement. In accordance with 49 U.S.C. 14504a(f)(1)(E)(i), the statute provides for the UCR Plan to request an adjustment by the Secretary when the annual revenues are insufficient to provide the revenues to which the participating States are entitled.

In addition, 49 U.S.C. 14504a(h)(4) states that any excess funds from previous registration years held by the UCR Plan in its depository, after distribution to the States and for payment of administrative costs, shall be retained and the fees charged shall be reduced by the Secretary accordingly.

The UCR Plan must also obtain DOT approval to revise the total revenue to be collected, in accordance with 49 U.S.C. 14504a(d)(7). However, no changes in the revenue allocations to the participating States were recommended by the UCR Plan or would be authorized by this rulemaking, as those amounts are fixed by statute.

The Secretary also has broad rulemaking authority in 49 U.S.C. 13301(a) to carry out 49 U.S.C. 14504a, which is part of 49 U.S.C. subtitle IV, part B. Authority to administer these statutory provisions has been delegated to the FMCSA Administrator by 49 CFR 1.87(a)(2) and (7).

## V. Background

The UCR follows a two-year cycle when making fee recommendations, meaning that the collections for the 2025 registration year are used to calculate fees for the 2027 registration year, and collections for the 2026 registration year will be used to calculate fees for the 2028 registration year. While the registration year is aligned with the calendar year, the administrative period during which fees for any given year are collected (also known as a ''fee year'') spans more than two calendar years. A three-month pre-registration window opens on October 1 of the year prior to the registration year, fees are due on January 1 of the registration year but continue to be collected throughout the year, and there is an audit and dispute resolution period in the calendar year following the registration year. FMCSA analyzed these procedures in greater detail in its final rule setting fees for the 2023 registration year (87 FR 53680, 53684 (Sep. 1, 2022)).[3]

This NPRM follows UCR adjustments for the 2024 and 2025 registration years and no adjustments for the 2026 registration year. The 2024 final rule (''Fees for the Unified Carrier Registration Plan and Agreement,'' June 17, 2024 (89 FR 51266)) [4] increased the fees for 2025 by an average of 25 percent above the fees for the 2024 registration year. No fee adjustments were introduced for the 2026 registration year, keeping the fee bracket levels intact.

All fee adjustment recommendations were submitted by the UCR Plan, in accordance with 49 U.S.C. 14504a(d)(7) and (f)(1). The statute gives primacy to the need to set the fees at a level that ensures that each of the participating States receive the revenues to which they are entitled (49 U.S.C. 14504a(f)(1)(E)(i) and (g)(4)). The adjustment in the fees to be paid to the UCR Plan for distribution to the participating States is necessary to accomplish this statutory objective.

The fee levels, actual and proposed, for the registration years 2019 to 2027 are shown in the following table:

TABLE 1—UCR PLAN FEES—2019–2027

| Bracket | Number of CMVs | 2019 | 2020–2022 | 2023 | 2024 | 2025 | 2026 | 2027 |
|---|---|---|---|---|---|---|---|---|
| 1 | 0–2 * | $62 | $59 | $41 | $37 | $46 | $46 | $55 |
| 2 | 3–5 | 204 | 176 | 121 | 111 | 138 | 138 | 167 |
| 3 | 6–20 | 407 | 351 | 242 | 221 | 276 | 276 | 333 |
| 4 | 21–100 | 1,420 | 1,224 | 844 | 769 | 963 | 963 | 1,163 |
| 5 | 101–1000 | 6,766 | 5,835 | 4,024 | 3,670 | 4,592 | 4,592 | 5,548 |
| 6 | 1001+ | 66,072 | 56,977 | 39,289 | 35,836 | 44,836 | 44,836 | 54,165 |

* Also applies to brokers and leasing companies.

[1] The UCR Plan Board's recommendation (September 2025 Fee Recommendation) was issued on September 18, 2025, and is available in the docket for this rulemaking.

[2] Available at *https://www.federalregister.gov/documents/2003/10/09/03-25606/circular-a-4-regulatory-analysis.*

[3] Available at *https://www.federalregister.gov/documents/2022/09/08/2022-19354/fees-for-the-unified-carrier-registration-plan-and-agreement.*

[4] Available at *https://www.federalregister.gov/documents/2024/06/17/2024-13192/fees-for-the-unified-carrier-registration-plan-and-agreement.*

Even after the proposed increase, the fees for registration year 2027 are still less than those in effect during registration years 2019 through 2022.

On September 18, 2025, the UCR Plan recommended to the Secretary that FMCSA increase the fees for the 2027 registration year no later than September 1, 2026 to allow collections to begin on October 1, 2026. As noted above, the recommendation and supporting documents are available in the docket for this rulemaking. In addition to the fee recommendation information from the UCR Plan, the submission also included an explanation of the basis for the recommendation and the procedures the UCR Plan followed in its development. This fee recommendation also included an explanation of the methodology used when calculating the fee, to facilitate public comment and allow replication of the analysis in the UCR Plan's recommendation.

## VI. Discussion of Proposed Rulemaking

The purpose of the 2027 registration year fee increase is to cover the projected $21.79 million shortfall in the statutorily required funding. This projected shortfall is based on calculations showing that in 2027 the costs of making the required distributions to the States and administering the Plan will exceed the revenues expected at the current fee levels. In past years, including 2023 and 2024, these fees were decreased because of prior excess collections, unusually large fluctuations in registrant numbers, and changes in underlying economic conditions. As required by statute, the excess collections were returned to the industry, as the annual fees were reduced to account for the overcollection.

The Board previously determined that any shortfall in revenues during registration year 2025 would be so minimal, it could be covered by the Plan's existing reserves while still providing each participating State with its full entitlement for the registration year and fully funding the Plan's administrative expenses. However, after analyzing the projected fee collections for registration year 2025 (including actual collections through July 31, 2025), the Board determined that an increase would be necessary for the 2027 registration year because the anticipated revenue collections for registration years 2025 and 2026 would be insufficient in 2027 to provide the States with their revenue entitlements and cover the Plan's administrative expenses. The Board also requested an administrative costs allowance increase of $250,000 to cover higher costs, including costs incurred in defending the Plan in litigation. This adjustment will help to attain the required $118 million in revenue necessary to operate the UCR Plan, which consists of State revenue allocations of $107,777,059, the Plan's administrative costs allowance, which has increased from $4,250,000 to $4,500,000, and the administrative shortfall of $6,500,000 from registration years 2025 and 2026.

This NPRM proposes to increase fees by an average of 20 percent for the 2027 registration year and subsequent years, as compared to the fees for 2025 and 2026. The proposed increase for each fee bracket is shown in the following table:

TABLE 2—UCR PLAN FEES PROPOSED INCREASE FROM 2025/2026 TO 2027

| Bracket | Number of CMVs | 2025 and 2026 | 2027 | Difference |
|---|---|---|---|---|
| 1 | 0–2* | $46 | $55 | $9 |
| 2 | 3–5 | 138 | 167 | 29 |
| 3 | 6–20 | 276 | 333 | 57 |
| 4 | 21–100 | 963 | 1,163 | 200 |
| 5 | 101–1000 | 4,592 | 5,548 | 956 |
| 6 | 1001+ | 44,836 | 54,165 | 9,329 |

* Under 49 U.S.C. 14504a(f)(1)(A)(ii), brokers and leasing companies are included in the smallest fee bracket.

In 2024, the UCR Plan modified its methodology for developing the recommendation, as the previous methodology using average collections was determined by the UCR Plan to result in an over-collection of fees. The UCR Plan continued using the 2024 methodology for the current recommendation, which uses the minimum of the historical monthly collections for the same time periods in each of the prior 3-year periods to determine projected collections. The UCR Plan determined that this method yields a more accurate result, as explained more fully in the UCR Plan's recommendation, which is available in the docket for this rulemaking.

FMCSA finds the recommended upward adjustment is within a reasonable range, in accordance with the provisions of 49 U.S.C. 14504a(e)(1) and (2). This fee adjustment for the 2027 registration year would provide the necessary $118 million in revenue to make the required allocations to the participating States and the UCR Plan. Any amount short of these adjustments would impede proper operations of motor carrier safety programs, enforcement, or the administration of the UCR Plan and UCR agreement. The Agency notes that the fluctuations in the total number of registrants and change in underlying economic conditions impact fee calculations. The Agency believes this recalibration of fees is reasonable and in accordance with the structure of, and obligations created by, the statute.

## VII. Section-by-Section Analysis

FMCSA proposes to remove 49 CFR 367.30, which set the fees for registration year 2023, as that registration year is now closed for all purposes and fee collections are complete. This section is therefore obsolete.

FMCSA proposes to revise section 367.40 (which was adopted in the 2024 final rule) and redesignate it as § 367.30. FMCSA also proposes to revise current section 367.50 so that the fees apply to registration years 2025 and 2026, and redesignate it as section 367.40. A new section 367.50 proposes to establish new, increased fees applicable beginning in registration year 2027, based on the recommendation submitted by the UCR Plan in its September 2025 Fee Recommendation. The fees in proposed new section 367.50 would remain in effect for subsequent registration years after 2027 unless revised by a future rulemaking.

## VIII. Regulatory Analyses

### *A. Executive Order (E.O.) 12866 (Regulatory Planning and Review) and DOT Policies and Procedures for Rulemakings*

FMCSA has considered the impact of this NPRM under E.O. 12866 (58 FR 51735, Oct. 4, 1993) [5] and DOT Order 2100.6B.[6] The Office of Information and Regulatory Affairs within OMB determined that this NPRM is not a significant regulatory action under section 3(f) of E.O. 12866 and has not reviewed it under that E.O.

The proposed changes would increase the registration fees paid by motor carriers, motor private carriers of property, brokers, freight forwarders, and leasing companies to the UCR Plan and the participating States. While the increase in fees is a private cost to covered entities, fees are considered by OMB Circular A–4, Regulatory Analysis, as transfer payments, not costs. The details of the amount of increase to the annual UCR fee for each fee bracket, are included in the discussion above in Section VI.

This rulemaking would establish increases in the annual registration fees for the UCR Plan and Agreement. The entities affected by this rulemaking would be the participating States, motor carriers, motor private carriers of property, brokers, freight forwarders, and leasing companies. Because the State UCR revenue entitlements would remain unchanged, the participating States would not be impacted by this rule. The primary impact of this rulemaking would be an increase in fees paid by individual motor carriers, motor private carriers of property, brokers, freight forwarders, and leasing companies. The increase in fees for the 2027 registration year from the 2025 registration year fees would be an average of 20 percent, ranging from $9 to $9,329 per entity, depending on the number of vehicles owned or operated by the affected entities.

### *B. E.O. 14192 (Unleashing Prosperity Through Deregulation)*

E.O. 14192, Unleashing Prosperity Through Deregulation, was issued on January 31, 2025 (90 FR 9065, Jan. 31, 2025).[7] E.O. 14192 requires that, for every one new regulation issued by an Agency, at least 10 prior regulations be identified for elimination, and that the cost of planned regulations be prudently managed and controlled through a budgeting process. Final implementation guidance addressing the requirements of E.O. 14192 was issued by OMB on March 26, 2025.[8]

This proposed rule is non-significant under E.O. 12866 and is expected to have total costs equivalent to zero, and, if finalized, would therefore qualify as neither an E.O. 14192 regulatory nor an E.O. 14192 deregulatory action.

### *C. Advance Notice of Proposed Rulemaking*

Under 49 U.S.C. 31136(g), FMCSA is required to publish an advance notice of proposed rulemaking (ANPRM) or proceed with a negotiated rulemaking, if a proposed safety rule ''under this part'' [9] is likely to lead to the promulgation of a major rule.[10] As this proposed rule is not likely to result in the promulgation of a major rule, the Agency is not required to issue an ANPRM or to proceed with a negotiated rulemaking.

### *D. Regulatory Flexibility Act*

The Regulatory Flexibility Act (RFA, 5 U.S.C. 601 *et seq.*), as amended by the Small Business Regulatory Enforcement Fairness Act of 1996 (SBREFA),[11] requires Federal agencies to consider the effects of the regulatory action on small business and other small entities and to minimize any significant economic impact. The term *small entities* comprises small businesses and not-for-profit organizations that are independently owned and operated and are not dominant in their fields, and governmental jurisdictions with populations of less than 50,000 (5 U.S.C. 601(6)). Accordingly, DOT policy requires an analysis of the impact of all regulations on small entities, and mandates that agencies strive to lessen any adverse effects on these businesses.

This rulemaking would directly affect the participating States, motor carriers, motor private carriers of property, brokers, freight forwarders, and leasing companies. Under the standards of the RFA, as amended by SBREFA, the participating States are not small entities. States are not considered small entities because they do not meet the definition of a small entity in section 601 of the RFA. Specifically, States are not considered small governmental jurisdictions under section 601(5) of the RFA, both because State government is not included among the various levels of government listed in section 601(5), and because, even if this were the case, no State or the District of Columbia has a population of less than 50,000, which is the criterion by which a governmental jurisdiction is considered small under section 601(5) of the RFA.

The Small Business Administration's (SBA) size standard for a small entity (13 CFR 121.201) differs by industry code. The entities affected by this rule fall into many different industry codes. In order to determine if this rule would have an impact on a significant number of small entities, FMCSA examined the 2022 Economic Census data for two different North American Industry Classification System (NAICS) industries: Truck Transportation (subsector 484) and Transit and Ground Transportation (subsector 485).

As shown in the table below, the SBA size standards for the national industries under the Truck Transportation and Transit and Ground Transportation subsectors range from $19.0 million to $43.0 million in revenue per year. To determine the percentage of firms that have revenue at or below SBA's thresholds within each of the NAICS national industries, FMCSA examined data from the 2022 Economic Census.[12] Boundaries for the revenue categories used in the Economic Census do not exactly coincide with the SBA thresholds. Instead, the SBA threshold generally falls between two different revenue categories. However, FMCSA was able to make reasonable estimates as to the percentage of small entities within each NAICS code.

The percentages of small entities with annual revenue less than the SBA's threshold ranged from 86.4 percent to 100 percent. Specifically, approximately 86.4 percent of All Other Transit and Ground Passenger Transportation (485999) firms had annual revenue less

[5] Available at *https://www.federalregister.gov/executive-order/12866.*

[6] Policies and Procedures for Rulemakings, Mar. 10, 2025, available at *https://www.transportation.gov/regulations/dot-order-21006b-policies-and-procedures-rulemakings.*

[7] Available at *https://www.federalregister.gov/documents/2025/02/06/2025-02345/unleashing-prosperity-through-deregulation.*

[8] M–25–20 Guidance Implementing Section 3 of Executive Order 14192, titled ''Unleashing Prosperity Through Deregulation.''

[9] Part B of Subtitle VI of Title 49, United States Code, *i.e.,* 49 U.S.C. chapters 311–317.

[10] A *major rule* means any rule that OMB finds has resulted in or is likely to result in (a) an annual effect on the economy of $100 million or more; (b) a major increase in costs or prices for consumers, individual industries, geographic regions, Federal, State, or local government agencies; or (c) significant adverse effects on competition, employment, investment, productivity, innovation, or on the ability of United States-based enterprises to compete with foreign-based enterprises in domestic and export markets (5 U.S.C. 804(2)).

[11] Public Law 104–121, 110 Stat. 857 (Mar. 29, 1996).

[12] U.S. Census Bureau, *2022 Economic Census,* Table EC2200SIZEEMPFIRM—Selected Sectors: Sales, Value of Shipments, or Revenue Size of Firms for U.S.: 2022. Available at: *https://data.census.gov/table?q=EC2200SIZEREVFIRM&codeset=naics~484220:484230:485320* (accessed Sep. 18, 2025).

than the SBA's revenue threshold of $19.0 million and would be considered small entities. FMCSA estimates 100 percent of firms in the Mixed Mode Transit Systems (485111) national industry had annual revenue less than $29.0 million and would be considered small entities. The table below shows the complete estimates of the number of small entities within the national industries that may be affected by this rule.

TABLE 3—ESTIMATES OF NUMBER OF SMALL ENTITIES

| NAICS code | Description | SBA size standard in millions | Total number of firms | Number of small entities | Percent of all firms |
|---|---|---|---|---|---|
| 484110 | General Freight Trucking, Local | $34.0 | 29,383 | 29,363 | 99.9 |
| 484121 | General Freight Trucking, Long Distance, Truckload | 34.0 | 36,043 | 35,864 | 99.5 |
| 484122 | General Freight Trucking, Long Distance, Less Than Truckload | 43.0 | 4,895 | 4,856 | 99.2 |
| 484210 | Used Household and Office Goods Moving | 34.0 | 7,217 | 7,200 | 99.8 |
| 484220 | Specialized Freight (except Used Goods) Trucking, Local | 34.0 | 23,787 | 23,763 | 99.9 |
| 484230 | Specialized Freight (except Used Goods) Trucking, Long Distance | 34.0 | 8,029 | 7,960 | 99.1 |
| 485111 | Mixed Mode Transit Systems | 29.0 | 12 | 12 | 100.0 |
| 485113 | Bus and Other Motor Vehicle Transit Systems | 32.5 | 224 | 216 | 96.4 |
| 485210 | Interurban and Rural Bus Transportation | 32.0 | 372 | 372 | 100.0 |
| 485320 | Limousine Service | 19.0 | 2,978 | 2,960 | 99.4 |
| 485410 | School and Employee Bus Transportation | 30.0 | 2,131 | 2,118 | 99.4 |
| 485510 | Charter Bus Industry | 19.0 | 940 | 864 | 91.9 |
| 485999 | All Other Transit and Ground Passenger Transportation | 19.0 | 1,158 | 1,000 | 86.4 |

Therefore, while FMCSA has determined that this rulemaking would impact a substantial number of small entities, it has also determined that the rulemaking would not have a significant impact on them. The effect of this rulemaking would be to increase the annual registration fee that motor carriers, motor private carriers of property, brokers, freight forwarders, and leasing companies are currently required to pay. The increase would be 20 percent on average, or $9 to $9,329 per entity, depending on the number of vehicles owned and/or operated by the affected entities.

While the RFA does not define a threshold for determining whether a specific regulation results in a significant impact, the SBA, in guidance to government agencies, provides some objective measures of significance that the agencies can consider using. One measure that could be used to illustrate a significant impact is labor costs; specifically, whether the cost of the regulation exceeds one percent of the average annual revenues of small entities in the sector. Given that entities owning between zero and two CMVs would experience an increase of $9, a small entity would need to have average annual revenue of less than $900 to experience an impact greater than one percent of average annual revenue. This is an average annual revenue that is smaller than would be required for a firm to support one employee. The increased fee amount and impact on revenue increase linearly depending on the applicable fee bracket.

Consequently, I certify that the proposed action would not have a significant economic impact on a substantial number of small entities.

*E. Assistance for Small Entities*

In accordance with section 213(a) of SBREFA, FMCSA wants to assist small entities in understanding this rulemaking so they can better evaluate its effects on themselves and participate in the rulemaking initiative. If the rulemaking would affect your small business, organization, or governmental jurisdiction and you have questions concerning its provisions or options for compliance, please consult the person listed under **FOR FURTHER INFORMATION CONTACT**.

Small businesses may send comments on the actions of Federal employees who enforce or otherwise determine compliance with Federal regulations to the Small Business Administration's Small Business and Agriculture Regulatory Enforcement Ombudsman (Office of the National Ombudsman, see *https://www.sba.gov/about-sba/oversight-advocacy/office-national-ombudsman*) and the Regional Small Business Regulatory Fairness Boards. The Ombudsman evaluates these actions annually and rates each agency's responsiveness to small business. If you wish to comment on actions by employees of FMCSA, call 1–888–REG–FAIR (1–888–734–3247). DOT has a policy regarding the rights of small entities to regulatory enforcement fairness and an explicit policy against retaliation for exercising these rights.

*F. Unfunded Mandates Reform Act of 1995*

The Unfunded Mandates Reform Act of 1995 (UMRA, 2 U.S.C. 1531–1538) requires Federal agencies to assess the effects of their discretionary regulatory actions. The Act addresses actions that may result in the expenditure by a State, local, or Tribal government, in the aggregate, or by the private sector of $206 million (which is the value equivalent of $100 million in 1995, adjusted for inflation to 2024 levels) or more in any single year. Though this rulemaking would not result in such an expenditure, and the analytical requirements of UMRA do not apply as a result, the Agency discusses the effects of this rulemaking elsewhere in this preamble.

*G. Paperwork Reduction Act*

This proposed rule contains no new information collection requirements under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501–3520).

*H. E.O. 13132 (Federalism)*

A rule has implications for federalism under section 1(a) of E.O. 13132 (64 FR 43255, Aug. 10, 1999),[13] Federalism, if it has ''substantial direct effects on the States, on the relationship between the national government and the States, or on the distribution of power and responsibilities among the various levels of government.''

FMCSA has determined that this rulemaking would not have substantial direct costs on or for States, nor would it limit the policymaking discretion of States. Nothing in this document preempts any State law or regulation. Therefore, this rulemaking does not have sufficient federalism implications

[13] Available at *https://www.federalregister.gov/documents/1999/08/10/99-20729/federalism.*

to warrant the preparation of a Federalism Impact Statement.

*I. Privacy*

The Consolidated Appropriations Act, 2005,[14] requires the Agency to assess the privacy impact of a regulation that will affect the privacy of individuals. This NPRM would not require the collection of personally identifiable information.

The Privacy Act (5 U.S.C. 552a) applies only to Federal agencies and any non-Federal agency that receives records contained in a system of records from a Federal agency for use in a matching program.

The E-Government Act of 2002,[15] requires Federal agencies to conduct a Privacy Impact Assessment (PIA) for new or substantially changed technology that collects, maintains, or disseminates information in an identifiable form. No new or substantially changed technology would collect, maintain, or disseminate information as a result of this rule. Accordingly, FMCSA has not conducted a PIA.

In addition, the Agency submitted a Privacy Threshold Assessment (PTA) to evaluate the risks and effects the rulemaking may have on collecting, storing, and sharing personally identifiable information. The PTA was adjudicated by DOT's Chief Privacy Officer on October 30, 2025.

*J. E.O. 13175 (Indian Tribal Governments)*

This rule does not have Tribal implications under E.O. 13175 (65 FR 67249, Nov. 9, 2000),[16] Consultation and Coordination with Indian Tribal Governments, because it does not have a substantial direct effect on one or more Indian Tribes, on the relationship between the Federal Government and Indian Tribes, or on the distribution of power and responsibilities between the Federal Government and Indian Tribes.

*K. National Environmental Policy Act of 1969*

FMCSA analyzed this proposed rule pursuant to the National Environmental Policy Act of 1969 (42 U.S.C. 4321, *et seq.*) and determined this action is categorically excluded from further analysis and documentation in an environmental assessment or environmental impact statement under DOT Order 5610.1D,[17] Subpart B, Subsection e, paragraph (6)(h). The categorical exclusion in paragraph (6)(h) covers regulations and actions taken pursuant to regulation implementing procedures to collect fees that will be charged for motor carrier registrations. The proposed requirements in this rulemaking are covered by this CE.

*L. Rulemaking Summary*

As required by 5 U.S.C. 553(b)(4), a summary of this rule can be found in the Abstract section of the Department's Unified Agenda entry for this rulemaking at *https://www.reginfo.gov/public/do/eAgendaMain.*

**List of Subjects in 49 CFR Part 367**

Brokers, Freight, Freight forwarders, Insurance, Intergovernmental relations, Motor carriers, Surety bonds.

Accordingly, FMCSA proposes to amend Title 49 CFR, subtitle B, chapter III, part 367 as follows:

## PART 367—STANDARDS FOR REGISTRATION WITH STATES

■ 1. The authority citation for part 367 continues to read as follows:

**Authority:** 49 U.S.C. 13301, 14504a; and 49 CFR 1.87.

■ 2. Remove section 367.30.

■ 3. Redesignate section 367.40 as section 367.30.

■ 4. Redesignate section 367.50 as section 367.40.

■ 5. Revise newly redesignated section 367.40 to read as follows:

**Section 367.40 Fees under the Unified Carrier Registration Plan and Agreement for Registration Years Beginning in 2025 and Ending in 2026.**

TABLE 1 TO SECTION 367.40—FEES UNDER THE UNIFIED CARRIER REGISTRATION PLAN AND AGREEMENT FOR REGISTRATION YEARS BEGINNING IN 2025 AND ENDING IN 2026

| Bracket | Number of commercial motor vehicles owned or operated by exempt or non-exempt motor carrier, motor private carrier, or freight forwarder | Fee per entity for exempt or non-exempt motor carrier, motor private carrier, or freight forwarder | Fee per entity for broker or leasing company |
|---|---|---|---|
| B1 | 0–2 | $46 | $46 |
| B2 | 3–5 | 138 | |
| B3 | 6–20 | 276 | |
| B4 | 21–100 | 963 | |
| B5 | 101–1,000 | 4,592 | |
| B6 | 1,001 and above | 44,836 | |

■ 6. Add a new section 367.50 to read as follows:

**Section 367.50 Fees under the Unified Carrier Registration Plan and Agreement for Registration Year 2027 and Subsequent Years.**

TABLE 1 TO SECTION 367.50—FEES UNDER THE UNIFIED CARRIER REGISTRATION PLAN AND AGREEMENT FOR REGISTRATION YEAR 2027 AND SUBSEQUENT YEARS

| Bracket | Number of commercial motor vehicles owned or operated by exempt or non-exempt motor carrier, motor private carrier, or freight forwarder | Fee per entity for exempt or non-exempt motor carrier, motor private carrier, or freight forwarder | Fee per entity for broker or leasing company |
|---|---|---|---|
| B1 | 0–2 | $55 | $55 |
| B2 | 3–5 | 167 | |
| B3 | 6–20 | 333 | |

[14] Public Law 108–447, 118 Stat. 2809, 3268, note following 5 U.S.C. 552a (Dec. 4, 2014).

[15] Public Law 107–347, sec. 208, 116 Stat. 2899, 2921 (Dec. 17, 2002).

[16] Available at *https://www.federalregister.gov/documents/2000/11/09/00-29003/consultation-and-coordination-with-indian-tribal-governments.*

[17] Available at *https://www.transportation.gov/mission/dots-procedures-considering-environmental-impacts.*

TABLE 1 TO SECTION 367.50—FEES UNDER THE UNIFIED CARRIER REGISTRATION PLAN AND AGREEMENT FOR REGISTRATION YEAR 2027 AND SUBSEQUENT YEARS—Continued

| Bracket | Number of commercial motor vehicles owned or operated by exempt or non-exempt motor carrier, motor private carrier, or freight forwarder | Fee per entity for exempt or non-exempt motor carrier, motor private carrier, or freight forwarder | Fee per entity for broker or leasing company |
|---|---|---|---|
| B4 | 21–100 | 1,163 | |
| B5 | 101–1,000 | 5,548 | |
| B6 | 1,001 and above | 54,165 | |

Issued under authority delegated in 49 CFR 1.87.

**Derek Barrs,**

*Administrator.*

[FR Doc. 2026–06726 Filed 4–6–26; 8:45 am]

**BILLING CODE 4910–EX–P**

# Notices

Federal Register
Vol. 91, No. 66
Tuesday, April 7, 2026

This section of the FEDERAL REGISTER contains documents other than rules or proposed rules that are applicable to the public. Notices of hearings and investigations, committee meetings, agency decisions and rulings, delegations of authority, filing of petitions and applications and agency statements of organization and functions are examples of documents appearing in this section.

## DEPARTMENT OF AGRICULTURE

### Request for Extension of a Currently Approved Information Collection

**AGENCY:** Office of Tribal Relations, USDA.

**ACTION:** Notice and request for comments; extension.

**SUMMARY:** This notice announces the Office of Tribal Relations' intention to request an extension for a currently approved information collection for the United States Department of Agriculture (USDA) 1994 Tribal Scholars Program.

**DATES:** Comments on this notice must be received by June 8, 2026 to be assured of consideration.

**ADDRESSES:** Office of Tribal Relations invites interested people to submit comments on this notice. Comments may be submitted by one of the following methods:

- *Federal eRulemaking Portal:* This website provides the ability to type short comments directly into the comment field on this web page or attach a file for lengthier comments. Go to *http://www.regulations.gov.* Follow the online instructions on that site for submitting comments.
- *Mail:* Send to USDA 1994 Tribal Scholars Program, U.S. Department of Agriculture, ATTN: Office of Tribal Relations, 1400 Independence Avenue SW, Mailstop 0601, Room 501–A, Jaime L. Whitten Building, Washington, DC 20250–3700.
- *Hand or courier delivered submittals:* 1400 Independence Avenue SW, Room 501–A, Jaime L. Whitten Building, Washington, DC 20250–3700.

*Instructions:* All items submitted by mail or electronic mail must include the organization's name: Office of Tribal Relations. Comments received in response to this notice will be made available to the public for inspection and posted without change, including the name and location (if available) of the submitter to *http://www.regulations.gov.* In accordance with the Privacy Act, no other personally identifiable information will be posted.

For access to background documents or comments received, go to the Office of Tribal Relations at 1400 Independence Avenue SW, Room 501–A, Jaime L. Whitten Building, Washington, DC 20250–3700, between the hours of 8:00 a.m. and 4:30 p.m. EST, Monday through Friday.

**FOR FURTHER INFORMATION CONTACT:** Kellen Palmer, USDA Tribal Colleges and Universities Program, U.S. Department of Agriculture, 1400 Independence Avenue SW, Washington, DC 20250; or call (202) 205–2249; or Email: *Kellen.Palmer@usda.gov.*

**SUPPLEMENTARY INFORMATION:** In accordance with the Paperwork Reduction Act of 1995 (44 U.S.C. chapter 35), this notice announces the intention of the Office of Tribal Relations to request an extension of a currently approved information collection for the USDA 1994 Tribal Scholars Program.

*Title:* USDA 1994 Tribal Scholars Program.

*OMB Number:* 0503–0016.

*Expiration Date of Approval:* Three years from approval date.

*Type of Request:* Extension of a currently approved information collection.

*Abstract:* The purpose of the U.S. Department of Agriculture 1994 Tribal Scholars Program is to strengthen the long-term partnership between USDA, the 1994 Land-Grant Institutions, and other partnering higher education institutions to increase the number of students studying and graduating in food, agricultural, natural resources, and other related fields of study, and to develop a pool of scientists and professionals to annually fill jobs in the food, agricultural, and natural resources system. This program offers the payment of educational costs after student's financial aid and paid work experience with a USDA sponsoring agency through an appointment under the Fellowship Experience Program. USDA Tribal Scholarship recipients are required to study in the food, and agricultural, and related sciences, as defined by the National Agricultural Research, Extension, and Teaching Policy Act of 1977 (7 U.S.C. 3103 (8)).

The USDA 1994 Tribal Scholars Program will offer scholarships and paid training internships to U.S. citizens for a period of up to 4 years. The eligibility standards are:

1. Must be at least 16 years old.
2. Must be able to complete required occupation-related work experience (640 hours) prior to or concurrently with the completion of course requirements for the degree.
3. Must be a United States citizen or national (resident of American Samoa or Swains Island). If you are not a citizen, you may participate if you are legally admitted to the United States as a permanent resident and are able to meet United States citizenship requirements prior to completion of your degree.
4. Must be in good academic standing and maintain a 2.5 GPA.
5. You plan to attend and are enrolled, currently attend, or recently graduated from a 1994 Tribal Land Grant College or University. For the purposes of this application, a recent graduate is someone who does not yet have a bachelor's degree and who has graduated with an associate's degree within the last two years.

Applicants will submit:

(1) An essay describing educational and career goals;

(2) A high school and/or a college transcript;

(3) A resume, and;

(4) Two letters of recommendation. These letters of recommendation may be from high school teachers, college professors, and college officials.

*Estimate of Burden:* Public reporting burden for this collection of information is estimated to average 1.3 hours per response.

*Respondents:* High School or College applicants; High School Teachers and Guidance Counselors, College Professor(s), and College Officials.

*Estimated Number of Respondents:* 170 applications will generate 510 responses.

*Estimated Number of Responses per Respondent:* Each application will generate three responses.

*Estimated Total Annual Burden on Respondents:* 663 hours.

Comments are invited on: (1) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (2) the accuracy of the

agency's estimate of the burden of the proposed collection of information including the validity of the methodology and assumptions used; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology. Comments may be sent to Lawrence A. Shorty.

All comments received will be available for public inspection during regular business hours at the same address.

All responses to this notice will be summarized and included in the request for Office of Management and Budget approval. All comments will become a matter of public record.

Dated: April 3, 2026.

**Lawrence A. Shorty,**

*Director, Tribal Colleges and Universities Program, Office of Tribal Relations.*

[FR Doc. 2026–06698 Filed 4–6–26; 8:45 am]

**BILLING CODE 3420–AG–P**

## DEPARTMENT OF AGRICULTURE

### Animal and Plant Health Inspection Service

**[Docket No. APHIS–2026–0298]**

### Notice of Request for Revision to and Extension of Approval of an Information Collection; Movement of Plants and Plant Products From Hawaii and the Territories

**AGENCY:** Animal and Plant Health Inspection Service, USDA.

**ACTION:** Revision to and extension of approval of an information collection; comment request.

**SUMMARY:** In accordance with the Paperwork Reduction Act of 1995, this notice announces the Animal and Plant Health Inspection Service's intention to request a revision to and extension of approval of an information collection associated with the regulations for the interstate movement of fruits and vegetables from Hawaii and the Territories.

**DATES:** We will consider all comments that we receive on or before June 8, 2026.

**ADDRESSES:** You may submit comments by either of the following methods:

- *Federal eRulemaking Portal: http://www.regulations.gov.* Enter APHIS–2026–0298 in the Search field. Select the Documents tab, then select the Comment button in the list of documents.
- *Postal Mail/Commercial Delivery:* Send your comment to Docket No. APHIS–2026–0298, Regulatory Analysis and Development, PPD, APHIS, 5601 Sunnyside Ave., #AP760, Beltsville, MD 20705.

Supporting documents and any comments we receive on this docket may be viewed at *http://www.regulations.gov* or in our reading room in Room 1620 of the USDA South Building, 14th Street and Independence Avenue SW, Washington, DC. Normal reading room hours are 8 a.m. to 4:30 p.m., Monday through Friday, except holidays. To be sure someone is there to help you, please call (202) 799–7039 before coming.

**FOR FURTHER INFORMATION CONTACT:** For information on the activities within this information collection request, contact Ms. Lydia Colón, Agriculturist, Senior Regulatory Policy Specialist, PPQ, APHIS, 5601 Sunnyside Ave., Beltsville, MD, (301) 851–2302; *lydia.e.colon@usda.gov.* For more information on the information collection reporting process, contact Ms. Sheniqua Harris, APHIS' Paperwork Reduction Act Coordinator, at (301) 851–2528; *APHIS.PRA@usda.gov.*

**SUPPLEMENTARY INFORMATION:**

*Title:* Movement of Plants and Plant Products from Hawaii and the Territories.

*OMB Control Number:* 0579–0346.

*Type of Request:* Revision to and extension of approval of an information collection.

*Abstract:* The Plant Protection Act (PPA, 7 U.S.C. 7701 *et seq.*) authorizes the Secretary of Agriculture to restrict the importation, entry, or interstate movement of plants, plant products, and other articles to prevent the introduction of plant pests into the United States or their dissemination within the United States. This authority has been delegated to the Animal and Plant Health Inspection Service (APHIS), which administers regulations to implement the PPA.

In 7 CFR part 318, under the regulations in ''Subpart A—Regulated Articles from Hawaii and the Territories'' (§§ 318.13–1 through 318.13–17), APHIS prohibits or restricts the interstate movement of fruits and vegetables into the continental United States from Hawaii, Puerto Rico, the U.S. Virgin Islands, Guam, and the Commonwealth of the Northern Mariana Islands to prevent plant pests and noxious weeds from being introduced into and spread within the continental United States.

The regulations contain requirements for a performance-based process for approving the interstate movement of commodities that, based on the findings of a pest risk analysis, can be safely imported subject to one or more designated phytosanitary measures and for acknowledging pest-free areas. These requirements involve information collection activities, including limited permits, inspections to issue limited permits, inspections of production areas, transit permits, compliance agreements, inspection and certification, labeling for fruits and vegetables produced in pest-free areas, written requests for facility approvals, trapping and surveillance, and recordkeeping. In addition, the activities of packaging, marking, identification, and certification of sweet potatoes from Hawaii are also included.

We are asking the Office of Management and Budget (OMB) to approve our use of these information collection activities for 3 years. APHIS has amended this information collection due to a decrease in the number of Respondents reporting; however, the number of Responses and the Total Burden Hours reported for the collection has increased.

The purpose of this notice is to solicit comments from the public (as well as affected agencies) concerning our information collection. These comments will help us:

(1) Evaluate whether the collection of information is necessary for the proper performance of the functions of the Agency, including whether the information will have practical utility;

(2) Evaluate the accuracy of our estimate of the burden of the collection of information, including the validity of the methodology and assumptions used;

(3) Enhance the quality, utility, and clarity of the information to be collected; and

(4) Minimize the burden of the collection of information on those who are to respond, through use, as appropriate, of automated, electronic, mechanical, and other collection technologies, *e.g.,* permitting electronic submission of responses.

*Estimate of burden:* The public burden for this collection of information is estimated to average 0.151 hours per response.

*Respondents:* Wholesalers and producers of fruits and vegetables; growers, shippers, and exporters in Hawaii, U.S. Territories, and State plant regulatory officials; and irradiation facility personnel.

*Estimated annual number of respondents:* 73.

*Estimated annual number of responses per respondent:* 301.

*Estimated annual number of responses:* 21,950.

*Estimated total annual burden on respondents:* 3,304 hours. (Due to averaging, the total annual burden hours may not equal the product of the annual number of responses multiplied by the reporting burden per response.)

All responses to this notice will be summarized and included in the request for OMB approval. All comments will also become a matter of public record.

Done in Washington, DC, this 2nd day of April 2026.

**Kelly Moore,**

*Administrator, Animal and Plant Health Inspection Service.*

[FR Doc. 2026–06687 Filed 4–6–26; 8:45 am]

**BILLING CODE 3410–34–P**

## CIVIL RIGHTS COLD CASE RECORDS REVIEW BOARD

**[Agency Docket Number: CRCCRRB–2026–0009–N]**

### Notice of Formal Determination on Records Release

**AGENCY:** Civil Rights Cold Case Records Review Board.

**ACTION:** Notice.

**SUMMARY:** The Civil Rights Cold Case Records Review Board received 2,883 pages of records from the National Archives and Records Administration (NARA) and the Federal Bureau of Investigation (FBI) related to three civil rights cold case incidents to which the Review Board assigned the unique identifiers 2024–003–020, 2024–003–037, and 2024–003–039. The Review Board previously issued its determinations on these records except for 18 proposed postponements of sealed federal grand jury information which required additional review and coordination with the agencies. On March 27, 2026, the Review Board met and decided to approve these postponements. It declined to request that the Attorney General petition the relevant court to unseal this information at this time though it may choose to do so in the future. The Review Board also received 1,197 pages of records from NARA related to another three civil rights cold case incidents to which the Review Board assigned the unique identifiers 2024–003–017, 2024–003–047, and 2024–004–001. NARA proposed 44 postponements including postponements of sealed federal grand jury information in the records. On March 27, 2026, the Review Board met and determined that 1,187 pages in full and 10 pages in part should be publicly disclosed in the Civil Rights Cold Case Records Collection. The Review Board will not request that the Attorney General petition the relevant court to unseal the federal grand jury information in these records at this time though it may choose to do so in the future. By issuing this notice, the Review Board complies with the Civil Rights Cold Case Records Collection Act of 2018 that requires the Review Board to publish in the **Federal Register** its determinations on the disclosure or postponement of records in the Collection no more than 14 days after the date of its decision.

**FOR FURTHER INFORMATION CONTACT:** Stephannie Oriabure, Chief of Staff, Civil Rights Cold Case Records Review Board, 1800 F Street NW, Washington, DC 20405, (771) 221–0014, *info@coldcaserecords.gov.*

**SUPPLEMENTARY INFORMATION:**

| Incident identifier | Postponement identifier | Review board decision |
|---|---|---|
| 2024–003–020 | 2024–NARA–03–0103 through 2024–NARA–03–0106 | Approve. |
| 2024–003–020 | 2024–NARA–03–0127 through 2024–NARA–03–0133 | Approve. |
| 2024–003–037 | 2025–NARA–03–0083 through 2025–NARA–03–0087 | Approve. |
| 2024–003–039 | 2024–NARA–03–0089 and 2024–NARA–03–0090 | Approve. |
| 2024–003–017 | 2024–NARA–03–0081 through 2024–NARA–03–0085 | Approve. |
| 2024–003–047 | 2024–NARA–03–0094 through 2024–NARA–03–0096 | Reject. |
| 2024–003–047 | 2024–NARA–03–0097 and 2024–NARA–03–0098 | Approve. |
| 2024–003–047 | 2024–NARA–03–0099 through 2024–NARA–03–0101 | Reject. |
| 2024–003–047 | 2024–NARA–03–0102 | Approve. |
| 2024–004–001 | 2025–NARA–04–0001 through 2025–NARA–04–0017 | Reject. |
| 2024–004–001 | 2025–NARA–04–0018 | Approve with changes. |
| 2024–004–001 | 2025–NARA–04–0019 through 2025–NARA–04–0021 | Reject. |
| 2024–004–001 | 2025–NARA–04–0022 through 2025–NARA–04–0026 | Approve. |
| 2024–004–001 | 2025–NARA–04–0027 through 2025–NARA–04–0030 | Reject. |

(Authority: Pub. L. 115–426, 132 Stat. 5489 (44 U.S.C. 2107).)

Dated: April 2, 2026.

**Stephannie Oriabure,**

*Chief of Staff.*

[FR Doc. 2026–06666 Filed 4–6–26; 8:45 am]

**BILLING CODE 6820–SY–P**

## COMMISSION ON CIVIL RIGHTS

### Notice of Public Meeting of the Georgia Advisory Committee to the U.S. Commission on Civil Rights

**AGENCY:** U.S. Commission on Civil Rights.

**ACTION:** Notice of public meeting.

**SUMMARY:** Notice is hereby given, pursuant to the provisions of the rules and regulations of the U.S. Commission on Civil Rights (Commission) and the Federal Advisory Committee Act, that the Georgia Advisory Committee (Committee) to the U.S. Commission on Civil Rights will hold a public business meeting via Zoom. The purpose of the meeting is to begin briefing planning on the Committee's selected civil rights topic and vote to approve if ready.

**DATES:** Monday, April 27, 2026, from 1:30 p.m. to 2:30 p.m. Eastern Time.

**ADDRESSES:** The meeting will be held via Zoom Webinar.

*Registration Link (Audio/Visual): https://www.zoomgov.com/webinar/register/WN_w83hhw15QBW00NrlkuEn1A.*

*Join by Phone (Audio Only):* (833) 435–1820 USA Toll-Free; Meeting ID: 161 775 7361 #.

**FOR FURTHER INFORMATION CONTACT:** Mallory Trachtenberg, Designated Federal Officer, at *mtrachtenberg@usccr.gov* or (202) 809–9618.

**SUPPLEMENTARY INFORMATION:**

*Agenda: https://usccr.box.com/s/7z76mc5lg8t9738prumcepl3a37bv13h* (note: a final meeting agenda will be available prior to the meeting date).

This Committee meeting is available to the public through the registration link above. Any interested members of the public may attend this meeting. An open comment period will be provided to allow members of the public to make oral statements as time allows. Pursuant to the Federal Advisory Committee Act, public minutes of the meeting will include a list of persons who are present at the meeting. If joining via phone, callers can expect to incur regular charges for calls they initiate over wireless lines, according to their wireless plan. The Commission will not refund any incurred charges. Callers will incur no charge for calls they initiate over land-line connections to the toll-free telephone number. Closed captioning is available by selecting ''CC'' in the meeting platform. To request additional accommodations, please email *mtrachtenberg@usccr.gov* at least 10 business days prior to the meeting.

Members of the public are entitled to submit written comments; the comments must be received in the regional office within 30 days following the scheduled meeting. Written comments may be emailed to *mtrachtenberg@usccr.gov*. Persons who desire additional information may contact the Regional Programs Coordination Unit at (202) 809–9618.

Records generated from this meeting may be inspected and reproduced at the Regional Programs Coordination Unit Office, as they become available, both before and after the meeting. Records of the meetings will be available via the file sharing website, *https://bit.ly/42t1cCA.* Persons interested in the work of this Committee are directed to the Commission's website, *http://www.usccr.gov,* or may contact the Regional Programs Coordination Unit at *mtrachtenberg@usccr.gov*.

Dated: April 3, 2026.

**David Mussatt,**

*Supervisory Chief, Regional Programs Unit.*

[FR Doc. 2026–06711 Filed 4–6–26; 8:45 am]

**BILLING CODE P**

## COMMISSION ON CIVIL RIGHTS

### Notice of Public Meeting of the Michigan Advisory Committee to the U.S. Commission on Civil Rights

**AGENCY:** U.S. Commission on Civil Rights.

**ACTION:** Notice of Virtual Business Meeting.

**SUMMARY:** Notice is hereby given, pursuant to the provisions of the rules and regulations of the U.S. Commission on Civil Rights (Commission) and the Federal Advisory Committee Act, that the Michigan Advisory Committee (Committee) to the U.S. Commission on Civil Rights will hold a public meeting via Zoom. The purpose of the meeting is to discuss and potentially vote on its proposal related to the Committee's study of civil rights implications of the Michigan government's use of AI.

**DATES:** Tuesday, April 21, 2026, from 12:00 p.m. to approximately 1:30 p.m. Eastern Time.

**ADDRESSES:** This meeting will be held via Zoom.

*Registration Link (Audio/Visual): https://www.zoomgov.com/webinar/register/WN_mGRtuxo3TwOvvvU-8bc1bw.*

*Join by Phone (Audio Only):* 1–833–435–1820 USA Toll Free; Webinar ID: 160 849 7951 #.

**FOR FURTHER INFORMATION CONTACT:** Mallory Trachtenberg, Designated Federal Officer, at *mtrachtenberg@usccr.gov* or 1–202–809–9618.

**SUPPLEMENTARY INFORMATION:**

*Agenda https://usccr.box.com/s/qj98x6qxmth47e7gcpllp58kwyh7hi0g* (note: a final meeting agenda will be available prior to the meeting date).

This Committee meeting is available to the public through the registration link above. Any interested members of the public may attend this meeting. An open comment period will be provided to allow members of the public to make oral comments as time allows. Pursuant to the Federal Advisory Committee Act, public minutes of the meeting will include a list of persons who are present at the meeting. If joining via phone, callers can expect to incur regular charges for calls they initiate over wireless lines, according to their wireless plan. The Commission will not refund any incurred charges. Callers will incur no charge for calls they initiate over land-line connections to the toll-free telephone number. Closed captioning is available by selecting ''CC'' in the meeting platform. To request additional accommodations, please email *mtrachtenberg@usccr.gov* at least 5 business days prior to the meeting.

Members of the public are entitled to submit written comments; the comments must be received in the regional office within 30 days following the scheduled meeting. Written comments may be emailed to *mtrachtenberg@usccr.gov.* Persons who desire additional information may contact the Regional Programs Coordination Unit at 1–202–809–9618.

Records generated from these meetings may be inspected and reproduced at the Regional Programs Coordination Unit Office, as they become available, both before and after each meeting. Records of the meetings will be available via the file sharing website, *https://tinyurl.com/24pzv7v4.* Persons interested in the work of this Committee are directed to the Commission's website, *http://www.usccr.gov,* or may contact the Regional Programs Coordination Unit at *mtrachtenberg@usccr.gov.*

Dated: April 3, 2026.

**David Mussatt,**

*Supervisory Chief, Regional Programs Unit.*

[FR Doc. 2026–06710 Filed 4–6–26; 8:45 am]

**BILLING CODE P**

## COMMISSION ON CIVIL RIGHTS

### Notice of Public Meeting of the Virginia Advisory Committee to the U.S. Commission on Civil Rights

**AGENCY:** U.S. Commission on Civil Rights.

**ACTION:** Notice of virtual business meeting.

**SUMMARY:** Notice is hereby given, pursuant to the provisions of the rules and regulations of the U.S. Commission on Civil Rights (Commission) and the Federal Advisory Committee Act, that the Virginia Advisory Committee (Committee) to the U.S. Commission on Civil Rights will hold a public meeting via Zoom. The purpose of the meeting is to begin briefing planning on their topic of study, Compliance with Students for Fair Admissions at Virginia Public Universities.

**DATES:** Wednesday, April 22, 2026, from 12:00 p.m.–1:00 p.m. Eastern Time.

**ADDRESSES:** The meeting will be held via Zoom.

*Registration Link (Audio/Visual): https://www.zoomgov.com/webinar/register/WN_fzTgEJm0QkahxlbdTGHyVg.*

*Join by Phone (Audio Only):* 1–833–435–1820 USA Toll Free; Webinar ID: 161 274 0071 #.

**FOR FURTHER INFORMATION CONTACT:** Mallory Trachtenberg, Designated Federal Officer, at *mtrachtenberg@usccr.gov* or (202) 809–9618.

**SUPPLEMENTARY INFORMATION:**

*Agenda: https://usccr.box.com/s/lxnezen2innsf8worwqb2gwnzirgkamj* (note: a final meeting agenda will be available prior to the meeting date).

This Committee meeting is available to the public through the registration link above. Any interested members of the public may attend this meeting. An open comment period will be provided

to allow members of the public to make oral comments as time allows. Pursuant to the Federal Advisory Committee Act, public minutes of the meeting will include a list of persons who are present at the meeting. If joining via phone, callers can expect to incur regular charges for calls they initiate over wireless lines, according to their wireless plan. The Commission will not refund any incurred charges. Callers will incur no charge for calls they initiate over land-line connections to the toll-free telephone number. Closed captioning is available by selecting ''CC'' in the meeting platform. To request additional accommodations, please email *mtrachtenberg@usccr.gov* at least 10 business days prior to the meeting.

Members of the public are entitled to submit written comments; the comments must be received in the regional office within 30 days following the scheduled meeting. Written comments may be emailed to *mtrachtenberg@usccr.gov.* Persons who desire additional information may contact the Regional Programs Coordination Unit at (202) 809–9618.

Records generated from this meeting may be inspected and reproduced at the Regional Programs Coordination Unit Office, as they become available, both before and after the meeting. Records of the meetings will be available via the file sharing website, *https://bit.ly/3ZzHlj5.* Persons interested in the work of this Committee are directed to the Commission's website, *http://www.usccr.gov,* or may contact the Regional Programs Coordination Unit at *mtrachtenberg@usccr.gov.*

Dated: April 3, 2026.

**David Mussatt,**

*Supervisory Chief, Regional Programs Unit.*

[FR Doc. 2026–06712 Filed 4–6–26; 8:45 am]

**BILLING CODE P**

## DEPARTMENT OF COMMERCE

### International Trade Administration

**[A–580–891]**

### Carbon and Alloy Steel Wire Rod From the Republic of Korea: Final Results of Antidumping Duty Administrative Review; 2023–2024

**AGENCY:** Enforcement and Compliance, International Trade Administration, Department of Commerce.

**SUMMARY:** The U.S. Department of Commerce (Commerce) finds that POSCO and POSCO International Corporation (collectively, POSCO), a producer/exporter subject to this administrative review, did not make sales of carbon and alloy steel wire rod (wire rod) from the Republic of Korea (Korea) at less than normal value. The period of review (POR), May 1, 2023, through April 30, 2024.

**DATES:** Applicable April 7, 2026.

**FOR FURTHER INFORMATION CONTACT:** Lingjun Wang, AD/CVD Operations, Office VII, Enforcement and Compliance, International Trade Administration, U.S. Department of Commerce, 1401 Constitution Avenue NW, Washington, DC 20230; telephone: (202) 482–2316.

**SUPPLEMENTARY INFORMATION:**

#### Background

On August 4, 2024, Commerce published in the **Federal Register** the *Preliminary Results* and invited comments from interested parties.[1] In September 2025, POSCO requested a public hearing and subsequently withdrew its request,[2] and filed a case brief.[3] No other party filed a case or rebuttal brief.

Due to the lapse in appropriations and Federal Government shutdown, on November 14, 2025, Commerce tolled all deadlines in administrative proceedings by 47 days.[4] Additionally, due to a backlog of documents that were electronically filed via Enforcement and Compliance's Antidumping and Countervailing Duty Centralized Electronic Service System (ACCESS) during the Federal Government shutdown, on November 24, 2025, Commerce tolled all deadlines in administrative proceedings by an additional 21 days.[5] On February 3, 2026, we extended the final results of this review by 30 days.[6] Accordingly, the deadline for the final results is now March 10, 2026.

A summary of the events that occurred since the *Preliminary Results,* are discussed in the Issues and Decision Memorandum.[7] The Issues and Decision Memorandum is a public document and is on file electronically via ACCESS. ACCESS is available to registered users at *https://access.trade.gov.* In addition, a complete version of the Issues and Decision Memorandum can be accessed directly at *https://access.trade.gov/public/FRNoticesListLayout.aspx.*

Commerce conducted this review in accordance with section 751(a)(1)(B) of the Tariff Act of 1930, as amended (the Act).

#### Analysis of Comments Received

All issues raised in the case brief are addressed in the Issues and Decision Memorandum. A list of the issues that POSCO raised and to which we responded in the Issues and Decision Memorandum is attached as an appendix to this notice.

#### Scope of the Order[8]

The product covered by the *Order* is certain hot-rolled products of carbon steel and alloy steel, in coils, of approximately round cross section, less than 19.00 mm in actual solid cross-sectional diameter. For a complete description of the scope of the *Order, see* the Issues and Decision Memorandum.[9]

#### Changes Since the Preliminary Results

Based on a review of the record and comments received from POSCO regarding the *Preliminary Results,* we made certain changes to the preliminary weighted-average dumping margin calculated for POSCO. For a detailed discussion of these changes, *see* the Issues and Decision Memorandum.

#### Final Results of the Review

We determine that the following estimated weighted-average dumping margin exists for the period May 1, 2023, through April 30, 2024:

[1] *See Carbon and Alloy Steel Wire Rod from the Republic of Korea: Preliminary Results of Antidumping Duty Administrative Review; 2023–2024,* 90 FR 36419 (August 4, 2025) (*Preliminary Results*), and accompanying Preliminary Decision Memorandum (PDM).

[2] *See* POSCO's Letters, ''Request for Public Hearing,'' dated September 3, 2025, and ''Withdrawal of Request for Public Hearing,'' dated September 16, 2025.

[3] *See* POSCO's Letter, ''POSCO's Case Brief,'' dated September 2, 2025 (Case Brief).

[4] *See* Memorandum, ''Deadlines Affected by the Shutdown of the Federal Government,'' dated November 14, 2025.

[5] *See* Memorandum, ''Tolling of all Case Deadlines,'' dated November 24, 2025.

[6] *See* Memorandum, ''Extension of Deadline for Final Results of Antidumping Duty Administrative Review; 2023–2024,'' dated February 3, 2026.

[7] *See* Memorandum, ''Issues and Decision Memorandum for the Final Results of the Administrative Review of Carbon and Alloy Steel Wire Rod from the Republic of Korea; 2023–2024,'' dated concurrently with, and hereby adopted by this notice (Issues and Decision Memorandum).

[8] *See Carbon and Alloy Steel Wire Rod from Italy, the Republic of Korea, Spain, the Republic of Turkey, and the United Kingdom: Antidumping Duty Orders and Amended Final Affirmative Antidumping Duty Determinations for Spain and the Republic of Turkey,* 83 FR 23417 (May 21, 2018) (*Order*); *see also Carbon and Alloy Steel Wire Rod from the Republic of Korea and the United Kingdom: Notice of Final Results of Antidumping Duty Changed Circumstances Review,* 84 FR 13888 (April 8, 2019), and *Carbon and Alloy Steel Wire Rod from the Republic of Korea: Final Results of Antidumping Duty Changed Circumstances Review,* 84 FR 27582 (June 13, 2019).

[9] *See* Issues and Decision Memorandum.

| Producer/exporter | Weighted-average dumping margin (percent) |
|---|---|
| POSCO/POSCO International Corporation [10] | 0.00 |

**Disclosure**

Commerce intends to disclose the calculations performed in connection with these final results of review to interested parties within five days after public announcement of the final results or, if there is no public announcement, within five days of the date of publication of the notice of final results in the **Federal Register**, in accordance with 19 CFR 351.224(b).

**Assessment Rates**

Pursuant to section 751(a)(2)(C) of the Act and 19 CFR 351.212(b)(1), Commerce has determined, and U.S. Customs and Border Protection (CBP) shall assess, antidumping duties on all appropriate entries of subject merchandise in accordance with the final results of this review. Where the respondent's weighted-average dumping margin is zero or *de minimis* within the meaning of 19 CFR 351.106(c)(1), then Commerce will instruct CBP to liquidate entries without regard to antidumping duties.[11] Accordingly, because the final weighted-average dumping margin for POSCO is *de minimis,* we will instruct CBP to liquidate the appropriate entries without regard to antidumping duties.

For entries of subject merchandise during the POR produced by POSCO for which it did not know that the merchandise it sold to the intermediary (*e.g.,* a reseller, trading company, or exporter) was destined for the United States, we will instruct CBP to liquidate such entries at the all-others rate (*i.e.,* 41.10 percent) [12] if there is no rate for the intermediate company(ies) involved in the transaction.[13]

Commerce intends to issue assessment instructions to CBP no earlier than 35 days after the date of publication of the final results of this review in the **Federal Register**. If a timely summons is filed at the U.S. Court of International Trade, the assessment instructions will direct CBP not to liquidate relevant entries until the time for parties to file a request for a statutory injunction has expired (*i.e.,* within 90 days of publication).

**Cash Deposit Requirements**

The following cash deposit requirements will be effective for all shipments of subject merchandise entered, or withdrawn from warehouse, for consumption on or after the publication date of the final results of this administrative review, as provided by section 751(a)(2)(C) of the Act: (1) the cash deposit rate for POSCO will be will be the rates established in these final results of the review, except if the rate is less than 0.50 percent and, therefore, *de minimis* within the meaning of 19 CFR 351.106(c)(1), in which case the cash deposit rates will be zero; (2) for previously-investigated companies not participating in this review, the cash deposit rate will continue to be the company-specific rate published for the most recently completed segment of this proceeding in which the producer or exporter participated; (3) if the exporter is not covered in this review, a prior review, or the original investigation, but the producer is, the cash deposit rate will be the rate established for the most recently completed segment of this proceeding for the producer of subject merchandise; and (4) the cash deposit rate for all other producers or exporters will continue to be the all-other rate established in the less-than-fair-value investigation (*i.e.,* 41.10 percent).[14] These cash deposit requirements, when imposed, shall remain in effect until further notice.

**Notification to Importers**

This notice serves as a final reminder to importers of their responsibility under 19 CFR 351.402(f)(2) to file a certificate regarding the reimbursement of antidumping duties prior to liquidation of the relevant entries during this review period. Failure to comply with this requirement could result in Commer's presumption that reimbursement of antidumping duties occurred and the subsequent assessment of doubled antidumping duties.

**Administrative Protective Order (APO)**

This notice also serves as the only reminder to parties subject to an APO of their responsibility concerning the disposition of proprietary information disclosed under APO in accordance with 19 CFR 351.305(a)(3), which continues to govern business proprietary information in this segment of the proceeding. Timely written notification of the return or destruction of APO materials or conversion to judicial protective order is hereby requested. Failure to comply with the regulations and terms of an APO is a sanctionable violation.

**Notification to Interested Parties**

We are issuing and publishing these final results in accordance with sections 751(a)(1) and 777(i)(1) of the Act, and 19 CFR 351.213(h) and 351.221(b)(5).

Dated: March 30, 2026.

**Christopher Abbott,**

*Deputy Assistant Secretary for Policy and Negotiations, performing the non-exclusive functions and duties of the Assistant Secretary for Enforcement and Compliance.*

**Appendix**

**List of Topics Discussed in the Issues and Decision Memorandum**



[FR Doc. 2026–06678 Filed 4–6–26; 8:45 am]

**BILLING CODE 3510–DS–P**

[10] In the 2020–2021 administrative review of the *Order,* we found that POSCO and POSCO International Corporation (PIC) are affiliated and should be treated as a single entity. *See Carbon and Alloy Steel Wire Rod from the Republic of Korea: Preliminary Results of Antidumping Duty Administrative Review; 2020–2021,* 87 FR 33468 (June 2, 2022), and accompanying PDM at 5–10, unchanged in *Carbon and Alloy Steel Wire Rod from the Republic of Korea: Final Results of Antidumping Duty Administrative Review; 2020–2021* (October 4, 2022). In the absence of information demonstrating any changes, we are continuing to treat POSCO and PIC as a single entity for purpose of this administrative review.

[11] *See Antidumping Proceeding: Calculation of the Weighted-Average Dumping Margin and Assessment Rate in Certain Antidumping Duty Proceedings; Final Modification,* 77 FR 8101 (February 14, 2012).

[12] *See Order,* 83 FR at 23419.

[13] *See Antidumping and Countervailing Duty Proceedings: Assessment of Antidumping Duties,* 68 FR 23954 (May 6, 2003).

[14] *See Order,* 83 FR at 23419.

## DEPARTMENT OF COMMERCE

### National Oceanic and Atmospheric Administration

**[RTID 0648–XF649]**

### Gulf Fishery Management Council; Public Meeting

**AGENCY:** National Marine Fisheries Service (NMFS), National Oceanic and Atmospheric Administration (NOAA), Commerce.

**ACTION:** Notice of a public meeting.

**SUMMARY:** The Gulf Fishery Management Council (Gulf Council) will hold a 1 day in-person meeting of its Ad Hoc *Red Snapper Grouper/Tilefish* Individual Fishing Quota (IFQ) Programs Advisory Panel (AP).

**DATES:** The meeting will take place Tuesday, April 21, 2026, from 8:30 a.m.–4:30 p.m. EDT.

**ADDRESSES:** The in-person meeting will take place at the Gulf Council office. Registration information will be available on the Council's website by visiting *www.gulfcouncil.org* and clicking on the Ad Hoc meeting on the calendar.

*Council Address:* Gulf Fishery Management Council, 4107 W Spruce Street, Suite 200, Tampa, FL 33607; telephone: (813) 348–1630.

**FOR FURTHER INFORMATION CONTACT:** Dr. Assane Diagne, Economist, Gulf Fishery Management Council; *assane.diagne@gulfcouncil.org,* telephone: (813) 348–1630.

**SUPPLEMENTARY INFORMATION:**

**Tuesday, April 21, 2026, 8:30 a.m.–4:30 p.m., EDT**

The meeting will begin with Introductions of Members and Adoption of Agenda, review of March 2025 Meeting Summary and Scope of Work. The AP will review *Reef Fish* Amendment 63: Commercial *Red Grouper* Quota Pool and *Reef Fish* Amendment 59A: IFQ Permit Requirements, including presentations, background material and AP Recommendations.

Lastly, the AP will receive Public Comment and discuss any Other Business items.

—Meeting Adjourns

The meeting will also be broadcast via webinar. You may register for the webinar by visiting *www.gulfcouncil.org* and clicking on the Advisory Panel meeting on the calendar. The agenda is subject to change, and the latest version along with other meeting materials will be posted on *www.gulfcouncil.org* as they become available.

Although other non-emergency issues not on the agenda may come before the Advisory Panel for discussion, in accordance with the Magnuson-Stevens Fishery Conservation and Management Act, those issues may not be the subject of formal action during this meeting. Actions of the Advisory Panel will be restricted to those issues specifically identified in the agenda and any issues arising after publication of this notice that require emergency action under section 305(c) of the Magnuson-Stevens Fishery Conservation and Management Act, provided the public has been notified of the Council's intent to take-action to address the emergency.

**Special Accommodations**

These meetings are physically accessible to people with disabilities. Requests for sign language interpretation or other auxiliary aid should be directed to Kathy Pereira, (813) 348–1630, at least 5 days prior to the meeting date.

*Authority:* 16 U.S.C. 1801 *et seq.*

Dated: April 3, 2026.

**Rey Israel Marquez,**

*Acting Deputy Director, Office of Sustainable Fisheries, National Marine Fisheries Service.*

[FR Doc. 2026–06720 Filed 4–6–26; 8:45 am]

**BILLING CODE 3510–22–P**

## DEPARTMENT OF COMMERCE

### National Oceanic and Atmospheric Administration

**[RTID 0648–XF597]**

### Spring Meeting of the Advisory Committee to the U.S. Section to the International Commission for the Conservation of Atlantic Tunas

**AGENCY:** National Marine Fisheries Service (NMFS), National Oceanic and Atmospheric Administration (NOAA), Commerce.

**ACTION:** Notice of the advisory committee 2026 spring meeting.

**SUMMARY:** The Advisory Committee to the U.S. Section to the International Commission for the Conservation of Atlantic Tunas (ICCAT) announces its annual spring meeting, to be held in person April 27–28, 2026.

**DATES:** The open sessions of the Committee meeting will be held on April 27, 2026, 8:30 a.m. to 3:45 p.m. and April 28, 2026, 10:15 a.m. to 4 p.m. Closed sessions will be held on April 27, 2026, 3:45 p.m. to 6 p.m. and on April 28, 2026, 9 a.m. to 10:15 a.m. All times are Eastern Daylight time.

**ADDRESSES:** The Advisory Committee is holding this meeting at the International Game Fish Association building, located at 300 Gulf Stream Way, Dania Beach, FL 33004.

**FOR FURTHER INFORMATION CONTACT:** Bryan Keller, Office of International Affairs, Trade, and Commerce, (301) 427–7725 or at *bryan.keller@noaa.gov.*

**SUPPLEMENTARY INFORMATION:** Pursuant to 16 U.S.C. 971b, the Advisory Committee to the U.S. Section to ICCAT will meet in open session to receive and discuss information on the outcomes of ICCAT's 2025 annual meeting and the U.S. implementation of ICCAT decisions; ICCAT intersessional meetings in 2026; relevant NMFS research and monitoring activities; and other matters relating to the international management of ICCAT species. The public may join open sessions, but there will be no opportunity for public comment during the meeting. An agenda is available from the Committee's Executive Secretary upon request (see **FOR FURTHER INFORMATION CONTACT** section). The Committee will meet in its Species Working Groups in closed session in the afternoon of April 27, 2026, and in the morning of April 28, 2026.

**Special Accommodations**

The meeting is accessible to people with disabilities. Requests for auxiliary aids should be directed to Bryan Keller (see **FOR FURTHER INFORMATION CONTACT** section) at least 5 days prior to the meeting date.

*Authority:* 16 U.S.C. 971 *et seq.;* 16 U.S.C. 1801 *et seq.*

Dated: April 2, 2026.

**Alexa Cole,**

*Director, Office of International Affairs, Trade, and Commerce, National Marine Fisheries Service.*

[FR Doc. 2026–06714 Filed 4–6–26; 8:45 am]

**BILLING CODE 3510–22–P**

## DEPARTMENT OF COMMERCE

### National Oceanic and Atmospheric Administration

**[Docket No.: 260401–0095]**

**RIN 0648–BN96**

### Extension of Public Comment Period; Deep Seabed Mining: Notice of Receipt of Applications for Deep Seabed Mining Exploration Licenses and Announcement of Public Comment Period and Virtual Public Hearings

**AGENCY:** Office for Coastal Management, National Ocean Service, National Oceanic Atmospheric Administration (NOAA), Department of Commerce.

**ACTION:** Notice of extension of public comment period.

**SUMMARY:** On March 23, 2026, National Oceanic and Atmospheric Administration (NOAA) published a notice in the **Federal Register** announcing receipt of two applications for deep seabed mining exploration licenses, one each from American Metal Resources, LLC (AMR) and SeaX, Inc. (SeaX); a public comment period; and virtual public hearings. The notice established a deadline of May 22, 2026 for public comments. NOAA is extending the comment period on the AMR and SeaX applications until May 26, 2026.

**FOR FURTHER INFORMATION CONTACT:** Bryan Cole, NOAA's Office for Coastal

Management, 301–233–2998, *bryan.cole@noaa.gov.*

**SUPPLEMENTARY INFORMATION:** Please refer to the notice published in the **Federal Register** (91 FR 13822) on March 23, 2026, for further information.

The original deadline for public comments on the AMR and SeaX applications was May 22, 2026. Due to issues with the *regulations.gov* e-Portal, the AMR and SeaX application materials were unavailable for public comment for 1 business day. NOAA is therefore extending the deadline for comments to May 26, 2026, to ensure the public has the required 60 days for public comment under DSHMRA. 30 U.S.C. 1426(a)(1).

*Authority:* 30 U.S.C. 1426(a)(1).

**Neil A. Jacobs,**

*Under Secretary of Commerce for Oceans and Atmosphere and NOAA Administrator, National Oceanic and Atmospheric Administration.*

[FR Doc. 2026–06713 Filed 4–6–26; 8:45 am]

**BILLING CODE 3510–08–P**

## DEPARTMENT OF COMMERCE

### National Oceanic and Atmospheric Administration

**[RTID 0648–XF635]**

### Caribbean Fishery Management Council 189th Public Hybrid Meeting

**AGENCY:** National Marine Fisheries Service (NMFS), National Oceanic and Atmospheric Administration (NOAA), Commerce.

**ACTION:** Notice of public hybrid meeting (in-person/virtual).

**SUMMARY:** The Caribbean Fishery Management Council (CFMC) will hold the 189th public hybrid meeting to address the items contained in the tentative agenda included in the **SUPPLEMENTARY INFORMATION.**

**DATES:** The 189th CFMC public hybrid meeting will be held on April 21, 2026, from 9 a.m. to 5 p.m., AST, and on April 22, 2026, from 8:15 a.m. to 4 p.m. AST. The meeting will be held at The Buccaneer Hotel, 5007 Estate Shoys, Christiansted, St. Croix, USVI 00820.

**ADDRESSES:** You may join the 189th CFMC public hybrid meeting via Zoom, from a computer, tablet, or smartphone by entering the following address:

*Join Zoom Meeting: https://us02web.zoom.us/j/84328130219?pwd=65MKg0lyTe4h1Wv1fAKetKTPEdFAcx.1.*

*Meeting ID:* 843 2813 0219.

*Passcode:* 856050.

*One tap mobile:*

+17879667727,,843281 30219#,,,,*856050# Puerto Rico

+19399450244,,843281 30219#,,,,*856050# Puerto Rico

Join instructions *https://us02web.zoom.us/meetings/84328130219/invitations?signature=b92qQFAEhejZ6qk-OEv5AyZRE1oQnb3iNwa70NWCVk8.*

In case there are problems and we cannot reconnect via Zoom, the meeting will continue using GoToMeeting.

You can join the meeting from your computer, tablet, or smartphone. *https://global.gotomeeting.com/join/971749317* (copy/paste into URL). You can also dial in using your phone. United States: +1 (408) 650–3123 Access Code: 971–749–317.

**FOR FURTHER INFORMATION CONTACT:** Miguel A. Rolón, Executive Director, Caribbean Fishery Management Council, 270 Muñoz Rivera Avenue, Suite 401, San Juan, Puerto Rico 00918–1903, telephone: (787) 398–3717.

**SUPPLEMENTARY INFORMATION:** The following items included in the tentative agenda will be discussed:

**April 21, 2026**

*9 a.m.–9:30 a.m.*

—Call to Order
—Roll Call
—Adoption of Agenda
—Consideration of 188th Council Meeting Verbatim Transcription
—Executive Director's Report

*9:30 a.m.–10:15 a.m.*

—Fishery Management Plans (FMPs) Amendments, Actions and Priorities Update for 2026—María Lopez-Mercer, NOAA Fisheries, SERO

*10:15 a.m.–10:30 a.m.*

—Coffee Break

*10:30 a.m.–11:15 a.m.*

—Southeast Fishery Science Center Updates—Kevin McCarthy, Caribbean Fisheries Branch, NOAA Fisheries, SEFSC

*11:15 a.m.–12:15 p.m.*

—Scientific and Statistical Committee Report—Vance Vicente, Chair
—Final Recommendations of SEDAR 84 and SEDAR 91

*12:15 p.m.–1:30 p.m.*

—Lunch Break

*1:30 p.m.–2:15 p.m.*

—Review and Final Action for Framework Action 4 to the St. Croix and St. Thomas/St. John FMPs To Revise Spiny Lobster Reference Points Based on SEDAR 91—Sarah Stephenson, NOAA Fisheries, SERO

*2:15 p.m.–3 p.m.*

—Revision of Accountability Measures for Pelagic Stocks—Options Paper

*3 p.m.–3:15 p.m.*

—Coffee Break

*3:15 p.m.–4:45 p.m.*

—Update on NMFS' Risk/Value Prioritization Framework for Managed Stocks—NOAA Fisheries, SEFSC
—Evaluation of Managed Stocks' Needs for Conservation and Management—Sarah Stephenson, NOAA Fisheries, SERO

*4:45 p.m.–5 p.m.*

—Public Comment Period (5-minute presentations)
—Adjourn for the Day

*5 p.m.–5:30 p.m.*

—Closed Session

*April 22, 2026*

—8:15 a.m.–8:45 a.m.
—New App for Fishers, Dealers and Consumers of U.S. Caribbean Seafood—J. Rivera/Cedric Taquín

*8:45 a.m.–9 a.m.*

—Recreational Angler Partnership Improvement Directive (RAPID)—NOAA Fisheries

*9 a.m.–9:30 a.m.*

—Caribbean IRA-Funded Projects Update—Martha Prada, CFMC IRA Coordinator

*9:30 a.m.–9:45 a.m.*

—2026 Annual Catch Limit Monitoring Updates—Andy Strelcheck, NOAA Fisheries, SERO

*9:45 a.m.–10 a.m.*

—Coffee Break

*10 a.m.–10:30 a.m.*

—Caribbean Marine Aquaculture Workshop 2026 Report—José A. Rivera, NOAA Fisheries

*10:30 a.m.–11 a.m.*

—Information on Permitting and Research on Fish Aggregation Devices (FADS)

*11 a.m.—11:30 a.m.*

—Outreach and Education Advisory Panel (OEAP) Report—Jannette Ramos, Chair
—CFMC Social Networks—Cristina Olán
—CFMC Liaison Officers Reports
—Puerto Rico—Wilson Santiago

*11:30 a.m.–12 p.m.*

—Update Council Priorities Under E.O. 14276 Restoring America's Seafood

Competitiveness—Summary of Comments Received

*12 p.m.–1:30 p.m.*

—Lunch Break

*1:30 p.m.–2:15 p.m.*

—District Advisory Panel Reports (15 mins each)
—St. Thomas, U.S.V.I.—Julian Magras, Chair
—St. Croix, U.S.V.I.—Gerson Martinez, Chair
—Puerto Rico—Nelson Crespo, Chair

*2:15 p.m.–2:45 p.m.*

—Enforcement Reports (10 minutes each)
—Puerto Rico DNER
—U.S.V.I. DPNR
—U.S. Coast Guard
—NOAA Fisheries Office of Law Enforcement

*2:45 p.m.–3:15 p.m.*

—Coffee Break

*3:15 p.m.–3:30 p.m.*

—Advisory Bodies Membership

*3:30 p.m.–3:45 p.m.*

—Other Business
—Update on Queen Conch Status Review—NOAA Fisheries
—Red Snapper Aquaculture Exempted Fishing Permit application submitted to the South Atlantic Fishery Management Council by Cultimar Technologies—NOAA

*3:45 p.m.–4 p.m.*

—Public Comment Period (5-minute presentations)
—Next Meetings

*4 p.m.*

—Adjourn

**Note (1):** Other than starting time and dates of the meetings, the established times for addressing items on the agenda may be adjusted as necessary to accommodate the timely completion of discussion relevant to the agenda items. To further accommodate discussion and completion of all items on the agenda, the meeting may be extended from, or completed prior to the date established in this notice. Changes in the agenda will be posted to the CFMC website, Facebook, Twitter, and Instagram as practical.

**Note (2):** Financial disclosure forms are available for inspection at this meeting, as per 50 CFR part 601.

The order of business may be adjusted as necessary to accommodate the completion of agenda items. The meeting will begin on April 21, 2026, at 9 a.m. AST, and will end on April 22, 2026, at 4 p.m. AST. Other than the start time on the first day of the meeting, interested parties should be aware that discussions may start earlier or later than indicated in the agenda, at the discretion of the Chair.

*Special Accommodations:*

For any additional information on this public virtual meeting, please contact Diana Martino, Caribbean Fishery Management Council, 270 Muñoz Rivera Avenue, Suite 401, San Juan, Puerto Rico, 00918–1903, telephone: (787) 226–8849.

*Authority:* 16 U.S.C. 1801 *et seq.*

Dated: April 3, 2026.

**Rey Israel Marquez,**

*Acting Deputy Director, Office of Sustainable Fisheries, National Marine Fisheries Service.*

[FR Doc. 2026–06721 Filed 4–6–26; 8:45 am]

**BILLING CODE 3510–22–P**

## DEPARTMENT OF COMMERCE

### National Oceanic and Atmospheric Administration

**[RTID 0648–XF607]**

### Takes of Marine Mammals Incidental to Specified Activities; Taking Marine Mammals Incidental to the Hampton Roads Bridge-Tunnel Expansion Project, Norfolk, Virginia

**AGENCY:** National Marine Fisheries Service (NMFS), National Oceanic and Atmospheric Administration (NOAA), Commerce.

**ACTION:** Notice; issuance of incidental harassment authorization.

**SUMMARY:** In accordance with regulations implementing the Marine Mammal Protection Act (MMPA) as amended, notification is hereby given that NMFS has issued an incidental harassment authorization (IHA) to Hampton Roads Connector Partners (HRCP) for authorization to take marine mammals incidental to the Hampton Roads Bridge-Tunnel Expansion Project, Norfolk, Virginia.

**DATES:** This authorization is effective from April 1, 2026, through March 31, 2027.

**ADDRESSES:** Electronic copies of the application and supporting documents, as well as a list of the references cited in this document, may be obtained online at: *https://www.fisheries.noaa.gov/national/marine-mammal-protection/incidental-take-authorizations-construction-activities.* In case of problems accessing these documents, please call the contact listed below.

**FOR FURTHER INFORMATION CONTACT:** Robert Pauline, Office of Protected Resources, NMFS, (301) 427–8401.

**SUPPLEMENTARY INFORMATION:**

#### MMPA Background and Determinations

The MMPA prohibits the ''take'' of marine mammals, with certain exceptions. Among the exceptions is section 101(a)(5)(D) of the MMPA (16 U.S.C. 1361 *et seq.*) which directs the Secretary of Commerce (as delegated to NMFS) to allow, upon request, the incidental, but not intentional, taking by harassment of small numbers of marine mammals by U.S. citizens who engage in a specified activity (other than commercial fishing) within a specified geographical region if certain findings are made and the public has an opportunity to comment on the proposed IHA.

Specifically, NMFS will issue an IHA if it finds that the taking will have a negligible impact on the species or stock(s) and will not have an unmitigable adverse impact on the availability of the species or stock(s) for taking for subsistence uses (where relevant). Further, NMFS must prescribe the permissible methods of taking and other ''means of effecting the least [practicable] adverse impact'' on the affected species or stocks and their habitat, paying particular attention to rookeries, mating grounds, and areas of similar significance, and on the availability of such species or stocks for taking for certain subsistence uses (referred to here as ''mitigation''). NMFS must also prescribe requirements pertaining to the monitoring and reporting of such takings. The definitions of key terms, such as ''take,'' ''harassment,'' and ''negligible impact,'' can be found in the MMPA and the NMFS' implementing regulations (see 16 U.S.C. 1362; 50 CFR 216.103).

On February 27, 2026, a notice of NMFS' proposal to issue an IHA to HRCP for take of marine mammals incidental to the Hampton Roads Bridge-Tunnel Expansion Project, Norfolk, Virginia was published in the **Federal Register** (91 FR 9815). In that notice, NMFS indicated the estimated numbers, type, and methods of incidental take proposed for each species or stock, as well as the mitigation, monitoring, and reporting measures that would be required should the IHA be issued. The **Federal Register** notice also included analysis to support NMFS' preliminary conclusions and determinations that the IHA, if issued, would satisfy the requirements of section 101(a)(5)(D) of the MMPA for issuance of the IHA. The **Federal Register** notice included web links to a draft IHA for review, as well as other supporting documents.

No comments were received during the public comment period. There are no changes to the specified activity, the species taken, the proposed numbers, type, or methods of take, or the mitigation, monitoring, or reporting measures in the proposed IHA notice. No new information that would change any of the preliminary analyses, conclusions, or determinations in the proposed IHA notice has become available since that notice was published, and therefore, the preliminary analyses, conclusions, and determinations included in the proposed IHA are considered final.

**National Environmental Policy Act**

To comply with the National Environmental Policy Act of 1969 (NEPA; 42 U.S.C. 4321 *et seq.*) and NOAA Administrative Order (NAO) 216–6A, NMFS must review our proposed action (*i.e.,* the issuance of an IHA) with respect to potential impacts on the human environment.

This action is consistent with categories of activities identified in Categorical Exclusion B4 (IHAs with no anticipated serious injury or mortality) of the Companion Manual for NAO 216–6A, which do not individually or cumulatively have the potential for significant impacts on the quality of the human environment and for which we have not identified any extraordinary circumstances that would preclude this categorical exclusion. Accordingly, NMFS has determined that the issuance of the proposed IHA qualifies to be categorically excluded from further NEPA review.

**Endangered Species Act**

Section 7(a)(2) of the Endangered Species Act of 1973 (ESA; 16 U.S.C. 1531 *et seq.*) requires that each Federal agency ensures that any action it authorizes, funds, or carries out is not likely to jeopardize the continued existence of any endangered or threatened species or result in the destruction or adverse modification of designated critical habitat. To ensure ESA compliance for the issuance of IHAs, NMFS consults internally whenever we propose to authorize take for endangered or threatened species.

No incidental take of ESA-listed species is proposed for authorization or expected to result from this activity. Therefore, NMFS has determined that formal consultation under section 7 of the ESA is not required for this action.

**Authorization**

Accordingly, consistent with the requirements of section 101(a)(5)(D) of the MMPA, NMFS has issued an IHA to HRCP for authorization to take marine mammals incidental to the Hampton Roads Bridge-Tunnel Expansion Project, Norfolk, Virginia.

Dated: April 2, 2026.

**Kimberly Damon-Randall,**

*Director, Office of Protected Resources, National Marine Fisheries Service.*

[FR Doc. 2026–06700 Filed 4–6–26; 8:45 am]

**BILLING CODE 3510–22–P**

## DEPARTMENT OF COMMERCE

### Patent and Trademark Office

### Agency Information Collection Activities; Submission to the Office of Management and Budget for Review and Approval; Comment Request; Law School Clinic Certification Program

**AGENCY:** United States Patent and Trademark Office, Department of Commerce.

**ACTION:** Notice of information collection; request for comments.

**SUMMARY:** The United States Patent and Trademark Office (hereafter ''USPTO'' or ''Agency'') will submit the following information collection request to the Office of Management and Budget (OMB) for review and clearance in accordance with the Paperwork Reduction Act of 1995, on or after the date of publication of this notice. The USPTO invites comments on the information collection renewal of 0651–0081, which helps the USPTO assess the impact of its information collection requirements and minimize the reporting burden to the public. Public comments were previously requested via the **Federal Register** on December 22, 2025, during a 60-day comment period (90 FR 59798). This notice allows for an additional 30 days for public comments.

**DATES:** To ensure consideration, you must submit comments regarding this information collection on or before May 7, 2026.

**ADDRESSES:** Written comments and recommendations for this information collection should be submitted within 30 days of the publication of this notice on the following website, *https://www.reginfo.gov/public/do/PRAMain.* Find this particular information collection by selecting ''Currently under 30-day Review–Open for Public Comments'' or by using the search function and entering either the title of the information collection or the OMB Control Number, 0651–0081. Do not submit Confidential Business Information or otherwise sensitive or protected information.

**FOR FURTHER INFORMATION CONTACT:**

- This information collection request may be viewed at *https://www.reginfo.gov.* Follow the instructions to view the Department of Commerce, USPTO information collections currently under review by OMB.
- *Email: InformationCollection@uspto.gov.* Include ''0651–0081 information request'' in the subject line of the message.
- *Mail:* Justin Isaac, Office of the Chief Administrative Officer, United States Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313–1450.
- *Telephone:* Diana Oleksa, Office of Enrollment and Discipline, 571–272–4097.

**SUPPLEMENTARY INFORMATION:**

*Title:* Law School Clinic Certification Program.

*OMB Control Number:* 0651–0081.

*Abstract:* Public Law 113–227 (Dec. 16, 2014) requires the USPTO to establish regulations and procedures for application to, and participation in the USPTO Law School Clinic Certification Program. The Program allows students enrolled in a participating law school's clinic to practice patent or trademark law before the USPTO under the direct supervision of an approved faculty clinic supervisor. Each clinic provides legal services on a *pro bono* basis for clients who qualify for assistance from the law school's clinic. By drafting, filing, and prosecuting patent and trademark applications, students gain valuable experience that would otherwise be unavailable to them while in law school. The program also facilitates the provision of *pro bono* services to patent and trademark applicants who lack the financial resources necessary for traditional legal representation. Currently, 74 law schools participate in the program.

This information collection covers the applications from law schools that wish to enter the program, faculty advisors who seek to become a faculty clinic supervisor, and students who seek to participate in this program. The collection also includes the required semi-annual reports from participating law school clinics and biennial renewals required by the program. With this renewal, the USPTO is renumbering the items within this information collection to match their current arrangement.

*Forms:* (LS=Law School)

- PTO–158LS (Application for Limited Recognition in USPTO Law School Program for Law Students to Practice Before the USPTO)

- PTO–159LS (Semi-Annual Law School Clinic Certification Program Reporting § 11.17(b) Requirements for Participation in the USPTO Law School Clinic Certification Program)
- PTO–160LS (Law School Clinic Certification Program Reporting)
- PTO–161LS (Application by Law School Faculty Member to Become a Faculty Clinic Supervisor)
- PTO–162LS (Law School Clinic Certification Program Renewal Application)

*Type of Review:* Extension and revision of a currently approved information collection.

*Affected Public:* Private sector; Individuals or Households.

*Respondent's Obligation:* Required to obtain or retain benefits.

*Frequency:* On occasion; semiannually; biennially.

*Estimated Number of Annual Respondents:* 951 respondents.

*Estimated Number of Annual Responses:* 1,025 responses.

*Estimated Time per Response:* The USPTO estimates that the responses in this information collection will take the public approximately 30 minutes (0.50 hours) to 30 hours to complete. This includes the time to gather the necessary information, create the document, and submit the completed item to the USPTO.

*Estimated Total Annual Respondent Burden Hours:* 1,330 hours.

*Estimated Total Annual Respondent Non-Hourly Cost Burden:* $61. The postage costs have increased since the publication of the 60-day **Federal Register** notice, from $12.10 to $12.25 for the Priority Mail legal flat rate envelope used for mailed submissions. The estimated postage costs equal $61.

**Justin Isaac,**

*Information Collections Officer, Office of the Chief Administrative Officer, United States Patent and Trademark Office.*

[FR Doc. 2026–06727 Filed 4–6–26; 8:45 am]

**BILLING CODE 3510–16–P**

## DELAWARE RIVER BASIN COMMISSION

### Notice of Public Hearing and Business Meeting

May 6, 2026 and June 11, 2026.

Notice is hereby given that the Delaware River Basin Commission will hold a public hearing on Wednesday, May 6, 2026. A business meeting will be held the following month on Thursday, June 11, 2026. Both the hearing and the business meeting are open to the public, and both will be conducted virtually.

*Public Hearing.* The Commission will conduct the public hearing virtually on May 6, 2026, commencing at 1:30 p.m. Hearing items will include draft dockets for withdrawals, discharges, and other projects that could have a substantial effect on the basin's water resources, as well as resolutions to: (a) adopt the FY 2027–2029 Water Resources Program; (b) adopt the Commission's annual current expense and capital budgets for the fiscal year ending June 30, 2027; and (c) apportion among the signatory parties the amounts required for the support of the current expense and capital budgets for the fiscal year ending June 30, 2027. A list of the projects scheduled for hearing, including project descriptions, along with links to draft docket decisions and draft resolutions will be posted on the Commission's website, *www.drbc.gov,* in a long form of this notice at least ten days before the hearing date.

Written comments on matters scheduled for hearing on May 6, 2026 will be accepted through 5:00 p.m. on Monday, May 11, 2026.

The public is advised to check the Commission's website periodically during the ten days prior to the hearing date, as items scheduled for hearing may be postponed if additional time is needed to complete the Commission's review. Items also may be added up to ten days prior to the hearing date. In reviewing docket descriptions, the public is asked to be aware that the details of projects may change during the Commission's review, which is ongoing.

*Business Meeting.* The business meeting on June 11, 2026 will begin at 10:00 a.m. and will include: adoption of the Minutes of the Commission's March 4, 2026 business meeting; announcements of upcoming meetings and events; a report on hydrologic conditions; reports by the Executive Director and the Commission's General Counsel; and consideration of any items for which a hearing has been completed or is not required. The agenda is expected to include consideration of the resolutions and draft dockets for withdrawals, discharges, and other projects that are subjects of the public hearing on May 6, 2026.

After all scheduled business has been completed and as time allows, the business meeting will be followed by up to one hour of Open Public Comment, an opportunity to address the Commission off the record on any topic concerning management of the Basin's water resources outside the context of a duly noticed, on-the-record public hearing.

There will be no opportunity for additional public comment for the record at the June 11, 2026 business meeting on items for which a hearing was completed on May 6, 2026 or a previous date. Commission consideration on June 11, 2026 of items for which the public hearing is closed may result in approval of the item as proposed, approval with changes, denial, or deferral. When the Commissioners defer an action, they may announce an additional period for written comment on the item, with or without an additional hearing date, or they may take additional time to consider the input they have already received without requesting further public input. Any deferred items will be considered for action at a public meeting of the Commission on a future date.

*Advance Registration and Sign-Up for Oral Comment.* Links for registration to attend the virtual public hearing and the business meeting will be posted at *www.drbc.gov* at least ten days before each meeting date. Registrants who wish to comment on the record during the public hearing on May 6, 2026 or to address the Commissioners informally during the Open Public Comment session following the meeting on June 11, 2026 as time allows, will be asked to so indicate when registering. The Commission's public hearing, business meeting, and Open Public Comment session will also be livestreamed on YouTube at *https://www.youtube.com/@DRBC_1961.* For assistance, please contact Ms. Kate Schmidt of the Commission staff, at *kate.schmidt@drbc.gov.*

*Addresses for Written Comment.* Written comment on items scheduled for hearing may be submitted through the Commission's web-based comment system, a link to which is provided at *www.drbc.gov.* Use of the web-based system ensures that all submissions are captured in a single location and their receipt is acknowledged. Exceptions to the use of this system are available based on need, by writing to the attention of the Commission Secretary, DRBC, P.O. Box 7360, 25 Cosey Road, West Trenton, NJ 08628–0360. For assistance, please contact Kate Schmidt at *kate.schmidt@drbc.gov.*

*Accommodation for Special Needs.* Closed captioning will be available on both webinar and live-stream platforms. Those with limited internet access may listen and speak at virtual public meetings of the DRBC using any of several toll-free phone numbers that will be provided to all virtual meeting registrants.

Other individuals in need of an accommodation as provided for in the Americans with Disabilities Act who wish to attend the virtual hearing or business meeting should contact the Commission Secretary directly at 609–477–7203 or through the Telecommunications Relay Services (TRS) at 711, to discuss how we can accommodate your needs.

*Additional Information, Contacts.* Additional public records relating to hearing items may be examined at the Commission's offices by appointment by contacting Donna Woolf, 609–477–7222. For other questions concerning hearing items, please contact David Kovach, Project Review Manager, at 609–477–7264.

*Authority.* Delaware River Basin Compact, Public Law 87–328, Approved December 27, 1961, 75 Statutes at Large, 688, sec. 14.4.

Dated: March 31, 2026.

**Pamela M. Bush,**

*Commission Secretary and Assistant General Counsel.*

[FR Doc. 2026–06670 Filed 4–6–26; 8:45 am]

**BILLING CODE P**

## DEPARTMENT OF EDUCATION

**[Docket No.: ED–2026–SCC–1123]**

### Agency Information Collection Activities; Comment Request; ESEA Title I, Part C Regulations and Certificate of Eligibility

**AGENCY:** Office of Elementary and Secondary Education (OESE), Department of Education (ED).

**ACTION:** Notice.

**SUMMARY:** In accordance with the Paperwork Reduction Act (PRA) of 1995, the Department is proposing a revision of a currently approved information collection request (ICR).

**DATES:** Interested persons are invited to submit comments on or before June 8, 2026.

**ADDRESSES:** To access and review all the documents related to the information collection listed in this notice, please use *http://www.regulations.gov* by searching the Docket ID number ED–2026–SCC–1123. Comments submitted in response to this notice should be submitted electronically through the Federal eRulemaking Portal at *http://www.regulations.gov* by selecting the Docket ID number or via postal mail, commercial delivery, or hand delivery. If the *regulations.gov* site is not available to the public for any reason, the Department will temporarily accept comments at *ICDocketMgr@ed.gov.* Please include the docket ID number and the title of the information collection request when requesting documents or submitting comments. Please note that comments submitted after the comment period will not be accepted. Written requests for information or comments submitted by postal mail or delivery should be addressed to U.S. Department of Education, Office of Elementary and Secondary Education, 400 Maryland Avenue SW, Washington, DC 20202.

**FOR FURTHER INFORMATION CONTACT:** For specific questions related to collection activities, please contact Jessenia Guerra, (202) 987–1722.

**SUPPLEMENTARY INFORMATION:** The Department, in accordance with the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3506(c)(2)(A)), provides the general public and Federal agencies with an opportunity to comment on proposed, revised, and continuing collections of information. This helps the Department assess the impact of its information collection requirements and minimize the public's reporting burden. It also helps the public understand the Department's information collection requirements and provide the requested data in the desired format. The Department is soliciting comments on the proposed information collection request (ICR) that is described below. The Department is especially interested in public comment addressing the following issues: (1) is this collection necessary to the proper functions of the Department; (2) will this information be processed and used in a timely manner; (3) is the estimate of burden accurate; (4) how might the Department enhance the quality, utility, and clarity of the information to be collected; and (5) how might the Department minimize the burden of this collection on the respondents, including through the use of information technology. Please note that written comments received in response to this notice will be considered public records.

*Title of Collection:* ESEA Title I, Part C Regulations and Certificate of Eligibility.

*OMB Control Number:* 1810–0662.

*Type of Review:* Revision of a currently approved ICR.

*Respondents/Affected Public:* Individuals and Households; State, Local, and Tribal Governments.

*Total Estimated Number of Annual Responses:* 116,316.

*Total Estimated Number of Annual Burden Hours:* 308,569.

*Abstract:* The U.S. Department of Education (the Department) requests an extension with an adjustment to the currently approved information collection OMB No. 1810–0662. This collection of information is necessary to collect information under Title I, Part C of the Elementary and Secondary Education Act of 1965, as amended (ESEA). Program regulations are in 34 CFR 200.81–200.89. This information collection covers regulations with information collection requirements. These requirements pertain to information that State educational agencies must collect in order to properly administer the Title I, Part C program.

**Ross Santy,**

*Chief Data Officer, Office of Planning, Evaluation and Policy Development.*

[FR Doc. 2026–06697 Filed 4–6–26; 8:45 am]

**BILLING CODE 4000–01–P**

## DEPARTMENT OF EDUCATION

**[Docket No.: ED–2025–SCC–1240]**

### Agency Information Collection Activities; Submission to the Office of Management and Budget for Review and Approval; Comment Request; Third Party Servicer Data Collection

**AGENCY:** Federal Student Aid (FSA), Department of Education (ED).

**ACTION:** Notice.

**SUMMARY:** In accordance with the Paperwork Reduction Act (PRA) of 1995, the Department is proposing a reinstatement with change of a previously approved information collection request (ICR).

**DATES:** Interested persons are invited to submit comments on or before May 7, 2026.

**ADDRESSES:** Written comments and recommendations for proposed information collection requests should be submitted within 30 days of publication of this notice. Click on this link *www.reginfo.gov/public/do/PRAMain* to access the site. Find this information collection request (ICR) by selecting ''Department of Education'' under ''Currently Under Review,'' then check the ''Only Show ICR for Public Comment'' checkbox. *Reginfo.gov* provides two links to view documents related to this information collection request. Information collection forms and instructions may be found by clicking on the ''View Information Collection (IC) List'' link. Supporting statements and other supporting documentation may be found by clicking on the ''View Supporting Statement and Other Documents'' link.

**FOR FURTHER INFORMATION CONTACT:** For specific questions related to collection

activities, please contact Carolyn Rose, (202) 453–5967.

**SUPPLEMENTARY INFORMATION:** The Department is especially interested in public comment addressing the following issues: (1) is this collection necessary to the proper functions of the Department; (2) will this information be processed and used in a timely manner; (3) is the estimate of burden accurate; (4) how might the Department enhance the quality, utility, and clarity of the information to be collected; and (5) how might the Department minimize the burden of this collection on the respondents, including through the use of information technology. Please note that written comments received in response to this notice will be considered public records.

*Title of Collection:* Third Party Servicer Data Collection.

*OMB Control Number:* 1845–0130.

*Type of Review:* Reinstatement with change of a previously approved ICR.

*Respondents/Affected Public:* Private Sector; Individuals and Households; State, Local, and Tribal Governments.

*Total Estimated Number of Annual Responses:* 75.

*Total Estimated Number of Annual Burden Hours:* 48.

*Abstract:* The Department is seeking a reinstatement with change of information collection 1845–0130, covering a Third-Party Servicer Data Inquiry form. This form collects information from third party servicers. The HEA allows institutions of higher education to outsource aspects of their participation in Title IV programs. Any individual or entity that contracts with or performs work on behalf of an institution to administer any aspect of that institution's responsibilities required under the Title IV programs is defined as a third-party servicer. The Title IV regulations authorize the Department to provide oversight of third-party servicers, which are subject to the highest standard of care and diligence in their administration of Title IV programs. (34 CFR 668.2) The information collected through the Third-Party Servicer Data Inquiry form allows the Department to identify institutions of higher education that are failing to report or incorrectly reporting third-party servicer information; to monitor and enforce third-party servicer compliance with annual audit requirements; to identify other persons or organizations that contract with a third-party servicer to assist with any aspect of the administration of a Title IV program on behalf of the third-party servicer or its clients; and to effectively coordinate third-party servicer program review assessments.

**Ross Santy,**

*Chief Data Officer, Office of Planning, Evaluation and Policy Development.*

[FR Doc. 2026–06695 Filed 4–6–26; 8:45 am]

**BILLING CODE 4000–01–P**

## DEPARTMENT OF EDUCATION

**[Docket No.: ED–2025–SCC–1273]**

### Agency Information Collection Activities; Submission to the Office of Management and Budget for Review and Approval; Comment Request; National Student Loan Data System (NSLDS)

**AGENCY:** Federal Student Aid (FSA), Department of Education (ED).

**ACTION:** Notice.

**SUMMARY:** In accordance with the Paperwork Reduction Act (PRA) of 1995, the Department is proposing a reinstatement without change of a previously approved information collection request (ICR).

**DATES:** Interested persons are invited to submit comments on or before May 7, 2026.

**ADDRESSES:** Written comments and recommendations for proposed information collection requests should be submitted within 30 days of publication of this notice. Click on this link *www.reginfo.gov/public/do/PRAMain* to access the site. Find this information collection request (ICR) by selecting ''Department of Education'' under ''Currently Under Review,'' then check the ''Only Show ICR for Public Comment'' checkbox. *Reginfo.gov* provides two links to view documents related to this information collection request. Information collection forms and instructions may be found by clicking on the ''View Information Collection (IC) List'' link. Supporting statements and other supporting documentation may be found by clicking on the ''View Supporting Statement and Other Documents'' link.

**FOR FURTHER INFORMATION CONTACT:** For specific questions related to collection activities, please contact Carolyn Rose, (202) 453–5967.

**SUPPLEMENTARY INFORMATION:** The Department is especially interested in public comment addressing the following issues: (1) is this collection necessary to the proper functions of the Department; (2) will this information be processed and used in a timely manner; (3) is the estimate of burden accurate; (4) how might the Department enhance the quality, utility, and clarity of the information to be collected; and (5) how might the Department minimize the burden of this collection on the respondents, including through the use of information technology. Please note that written comments received in response to this notice will be considered public records.

*Title of Collection:* National Student Loan Data System (NSLDS).

*OMB Control Number:* 1845–0035.

*Type of Review:* Reinstatement without change of a previously approved ICR.

*Respondents/Affected Public:* Private Sector; State, Local, and Tribal Governments.

*Total Estimated Number of Annual Responses:* 16,212.

*Total Estimated Number of Annual Burden Hours:* 33,624.

*Abstract:* Title IV, Part G of the Higher Education Act of 1965, as amended, (HEA) as further amended by the 1998 Amendments to the HEA (Pub. L. 105–244) section 485B, requires the Secretary of the U.S. Department of Education (the Department) to establish a National Student Loan Data System (NSLDS) that contains information about Federal Family Education Loan (FFEL) Program loans, Federal Perkins loans (including National Direct Student Loans and National Defense Student Loans), William D. Ford Federal Direct Student loans (Direct Loan), Federally Insured Student Loans (FISL) and Federal Grants including Pell Grants, Academic Competitiveness Grants (ACG), Iraq and Afghanistan Service Grants (IASG), National Science and Mathematics Access to Retain Talent (SMART) and Teacher Education Assistance for College and Higher Education (TEACH) Grants.

NSLDS is operated out of Federal Student Aid (FSA) and is used for research, policy analysis, monitoring student enrollment, identifying loan holders and servicers, calculating default rates, monitoring program participants, and verifying student aid eligibility. This is a request for a reinstatement without change of the current information collection and burden assessed to 1845–0035.

**Ross Santy,**

*Chief Data Officer, Office of Planning, Evaluation and Policy Development.*

[FR Doc. 2026–06696 Filed 4–6–26; 8:45 am]

**BILLING CODE 4000–01–P**

## DEPARTMENT OF ENERGY

### Federal Energy Regulatory Commission

**[Docket No. IC26–8–000]**

### Commission Information Collection Activities (FERC–538) Comment Request; Extension

**AGENCY:** Federal Energy Regulatory Commission.

**ACTION:** Notice of information collection and request for comments.

**SUMMARY:** In compliance with the requirements of the Paperwork Reduction Act of 1995, 44 U.S.C. 3507(a)(1)(D), the Federal Energy Regulatory Commission (Commission or FERC) is submitting its information collection FERC–538 (Gas Pipeline Certificates: Section 7(a) Mandatory Initial Service) to the Office of Management and Budget (OMB) for review of the information collection requirements. No comments were received on the 60-day notice.

**DATES:** Comments on the collection of information are due May 7, 2026.

**ADDRESSES:** Send written comments on FERC–538 to OMB through *https://www.reginfo.gov/public/do/PRA/icrPublicCommentRequest?ref_nbr=202602-1902-003.* You can also visit *https://www.reginfo.gov/public/do/PRAMain* and use the drop-down under ''Currently under Review'' to select the ''Federal Energy Regulatory Commission'' where you can see the open opportunities to provide comments. Comments should be sent within 30 days of publication of this notice.

Please submit a copy of your comments to the Commission via email to *DataClearance@FERC.gov.* You must specify the Docket No. (IC26–8–000) and the FERC Information Collection number (FERC–538) in your email. If you are unable to file electronically, comments may be filed by USPS mail or by hand (including courier) delivery:

- *Mail via U.S. Postal Service Only:* Federal Energy Regulatory Commission, Secretary of the Commission, 888 First Street NE, Washington, DC 20426.
- *All Other Delivery Methods:* Federal Energy Regulatory Commission, Secretary of the Commission, 12225 Wilkins Avenue, Rockville, MD 20852.

*Docket:* To view comments and issuances in this docket, please visit *https://elibrary.ferc.gov/eLibrary/search.*

**FOR FURTHER INFORMATION CONTACT:** Kayla Williams may be reached by email at *DataClearance@FERC.gov,* or by telephone at (202) 502–6468.

**SUPPLEMENTARY INFORMATION:**

*Title:* Gas Pipeline Certificates: Section 7(a) Mandatory Initial Service.

*OMB Control No.:* 1902–0061.

*Type of Request:* Three-year extension of the FERC–538 information collection requirements with no changes to the current reporting requirements.

*Abstract:* The purpose of FERC–538 is to implement the information collections pursuant to sections 7(a), 10(a) and 16 of Natural Gas Act [1], and part 156 of the Commission Regulations.[2] These statutes and regulations allow for the Commission, after receiving an application, to order a natural gas company to extend or improve its transportation facilities and sell natural gas to the municipality or person and, for such purpose, to extend its transportation facilities to communities immediately adjacent to such facilities or to territories served by the natural gas pipeline company. The Commission uses the application data in order to be fully informed concerning the applicant and the service the applicant is requesting.

*Type of Respondents:* Persons or municipalities authorized to engage in the local distribution of natural gas.

*Estimate of Annual Burden:* [3] The Commission estimates the annual reporting burden and cost for the information collection as:

| | Number of respondents | Annual number of responses per respondent | Total number of responses | Average burden hours & cost ($) per response [4] | Total annual burden hours & total annual Cost ($) | Cost per respondent ($) |
|---|---|---|---|---|---|---|
| | (1) | (2) | (1) * (2) = (3) | (4) | (3)* (4) = (5) | (5) ÷ (1) |
| Gas Pipeline Certificates ..... | 1 | 1 | 1 | 255 hrs.[5]; $26,265 ..... | 255 hrs.; $26,265 ..... | $26,265 |

*Comments:* Comments are invited on: (1) whether the collection of information is necessary for the proper performance of the functions of the Commission, including whether the information will have practical utility; (2) the accuracy of the agency's estimate of the burden and cost of the collection of information, including the validity of the methodology and assumptions used; (3) ways to enhance the quality, utility and clarity of the information collection; and (4) ways to minimize the burden of the collection of information on those who are to respond, including the use of automated collection techniques or other forms of information technology.

Dated: April 2, 2026.

**Carlos D. Clay,**

*Deputy Secretary.*

[FR Doc. 2026–06705 Filed 4–6–26; 8:45 am]

**BILLING CODE 6717–01–P**

## DEPARTMENT OF ENERGY

### Federal Energy Regulatory Commission

**[Project No. 2454–088]**

### ALLETE, Inc.; Notice of Application Tendered for Filing With the Commission and Establishing Procedural Schedule for Relicensing and a Deadline for Submission of Final Amendments

Take notice that the following hydroelectric application has been filed with the Commission and is available for public inspection.

[1] 15 U.S.C. 717f–w.

[2] 18 CFR part 156 (2005).

[3] ''Burden'' is defined as the total time, effort, or financial resources expended by persons to generate, maintain, retain, or disclose or provide information to or for a federal agency. For further explanation of what is included in the information collection burden, reference 5 CFR 1320.3.

[4] Commission staff estimates that the industry's hourly cost for wages plus benefits is similar to the Commission's $103 FY 2025 average hourly cost for wages and benefits.

[5] The burden has been corrected from the 60-day notice. That notice correctly stated that the burden did not change from the previously approved information collection request. However, the incorrect figures were included in the table.

a. *Type of Application:* New Major License.
b. *Project No.:* 2454–088.
c. *Date filed:* March 24, 2026.
d. *Applicant:* ALLETE, Inc. (ALLETE).
e. *Name of Project:* Sylvan Hydroelectric Project (project).
f. *Location:* The project is located on the Crow Wing River in Cass, Crow Wing, and Morrison Counties, Minnesota.
g. *Filed Pursuant to:* Federal Power Act 16 U.S.C. 791(a)–825(r).
h. *Applicant Contact:* Mr. Greg Prom, Senior Environmental Compliance Specialist, Minnesota Power/ALLETE, Inc., 30 West Superior Street, Duluth, MN 55802–2093; Phone at (218) 355–3191 or email at *gprom@allete.com.*
i. *FERC Contact:* David Graefe at (202) 502–6137; or email at *david.graefe@ferc.gov.*
j. This application is not ready for environmental analysis at this time.
k. *Project Description:* the project consists of: (1) a 1,211-acre reservoir; (2) a 78.0-foot-long left earth embankment with a concrete core wall; (3) a powerhouse with three 600-kilowatt generating units with a total installed capacity of 1.8 megawatts; (4) a 243.8-foot-long spillway with four vertical slide gates and two inflatable rubber dams; (5) a 41.0-foot-long right earth embankment with a concrete core wall; (6) a 730.0-foot-long earth embankment, approximately 4 to 6 feet tall; (7) an 830.0-foot-long earth embankment, about 4 to 6 feet tall with some sections up to 9 feet tall, with an auxiliary spillway; (8) an approximately 1,211-acre reservoir; and (9) appurtenant facilities.

The project is operated in a run-of-river mode with an estimated annual energy production of approximately 9,963 megawatt hours. ALLETE proposes to continue to operate the project in a run-of-river mode.

l. In addition to publishing the full text of this notice in the **Federal Register**, the Commission provides all interested persons an opportunity to view and/or print the contents of this notice, as well as other documents in the proceeding (*e.g.,* license application) via the internet through the Commission's Home Page (*http://www.ferc.gov*), using the ''eLibrary'' link. Enter the docket number, excluding the last three digits in the docket number field to access the document (P–2454). For assistance, please contact FERC Online Support at *FERCOnlineSupport@ferc.gov,* (866) 208–3676 (toll free), or (202) 502–8659 (TTY).

You may also register online at *https://ferconline.ferc.gov/FERCOnline.aspx* to be notified via email of new filings and issuances related to this or other pending projects. For assistance, contact FERC Online Support.

m. For public inquiries and assistance with making filings such as interventions, comments, or requests for rehearing, contact the Office of Public Participation at (202) 502–6595 or *OPP@ferc.gov.*

n. *Procedural Schedule:* The application will be processed according to the following preliminary schedule. Revisions to the schedule will be made as appropriate.

| Milestone | Target |
|---|---|
| Deficiency Letter (if necessary) | July 2026. |
| Additional Information Request (if necessary) | July 2026. |
| Notice of Acceptance/Notice of Ready for Environmental Analysis | September 2026. |

o. Final amendments to the application must be filed with the Commission no later than 30 days from the issuance date of the notice of ready for environmental analysis.

(Authority: 18 CFR 2.1)

Dated: April 2, 2026.

**Carlos D. Clay,**

*Deputy Secretary.*

[FR Doc. 2026–06706 Filed 4–6–26; 8:45 am]

**BILLING CODE 6717–01–P**

## DEPARTMENT OF ENERGY

### Federal Energy Regulatory Commission

**[Project No. 2545–205]**

### Avista Corporation; Notice of Availability of Environmental Assessment

In accordance with the National Environmental Policy Act of 1969 and the Federal Energy Regulatory Commission's (Commission or FERC) regulations, 18 CFR part 380, Commission staff reviewed Avista Corporation's application for non-capacity amendment of the Spokane River Hydroelectric Project No. 2545 and have prepared an Environmental Assessment (EA) for the project.[1] The licensee proposes to rehabilitate the North Channel Dam by replacing all existing gates on the spillway. The project is located on the Spokane River in Spokane, Lincoln, and Stevens counties, Washington, and in Kootenai and Benewah counties, Idaho. The project occupies federal and tribal lands, including parts of the Coeur d'Alene Reservation.

The EA contains Commission staff's analysis of the potential environmental effects of the proposed action, alternatives to the proposed action, and concludes that the proposed amendment, with appropriate environmental measures, would not constitute a major federal action that would significantly affect the quality of the human environment.

The EA may be viewed on the Commission's website at *http://www.ferc.gov* using the ''elibrary'' link. Enter the docket number (P–2545) in the docket number field to access the document. For assistance, contact FERC Online Support at *FERCOnlineSupport@ferc.gov* or toll-free at 1–866–208–3676, or for TTY, (202) 502–8659.

You may also register online at *http://www.ferc.gov/docs-filing/esubscription.asp* to be notified via email of new filings and issuances related to this or other pending projects. For assistance, contact FERC Online Support.

All comments must be filed by May 4, 2026 5:00 p.m. Eastern Time.

The Commission strongly encourages electronic filing. Please file comments using the Commission's eFiling system at *http://www.ferc.gov/docs-filing/efiling.asp.* Commenters can submit brief comments up to 6,000 characters, without prior registration, using the eComment system at *http://www.ferc.gov/docs-filing/ecomment.asp.* For assistance, please contact FERC Online Support. In lieu of electronic filing, you may submit a paper copy. Submissions sent via the U.S. Postal Service must be addressed to: Debbie-Anne A. Reese, Secretary, Federal Energy Regulatory Commission, 888 First Street NE, Room 1A, Washington, DC 20426. Submissions sent via any other carrier must be addressed to: Debbie-Anne A. Reese,

[1] The unique identification number for documents relating to this environmental review is EAXX–019-20-000-1762338353.

Secretary, Federal Energy Regulatory Commission, 12225 Wilkins Avenue, Rockville, Maryland 20852. The first page of any filing should include docket number P–2545–205.

For public inquiries and assistance with making filings such as interventions, comments, or requests for rehearing, contact the Office of Public Participation at (202) 502–6595 or *OPP@ferc.gov.*

For further information, contact Woohee Choi at 202–502–6336 or *woohee.choi@ferc.gov.*

(Authority: 18 CFR 2.1)

Dated: April 2, 2026.

**Carlos D. Clay,**

*Deputy Secretary.*

[FR Doc. 2026–06708 Filed 4–6–26; 8:45 am]

**BILLING CODE 6717–01–P**

## DEPARTMENT OF ENERGY

## Federal Energy Regulatory Commission

### Combined Notice of Filings

Take notice that the Commission has received the following Natural Gas Pipeline Rate and Refund Report filings:

**Filings Instituting Proceedings**

*Docket Numbers:* RP26–728–000.
*Applicants:* Columbia Gas Transmission, LLC.
*Description:* § 4(d) Rate Filing: NR Agmts Citadel & Sequent, Eff 4.1.26 to be effective 4/1/2026.
*Filed Date:* 4/1/26.
*Accession Number:* 20260401–5188.
*Comment Date:* 5 p.m. ET 4/13/26.

*Docket Numbers:* RP26–729–000.
*Applicants:* Rover Pipeline LLC.
*Description:* § 4(d) Rate Filing: Summary of Negotiated Rate Capacity Release Agreements 4–1–2026 to be effective 4/1/2026.
*Filed Date:* 4/1/26.
*Accession Number:* 20260401–5303.
*Comment Date:* 5 p.m. ET 4/13/26.

*Docket Numbers:* RP26–730–000.
*Applicants:* Texas Eastern Transmission, LP.
*Description:* § 4(d) Rate Filing: Negotiated Rates—Various Releases eff 4–1–26 to be effective 4/1/2026.
*Filed Date:* 4/1/26.
*Accession Number:* 20260401–5321.
*Comment Date:* 5 p.m. ET 4/13/26.

*Docket Numbers:* RP26–731–000.
*Applicants:* ANR Pipeline Company.
*Description:* § 4(d) Rate Filing: ANR—Neg Rate Agmts, Eff. 4.1.26 to be effective 4/1/2026.
*Filed Date:* 4/1/26.
*Accession Number:* 20260401–5342.
*Comment Date:* 5 p.m. ET 4/13/26.

*Docket Numbers:* RP26–732–000.
*Applicants:* Texas Gas Transmission, LLC.
*Description:* § 4(d) Rate Filing: Neg Rate Agmt Filing (TVA 58475) to be effective 4/1/2026.
*Filed Date:* 4/1/26.
*Accession Number:* 20260401–5445.
*Comment Date:* 5 p.m. ET 4/13/26.

*Docket Numbers:* RP26–733–000.
*Applicants:* Texas Gas Transmission, LLC.
*Description:* § 4(d) Rate Filing: Cap Rel Neg Rate Agmt (Sabine 35030 to Koch 60622) to be effective 4/1/2026.
*Filed Date:* 4/1/26.
*Accession Number:* 20260401–5447.
*Comment Date:* 5 p.m. ET 4/13/26.

*Docket Numbers:* RP26–734–000.
*Applicants:* Gulf South Pipeline Company, LLC.
*Description:* § 4(d) Rate Filing: Cap Rel Neg Rate Agmt (Osaka 46429 to Texla 60623) to be effective 4/1/2026.
*Filed Date:* 4/1/26.
*Accession Number:* 20260401–5450.
*Comment Date:* 5 p.m. ET 4/13/26.

*Docket Numbers:* RP26–735–000.
*Applicants:* Columbia Gulf Transmission, LLC.
*Description:* § 4(d) Rate Filing: Creditworthiness Alignment to be effective 5/1/2026.
*Filed Date:* 4/1/26.
*Accession Number:* 20260401–5452.
*Comment Date:* 5 p.m. ET 4/13/26.

*Docket Numbers:* RP26–736–000.
*Applicants:* Natural Gas Pipeline Company of America LLC.
*Description:* § 4(d) Rate Filing: Negotiated Rate Agreements Filing—Targa Northern Delaware LLC to be effective 4/1/2026.
*Filed Date:* 4/1/26.
*Accession Number:* 20260401–5463.
*Comment Date:* 5 p.m. ET 4/13/26.

*Docket Numbers:* RP26–737–000.
*Applicants:* Gulf South Pipeline Company, LLC.
*Description:* § 4(d) Rate Filing: Cap Rel Neg Rate Agmts (Methanex 52142 to Tenaska 60594 and NextEra 60599) to be effective 4/1/2026.
*Filed Date:* 4/1/26.
*Accession Number:* 20260401–5468.
*Comment Date:* 5 p.m. ET 4/13/26.

*Docket Numbers:* RP26–738–000.
*Applicants:* Algonquin Gas Transmission, LLC.
*Description:* § 4(d) Rate Filing: Negotiated Rates—Various Releases eff April 2026 to be effective 4/1/2026.
*Filed Date:* 4/1/26.
*Accession Number:* 20260401–5484.
*Comment Date:* 5 p.m. ET 4/13/26.

*Docket Numbers:* RP26–739–000.
*Applicants:* Equitrans, L.P.
*Description:* § 4(d) Rate Filing: Negotiated Rate Capacity Release Agreements—4/1/2026 to be effective 4/1/2026.
*Filed Date:* 4/1/26.
*Accession Number:* 20260401–5520.
*Comment Date:* 5 p.m. ET 4/13/26.

*Docket Numbers:* RP26–740–000.
*Applicants:* Mountain Valley Pipeline, LLC.
*Description:* § 4(d) Rate Filing: Negotiated Rate Capacity Release Agreements—4/1/2026 to be effective 4/1/2026.
*Filed Date:* 4/1/26.
*Accession Number:* 20260401–5521.
*Comment Date:* 5 p.m. ET 4/13/26.

*Docket Numbers:* RP26–741–000.
*Applicants:* NEXUS Gas Transmission, LLC.
*Description:* § 4(d) Rate Filing: Negotiated Rates—Various Releases eff 4–1–26 to be effective 4/1/2026.
*Filed Date:* 4/1/26.
*Accession Number:* 20260401–5522.
*Comment Date:* 5 p.m. ET 4/13/26.

*Docket Numbers:* RP26–742–000.
*Applicants:* Golden Triangle Storage, LLC.
*Description:* § 4(d) Rate Filing: Normal filing 2026—Second Revised Volume No. 1 to be effective 5/1/2026.
*Filed Date:* 4/1/26.
*Accession Number:* 20260401–5523.
*Comment Date:* 5 p.m. ET 4/13/26.

*Docket Numbers:* RP26–743–000.
*Applicants:* Gulf South Pipeline Company, LLC.
*Description:* § 4(d) Rate Filing: Cap Rel Neg Rate Agmts (JERA 46434, 46435 to JERA Americas 60510, 60511) to be effective 4/1/2026.
*Filed Date:* 4/1/26.
*Accession Number:* 20260401–5524.
*Comment Date:* 5 p.m. ET 4/13/26.

*Docket Numbers:* RP26–744–000.
*Applicants:* Gulf South Pipeline Company, LLC.
*Description:* § 4(d) Rate Filing: Cap Rel Neg Rate Agmts (FPL to CIMA, Exxon, Scona and Southwest) to be effective 4/1/2026.
*Filed Date:* 4/1/26.
*Accession Number:* 20260401–5525.
*Comment Date:* 5 p.m. ET 4/13/26.

*Docket Numbers:* RP26–745–000.
*Applicants:* Sabine Pipe Line LLC.
*Description:* § 4(d) Rate Filing: Update to Remove Negotiated Rate Agreements—April 2026 to be effective 4/1/2026.
*Filed Date:* 4/2/26.
*Accession Number:* 20260402–5076.
*Comment Date:* 5 p.m. ET 4/14/26.

*Docket Numbers:* RP26–746–000.
*Applicants:* Viking Gas Transmission Company.

*Description:* Compliance filing: Conforming Displacement Agreement—Concord to be effective N/A.

*Filed Date:* 4/2/26.

*Accession Number:* 20260402–5084.

*Comment Date:* 5 p.m. ET 4/14/26.

Any person desiring to intervene, to protest, or to answer a complaint in any of the above proceedings must file in accordance with Rules 211, 214, or 206 of the Commission's Regulations (18 CFR 385.211, 385.214, or 385.206) on or before 5:00 p.m. Eastern time on the specified comment date. Protests may be considered, but intervention is necessary to become a party to the proceeding.

**Filings in Existing Proceedings**

*Docket Numbers:* RP22–823–002.

*Applicants:* Wyoming Interstate Company, L.L.C.

*Description:* Compliance filing: Informational Cost and Revenue Study to be effective N/A.

*Filed Date:* 4/1/26.

*Accession Number:* 20260401–5407.

*Comment Date:* 5 p.m. ET 4/13/26.

Any person desiring to protest in any the above proceedings must file in accordance with Rule 211 of the Commission's Regulations (18 CFR 385.211) on or before 5:00 p.m. Eastern time on the specified comment date.

The filings are accessible in the Commission's eLibrary system (*https://elibrary.ferc.gov/idmws/search/fercgensearch.asp*) by querying the docket number.

eFiling is encouraged. More detailed information relating to filing requirements, interventions, protests, service, and qualifying facilities filings can be found at: *http://www.ferc.gov/docs-filing/efiling/filing-req.pdf.* For other information, call (866) 208–3676 (toll free). For TTY, call (202) 502–8659. For public inquiries and assistance with making filings such as interventions, comments, or requests for rehearing, contact the Office of Public Participation at (202) 502–6595 or *OPP@ferc.gov.*

Dated: April 2, 2026.

**Carlos D. Clay,**

*Deputy Secretary.*

[FR Doc. 2026–06703 Filed 4–6–26; 8:45 am]

**BILLING CODE 6717–01–P**

## DEPARTMENT OF ENERGY

### Federal Energy Regulatory Commission

**[Project No. 2663–067]**

### ALLETE, Inc.; Notice of Application Tendered for Filing With the Commission and Establishing Procedural Schedule for Relicensing and a Deadline for Submission of Final Amendments

Take notice that the following hydroelectric application has been filed with the Commission and is available for public inspection.

a. *Type of Application:* New Major License.

b. *Project No.:* 2663–067.

c. *Date filed:* March 24, 2026.

d. *Applicant:* ALLETE, Inc. (ALLETE).

e. *Name of Project:* Pillager Hydroelectric Project (project).

f. *Location:* The project is located on the Crow Wing River in Cass and Morrison Counties, Minnesota.

g. *Filed Pursuant to:* Federal Power Act 16 U.S.C. 791(a)–825(r).

h. *Applicant Contact:* Mr. Greg Prom, Senior Environmental Compliance Specialist, Minnesota Power/ALLETE, Inc., 30 West Superior Street, Duluth, MN 55802–2093; Phone at (218) 355–3191 or email at *gprom@allete.com.*

i. *FERC Contact:* David Graefe at (202) 502–6137; or email at *david.graefe@ferc.gov.*

j. This application is not ready for environmental analysis at this time.

k. *Project Description:* the existing project consists of: (1) a 698-acre reservoir; (2) a 357-foot-long concrete gravity rollway dam, including 18 vertical steel slide gates separated by concrete piers; (3) a 15-foot-high south earth embankment, extending 223 feet from the south side of the spillway to the natural earth embankment of the river; (4) a 25-foot-high earth embankment, with a 2-foot-wide concrete core wall, extending 225 feet from the north side of the powerhouse to the natural earth embankment of the river; (5) a 1,330-foot-long earth dike along the north shoreline of the reservoir in vicinity of the left embankment; (6) a 98-foot-long reinforced concrete powerhouse with two generating units with a total installed capacity of 1.52 megawatts; (7) an 85-foot-long earthfill dike along the south shoreline of the reservoir in vicinity of the right embankment; and (8) appurtenant facilities.

The project is operated in a run-of-river mode with an estimated annual energy production of approximately 7,601 megawatt hours. ALLETE proposes to continue to operate the project in a run-of-river mode.

l. In addition to publishing the full text of this notice in the **Federal Register**, the Commission provides all interested persons an opportunity to view and/or print the contents of this notice, as well as other documents in the proceeding (*e.g.,* license application) via the internet through the Commission's Home Page (*http://www.ferc.gov*), using the ''eLibrary'' link. Enter the docket number, excluding the last three digits in the docket number field to access the document (P–2663). For assistance, please contact FERC Online Support at *FERCOnlineSupport@ferc.gov,* (866) 208–3676 (toll free), or (202) 502–8659 (TTY).

You may also register online at *https://ferconline.ferc.gov/FERCOnline.aspx* to be notified via email of new filings and issuances related to this or other pending projects. For assistance, contact FERC Online Support.

m. For public inquiries and assistance with making filings such as interventions, comments, or requests for rehearing, contact the Office of Public Participation at (202) 502–6595 or *OPP@ferc.gov.*

n. *Procedural Schedule:* The application will be processed according to the following preliminary schedule. Revisions to the schedule will be made as appropriate.

| Milestone | Target |
|---|---|
| Deficiency Letter (if necessary). | July 2026. |
| Additional Information Request (if necessary). | July 2026. |
| Notice of Acceptance/Notice of Ready for Environmental Analysis. | September 2026. |

o. Final amendments to the application must be filed with the Commission no later than 30 days from the issuance date of the notice of ready for environmental analysis.

(Authority: 18 CFR 2.1)

Dated: April 2, 2026.

**Carlos D. Clay,**

*Deputy Secretary.*

[FR Doc. 2026–06709 Filed 4–6–26; 8:45 am]

**BILLING CODE 6717–01–P**

## DEPARTMENT OF ENERGY

### Federal Energy Regulatory Commission

**[Docket No. AD26–5–000]**

### Transmission Formula Rate Processes; Supplemental Notice of Staff-Led Workshop

On March 19, 2026, the Federal Energy Regulatory Commission (Commission) issued a Notice that its staff will hold a workshop related to the Commission's electric transmission formula rate processes on May 12, 2026. The workshop will take place from 9:00 a.m. to 12:30 p.m. Eastern Time.

The workshop will provide a forum for Commission staff, jurisdictional utilities, and transmission formula rate data users to discuss: (1) an overview of the mechanics of transmission formula rates; (2) transmission formula rate implementation protocols; (3) transmission formula rate annual updates; (4) the transmission formula rate audit program; (5) common compliance issues in transmission formula rates; and (6) the Commission's regulatory accounting program. Attached to this Supplemental Notice is an agenda for the workshop.

The workshop will take place in a hybrid format, with attendees allowed in person, at the Commission, 888 First Street NE, Washington, DC 20426, or virtually. All interested persons are invited to participate, and there is no fee for attendance. All in-person attendees must register. Virtual attendance does not require registration. Information on this workshop, including the links for virtual attendance and for submitting questions online during the Q&A sessions of the workshop, will be posted on the Calendar of Events on the Commission's website the morning of the event. The presentation slides will be posted to the website prior to the workshop.

Attendees are encouraged to listen to and observe the presentations by Commission staff, after which, during the Q&A sessions, in-person attendees may ask live questions and virtual attendees may submit written questions online.

This workshop will be accessible under section 508 of the Rehabilitation Act of 1973. For accessibility accommodations please send an email to *accessibility@ferc.gov* or call toll free (866) 208–3372 (voice) or (202) 502–8659 (TTY), or send a fax to (202) 208–2106 with the required accommodations.

For more information about the workshop, please contact Ben Akintoye of the Commission's Office of Enforcement and Regulatory Accounting at (202) 502–6497, or *ben.akintoye@ferc.gov;* or Bianca Hill of the Office of Energy Market Regulation at (202) 502–6032 or *bianca.hill@ferc.gov.*

Dated: April 2, 2026.

**Carlos D. Clay,**

*Deputy Secretary.*

**Agenda**

**Transmission Formula Rate Processes**

**May 12, 2026**

9:00 a.m.–9:10 a.m. *Introduction and Logistics*

9:10 a.m.–9:30 a.m. *Overview of Transmission Formula Rates*

- Comparison of stated and formula rates
- Functionalization, classification, and allocation of cost and revenues
- Q&A

9:30 a.m.–9:55 a.m. *Transmission Formula Rate Implementation Protocols*

- Protocols standards: transparency, scope, and ability to challenge
- Q&A

9:55 a.m.–10:30 a.m. *Annual Updates*

- Filing requirements
- Common deficiencies
- Q&A

10:30 a.m.–10:45 a.m. *Break*

10:45 a.m.–11:30 a.m. *Transmission Formula Rate Audits*

- Audit program
- Audit process
- Q&A

11:30 a.m.–12:00 p.m. *Common Compliance Issues Identified in Transmission Formula Rate Audits*

- Common audit findings
- Remedies
- Audit resources
- Q&A

12:00 p.m.–12:25 p.m. *Regulatory Accounting*

- Overview of regulatory accounting
- How to correspond with the Regulatory Accounting Branch in the Commission's Office of Enforcement & Regulatory Accounting
- Accounting resources
- Q&A

12:25 p.m.–12:30 p.m. *Closing Remarks*

[FR Doc. 2026–06701 Filed 4–6–26; 8:45 am]

BILLING CODE 6717–01–P

## DEPARTMENT OF ENERGY

### Federal Energy Regulatory Commission

**[Docket No. CP26–153–000]**

### Southern Star Central Gas Pipeline, Inc.; Notice of Application and Establishing Intervention Deadline

Take notice that on March 25, 2026, Southern Star Central Gas Pipeline, Inc. (Southern Star), 4700 State Route 56, Owensboro, Kentucky 42301, filed an application under section 7(b) of the Natural Gas Act (NGA) and Part 157 of the Commission's regulations requesting authorization for its Abandonment by Sale of Missouri Domestic Meters Project (Project). The Project consists of Southern Star's abandonment by sale to Spire Missouri, Inc. of 61 domestic (farm tap) meters associated with Southern Star's interstate pipeline system at various locations in Cass, Jackson, Johnson, Jasper, Lawrence, Christian, Newton, McDonald, Greene, and Barry Counties, Missouri. Southern Star affirms that there will be no change to Southern Star's certificated capacity and no impact on firm shippers as a result of the proposed abandonment by sale. Southern Star states that the proposed Project involves no ground disturbances to disconnect any facilities. Southern Star estimates the total cost of the Project to be $264,000, all as more fully set forth in the application which is on file with the Commission and open for public inspection.

In addition to publishing the full text of this document in the **Federal Register**, the Commission provides all interested persons an opportunity to view and/or print the contents of this document via the internet through the Commission's Home Page (*http://www.ferc.gov*). From the Commission's Home Page on the internet, this information is available on eLibrary. The full text of this document is available on eLibrary in PDF and Microsoft Word format for viewing, printing, and/or downloading. To access this document in eLibrary, type the docket number excluding the last three digits of this document in the docket number field.

User assistance is available for eLibrary and the Commission's website during normal business hours from FERC Online Support at (202) 502–6652 (toll free at 1–866–208–3676) or email at *ferconlinesupport@ferc.gov,* or the Public Reference Room at (202) 502–8371, TTY (202) 502–8659. Email the Public Reference Room at *public.referenceroom@ferc.gov.*

Any questions regarding the proposed project should be directed to Jennifer Matthews, Regulatory Manager, Southern Star Central Gas Pipeline, Inc., 4700 State Route 56, Owensboro, Kentucky 42301, by phone at (270) 316–2972, or by email at *jennifer.matthews@southernstar.com.*

Pursuant to section 157.9 of the Commission's Rules of Practice and Procedure,[1] within 90 days of this Notice the Commission staff will either: complete its environmental review and place it into the Commission's public record (eLibrary) for this proceeding; or issue a Notice of Schedule for Environmental Review. If a Notice of Schedule for Environmental Review is issued, it will indicate, among other milestones, the anticipated date for the Commission staff's issuance of the final environmental impact statement (FEIS) or environmental assessment (EA) for this proposal. The filing of an EA in the Commission's public record for this proceeding or the issuance of a Notice of Schedule for Environmental Review will serve to notify federal and state agencies of the timing for the completion of all necessary reviews, and the subsequent need to complete all federal authorizations within 90 days of the date of issuance of the Commission staff's FEIS or EA.

**Public Participation**

There are three ways to become involved in the Commission's review of this project: you can file comments on the project, you can protest the filing, and you can file a motion to intervene in the proceeding. There is no fee or cost for filing comments or intervening. The deadline for filing a motion to intervene is 5:00 p.m. Eastern Time on April 23, 2026. How to file protests, motions to intervene, and comments is explained below.

For public inquiries and assistance with making filings such as interventions, comments, or requests for rehearing, contact the Office of Public Participation (OPP) at (202) 502–6595 or *OPP@ferc.gov.*

**Comments**

Any person wishing to comment on the project may do so. Comments may include statements of support or objections, to the project as a whole or specific aspects of the project. The more specific your comments, the more useful they will be.

**Protests**

Pursuant to sections 157.10(a)(4)[2] and 385.211[3] of the Commission's regulations under the NGA, any person[4] may file a protest to the application. Protests must comply with the requirements specified in section 385.2001[5] of the Commission's regulations. A protest may also serve as a motion to intervene so long as the protestor states it also seeks to be an intervenor.

To ensure that your comments or protests are timely and properly recorded, please submit your comments on or before 5:00 p.m. Eastern Time on April 23, 2026.

There are three methods you can use to submit your comments or protests to the Commission. In all instances, please reference the Project docket number CP26–153–000 in your submission.

(1) You may file your comments electronically by using the eComment feature, which is located on the Commission's website at *www.ferc.gov* under the link to Documents and Filings. Using eComment is an easy method for interested persons to submit brief, text-only comments on a project;

(2) You may file your comments or protests electronically by using the eFiling feature, which is located on the Commission's website (*www.ferc.gov*) under the link to Documents and Filings. With eFiling, you can provide comments in a variety of formats by attaching them as a file with your submission. New eFiling users must first create an account by clicking on ''eRegister.'' You will be asked to select the type of filing you are making; first select ''General'' and then select ''Comment on a Filing''; or

(3) You can file a paper copy of your comments or protests by mailing them to the following address below. Your written comments must reference the Project docket number (CP26–153–000).

*To file via USPS:* Debbie-Anne A. Reese, Secretary, Federal Energy Regulatory Commission, 888 First Street NE, Washington, DC 20426.

*To file via any other courier:* Debbie-Anne A. Reese, Secretary, Federal Energy Regulatory Commission, 12225 Wilkins Avenue, Rockville, Maryland 20852.

The Commission encourages electronic filing of comments (options 1 and 2 above) and has eFiling staff available to assist you at (202) 502–8258 or *FercOnlineSupport@ferc.gov.*

Persons who comment on the environmental review of this project will be placed on the Commission's environmental mailing list, and will receive notification when the environmental documents (EA or EIS) are issued for this project and will be notified of meetings associated with the Commission's environmental review process.

The Commission considers all comments received about the project in determining the appropriate action to be taken. However, the filing of a comment alone will not serve to make the filer a party to the proceeding. To become a party, you must intervene in the proceeding. For instructions on how to intervene, see below.

**Interventions**

Any person, which includes individuals, organizations, businesses, municipalities, and other entities,[6] has the option to file a motion to intervene in this proceeding. Only intervenors have the right to request rehearing of Commission orders issued in this proceeding and to subsequently challenge the Commission's orders in the U.S. Circuit Courts of Appeal.

To intervene, you must submit a motion to intervene to the Commission in accordance with Rule 214 of the Commission's Rules of Practice and Procedure[7] and the regulations under the NGA[8] by the intervention deadline for the project, which is 5:00 p.m. Eastern Time on April 23, 2026. As described further in Rule 214, your motion to intervene must state, to the extent known, your position regarding the proceeding, as well as your interest in the proceeding. For an individual, this could include your status as a landowner, ratepayer, resident of an impacted community, or recreationist. You do not need to have property directly impacted by the project in order to intervene. For more information about motions to intervene, refer to the FERC website at *https://www.ferc.gov/resources/guides/how-to/intervene.asp.*

There are two ways to submit your motion to intervene. In both instances, please reference the Project docket number CP26–153–000 in your submission.

(1) You may file your motion to intervene by using the Commission's eFiling feature, which is located on the Commission's website (*www.ferc.gov*) under the link to Documents and Filings. New eFiling users must first create an account by clicking on

[1] 18 CFR 157.9.

[2] 18 CFR 157.10(a)(4).

[3] 18 CFR 385.211.

[4] Persons include individuals, organizations, businesses, municipalities, and other entities. 18 CFR 385.102(d).

[5] 18 CFR 385.2001.

[6] 18 CFR 385.102(d).

[7] 18 CFR 385.214.

[8] 18 CFR 157.10.

''eRegister.'' You will be asked to select the type of filing you are making; first select ''General'' and then select ''Intervention.'' The eFiling feature includes a document-less intervention option; for more information, visit *https://www.ferc.gov/docs-filing/efiling/document-less-intervention.pdf.;* or

(2) You can file a paper copy of your motion to intervene, along with three copies, by mailing the documents to the address below. Your motion to intervene must reference the Project docket number CP26–153–000.

*To file via USPS:* Debbie-Anne A. Reese, Secretary, Federal Energy Regulatory Commission, 888 First Street NE, Washington, DC 20426.

*To file via any other courier:* Debbie-Anne A. Reese, Secretary, Federal Energy Regulatory Commission, 12225 Wilkins Avenue, Rockville, Maryland 20852.

The Commission encourages electronic filing of motions to intervene (option 1 above) and has eFiling staff available to assist you at (202) 502–8258 or *FercOnlineSupport@ferc.gov.*

Protests and motions to intervene must be served on the applicant either by mail at: Jennifer Matthews, Regulatory Manager, Southern Star Central Gas Pipeline, Inc., 4700 State Route 56, Owensboro, Kentucky 42301, or by email (with a link to the document) at *jennifer.matthews@southernstar.com.* Any subsequent submissions by an intervenor must be served on the applicant and all other parties to the proceeding. Contact information for parties can be downloaded from the service list at the eService link on FERC Online. Service can be via email with a link to the document.

All timely, unopposed [9] motions to intervene are automatically granted by operation of Rule 214(c)(1).[10] Motions to intervene that are filed after the intervention deadline are untimely, and may be denied. Any late-filed motion to intervene must show good cause for being late and must explain why the time limitation should be waived and provide justification by reference to factors set forth in Rule 214(d) of the Commission's Rules and Regulations.[11] A person obtaining party status will be placed on the service list maintained by the Secretary of the Commission and will receive copies (paper or electronic) of all documents filed by the applicant and by all other parties.

**Tracking the Proceeding**

Throughout the proceeding, additional information about the project will be available from OPP at (202) 502–6595 or on the FERC website at *www.ferc.gov* using the ''eLibrary'' link as described above. The eLibrary link also provides access to the texts of all formal documents issued by the Commission, such as orders, notices, and rulemakings.

In addition, the Commission offers a free service called eSubscription which allows you to keep track of all formal issuances and submittals in specific dockets. This can reduce the amount of time you spend researching proceedings by automatically providing you with notification of these filings, document summaries, and direct links to the documents. For more information and to register, go to *www.ferc.gov/docs-filing/esubscription.asp.*

*Intervention Deadline:* 5:00 p.m. Eastern Time on April 23, 2026.

(Authority: 18 CFR 2.1)

Dated: April 2, 2026.

**Carlos D. Clay,**

*Deputy Secretary.*

[FR Doc. 2026–06704 Filed 4–6–26; 8:45 am]

**BILLING CODE 6717–01–P**

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## DEPARTMENT OF ENERGY

### Federal Energy Regulatory Commission

**[Project No. 2532–098]**

### ALLETE, Inc.; Notice of Application Tendered for Filing With the Commission and Establishing Procedural Schedule for Relicensing and a Deadline for Submission of Final Amendments

Take notice that the following hydroelectric application has been filed with the Commission and is available for public inspection.

a. *Type of Application:* New Major License.

b. *Project No.:* 2532–098.

c. *Date filed:* March 24, 2026.

d. *Applicant:* ALLETE, Inc. (ALLETE).

e. *Name of Project:* Little Falls Hydroelectric Project (project).

f. *Location:* The project is located on the Mississippi River in Morrison County, Minnesota.

g. *Filed Pursuant to:* Federal Power Act 16 U.S.C. 791(a)–825(r).

h. *Applicant Contact:* Mr. Greg Prom, Senior Environmental Compliance Specialist, Minnesota Power/ALLETE, Inc., 30 West Superior Street, Duluth, MN 55802–2093; Phone at (218) 355–3191 or email at *gprom@allete.com.*

i. *FERC Contact:* David Graefe at (202) 502–6137; or email at *david.graefe@ferc.gov.*

j. This application is not ready for environmental analysis at this time.

k. *Project Description:* the project consists of: (1) a 477.0-acre reservoir; (2) a 66.0-foot-long three-bay gated spillway with 20.0-foot wide bays and vertical slide gates, separated by two 3.0-foot-wide intermediate piers; (3) a 41.4-foot-long, 19.2-foot-high concrete ogee spillway topped with 2.5-foot-high flashboards; (4) a 61.2-foot-long, 15.5-foot-high mass concrete ogee spillway topped with 2.5-foot-high flashboards; (5) a 140.3-foot-long, 11.8-foot-high mass concrete ogee spillway topped with 2.5-foot-high flashboards; (6) a 42.0-foot-long, 12.0-foot-high overflow section; (7) a 49.0-foot-long three-bay gated spillway with 8.0-foot-wide log sluiceway and two 13.5-foot-wide Tainter gates separated by two 5.0-foot-wide and one 4.0-foot-wide intermediate piers; (8) a 152.0-foot-long, 17.9-foot-high mass concrete ogee spillway topped with a 4.3-foot-high rubber dam; (9) a 78.5-foot-long gated spillway with three 20.0-foot-wide bays separated by one 5.0-foot wide and three 4.5-foot-wide intermediate piers topped with 14.2-foot-tall Tainter gates; (10) a 50.0-foot-long gated spillway with three 15.0-foot-wide bays and two 2.5-foot-wide intermediate piers topped with 6.5-foot-tall steel vertical lift gates; (11) a 150.0-foot-long concrete wall; (12) a 128.0-foot-long embankment; (13) a powerhouse containing two generating units with an installed capacity of 800 kilowatts and a second powerhouse containing four generating units with an installed capacity of 3.92 megawatts (MW), for a total installed capacity of 4.72 MW; (14) an office building and a switchgear building; and (15) appurtenant facilities.

The project is operated in a run-of-river mode with an estimated annual energy production of approximately 30,583 megawatt hours. ALLETE proposes to continue to operate the project in a run-of-river mode.

l. In addition to publishing the full text of this notice in the **Federal Register**, the Commission provides all interested persons an opportunity to view and/or print the contents of this notice, as well as other documents in the proceeding (*e.g.,* license application) via the internet through the Commission's Home Page (*http://www.ferc.gov*), using the ''eLibrary'' link. Enter the docket number, excluding the last three digits in the

[9] The applicant has 15 days from the submittal of a motion to intervene to file a written objection to the intervention.

[10] 18 CFR 385.214(c)(1).

[11] 18 CFR 385.214(b)(3) and (d).

docket number field to access the document (P–2532). For assistance, please contact FERC Online Support at *FERCOnlineSupport@ferc.gov,* (866) 208–3676 (toll free), or (202) 502–8659 (TTY).

You may also register online at *https://ferconline.ferc.gov/FERCOnline.aspx* to be notified via email of new filings and issuances related to this or other pending projects. For assistance, contact FERC Online Support.

m. For public inquiries and assistance with making filings such as interventions, comments, or requests for rehearing, contact the Office of Public Participation at (202) 502–6595 or *OPP@ferc.gov.*

n. *Procedural Schedule:* The application will be processed according to the following preliminary schedule. Revisions to the schedule will be made as appropriate.

| Milestone | Target |
|---|---|
| Deficiency Letter (if necessary). | July 2026. |
| Additional Information Request (if necessary). | July 2026. |
| Notice of Acceptance/Notice of Ready for Environmental Analysis. | September 2026. |

o. Final amendments to the application must be filed with the Commission no later than 30 days from the issuance date of the notice of ready for environmental analysis.

(Authority: 18 CFR 2.1)

Dated: April 2, 2026.

**Carlos D. Clay,**

*Deputy Secretary.*

[FR Doc. 2026–06707 Filed 4–6–26; 8:45 am]

**BILLING CODE 6717–01–P**

## DEPARTMENT OF ENERGY

### Federal Energy Regulatory Commission

### Combined Notice of Filings #1

Take notice that the Commission received the following Accounting Request filings:

*Docket Numbers:* AC26–36–000.

*Applicants:* Florida Power & Light Company.

*Description:* Florida Power & Light Company submits proposed accounting entries and request to use Account 182.2 to account for the unrecovered investment associated with the early retirement of the Plant Daniel facility, etc.

*Filed Date:* 4/1/26.

*Accession Number:* 20260401–5527.

*Comment Date:* 5 p.m. ET 4/22/26.

*Docket Numbers:* AC26–37–000.

*Applicants:* Duke Energy Florida, LLC.

*Description:* Duke Energy Florida, LLC submits proposed accounting entries and request to remove property sold from Account 105 and to record gain realized from the sale of property to Account 256.

*Filed Date:* 4/1/26.

*Accession Number:* 20260401–5528.

*Comment Date:* 5 p.m. ET 4/22/26.

Take notice that the Commission received the following exempt wholesale generator filings:

*Docket Numbers:* EG26–198–000.

*Applicants:* Canyon Peak Power LLC.

*Description:* Canyon Peak Power LLC submits Notice of Self-Certification of Exempt Wholesale Generator Status.

*Filed Date:* 4/1/26.

*Accession Number:* 20260401–5512.

*Comment Date:* 5 p.m. ET 4/22/26.

*Docket Numbers:* EG26–199–000.

*Applicants:* Hillsboro Solar Project LLC.

*Description:* Hillsboro Solar Project LLC submits Notice of Self-Certification of Exempt Wholesale Generator Status.

*Filed Date:* 4/2/26.

*Accession Number:* 20260402–5121.

*Comment Date:* 5 p.m. ET 4/23/26.

Take notice that the Commission received the following Complaints and Compliance filings in EL Dockets:

*Docket Numbers:* EL26–57–000.

*Applicants: Adam Gaal* v. *ISO New England Inc.*

*Description: Formal Complaint of Adam Gaal* v. *ISO New England Inc.*

*Filed Date:* 3/27/26.

*Accession Number:* 20260327–5095.

*Comment Date:* 5 p.m. ET 4/16/26.

Take notice that the Commission received the following electric rate filings:

*Docket Numbers:* ER13–821–013; ER17–1351–001; ER23–178–001; ER14–140–001; ER12–2570–014.

*Applicants:* Panther Creek Power Operating, LLC, Panther Creek Power Operating, LLC, Scrubgrass Generating Company, L.P., Scrubgrass Generating Company, L.P., Scrubgrass Generating Company, L.P.

*Description:* Notice of Change in Status of Scrubgrass Generating Company, L.P., et al.

*Filed Date:* 4/1/26.

*Accession Number:* 20260401–5411.

*Comment Date:* 5 p.m. ET 4/22/26.

*Docket Numbers:* ER21–2459–000.

*Applicants:* Tenaska Power Services Co.

*Description:* Refund Report: Refund Report to be effective N/A.

*Filed Date:* 4/2/26.

*Accession Number:* 20260402–5102.

*Comment Date:* 5 p.m. ET 4/23/26.

*Docket Numbers:* ER25–3425–001.

*Applicants:* Midcontinent Independent System Operator, Inc.

*Description:* Compliance filing: 2026–04–02_Compliance on Consumers Campbell 202c Schedule 55 to be effective 5/23/2025.

*Filed Date:* 4/2/26.

*Accession Number:* 20260402–5141.

*Comment Date:* 5 p.m. ET 4/23/26.

*Docket Numbers:* ER26–635–001.

*Applicants:* Arizona Public Service Company.

*Description:* Amendment to 12/02/2025 Notice of Cancellation of Transmission Service Agreements of Arizona Public Service Company.

*Filed Date:* 3/27/26.

*Accession Number:* 20260327–5356.

*Comment Date:* 5 p.m. ET 4/10/26.

*Docket Numbers:* ER26–981–001

*Applicants:* Empire Offshore Wind LLC.

*Description:* Tariff Amendment: EOW Amended and Supplemental filing to be effective 3/7/2026.

*Filed Date:* 4/2/26.

*Accession Number:* 20260402–5085.

*Comment Date:* 5 p.m. ET 4/23/26.

*Docket Numbers:* ER26–1261–001.

*Applicants:* Prairie Wind Transmission LLC, Southwest Power Pool, Inc.

*Description:* Tariff Amendment: Southwest Power Pool, Inc. submits tariff filing per 35.17(b): Prairie Wind Amended Formula Rate Revisions to Comply with Order 898 to be effective 4/6/2026.

*Filed Date:* 4/2/26.

*Accession Number:* 20260402–5109.

*Comment Date:* 5 p.m. ET 4/23/26.

*Docket Numbers:* ER26–1262–001.

*Applicants:* Evergy Kansas Central, Inc.

*Description:* Tariff Amendment: EKC TFR FERC Order 898 filing—Amending to be effective 4/5/2026.

*Filed Date:* 4/2/26.

*Accession Number:* 20260402–5163.

*Comment Date:* 5 p.m. ET 4/23/26.

*Docket Numbers:* ER26–1263–001.

*Applicants:* Evergy Kansas Central, Inc., Evergy Metro, Inc., Evergy Missouri West, Inc., Evergy Kansas South, Inc., Southwest Power Pool, Inc.

*Description:* Tariff Amendment: Southwest Power Pool, Inc. submits tariff filing per 35.17(b): The Evergy Companies Amended Formula Rate Revisions to Comply with Order 898 to be effective 4/6/2026.

*Filed Date:* 4/2/26.

*Accession Number:* 20260402–5106.

*Comment Date:* 5 p.m. ET 4/23/26.

*Docket Numbers:* ER26–1292–001.

*Applicants:* PJM Interconnection, L.L.C.

*Description:* Tariff Amendment: Amendment of GIA SA No. 7822; AG1–354 to be effective 1/8/2026.

*Filed Date:* 4/1/26.

*Accession Number:* 20260401–5456.

*Comment Date:* 5 p.m. ET 4/6/26.

*Docket Numbers:* ER26–1903–001.

*Applicants:* Southwest Power Pool, Inc.

*Description:* Tariff Amendment: 4734 Platt Solar GIA Amended Filing to be effective 3/30/2026.

*Filed Date:* 4/2/26.

*Accession Number:* 20260402–5129.

*Comment Date:* 5 p.m. ET 4/23/26.

*Docket Numbers:* ER26–2002–000.

*Applicants:* Southwest Power Pool, Inc.

*Description:* § 205(d) Rate Filing: 607R51 Evergy Kansas Central, Inc. NITSA NOA to be effective 3/1/2026.

*Filed Date:* 4/1/26.

*Accession Number:* 20260401–5474.

*Comment Date:* 5 p.m. ET 4/22/26.

*Docket Numbers:* ER26–2003–000.

*Applicants:* Midcontinent Independent System Operator, Inc., Entergy Louisiana, LLC.

*Description:* § 205(d) Rate Filing: Entergy Louisiana, LLC submits tariff filing per 35.13(a)(2)(iii: 2026–04–01_ELL–1803 Joint Pricing Zone Agreement Rate Schedule 65 to be effective 6/1/2026.

*Filed Date:* 4/1/26.

*Accession Number:* 20260401–5478.

*Comment Date:* 5 p.m. ET 4/22/26.

*Docket Numbers:* ER26–2004–000.

*Applicants:* Otter Creek Wind Farm LLC.

*Description:* § 205(d) Rate Filing: Otter Creek Wind Farm Common Facilities and Use Agreement to be effective 5/31/2026.

*Filed Date:* 4/1/26.

*Accession Number:* 20260401–5487.

*Comment Date:* 5 p.m. ET 4/22/26.

*Docket Numbers:* ER26–2005–000.

*Applicants:* Public Service Company of New Mexico.

*Description:* § 205(d) Rate Filing: Compliance with Order No. 898 to be effective 6/1/2023.

*Filed Date:* 4/2/26.

*Accession Number:* 20260402–5000.

*Comment Date:* 5 p.m. ET 4/23/26.

*Docket Numbers:* ER26–2006–000.

*Applicants:* Louisville Gas and Electric Company.

*Description:* Compliance filing: Order No. 898 LGE–KU Attachment O Compliance Filing to be effective 6/1/2026.

*Filed Date:* 4/1/26.

*Accession Number:* 20260401–5526.

*Comment Date:* 5 p.m. ET 4/22/26.

*Docket Numbers:* ER26–2007–000.

*Applicants:* Southwest Power Pool, Inc.

*Description:* § 205(d) Rate Filing: 4253R1 Umpire Grid GIA to be effective 3/5/2026.

*Filed Date:* 4/2/26.

*Accession Number:* 20260402–5001.

*Comment Date:* 5 p.m. ET 4/23/26.

*Docket Numbers:* ER26–2008–000.

*Applicants:* PJM Interconnection, L.L.C.

*Description:* § 205(d) Rate Filing: Amendment to GIA, Service Agreement No. 7505; Queue No. AF2–031 to be effective 6/2/2026.

*Filed Date:* 4/2/26.

*Accession Number:* 20260402–5044.

*Comment Date:* 5 p.m. ET 4/23/26.

*Docket Numbers:* ER26–2009–000.

*Applicants:* Istmo Energy LLC.

*Description:* § 205(d) Rate Filing: Application for FERC Electric MBR Tariff to be effective 6/2/2026.

*Filed Date:* 4/2/26.

*Accession Number:* 20260402–5091.

*Comment Date:* 5 p.m. ET 4/23/26.

*Docket Numbers:* ER26–2010–000.

*Applicants:* AFTW Storage, LLC.

*Description:* Initial Rate Filing: Market-Based Rate Application to be effective 4/3/2026.

*Filed Date:* 4/2/26.

*Accession Number:* 20260402–5116.

*Comment Date:* 5 p.m. ET 4/23/26.

*Docket Numbers:* ER26–2011–000.

*Applicants:* Blackwell Test Facility, LLC.

*Description:* Initial Rate Filing: Market-Based Rate Application to be effective 4/3/2026.

*Filed Date:* 4/2/26.

*Accession Number:* 20260402–5124.

*Comment Date:* 5 p.m. ET 4/23/26.

*Docket Numbers:* ER26–2012–000.

*Applicants:* Osagrove Flats Wind, LLC.

*Description:* § 205(d) Rate Filing: Osagrove Flats Solar Common Facilities and Use Agreement to be effective 6/1/2026.

*Filed Date:* 4/2/26.

*Accession Number:* 20260402–5135.

*Comment Date:* 5 p.m. ET 4/23/26.

*Docket Numbers:* ER26–2013–000.

*Applicants:* El Paso Electric Company.

*Description:* § 205(d) Rate Filing: Service Agreement No. 427, Simultaneous Exchange with Dynasty Power Inc. to be effective 4/1/2026.

*Filed Date:* 4/2/26.

*Accession Number:* 20260402–5143.

*Comment Date:* 5 p.m. ET 4/23/26.

*Docket Numbers:* ER26–2014–000.

*Applicants:* El Paso Electric Company.

*Description:* § 205(d) Rate Filing: Cost-Based Rate Schedule Tariff to be effective 6/2/2026.

*Filed Date:* 4/2/26.

*Accession Number:* 20260402–5173.

*Comment Date:* 5 p.m. ET 4/23/26.

*Docket Numbers:* ER26–2015–000.

*Applicants:* Midcontinent Independent System Operator, Inc., Cleco Power LLC.

*Description:* § 205(d) Rate Filing: Cleco Power LLC submits tariff filing per 35.13(a)(2)(iii: 2026–04–02_Cleco-1803 Joint Pricing Zone Agreement Rate Schedule 66 to be effective 6/1/2026.

*Filed Date:* 4/2/26.

*Accession Number:* 20260402–5197.

*Comment Date:* 5 p.m. ET 4/23/26.

The filings are accessible in the Commission's eLibrary system (*https://elibrary.ferc.gov/idmws/search/fercgensearch.asp*) by querying the docket number.

Any person desiring to intervene, to protest, or to answer a complaint in any of the above proceedings must file in accordance with Rules 211, 214, or 206 of the Commission's Regulations (18 CFR 385.211, 385.214, or 385.206) on or before 5:00 p.m. Eastern time on the specified comment date. Protests may be considered, but intervention is necessary to become a party to the proceeding.

eFiling is encouraged. More detailed information relating to filing requirements, interventions, protests, service, and qualifying facilities filings can be found at: *http://www.ferc.gov/docs-filing/efiling/filing-req.pdf.* For other information, call (866) 208–3676 (toll free). For TTY, call (202) 502–8659.

For public inquiries and assistance with making filings such as interventions, comments, or requests for rehearing, contact the Office of Public Participation at (202) 502–6595 or *OPP@ferc.gov.*

Dated: April 2, 2026.

**Carlos D. Clay,**

*Deputy Secretary.*

[FR Doc. 2026–06702 Filed 4–6–26; 8:45 am]

**BILLING CODE 6717–01–P**

## FEDERAL ACCOUNTING STANDARDS ADVISORY BOARD

### Notice of 2026 FASAB Meetings

**AGENCY:** Federal Accounting Standards Advisory Board.

**ACTION:** Notice.

**SUMMARY:** Notice is hereby given that the Federal Accounting Standards Advisory Board (FASAB) will hold its

meetings on the following dates throughout 2026, unless otherwise noted.

**DATES:**
April 29–30, 2026
June 16–17, 2026
August 18–19, 2026
October 20–21, 2026
December 15–16, 2026

**ADDRESSES:** Agendas, briefing materials, and virtual meeting information will be available at *https://www.fasab.gov/briefing-materials/* approximately one week before each meeting.

Any interested person may attend the meetings as an observer. Board discussion and reviews are open to the public. Government Accountability Office building security requires advance notice of your attendance for in-person meetings. If you wish to attend a FASAB meeting that is being held in-person, please register on our website at *https://www.fasab.gov/pre-registration/* no later than 5 p.m. the Thursday before the meeting to be observed.

**FOR FURTHER INFORMATION CONTACT:** Ms. Monica R. Valentine, Executive Director, FASAB, 441 G Street NW, Suite 1155, Washington, DC 20548, or call (202) 512–7350.

**SUPPLEMENTARY INFORMATION:** The purpose of the meetings is to discuss issues related to the following topics:

Accounting and Reporting of Government Land
Commitments
Direct Loans and Loan Guarantees Disclosures
Federal Generally Accepted Accounting Principles Hierarchy
Intangible Assets
Leases
Public-Private Partnerships
Reexamination of Existing Standards
Management's Discussion and Analysis
Software Technology
Appointments Panel
Any other topics as needed

Notice is hereby given that a portion of each scheduled meeting may be closed to the public. The Appointments Panel, a chartered subcommittee of FASAB that makes recommendations regarding appointments for non-federal member positions, is expected to meet during each meeting. A portion of each Appointments Panel meeting will be closed to the public. The reason for the closures is that matters covered by 5 U.S.C. 552b(c)(2) and (6) will be discussed. Any such discussions will involve matters that relate solely to internal personnel rules and practices of the sponsor agencies and the disclosure of information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy. Such discussions will be segregated into separate discussions so that a portion of each meeting will be open to the public. Pursuant to section 10(d) of the Federal Advisory Committee Act (FACA), 5 U.S.C. 1009(d), portions of advisory committee meetings may be closed to the public where the head of the agency to which the advisory committee reports determines that such portion of such meeting may be closed to the public in accordance with subsection (c) of section 552b of title 5, United States Code. The determination shall be in writing and shall contain the reasons for the determination. A determination has been made in writing by the GAO, the U.S. Department of the Treasury, and the Office of Management and Budget, as required by section 10(d) of FACA, that such portions of the meetings may be closed to the public in accordance with subsection (c) of section 552b of title 5, United States Code.

Unless otherwise noted, FASAB meetings begin at 9:00 a.m. and conclude before 5 p.m. Meetings are either in-person at the GAO building at 441 G St. NW or virtual. Unless otherwise noted, the February and December meetings are virtual, and the April, June, August, and October meetings are in-person. Regardless of whether the Board meeting is virtual or in-person, you may observe the meeting virtually.

These meetings are held under the provisions of the Federal Advisory Committee Act (FACA) (5 U.S.C. 1001 *et seq.*) and 41 CFR 102–3.140 and 102–3.150. Pursuant to 41 CFR 102–3.140d, the committee is not obligated to allow a member of the public to speak or otherwise address the committee during the meeting, and members of the public attending the committee meeting will not be permitted to present questions from the floor or speak to any issue under consideration of the committee.

Pursuant to 41 CFR 102–3.140 and section 10(a)(3) of FACA, 5 U.S.C. 1009(a)(3), any member of the public wishing to provide input to the FASAB may submit a written statement. The public or interested organizations may submit written comments or statements to the Board about its mission and/or the topics to be addressed in the open sessions of a public meeting. Written comments or statements should be submitted to *fasab@fasab.gov* and must be received at least 5 days before the meeting date. All advance submissions will be reviewed by the Designated Federal Officer. If approved, advance submissions shall be circulated to the Board members for review prior to the meeting. Please note that because FASAB operates under FACA, all written comments will be treated as public documents and will be made available for public inspection.

FASAB provides American Sign Language Interpreter Services (ASL) and Communication Access Real-time Translation (CART) services for individuals who are deaf or hard of hearing. CART is a real-time transcription service. ASL and CART services may be requested by emailing *fasab@fasab.gov.* To request other types of accommodations, email *fasab@fasab.gov.* Please request all accommodations at least 5 days prior to the meeting.

*Authority:* 31 U.S.C. 3511(d); Federal Advisory Committee Act, 5 U.S.C. 1001–1014.

Dated: April 3, 2026.

**Monica R. Valentine,**

*Executive Director.*

[FR Doc. 2026–06715 Filed 4–6–26; 8:45 am]

**BILLING CODE 1610–02–P**

## FEDERAL RESERVE SYSTEM

### Formations of, Acquisitions by, and Mergers of Bank Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The public portions of the applications listed below, as well as other related filings required by the Board, if any, are available for immediate inspection at the Federal Reserve Bank(s) indicated below and at the offices of the Board of Governors. This information may also be obtained on an expedited basis, upon request, by contacting the appropriate Federal Reserve Bank and from the Board's Freedom of Information Office at *https://www.federalreserve.gov/foia/request.htm.* Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the

nonbanking company complies with the standards in section 4 of the BHC Act (12 U.S.C. 1843), and interested persons may express their views in writing on the standards enumerated in section 4. Unless otherwise noted, nonbanking activities will be conducted throughout the United States.

Comments received are subject to public disclosure. In general, comments received will be made available without change and will not be modified to remove personal or business information including confidential, contact, or other identifying information. Comments should not include any information such as confidential information that would not be appropriate for public disclosure.

Comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors, Benjamin W. McDonough, Secretary of the Board, 20th Street and Constitution Avenue NW, Washington, DC 20551–0001, not later than May 7, 2026.

*A. Federal Reserve Bank of Boston* (Prabal Chakrabarti, Executive Vice President) 600 Atlantic Avenue, Boston, Massachusetts 02210–2204. Comments can also be sent electronically to *BOS.SRC.Applications.Comments@bos.frb.org:*

1. *Banco Santander, S.A., Boadilla del Monte (Madrid), Spain, and Santander Holdings USA, Inc., (together,* ''*Santander*'') *Boston, Massachusetts;* to acquire Webster Financial Corporation (''Webster''), and thereby indirectly acquire Webster Bank, National Association, both of Stamford, Connecticut. In addition, *Santander,* through the acquisition of Webster, would indirectly acquire MW Advisor Holding, LLC, MW Advisor, LLC, and Marathon Direct Lending SLP, LLC, all of Wilmington, Delaware, and thus engage in investment advisory activities pursuant to section 225.28(b)(6) of the Board's Regulation Y.

Board of Governors of the Federal Reserve System.

**Michele Taylor Fennell,**

*Associate Secretary of the Board.*

[FR Doc. 2026–06718 Filed 4–6–26; 8:45 am]

**BILLING CODE P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

**[60Day–26–1419; Docket No. CDC–2026–0529]**

### Proposed Data Collection Submitted for Public Comment and Recommendations

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

**ACTION:** Notice with comment period.

**SUMMARY:** The Centers for Disease Control and Prevention (CDC), as part of its continuing effort to reduce public burden and maximize the utility of government information, invites the general public and other federal agencies the opportunity to comment on a continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled Public Health/Public Safety Strategies to Reduce Drug Overdose Data Collection. The information gathered about public health/public safety strategies to reduce overdose will be used to improve public health/public safety partnerships and responses to the overdose crisis that involve public safety.

**DATES:** CDC must receive written comments on or before June 8, 2026.

**ADDRESSES:** You may submit comments, identified by Docket No. CDC–2026–0529 by either of the following methods:

- *Federal eRulemaking Portal: www.regulations.gov.* Follow the instructions for submitting comments.
- *Mail:* Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H21–8, Atlanta, Georgia 30329.

*Instructions:* All submissions received must include the agency name and Docket Number. CDC will post, without change, all relevant comments to *www.regulations.gov.*

**Please Note:** Submit all comments through the Federal eRulemaking portal (*www.regulations.gov*) or by U.S. mail to the address listed above.

**FOR FURTHER INFORMATION CONTACT:** To request more information on the proposed project or to obtain a copy of the information collection plan and instruments, contact Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H21–8, Atlanta, Georgia 30329; Telephone: 404–639–7570; Email: *omb@cdc.gov.*

**SUPPLEMENTARY INFORMATION:** Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501–3520), federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. In addition, the PRA also requires federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each new proposed collection, each proposed extension of existing collection of information, and each reinstatement of previously approved information collection before submitting the collection to the OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

The OMB is particularly interested in comments that will help:

1. Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;
2. Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
3. Enhance the quality, utility, and clarity of the information to be collected;
4. Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, *e.g.,* permitting electronic submissions of responses; and
5. Assess information collection costs.

**Proposed Project**

Public Health/Public Safety Strategies to Reduce Drug Overdose Data Collection (OMB Control No. 0920–1419, Exp. 10/31/2026)—Revision—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

**Background and Brief Description**

The drug overdose epidemic continues to pose a threat to communities across the country. In 2024, there were 79,384 overdose deaths, which equates to approximately 217 overdose deaths each day. While this indicates a decline in deaths since 2022, overdose remains the leading cause of death for Americans aged 18–44. In December 2025, the declaration of

the opioid crisis as a national public health emergency was renewed yet again. Adding to this challenge, drug availability and overdose trends continue to change, shaped most recently by the widespread inclusion of adulterants in the drug supply (*e.g.,* fentanyl, xylazine, medetomidine) and an increase in the number of overdose deaths with evidence of smoking.

Multisector collaboration is critical to saving lives and reducing the overdose epidemic. Two key sectors in this response, public health and public safety (PH/PS), are both on the front lines and tasked with improving community safety and well-being. CDC demonstrates strong commitment to PH/PS partnerships through implementation of several national programs. In September 2019, CDC launched the first multiyear Overdose Data to Action (OD2A) cooperative agreement that enhanced surveillance and prevention of fatal and nonfatal opioid overdoses in 47 states and 19 localities. In August 2023, CDC awarded new cooperative agreements to 49 states and 40 localities that aimed to apply lessons learned from the previous funding opportunity, continue to enhance surveillance, and close gaps in prevention. The current iteration of the program requires recipients to carry out prevention activities in partnership with public safety or in public safety settings. Since 2017, CDC has supported the Overdose Response Strategy (ORS), a unique collaboration between public health and public safety partners created to help local communities reduce drug overdose and save lives. Finally, CDC leads the Opioid Rapid Response Program, an interagency, coordinated federal effort with the HHS Office of Inspector General, the Drug Enforcement Administration, and other federal agencies, to help mitigate overdose risks among patients who lose access to a prescriber of opioids due to law enforcement actions. As PH/PS strategies for overdose prevention continue to be leveraged, a comprehensive understanding of their design, implementation, and effects is needed to inform these national programs.

The goal of this Revision for this Generic information collection request (ICR) is to continue to collect data to improve overdose prevention efforts that involve PH/PS sectors or address populations at increased risk of overdose in the public safety setting. This requires practical information and experiential knowledge on current implementation of overdose prevention efforts by PH/PS. Based on previous experience, NCIPC has revised this ICR to remove objective C: Identify disparities in access to, or the effectiveness of, strategies, as it is no longer needed.

This Generic ICR will continue to allow for the gathering of information about PH/PS strategies to identify actions to improve responses to the overdose crisis. The assessments conducted and information gathered through this Generic ICR are used to rapidly improve the implementation of programs enacted through these partnerships throughout the lifespan of CDC's national programs. In this context, a routine ICR does not suffice, as not collecting this information in a timely manner impedes CDC from responding to state or local requests for assistance and delays identifying new strategies or modifying existing ones that could lead to reduced overdose morbidity and mortality.

CDC requests OMB approval for an estimated 2,500 annual burden hours. There are no costs to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

| Type of respondent | Form name | Number of respondents | Number of responses per respondent | Average burden per response (in hours) | Total burden hours |
|---|---|---|---|---|---|
| Public Health/Public Safety Strategies Data Collection Participants. | Public Health/Public Safety Strategies Data Collection Instruments. | 5,000 | 1 | 30/60 | 2,500 |
| Total | | | | | 2,500 |

**Jeffrey M. Zirger,**

*Lead, Information Collection Review Office, Office of Public Health Ethics and Regulations, Office of Science, Centers for Disease Control and Prevention.*

[FR Doc. 2026–06669 Filed 4–6–26; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

**[NIOSH Docket 094]**

### World Trade Center Health Program; Petitions 029, 034, 035, and 062—Hepatic Steatosis; Finding of Insufficient Evidence

**AGENCY:** Centers for Disease Control and Prevention, Department of Health and Human Services.

**ACTION:** Denial of petition for addition of a health condition.

**SUMMARY:** The Administrator of the World Trade Center (WTC) Health Program has received several petitions (Petitions 029, 034, 035, and 062) to add ''hepatic steatosis'' or ''fatty liver disease'' to the List of WTC-Related Health Conditions. Upon reviewing the scientific and medical literature, including information provided by the petitioners, the Administrator has determined that there is insufficient evidence available to support taking further action at this time regarding hepatic steatosis. The Administrator also finds that insufficient evidence exists to request a recommendation of the WTC Health Program Scientific/Technical Advisory Committee, publish a proposed rule, or publish a determination not to publish a proposed rule.

**DATES:** The Administrator of the WTC Health Program is denying these petitions for the addition of a health condition as of April 7, 2026.

**ADDRESSES:** Visit the WTC Health Program website at *https://www.cdc.gov/wtc/received.html* to review Petitions 029, 034, 035, and 062.

**FOR FURTHER INFORMATION CONTACT:**

Rachel Weiss, Program Analyst, 1090 Tusculum Avenue, MS: C–48, Cincinnati, OH 45226; telephone (404) 498–2500 (this is not a toll-free number); email *NIOSHregs@cdc.gov.*

**SUPPLEMENTARY INFORMATION:**

**Table of Contents**

### A. WTC Health Program Statutory Authority

Title I of the James Zadroga 9/11 Health and Compensation Act of 2010 (Pub. L. 111–347, as amended by Pub. L. 114–113, Pub. L. 116–59, Pub. L. 117–328, Pub. L. 118–31, and Pub. L. 119–75), added Title XXXIII to the Public Health Service (PHS) Act,[1] establishing the WTC Health Program within the Department of Health and Human Services (HHS). The WTC Health Program provides medical monitoring and treatment benefits for health conditions on the List of WTC-Related Health Conditions (List) [2] to eligible firefighters and related personnel, law enforcement officers, and rescue, recovery, and cleanup workers who responded to the September 11, 2001, terrorist attacks in New York City, at the Pentagon, and in Shanksville, Pennsylvania (responders). The Program also provides benefits to eligible persons who were present in the dust or dust cloud on September 11, 2001, or who worked, resided, or attended school, childcare, or adult daycare in the New York City disaster area [3] (survivors).

All references to the Administrator of the WTC Health Program (Administrator) in this document mean the Director of the National Institute for Occupational Safety and Health (NIOSH) or his designee.

In accordance with section 3312(a)(6)(B) of the PHS Act, interested parties may petition the Administrator to add a health condition to the List in 42 CFR 88.15. Within 90 days after receipt of a valid petition to add a condition to the List, the Administrator must take one of the following four actions described in section 3312(a)(6)(B) of the PHS Act and § 88.16(a)(2) of the WTC Health Program regulations: (1) Request a recommendation of the WTC Health Program Scientific/Technical Advisory Committee (STAC); (2) publish a proposed rule in the **Federal Register** to add such health condition; (3) publish in the **Federal Register** the Administrator's determination not to publish such a proposed rule and the basis for such determination; or (4) publish in the **Federal Register** a determination that insufficient evidence exists to take action under (1) through (3) above.

More information about the WTC Health Program, including the List and the petition process, is available at *www.cdc.gov/wtc/*.

### B. Procedures for Evaluating a Petition

In addition to the regulatory provisions, the WTC Health Program has developed policies to guide the review of submissions and petitions,[4] as well as the analysis of evidence supporting the potential addition of a non-cancer health condition to the List.[5]

A valid petition must include sufficient medical basis for the association between the September 11, 2001, terrorist attacks and the health condition to be added. In accordance with WTC Health Program *Policy and Procedures for Handling Submissions and Petitions to Add a Health Condition to the List of WTC-Related Health Conditions,*[6] reference to a peer-reviewed, published, epidemiologic study about the health condition among 9/11-exposed populations or clinical case reports of health conditions in WTC responders or survivors may demonstrate the required medical basis.[7] Studies linking 9/11 agents or hazards [8] to the petitioned health condition may also provide sufficient medical basis for a valid petition.[9] In accordance with 42 CFR 88.16(a)(5), the Administrator is required to consider a new petition for a previously evaluated health condition determined not to qualify for addition to the List only if the new petition presents a new medical basis for the association between 9/11 exposures and the condition to be added. A new medical basis is evidence not previously reviewed by the Administrator.

After the Program has determined that a petition is valid, and in accordance with the *Policy and Procedures for Adding Non-Cancer Conditions to the List of WTC-Related Health Conditions* (*Policy and Procedures*), the Administrator directs the WTC Health Program Science Team (Science Team) to conduct a review of the scientific literature. The literature review includes a keyword search of relevant scientific databases intended to identify peer-reviewed, published, epidemiologic studies about the health condition among 9/11-exposed populations.

The Science Team evaluates the scientific quality of each peer-reviewed, published, epidemiologic study of the health condition identified in the literature search using validity indicators described in the *Policy and Procedures.*[10] Studies exhibiting sufficient validity indicators have the potential to provide a basis for deciding whether to propose adding the health condition to the List and are considered ''high-quality'' studies. The Science Team then evaluates the identified high-quality studies, individually and together, to characterize the evidence of a causal association between 9/11 exposures and the health condition. As part of this evaluation, the Science Team considers the Bradford Hill weight of evidence criteria,[11] study limitations, and whether the studies are representative of the 9/11-exposed population of responders and survivors. After evaluating the totality of the evidence, the Science Team assesses the degree to which the evidence supports a causal association between 9/11 exposures and the health condition and assigns the evidence to one of the following five categories:

[1] Title XXXIII of the PHS Act is codified at 42 U.S.C. 300mm to 300mm–64. Those portions of the James Zadroga 9/11 Health and Compensation Act of 2010 found in Titles II and III of Public Law 111–347 do not pertain to the WTC Health Program and are codified elsewhere.

[2] The List of WTC-Related Health Conditions is established in 42 U.S.C. 300mm–22(a)(3)–(4) and 300mm–32(b); additional conditions may be added through rulemaking, and the complete list is provided in WTC Health Program regulations at 42 CFR 88.15.

[3] *See* 42 U.S.C. 300mm–5(8); 42 CFR 88.1.

[4] *See* WTC Health Program [2026], *Policy and Procedures for Handling Submissions and Petitions to Add a Health Condition to the List of WTC-Related Health Conditions,* January 22, 2026, *https://www.cdc.gov/wtc/pdfs/policies/PNP_SubmissionsPetitions%20_20260122-508.pdf.*

[5] *See* WTC Health Program [2024], *Policy and Procedures for Adding Non-Cancer Conditions to the List of WTC-Related Health Conditions,* October 18, 2024, *https://www.cdc.gov/wtc/pdfs/policies/WTCHP_PP_Adding_NonCancer_Health_Conditions_20241018.pdf.*

[6] *Supra* note 4.

[7] *Id.* at 7.

[8] 9/11 agents are chemical, physical, biological, or other hazards reported in a published, peer-reviewed exposure assessment study of responders, recovery workers, or survivors who were present in the New York City disaster area, or at the Pentagon site, or the Shanksville, Pennsylvania site, as those locations are defined in 42 CFR 88.1, as well as those hazards not identified in a published, peer-reviewed exposure assessment study, but which are reasonably assumed to have been present at any of the three sites. *See* WTC Health Program [2018], *Development of the Inventory of 9/11 Agents,* July 17, 2018, *https://www.cdc.gov/wtc/pdfs/policies/Development_of_the_Inventory_of_9-11_Agents_20180717.pdf.*

[9] *Supra* note 4 at 7.

[10] *Supra* note 5 at 7–8.

[11] Hill AB [1965], *The Environment and Disease: Association or Causation?* Proc R Soc Med 58(5):295–300.

According to the *Policy and Procedures for Adding Non-Cancer Conditions to the List of WTC-Related Health Conditions,* the Bradford Hill criteria are a leading weight of evidence framework ''which comprises nine aspects of association. These aspects comprise strength of association, consistency, specificity, temporality, biological gradient, plausibility, coherence, experiment, and analogy.'' *See id.* at 9–10 and footnotes 21–30, discussion of Bradford Hill analysis.

Category I Evidence supports substantial likelihood of causal association
Category II Evidence supports high likelihood of causal association
Category III Evidence supports limited likelihood of causal association
Category IV Evidence does not support causal association
Category V Evidence is inadequate to determine the likelihood of causal association.

The Science Team provides the outcome of its evaluation to the Administrator. A health condition may be added to the List if peer-reviewed, published, epidemiologic studies provide support that there is a substantial likelihood of a causal association between the health condition and 9/11 exposures (Category I).[12] If the evaluation of evidence provided in peer-reviewed, published, epidemiologic studies of the health condition in 9/11 populations shows a high, but not substantial, likelihood of a causal association between the 9/11 exposures and the health condition (Category II),[13] then the Administrator may consider additional highly relevant scientific evidence regarding exposures to 9/11 agents in non-9/11 exposure scenarios. If that additional assessment establishes that there is now sufficient evidence to support the conclusion that a causal association between the 9/11 exposures and the health condition is substantially likely among 9/11-exposed populations (Category I), then the Administrator may propose the addition of the health condition to the List.

**C. Petitions 029, 034, 035, and 062**

On November 12, 2020, the Administrator received a petition (Petition 029) requesting the addition of several conditions, including ''hepatotoxic injury—fatty liver disease'' to the List.[14] The petition's validity was established by references to one peer-reviewed, published, epidemiologic study that provided a medical basis for the association between 9/11 exposures and hepatotoxic injury—fatty liver disease. The referenced study establishing a medical basis is:

• *Elevated Prevalence of Moderate-to-Severe Hepatic Steatosis in World Trade Center General Responder Cohort in a Program of CT Lung Screening,* by Chen et al. [2020],[15] a peer-reviewed, published cross-sectional study of WTC responders designed to compare hepatic steatosis in 9/11-exposed WTC responders compared with non-9/11-exposed lung cancer screening participants.

This study suggests a potential association between exposure to 9/11 agents and hepatotoxic injury—fatty liver disease, and thus provided a sufficient medical basis to consider the submission a valid petition.

On August 4, 2021, the Administrator received a petition (Petition 034) requesting the addition of ''Hepatic Steatosis (also known as Fatty Liver Disease or Non-Alcoholic Liver Disease)'' to the List.[16] The petition's validity was established by reference to two peer-reviewed, published, epidemiologic studies that provided a medical basis for the association between 9/11 exposures and hepatic steatosis. The referenced studies each individually establishing a medical basis were the study by Chen et al. [2020], described above, and:

• *Dose-Response Relationship between World Trade Center Dust Exposure and Hepatic Steatosis,* by Jirapatnakul et al. [2021],[17] peer-reviewed, published cross-sectional study to evaluate the existence of a dose-response relationship between the intensity of 9/11 exposures and hepatic steatosis prevalence in WTC responders.

These two studies suggest a potential association between exposure to 9/11 agents and hepatic steatosis, and thus provided sufficient medical basis to consider the submission a valid petition.

On November 15, 2021, the Administrator received a petition (Petition 035) requesting the addition of ''Hepatic Steatosis/Cirrhosis'' to the List.[18] The petition's validity was established by reference to one peer-reviewed, published, epidemiologic study that demonstrates a positive association between 9/11 exposures and hepatic steatosis. The referenced study establishing a medical basis is the study by Jirapatnakul et al. [2021],[19] described above. This study suggests a potential association between exposure to 9/11 agents (specifically WTC dust) and hepatic steatosis, and thus provided a sufficient medical basis to consider the submission a valid petition.

Finally, on May 14, 2025, the Administrator received a petition (Petition 062) requesting the addition of ''Hepatic Steatosis (Fatty Liver Disease)'' to the List.[20] The petition's validity was also established by reference to Jirapatnakul et al. [2021],[21] described above.

**D. Evaluation of Scientific Evidence: Findings and Conclusion**

In response to Petitions 029, 034, 035, and 062 and pursuant to the *Policy and Procedures,* the Administrator of the WTC Health Program directed the Science Team to conduct a systematic search of the scientific literature to identify all peer-reviewed, published, epidemiologic studies of hepatic steatosis among 9/11-exposed populations. Identified studies were assessed for quality; those studies determined to be high-quality were then evaluated to determine if they provide evidence to support a likelihood of a causal association between 9/11 exposure and the health condition under consideration. The Science Team provided the Administrator with a paper describing its findings, *Evaluation of Scientific Evidence Supporting the Addition of Hepatic Steatosis to the List of WTC-Related Health Conditions.* This paper is available in the docket for this activity [22] and on the Program's website.[23]

The literature search conducted by the WTC Health Program identified two peer-reviewed, published, epidemiologic studies of hepatic steatosis in 9/11-exposed populations: Chen et al. [2020] and Jirapatnakul et al. [2021], discussed above. These two studies were determined to have

[12] *Substantial likelihood of causal association* means that the association is strongly supported by evidence from high-quality, peer-reviewed, published epidemiologic studies of the health condition in 9/11-exposed populations and there is high confidence that the association cannot be explained by chance, bias, confounding, or any other alternative explanation. *See supra* note 5 at 12.

[13] *High likelihood of causal association* means that the scientific evidence, taken as a whole, demonstrates that the likelihood of a causal association is less than substantial, but definitively more than limited. Therefore, there is some meaningful likelihood that the association can be explained by chance, bias, confounding, or another alternative explanation. *See supra* note 5 at 12.

[14] *See* Petition 029, *WTC Health Program: Petitions Received, http://www.cdc.gov/wtc/received.html.*

[15] Chen X, Ma T, Yip R, Perumalswami PV, Branch AD, Lewis S, Crane M, Yankelevitz DF, Henschke CI [2020], *Elevated Prevalence of Moderate-to-Severe Hepatic Steatosis in World Trade Center General Responder Cohort in a Program of CT Lung Screening,* Clin Imaging 60(2):237–243.

[16] *See* Petition 034, *WTC Health Program: Petitions Received, http://www.cdc.gov/wtc/received.html.*

[17] Jirapatnakul A, Yip R, Branch AD, Lewis S, Crane M, Yankelevitz DF, Henschke CI [2021], *Dose-Response Relationship between World Trade Center Dust Exposure and Hepatic Steatosis,* Am J Ind Med 64(10):837–844.

[18] *See* Petition 035, *WTC Health Program: Petitions Received, http://www.cdc.gov/wtc/received.html.*

[19] *See supra* note 17.

[20] *See* Petition 062, *WTC Health Program: Petitions Received, http://www.cdc.gov/wtc/received.html.*

[21] *See supra note* 17.

[22] *https://www.cdc.gov/niosh/docket/archive/docket094.html.*

[23] *https://www.cdc.gov/wtc/received.html.*

sufficient validity indicators to be considered high-quality studies eligible for further evaluation in accordance with the Program's *Policy and Procedures.*[24] The Science Team conducted an evaluation, separately and together, of the two studies to determine the likelihood of a causal association between 9/11 exposures and the petitioned health condition. The systematic literature search, the Science Team's evaluation and synthesis of the available literature, and the Science Team's conclusions regarding the association between 9/11 exposure and hepatic steatosis are described in full in the Science Team's *Evaluation of Scientific Evidence Supporting the Addition of Hepatic Steatosis to the List of WTC-Related Health Conditions.*

In accordance with the *Policy and Procedures,*[25] the WTC Health Program uses the following Bradford Hill criteria to evaluate studies of 9/11-exposed populations: strength of association,[26] precision of the risk estimate,[27] consistency of associations,[28] temporality,[29] biological gradient,[30] biological plausibility,[31] coherence,[32] and analogy.[33] As discussed in full in the *Evaluation of Scientific Evidence Supporting the Addition of Hepatic Steatosis to the List of WTC-Related Health Conditions,* the Science Team assessed each criterion as follows:

| Aspect of associative causal inference | Evaluation findings |
|---|---|
| Strength of Association | Two high-quality studies were available for evaluation [Chen et al. 2020; Jirapatnakul et al. 2021]. Both studies reported statistically significant estimates of increased prevalence of hepatic steatosis in the 9/11 responder population. Chen et al. [2020] found that the prevalence of moderate-to-severe hepatic steatosis was more than 3-fold higher in the WTC-participant group compared with non-WTC participants, while the linear regression estimates reported by Jirapatnakul et al. [2021] for liver attenuation were lower among those with earlier arrival dates, suggesting an exposure-response of more hepatic steatosis among those with higher 9/11 exposures (liver attenuation is inversely related to hepatic steatosis, meaning that lower liver attenuation demonstrates higher amounts of hepatic steatosis). |
| Precision of the Risk Estimate | The confidence interval for the risk estimate in the Chen et al. [2020] study is wide but does not include the null value. Likewise, the multivariable regression estimates in the Jirapatnakul et al. [2021] study were above the statistical significance level of 0.05, except for the exposure category of those arriving on or after September 14, 2001. |
| Consistency of Associations | The findings are consistent among both studies, but the study by Chen et al. [2020] includes only a small sample of heavy smokers. Further studies, particularly among other 9/11 populations (*e.g.,* survivors, responders from the Fire Department of the City of New York [FDNY]), are needed to confirm the findings reported by Jirapatnakul et al. [2021]. |
| Temporality | Both studies were cross-sectional; therefore, information on temporality was limited. It is unclear in either study whether occupational and environmental exposures occurring prior to 9/11 or unmeasured exposures after 9/11 may have contributed to the observed health conditions. |
| Biological Gradient | The study by Jirapatnakul et al. [2021] suggests a trend of increasing hepatic steatosis prevalence with earlier arrival dates. However, no such gradient was found among those who arrived on 9/11 and had extensive dust cloud exposure versus those who arrived on 9/11 but did not have extensive dust cloud exposure [Jirapatnakul et al. 2021]. The study by Chen et al. [2020] did not report biological gradient findings. |
| Plausibility, Coherence, and Analogy. | An association between 9/11 agents such as trichloroethylene, tetrachloroethylene, trichloroethane, carbon tetrachloride, polychlorinated biphenyls, arsenic, thallium, phosphorus, dioxin, lead, and chloroform, and hepatic steatosis satisfies these criteria and agrees with the available evidence. |
| Representativeness | The two studies examined persons in the General Responder Cohort. There were no studies of hepatic steatosis in the survivor population nor from the FDNY, Pentagon, or Shanksville responder cohorts. The findings of the evaluated studies might not be generalizable to other 9/11-exposed groups. |

As summarized above, the Science Team evaluated the studies by Chen et al. [2020] and Jirapatnakul et al. [2021] using the Bradford Hill criteria to determine whether a causal association between 9/11 exposures and hepatic steatosis is supported. The Science Team concluded that the information available in these studies is insufficient to support a claim for causation using these criteria.

Only the study by Jirapatnakul et al. [2021] reported an exposure-response gradient with hepatic steatosis prevalence. However, Jirapatnakul et al. [2021] found no such gradient among those who arrived on 9/11 and had extensive dust cloud exposure versus those who arrived on 9/11 but did not have extensive dust cloud exposure. Even though both studies showed positive associations, the risk estimate in the study by Chen et al. [2020] lacked precision and is subject to potential selection bias. Both studies controlled for some, but not all, important confounders, and misclassification of

[24] *See supra* note 5 at 7–8.

[25] *Supra* note 5 at 9–10.

[26] It is generally thought that strong associations are more likely to be causal than weak associations; however, a weak association does not rule out a causal relationship.

[27] Precision of the risk estimate describes the uncertainty inherent in estimating the strength of association (the effect size) between exposure and health effect from observational data. It is expressed as a confidence interval illustrating a range of values that contains the true effect size. A narrow confidence interval indicates a more precise measure of the effect size, and a wider interval indicates greater uncertainty. While precision is not a Bradford Hill criterion, the Science Team takes it into consideration to evaluate the existence of random error in a study.

[28] Consistent findings are demonstrated when they have been repeatedly reported by multiple studies.

[29] Temporality is the condition that the 9/11 exposure must precede the health condition of interest and is typically assessed when considering aspects of exposure in the study design.

[30] Studies establish an exposure-response relationship by demonstrating that increases in exposure (*i.e.,* exposures of greater intensity and/or longer duration) are associated with a greater incidence of disease. A thorough evaluation of exposure-response requires analysis of multiple levels of exposure such that the investigator can demonstrate that the risk increases with increasing levels of exposure.

[31] Study findings demonstrate a basis in scientific theory that supports the relationship between the exposure and the health effect and do not conflict with known facts about the biology of the health condition.

[32] Coherence implies that the interpretation of a causal association agrees with known disease etiology.

[33] Analogy is used to inform on biological plausibility and coherence by contrasting the evidence on the suspected causal association with that from an established association between similar (analogous) causes or effects.

exposure and outcome is possible. Consequently, chance, bias, and confounding could not be ruled out with reasonable confidence for either study. The known information on mechanisms of action supports an association between certain 9/11 agents and hepatic steatosis. However, given the significant limitations discussed above, the Science Team concluded that the available evidence is inadequate to determine the likelihood of a causal association between 9/11 exposures and hepatic steatosis.

Upon review of the evidence available in high-quality studies regarding hepatic steatosis among 9/11-exposed populations, the Science Team concluded that there is inadequate evidence to determine the likelihood of a causal association between 9/11 exposures and hepatic steatosis (Category V).[34]

### E. Administrator's Final Decision on Whether To Propose the Addition of Hepatic Steatosis to the List

Pursuant to the PHS Act, sec. 3312(a)(6)(B)(iv) and 42 CFR 88.16(a)(2)(iv), and in accordance with Sec. VIII.B. of the *Policy and Procedures,* the Administrator has determined that insufficient evidence is available to take further action at this time, including proposing the addition of hepatic steatosis to the List (pursuant to the PHS Act, sec. 3312(a)(6)(B)(ii) and 42 CFR 88.16(a)(2)(ii)) or publishing a determination not to publish a proposed rule in the **Federal Register** (pursuant to the PHS Act, sec. 3312(a)(6)(B)(iii) and 42 CFR 88.16(a)(2)(iii)). The Administrator has also determined that requesting a recommendation from the STAC (pursuant to the PHS Act, sec. 3312(a)(6)(B)(i) and 42 CFR 88.16(a)(2)(i)) is unwarranted.

For the reasons discussed above, the request in Petitions 029, 034, 035, and 062 to add hepatic steatosis to the List of WTC-Related Health Conditions is denied.

### F. Approval To Submit Document to the Office of the Federal Register

The Secretary, HHS, or his designee, the Director, Centers for Disease Control and Prevention (CDC) and Administrator, Agency for Toxic Substances and Disease Registry (ATSDR), authorized the undersigned, the Administrator of the WTC Health Program, to sign and submit the document to the Office of the Federal Register for publication as an official document of the WTC Health Program. Jay Bhattacharya, MD, Ph.D., Senior Official Carrying out the Delegable Duties of the CDC Director, approved this document for publication on April 2, 2026.

**John J. Howard,**

*Administrator, World Trade Center Health Program and Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, Department of Health and Human Services.*

[FR Doc. 2026–06728 Filed 4–6–26; 8:45 am]

**BILLING CODE 4163–18–P**

[34] *See Policy and Procedures supra* note 5 at Sec. V.E.—Evidence is Inadequate to Determine a Causal Association.

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

**[60Day–26–0728; Docket No. CDC–2026–0562]**

### Proposed Data Collection Submitted for Public Comment and Recommendations

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

**ACTION:** Notice with comment period.

**SUMMARY:** The Centers for Disease Control and Prevention (CDC), as part of its continuing effort to reduce public burden and maximize the utility of government information, invites the general public and other federal agencies the opportunity to comment on a continuing information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled National Notifiable Diseases Surveillance System (NNDSS). This data collection provides the official source of statistics in the United States for nationally notifiable conditions.

**DATES:** CDC must receive written comments on or before June 8, 2026.

**ADDRESSES:** You may submit comments, identified by Docket No. CDC–2026–0562 by either of the following methods:

- *Federal eRulemaking Portal: www.regulations.gov.* Follow the instructions for submitting comments.
- *Mail:* Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H21–8, Atlanta, Georgia 30329.

*Instructions:* All submissions received must include the agency name and Docket Number. CDC will post, without change, all relevant comments to *www.regulations.gov.*

*Please note:* Submit all comments through the Federal eRulemaking portal (*www.regulations.gov*) or by U.S. mail to the address listed above.

**FOR FURTHER INFORMATION CONTACT:** To request more information on the proposed project or to obtain a copy of the information collection plan and instruments, contact Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H21–8, Atlanta, Georgia 30329; Telephone: 404–639–7570; Email: *omb@cdc.gov.*

**SUPPLEMENTARY INFORMATION:** Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501–3520), federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. In addition, the PRA also requires federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each new proposed collection, each proposed extension of existing collection of information, and each reinstatement of previously approved information collection before submitting the collection to the OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

The OMB is particularly interested in comments that will help:

1. Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;
2. Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
3. Enhance the quality, utility, and clarity of the information to be collected;
4. Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, *e.g.,* permitting electronic submissions of responses; and
5. Assess information collection costs.

### Proposed Project

National Notifiable Diseases Surveillance System (NNDSS) (OMB Control No. 0920–0728, Exp. 11/30/2028)—Revision—Office of Public Health Data, Surveillance, and

Technology (OPHDST), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

The Public Health Services Act (42 U.S.C. 241) authorizes CDC to disseminate nationally notifiable condition information. The National Notifiable Diseases Surveillance System (NNDSS) is based on data collected at the state, territorial and local levels because of legislation and regulations in those jurisdictions that require health care providers, medical laboratories, and other entities to submit health-related data on reportable conditions to public health departments. These reportable conditions, which include infectious and non-infectious diseases, vary by jurisdiction depending upon each jurisdiction's health priorities and needs. Each year, the Council of State and Territorial Epidemiologists (CSTE), supported by CDC, determines which reportable conditions should be designated nationally notifiable or under standardized surveillance.

CDC requests a three-year approval for a Revision for the NNDSS (OMB Control No. 0920–0728, Expiration Date 11/30/2028). This Revision includes requests for approval to: (1) receive case notification data for two new conditions under standardized surveillance (CSS): flea-borne typhus and soil-transmitted helminth infections; (2) receive new disease-specific data elements for leprosy (Hansen's disease); and (3) receive additional data elements for all conditions.

The NNDSS currently facilitates the submission and aggregation of case notification data voluntarily submitted to CDC from 60 jurisdictions: public health departments in every U.S. state, New York City, Washington DC, five U.S. territories (American Samoa, the Commonwealth of Northern Mariana Islands, Guam, Puerto Rico, and the U.S. Virgin Islands), and three freely associated states (Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau). This information is shared across jurisdictional boundaries and both surveillance and prevention and control activities are coordinated at regional and national levels. Approximately 90% of case notifications are encrypted and submitted to NNDSS electronically from already existing databases by automated electronic messages. When automated transmission is not possible, case notifications are faxed, emailed, uploaded to a secure network or entered into a secure website. All case notifications that are faxed or emailed are done so in the form of an aggregate weekly or annual report, not individual cases. These different mechanisms used to send case notifications to CDC vary by the jurisdiction and the disease or condition. Jurisdictions remove most personally identifiable information (PII) before data are submitted to CDC, but some data elements (*e.g.,* date of birth, date of diagnosis, county of residence) could potentially be combined with other information to identify individuals. Private information is not disclosed unless otherwise compelled by law. All data are treated in a secure manner consistent with the technical, administrative, and operational controls required by the Federal Information Security Management Act of 2002 (FISMA) and the 2010 National Institute of Standards and Technology (NIST) Recommended Security Controls for Federal Information Systems and Organizations. Weekly tables of nationally notifiable diseases are available through CDC WONDER and *data.cdc.gov.* Annual summaries of finalized nationally notifiable disease data are published on CDC WONDER and *data.cdc.gov* and disease-specific data are published by individual CDC programs.

The burden estimates include the number of hours that the public health department uses to process and send case notification data from their jurisdiction to CDC. Specifically, the burden estimates include separate burden hours incurred for automated and non-automated transmissions, separate weekly burden hours incurred for modernizing surveillance systems as part of CDC's Data Modernization Initiative (DMI) implementation, separate burden hours incurred for annual data reconciliation and submission, and separate one-time burden hours incurred for the addition of new diseases and data elements. The burden estimates for the one-time burden for reporting jurisdictions are for the addition of case notification data for flea-borne typhus and soil-transmitted helminth infections, new conditions under standardized surveillance; the addition of new disease-specific data elements for leprosy (Hansen's disease); and new data elements for all conditions.

The estimated annual burden for the 257 respondents is 18,354 hours. The estimated annual burden hours remain unchanged from the previous approval because the number of new data elements and conditions added in this revision is comparable to those that were previously approved.

ESTIMATED ANNUALIZED BURDEN HOURS

| Type of respondent | Form name | Number of respondents | Number of responses per respondent | Average burden per response (in hours) | Total burden (in hours) |
|---|---|---|---|---|---|
| States | Weekly (Automated) | 50 | 52 | 20/60 | 867 |
| States | Weekly (Non-automated) | 10 | 52 | 2 | 1,040 |
| States | Weekly (DMI Implementation) | 50 | 52 | 4 | 10,400 |
| States | Annual | 50 | 1 | 75 | 3,750 |
| States | One-time Addition of Diseases and Data Elements. | 50 | 1 | 2 | 100 |
| Territories | Weekly (Automated) | 5 | 52 | 20/60 | 87 |
| Territories | Weekly, Quarterly (Non-automated) | 5 | 56 | 20/60 | 93 |
| Territories | Weekly (DMI Implementation) | 5 | 52 | 4 | 1,040 |
| Territories | Annual | 5 | 1 | 5 | 25 |
| Territories | One-time Addition of Diseases and Data Elements. | 5 | 1 | 2 | 10 |
| Freely Associated States | Weekly (Automated) | 3 | 52 | 20/60 | 52 |
| Freely Associated States | Weekly, Quarterly (Non-automated) | 3 | 56 | 20/60 | 56 |
| Freely Associated States | Annual | 3 | 1 | 5 | 15 |
| Freely Associated States | One-time Addition of Diseases and Data Elements. | 3 | 1 | 2 | 6 |
| Cities | Weekly (Automated) | 2 | 52 | 20/60 | 35 |

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

| Type of respondent | Form name | Number of respondents | Number of responses per respondent | Average burden per response (in hours) | Total burden (in hours) |
|---|---|---|---|---|---|
| Cities | Weekly (Non-automated) | 2 | 52 | 2 | 208 |
| Cities | Weekly (DMI Implementation) | 2 | 52 | 4 | 416 |
| Cities | Annual | 2 | 1 | 75 | 150 |
| Cities | One-time Addition of Diseases and Data Elements. | 2 | 1 | 2 | 4 |
| Total | | | | | 18,354 |

**Jeffrey M. Zirger,**

*Lead, Information Collection Review Office, Office of Public Health Ethics and Regulations, Office of Science, Centers for Disease Control and Prevention.*

[FR Doc. 2026–06668 Filed 4–6–26; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

**[30Day–26–0004]**

### Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled ''National Disease Surveillance Program II—Disease Summaries'' to the Office of Management and Budget (OMB) for review and approval. CDC previously published a ''Proposed Data Collection Submitted for Public Comment and Recommendations'' notice on January 13, 2026 to obtain comments from the public and affected agencies. CDC received one comment related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

(b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(c) Enhance the quality, utility, and clarity of the information to be collected;

(d) Minimize the burden of the collection of information on those who are to respond, including, through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, *e.g.,* permitting electronic submission of responses; and

(e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639–7570. 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 30-day Review—Open for Public Comments'' or by using the search function. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395–5806. Provide written comments within 30 days of notice publication.

**Proposed Project**

National Disease Surveillance Program II. Disease Summaries (OMB Control No. 0920–0004, Exp. 4/30/2026)—Revision—National Center for Immunization and Respiratory Diseases (NCIRD), Centers for Disease Control and Prevention (CDC).

**Background and Brief Description**

CDC requests a three-year approval for a Revision with minimal modifications of the National Disease Surveillance Program II. Disease Summaries (OMB Control No. 0920–0004) information collection. As with previous approvals, these data are essential for measuring trends in diseases, evaluating the effectiveness of current preventive strategies, and determining the need to modify current preventive measures. Diseases included in this surveillance program are Influenza Virus, Caliciviruses, Respiratory and Enteric Viruses, Enteroviruses, Adenoviruses, Arthropod-Borne Diseases (Non-Human Data), and Pediatric Hepatitis of Unknown Etiology. Data will be used to determine the prevalence of disease and planning and evaluating programs for prevention and control of infectious diseases. Disease incidence is needed to study present and emerging disease problems.

The request for an Revision with minimal modifications includes: 11 Influenza forms, Suspect Respiratory Virus Patient Form, Middle East Respiratory Syndrome Coronavirus (MERS) Patient Under Investigation (PUI) Form, Viral Gastroenteritis Outbreak Submission Form, National Respiratory and Enteric Virus Surveillance System (NREVSS) Laboratory Assessment and National Enterovirus Surveillance Report, National Adenovirus Type Reporting System (NATRS) Form, Pediatric Hepatitis of Unknown Etiology Medical Record Abstraction Form (CRF) and Pediatric Hepatitis of Unknown Etiology Medical Record Abstraction short form version, and Arthropod (Vector)-Borne Diseases (Non-Human Data). These forms will have minor edits with very little burden change from last OMB approval. The data from these forms will enable rapid detection and characterization of outbreaks of known pathogens, as well as potential newly emerging viral pathogens.

CDC requests OMB approval for an estimated 27,517 annual burden hours. There is no cost to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

| Type of respondent | Form name | Number of respondents | Number of responses per respondent | Average burden per response (in hr) |
|---|---|---|---|---|
| Epidemiologist | U.S. Collaborating center for Influenza—Influenza Virus Surveillance. | 47 | 52 | 10/60 |
| Epidemiologist | U.S. Collaborating Laboratories Influenza Testing Methods Assessment. | 113 | 1 | 10/60 |
| Epidemiologist | U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) Workfolder 55.20E. | 1,800 | 52 | 10/60 |
| Epidemiologist | Influenza-Associated Pediatric Mortality—Case Report Form | 57 | 3 | 30/60 |
| Epidemiologist | Human Infection with Novel Influenza A Virus Case Report Form. | 57 | 2 | 30/60 |
| Epidemiologist | Human Infection with Novel Influenza A Virus Severe Outcomes. | 57 | 1 | 90/60 |
| Epidemiologist | Novel Influenza A Virus Case Screening Form | 57 | 1 | 15/60 |
| Epidemiologist | Antiviral Resistant Influenza Infection Case Report Form | 57 | 3 | 30/60 |
| Epidemiologist | National Respiratory & Enteric Virus Surveillance System (NREVSS) (55.83A, B, D) (electronic). | 550 | 52 | 15/60 |
| Epidemiologist | National Enterovirus Surveillance Report: (CDC 55.9) (electronic). | 20 | 12 | 15/60 |
| Epidemiologist | National Adenovirus Type Reporting System (NATRS) | 13 | 4 | 15/60 |
| Epidemiologist | Middle East Respiratory Syndrome (MERS) Patient Under Investigation (PUI) Short Form. | 57 | 3 | 25/60 |
| Epidemiologist | Viral Gastroenteritis Outbreak Submission Form | 20 | 5 | 5/60 |
| Epidemiologist | Influenza Virus (Electronic, Year Round), PHLIP_HL7 messaging Data Elements. | 64 | 52 | 5/60 |
| Epidemiologist | Influenza virus (electronic, year round) (PHIN–MS) | 3 | 52 | 5/60 |
| Epidemiologist | Suspect Respiratory Virus Patient Form | 10 | 5 | 30/60 |
| Epidemiologist | Aggregate counts of persons exposed to Highly Pathogenic Avian Influenza (HPAI). | 52 | 52 | 10/60 |
| Epidemiologist | Pediatric Hepatitis of Unknown Etiology Medical Record Abstraction Short Form. | 52 | 4 | 15/60 |
| Epidemiologist | Pediatric Hepatitis of Unknown Etiology Medical Record Abstraction Form (CRF). | 52 | 2 | 45/60 |
| Epidemiologist | Arthropod (Vector)-Borne Diseases (Non-Human Data) | 57 | 52 | 60/60 |

**Jeffrey M. Zirger,**

*Lead, Information Collection Review Office, Office of Public Health Ethics and Regulations, Office of Science, Centers for Disease Control and Prevention.*

[FR Doc. 2026–06667 Filed 4–6–26; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

**[Document Identifier: CMS–10110]**

### Agency Information Collection Activities: Submission for OMB Review; Comment Request

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

**ACTION:** Notice.

**SUMMARY:** The Centers for Medicare & Medicaid Services (CMS) is announcing an opportunity for the public to comment on CMS' intention to collect information from the public. Under the Paperwork Reduction Act of 1995 (PRA), federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, and to allow a second opportunity for public comment on the notice. Interested persons are invited to send comments regarding the burden estimate or any other aspect of this collection of information, including the necessity and utility of the proposed information collection for the proper performance of the agency's functions, the accuracy of the estimated burden, ways to enhance the quality, utility, and clarity of the information to be collected, and the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

**DATES:** Comments on the collection(s) of information must be received by the OMB desk officer by May 7, 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 30-day Review—Open for Public Comments'' or by using the search function.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, please access the CMS PRA website by copying and pasting the following web address into your web browser: *https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing.*

**FOR FURTHER INFORMATION CONTACT:** William Parham at (410) 786–4669.

**SUPPLEMENTARY INFORMATION:** Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501–3520), federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. The term ''collection of information'' is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C.

3506(c)(2)(A)) requires federal agencies to publish a 30-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice that summarizes the following proposed collection(s) of information for public comment.

1. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Manufacturer Submission of Average Sales Price (ASP) Data for Medicare Part B Drugs and Biologicals and Supporting Regulations in 42 CFR 414.800–806; *Use:* Section 1847A of the Social Security Act requires that the Medicare Part B payment amounts for covered drugs and biologicals not paid on a cost or prospective payment basis be based upon manufacturers' average sales price data submitted quarterly to CMS. The reporting requirements are specified in 42 CFR part 414, subpart J. This April 2026 iteration proposes to revise the Bona Fide Service Fee Certification form and revise our active burden estimates. Since some of the changes are substantive, this 30-day collection of information request is a continuation of the 60-day collection of information request that published in the **Federal Register** on December 30, 2025 (90 FR 61154). *Form Number:* CMS–10110 (OMB control number: 0938–0921); *Frequency:* Quarterly; *Affected Public:* Private Sector; *Number of Respondents:* 500; *Total Annual Responses:* 4,500; *Total Annual Hours:* 49,500. (For policy questions regarding this collection contact: Rebecca Ray at 667–414–0879 or Laura Kennedy at 410–786–3377.)

**William N. Parham, III,**

*Director, Division of Information Collections and Regulatory Impacts, Office of Strategic Operations and Regulatory Affairs.*

[FR Doc. 2026–06725 Filed 4–6–26; 8:45 am]

**BILLING CODE 4120–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Food and Drug Administration

**[Docket No. FDA–2026–N–2431]**

### Agency Information Collection Activities; Proposed Collection; Comment Request; Administrative Practices and Procedures; Formal Hearings

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Food and Drug Administration (FDA or Agency) is announcing an opportunity for public comment on the proposed collection of certain information by the Agency. Under the Paperwork Reduction Act of 1995 (PRA), Federal Agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information, and to allow 60 days for public comment in response to the notice. This notice solicits comments on information collection associated with general FDA administrative practices and procedures, including requests for formal hearings.

**DATES:** Either electronic or written comments on the collection of information must be submitted by June 8, 2026.

**ADDRESSES:** You may submit comments as follows. Please note that late, untimely filed comments will not be considered. The *https://www.regulations.gov* electronic filing system will accept comments until 11:59 p.m. Eastern Time at the end of June 8, 2026. Comments received by mail/hand delivery/courier (for written/paper submissions) will be considered timely if they are received on or before that date.

*Electronic Submissions*

Submit electronic comments in the following way:

- *Federal eRulemaking Portal: https://www.regulations.gov.* Follow the instructions for submitting comments. Comments submitted electronically, including attachments, to *https://www.regulations.gov* will be posted to the docket unchanged. Because your comment will be made public, you are solely responsible for ensuring that your comment does not include any confidential information that you or a third party may not wish to be posted, such as medical information, your or anyone else's Social Security number, or confidential business information, such as a manufacturing process. Please note that if you include your name, contact information, or other information that identifies you in the body of your comments, that information will be posted on *https://www.regulations.gov.*
- If you want to submit a comment with confidential information that you do not wish to be made available to the public, submit the comment as a written/paper submission and in the manner detailed (see ''Written/Paper Submissions'' and ''Instructions'').

*Written/Paper Submissions*

Submit written/paper submissions as follows:

- *Mail/Hand Delivery/Courier (for written/paper submissions):* Dockets Management Staff (HFA–305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852.
- For written/paper comments submitted to the Dockets Management Staff, FDA will post your comment, as well as any attachments, except for information submitted, marked and identified, as confidential, if submitted as detailed in ''Instructions.''

*Instructions:* All submissions received must include the Docket No. FDA–2026–N–2431 for ''Agency Information Collection Activities; Proposed Collection; Comment Request; Administrative Practices and Procedures; Formal Hearings.'' Received comments, those filed in a timely manner (see **ADDRESSES**), will be placed in the docket and, except for those submitted as ''Confidential Submissions,'' publicly viewable at *https://www.regulations.gov* or at the Dockets Management Staff between 9 a.m. and 4 p.m., Monday through Friday, 240–402–7500.

- Confidential Submissions—To submit a comment with confidential information that you do not wish to be made publicly available, submit your comments only as a written/paper submission. You should submit two copies in total. One copy will include the information you claim to be confidential with a heading or cover note that states ''THIS DOCUMENT CONTAINS CONFIDENTIAL INFORMATION.'' The Agency will review this copy, including the claimed confidential information, in its consideration of comments. The second copy, which will have the claimed confidential information redacted/blacked out, will be available for public viewing and posted on *https://www.regulations.gov.* Submit both copies to the Dockets Management Staff. If you do not wish your name and contact information to be made publicly

available, you can provide this information on the cover sheet and not in the body of your comments and you must identify this information as ''confidential.'' Any information marked as ''confidential'' will not be disclosed except in accordance with 21 CFR 10.20 and other applicable disclosure law. For more information about FDA's posting of comments to public dockets, see 80 FR 56469, September 18, 2015, or access the information at: *https://www.govinfo.gov/content/pkg/FR-2015-09-18/pdf/2015-23389.pdf.*

*Docket:* For access to the docket to read background documents or the electronic and written/paper comments received, go to *https://www.regulations.gov* and insert the docket number, found in brackets in the heading of this document, into the ''Search'' box and follow the prompts and/or go to the Dockets Management Staff, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852, 240–402–7500.

**FOR FURTHER INFORMATION CONTACT:** Kelly Covington, Office of Operations, Food and Drug Administration, Three White Flint North, 10A–12M, 11601 Landsdown St., North Bethesda, MD 20852, 240–402–5661, *PRAStaff@fda.hhs.gov.*

**SUPPLEMENTARY INFORMATION:** Under the PRA (44 U.S.C. 3501–3521), Federal Agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. ''Collection of information'' is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes Agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires Federal Agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, FDA is publishing notice of the proposed collection of information set forth in this document.

With respect to the following collection of information, FDA invites comments on these topics: (1) whether the proposed collection of information is necessary for the proper performance of FDA's functions, including whether the information will have practical utility; (2) the accuracy of FDA's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques, when appropriate, and other forms of information technology.

**Administrative Practices and Procedures; Formal Hearings—21 CFR Parts 10, 12–16, and 19**

*OMB Control Number 0910–0191—Extension*

This information collection supports Food and Drug Administration (FDA, the agency, us or we) regulations found in 21 CFR part 10, 21 CFR parts 12 through 16, and 21 CFR part 19 (21 CFR 10, 12–16, and 19), which implement general provisions of the Federal Food, Drug, and Cosmetic Act (FD&C Act). The regulations were promulgated in accordance with the Administrative Procedures Act and establish administrative practice and procedures to give instructions to those conducting business with FDA. Regulations in part 10 (21 CFR part 10) describe general administrative practices and include content and format instructions on submitting information to the agency, petitions for agency action, and other topics such as the public calendar. Regulations in 21 CFR parts 12 through 16 cover formal evidentiary, public, and regulatory hearings. We also account for burden associated with waiver requests under 21 CFR part 10.19. Unless a waiver, suspension, or modification submitted under § 10.19 (21 CFR 10.19) is granted by the Commissioner of Food and Drugs (the Commissioner), the regulations in 21 CFR part 10 apply to all petitions, hearings, and other administrative proceedings and activities conducted by FDA. Although we have not received requests under § 10.19, to reflect the attendant burden resulting from submitting such a request, we provide an estimate of 1 response and 1 burden hour annually, as reflected in Question-12 of this supporting statement. Also, because most information associated with regulations in parts 12–16 is obtained during the conduct of an official administrative action as described under 5 CFR 1320.4, we only include burden associated with initiating hearings pursuant to the applicable regulations.

The information collection also includes activities and burden associated with general meeting requests and correspondence submitted under section 10.65 (21 CFR 10.65), as well and general submissions associated with section 10.115—which provides for public participation in the development of agency guidance documents through requests to our Dockets Management Staff. Although most submissions and attendant burden associated with recommendations found in FDA guidance documents is accounted for in topic-specific and approved ICRs, here we account for burden associated with general public submissions as described in § 10.115(f)(3).

The information collection also includes burden associated with recommendations discussed in the guidance document entitled, ''*Citizen Petitions and Petitions for Stay of Action Subject to Section 505(q) of the Federal Food, Drug, and Cosmetic Act.*'' The guidance document communicates FDA's interpretation of section 505(q) of the Federal Food, Drug, and Cosmetic Act (FD&C Act) (21 U.S.C. 355(q)): *Petitions and Civil Actions Regarding Approval of Certain Applications.* The guidance identifies and discusses submission elements including certification, as well as verification of supplemental information. It also addresses the relationship between the review of petitions and pending ANDAs, 505(b)(2) applications, and 351(k) applications for which a decision on approvability has not yet made.

The information collection also includes burden associated with requests for FDA speakers. FDA receives thousands of requests each year from trade associations and industry-based groups for speakers to participate in external meetings, conferences, and workshops. To facilitate the processing of these requests and determine participation, we have designated contacts throughout the agency and have developed web-based request templates which can be found on our website at *https://www.fda.gov/training-and-continuing-education/contacts-requesting-fda-speaker.*

We estimate the burden of this collection of information as follows:

TABLE 1—ESTIMATED ANNUAL REPORTING BURDEN [1]

| 21 CFR section | Number of respondents | Number of responses per respondent | Total annual responses | Average burden per response | Total hours |
|---|---|---|---|---|---|
| 10.19—request for waiver, suspension, or modification of requirements | 2 | 1 | 2 | 1 | 2 |
| 10.30 and 10.31—citizen petitions and petitions related to ANDAs [2] certain NDAs,[3] or certain BLAs [4]. | 330 | 1 | 330 | 24 | 7,920 |
| 10.33—administrative reconsideration of action | 13 | 1 | 13 | 10 | 130 |
| 10.35—administrative stay of action | 28 | 1 | 28 | 10 | 280 |
| 10.65—meetings and correspondence | 18 | 1 | 18 | 5 | 90 |
| 10.85—requests for Advisory opinions | 3 | 1 | 3 | 16 | 48 |
| 10.115(f)(3)—submitting draft guidance proposals | 1 | 1 | 1 | 4 | 4 |
| 12.22—Filing objections and requests for a hearing on a regulation or order. | 15 | 1 | 15 | 20 | 300 |
| 12.45—Notice of participation | 1 | 1 | 1 | 3 | 3 |
| External requests for FDA speakers | 3,900 | 1 | 3,900 | 0.17 (10 minutes) | 663 |
| Total | | | 4,311 | | 9,440 |

[1] There are no capital costs or operating and maintenance costs associated with this collection of information.
[2] Abbreviated New Drug Applications.
[3] New Drug Applications.
[4] Biologics License Applications.

Based on submissions to FDA's Division of Dockets Management since our last evaluation of the information collection, we have adjusted burden estimates associated with the individual activities that correspond to the applicable provisions. As a result, the information collection reflects an increase of 3,080 annual burden hours.

**Grace R. Graham,**

*Deputy Commissioner for Policy, Legislation, and International Affairs.*

[FR Doc. 2026–06719 Filed 4–6–26; 8:45 am]

**BILLING CODE 4164–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Food and Drug Administration

**[FDA–2026–N–3058]**

### Issuance of Priority Review Voucher; Rare Pediatric Disease Product; LOARGYS (pegzilarginase-nbln)

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Food and Drug Administration (FDA) is announcing the issuance of a priority review voucher to the sponsor of a rare pediatric disease product application. The Federal Food, Drug, and Cosmetic Act (FD&C Act) authorizes FDA to award priority review vouchers to sponsors of approved rare pediatric disease product applications that meet certain criteria. FDA is required to publish notice of the award of the priority review voucher. FDA has determined that LOARGYS (pegzilarginase-nbln), approved February 23, 2026, manufactured by Immedica Pharma AB, meets the criteria for a priority review voucher.

**FOR FURTHER INFORMATION CONTACT:** Quyen Tran, Center for Drug Evaluation and Research, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 22, Room 5324, Silver Spring, MD 20993–0002, 301–796–2771, *Quyen.Tran1@fda.hhs.gov.*

**SUPPLEMENTARY INFORMATION:** FDA is announcing the issuance of a priority review voucher to the sponsor of an approved rare pediatric disease product application. Under section 529 of the FD&C Act (21 U.S.C. 360ff), FDA will award priority review vouchers to sponsors of approved rare pediatric disease product applications that meet certain criteria. FDA has determined LOARGYS (pegzilarginase-nbln), manufactured by Immedica Pharma AB, meets the criteria for a priority review voucher. LOARGYS (pegzilarginase-nbln) injection is indicated for the treatment of hyperargininemia in adult and pediatric patients 2 years of age and older with Arginase 1 Deficiency (ARG1–D), in conjunction with dietary protein restriction.

For further information about the Rare Pediatric Disease Priority Review Voucher Program and for a link to the full text of section 529 of the FD&C Act, go to *https://www.fda.gov/ForIndustry/DevelopingProductsforRareDiseasesConditions/RarePediatricDiseasePriorityVoucherProgram/default.htm.* For further information about LOARGYS (pegzilarginase-nbln), go to the ''Drugs@FDA'' website at *https://www.accessdata.fda.gov/scripts/cder/daf/.*

**Grace R. Graham,**

*Deputy Commissioner for Policy, Legislation, and International Affairs.*

[FR Doc. 2026–06722 Filed 4–6–26; 8:45 am]

**BILLING CODE 4164–01–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 Health Care Services Outreach Program Measures, OMB No. 0906–0009—Revision

**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 June 8, 2026.

**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) 443–3983.

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

*Information Collection Request Title:* Rural Health Care Services Outreach Program Measures, OMB No. 0906–0009—Revision.

*Abstract:* The Rural Health Care Services Outreach (Outreach) Program is authorized by section 330A(e) of the Public Health Service Act (42 U.S.C. 254c(e)) to ''promote rural health care services outreach by improving and expanding the delivery of health care services to include new and enhanced services in rural areas.'' HRSA currently collects information about Outreach 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 Outreach Program needs, and to improve clarity and ease of reporting for respondents.

The proposed changes include the consolidation of three sub-sections (Consortium/Network, Access to Care, and Population Demographics) into two new sub-sections (Capacity/Organizational Information and Access/Population Demographics); the addition of nine new maternal health measures (four required measures; five optional measures) for the 11 award recipients in the Healthy Rural Hometown Initiative Track only; and adding one new question related to sustainability. Additionally, there is an increase in the estimated total burden hours compared to the previous ICR package. The increase in burden is to account for a new cohort of recipients new to this data collection. This includes 40 recipients funded under the Regular Outreach Track and 18 recipients funded under the Healthy Rural Hometown Initiative Track awarded under HRSA–25–038.

*Need and Proposed Use of the Information:* HRSA has revised the performance measures that Outreach awardees will submit to HRSA on an annual basis. The purpose of the revised data collection is to assess Outreach awardees' progress in meeting the program goals and how well each awardee meets their community needs. This allows HRSA to monitor and assess the impact of the Outreach program as a whole and ensure that funds are effectively used to provide services that meet the target population's needs.

*Likely Respondents:* Respondents include all 58 Outreach 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 Health Care Services Outreach Performance Measures | 58 | 1 | 58 | 8.75 | 507.5 |
| Total | 58 | 1 | 58 | 8.75 | 507.5 |

HRSA specifically requests comments on (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.

**Maria G. Button,**

*Director, Executive Secretariat.*

[FR Doc. 2026–06671 Filed 4–6–26; 8:45 am]

**BILLING CODE 4165–15–P**

## INTERNATIONAL TRADE COMMISSION

**[Investigation Nos. 701–TA–791 and 731–TA–1779–1781 (Preliminary)]**

## Oil Country Tubular Goods From Austria, Taiwan, and United Arab Emirates; Institution of Antidumping and Countervailing Duty Investigations and Scheduling of Preliminary Phase Investigations

**AGENCY:** United States International Trade Commission.

**ACTION:** Notice.

**SUMMARY:** The Commission hereby gives notice of the institution of investigations and commencement of preliminary phase antidumping and countervailing duty investigation Nos. 701–TA–791 and 731–TA–1779–1781 (Preliminary) pursuant to the Tariff Act of 1930 to determine whether there is a reasonable indication that an industry in the United States is materially injured or threatened with material injury, or the establishment of an industry in the United States is materially retarded, by reason of imports of oil country tubular goods from Austria, Taiwan, and United Arab Emirates, provided for in subheadings 7304.29.10, 7304.29.20, 7304.29.31, 7304.29.41, 7304.29.50, 7304.29.61, 7305.20.20, 7305.20.40, 7305.20.60, 7305.20.80, 7306.29.10, 7306.29.20, 7306.29.31, 7306.29.41, 7306.29.60, and 7306.29.81 of the Harmonized Tariff Schedule of the United States, that are alleged to be sold in the United States at less than fair value and alleged to be subsidized by the Government of Austria. Unless the Department of Commerce (''Commerce'') extends the time for initiation, the Commission must reach a preliminary determination in antidumping and countervailing duty investigations in 45 days, or in this case by May 18, 2026. The Commission's views must be transmitted to Commerce within five business days thereafter, or by May 26, 2026.

**DATES:** April 2, 2026.

**FOR FURTHER INFORMATION CONTACT:** Jordan Harriman (202–205–2610), Office of Investigations, U.S. International Trade Commission, 500 E Street SW, Washington, DC 20436. Hearing-impaired persons can obtain information on this matter by contacting the Commission's TDD terminal on 202–205–1810. Persons with mobility impairments who will need special assistance in gaining access to the Commission should contact the Office of the Secretary at 202–205–2000. General information concerning the Commission may also be obtained by accessing its internet server (*https://www.usitc.gov*). The public record for these investigations may be viewed on the Commission's electronic docket (EDIS) at *https://edis.usitc.gov.*

**SUPPLEMENTARY INFORMATION:**

*Background.*—These investigations are being instituted, pursuant to sections 703(a) and 733(a) of the Tariff Act of 1930 (19 U.S.C. 1671b(a) and 1673b(a)), in response to a petition filed on April 2, 2026, by the U.S. OCTG Manufacturers Association,[1] United States Steel Corporation, Pittsburgh, Pennsylvania, and the United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union, AFL–CIO, CLC, Washington, DC.

For further information concerning the conduct of these investigations and rules of general application, consult the Commission's Rules of Practice and Procedure, part 201, subparts A and B (19 CFR part 201), and part 207, subparts A and B (19 CFR part 207).

*Participation in the investigations and public service list.*—Persons (other than petitioners) wishing to participate in the investigations as parties must file an entry of appearance with the Secretary to the Commission, as provided in §§ 201.11 and 207.10 of the Commission's rules, not later than seven days after publication of this notice in the **Federal Register**. Industrial users and (if the merchandise under investigation is sold at the retail level) representative consumer organizations have the right to appear as parties in Commission antidumping duty and countervailing duty investigations. The Secretary will prepare a public service list containing the names and addresses of all persons, or their representatives, who are parties to these investigations upon the expiration of the period for filing entries of appearance.

*Limited disclosure of business proprietary information (BPI) under an administrative protective order (APO) and BPI service list.*—Pursuant to § 207.7(a) of the Commission's rules, the Secretary will make BPI gathered in these investigations available to authorized applicants representing interested parties (as defined in 19 U.S.C. 1677(9)) who are parties to the investigations under the APO issued in the investigations, provided that the application is made not later than seven days after the publication of this notice in the **Federal Register**. A separate service list will be maintained by the Secretary for those parties authorized to receive BPI under the APO.

*Conference.*—The Office of Investigations will hold a staff conference in connection with the preliminary phase of these investigations beginning at 9:30 a.m. on April 23, 2026. Requests to appear at the conference should be emailed to *preliminaryconferences@usitc.gov* (DO NOT FILE ON EDIS) on or before noon on April 21, 2026. Please provide an email address for each conference participant in the email. Information on conference procedures, format, and participation, including guidance for requests to appear as a witness via videoconference, will be available on the Commission's Public Calendar (Calendar (USITC) | United States International Trade Commission). A nonparty who has testimony that may aid the Commission's deliberations may request permission to participate by submitting a short statement.

Please note the Secretary's Office will accept only electronic filings during this time. Filings must be made through the Commission's Electronic Document Information System (EDIS, *https://edis.usitc.gov*). No in-person paper-based filings or paper copies of any electronic filings will be accepted until further notice.

*Written submissions.*—As provided in §§ 201.8 and 207.15 of the Commission's rules, any person may submit to the Commission on or before 5:15 p.m. on April 28, 2026, a written brief containing information and arguments pertinent to the subject matter of the investigations. Parties shall file written testimony and supplementary material in connection with their presentation at the conference no later than 4:00 p.m. on April 22, 2026. All written submissions must conform with the provisions of § 201.8 of the Commission's rules; any submissions that contain BPI must also conform with the requirements of §§ 201.6, 207.3, and 207.7 of the Commission's rules. The Commission's *Handbook on Filing Procedures,* available on the Commission's website at *https://www.usitc.gov/documents/handbook_on_filing_procedures.pdf,* elaborates upon the Commission's procedures with respect to filings.

In accordance with §§ 201.16(c) and 207.3 of the rules, each document filed by a party to the investigations must be served on all other parties to the investigations (as identified by either the public or BPI service list), and a certificate of service must be timely filed. The Secretary will not accept a document for filing without a certificate of service.

*Certification.*—Pursuant to § 207.3 of the Commission's rules, any person submitting information to the Commission in connection with these investigations must certify that the information is accurate and complete to the best of the submitter's knowledge. In making the certification, the submitter will acknowledge that any information that it submits to the Commission during these investigations may be disclosed to and used: (i) by the Commission, its employees and Offices, and contract personnel (a) for developing or maintaining the records of these or related investigations or reviews, or (b) in internal investigations, audits, reviews, and evaluations relating to the programs, personnel, and operations of the Commission including under 5 U.S.C. Appendix 3; or (ii) by U.S. government employees and contract personnel, solely for cybersecurity purposes. All contract personnel will sign appropriate nondisclosure agreements.

*Authority:* These investigations are being conducted under authority of title VII of the Tariff Act of 1930; this notice is published pursuant to § 207.12 of the Commission's rules.

By order of the Commission.

Issued: April 3, 2026.

**Lisa Barton,**

*Secretary to the Commission.*

[FR Doc. 2026–06689 Filed 4–6–26; 8:45 am]

**BILLING CODE 7020–02–P**

[1] The specific members of the U.S. OCTG Manufacturers Association joining the petition are: Axis Pipe and Tube LLC, Bryan, Texas; Borusan Pipe U.S., Inc., Houston, Texas; PTC Liberty Tubulars LLC, Wexford, Pennsylvania; Tenaris USA, Houston, Texas; Vallourec STAR L.P., Houston, Texas; and Welded Tube USA, Inc., Lackawanna, New York.

## DEPARTMENT OF JUSTICE

**[OMB Number 1121–0377]**

### Agency Information Collection Activities; Proposed eCollection eComments Requested Extension of a Currently Approved Collection; Title—Data Security Requirements for Accessing Confidential Data

**AGENCY:** Bureau of Justice Statistics, Department of Justice.

**ACTION:** 30-Day notice.

**SUMMARY:** The Bureau of Justice Statistics (BJS), Department of Justice (DOJ) will be submitting the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995.

**DATES:** Comments are encouraged and will be accepted for 30 days until May 7, 2026.

**FOR FURTHER INFORMATION CONTACT:** If you have comments especially on the estimated public burden or associated response time, suggestions, or need a copy of the proposed information collection instrument with instructions or additional information, please contact Devon Adams, Bureau of Justice Statistics, 999 North Capitol Street NE, Washington, DC 20531 (email: *devon.adams@usdoj.gov* or *BJSPRA.Comments@ojp.usdoj.gov;* telephone: (202) 307–0765). Please include ''STANDARD APPLICATION PROCESS'' in the subject line.

**SUPPLEMENTARY INFORMATION:** The proposed information collection was previously published in the **Federal Register** on February 6, 2026, 91 FR 5513, allowing a 60-day comment period. Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address one or more of the following four points:

—Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the Bureau of Justice Statistics, including whether the information will have practical utility;

—Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information;

—Evaluate whether and if so how the quality, utility, and clarity of the information to be collected can be enhanced; and

—Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, *e.g.,* permitting electronic submission of responses.

Written comments and recommendations for this information collection should be submitted within 30 days of the publication of this notice on the following website *www.reginfo.gov/public/do/PRAMain.* Find this particular information collection by selecting ''Currently under 30-day Review—Open for Public Comments'' or by using the search function and entering either the title of the information collection or the OMB Control Number [1121–0377]. This information collection request may be viewed at *www.reginfo.gov.* Follow the instructions to view Department of Justice, information collections currently under review by OMB.

DOJ seeks PRA authorization for this information collection for three (3) years. OMB authorization for an ICR cannot be for more than three (3) years without renewal. The DOJ notes that information collection requirements submitted to the OMB for existing ICRs receive a month-to-month extension while they undergo review.

**Overview of This Information Collection**

1. *Type of Information Collection:* Extension of a currently approved collection.

2. *The Title of the Form/Collection:* Data Security Requirements for Accessing Confidential Data.

3. *The agency form number, if any, and the applicable component of the Department of Justice sponsoring the collection:* There is no form number associated with this information collection. The applicable component within the Department of Justice is the Bureau of Justice Statistics (BJS), in the Office of Justice Programs.

4. *Affected public who will be asked or required to respond, as well as a brief abstract:* The Foundations for Evidence-Based Policymaking Act of 2018 mandates that the OMB establish a Standard Application Process (SAP) for requesting access to certain confidential data assets for statistical purposes, including evidence-building The SAP is to be a process through which agencies, the Congressional Budget Office, State, local, and Tribal governments, researchers, and other individuals, as appropriate, may apply to access confidential data assets held by a federal statistical agency or unit for the purposes of developing evidence. With the Interagency Council on Statistical Policy (ICSP) as advisors, the entities upon whom this requirement is levied are working with the SAP Project Management Office (PMO) and with OMB to implement the SAP. The SAP Portal is a single web-based common application for requesting access to confidential data assets from federal statistical agencies and units. On behalf of BJS and the other federal statistical agencies and units, the National Center for Science and Engineering Statistics (NCSES) submitted the OMB the recertification request to the currently approved Standard Application Portal (3145–0271. OMB approved the action for an additional three years expiring on December 31, 2028. The data security requirements apply to this form (*https://www.reginfo.gov/public/do/PRAViewRCF?ref_nbr=202512-0535-001CF*).

Once an application for confidential data is approved through the SAP Portal, BJS will collect information to meet its data security requirements when providing access to restricted use (confidential) microdata for the purpose of evidence building. This collection will occur outside of the SAP Portal. BJS's data security agreements and other paperwork along with the corresponding security protocols allow the agency to maintain careful controls on confidentiality and privacy, as required by law. If an application requesting access to an BJS-owned confidential data asset is approved, BJS will contact the applicant(s) to initiate the process of collecting the following information to fulfill its data security requirements:

• *Restricted data use agreement*—This document is an agreement between BJS's official archive (currently the National Archive of Criminal Justice Data [NACJD]), on behalf of BJS, and the user(s) who is approved to access BJS's confidential data assets exclusively for statistical purposes, including evidence-building, in accordance with the terms and conditions stated in the agreement and all applicable federal laws and regulations. An applicant must submit the appropriate data security plan information to describe how they will protect the data from misuse and unauthorized access. The agreement describes the penalties associated with the misuse or unauthorized access of the data. The agreement requires signature from the applicant(s) and any other representative who has the authority to enter into a legal agreement with NACJD, as applicable.

• *Privacy Certificate*—Office of Justice Programs regulations at 28 CFR part 22 require that a Privacy Certificate

be submitted as part of any application for a project in which information identifiable to a private person will be collected, analyzed, or otherwise used for research or statistical purposes. The Privacy Certificate describes the specific technical, administrative, and physical controls and procedures that will be used to protect data confidentiality and safeguard the data from misuse or unauthorized access. The Privacy Certificate is an applicant's certification to comply with BJS's confidentiality requirements. All individuals who will have access to the confidential BJS data are required to sign a Privacy Certificate to affirm their understanding of and agreement to comply with BJS's confidentiality requirements.

• *Data security plan*—This document describes the data access modality requested (physical enclave, virtual enclave, or secure download) and the specific data security measures and technical, physical, and administrative controls that will be followed to protect data from unauthorized disclosure and misuse.

• *Confidentiality pledge*—This document describes the applicant's responsibilities related to accessing restricted data and confidentiality protections the applicant(s) must uphold, including adhering to applicable federal laws and regulations. The assurance requires signature from the applicant(s) and certifies their understanding of and agreement to fulfill the terms in the data use agreement and data security plan.

• *Institutional Review Board (IRB) documentation*—Users of BJS restricted data must comply with Department of Justice regulations at 28 CFR part 46 (Protection of Human Subjects), including ensuring that adequate protections are in place to protect the confidentiality of information identifiable to a private person. Applicants must submit the appropriate documentation to demonstrate that an IRB has approved or exempted the proposed project using BJS restricted data in accordance with the requirements in 28 CFR part 46.

• *Certification of training*—Users of BJS restricted data will be required to complete relevant data security, confidentiality, and privacy training, as appropriate, and provide written certification of completion.

5. *An estimate of the total number of respondents and the amount of time estimated for an average respondent to respond:* The amount of time to complete the agreements and other paperwork that comprise BJS's security requirements will vary based on the confidential data assets requested. To obtain access to BJS confidential data assets, it is estimated that the average time to complete and submit BJS's data security agreements, IRB application, and other paperwork is 3 hours (180 minutes). This estimate does not include the time needed to complete and submit an application within the SAP Portal or time waiting to receive from an IRB determination after submitting an application. All efforts related to SAP Portal applications occur prior to and separate from BJS's effort to collect information related to data security requirements.

6. *An estimate of the total public burden (in hours) associated with the collection:* The expected number of applications in the SAP Portal that receive a positive determination from BJS in a given year may vary. Overall, per year, BJS estimates it will collect data security information for 55 application submissions that received a positive determination within the SAP Portal. BJS estimates that the total burden for the collection of information for data security requirements over the course of the three-year OMB clearance will be about 495 hours and, as a result, an average annual burden of 165 hours.

If additional information is required, contact: Darwin Arceo, Department Clearance Officer, United States Department of Justice, Justice Management Division, Policy and Planning Staff, Two Constitution Square, 145 N Street NE, 4W–218, Washington, DC 20530.

**Darwin Arceo,**

*Department Clearance Officer, Enterprise Portfolio Management, Justice Management Division, U.S. Department of Justice.*

[FR Doc. 2026–06693 Filed 4–6–26; 8:45 am]

**BILLING CODE 4410–18–P**

## DEPARTMENT OF LABOR

### Employment and Training Administration

### Labor Certification Process for the Temporary Employment of H–2A and H–2B Foreign Workers in the United States: Annual Update to Allowable Monetary Charges for Agricultural Workers' Meals and for Travel Subsistence Reimbursement, Including Lodging

**AGENCY:** Employment and Training Administration, Department of Labor.

**ACTION:** Notice.

**SUMMARY:** The Employment and Training Administration (ETA) of the Department of Labor (DOL) is issuing this notice to announce the annual updates to allowable monetary charges employers of H–2A workers, in occupations other than herding or production of livestock on the range, may charge workers when the employer provides three meals per day. This notice also announces the minimum and maximum amount of travel-related subsistence reimbursements required under the H–2A and H–2B programs. Finally, this notice includes a reminder regarding employers' obligations with respect to overnight lodging costs as part of required subsistence and reasonable travel costs to and from the worksite.

**DATES:** These allowable charges become effective April 7, 2026.

**FOR FURTHER INFORMATION CONTACT:** Brian Pasternak, Administrator, Office of Foreign Labor Certification (OFLC), by email at *ETA.OFLC.Forms@dol.gov.*

**SUPPLEMENTARY INFORMATION:** The U.S. Citizenship and Immigration Services of the Department of Homeland Security will not approve an employer's petition for the admission of H–2A or H–2B nonimmigrant temporary workers in the U.S. unless the petitioner has received an H–2A or H–2B labor certification from DOL. The labor certification provides that: (1) there are not sufficient U.S. workers who are able, willing, and qualified and who will be available at the time and place needed to perform the labor or services involved in the petition; and (2) the employment of the foreign worker(s) in such labor or services will not adversely affect the wages and working conditions of workers in the U.S. similarly employed. *See* 8 U.S.C. 1101(a)(15)(H)(ii)(a) and (b), 1184(c)(1), and 1188(a); 8 CFR 214.2(h)(5) and (6); 20 CFR 655.1(a) and 655.100.

### Allowable Meal Charge

H–2A agricultural employers who are employing workers in occupations other than herding or production of livestock on the range must offer and provide workers three meals per day or free and convenient cooking facilities.[1] *See* 20 CFR 655.122(g). Where the employer provides the meals, the job offer must state the charge, if any, to the worker for such meals. *See id.* The amount of meal charges is governed by 20 CFR 655.173.

By regulation, DOL has established the methodology for determining the maximum amount that H–2A agricultural employers may charge workers for providing them with three meals per day. *See* 20 CFR 655.173(a).

[1] H–2A employers must provide workers engaged in herding or the production of livestock on the range meals or food to prepare meals without charge or deposit charge. *See* 20 CFR 655.210(e).

This methodology allows for annual adjustments of the previous year's maximum allowable charge based on the updated Consumer Price Index for All Urban Consumers for Food (CPI–U for Food), not seasonally adjusted. *See id.* The maximum amount employers may charge workers for providing meals is adjusted annually by the 12-month percentage change in the CPI–U for Food for the prior year (*i.e.,* between December of the year just concluded and December of the prior year). *See id.* The Office of Foreign Labor Certification (OFLC) Certifying Officer may also permit an employer to charge workers a higher amount for providing them with three meals a day if the higher amount is justified and sufficiently documented by the employer, as set forth in 20 CFR 655.173(b).

The percentage change in the CPI–U for Food between December 2024 and December 2025 was 3.1 percent.[2] Thus, the annual update to the H–2A allowable meal charge is calculated by multiplying the current allowable meal charge ($16.28) by the 12-month percentage change in the CPI–U for Food between December 2024 and December 2025 ($16.28 × 1.031 = $16.78).[3] Accordingly, the updated maximum allowable charge under 20 CFR 655.122(g) and 655.173 is $16.78 per day, and an employer is not permitted to charge a worker more than $16.78 per day unless the OFLC Certifying Officer approves a higher charge, as authorized under 20 CFR 655.173(b).

**Reimbursement for Travel-Related Subsistence**

H–2B and H–2A employers must pay reasonable travel and subsistence costs, including the costs of meals and lodging, incurred by workers during travel to the place of employment from the place from which the worker has come to work for the employer and from the place of employment to the place from which the worker departed to work for the employer, as well as any such costs incurred by the worker incident to obtaining a visa authorizing entry to the United States for the purpose of H–2A or H–2B employment. *See* 20 CFR 655.122(h)(1) and (2) and 655.20(j)(1)(i) and (ii).

Specifically, an H–2A employer is responsible for providing, paying in advance, or reimbursing a worker for the reasonable costs incurred by the worker for transportation and daily travel-related subsistence from the place from which the worker has come to work for the employer, if the worker completes 50 percent of the work contract period. 20 CFR 655.122(h)(1). In general, the employer must provide (or pay at the time of departure) the worker's transportation and daily travel-related subsistence from the place of employment to the place from which the worker departed to work for the employer upon the worker completing the contract or being terminated without cause. 20 CFR 655.122(h)(2).

Similarly, an H–2B employer is responsible for providing, paying in advance, or reimbursing a worker for transportation and daily travel-related subsistence from the place from which the worker has come to work for the employer, if the worker completes 50 percent of the job order period. 20 CFR 655.20(j)(1)(i). Upon the worker completing the job order period or being dismissed early (for any reason), the employer is generally responsible for providing (or paying at the time of departure) the worker's cost of return transportation and daily travel-related subsistence from the place of employment to the place from which the worker departed to work for the employer. 20 CFR 655.20(j)(1)(ii).

The amount of the daily subsistence must be at least the amount permitted in 20 CFR 655.173(a) (or the higher amount approved under 20 CFR 655.173(b), if any). The maximum daily amount an employer is required to reimburse workers for travel-related subsistence, as evidenced with receipts, is equal to the standard Continental United States (CONUS) per diem rate, as established by the General Services Administration (GSA) at 41 CFR part 301, formerly published in Appendix A and now found at *https://www.gsa.gov/travel/plan-book/per-diem-rates. See* Maximum Per Diem Reimbursement Rates for the Continental United States (CONUS), 90 FR 40365 (Aug. 19, 2025). The standard CONUS meals and incidental expenses rate is $68.00 per day for 2026, and the standard CONUS lodging rate remains $110.00 per day for 2026. *See* 90 FR 40365, 40366. Workers who qualify for subsistence reimbursement are entitled to reimbursement for meals and lodging up to the standard CONUS rates when they provide receipts. In determining the appropriate amount of reimbursement for meals for less than a full day, the employer may limit the meal expense reimbursement, with receipts, to 75 percent of the maximum reimbursement for meals, or $51.00, based on the GSA per diem schedule. *See https://www.gsa.gov/travel/plan-book/per-diem-rates.* If a worker does not provide receipts, the employer is not obligated to reimburse above the minimum stated at 20 CFR 655.173, as specified above.

In addition, the employer is responsible for those costs necessary for the worker to travel to the place of employment if the worker completes 50 percent of the work contract period. The employer also is responsible for the costs of return transportation. The amount an employer must pay for transportation to and from the place of employment must be no less than (and is not required to be more than) the most economical and reasonable costs. These requirements apply equally to instances where the worker is traveling within the U.S. or internationally to the employer's worksite. *See* 20 CFR 655.122(h)(1) and (2) and 655.20(j)(1)(i) and (ii).

For further information on when the employer is responsible for lodging costs, please see the DOL's Meal Charges and Travel Subsistence, on OFLC's website at *https://flag.dol.gov/wage-data/subsistence-rates,* and H–2B Frequently Asked Questions on Job Offers and Employer Obligations, on OFLC's website at *https://www.dol.gov/agencies/eta/foreign-labor/faqs/print.*

*Authority:* 20 CFR 655.173.

**Henry Maklakiewicz,**

*Assistant Secretary for Employment and Training, Labor.*

[FR Doc. 2026–06694 Filed 4–6–26; 8:45 am]

**BILLING CODE 4510–FP–P**

[2] *See* Consumer Price Index—December 2025, published January 13, 2026, *available at https://www.bls.gov/news.release/archives/cpi_01132026.pdf.*

[3] In 2025, the maximum allowable charge under 20 CFR 655.122(g) and 655.173 was $16.28 per day. *See* 90 FR 13500 (Mar. 24, 2025).

## NATIONAL CREDIT UNION ADMINISTRATION

### Sunshine Act Meetings

**TIME AND DATE:** 10:00 a.m., Thursday, April 9, 2026

**PLACE:** Board Room, 7th Floor, Room 7B, 1775 Duke Street (All visitors must use Diagonal Road Entrance), Alexandria, VA 22314–3428.

**STATUS:** Open.

**MATTERS TO BE CONSIDERED:**

1. Board Briefing, Brokered and Reciprocal Deposits.
2. Board Briefing, NCUA Deregulation Initiative.
3. Board Briefing, NCUA's 2026–2030 Strategic Plan.
4. Board Briefing, NCUA's 2026 Annual Performance Plan.

**CONTACT PERSON FOR MORE INFORMATION:** Melane Conyers-Ausbrooks, Secretary of the Board, Telephone: 703–518–6304.

**Melane Conyers-Ausbrooks,**

*Secretary of the Board.*

[FR Doc. 2026–06679 Filed 4–3–26; 11:15 am]

**BILLING CODE 7535–01–P**

## POSTAL REGULATORY COMMISSION

**[Docket Nos. CP2024–288; CP2024–305; MC2026–188 and K2026–188; MC2026–189 and K2026–189; MC2026–190 and K2026–190]**

## New Postal Products

**AGENCY:** Postal Regulatory Commission.

**ACTION:** Notice.

**SUMMARY:** The Commission is noticing a recent Postal Service filing for the Commission's consideration concerning a negotiated service agreement. This notice informs the public of the filing, invites public comment, and takes other administrative steps.

**DATES:** *Comments are due:* April 10, 2026.

**ADDRESSES:** Submit comments electronically via the Commission's Filing Online system at *https://www.prc.gov.* Those who cannot submit comments electronically should contact the person identified in the **FOR FURTHER INFORMATION CONTACT** section by telephone for advice on filing alternatives.

**FOR FURTHER INFORMATION CONTACT:** David A. Trissell, General Counsel, at 202–789–6820.

**SUPPLEMENTARY INFORMATION:**

### Table of Contents



### I. Introduction

Pursuant to 39 CFR 3041.405, the Commission gives notice that the Postal Service filed request(s) for the Commission to consider matters related to Competitive negotiated service agreement(s). The request(s) may propose the addition of a negotiated service agreement from the Competitive product list or the modification of an existing product currently appearing on the Competitive product list.

The public portions of the Postal Service's request(s) can be accessed via the Commission's website (*http://www.prc.gov*). Non-public portions of the Postal Service's request(s), if any, can be accessed through compliance with the requirements of 39 CFR 3011.301.[1]

Section II identifies the docket number(s) associated with each Postal Service request, if any, that will be reviewed in a public proceeding as defined by 39 CFR 3010.101(p), the title of each such request, the request's acceptance date, and the authority cited by the Postal Service for each request. For each such request, the Commission appoints an officer of the Commission to represent the interests of the general public in the proceeding, pursuant to 39 U.S.C. 505 and 39 CFR 3000.114 (Public Representative). The Public Representative does not represent any individual person, entity or particular point of view, and, when Commission attorneys are appointed, no attorney-client relationship is established. Section II also establishes comment deadline(s) pertaining to each such request.

The Commission invites comments on whether the Postal Service's request(s) identified in Section II, if any, are consistent with the policies of title 39. Applicable statutory and regulatory requirements include 39 U.S.C. 3632, 39 U.S.C. 3633, 39 U.S.C. 3642, 39 CFR part 3035, and 39 CFR part 3041. Comment deadline(s) for each such request, if any, appear in Section II.

Section III identifies the docket number(s) associated with each Postal Service request, if any, to add a standardized distinct product to the Competitive product list or to amend a standardized distinct product, the title of each such request, the request's acceptance date, and the authority cited by the Postal Service for each request. Standardized distinct products are negotiated service agreements that are variations of one or more Competitive products, and for which financial models, minimum rates, and classification criteria have undergone advance Commission review. *See* 39 CFR 3041.110(n); 39 CFR 3041.205(a). Such requests are reviewed in summary proceedings pursuant to 39 CFR 3041.325(c)(2) and 39 CFR 3041.505(f)(1). Pursuant to 39 CFR 3041.405(c)–(d), the Commission does not appoint a Public Representative or request public comment in proceedings to review such requests.

### II. Public Proceeding(s)

1. *Docket No(s).:* CP2024–288; *Filing Title:* Request of the United States Postal Service Concerning Modification One to International Priority Airmail, Commercial ePacket, Priority Mail Express International & Priority Mail International Contract 1, Which Includes an Extension of That Agreement; *Filing Acceptance Date:* April 2, 2026; *Filing Authority:* 39 CFR 3041.505 and 3041.515; *Public Representative:* Maxine Bradley; *Comments Due:* April 10, 2026.

2. *Docket No(s).:* CP2024–305; *Filing Title:* Request of the United States Postal Service Concerning Modification One to International Priority Airmail, Commercial ePacket, Priority Mail Express International & Priority Mail International Contract 8, Which Includes an Extension of That Agreement; *Filing Acceptance Date:* April 2, 2026; *Filing Authority:* 39 CFR 3041.505 and 3041.515; *Public Representative:* Katalin Clendenin; *Comments Due:* April 10, 2026.

3. *Docket No(s).:* MC2026–188 and K2026–188; *Filing Title:* USPS Request to Add Priority Mail Express, Priority Mail & USPS Ground Advantage Contract 1496 to the Competitive Product List and Notice of Filing Materials Under Seal; *Filing Acceptance Date:* April 2, 2026; Filing Authority: 39 U.S.C. 3642, 39 CFR 3035.105, and 39 CFR 3041.310; *Public Representative:* Samuel Robinson; *Comments Due:* April 10, 2026.

4. *Docket No(s).:* MC2026–189 and K2026–189; *Filing Title:* USPS Request to Add Priority Mail Express, Priority Mail & USPS Ground Advantage Contract 1497 to the Competitive Product List and Notice of Filing Materials Under Seal; *Filing Acceptance Date:* April 2, 2026; *Filing Authority:* 39 U.S.C. 3642, 39 CFR 3035.105, and 39 CFR 3041.310; *Public Representative:* Christopher Mohr; *Comments Due:* April 10, 2026.

5. *Docket No(s).:* MC2026–190 and K2026–190; *Filing Title:* USPS Request to Add Priority Mail Express, Priority Mail & USPS Ground Advantage Contract 1498 to the Competitive Product List and Notice of Filing Materials Under Seal; *Filing Acceptance Date:* April 2, 2026; *Filing Authority:* 39 U.S.C. 3642, 39 CFR 3035.105, and 39 CFR 3041.310; *Public Representative:* Kenneth Moeller; *Comments Due:* April 10, 2026.

### III. Summary Proceeding(s)

None. See Section II for public proceedings.

[1] *See* Docket No. RM2018–3, Order Adopting Final Rules Relating to Non-Public Information, June 27, 2018, Attachment A at 19–22 (Order No. 4679).

This Notice will be published in the **Federal Register**.

**Danielle LeFlore,**

*Alternate Federal Register Liaison.*

[FR Doc. 2026–06699 Filed 4–6–26; 8:45 am]

**BILLING CODE 7710–FW–P**

## RAILROAD RETIREMENT BOARD

### Actuarial Advisory Committee With Respect to the Railroad Retirement Account; Notice of Public Meeting

Notice is hereby given in accordance with Public Law 92–463 that the Actuarial Advisory Committee will hold a virtual meeting on May 5, 2026, at 1:00 p.m. Central Daylight Time (2:00 p.m. Eastern Daylight Time) on the conduct of the 2026 Annual Report required by the Railroad Retirement Act of 1974 and the Railroad Retirement Solvency Act of 1983. The agenda for this meeting will include a discussion of the assumptions to be used in the Annual Report. A report containing recommended assumptions and the experience on which the recommendations are based will have been sent by the Chief Actuary to the Committee before the meeting.

The meeting will be open to the public. Persons wishing to submit written statements, make oral presentations, or attend the meeting should address their communications or notices to Patricia Pruitt (*Patricia.Pruitt@rrb.gov*) so that information on how to join the virtual meeting can be provided.

Dated: April 3, 2026.

**Stephanie Hillyard,**

*Secretary to the Board.*

[FR Doc. 2026–06685 Filed 4–6–26; 8:45 am]

**BILLING CODE P**

## SECURITIES AND EXCHANGE COMMISSION

**[Release No. 34–105147; File No. SR–MEMX–2026–08]**

### Self-Regulatory Organizations; MEMX LLC; Notice of Filing and Immediate Effectiveness of a Proposed Rule Change To Amend Rule 13.4(a) To Reflect the Name Change of Nasdaq BX, Inc. to Nasdaq Texas, LLC

April 2, 2026.

Pursuant to Section 19(b)(1) of the Securities Exchange Act of 1934 (the ''Act''),[1] and Rule 19b–4 thereunder,[2] notice is hereby given that, on March 25, 2026, MEMX LLC (''MEMX'' or the ''Exchange'') filed with the Securities and Exchange Commission (the ''Commission'') the proposed rule change as described in Items I and II below, which Items have been prepared by the Exchange. The Exchange filed the proposal as a ''non-controversial'' proposed rule change pursuant to Section 19(b)(3)(A)(iii) of the Act[3] and Rule 19b–4(f)(6) thereunder.[4] The Commission is publishing this notice to solicit comments on the proposed rule change from interested persons.

**I. Self-Regulatory Organization's Statement of the Terms of Substance of the Proposed Rule Change**

The Exchange is filing with the Commission a proposed rule change to amend Rule 13.4(a) to reflect the name change of Nasdaq BX, Inc. to Nasdaq Texas, LLC. The text of the proposed rule change is provided in Exhibit 5 and is available on the Exchange's website at *https://info.memxtrading.com/regulation/rules-and-filings/.*

**II. Self-Regulatory Organization's Statement of the Purpose of, and Statutory Basis for, the Proposed Rule Change**

In its filing with the Commission, the Exchange included statements concerning the purpose of and basis for the proposed rule change and discussed any comments it received on the proposed rule change. The text of these statements may be examined at the places specified in Item IV below. The Exchange has prepared summaries, set forth in sections A, B, and C below, of the most significant aspects of such statements.

*A. Self-Regulatory Organization's Statement of the Purpose of, and Statutory Basis for, the Proposed Rule Change*

1. Purpose

The Exchange proposes to amend Rule 13.4(a) (Usage of Data Feeds) to reflect the recent name change of Nasdaq BX, Inc (''Nasdaq BX'') to Nasdaq Texas, LLC (''Nasdaq Texas''). Exchange Rule 13.4(a) lists the specific data feeds it uses for the handling, execution and routing of orders, as well as for surveillance necessary to monitor compliance with applicable securities laws and Exchange Rules.

Nasdaq BX recently filed with the Commission a proposal to convert from a corporation organized under the laws of the state of Delaware to one organized under the laws of the state of Texas and changed its name from Nasdaq BX, Inc. to Nasdaq Texas, LLC.[5] Given that Nasdaq BX is one of the data feeds listed under Rule 13.4(a), the Exchange accordingly proposes a conforming change to its rules to replace the name of Nasdaq BX with Nasdaq Texas.

The proposed change is conforming and non-substantive in nature.

2. Statutory Basis

The Exchange believes the proposed rule change is consistent with the Act and the rules and regulations thereunder applicable to the Exchange and, in particular, the requirements of Section 6(b) of the Act.[6] Specifically, the Exchange believes the proposed rule change is consistent with the Section 6(b)(5)[7] requirements that the rules of an exchange be designed to prevent fraudulent and manipulative acts and practices, to promote just and equitable principles of trade, to foster cooperation and coordination with persons engaged in regulating, clearing, settling, processing information with respect to, and facilitating transactions in securities, to remove impediments to and perfect the mechanism of a free and open market and a national market system, and, in general, to protect investors and the public interest.

In particular, the Exchange believes that the proposal to update Rule 13.4(a) to reference Nasdaq Texas will ensure that the Rule publicly states on a market-by-market basis all of the specific network processor and proprietary data feeds that the Exchange utilizes for the handling, routing, and execution of orders, and for performing the regulatory compliance checks related to each of those functions. The proposed rule change also removes impediments to and perfects the mechanism of a free and open market and protects investors and the public interest because it provides additional specificity, clarity and transparency.

*B. Self-Regulatory Organization's Statement on Burden on Competition*

The Exchange does not believe that the proposed rule change will impose any burden on competition that is not necessary or appropriate in furtherance of the purposes of the Act. To the contrary, the Exchange believes the proposal would enhance competition

[1] 15 U.S.C. 78s(b)(1).

[2] 17 CFR 240.19b–4.

[3] 15 U.S.C. 78s(b)(3)(A).

[4] 17 CFR 240.19b–4.

[5] *See* Securities Exchange Act Release No. 104736 (January 29, 2026), 91 FR 4980 (February 3, 2026) (SR–BX–2026–05) (Notice of Filing and Immediate Effectiveness of Proposed Rule Change to Repeal the Restated Certificate of Incorporation and Adopt a Certificate of Formation and Company Agreement).

[6] 15 U.S.C. 78f(b).

[7] 15 U.S.C. 78f(b)(5).

because including all of the exchanges enhances transparency and enables investors to better assess the quality of the Exchange's execution and routing services. The proposed rule change is not intended to address competitive issues but rather is concerned solely with updating the Exchange's rule to reflect the name change of Nasdaq BX to Nasdaq Texas.

*C. Self-Regulatory Organization's Statement on Comments on the Proposed Rule Change Received From Members, Participants, or Others*

The Exchange neither solicited nor received comments on the proposed rule change.

**III. Date of Effectiveness of the Proposed Rule Change and Timing for Commission Action**

The Exchange has filed the proposed rule change pursuant to Section 19(b)(3)(A) of the Act [8] and Rule 19b–4(f)(6) [9] thereunder. Because the foregoing proposed rule change does not: (i) significantly affect the protection of investors or the public interest; (ii) impose any significant burden on competition; or (iii) become operative for 30 days from the date on which it was filed, or such shorter time as the Commission may designate, it has become effective pursuant to Section 19(b)(3)(A) of the Act [10] and Rule 19b–4(f)(6) [11] thereunder.

A proposed rule change filed under Rule 19b–4(f)(6) [12] normally does not become operative prior to 30 days after the date of the filing. However, pursuant to Rule 19b–4(f)(6)(iii),[13] the Commission may designate a shorter time if such action is consistent with protection of investors and the public interest. The Exchange has asked the Commission to waive the 30-day operative delay so that the proposed rule change may become operative immediately upon filing. In support of its request, the Exchange states that the proposed rule change is being submitted solely to provide specificity regarding the Exchange's use of data feeds, and it is in the public interest for the Exchange's rulebook to be specific, clear, and transparent. The Commission believes that waiving the 30-day operative delay is consistent with the protection of investors and the public interest because the proposal provides clarity and avoids potential confusion by updating MEMX Rule 13.4(a) to reflect the name change of Nasdaq BX, Inc. to Nasdaq Texas, LLC and does not introduce any novel regulatory issues. Accordingly, the Commission designates the proposed rule change to be operative upon filing.[14]

At any time within 60 days of the filing of the proposed rule change, the Commission summarily may temporarily suspend such rule change if it appears to the Commission that such action is necessary or appropriate in the public interest, for the protection of investors, or otherwise in furtherance of the purposes of the Act. If the Commission takes such action, the Commission will institute proceedings to determine whether the proposed rule change should be approved or disapproved.

**IV. Solicitation of Comments**

Interested persons are invited to submit written data, views and arguments concerning the foregoing, including whether the proposed rule change is consistent with the Act. Comments may be submitted by any of the following methods:

*Electronic Comments*

- Use the Commission's internet comment form (*https://www.sec.gov/rules/sro.shtml*); or
- Send an email to *rule-comments@sec.gov.* Please include file number SR–MEMX–2026–08 on the subject line.

*Paper Comments*

- Send paper comments in triplicate to Secretary, Securities and Exchange Commission, 100 F Street NE, Washington, DC 20549–1090.

All submissions should refer to file number SR–MEMX–2026–08. This file number should be included on the subject line if email is used. To help the Commission process and review your comments more efficiently, please use only one method. The Commission will post all comments on the Commission's internet website (*https://www.sec.gov/rules/sro.shtml*). Copies of the filing also will be available for inspection and copying at the principal office of the Exchange. Do not include personal identifiable information in submissions; you should submit only information that you wish to make available publicly. We may redact in part or withhold entirely from publication submitted material that is obscene or subject to copyright protection. All submissions should refer to file number SR–MEMX–2026–08 and should be submitted on or before April 28, 2026.

For the Commission, by the Division of Trading and Markets, pursuant to delegated authority.[15]

**Sherry R. Haywood,**

*Assistant Secretary.*

[FR Doc. 2026–06673 Filed 4–6–26; 8:45 am]

**BILLING CODE 8011–01–P**

[8] 15 U.S.C. 78s(b)(3)(A).

[9] 17 CFR 240.19b–4(f)(6).

[10] 15 U.S.C. 78s(b)(3)(A).

[11] 17 CFR 240.19b–4(f)(6). In addition, Rule 19b–4(f)(6)(iii) requires the Exchange to give the Commission written notice of its intent to file the proposed rule change, along with a brief description and text of the proposed rule change, at least five business days prior to the date of filing of the proposed rule change, or such shorter time as designated by the Commission. The Exchange has satisfied this requirement.

[12] 17 CFR 240.19b–4(f)(6).

[13] 17 CFR 240.19b–4(f)(6)(iii).

[14] For purposes only of waiving the 30-day operative delay, the Commission also has considered the proposed rule's impact on efficiency, competition, and capital formation. *See* 15 U.S.C. 78c(f).

[15] 17 CFR 200.30–3(a)(12).

## SMALL BUSINESS ADMINISTRATION

**[Disaster Declaration #21475; Hawaii Disaster Number HI–20012 Declaration of Economic Injury]**

### Administrative Declaration of an Economic Injury Disaster for the State of HAWAII

**AGENCY:** U.S. Small Business Administration.

**ACTION:** Notice.

**SUMMARY:** This is notice of an Economic Injury Disaster Loan (EIDL) declaration for the state of Hawaii dated April 3, 2026.

*Incident:* Downtown Hilo Fire.

**DATES:** Issued on April 3, 2026.

*Incident Period:* November 30, 2025.

*Economic Injury (EIDL) Loan Application Deadline Date:* January 4, 2027.

**ADDRESSES:** *Visit the MySBA Loan Portal at https://lending.sba.gov* to apply for a disaster assistance loan.

**FOR FURTHER INFORMATION CONTACT:** Sharon Henderson, Office of Disaster Recovery and Resilience, U.S. Small Business Administration, 409 3rd Street SW, Suite 6050, Washington, DC 20416, (202) 205–6734.

**SUPPLEMENTARY INFORMATION:** Notice is hereby given as a result of the Administrator's EIDL declaration, applications for disaster loans may be submitted online using the MySBA Loan Portal *https://lending.sba.gov* or in person at other locally announced locations. For further assistance please contact the SBA disaster assistance customer service center by email at *disastercustomerservice@sba.gov* or by phone at 1–800–659–2955. If you are deaf, hard of hearing, or have a speech disability, please dial 7–1–1 to access telecommunications relay services.

The following areas have been determined to be adversely affected by the disaster:

*Primary Counties:* Hawaii.
*Contiguous Counties:*
Hawaii: Honolulu, Kalawao, Kauai, Maui.

The Interest Rates are:

| | Percent |
|---|---|
| Business and Small Agricultural Cooperatives without Credit Available Elsewhere | 4.000 |
| Private Non-Profit Organizations without Credit Available Elsewhere | 3.625 |

The number assigned to this disaster for economic injury is 214750.

The states which received an EIDL declaration are Hawaii.

(Catalog of Federal Domestic Assistance Number 59008)

(Authority: 13 CFR 123.3(b).)

**James Stallings,**

*Associate Administrator, Office of Disaster Recovery & Resilience.*

[FR Doc. 2026–06724 Filed 4–6–26; 8:45 am]

**BILLING CODE 8026–09–P**

## DEPARTMENT OF STATE

**[Public Notice: 12990]**

### Report to Congress Pursuant to the National Defense Authorization Act for Fiscal Year 2013 (FY13 NDAA)

**ACTION:** Notice of report.

**SUMMARY:** Section 1245(e) of subtitle D of title XII of the National Defense Authorization Act for Fiscal Year 2013 (also known as the Iran Freedom and Counter-Proliferation Act of 2012 (IFCA)), as delegated by Presidential Memorandum of June 3, 2013, requires the Secretary of State, in consultation with the Secretary of the Treasury, every 180 days, to submit to the appropriate congressional committees and publish in the **Federal Register** a report that contains a determination with respect to: (1) Whether Iran is (A) using any of the materials described in IFCA as a medium for barter, swap, or any other exchange or transaction, or (B) listing any of such materials as assets of the Government of Iran for purposes of the national balance sheet of Iran; (2) which sectors of the economy of Iran are controlled directly or indirectly by Iran's Islamic Revolutionary Guard Corps (IRGC); and (3) which of the materials described in subsection (d) of section 1245 are used in connection with the nuclear, military, or ballistic missile programs of Iran. Materials described are graphite, raw or semi-finished metals such as aluminum and steel, coal, and software for integrating industrial processes.

**DATES:** The Deputy Secretary of State approved this action on March 25, 2026.

**FOR FURTHER INFORMATION CONTACT:** Office of Counterproliferation Initiatives, Department of State, Telephone: (202) 647–5193 or *ACN_Sanctions@state.gov.*

**SUPPLEMENTARY INFORMATION:** For the purpose of implementing the provisions of IFCA delegated to the Secretary of State, including Sections 1245(a)(1)(B), 1245(a)(1)(C), and 1245(e), ''raw or semi-finished metals'' under IFCA 1245(d) includes, but is not limited to, the following materials (including all types of such materials and all alloys or compounds containing such materials): Aluminum, Americium, Antimony, Barium, Beryllium, Bismuth, Boron, Cadmium, Calcium, Cerium, Cesium, Chromium, Cobalt, Copper, Dysprosium, Erbium, Europium, Gallium, Gadolinium, Germanium, Gold, Hafnium, Hastelloy, Inconel, Indium, Iridium, Iron, Lanthanum, Lithium, Lead, Lutetium, Manganese, Magnesium, Mercury, Molybdenum, Monel, Neodymium, Neptunium, Nickel, Niobium, Osmium, Palladium, Platinum, Plutonium, Polonium, Potassium, Praseodymium, Promethium, Radium, Rhenium, Rhodium, Ruthenium, Samarium, Scandium, Silicon, Silver, Sodium, Steels, Strontium, Tantalum, Technetium, Tellurium, Terbium, Thallium, Thorium, Tin, Titanium, Tungsten, Uranium, Vanadium, Ytterbium, Yttrium, Zinc, and Zirconium.

This report pursuant to Section 1245(e) of IFCA covers the period July 1, 2025, to December 31, 2025.

Following a review of the available information, and in consultation with the Secretary of the Treasury, the Deputy Secretary of State has determined that Iran is not using the materials described in Section 1245(d) as a medium for barter, swap, or any other exchange or transaction. Following a review of the available information, and in consultation with the Secretary of the Treasury, the Deputy Secretary of State has determined that Iran is not listing any such materials as assets of the Government of Iran for purposes of the national balance sheet of Iran. Following a review of the available information, and in consultation with the Secretary of the Treasury, the Deputy Secretary of State has determined that, in addition to the construction sector, the defense sector of the Iranian economy is controlled directly or indirectly by the IRGC.

Following a review of the available information, and in consultation with the Secretary of the Treasury, the Deputy Secretary of State has determined that no additional types of materials described in Section 1245(d) are used in connection with the nuclear, military, or ballistic missile programs of Iran.

**Gonzalo O. Suarez,**

*Deputy Assistant Secretary, Bureau of Arms Control and Nonproliferation, Department of State.*

[FR Doc. 2026–06688 Filed 4–6–26; 8:45 am]

**BILLING CODE 4710–27–P**

## DEPARTMENT OF STATE

**[Public Notice 12986]**

### 60-Day Notice of Proposed Information Collection: Disclosure of Violations of the Arms Export Control Act

**ACTION:** Notice of request for public comment.

**SUMMARY:** The Department of State is seeking Office of Management and Budget (OMB) approval for the information collection described below. In accordance with the Paperwork Reduction Act of 1995, we are requesting comments on this collection from all interested individuals and organizations. The purpose of this notice is to allow 60 days for public comment preceding submission of the collection to OMB.

**DATES:** The Department will accept comments from the public up to June 8, 2026.

You may submit comments by any of the following methods:

- *Web:* Persons with access to the internet may comment on this notice by going to *www.Regulations.gov.* You can search for the document by entering ''Docket Number: DOS–2026–0397'' in the Search field. Then click the ''Comment Now'' button and complete the comment form.
- *Email: DDTCPublicComments@state.gov.*
- *Regular Mail:* Send written comments to: Directorate of Defense Trade Controls, Attn: Andrea Battista, 2401 E St. NW, Suite H–1205, Washington, DC 20522–0112.

You must include the DS form number (if applicable), information collection title, and the OMB control number in any correspondence.

**FOR FURTHER INFORMATION CONTACT:** Direct requests for additional information regarding the collection listed in this notice, including requests for copies of the proposed collection instrument and supporting documents, to Andrea Battista, who may be reached at *BattistaAL@state.gov* or 202–992–0973.

**SUPPLEMENTARY INFORMATION:**

- *Title of Information Collection:* Disclosure of Violations of the Arms Export Control Act.
- *OMB Control Number:* 1405–0179.
- *Type of Request:* Extension of a Currently Approved Collection.
- *Originating Office:* T/PM/DDTC.
- *Form Number:* DS–7787.
- *Respondents:* Individuals and companies engaged in the business of exporting, temporarily importing, or brokering, defense articles or defense services who have committed an ITAR violation.
- *Estimated Number of Respondents:* 14,500.
- *Estimated Number of Responses:* 600.
- *Average Time per Response:* 10 hours.
- *Total Estimated Burden Time:* 6,000 hours.
- *Frequency:* On occasion.
- *Obligation to Respond:* Voluntary.

We are soliciting public comments to permit the Department to:

- Evaluate whether the proposed information collection is necessary for the proper functions of the Department.
- Evaluate the accuracy of our estimate of the time and cost burden for this proposed collection, including the validity of the methodology and assumptions used.
- Enhance the quality, utility, and clarity of the information to be collected.
- Minimize the reporting burden on those who are to respond, including the use of automated collection techniques or other forms of information technology.

Please note that comments submitted in response to this Notice are public record. Before including any detailed personal information, you should be aware that your comments as submitted, including your personal information, will be available for public review.

### Abstract of Proposed Collection

The Directorate of Defense Trade Controls (DDTC), located in the Political-Military Affairs Bureau of the Department of State, encourages voluntary disclosures of violations of the Arms Export Control Act (AECA) (22 U.S.C. 2751 *et seq.*), its implementing regulations, the International Traffic in Arms Regulations (ITAR) (22 CFR 120–130), and any regulation, order, license, or other authorization issued thereunder. The information disclosed is analyzed by DDTC to ultimately determine whether to take administrative action concerning any violation that may have occurred. Voluntary disclosures may be considered a mitigating factor in determining the administrative penalties, if any, that may be imposed. Failure to report a violation may result in circumstances detrimental to the U.S. national security and foreign policy interests and will be an adverse factor in determining the appropriate disposition of such violations. Also, the activity in question might merit referral to the Department of Justice for consideration of whether criminal prosecution is warranted. In such cases, DDTC will notify the Department of Justice of the voluntary nature of the disclosure, but the Department of Justice is not required to give that fact any weight.

ITAR § 127.12 describes the information which should accompany a voluntary disclosure. Historically, respondents to this information collection submitted their disclosures to DDTC in writing via hard copy documentation. However, as part of an IT modernization project designed to streamline the collection and use of information by DDTC, a discrete form has been developed for the submission of voluntary disclosures. This will allow both DDTC and respondents submitting a disclosure to more easily track submissions.

### Methodology

This information will be collected by electronic submission.

**Michael J. Vaccaro,**

*Deputy Assistant Secretary for Defense Trade Controls, U.S. Department of State.*

[FR Doc. 2026–06664 Filed 4–6–26; 8:45 am]

**BILLING CODE 4710–05–P**

## DEPARTMENT OF STATE

**[Public Notice: 12978]**

### Privacy Act of 1974; System of Records

**AGENCY:** Department of State.

**ACTION:** Rescindment of a system of records notice.

**SUMMARY:** The External Research Records, State-10, which is being rescinded, captured information to manage the consultant program and other external research related activities. Information in this system was used in the preparation of reports on work performed by consultants/experts and in the preparation of periodic summaries of financial commitments for approved projects and stored in a secure repository that allowed for search, retrieval, and view when necessary. The Department of State, by separate **Federal Register** notice, will also be rescinding the Final Rule associated with State-10 that added State-10 to a list of systems exempt from Privacy Act provisions (22 U.S.C. 171.26).

**DATES:** The Department of State decommissioned the system covered by External Research Records, State-10 on May 31, 1999.

**ADDRESSES:** Questions can be submitted by mail, email, or by calling Timothy Kootz, the Senior Agency Official for Privacy on (202) 485–2051. If mail, please write to: U.S. Department of State; Office of Shared Knowledge Services, A/SKS; Room 4534, 2201 C St. NW; Washington, DC 20520. If email, please address the email to the Senior Agency Official for Privacy, Timothy Kootz, at *SORN@state.gov*. Please write ''External Research Records, State-10'' on the envelope or the subject line of your email.

**FOR FURTHER INFORMATION CONTACT:** Timothy Kootz, Senior Agency Official for Privacy; U.S. Department of State; Office of Shared Knowledge Services, A/SKS; Room 4534, 2201 C St. NW; Washington, DC 20520 or by calling (202) 485–2051.

**SUPPLEMENTARY INFORMATION:** External Research records were no longer created after April 1999 when the U.S. Arms Control and Disarmament Agency (ACDA) merged with the Department of State. All remaining records were transferred to NARA per the record schedule and the system was decommissioned on May 31, 1999.

**System Name and Number:**

External Research Records, State-10.

**HISTORY:**

External Research Records, State-10, was previously published at 42 FR 49704.

**Timothy J. Kootz,**

*Deputy Assistant Secretary, Shared Knowledge Services (A/SKS), U.S. Department of State.*

[FR Doc. 2026–06684 Filed 4–6–26; 8:45 am]

**BILLING CODE 4710–32–P**

## DEPARTMENT OF TRANSPORTATION

### Federal Aviation Administration

### Notice of Intent To Rule on a Land Release Request at Strother Field Airport-Industrial Park (WLD), Winfield, KS

**AGENCY:** Federal Aviation Administration (FAA), Department of Transportation.

**ACTION:** Notice of request to release airport land.

**SUMMARY:** The FAA proposes to rule and invites public comments on the request to release and sell 36.03 acres of federally obligated airport property at the Strother Field Airport-Industrial Park (WLD), Winfield, Kansas.

**DATES:** Comments must be received on or before May 7, 2026.

**ADDRESSES:** Comments on this application may be mailed or delivered to the FAA at the following address: Amy J. Walter, Airports Land Specialist, Federal Aviation Administration, Airports Division, ACE–620G, 901 Locust, Room 364, Kansas City, MO 64106.

In addition, one copy of any comments submitted to the FAA must be mailed or delivered to: Shawn McGrew, Airport Manager, Strother Field Airport-Industrial Park, 22193 Tupper Street, P.O. Box 747, Winfield, KS 67156, (620) 221–9280.

**FOR FURTHER INFORMATION CONTACT:** Amy J. Walter, Airports Land Specialist, Federal Aviation Administration, Airports Division, ACE–620G, 901 Locust, Room 364, Kansas City, MO 64106, (816) 329–2603, *amy.walter@faa.gov.* The request to release property may be reviewed, by appointment, in person at this same location.

**SUPPLEMENTARY INFORMATION:** The FAA invites public comment on the request to release 36.03 acres of airport property at the Strother Field Airport-Industrial Park (WLD) under the provisions of 49 U.S.C. 47107(h)(2). This is a Surplus Property Airport. The Strother Field Commission requested a release from the FAA to sell the land to the Kansas Department of Transportation for the Highway 77 Realignment Project. The FAA determined this request to release and sell property at the Strother Field Airport-Industrial Park (WLD) submitted by the Sponsor meets the procedural requirements of the FAA and the release and sale of the property does not and will not impact future aviation needs at the airport. The request to release the National Emergency Use Provision (NEUP) on the 36.03 acres is pending approval by the Department of War. The FAA may approve the request, in whole or in part, no sooner than thirty days after the publication of this notice.

The following is a brief overview of the request:

The Strother Field Airport-Industrial Park (WLD) is proposing the release and sale of 36.03 acres of airport property. The release of land is necessary to comply with Federal Aviation Administration Grant Assurances that do not allow federally conveyed airport property to be used for non-aviation purposes. The sale of the subject property will result in the land at the Strother Field Airport-Industrial Park (WLD) being changed from aeronautical to non-aeronautical use and release the lands from the conditions of the Airport Improvement Program Grant Agreement Grant Assurances in order to sell the land. In accordance with 49 U.S.C. 47107(c)(2)(B)(i) and (iii), the airport will receive fair market value for the property, and the proceeds of the sale will be used to retire airport bonds.

Any person may inspect, by appointment, the request in person at the FAA office listed above under **FOR FURTHER INFORMATION CONTACT**. In addition, any person may request an appointment to inspect the application, notice and other documents determined by the FAA to be related to the application in person at the Strother Field Airport.

Issued in Kansas City, MO, on March 31, 2026.

**Rodney N. Joel,**

*Director, FAA Central Region, Airports Division.*

[FR Doc. 2026–06672 Filed 4–6–26; 8:45 am]

**BILLING CODE 4910–13–P**

## DEPARTMENT OF TRANSPORTATION

### Federal Transit Administration

### FY 2026 Competitive Funding Opportunity: Passenger Ferry Program, Electric or Low-Emitting Ferry Pilot Program, and Ferry Service for Rural Communities Competitive Programs

**AGENCY:** Federal Transit Administration (FTA), Department of Transportation (DOT).

**ACTION:** Notice of funding opportunity (NOFO).

**SUMMARY:** The Federal Transit Administration (FTA) announces the opportunity to apply for approximately $657 million in competitive grants for the Fiscal Year (FY) 2026 Passenger Ferry Program, Electric or Low-Emitting Ferry Pilot Program, and Ferry Service for Rural Communities Program.

**DATES:** Complete proposals must be submitted electronically through the *GRANTS.GOV* ''APPLY'' function by 11:59 p.m. Eastern time May 11, 2026.

**FOR FURTHER INFORMATION CONTACT:** Email: Matt Lange, Office of Program Management, at *FTAFerryPrograms@dot.gov;* or phone: (202) 366–2053.

**SUPPLEMENTARY INFORMATION:** The full text of the Notice of Funding Opportunity (NOFO) can be found on FTA's website at *https://www.transit.dot.gov/funding/grants/notices* and in the ''FIND'' module of GRANTS.GOV. The funding opportunity IDs are FTA–2026–005–TPM-Ferry, FTA–2026–007–TPM–FERRYPILOT, and FTA–2026–006–TPM-FerryRural. Mail and fax submissions will not be accepted.

**Jamie Pfister,**

*Acting Executive Director.*

[FR Doc. 2026–06680 Filed 4–6–26; 8:45 am]

**BILLING CODE 4910–57–P**

## DEPARTMENT OF THE TREASURY

### Office of Foreign Assets Control

### Notice of OFAC Sanctions Actions

**AGENCY:** Office of Foreign Assets Control, Treasury.

**ACTION:** Notice.

**SUMMARY:** The U.S. Department of the Treasury's Office of Foreign Assets Control (OFAC) is publishing updates to the identifying information of one or more persons currently included in OFAC's Specially Designated Nationals and Blocked Persons List (SDN List). OFAC is also publishing the names of one or more persons whose property and interests in property have been unblocked and who have been removed from the SDN List.

**DATES:** See **SUPPLEMENTARY INFORMATION** for relevant dates.

**FOR FURTHER INFORMATION CONTACT:** OFAC: Associate Director for Global Targeting, 202–622–2420; Assistant Director for Licensing, 202–622–2480; Assistant Director for Sanctions Compliance, 202–622–2490 or *https://ofac.treasury.gov/contact-ofac.*

**SUPPLEMENTARY INFORMATION:**

#### Electronic Availability

The SDN List and additional information concerning OFAC sanctions programs are available on OFAC's website: *https://ofac.treasury.gov.*

**Notice of OFAC Actions**

A. On March 6, 2026, OFAC determined that the property and interests in property subject to U.S. jurisdiction of the following person is unblocked and they have been removed from the SDN List.

1. GLOBE TREKKERS LLC, Salah Al Din Street 131, Dubai, United Arab Emirates; P.O. Box 32276, M01, Saif Abdulrehman Building, Salahuddin St, Deira, Dubai, United Arab Emirates; Secondary sanctions risk: See Section 11 of Executive Order 14024.; License 224100 (United Arab Emirates); Chamber of Commerce Number 20374 (United Arab Emirates); Economic Register Number (CBLS) 10788984 (United Arab Emirates) [RUSSIA–EO14024].

B. On March 12, 2026, OFAC determined that the property and interests in property subject to U.S. jurisdiction of the following person is unblocked and they have been removed from the SDN List.

1. LOBO, Carlos Arnoldo (a.k.a. ''EL NEGRO LOBO''; a.k.a. ''NEGRO''), Col Toronjal, 2da Etapa, Casa 2, La Ceiba, Atlantida, Honduras; Col Toronjal, 2da Etapa, Casa 2, Numero 67, La Ceiba, Atlantida, Honduras; Colonia El Toronjal, Cuarta Etapa, Bloque, La Ceiba, Atlantida, Honduras; Hacienda La Rosita, La Ceiba, Atlantida, Honduras; French Harbour, Roatan, Islas de La Bahia, Honduras; Los Tangos, Copan, Honduras; Casa 67, Blq 02, San Pedro Sula, Cortes, Honduras; Hacienda Aldea La Rosita, Esparta, Atlantida, Honduras; Hacienda Satuye, Col. Satuye, La Ceiba, Atlantida, Honduras; DOB 28 May 1974; POB Esparta, La Ceiba, Honduras; Numero de Identidad 0103–1975–00009 (Honduras) (individual) [SDNTK].

C. On March 13, 2026, OFAC determined that the property and interests in property subject to U.S. jurisdiction of the following persons is unblocked and they have been removed from the SDN List.

1. GAYKOVICH, Boris Aleksandrovich, St. Petersburg, Russia; DOB 30 Oct 1977; POB St. Petersburg, Russia; nationality Russia; Gender Male; Secondary sanctions risk: Ukraine-/Russia-Related Sanctions Regulations, 31 CFR 589.201; Passport 649039450 (Russia); National ID No. 4004990741 (individual) [CYBER2] (Linked To: NPP PT OKEANOS, AO).

2. KOVALEVSKIJ, Nikita Gennadievitch (a.k.a. KOVALEVSKY, Nikita; a.k.a. MURAVJOV, Nikita), Leinelantie 1 B 49, Vantaa 01340, Finland (Latin: Leineläntie 1 B 49, Vantaa 01340, Finland); DOB 21 Nov 1978; POB Moscow; nationality Finland; alt. nationality Russia; citizen Finland; alt. citizen Russia; Gender Male; Passport FP4892455 (Finland) issued 08 Dec 2021 expires 08 Dec 2026; alt. Passport 53 1216997 (Russia); alt. Passport FP3994119 (Finland); National ID No. 211178–2697 (Finland) issued 08 Dec 2021 expires 08 Dec 2026 (individual) [CYBER2] (Linked To: OPTIMA FREIGHT OY).

3. ACEX OY, Manttaalitie 5, Vantaa, Uusimaa 01530, Finland; Secondary sanctions risk: Ukraine-/Russia-Related Sanctions Regulations, 31 CFR 589.201; Registration Number 24549145 (Finland) [CYBER2] (Linked To: KOVALEVSKIJ, Nikita Gennadievitch).

4. GCH FINLAND OY, Manttaalitie 5, Vantaa, Uusimaa 01530, Finland; website *www.gchfinland.fi;* Secondary sanctions risk: Ukraine-/Russia-Related Sanctions Regulations, 31 CFR 589.201; Registration Number 25554771 (Finland) [CYBER2] (Linked To: KOVALEVSKIJ, Nikita Gennadievitch).

5. QUANTLOG OY, Kalevankatu 20, Helsinki 00100, Finland; Secondary sanctions risk: Ukraine-/Russia-Related Sanctions Regulations, 31 CFR 589.201; Tax ID No. 3160340–2 (Finland) [CYBER2] (Linked To: KOVALEVSKIJ, Nikita Gennadievitch).

6. UNICUM TRADE OY, Manttaalitie 5, Vantaa, Uusimaa 01530, Finland; website *www.unicumtrade.fi;* Secondary sanctions risk: Ukraine-/Russia-Related Sanctions Regulations, 31 CFR 589.201; Registration Number 26733472 (Finland) [CYBER2] (Linked To: KOVALEVSKIJ, Nikita Gennadievitch).

D. On March 18, 2026, OFAC determined that the property and interests in property subject to U.S. jurisdiction of the following persons is unblocked and they have been removed from the SDN List.

1. TURKEN, Berk, Turkey; DOB 25 Jul 1980; POB Ankara, Turkey; nationality Turkey; citizen Turkey; Gender Male; Secondary sanctions risk: See Section 11 of Executive Order 14024.; National ID No. 13420073134 (Turkey) (individual) [RUSSIA–EO14024].

2. TYURIKOVA, Evgeniya Sergeyevna (a.k.a. DYATKOVA, Evgeniya Sergeyevna; a.k.a. SMIRNOVA, Evgeniya Sergeyevna; a.k.a. TYURIKOVA, Eugenia; a.k.a. TYURIKOVA, Evgenia; a.k.a. TYURIKOVA, Yevgenia (Cyrillic: ТЮРИКОВА, Евгения)), Bolshaya Serpuhovskaya Street, Moscow 115093, Russia; Hungary; DOB 25 Sep 1975; POB Sevastopol, Ukraine; nationality Russia; Gender Female; Secondary sanctions risk: See Section 11 of Executive Order 14024.; Passport 762948132 (Russia) expires 01 Apr 2030; alt. Passport 752900261 (Russia) issued 04 Mar 2016 expires 04 Mar 2026 (individual) [RUSSIA-EO14024].

3. VORONTSOV, Boris Gennadiyevich, Moscow, Russia; DOB 16 Feb 1978; nationality Russia; Gender Male; Secondary sanctions risk: See Section 11 of Executive Order 14024. (individual) [RUSSIA–EO14024].

4. BSB GRUP INTERNET VE YAPAY ZEKA TEKNOLOJILERI ANONIM SIRKETI (a.k.a. BSB GROUP), Alacaath Mah. 4841 Cad. A1 Blok No: 3a Ic Kapi No: 122, Cankaya, Ankara, Turkey; Secondary sanctions risk: See Section 11 of Executive Order 14024.; Organization Established Date 2021; Registration Number 0187141297700001 (Turkey) [RUSSIA–EO14024] (Linked To: TURKEN, Berk).

5. TURKEN DIJITAL MATBAA TEKNOLOJILERI BILGISAYAR BILISIM KIRTASIYE FOTOGRAFCILIK SANAYI VE DIS TICARET LIMITED SIRKETI, Konutkent Mahallesi 3028 Cad. B Block Apt. No: 16 B/31, Cankaya, Ankara, Turkey; Secondary sanctions risk: See Section 11 of Executive Order 14024.; Organization Established Date 2007; Registration Number 0877025089900016 (Turkey) [RUSSIA–EO14024].

6. FUTURIS FZE, SAIF Office, P8–08–37, P.O. Box 122788, Sharjah, United Arab Emirates; Secondary sanctions risk: See Section 11 of Executive Order 14024.; License 14541 (United Arab Emirates); Economic Register Number (CBLS) 11613852 (United Arab Emirates) [RUSSIA–EO14024].

E. On March 20, 2026, OFAC determined that the property and interests in property subject to U.S.

jurisdiction of the following persons is unblocked and they have been removed from the SDN List.

1. GASTELUM SERRANO, Cesar (a.k.a. ''LA SENORA''), Culiacan, Sinaloa, Mexico; DOB 30 Apr 1968; POB Sinaloa, Culiacan, Mexico; nationality Mexico; C.U.R.P. GASC680430HSLSRS07 (Mexico) (individual) [SDNTK].

2. GASTELUM SERRANO, Alfredo; DOB 20 Aug 1971; POB Culiacan, Sinaloa, Mexico; nationality Mexico; C.U.R.P. GASA710820HSLSRL04 (Mexico) (individual) [SDNTK].

3. GASTELUM SERRANO, Guadalupe Candelario; DOB 02 Feb 1964; POB Culiacan, Sinaloa, Mexico; nationality Mexico; C.U.R.P. GASG640202HSLSRD01 (Mexico) (individual) [SDNTK].

4. KORZHAVIN, Yurii Anatolyevich, Russia; DOB 28 Sep 1957; POB Moscow, Russia; nationality Russia; Gender Male; Secondary sanctions risk: See Section 11 of Executive Order 14024.; Tax ID No. 770702814195 (Russia) (individual) [RUSSIA–EO14024].

5. PIFLAKS, Gilad, Israel; DOB 23 Sep 1992; POB Tashkent, Uzbekistan; nationality Uzbekistan; alt. nationality Israel; Gender Male; Secondary sanctions risk: See Section 11 of Executive Order 14024. (individual) [RUSSIA–EO14024] (Linked To: PIFLAKS, Maks Borisovich).

6. LASZLOCZKI, Imre, Budapest, Hungary; DOB 26 Sep 1961; POB Paks, Hungary; nationality Hungary; Gender Male; Secondary sanctions risk: See Section 11 of Executive Order 14024. (individual) [RUSSIA–EO14024].

7. KORZHAVINA, Lidiya Germanovna, Russia; DOB 22 May 1958; POB Moscow, Russia; nationality Russia; Gender Female; Secondary sanctions risk: See Section 11 of Executive Order 14024.; Tax ID No. 771405312885 (Russia) (individual) [RUSSIA–EO14024].

F. On March 26, 2026, OFAC determined that the property and interests in property subject to U.S. jurisdiction of the following persons is unblocked and they have been removed from the SDN List.

BILLING CODE 4810–AL–P

1. OPEN JOINT STOCK COMPANY BELARUSIAN POTASH COMPANY (a.k.a. AAT BELARUSKAYA KALIYNAYA KAMPANIYA (Cyrillic: ААТ БЕЛАРУСКАЯ КАЛІЙНАЯ КАМПАНІЯ); a.k.a. ADKRYTAYE AKTSYYANERNAYE TAVARYSTVA BELARUSKAYA KALIYNAYA KAMPANIYA (Cyrillic: АДКРЫТАЕ АКЦЫЯНЕРНАЕ ТАВАРЫСТВА БЕЛАРУСКАЯ КАЛІЙНАЯ КАМПАНІЯ); a.k.a. BELARUSIAN POTASH COMPANY (Cyrillic: БЕЛОРУССКАЯ КАЛИЙНАЯ КОМПАНИЯ); a.k.a. BELORUSSKAYA KALINAYA KOMPANIYA OAO; a.k.a. JSC BELARUSIAN POTASH COMPANY; a.k.a. OAO BELORUSSKAYA KALIYNAYA KOMPANIYA (Cyrillic: ОАО БЕЛОРУССКАЯ КАЛИЙНАЯ КОМПАНИЯ); a.k.a. OJSC BELARUSIAN POTASH COMPANY; a.k.a. OTKRYTOYE AKTSIONERNOYE OBSHCHESTVO BELORUSSKAYA KALIYNAYA KOMPANIYA (Cyrillic: ОТКРЫТОЕ АКЦИОНЕРНОЕ ОБЩЕСТВО БЕЛОРУССКАЯ КАЛИЙНАЯ КОМПАНИЯ)), Masherova Ave, Building 35, Room 644, Minsk 220002, Belarus (Cyrillic: пр-т Машерова, д. 35, пом. 644, Минск 220002, Belarus); Organization Established Date 13 Sep 2013; Registration Number 192050251 (Belarus) [BELARUS-EO14038].

2. AGROROZKVIT LLC (Cyrillic: ООО АГРОРОЗКВИТ) (a.k.a. AGROROZKVIT TOV; a.k.a. TOVARYSTVO Z OBMEZHENOYU VIDPOVIDALNISTYU AGROROZKVIT), Bud. 44b Inshe Poverkh 2, vul. Evgena Konovaltsya Pechersky R-N, Kyiv 01133, Ukraine; Organization Established Date 07 May 2016; Registration Number 406289726553 (Ukraine) [BELARUS-EO14038].

G. On March 27, 2026, OFAC determined that the property and interests in property subject to U.S. jurisdiction of the following persons is unblocked and they have been removed from the SDN List.

1. DMITRIEV, Vladimir Aleksandrovich, Moscow, Russia; DOB 25 Aug 1953; POB Moscow, Russia; nationality Russia; Gender Male; Secondary sanctions risk: See Section 11 of Executive Order 14024. (individual) [RUSSIA-EO14024].

2. VILLA, Frederic Pierre, Malta; DOB 21 Oct 1967; nationality Italy; alt. nationality Switzerland; Gender Male; Secondary sanctions risk: See Section 11 of Executive Order 14024.; Passport X6107409 (Switzerland); alt. Passport YA6181234 (Italy) (individual) [RUSSIA-EO14024] (Linked To: STRATTON INVESTMENT GROUP LTD).

3. PORTNOV, Andriy Volodymyrovych (Cyrillic: ПОРТНОВ, Андрій Володимирович) (a.k.a. PORTNOV, Andrij Volodymyrovych; a.k.a. PORTNOV, Andriy), Ukraine; DOB 27 Oct 1973; POB Luhansk, Ukraine; nationality Ukraine; Gender Male; Passport PU262444 (Ukraine); National ID No. CO168696 (Ukraine) (individual) [GLOMAG].

4. ANDRIY PORTNOV FUND (Cyrillic: ФОНД АНДРІЯ ПОРТНОВА) (a.k.a. CHARITABLE ORGANIZATION ANDRIY PORTNOV FUND (Cyrillic: БЛАГОДІЙНА ОРГАНІЗАЦІЯ ФОНД АНДРІЯ ПОРТНОВА)), Yevhena Konoval'tsya Street, Building 36-B, Apartment 50, Kyiv 01133, Ukraine (Cyrillic: ВУЛИЦЯ ЄВГЕНА КОНОВАЛЬЦЯ, будинок 36-В, квартира 50, Київ 01133, Ukraine); Target Type Charity or Nonprofit Organization; Company Number 43465723 (Ukraine) [GLOMAG] (Linked To: PORTNOV, Andriy Volodymyrovych).

H. On March 31, 2026, OFAC determined that the property and interests in property subject to U.S. jurisdiction of the following persons is unblocked and they have been removed from the SDN List.

1. FESCO MAGADAN (Cyrillic: ФЕСКО МАГАДАН) Container Ship 7,519GRT Russia flag; Secondary sanctions risk: See Section 11 of Executive Order 14024.; Vessel Registration Identification IMO 9287699 (vessel) [RUSSIA-EO14024] (Linked To: PSB LIZING OOO).

2. FESCO MONERON (Cyrillic: ФЕСКО МОНЕРОН) Container Ship 7,519GRT Russia flag; Secondary sanctions risk: See Section 11 of Executive Order 14024.; Vessel Registration Identification IMO 9277412 (vessel) [RUSSIA-EO14024] (Linked To: PSB LIZING OOO).

**BILLING CODE 4810–AL–C**

3. SV NIKOLAY (UBTU6) General Cargo 5,897GRT Russia flag; Secondary sanctions risk: See Section 11 of Executive Order 14024.; Vessel Registration Identification IMO 9482926; MMSI 273215770 (vessel) [RUSSIA–EO14024] (Linked To: ALFA–LIZING OOO).

4. RODRIGUEZ OLIVERA, Luis (a.k.a. MORFAN RODRIGUEZ, Luis Fernando; a.k.a. RODRIGUEZ MORFIN, Luis; a.k.a. RODRIGUEZ OLIVERA, Luis Fernando), Plaza Pabellion, Zapopan, Jalisco, Mexico; Colonia Providencia, Calle Quebec, Apt. 1127, Guadalajara, Jalisco, Mexico; 4179 Colonia Miravalle, Guadalajara, Jalisco, Mexico; Sendero Las Acacias 92, Guadalajara, Jalisco, Mexico; Vereda Del Canario 1, Guadalajara, Jalisco, Mexico; Puerto de Hierro, Zapopan, Jalisco, Mexico; Fresno, CA, United States; DOB 03 Apr 1972; alt. DOB 1960; alt. DOB 1966; POB Tecalitlan, Jalisco, Mexico; nationality Mexico; citizen Mexico (individual) [SDNTK].

5. RODRIGUEZ OLIVERA, Esteban (a.k.a. MORFIN RODRIGUEZ, Esteban; a.k.a. RODRIGUEZ JIMENEZ, Esteban; a.k.a. RODRIGUEZ LARIOS, Esteban; a.k.a. RODRIGUEZ MORFIN, Esteban; a.k.a. ''VALENCIA, Esteban''), Ricardo Giradles 5107, Colonia Jardines de Universidad, Guadalajara, Mexico; Vereda del Canario 1, Guadalajara, Jalisco, Mexico; Sendera las Acacias 92, Guadalajara, Jalisco, Mexico; Ciudad Victoria, Allende Hwy, Allende, Guanajuato, Mexico; Ocampo 49, Tecalitlan, Jalisco, Mexico; Puerto de Hierro, Zapopan, Jalisco, Mexico; Mexico City, Distrito Federal, Mexico; Universidad, Guadalajara, Jalisco, Mexico; DOB 19 Dec 1964; POB Tecalitlan, Jalisco, Mexico; nationality

Mexico; citizen Mexico; Passport 0801009914 (Mexico) issued 02 Nov 2008 expires 02 Nov 2018 (individual) [SDNTK].

6. URDINOLA ALVAREZ, Hector Mario (a.k.a. ''CHICHO''); DOB 26 Aug 1982; POB Cali, Valle, Colombia; citizen Colombia; Cedula No. 16844641 (Colombia) (individual) [SDNTK] (Linked To: JOYERIA MANUELLA H.M.).

7. JOYERIA MANUELLA H.M., Carrera 50 #9B–20, Cali, Valle, Colombia; Matricula Mercantil No. 818178–2 (Cali) [SDNTK].

I. As of March 31, 2026, OFAC is correcting the following previously published information regarding the designation of the following person. OFAC previously noted that the person was designated pursuant to sections 1(a)(i) and 1(a)(vii) of E.O. 14024 for operating or having operated in the financial services sector of the Russian Federation economy and for being owned or controlled by, or having acted or purported to act for or behalf of, directly or indirectly, the Government of the Russian Federation. OFAC is correcting this information to reflect that this person was designated pursuant to sections 1(a)(i) and 1(a)(vii) of E.O. 14024 for operating or having operated in the technology sector of the Russian Federation economy and for being owned or controlled by, or having acted or purported to act for or behalf of, directly or indirectly, the Government of the Russian Federation.

1. VEKSELBERG, Viktor Feliksovich (Cyrillic: ВЕКСЕЛЬБЕРГ, Виктор Феликсович) (a.k.a. VEKSELBERG, Victor (Cyrillic: ВЕКСЕЛЬБЕРГ, Виктор)), Russia; DOB 14 Apr 1957; POB Drogobych, Lviv region, Ukraine; Gender Male; Secondary sanctions risk: Ukraine-/Russia-Related Sanctions Regulations, 31 CFR 589.201 and/or 589.209; alt. Secondary sanctions risk: See Section 11 of Executive Order 14024. (individual) [UKRAINE-EO13662] [RUSSIA-EO14024].

J. On April 1, 2026, OFAC determined that the property and interests in property subject to U.S. jurisdiction of the following person are unblocked and they have been removed from the SDN List.

1. RODRIGUEZ GOMEZ, Delcy Eloina (a.k.a. RODRIGUEZ, Delcy), Capital District, Venezuela; DOB 18 May 1969; citizen Venezuela; Gender Female; Cedula No. 10353667 (Venezuela) (individual) [VENEZUELA].

(Authority: 31 CFR chapter V.)

**Bradley T. Smith,**

*Director, Office of Foreign Assets Control.*

[FR Doc. 2026–06723 Filed 4–6–26; 8:45 am]

**BILLING CODE 4810–AL–P**

## DEPARTMENT OF THE TREASURY

### Internal Revenue Service

### Agency Information Collection Activities; Comment Request on Carrier Summary Report, Terminal Operator Report, and Request for Extension of Time to File an ExSTARS Information Return

**AGENCY:** Internal Revenue Service (IRS), Treasury.

**ACTION:** Notice of Information Collection; request for comments.

**SUMMARY:** In accordance with the Paperwork Reduction Act of 1995, the IRS is inviting comments on the information collection request outlined in this notice.

**DATES:** Written comments should be received on or before June 8, 2026 to be assured of consideration.

**ADDRESSES:** Direct all written comments to Andres Garcia, Internal Revenue Service, Room 6526, 1111 Constitution Avenue NW, Washington, DC 20224, or by email to *pra.comments@irs.gov.* Include ''OMB Control No. 1545–1733'' in the subject line of the message.

**FOR FURTHER INFORMATION CONTACT:** Requests for additional information or copies of this collection should be directed to Kerry Dennis, (202) 317–5751.

**SUPPLEMENTARY INFORMATION:** The IRS, in accordance with the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3506(c)(2)(A)), provides the general public and Federal agencies with an opportunity to comment on proposed, revised, and continuing collections of information. This helps the IRS assess the impact and minimize the burden of its information collection requirements. Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval. All comments will become a matter of public record, and viewable on relevant websites. For this reason, please do not include in your comments information of a confidential nature, such as sensitive personal information. Comments are invited on: (a) Whether the collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information.

*Title:* Comment Request on Carrier Summary Report, Terminal Operator Report, and Request for Extension of Time to File an ExSTARS Information Return.

*OMB Control Number:* 1545–1733.

*Form Numbers:* 720–CS, 720–TO, and 8809–EX.

*Abstract:* Representatives of the motor fuel industry, state governments, and the Federal government are working to ensure compliance with excise taxes on motor fuels. This joint effort has resulted in a system to track the movement of all products to and from terminals. Form 720–CS is an information return used by bulk transport carriers to report monthly receipts and disbursements of all liquid products at a storage location designated by a facility control number (FCN). Form 720–TO is completed by terminal operators to report monthly receipts and disbursements of all liquid products to and from all approved terminals. Form 8809–EX is used to request a 30-day extension of time to file an Excise Summary Terminal Activity Reporting System (ExSTARS) information report (Form 720–CS or Form 720–TO).

*Current Actions:* There is no change to the previously approved information collection.

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

*Affected Public:* Business or other for-profit organizations.

*Estimated Number of Responses:* 544,380.

*Estimated Time per Response:* 4 hours, 39 minutes.

*Estimated Total Annual Burden Hours:* 2,530,383 hours.

Dated: April 2, 2026.

**Kerry Dennis,**

*Tax Analyst.*

[FR Doc. 2026–06729 Filed 4–6–26; 8:45 am]

**BILLING CODE 4831–GV–P**

## DEPARTMENT OF THE TREASURY

### Internal Revenue Service

### Agency Information Collection Activities: Comment Request on the Burden Related to the Treatment of Distributions to Foreign Persons

**AGENCY:** Internal Revenue Service (IRS), Treasury.

**ACTION:** Notice of Information Collection and request for comments.

**SUMMARY:** In accordance with the Paperwork Reduction Act of 1995, the IRS is inviting comments on the information collection request outlined in this notice.

**DATES:** Written comments should be received on or before June 8, 2026 to be assured of consideration.

**ADDRESSES:** Direct all written comments and recommendations to Andrés Garcia, Internal Revenue Service, Room 6526, 1111 Constitution Avenue NW, Washington, DC 20224, or by email at *pra.comments@irs.gov.* Please include, ''OMB Number: 1545–1487—Public Comment Request Notice'' in the subject line of the message.

**FOR FURTHER INFORMATION CONTACT:** Requests for additional information or copies of this collection should be directed to Ronald J. Durbala, (202)-317–5746 or via email at *RJoseph.Durbala@irs.gov.*

**SUPPLEMENTARY INFORMATION:** The IRS, in accordance with the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3506(c)(2)(A)), provides the public and Federal agencies with an opportunity to comment on proposed, revised, and continuing collections of information. This helps the IRS assess its impact and minimize the burden of its information collection requirements. Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval. All comments will become a matter of public record and be viewable on relevant websites. For this reason, please do not include in your comments information of a confidential nature, such as sensitive personal information.

Comments are invited on: (a) Whether the collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information.

*Title:* Treatment of Distributions to Foreign Persons Under Sections 367(e)(1) and 367(e)(2).

*OMB Control Number:* 1545–1487.

*Reg./Project Number(s):* TD 9704.

*Abstract:* This document contains final and temporary regulations relating to the consequences to U.S. and foreign persons for failing to file gain recognition agreements (GRAs) or related documents, or to satisfy other reporting obligations, associated with certain transfers of property to foreign corporations in nonrecognition exchanges.

*Current Actions:* There are no changes being made to the forms at this time.

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

*Affected Public:* Business or other for-profit organizations.

*Estimated Number of Respondents:* 414.

*Estimated Time per Respondent:* 5 hrs., 58 min.

*Estimated Total Annual Burden Hours:* 2,471.

Dated: April 3, 2026.

**Ronald J. Durbala,**

*Tax Analyst.*

[FR Doc. 2026–06692 Filed 4–6–26; 8:45 am]

**BILLING CODE 4831–GV–P**

# FEDERAL REGISTER

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Part II

## Department of Health and Human Services

Centers for Medicare & Medicaid Services

42 CFR Part 413

Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities; Updates to the Quality Reporting Program for Federal Fiscal Year 2027; Proposed Rule

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare & Medicaid Services**

**42 CFR Part 413**

**[CMS–1843–P]**

**RIN 0938–AV75**

# Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities; Updates to the Quality Reporting Program for Federal Fiscal Year 2027

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

**ACTION:** Proposed rule.

**SUMMARY:** This rule proposes changes and updates to the policies and payment rates used under the Skilled Nursing Facility (SNF) Prospective Payment System (PPS) for fiscal year 2027. This proposed rule also updates the requirements for the SNF Quality Reporting Program and the SNF Value-Based Purchasing Program.

**DATES:** To be assured consideration, comments must be received at one of the addresses provided below, by June 1, 2026.

**ADDRESSES:** In commenting, please refer to file code CMS–1843–P.

Comments, including mass comment submissions, must be submitted in one of the following three ways (please choose only one of the ways listed):

1. *Electronically.* You may submit electronic comments on this regulation to *http://www.regulations.gov.* Follow the ''Submit a comment'' instructions.

2. *By regular mail.* You may mail written comments to the following address *only:*

Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS–1843–P, P.O. Box 8016, Baltimore, MD 21244–8016.

Please allow sufficient time for mailed comments to be received before the close of the comment period.

3. *By express or overnight mail.* You may send written comments to the following address *only:*

Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS–1843–P, Mail Stop C4–26–05, 7500 Security Boulevard, Baltimore, MD 21244–1850.

For information on viewing public comments, see the beginning of the **SUPPLEMENTARY INFORMATION** section.

**FOR FURTHER INFORMATION CONTACT:**

*PDPM@cms.hhs.gov* for issues related to the SNF PPS.

Heidi Magladry, (410) 786–6034, for information related to the Skilled Nursing Facility Quality Reporting Program.

Christopher Palmer, (410) 786–8025, for information related to the Skilled Nursing Facility Value-based Purchasing Program.

**SUPPLEMENTARY INFORMATION:**

*Inspection of Public Comments:* All comments received before the close of the comment period are available for viewing by the public, including any personally identifiable or confidential business information that is included in a comment. We post all comments received before the close of the comment period on the following website as soon as possible after they have been received: *http://www.regulations.gov/.* Follow the search instructions on that website to view public comments. CMS will not post on *Regulations.gov* public comments that make threats to individuals or institutions or suggest that the commenter will take actions to harm an individual. CMS continues to encourage individuals not to submit duplicative comments. We will post acceptable comments from multiple unique commenters even if the content is identical or nearly identical to other comments.

*Plain Language Summary:* In accordance with 5 U.S.C. 553(b)(4), a plain language summary of this rule may be found at *https://www.regulations.gov/.*

## Availability of Certain Tables Exclusively Through the Internet on the CMS Website

As discussed in the FY 2014 SNF PPS final rule (78 FR 47936), tables setting forth the Wage Index for Urban Areas Based on Core Based Statistical Area (CBSA) Labor Market Areas and the Wage Index Based on CBSA Labor Market Areas for Rural Areas are no longer published in the **Federal Register**. Instead, these tables are available exclusively through the internet on the CMS website. The wage index tables for this proposed rule can be accessed on the SNF PPS Wage Index home page, at *https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/WageIndex.html.*

Readers who experience any problems accessing any of these online SNF PPS wage index tables should contact Patricia Taft at (410) 786–4561.

## I. Executive Summary

### *A. Purpose*

This proposed rule would update the skilled nursing facility (SNF) prospective payment rates for fiscal year (FY) 2027, as required under section 1888(e)(4)(E) of the Social Security Act (the Act). It would also implement section 1888(e)(4)(H) of the Act, which requires the Secretary to publish specified information relating to the payment update (see section II.C. of this proposed rule) in the **Federal Register** before the August 1 that precedes the start of each fiscal year. We are also proposing to continue to use the concurrent pre-floor, pre-reclassified Inpatient Prospective Payment System (IPPS) hospital wage index as the basis for the SNF wage index. In this proposed rule, we are not proposing any substantive changes to the Patient Driven Payment Model (PDPM) ICD–10 code mappings. This proposed rule proposes updates to the SNF Quality Reporting Program (QRP) including removing two measures from the program, specifically the COVID–19 Vaccination Coverage Among Healthcare Personnel (HCP) Measure and the COVID–19 Vaccine: Percent of Patients/Residents Who Are Up to Date Measure. We are also proposing the revision of the SNF QRP data submission deadlines. In addition, we are proposing to require the submission of MDS data on each resident receiving covered skilled care in a SNF, regardless of payer. Finally, we are requesting comment on future measure concepts for the SNF QRP. We are also proposing updates to the Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program, including estimating performance standards and updating the review and correction policy for measures calculated with MDS assessment data. This proposed rule also includes a Request for Information (RFI) on the methodology for quantifying and addressing case-mix creep under PDPM.

### *B. Summary of Major Provisions*

In accordance with sections 1888(e)(4)(E)(ii)(IV) and (e)(5) of the Act, this proposed rule would update the annual rates that we published in the SNF PPS final rule for FY 2026 (90 FR 37310).

For the SNF QRP we are proposing to remove two measures beginning with the FY 2028 SNF QRP: the COVID–19 Vaccination Coverage Among Healthcare Personnel Measure and the COVID–19 Vaccine: Percent of Patients/Residents Who are Up to Date Measure. Additionally, we are proposing revisions to the data submission deadlines for data collected for the SNF QRP from 4.5 months after the end of each quarter to the 15th day of the second month after the end of the

quarter beginning with the FY 2029 SNF QRP. We are also proposing to require the submission of MDS data on all SNF residents admitted for covered skilled care regardless of payer beginning with the FY 2031 SNF QRP. Finally, we are requesting comment on future measure concepts for the SNF QRP.

For the SNF VBP Program, we are providing estimated performance standards for the FY 2029 and FY 2030 program years to comply with the Program's statutory notice deadline. We are also proposing to update the ''snapshot date'' codified at 42 CFR 413.338(f)(1)(v) for two measures that are calculated using MDS assessment data to maintain alignment with proposed SNF QRP submission deadlines for MDS assessment data, beginning with FY 2027 data.

*C. Summary of Cost and Benefits*

TABLE 1—ESTIMATED COST AND BENEFITS

| Updates | Estimated total transfers/costs |
|---|---|
| FY 2027 SNF PPS payment rate update | The overall economic impact of this proposed rule is an estimated increase of $888 million in aggregate payments to SNFs during FY 2027. |
| FY 2028 SNF QRP changes due to the removal of two measures. | The overall economic impact of this proposed rule to SNFs is an estimated decrease of $8.3 million annually to SNFs beginning with the FY 2028 SNF QRP. |
| FY 2031 SNF QRP changes due to the requirement to submit MDS data on each resident receiving skilled care regardless of payer. | The overall economic impact of this proposed rule to those SNFs is an estimated increase of $88 million annually to SNFs beginning with the FY 2031 SNF QRP. |
| FY 2027 SNF VBP changes | The overall economic impact of the SNF VBP Program is an estimated reduction of $203.41 million in aggregate payments to SNFs during FY 2027. |

## II. Background on SNF PPS

*A. Statutory Basis and Scope*

As amended by section 4432 of the Balanced Budget Act of 1997 (BBA 1997) (Pub. L. 10533, enacted August 5, 1997), section 1888(e) of the Act provides for the implementation of a PPS for SNFs. This methodology uses prospective, case-mix adjusted per diem payment rates applicable to all covered SNF services defined in section 1888(e)(2)(A) of the Act. The SNF PPS is effective for cost reporting periods beginning on or after July 1, 1998, and covers virtually all costs of furnishing covered SNF services (routine, ancillary, and capital related costs) other than costs associated with approved educational activities and bad debts. Under section 1888(e)(2)(A)(i) of the Act, covered SNF services include post-hospital extended care services for which benefits are provided under Medicare Part A, as well as those items and services (other than a small number of excluded services, such as physicians' services) for which payment may otherwise be made under Medicare Part B and which are furnished to Medicare beneficiaries who are residents in a SNF during a covered Medicare Part A stay. A comprehensive discussion of these provisions appears in the May 12, 1998, interim final rule (63 FR 26252). In addition, a detailed discussion of the legislative history of the SNF PPS is available online at *https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/Legislative_History_2018-10-01.pdf.*

Section 215(a) of the Protecting Access to Medicare Act of 2014 (PAMA) (Pub. L. 113–93, enacted April 1, 2014) added new section 1888(g) to the Act, requiring the Secretary to specify an all-cause all-condition hospital readmission measure and an all-condition risk-adjusted potentially preventable hospital readmission measure for the SNF setting. Additionally, section 215(b) of PAMA added section 1888(h) to the Act requiring the Secretary to implement a VBP program for SNFs. In 2014, section 2(c)(4) of the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014 (Pub. L. 113–185, enacted October 6, 2014) amended section 1888(e)(6) of the Act, which requires the Secretary to implement a QRP for SNFs under which SNFs report data on measures and resident assessment data. Finally, section 111 of the Consolidated Appropriations Act, 2021 (CAA, 2021) (Pub. L. 116–260, enacted December 27, 2020) amended section 1888(h)(2)(A) of the Act, authorizing the Secretary to apply up to ten measures to the VBP program for SNFs.

*B. Initial Transition for the SNF PPS*

Under sections 1888(e)(1)(A) and (e)(11) of the Act, the SNF PPS included an initial, three-phase transition that blended a facility-specific rate (reflecting the individual facility's historical cost experience) with the Federal case-mix adjusted rate. The transition extended through the facility's first 3 cost reporting periods under the prospective payment system, up to and including the one that began in FY 2001. Thus, the SNF PPS is no longer operating under the transition, as all facilities have been paid at the full Federal rate effective with cost reporting periods beginning in FY 2002. As we now base payments for SNFs entirely on the adjusted Federal per diem rates, we no longer include adjustment factors under the transition related to facility-specific rates for the upcoming FY.

*C. Required Annual Rate Updates*

Section 1888(e)(4)(E) of the Act requires the SNF PPS payment rates to be updated annually. The most recent annual update occurred in a final rule that set forth updates to the SNF PPS payment rates for FY 2026 (90 FR 37310).

Section 1888(e)(4)(H) of the Act specifies that we provide for publication annually in the **Federal Register** the following:

- The unadjusted Federal per diem rates to be applied to days of covered SNF services furnished during the upcoming FY.
- The case-mix classification system to be applied for these services during the upcoming FY.
- The factors to be applied in making the area wage adjustment for these services.

Along with other revisions discussed in this preamble, this proposed rule will set out the required annual updates to the per diem payment rates for SNFs for FY 2027.

## III. Proposed SNF PPS Ratesetting Methodology and FY 2027 Payment Update

*A. Federal Base Rates*

Under section 1888(e)(4) of the Act, the SNF PPS uses per diem Federal payment rates based on mean SNF costs in a base year (FY 1995) updated for inflation to the first effective period of the PPS. We developed the Federal payment rates using allowable costs from hospital-based and freestanding SNF cost reports for reporting periods

beginning in FY 1995. The data used in developing the Federal rates also incorporated a Medicare Part B add-on, which is an estimate of the amounts that, prior to the SNF PPS, would be payable under Medicare Part B for covered SNF services furnished to individuals during a covered Medicare Part A stay in a SNF.

In developing the rates for the initial period, we updated costs to the first effective year of the PPS (the 15-month period beginning July 1, 1998) using the SNF market basket and then standardized for geographic variations in wages and for the costs of facility differences in case mix. In compiling the database used to compute the Federal payment rates, we excluded those providers that received new provider exemptions from the routine cost limits, as well as costs related to payments for exceptions to the routine cost limits. Using the formula that the BBA 1997 prescribed, we set the Federal rates at a level equal to the weighted mean of freestanding costs plus 50 percent of the difference between the freestanding mean and weighted mean of all SNF costs (hospital-based and freestanding) combined. We computed and applied separately the payment rates for facilities located in urban and rural areas and adjusted the portion of the Federal rate attributable to wage related costs by a wage index to reflect geographic variations in wages.

*B. SNF Market Basket Update*

1. SNF Market Basket

Section 1888(e)(5)(A) of the Act requires us to establish a SNF market basket that reflects changes over time in the prices of an appropriate mix of goods and services included in covered SNF services. Accordingly, we have developed a SNF market basket that encompasses the most commonly used cost categories for SNF routine services, ancillary services, and capital-related expenses. In the SNF PPS final rule for FY 2025 (89 FR 64065 through 64082), we rebased and revised the SNF market basket, which included updating the base year from 2018 to 2022.

The SNF market basket is used to compute the market basket percentage increase that is used to update the SNF Federal rates on an annual basis, as required by section 1888(e)(4)(E)(ii)(IV) of the Act. This market basket percentage increase is adjusted by a forecast error adjustment, if applicable, and then further adjusted by the application of a productivity adjustment as required by section 1888(e)(5)(B)(ii) of the Act and described in section III.B.4. of this proposed rule.

As outlined in this proposed rule, we are proposing a FY 2027 SNF market basket percentage increase of 3.2 percent based on IHS Global Inc.'s (IGI's) fourth-quarter 2025 forecast of the 2022-based SNF market basket (before application of the forecast error adjustment and productivity adjustment). We are also proposing that if more recent data subsequently become available (for example, a more recent estimate of the market basket, the productivity adjustment, or the forecast error adjustment), we would use such data, if appropriate, to determine the FY 2027 SNF market basket percentage increase, labor-related share relative importance, forecast error adjustment, or productivity adjustment in the SNF PPS final rule.

2. Market Basket Update Factor for FY 2027

Section 1888(e)(5)(B) of the Act defines the SNF market basket percentage increase as the percentage change in the SNF market basket from the midpoint of the previous FY to the midpoint of the current FY. For the Federal rates outlined in this proposed rule, we use the percentage change in the SNF market basket to compute the update factor for FY 2027. This factor is based on the FY 2027 percentage increase in the 2022-based SNF market basket reflecting routine, ancillary, and capital -related expenses. Sections 1888(e)(4)(E)(ii)(IV) and (e)(5)(B)(i) of the Act require that the update factor used to establish the FY 2027 unadjusted Federal rates be at a level equal to the SNF market basket percentage increase. Accordingly, we determined the total growth from the average market basket level for the period of October 1, 2025, through September 30, 2026, to the average market basket level for the period of October 1, 2026, through September 30, 2027. This process yields a percentage increase in the 2022-based SNF market basket of 3.2 percent for FY 2027.

As further explained in section IV.B.3. of this proposed rule, as applicable, we propose to adjust the percentage increase by the forecast error adjustment from the most recently available FY for which there is final data and apply this adjustment whenever the difference between the forecasted and actual percentage increase in the market basket exceeds a 0.5 percentage point threshold in absolute terms. Additionally, section 1888(e)(5)(B)(ii) of the Act requires us to reduce the market basket percentage increase by the productivity adjustment (the 10 year moving average of changes in annual economy-wide private nonfarm business total multifactor productivity for the period ending September 30, 2027), which is estimated to be 0.8 percentage point, as described in section IV.B.4. of this proposed rule.

We also note that section 1888(e)(6)(A)(i) of the Act provides that, beginning with FY 2018, SNFs that fail to submit data, as applicable, in accordance with sections 1888(e)(6)(B)(i)(II) and (III) of the Act for a FY will receive a 2.0 percentage point reduction to their market basket update for the FY involved, after application of section 1888(e)(5)(B)(ii) of the Act (the productivity adjustment) and section 1888(e)(5)(B)(iii) of the Act (the market basket increase). In addition, section 1888(e)(6)(A)(ii) of the Act states that application of the 2.0 percentage point reduction (after application of section 1888(e)(5)(B)(ii) and (iii) of the Act) may result in the market basket percentage change being less than zero for a FY and may result in payment rates for a FY being less than such payment rates for the preceding FY. Section 1888(e)(6)(A)(iii) of the Act further specifies that the 2.0 percentage point reduction is applied in a noncumulative manner, so that any reduction made under section 1888(e)(6)(A)(i) of the Act applies only to the FY involved, and that the reduction cannot be taken into account in computing the payment amount for a subsequent FY.

3. Forecast Error Adjustment

As discussed in the June 10, 2003, supplemental proposed rule (68 FR 34768) and finalized in the August 4, 2003, final rule (68 FR 46057 through 46059), § 413.337(d)(2) provides for an adjustment to account for SNF market basket forecast error. The initial adjustment for SNF market basket forecast error applied to the update of the FY 2003 rate for FY 2004 and considered the cumulative forecast error for the period from FY 2000 through FY 2002, resulting in an increase of 3.26 percent to the FY 2004 update. Subsequent adjustments in succeeding FYs take into account the forecast error from the most recently available FY for which there is final data and apply the difference between the forecasted and actual change in the market basket when the difference exceeds a specified threshold. We originally used a 0.25 percentage point threshold for this purpose; however, for the reasons specified in the FY 2008 SNF PPS final rule (72 FR 43425), we adopted a 0.5 percentage point threshold effective for FY 2008 and subsequent FYs. As we stated in the final rule for FY 2004 that first issued the market basket forecast error adjustment (68 FR 46058), the

adjustment will reflect both upward and downward adjustments, as appropriate.

For FY 2025 (the most recently available FY for which there is final data), the forecasted or estimated increase in the SNF market basket was 3.0 percent, and the actual increase for FY 2025 was 2.8 percent, resulting in the actual increase being 0.2 percentage point lower than the estimated increase. Accordingly, as the difference between the estimated and actual percentage increase in the market basket does not exceed the 0.5 percentage point threshold, under the policy previously described (comparing the forecasted and actual market basket percentage increase), the FY 2027 market basket percentage increase of 3.2 percent would not be adjusted to account for the forecast error correction.

Table 2 shows the forecasted and actual market basket percentage increases for FY 2025.

TABLE 2—DIFFERENCE BETWEEN THE ACTUAL AND FORECASTED SNF MARKET BASKET PERCENTAGE INCREASES FOR FY 2025

| Index | Forecasted FY 2025 percentage increase * | Actual FY 2025 percentage increase ** | FY 2025 difference |
|---|---|---|---|
| SNF | 3.0 | 2.8 | −0.2 |

* Published in **Federal Register**; based on second quarter 2024 IHS Global Inc. forecast (2022-based SNF market basket).
** Based on the fourth quarter 2025 IHS Global Inc. forecast (2022-based SNF market basket), with historical data through third quarter 2025.

4. Productivity Adjustment

Section 1888(e)(5)(B)(ii) of the Act, as added by section 3401(b) of the Patient Protection and Affordable Care Act (Affordable Care Act) (Pub. L. 111–148, enacted March 23, 2010), requires that, in FY 2012 and in subsequent FYs, the market basket percentage under the SNF payment system (as described in section 1888(e)(5)(B)(i) of the Act) is to be reduced annually by the productivity adjustment described in section 1886(b)(3)(B)(xi)(II) of the Act. Section 1886(b)(3)(B)(xi)(II) of the Act, in turn, defines the productivity adjustment to be equal to the 10-year moving average of changes in annual economy-wide, private nonfarm business multifactor productivity (as projected by the Secretary of the Department of Health and Human Services (Secretary) for the 10-year period ending with the applicable FY, year, cost reporting period, or other annual period) (the ''productivity adjustment'').

The United States Department of Labor's Bureau of Labor Statistics (BLS) publishes the official measure of productivity for the United States. The productivity measure referenced in section 1886(b)(3)(B)(xi)(II) of the Act is published by BLS as private nonfarm business total factor productivity *((TFP) previously referred to as multifactor productivity).*[1] We refer readers to the BLS website at *www.bls.gov/productivity* for the BLS historical published TFP data. A complete description of IGI's TFP projection methodology is available on CMS's website at *https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareProgramRatesStats/MarketBasketResearch.*

Section 1888(e)(5)(B)(ii) of the Act further states that the reduction of the market basket percentage by the productivity adjustment may result in the market basket percentage being less than zero for a FY and may result in payment rates under section 1888(e) of the Act being less than such payment rates for the preceding FY. Thus, if the application of the productivity adjustment to the market basket percentage calculated under section 1888(e)(5)(B)(i) of the Act results in a productivity adjusted market basket percentage that is less than zero, then the annual update to the unadjusted Federal per diem rates under section 1888(e)(4)(E)(ii) of the Act would be negative, and such rates would decrease relative to the prior FY.

Based on the data available for the FY 2027 SNF PPS proposed rule, the proposed productivity adjustment (the 10-year moving average of changes in annual economy-wide private nonfarm business TFP for the period ending September 30, 2027) is projected to be 0.8 percentage point.

Consistent with section 1888(e)(5)(B)(i) of the Act and § 413.337(d)(2), and as outlined previously in section III.B.1. of this proposed rule, the market basket percentage increase for FY 2027 for the SNF PPS, based on IHS Global Inc.'s fourth quarter 2025 forecast of the SNF market basket percentage increase, is estimated to be 3.2 percent. As outlined earlier in this section, we are applying a proposed 0.8 percentage point productivity adjustment to the FY 2027 SNF market basket percentage increase. Therefore, the resulting proposed FY 2027 SNF market basket update is equal to 2.4 percent.

5. Unadjusted Federal per Diem Rates for FY 2027

As stated in the FY 2019 SNF PPS final rule (83 FR 39162), in FY 2020 we implemented a new case-mix classification system to classify SNF patients under the SNF PPS, the PDPM. As stated in section V.B.1. of that final rule (83 FR 39189), under PDPM, the unadjusted Federal per diem rates are divided into six components, five of which are case-mix adjusted components (physical therapy (PT), occupational therapy (OT), speech-language pathology (SLP), nursing, and non-therapy ancillaries (NTA)), and one of which is a non-case-mix component, as existed under the previous Resource Utilization Groups, Version IV (RUG–IV) model. We propose to use the SNF market basket update, adjusted as outlined previously in sections III.B.1. through III.B.4. of this proposed rule, to adjust each per diem component of the Federal rates forward to reflect the change in the average prices for FY 2027 from the average prices for FY 2026. We also propose further adjusting the rates by a wage index budget neutrality factor outlined in section III.D. of this proposed rule.

Further, in the past, we used the revised Office of Management and Budget (OMB) delineations adopted in the FY 2015 SNF PPS final rule (79 FR 45632, 45634), with updates as reflected in OMB Bulletins Nos. 15–01 and 17–01 to identify a facility's urban or rural status for the purpose of determining which set of rate tables apply to the facility. As discussed in the FY 2021 SNF PPS proposed and final rules, we adopted the revised OMB delineations identified in OMB Bulletin No. 18–04 (available at *https://www.whitehouse.gov/wp-content/uploads/2018/09/Bulletin-18-04.pdf*) to

[1] *https://www.bls.gov/productivity/notices/2021/mfp-to-tfp-term-change.htm.*

identify a facility's urban or rural status effective beginning with FY 2021. As discussed in the FY 2025 SNF PPS proposed and final rules, we adopted the revised OMB delineations identified in OMB Bulletin No. 23–01 (available at *https://www.whitehouse.gov/wp-content/uploads/2023/07/OMB-Bulletin-23-01.pdf*) to identify a facility's urban or rural status effective beginning with FY 2025.

Tables 3 and 4 reflect the unadjusted Federal rates for FY 2027, prior to adjustment for case-mix.

TABLE 3—FY 2027 UNADJUSTED FEDERAL RATE PER DIEM—URBAN

| Rate Component | PT | OT | SLP | Nursing | NTA | Non-case-mix |
|---|---|---|---|---|---|---|
| Per Diem Amount | $77.45 | $72.09 | $28.92 | $134.99 | $101.85 | $120.89 |

TABLE 4—FY 2027 UNADJUSTED FEDERAL RATE PER DIEM—RURAL

| Rate component | PT | OT | SLP | Nursing | NTA | Non-case-mix |
|---|---|---|---|---|---|---|
| Per Diem Amount | $88.29 | $81.09 | $36.44 | $128.98 | $97.31 | $123.13 |

*C. Case-Mix Adjustment*

Under section 1888(e)(4)(G)(i) of the Act, the Federal rate also incorporates an adjustment to account for facility case-mix, using a classification system that accounts for the relative resource utilization of different patient types. The statute specifies that the adjustment is to reflect both a resident classification system that the Secretary establishes to account for the relative resource use of different patient types, as well as resident assessment data and other data that the Secretary considers appropriate. The previous RUG–IV model classified most patients into a therapy payment group and primarily used the volume of therapy services provided to the patient as the basis for payment classification, thus creating an incentive for SNFs to furnish therapy regardless of the individual patient's unique characteristics, goals, or needs. PDPM eliminates this incentive and improves the overall accuracy and appropriateness of SNF payments by classifying patients into payment groups based on specific, data-driven patient characteristics, while simultaneously reducing the administrative burden on SNFs.

The PDPM uses clinical data from the minimum data set (MDS), a core set of screening, clinical, and functional status data elements, including common definitions and coding categories, which form the foundation of a comprehensive assessment for all residents of nursing homes certified to participate in Medicare or Medicaid, consistent with the provisions of section 1888(e)(4)(G)(i) of the Act. As outlined in section IV.A. of this proposed rule, the clinical orientation of the case-mix classification system supports the SNF PPS's use of an administrative presumption that considers a beneficiary's initial case-mix classification to assist in making certain SNF level of care determinations. Further, because the MDS is used as a basis for payment, as well as a clinical assessment, we have provided extensive training on proper coding and the timeframes for MDS completion in our Resident Assessment Instrument (RAI) Manual. As previously stated, for an MDS to be considered valid for use in determining payment, the MDS assessment must be completed in compliance with the instructions in the RAI Manual in effect at the time the assessment is completed. For payment and quality monitoring purposes, the RAI Manual consists of both the Manual instructions and the interpretive guidance and policy clarifications posted on the appropriate MDS website at *https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html.*

Under section 1888(e)(4)(H) of the Act, each update of the payment rates must include the case-mix classification methodology applicable for the upcoming FY. The FY 2027 payment rates set forth in this proposed rule reflect the use of the PDPM case-mix classification system from October 1, 2026, through September 30, 2027. The case-mix adjusted PDPM payment rates for FY 2027 are listed separately for urban and rural SNFs, in Tables 5 and 6 with corresponding case-mix values.

Given the differences between the previous RUG–IV model and PDPM in terms of patient classification and billing, it was important that the format of Tables 5 and 6 reflect these differences. More specifically, under both RUG–IV and PDPM, providers use a Health Insurance Prospective Payment System (HIPPS) code on a claim to bill for covered SNF services. Under RUG–IV, the HIPPS code included the three-character RUG–IV group into which the patient classified, as well as a two-character assessment indicator code that represented the assessment used to generate this code. Under PDPM, while providers still use a HIPPS code, the characters in that code represent different things. For example, the first character represents the PT and OT group into which the patient classifies. If the patient is classified into the PT and OT group ''TA'', then the first character in the patient's HIPPS code would be an ''A.'' Similarly, if the patient is classified into the SLP group ''SB'', then the second character in the patient's HIPPS code would be a ''B.'' The third character represents the Nursing group into which the patient classifies. The fourth character represents the NTA group into which the patient classifies. Finally, the fifth character represents the assessment used to generate the HIPPS code.

Tables 5 and 6 reflect the PDPM's structure. Accordingly, Column 1 of Tables 5 and 6 represents the character in the HIPPS code associated with a given PDPM component. Columns 2 and 3 provide the case-mix index and associated case-mix adjusted component rate, respectively, for the relevant PT group. Columns 4 and 5 provide the case-mix index and associated case-mix adjusted component rate, respectively, for the relevant OT group. Columns 6 and 7 provide the case-mix index and associated case-mix adjusted component rate, respectively, for the relevant SLP group. Column 8 provides the nursing case-mix group (CMG) connected with a given PDPM HIPPS character. For example, if the patient qualified for the nursing group CBC1, then the third character in the patient's HIPPS code would be a ''P.'' Columns 9 and 10 provide the case-mix index and associated case-mix adjusted component rate, respectively, for the relevant nursing group. Finally, columns 11 and 12 provide the case-mix index and associated case-mix adjusted component

rate, respectively, for the relevant NTA group.

Tables 5 and 6 do not reflect adjustments which may be made to the SNF PPS rates as a result of the SNF VBP Program, outlined in section VII. of this proposed rule, or other adjustments, such as the variable per diem adjustment.

TABLE 5—PDPM CASE-MIX ADJUSTED FEDERAL RATES AND ASSOCIATED INDEXES—URBAN

| PDPM group | PT CMI | PT rate | OT CMI | OT rate | SLP CMI | SLP rate | Nursing CMG | Nursing CMI | Nursing rate | NTA CMI | NTA rate |
|---|---|---|---|---|---|---|---|---|---|---|---|
| A | 1.45 | $112.30 | 1.41 | $101.65 | 0.64 | $18.51 | ES3 | 3.84 | $518.36 | 3.06 | $311.66 |
| B | 1.61 | 124.69 | 1.54 | 111.02 | 1.72 | 49.74 | ES2 | 2.90 | 391.47 | 2.39 | 243.42 |
| C | 1.78 | 137.86 | 1.60 | 115.34 | 2.52 | 72.88 | ES1 | 2.77 | 373.92 | 1.74 | 177.22 |
| D | 1.81 | 140.18 | 1.45 | 104.53 | 1.38 | 39.91 | HDE2 | 2.27 | 306.43 | 1.26 | 128.33 |
| E | 1.34 | 103.78 | 1.33 | 95.88 | 2.21 | 63.91 | HDE1 | 1.88 | 253.78 | 0.91 | 92.68 |
| F | 1.52 | 117.72 | 1.51 | 108.86 | 2.82 | 81.55 | HBC2 | 2.12 | 286.18 | 0.68 | 69.26 |
| G | 1.58 | 122.37 | 1.55 | 111.74 | 1.93 | 55.82 | HBC1 | 1.76 | 237.58 | ..... | ..... |
| H | 1.10 | 85.20 | 1.09 | 78.58 | 2.70 | 78.08 | LDE2 | 1.97 | 265.93 | ..... | ..... |
| I | 1.07 | 82.87 | 1.12 | 80.74 | 3.34 | 96.59 | LDE1 | 1.64 | 221.38 | ..... | ..... |
| J | 1.34 | 103.78 | 1.37 | 98.76 | 2.83 | 81.84 | LBC2 | 1.63 | 220.03 | ..... | ..... |
| K | 1.44 | 111.53 | 1.46 | 105.25 | 3.50 | 101.22 | LBC1 | 1.35 | 182.24 | ..... | ..... |
| L | 1.03 | 79.77 | 1.05 | 75.69 | 3.98 | 115.10 | CDE2 | 1.77 | 238.93 | ..... | ..... |
| M | 1.20 | 92.94 | 1.23 | 88.67 | ..... | ..... | CDE1 | 1.53 | 206.53 | ..... | ..... |
| N | 1.40 | 108.43 | 1.42 | 102.37 | ..... | ..... | CBC2 | 1.47 | 198.44 | ..... | ..... |
| O | 1.47 | 113.85 | 1.47 | 105.97 | ..... | ..... | CA2 | 1.03 | 139.04 | ..... | ..... |
| P | 1.02 | 79.00 | 1.03 | 74.25 | ..... | ..... | CBC1 | 1.27 | 171.44 | ..... | ..... |
| Q | ..... | ..... | ..... | ..... | ..... | ..... | CA1 | 0.89 | 120.14 | ..... | ..... |
| R | ..... | ..... | ..... | ..... | ..... | ..... | BAB2 | 0.98 | 132.29 | ..... | ..... |
| S | ..... | ..... | ..... | ..... | ..... | ..... | BAB1 | 0.94 | 126.89 | ..... | ..... |
| T | ..... | ..... | ..... | ..... | ..... | ..... | PDE2 | 1.48 | 199.79 | ..... | ..... |
| U | ..... | ..... | ..... | ..... | ..... | ..... | PDE1 | 1.39 | 187.64 | ..... | ..... |
| V | ..... | ..... | ..... | ..... | ..... | ..... | PBC2 | 1.15 | 155.24 | ..... | ..... |
| W | ..... | ..... | ..... | ..... | ..... | ..... | PA2 | 0.67 | 90.44 | ..... | ..... |
| X | ..... | ..... | ..... | ..... | ..... | ..... | PBC1 | 1.07 | 144.44 | ..... | ..... |
| Y | ..... | ..... | ..... | ..... | ..... | ..... | PA1 | 0.62 | 83.69 | ..... | ..... |

TABLE B5—PDPM CASE-MIX ADJUSTED FEDERAL RATES AND ASSOCIATED INDEXES—RURAL

| PDPM group | PT CMI | PT rate | OT CMI | OT rate | SLP CMI | SLP rate | Nursing CMG | Nursing CMI | Nursing rate | NTA CMI | NTA rate |
|---|---|---|---|---|---|---|---|---|---|---|---|
| A | 1.45 | $128.02 | 1.41 | $114.34 | 0.64 | $23.32 | ES3 | 3.84 | $495.28 | 3.06 | $297.77 |
| B | 1.61 | 142.15 | 1.54 | 124.88 | 1.72 | 62.68 | ES2 | 2.90 | 374.04 | 2.39 | 232.57 |
| C | 1.78 | 157.16 | 1.60 | 129.74 | 2.52 | 91.83 | ES1 | 2.77 | 357.27 | 1.74 | 169.32 |
| D | 1.81 | 159.80 | 1.45 | 117.58 | 1.38 | 50.29 | HDE2 | 2.27 | 292.78 | 1.26 | 122.61 |
| E | 1.34 | 118.31 | 1.33 | 107.85 | 2.21 | 80.53 | HDE1 | 1.88 | 242.48 | 0.91 | 88.55 |
| F | 1.52 | 134.20 | 1.51 | 122.45 | 2.82 | 102.76 | HBC2 | 2.12 | 273.44 | 0.68 | 66.17 |
| G | 1.58 | 139.50 | 1.55 | 125.69 | 1.93 | 70.33 | HBC1 | 1.76 | 227.00 | ..... | ..... |
| H | 1.10 | 97.12 | 1.09 | 88.39 | 2.70 | 98.39 | LDE2 | 1.97 | 254.09 | ..... | ..... |
| I | 1.07 | 94.47 | 1.12 | 90.82 | 3.34 | 121.71 | LDE1 | 1.64 | 211.53 | ..... | ..... |
| J | 1.34 | 118.31 | 1.37 | 111.09 | 2.83 | 103.13 | LBC2 | 1.63 | 210.24 | ..... | ..... |
| K | 1.44 | 127.14 | 1.46 | 118.39 | 3.50 | 127.54 | LBC1 | 1.35 | 174.12 | ..... | ..... |
| L | 1.03 | 90.94 | 1.05 | 85.14 | 3.98 | 145.03 | CDE2 | 1.77 | 228.29 | ..... | ..... |
| M | 1.20 | 105.95 | 1.23 | 99.74 | ..... | ..... | CDE1 | 1.53 | 197.34 | ..... | ..... |
| N | 1.40 | 123.61 | 1.42 | 115.15 | ..... | ..... | CBC2 | 1.47 | 189.60 | ..... | ..... |
| O | 1.47 | 129.79 | 1.47 | 119.20 | ..... | ..... | CA2 | 1.03 | 132.85 | ..... | ..... |
| P | 1.02 | 90.06 | 1.03 | 83.52 | ..... | ..... | CBC1 | 1.27 | 163.80 | ..... | ..... |
| Q | ..... | ..... | ..... | ..... | ..... | ..... | CA1 | 0.89 | 114.79 | ..... | ..... |
| R | ..... | ..... | ..... | ..... | ..... | ..... | BAB2 | 0.98 | 126.40 | ..... | ..... |
| S | ..... | ..... | ..... | ..... | ..... | ..... | BAB1 | 0.94 | 121.24 | ..... | ..... |
| T | ..... | ..... | ..... | ..... | ..... | ..... | PDE2 | 1.48 | 190.89 | ..... | ..... |
| U | ..... | ..... | ..... | ..... | ..... | ..... | PDE1 | 1.39 | 179.28 | ..... | ..... |
| V | ..... | ..... | ..... | ..... | ..... | ..... | PBC2 | 1.15 | 148.33 | ..... | ..... |
| W | ..... | ..... | ..... | ..... | ..... | ..... | PA2 | 0.67 | 86.42 | ..... | ..... |
| X | ..... | ..... | ..... | ..... | ..... | ..... | PBC1 | 1.07 | 138.01 | ..... | ..... |
| Y | ..... | ..... | ..... | ..... | ..... | ..... | PA1 | 0.62 | 79.97 | ..... | ..... |

*D. Wage Index Adjustment*

Section 1888(e)(4)(G)(ii) of the Act requires that we adjust the Federal payment rates to account for differences in area wage levels, using a wage index that the Secretary determines appropriate. Since the inception of the SNF PPS, we have used hospital inpatient wage data in developing a wage index to be applied to SNFs. We will continue this practice for FY 2027, as we continue to believe that in the absence of SNF-specific wage data, using the hospital inpatient wage index data is appropriate and reasonable for the SNF PPS. As explained in the update notice for FY 2005 (69 FR 45786), the SNF PPS does not use the hospital area wage index's occupational mix adjustment, as this adjustment serves specifically to define the occupational categories more clearly in a hospital setting; moreover, the collection of the occupational wage data under the acute care hospital inpatient prospective payment system (IPPS) also excludes any wage data related to SNFs. Therefore, we believe that using the updated wage data exclusive of the occupational mix adjustment continues to be appropriate for SNF payments. As in previous years, we proposed to continue to use the pre-reclassified IPPS

hospital wage data, without applying the occupational mix, rural floor, or outmigration adjustment, as the basis for the SNF PPS wage index. For FY 2027, the updated wage data are for hospital cost reporting periods beginning on or after October 1, 2022, and before October 1, 2023 (FY 2023 cost report data).

Section 315 of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA) (Pub. L. 106–554, enacted December 21, 2000) gave the Secretary the discretion to establish a geographic reclassification procedure specific to SNFs, but only after collecting the data necessary to establish a SNF PPS wage index that is based on wage data from nursing homes. To date, this has proven to be unfeasible, due to the volatility of existing SNF wage data and the significant resources that would be required to improve the quality of the data. More specifically, auditing all SNF cost reports, similar to the process used to audit inpatient hospital cost reports for purposes of the IPPS wage index, would place a burden on providers in terms of recordkeeping and completion of the cost report worksheet. Adopting such an approach would require a significant commitment of resources by CMS and the Medicare Administrative Contractors (MACs), potentially far more than those required under the IPPS, given that there are nearly five times as many SNFs as there are inpatient hospitals. While we do not believe this undertaking is feasible at this time, we will continue to explore implementation of a spot audit process to improve SNF cost reports to ensure they are adequately accurate for cost development purposes, in such a manner as to permit us to establish a SNF-specific wage index in the future. We will continue to monitor the appropriateness of using the hospital data as a proxy and adjust in future rulemaking if we identify a better approach to the wage index.

In addition, we continue to use the same methodology discussed in the SNF PPS final rule for FY 2008 (72 FR 43423) to address those geographic areas in which there are no hospitals, and thus, no hospital wage index data on which to base the calculation of the FY 2027 SNF PPS wage index. For rural geographic areas that do not have hospitals and therefore lack hospital wage data on which to base an area wage adjustment, we will continue using the average wage index from all contiguous CBSAs as a reasonable proxy. For FY 2027, the only rural area without wage index data available is North Dakota. For urban areas without specific hospital wage index data, we will continue using the average wage indexes of all urban areas within the state to serve as a reasonable proxy for the wage index of that urban CBSA. For FY 2027, the only urban area without wage index data available is CBSA 25980, Hinesville-Fort Stewart, GA.

In the SNF PPS final rule for FY 2006 (70 FR 45026, August 4, 2005), we adopted the changes discussed in OMB Bulletin No. 03–04 (June 6, 2003), which announced revised definitions for MSAs and the creation of micropolitan statistical areas and combined statistical areas. In adopting the CBSA geographic designations, we provided for a 1-year transition in FY 2006 with a blended wage index for all providers. For FY 2006, the wage index for each provider consisted of a blend of 50 percent of the FY 2006 MSA-based wage index and 50 percent of the FY 2006 CBSA-based wage index (both using FY 2002 hospital data). We referred to the blended wage index as the FY 2006 SNF PPS transition wage index. As discussed in the SNF PPS final rule for FY 2006 (70 FR 45041), after the expiration of this 1-year transition on September 30, 2006, we used the full CBSA-based wage index values.

In the FY 2015 SNF PPS final rule (79 FR 45644 through 45646), we finalized changes to the SNF PPS wage index based on the newest OMB delineations, as described in OMB Bulletin No. 13–01, beginning in FY 2015, including a 1-year transition with a blended wage index for FY 2015. OMB Bulletin No. 13–01 established revised delineations for Metropolitan Statistical Areas, Micropolitan Statistical Areas, and Combined Statistical Areas in the United States and Puerto Rico based on the 2010 Census and provided guidance on the use of the delineations of these statistical areas using standards published in the June 28, 2010, **Federal Register** (75 FR 37246 through 37252). Subsequently, on July 15, 2015, OMB issued OMB Bulletin No. 15–01, which provided minor updates to and superseded OMB Bulletin No. 13–01 that was issued on February 28, 2013. The attachment to OMB Bulletin No. 15–01 provided detailed information on the update to statistical areas since February 28, 2013. The updates provided in OMB Bulletin No. 15–01 were based on the application of the 2010 Standards for Delineating Metropolitan and Micropolitan Statistical Areas to Census Bureau population estimates for July 1, 2012, and July 1, 2013, and were adopted under the SNF PPS in the FY 2017 SNF PPS final rule (81 FR 51983, August 5, 2016). In addition, on August 15, 2017, OMB issued Bulletin No. 17–01 which announced a new urban CBSA, Twin Falls, Idaho (CBSA 46300), which was adopted in the SNF PPS final rule for FY 2019 (83 FR 39173, August 8, 2018).

As stated in the FY 2021 SNF PPS final rule (85 FR 47594), we adopted the revised OMB delineations identified in OMB Bulletin No. 18–04 (available at *https://www.whitehouse.gov/wp-content/uploads/2018/09/Bulletin-18-04.pdf*) beginning October 1, 2020, including a 1-year transition for FY 2021 under which we applied a 5 percent cap on any decrease in a hospital's wage index compared to its wage index for the prior FY 2020. The updated OMB delineations more accurately reflect the contemporary urban and rural nature of areas across the country, and the use of such delineations allows us to determine more accurately the appropriate wage index and rate tables to apply under the SNF PPS.

In the FY 2023 SNF PPS final rule (87 FR 47521 through 47525), we finalized a policy to apply a permanent 5 percent cap on any decreases to a provider's wage index from its wage index in the prior year, regardless of the circumstances causing the decline. We amended the SNF PPS regulations at 42 CFR 413.337(b)(4)(ii) to reflect this permanent cap on wage index reductions. Additionally, we finalized a policy that a new SNF would be paid the wage index for the area in which it is geographically located for its first full or partial FY with no cap applied because a new SNF would not have a wage index in the prior FY. A full discussion of the adoption of this policy is found in the FY 2023 SNF PPS final rule.

As stated in the FY 2008 SNF PPS proposed and final rules (72 FR 25538 through 25539, and 72 FR 43423, respectively), this and all subsequent SNF PPS rules and notices are considered to incorporate any updates and revisions set forth in the most recent OMB bulletin that applies to the hospital wage data used to determine the current SNF PPS wage index. OMB issued further revised CBSA delineations in OMB Bulletin No. 20–01, on March 6, 2020 (available on the web at *https://www.whitehouse.gov/wp-content/uploads/2020/03/Bulletin-20-01.pdf*). However, we determined that the changes in OMB Bulletin No. 20–01 do not impact the CBSA-based labor market area delineations adopted in FY 2021. Therefore, we did not propose adopting the revised OMB delineations identified in OMB Bulletin No. 20–01 for FY 2022 through FY 2024.

On July 21, 2023, OMB issued OMB Bulletin No. 23–01, which updates and supersedes OMB Bulletin No. 20–01 based on the decennial census. OMB Bulletin No. 23–01 revised delineations for CBSAs which are made up of counties and equivalent entities (for example, boroughs; a city and borough, and a municipality in Alaska; planning regions in Connecticut; parishes in Louisiana; municipios in Puerto Rico; and independent cities in Maryland, Missouri, Nevada, and Virginia). As stated in the FY 2025 SNF PPS final rule (89 FR 64059), we adopted the revised OMB delineations identified in OMB Bulletin No. 23–01 (available at *https://www.whitehouse.gov/wp-content/uploads/2023/07/OMB-Bulletin-23-01.pdf*). OMB has not published further delineation revisions since OMB Bulletin No. 23–01. Therefore, for FY 2027, we proposed to maintain the current CBSA delineations. The wage index applicable to FY 2027 is set forth in Table A and B, available on the CMS website at *http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/WageIndex.html.*

Once calculated, we will apply the wage index adjustment to the labor-related share of the Federal rate. Each year, we calculate a labor-related share, based on the relative importance of labor-related cost categories (that is, those cost categories that are labor-intensive and vary with the local labor market) in the input price index. In the FY 2025 SNF final rule (89 FR 64060), we finalized a proposal to revise the labor-related share to reflect the relative importance of the 2022-based SNF market basket cost weights for the following cost categories: Wages and Salaries; Employee Benefits; Professional Fees: Labor-Related; Administrative and Facilities Support Services; Installation, Maintenance, and Repair Services; All Other: Labor-Related Services; and a proportion of Capital-Related expenses. The methodology for calculating the labor-related-share beginning in FY 2025 is discussed in detail in the FY 2025 SNF PPS final rule (89 FR 64080 through 64081).

We calculate the labor-related relative importance from the SNF market basket, and it approximates the labor-related share of the total costs after accounting for historical and projected price changes between the base year and FY 2027. The price proxies that move the different cost categories in the market basket do not necessarily change at the same rate, and the relative importance captures these changes. Accordingly, the relative importance figure more closely reflects the cost share weights for FY 2027 than the base year weights from the SNF market basket. We calculate the labor-related relative importance for FY 2027 in four steps. First, we compute the FY 2027 price index level for the total market basket and each cost category of the market basket. Second, we calculate a ratio for each cost category by dividing the FY 2027 price index level for that cost category by the total market basket price index level. Third, we determine the FY 2027 relative importance for each cost category by multiplying this ratio by the base year (2022) weight. Finally, we add the FY 2027 relative importance for each of the labor-related cost categories (Wages and Salaries; Employee Benefits; Professional Fees: Labor-Related; Administrative and Facilities Support Services; Installation, Maintenance, and Repair Services; All Other: Labor-Related Services; and a portion of Capital-Related expenses) to produce the proposed FY 2027 labor-related share.

TABLE 7—LABOR-RELATED SHARE, FY 2026 AND FY 2027

| | Relative importance, labor-related share, FY 2026 25:2 forecast [1] | Relative importance, proposed labor-related share, FY 2027 25:4 forecast [2] |
|---|---|---|
| Wages and Salaries | 53.4 | 53.5 |
| Employee Benefits | 8.9 | 8.9 |
| Professional Fees: Labor-Related | 3.6 | 3.6 |
| Administrative & Facilities Support Services | 0.4 | 0.4 |
| Installation, Maintenance & Repair Services | 0.5 | 0.5 |
| All Other: Labor-Related Services | 2.0 | 2.0 |
| Capital-Related (0.391 * Capital RI) | 3.1 | 3.1 |
| Total | 71.9 | 72.0 |

[1] Published in the **Federal Register**; Based on the second quarter 2025 IHS Global Inc. forecast of the 2022-based SNF market basket.
[2] Based on the fourth quarter 2025 IHS Global Inc. forecast of the 2022-based SNF market basket. The relative importance of capital for FY 2027 is forecasted to be 8.0 percent.

To calculate the labor portion of the case-mix adjusted per diem rate, we will multiply the total case-mix adjusted per diem rate, which is the sum of all five case-mix adjusted components into which a patient classifies, and the non-case-mix component rate, by the FY 2027 labor-related share percentage provided in Table 7. The remaining portion of the rate will be the nonlabor portion. Under the previous RUG–IV model, we included tables which provided the case-mix adjusted RUG–IV rates, by RUG–IV group, broken out by total rate, labor portion and non-labor portion, such as Table 8 of the FY 2019 SNF PPS final rule (83 FR 39175). However, as we discussed in the FY 2020 SNF PPS final rule (84 FR 38738), under PDPM, as the total rate is calculated as a combination of six different component rates, five of which are case-mix adjusted, and given the sheer volume of possible combinations of these five case-mix adjusted components, it is not feasible to provide tables similar to those that existed in the prior rulemaking.

Therefore, to aid interested parties in understanding the effect of the wage index on the calculation of the SNF per diem rate, we have included a hypothetical rate calculation in Table 9.

Section 1888(e)(4)(G)(ii) of the Act also requires that we apply this wage index in a manner that does not result in aggregate payments under the SNF PPS that are greater or less than would otherwise be made if the wage adjustment had not been made. For FY 2027 (Federal rates effective October 1, 2026), we apply an adjustment to fulfill the budget neutrality requirement. We meet this requirement by multiplying each of the components of the unadjusted Federal rates by a budget neutrality factor, equal to the ratio of the

weighted average wage adjustment factor for FY 2026 to the weighted average wage adjustment factor for FY 2027. For this calculation, we will use the same FY 2025 claims utilization data for both the numerator and denominator of this ratio. We define the wage adjustment factor used in this calculation as the labor portion of the rate component multiplied by the wage index plus the non-labor portion of the rate component. The budget neutrality factor for FY 2027 is 0.9987.

We also propose that if more recent data becomes available (for example, revised wage data and/or updated claims data), we would use such data, if appropriate, to determine the wage index budget neutrality factor in the SNF PPS final rule.

*E. SNF Value-Based Purchasing Program*

Beginning with payment for services furnished on October 1, 2018, section 1888(h) of the Act requires the Secretary to reduce the adjusted Federal per diem rate determined under section 1888(e)(4)(G) of the Act otherwise applicable to a SNF for services furnished during a FY by 2 percent, and to adjust the resulting rate for a SNF by the value-based incentive payment amount earned by the SNF based on the SNF's performance score for that FY under the SNF VBP Program. To implement these requirements, we finalized- in the FY 2019 SNF PPS final rule the addition of 42 CFR 413.337(f) to our regulations (83 FR 39178).

We refer readers to section VII. of this proposed rule for further discussion of the updates we are proposing for the SNF VBP Program.

*F. Adjusted Rate Computation Example*

Tables 8 through 10 provide examples generally illustrating payment calculations during FY 2027 under PDPM for a hypothetical 30-day SNF stay, involving the hypothetical SNF XYZ, located in Frederick, MD (Urban CBSA 23224), for a hypothetical patient who is classified into such groups that the patient's HIPPS code is NHNC1. Table 8 shows the adjustments made to the Federal per diem rates (prior to application of any adjustments under the SNF VBP Program as discussed) to compute the provider's case-mix adjusted per diem rate for FY 2027, based on the patient's PDPM classification, as well as how the variable per diem (VPD) adjustment factor affects calculation of the per diem rate for a given day of the stay. Table 9 shows the adjustments made to the case-mix adjusted per diem rate from Table 8 to account for the provider's wage index. The wage index used in this example is based on the FY 2027 SNF PPS wage index that appears in Table 8 available on the CMS website at *http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/WageIndex.html.* Finally, Table 10 provides the case-mix and wage index adjusted per-diem rate for this patient for each day of the 30-day stay, as well as the total payment for this stay. Table 10 also includes the VPD adjustment factors for each day of the patient's stay, to clarify why the patient's per diem rate changes for certain days of the stay. As illustrated in Table 10, SNF XYZ's total PPS payment for this patient's stay would equal $23,414.49.

TABLE 8—PDPM CASE-MIX ADJUSTED RATE COMPUTATION EXAMPLE

| Per diem rate calculation | | | | |
|---|---|---|---|---|
| Component | Component group | Component rate | VPD adjustment factor | VPD adjusted rate |
| PT | N | $108.43 | 1.00 | $108.43 |
| OT | N | 102.37 | 1.00 | 102.37 |
| SLP | H | 78.08 | 1.00 | 78.08 |
| Nursing | N | 198.44 | 1.00 | 198.44 |
| NTA | C | 177.22 | 3.00 | 531.66 |
| Non-Case-Mix | ..... | 120.89 | ..... | 120.89 |
| Total PDPM Case-Mix Adjustment Per Diem | ..... | ..... | ..... | 1,139.87 |

TABLE 9—WAGE INDEX ADJUSTED RATE COMPUTATION EXAMPLE

| PDPM wage index adjustment calculation | | | | | | |
|---|---|---|---|---|---|---|
| HIPPS code | PDPM case-mix adjusted per diem | Labor portion | Wage index | Wage index adjusted rate | Non-labor portion | Total case mix and wage index adj. rate |
| NHNC1 | $1,139.87 | $820.71 | 0.9346 | $767.04 | $319.16 | $1,086.20 |

TABLE 10—ADJUSTED RATE COMPUTATION EXAMPLE

| Day of stay | NTA VPD adjustment factor | PT/OT VPD adjustment factor | Case-mix and wage index adjusted per diem rate |
|---|---|---|---|
| 1 | 3.00 | 1.00 | $1,086.20 |
| 2 | 3.00 | 1.00 | 1,086.20 |
| 3 | 3.00 | 1.00 | 1,086.20 |
| 4 | 1.00 | 1.00 | 748.45 |
| 5 | 1.00 | 1.00 | 748.45 |
| 6 | 1.00 | 1.00 | 748.45 |
| 7 | 1.00 | 1.00 | 748.45 |
| 8 | 1.00 | 1.00 | 748.45 |

TABLE 10—ADJUSTED RATE COMPUTATION EXAMPLE—Continued

| Day of stay | NTA VPD adjustment factor | PT/OT VPD adjustment factor | Case-mix and wage index adjusted per diem rate |
|---|---|---|---|
| 9 | 1.00 | 1.00 | 748.45 |
| 10 | 1.00 | 1.00 | 748.45 |
| 11 | 1.00 | 1.00 | 748.45 |
| 12 | 1.00 | 1.00 | 748.45 |
| 13 | 1.00 | 1.00 | 748.45 |
| 14 | 1.00 | 1.00 | 748.45 |
| 15 | 1.00 | 1.00 | 748.45 |
| 16 | 1.00 | 1.00 | 748.45 |
| 17 | 1.00 | 1.00 | 748.45 |
| 18 | 1.00 | 1.00 | 748.45 |
| 19 | 1.00 | 1.00 | 748.45 |
| 20 | 1.00 | 1.00 | 748.45 |
| 21 | 1.00 | 0.98 | 744.43 |
| 22 | 1.00 | 0.98 | 744.43 |
| 23 | 1.00 | 0.98 | 744.43 |
| 24 | 1.00 | 0.98 | 744.43 |
| 25 | 1.00 | 0.98 | 744.43 |
| 26 | 1.00 | 0.98 | 744.43 |
| 27 | 1.00 | 0.98 | 744.43 |
| 28 | 1.00 | 0.96 | 740.41 |
| 29 | 1.00 | 0.96 | 740.41 |
| 30 | 1.00 | 0.96 | 740.41 |
| Total Payment | ..... | ..... | 23,414.49 |

## IV. Additional Aspects of the SNF PPS

### *A. SNF Level of Care—Administrative Presumption*

The establishment of the SNF PPS did not change Medicare's fundamental requirements for SNF coverage. However, because the case-mix classification is based, in part, on the beneficiary's need for skilled nursing care and therapy, we have attempted, where possible, to coordinate claims review procedures with the existing resident assessment process and case-mix classification system outlined in section IV.C. of this proposed rule. This approach includes an administrative presumption that utilizes a beneficiary's correct assignment, at the outset of the SNF stay, of one of the case-mix classifiers designated for this purpose to assist in making certain SNF level of care determinations.

In accordance with 42 CFR 413.345, we include in each update of the Federal payment rates in the **Federal Register** a discussion of the resident classification system that provides the basis for case-mix adjustment. We also designate those specific classifiers under the case-mix classification system that represent the required SNF level of care, as provided in 42 CFR 409.30. This designation reflects an administrative presumption that those beneficiaries who are correctly assigned one of the designated case-mix classifiers on the initial Medicare assessment are automatically classified as meeting the SNF level of care definition up to and including the assessment reference date (ARD) for that assessment.

A beneficiary who does not qualify for the presumption is not automatically classified as either meeting or not meeting the level of care definition but instead receives an individual determination on this point using the existing administrative criteria. This presumption recognizes the strong likelihood that those beneficiaries who are correctly assigned one of the designated case-mix classifiers during the immediate post-hospital period would require a covered level of care, which would be less likely for other beneficiaries.

In the July 30, 1999 final rule (64 FR 41670), we indicated that we would announce any changes to the guidelines for Medicare level of care determinations related to modifications in the case-mix classification structure. The FY 2018 final rule (82 FR 36544) further specified that we would henceforth disseminate the standard description of the administrative presumption's designated groups via the SNF PPS website at *https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/index.html* (where such designations appear in the paragraph entitled ''Case-Mix Adjustment'') and would publish such designations in rulemaking only to the extent that we actually intend to propose changes in them. Under that approach, the set of case-mix classifiers designated for this purpose under PDPM was finalized in the FY 2019 SNF PPS final rule (83 FR 39253) and is posted on the SNF PPS website (*https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/index.html*), in the paragraph entitled ''Case Mix Adjustment.''

However, we note that this administrative presumption policy does not supersede the SNF's responsibility to ensure that its decisions relating to level of care are appropriate and timely, including a review to confirm that any services prompting the assignment of one of the designated case-mix classifiers (which, in turn, serves to trigger the administrative presumption) are themselves medically necessary. As previously stated in the FY 2000 SNF PPS final rule (64 FR 41667), the administrative presumption is itself rebuttable in those individual cases in which the services actually received by the resident do not meet the basic statutory criterion of being reasonable and necessary to diagnose or treat a beneficiary's condition (according to section 1862(a)(1) of the Act). Accordingly, the presumption would not apply, for example, in those situations where the sole classifier that triggers the presumption is itself assigned through the receipt of services that are subsequently determined to be not reasonable and necessary. Moreover,

we want to stress the importance of careful monitoring for changes in each patient's condition to determine the continuing need for Medicare Part A SNF benefits after the ARD of the initial Medicare assessment.

*B. Consolidated Billing*

Sections 1842(b)(6)(E) and 1862(a)(18) of the Act (as added by section 4432(b) of the BBA 1997) require a SNF to submit consolidated Medicare bills to its Medicare Administrative Contractor (MAC) for almost all the services that its residents receive during a covered Part A stay. In addition, section 1862(a)(18) of the Act places the responsibility with the SNF for billing Medicare for physical therapy, occupational therapy, and speech-language pathology services that the resident receives during a noncovered stay. Section 1888(e)(2)(A) of the Act excludes a small list of services from the consolidated billing provision (primarily those services furnished by physicians and certain other types of practitioners), which remain separately billable under Medicare Part B when furnished to a SNF's Part A resident. These excluded service categories are discussed in greater detail in section V.B.2. of the May 12, 1998, interim final rule (63 FR 26295 through 26297). Effective with services furnished on or after January 1, 2024, section 4121(a)(4) of the Consolidated Appropriations Act, 2023 (CAA, 2023) (Pub. L. 117–328, enacted December 29, 2022) added marriage and family therapists and mental health counselors to the list of practitioners at section 1888(e)(2)(A)(ii) of the Act whose services are excluded from the consolidated billing provision.

Section 103 of the Medicare, Medicaid, and SCHIP Balanced Budget Refinement Act of 1999 (BBRA 1999) (Pub. L. 106–113, enacted November 29, 1999) amended section 1888(e)(2)(A)(iii) of the Act by further excluding a number of individual high-cost, low-probability services, identified by HCPCS codes, within several broader categories (chemotherapy items, chemotherapy administration services, radioisotope services, and customized prosthetic devices) that otherwise remained subject to the provision. We discuss this BBRA 1999 amendment in greater detail in the FY 2001 SNF PPS proposed and final rules (65 FR 19231 through 19232, April 10, 2000, and 65 FR 46790 through 46795, July 31, 2000), as well as in Program Memorandum AB–00–18 (Change Request #1070), issued March 2000, which is available online at *www.cms.gov/transmittals/downloads/ab001860.pdf.*

As explained in the FY 2001 proposed rule (65 FR 19232), the amendments enacted in section 103 of the BBRA 1999 not only identified for exclusion from this provision a number of particular service codes within four specified categories (that is, chemotherapy items, chemotherapy administration services, radioisotope services, and customized prosthetic devices), but also gave the Secretary the authority to designate certain additional, individual services for exclusion within each of these four specified service categories. In the FY 2001 SNF PPS proposed rule, we stated that the BBRA 1999 Conference report (H.R. Conf. Rep. No. 106–479 at 854 (1999)) characterizes the individual services that this legislation targets for exclusion as high-cost, low-probability events that could have devastating financial impacts because their costs far exceed the payment SNFs receive under the PPS. According to the conferees, section 103(a) of the BBRA 1999 is an attempt to exclude from the PPS certain services and costly items that are provided infrequently in SNFs. By contrast, the amendments enacted in section 103 of the BBRA 1999 do not designate for exclusion any of the remaining services within those four categories (thus, leaving all those services subject to SNF consolidated billing), because they are relatively inexpensive and are furnished routinely in SNFs.

Effective with items and services furnished on or after October 1, 2021, section 134 in Division CC of the CAA, 2021 (Pub. L. 116–260) established an additional fifth category of excluded codes in section 1888(e)(2)(A)(iii)(VI) of the Act, for certain blood clotting factors for the treatment of patients with hemophilia and other bleeding disorders along with items and services related to the furnishing of such factors under section 1842(o)(5)(C) of the Act. Like the provisions enacted in the BBRA 1999, section 1888(e)(2)(A)(iii)(VI) of the Act gives the Secretary the authority to designate additional items and services for exclusion within the category of items and services related to blood clotting factors, as described in that section.

A detailed discussion of the legislative history of the consolidated billing provision is available on the SNF PPS website at *https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/Legislative_History_2018-10-01.pdf.*

As stated in the FY 2001 SNF PPS final rule (65 FR 46790), and as is consistent with our longstanding policy, any additional service codes that we might designate for exclusion under our discretionary authority must meet the same statutory criteria used in identifying the original codes excluded from consolidated billing under section 103(a) of the BBRA 1999: they must fall within one of the five service categories specified in the BBRA 1999 and CAA, 2021; and they also must meet the same standards of high-cost and low-probability in the SNF setting, as discussed in the BBRA 1999 Conference report. Accordingly, we characterized this statutory authority to identify additional service codes for exclusion within the defined categories as essentially affording the flexibility to revise the list of excluded codes in response to changes of major significance that may occur over time (for example, the development of new medical technologies or other advances in the state of medical practice) (65 FR 46791).

In the FY 2001 SNF PPS proposed rule, we specifically solicited public comments identifying HCPCS codes in any of these five service categories (chemotherapy items, chemotherapy administration services, radioisotope services, customized prosthetic devices, and blood clotting factors) representing recent medical advances that might meet our criteria for exclusion from SNF consolidated billing. We stated in the FY 2001 SNF PPS proposed rule that we may consider excluding a particular service if it meets our criteria for exclusion. We requested that commenters identify in their comments the specific HCPCS code that is associated with the service in question, as well as their rationale for requesting that the identified HCPCS code(s) be excluded.

We also stated in the FY 2001 SNF PPS proposed rule that the original BBRA amendment and the CAA, 2021 identified a set of excluded items and services by means of specifying individual HCPCS codes within the designated categories that were in effect as of a particular date (in the case of the BBRA 1999, July 1, 1999, and in the case of the CAA, 2021, July 1, 2020), as subsequently modified by the Secretary. In addition, as stated in the FY 2001 SNF PPS proposed rule, the statute (sections 1888(e)(2)(A)(iii)(II) through (VI) of the Act) gives the Secretary authority to identify additional items and services for exclusion within the five specified categories of items and services described in the statute, which are also designated by HCPCS code. Designating the excluded services in this manner makes it possible for us to utilize program issuances as the vehicle for accomplishing routine updates to the

excluded codes to reflect any minor revisions that might subsequently occur in the coding system itself, such as the assignment of a different code number to a service already designated as excluded, or the creation of a new code for a type of service that falls within one of the established exclusion categories and meets our criteria for exclusion.

Accordingly, if we identify through the current rulemaking cycle any new services that meet the criteria for exclusion from SNF consolidated billing, we will identify these additional excluded services by means of the HCPCS codes that are in effect as of a specific date (in this case, October 1, 2024). By making any new exclusions in this manner, we can similarly accomplish routine future updates of these additional codes through the issuance of program instructions. The latest list of excluded codes can be found on the SNF Consolidated Billing website at *https://www.cms.gov/Medicare/Billing/SNFConsolidatedBilling.*

*C. Payment for SNF-Level Swing-Bed Services*

Section 1883 of the Act permits certain small, rural hospitals to enter into a Medicare swing-bed agreement, under which the hospital can use its beds to provide either acute or SNF-level care, as needed. For critical access hospitals (CAHs), Medicare Part A pays on a reasonable cost basis for SNF-level services furnished under a swing-bed agreement. However, in accordance with- section 1888(e)(7) of the Act, SNF-level services furnished by non-CAH rural hospitals are paid under the SNF PPS, effective with cost reporting periods beginning on or after July 1, 2002. As stated in the FY SNF 2002 PPS final rule (66 FR 39562), this effective date is consistent with the statutory provision to integrate swing-bed rural hospitals into the SNF PPS by the end of the transition period, June 30, 2002.

Accordingly, all non-CAH swing-bed rural hospitals have now come under the SNF PPS. Therefore, all rates and wage indexes outlined in earlier sections of this proposed rule for the SNF PPS also apply to all non-CAH swing-bed rural hospitals. As finalized in the FY 2010 SNF PPS final rule (74 FR 40356 through 40357), effective October 1, 2010, non-CAH swing-bed rural hospitals are required to complete an MDS 3.0 swing-bed assessment, which is limited to the required demographic, payment, and quality items. As stated in the FY 2019 SNF PPS final rule (83 FR 39235), revisions were made to the swing bed assessment to support implementation of PDPM, effective October 1, 2019. A discussion of the assessment schedule and the MDS effective beginning FY 2020 appears in the FY 2019 SNF PPS final rule (83 FR 39229 through 39237). The latest changes in the MDS for swing-bed rural hospitals appear on the SNF PPS website at *https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/index.html.*

## V. Other SNF PPS Issues

*A. Technical Updates to the PDPM ICD–10 Mappings*

1. Background

In the FY 2019 SNF PPS final rule (83 FR 39162), we finalized the implementation of the Patient-Driven Payment Model (PDPM), effective October 1, 2019. The PDPM uses International Classification of Diseases, 10th Revision, Clinical Modification (ICD–10) diagnosis codes in several ways, including assigning beneficiaries to clinical categories under the PT, OT, SLP, and NTA components based on the beneficiary's primary diagnosis. Although additional ICD–10 codes may be reported as secondary diagnoses and recognized as comorbidities, the PDPM does not use secondary diagnoses to assign beneficiaries to clinical categories. The ICD–10 code to clinical category mappings and the ICD–10 code to SLP comorbidity mappings and ICD–10 code to NTA comorbidity mappings (collectively referred to as the PDPM ICD–10 code mappings) are available on the CMS website: *https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM.*

In the FY 2020 SNF PPS final rule (84 FR 38750), we described the process for maintaining and updating the PDPM ICD–10 code mappings, as well as the SNF Grouper software and other related patient classification and billing products, to ensure they reflect the most current ICD–10 codes. Beginning with FY 2020 updates, we have implemented non-substantive changes to the PDPM ICD–10 code mappings through a sub-regulatory process by posting the updated mappings on the CMS website: *https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM.* Such non-substantive changes are limited to changes necessary to maintain consistency with the most current PDPM ICD–10 code mappings.

Substantive changes that extend beyond maintaining consistency with the most current PDPM ICD–10 code mappings—such as changes to the assignment of a diagnosis code to a clinical category or comorbidity list—are implemented through notice-and-comment rulemaking, as these changes affect payment policy. As stated in the proposed rule, the classification of diagnoses to the ''Return to Provider'' clinical category, whether currently mapped or proposed to be mapped, is not intended to reflect any judgment regarding the clinical significance of these conditions or the importance of their recognition and treatment. Rather, we believe there are more specific or appropriate diagnoses that better reflect the primary reason for a Medicare Part A-covered SNF stay.

2. Clinical Category Changes for New ICD–10 Codes for FY 2027

For FY 2027, we did not identify any substantive changes to the PDPM ICD–10 code mappings. We identified only non-substantive updates, which do not alter policy or payment methodology. Consistent with prior practice, we implemented these non-substantive updates through a sub-regulatory process by posting the revised PDPM ICD–10 code mappings on the CMS website.

3. Request for Information: Methodology for Quantifying and Addressing Case-Mix Creep Under the Patient Driven Payment Model

a. Background

On October 1, 2019, we implemented the Patient Driven Payment Model (PDPM) under the SNF PPS, a new case-mix classification model that replaced the prior case-mix classification model, the Resource Utilization Groups, Version IV (RUG–IV). The previous RUG–IV model classified most patients into a therapy payment group and primarily used the volume of therapy services provided to the patient as the basis for payment classification, thus creating an incentive for SNFs to furnish therapy regardless of the individual patient's unique characteristics, goals, or needs. The PDPM uses clinical data from the Minimum Data Set (MDS), a core set of screening, clinical, and functional status data elements, including common definitions and coding categories, which form the foundation of a comprehensive assessment for all residents of nursing homes certified to participate in Medicare or Medicaid, consistent with the provisions of section 1888(e)(4)(G)(i) of the Act.

As discussed in the FY 2019 SNF PPS final rule (83 FR 39256), as with prior system transitions, we proposed and finalized implementing PDPM in a budget neutral manner. This means that the transition to PDPM, along with the related policies finalized in the FY 2019

SNF PPS final rule, were not intended to result in an increase or decrease in the aggregate amount of Medicare Part A payment to SNFs. We believe ensuring parity is integral to the process of providing ''for an appropriate adjustment to account for case-mix'', such mix shall be based on appropriate data in accordance with section 1888(e)(4)(G)(i) of the Act. Section V.I. of the FY 2019 SNF PPS final rule (83 FR 39255 through 39256) discusses the methodology that we used to implement PDPM in a budget neutral manner.

Since PDPM implementation, we have closely monitored SNF utilization data to determine if the parity adjustment finalized in the FY 2020 SNF PPS final rule (84 FR 38734 through 38735) provided for a budget neutral transition between RUG–IV and PDPM. In the FY 2023 SNF PPS final rule (87 FR 22737 through 22743), we finalized the FY 2023 SNF PPS Parity Adjustment Methodology so that the PDPM was implemented in a budget-neutral manner using a parity adjustment based on expected payments under RUG–IV. More specifically, projected aggregate payments using RUG–IV data were applied to the case-mix indexes (CMIs) to avoid a change in aggregate payment under PDPM. Subsequent monitoring indicated that actual payments under PDPM exceeded expected levels, leading CMS to implement a 4.6 percent parity adjustment recalibration phased in over two years.

As PDPM has matured, CMS has continued to monitor case-mix trends to ensure that payment remains aligned with actual patient acuity rather than changes in coding practices. CMS has collected data that reflects coding behavior after the initial transition years under the PDPM. With the COVID–19 Public Health Emergency (PHE) ending in May 2023, CMS has collected more recent data that better reflect trends in typical care delivery and utilization patterns following the establishment of PDPM as the SNF payment system.

As in the case Proposed Parity Adjustment Methodology finalized in the FY 2023 SNF PPS final rule (87 FR 47525 through 47534), Section 1888(e)(4)(F) of the Social Security Act authorizes CMS to address ''changes in the coding or classification of residents that do not reflect the real changes in case mix'' by adjusting SNF per-diem rates to ''eliminate the effect of such coding or classification changes.'' Consistent with that authority, CMS is developing a regression framework to quantify the extent to which recent case-mix trends may reflect nominal coding changes, commonly referred to as ''case-mix creep.''

b. Observed Case-Mix Trends

These data suggest significant increases in certain case-mix indexes (CMIs) that are unlikely to reflect underlying health status trends in the patient population. For example, reporting of the malnutrition item (I5600) increased from a rate of 5 percent of stays prior to PDPM implementation to 47 percent in FY 2024. Although only a small number of items demonstrate changes of this magnitude, many others show smaller but meaningful shifts. For example, swallowing disorder (K0100) increased from 4 percent to 21 percent and depression (D0160 or D0600) increased from 4 percent to 19 percent. Some items also show declines, such as fever (J1550A) which decreased from 2 percent to 1 percent.

More broadly, as described at *https://www.cms.gov/medicare/payment/prospective-payment-systems/skilled-nursing-facility-snf/pps-model-research,* CMS has observed that average CMIs have increased at a rate that exceeds what would be expected based solely on changes in patient health status, while median per-diem costs, which reflect patient resource utilization, have declined. For example, the median per-diem PT costs decreased from $67 to $51, median per-diem OT costs decreased from $58 to $45, median per-diem SLP costs decreased from $34 to $28, and median per-diem NTA costs decreased from $43 to $39. This divergence suggests a potential disconnect between reported acuity and observed resource utilization. Collectively, these patterns underscore the need for a systematic approach to evaluating how much observed case-mix growth reflects real changes versus changes in coding or documentation.

c. Policy Rationale

As CMS continues monitoring case-mix trends to ensure that payment remains aligned with actual patient acuity rather than changes in coding practices, recent data suggests significant increases in certain CMIs that are unlikely to reflect underlying health status trends of the patients. These patterns underscore the need to address how much observed case-mix growth reflects real changes versus changes in coding or documentation and to make the appropriate adjustments.

CMS is exploring a potential approach that addresses the issue and considers the changing patient caseload as well as underlying real-time trends. This Request for Information is intended to receive feedback from stakeholders on CMS observations of case-mix creep issue in the PDPM and of the approach to address it. The following section includes details of the methodology that CMS is considering for addressing the case-mix creep that could be included in future rulemaking.

d. Methodology Overview

(1) Definitions and Conceptual Foundations

PDPM is designed to classify beneficiaries based on clinical characteristics and service needs associated with resource use to determine appropriate Medicare payment. Patient acuity reflects a combination of diagnostic factors, comorbidities, functional status, and treatment needs. The payment items, relying on both claims and assessment data, are designed to capture differences in resource needs across patient acuity groups, or PDPM case-mix groups (CMGs), measured by a concise set of items that represent those clinical complexity factors.

CMGs are determined by the composition of payment items across the five case-mix adjusted components: PT, OT, SLP, NTA, and Nursing. Each component has its own set of clinical complexity factors or payment items, and by extension, its own set of CMGs.

Changes in case-mix over time can be assessed by examining changes in the distribution of CMGs. The Case-Mix Index (CMI), a numerical representation of CMGs, provides a summary measure of case-mix for each component. Increases in average CMIs indicate higher reported patient acuity and higher expected resource needs. This is a key feature that makes CMIs crucial for measuring case-mix changes and that other payment elements, such as base rates which only reflect average resource use, do not possess.

For analytic purposes, ''Total Case-Mix Change'' is defined as the overall observed change in CMGs and CMIs. This total change can be separated into three components:

- *Real Population Health and Utilization Changes (RPHU):* Changes in beneficiary demographics, clinical conditions, service needs, and system-level utilization patterns.
- *Real Time Trends:* Systematic changes over time that occur independently of PDPM.
- *Nominal Change:* Changes in coding or classification that do not reflect real change in patient acuity and may indicate case-mix upcoding.

The analysis described in this RFI focuses on quantifying the ''Nominal Change'' component. A detailed

description of the analytic framework, including the study period, data sources, and regression setup, is available at *https://www.cms.gov/medicare/payment/prospective-payment-systems/skilled-nursing-facility-snf/pps-model-research.*

Real Population Health and Utilization Changes refer to shifts in the characteristics and care needs of SNF beneficiaries, as well as broader trends in how and where patients receive post-acute care. These include demographic factors such as age, sex, and race; clinical diagnoses and service needs; growth in Medicare Advantage (MA) enrollment; and changes in site-of-care patterns across post-acute care settings.

To assess the degree to which observed case-mix changes reflect real shifts in patient needs, CMS evaluates measures derived from pre-SNF inpatient claims and selected non-payment items of MDS admission assessments that are less sensitive to PDPM coding incentives. Real Time Trends represent systematic, non-random changes over time that are not attributable to PDPM itself. To estimate these trends, CMS uses a study period that spans FY 2017 through FY 2024, allowing pre-PDPM years to establish baseline SNF patterns unrelated to the PDPM payment structure. These estimated trends are projected into the PDPM period to help isolate changes that would have been expected based on historical patterns alone.

Nominal Changes refer to the portion of observed case-mix growth that may result from changes in coding or classification practices rather than from actual changes in patient acuity. These changes are the primary focus of this analysis, as they may affect reported case-mix levels without reflecting differences in clinical need.

Because PDPM payment is determined by a combination of several interacting payment items, it is difficult to attribute nominal changes to specific diagnoses or codes. To assess these effects, CMS evaluates case-mix creep at the PDPM component level by examining the full distribution of case-mix groups (CMGs). The component-specific Case-Mix Index (CMI) provides a single summary measure of these distributions and serves as a practical metric for quantifying nominal changes in case-mix over time.

(2) Adjustment Factor Determination

Table 11 includes the PDPM component-level adjustment factors calculated using the methodology for quantifying case-mix creep. The Average Actual CMI represents the actual case-mix index that occurred between FY 2020 and FY 2024 after adjusting for parity, reflecting real population health changes, utilization patterns, real-time trends, and nominal changes. The Average Target CMI represents the estimated case-mix index over the same period that accounts for real population and utilization changes and real-time trends but removes nominal shifts in coding or classification. The ratio of Target to Actual is the Case-Mix Creep Adjustment Factor.

Based on the data of this analysis, the factors would be implemented through the CMI or the base rate for each component: +3.3 percent for PT, +4.1 percent for OT, −15.9 percent for SLP, −1.9 percent for NTA, and −10.6 percent for Nursing.

Alternatively, if a system-wide PDPM case-mix creep adjustment factor is implemented, the resulting adjustment factor would be 0.957, which can also be interpreted as a blanket 4.3 percent reduction in CMIs or base rates, or a 3.6 percent reduction in total payment across the payment system, which also includes the non-case-mix portion of payment.

TABLE 11—PDPM COMPONENT-LEVEL CASE-MIX CREEP ADJUSTMENT FACTORS

| Component | Average actual CMI | Average target CMI | Case-mix creep adjustment factor |
|---|---|---|---|
| PT | 1.440 | 1.487 | 1.033 (3.3% increase). |
| OT | 1.439 | 1.498 | 1.041 (4.1% increase). |
| SLP | 1.714 | 1.441 | 0.841 (15.9% decrease). |
| NTA | 1.227 | 1.204 | 0.981 (1.9% decrease). |
| Nursing | 1.661 | 1.485 | 0.894 (10.6% decrease). |
| Case-Mix Total | | | 0.957 (4.3% decrease). |

e. Request for Information

CMS is requesting information on the aforementioned approach to identify and address case-mix creep. Specifically, CMS invites the public to comment on the following:

- The overall methodology for quantifying case-mix creep, including the conceptual framework that separates total case-mix change into real population health and utilization changes, real-time trends, and nominal changes.
- The data sources and measures used to assess real population health and utilization changes, including the use of pre-SNF inpatient claims and selected non-payment MDS items.
- The approach to estimating real-time trends using a study period spanning FY 2017 through FY 2024.
- Alternative approaches to implementing case-mix creep adjustments, including component-specific adjustments versus a system-wide adjustment factor.
- Any other considerations CMS should consider when finalizing a methodology to address case-mix creep in future rulemaking.

Comments should be submitted in accordance with the instructions provided elsewhere in this rule.

4. IPPS Wage Index

For FY 2027, we are proposing to continue to use the concurrent pre-floor, pre-reclassified IPPS hospital wage index as the basis for the SNF wage index. We continue to consider this an appropriate source of wage index to estimate costs per day, in accordance with our longstanding wage index policy at 42 CFR 413.337(b)(4). At the same time, we routinely assess whether more recent or alternative data sources may further enhance the accuracy and representativeness of our estimates We note that other payment systems have explored and are exploring alternative wage index methodologies under their specific programmatic and statutory circumstances. For example, CMS finalized changes to the End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) wage index using Bureau of Labor Statistics (BLS) occupation-level wage data in the CY 2025 ESRD PPS final rule (89 FR 89116). While this approach was developed under the specific programmatic and statutory circumstances of the ESRD PPS and may not be directly transferable to the SNF

PPS, CMS is interested in exploring whether similar methodologies using publicly available wage data could be adapted to better reflect the geographic variation in labor costs for Skilled Nursing Facilities.

In its 2023 Report to Congress,[2] Medicare Payment Advisory Commission (MedPAC) discussed various conceptual approaches to Medicare wage indexes, including the use of county-level wage data from BLS with an occupational mix to construct wage indexes that are more specific to the payment setting. MedPAC has previously written about using all-employer, occupation-level wage data to establish different weights for setting-specific occupational labor mixes as one approach to geographic adjustments.

We are soliciting comments on whether we should consider using alternative data sources to construct an SNF-specific wage index for potential use in future years. CMS seeks feedback to better understand the potential advantages and limitations of using alternative data sources, such as BLS data and SNF cost reports, as well as other methodologies that stakeholders believe could appropriately reflect the geographic variation in labor costs for skilled nursing facilities. In addition, as discussed elsewhere in the **Federal Register**, we note that we are also considering the potential use of alternative data sources in other payment systems including the Inpatient Rehabilitation Facilities PPS, Inpatient Psychiatric Facilities PPS, and Hospice payment system. We seek feedback on the unique considerations applicable to SNFs that should inform how CMS could consider the potential use of alternative data sources.

## VI. Skilled Nursing Facility Quality Reporting Program (SNF QRP)

### *A. Background and Statutory Authority*

The SNF QRP is authorized by section 1888(e)(6) of the Act. The SNF QRP applies to freestanding SNFs, SNFs affiliated with acute care facilities, and all non-critical access hospital (CAH) swing-bed rural hospitals. Section 1888(e)(6)(A)(i) of the Act requires the Secretary to reduce by 2 percentage points the annual market basket percentage increase described in section 1888(e)(5)(B)(i) of the Act applicable to a SNF for a FY, after application of section 1888(e)(5)(B)(ii) of the Act (the productivity adjustment) and section 1888(e)(5)(B)(iii) of the Act, in the case of a SNF that does not submit data in accordance with sections 1888(e)(6)(B)(i)(II) and (III) of the Act for that FY. Section 1890A of the Act requires that the Secretary establish and follow a pre-rulemaking process, in coordination with the consensus-based entity (CBE) with a contract under section 1890(a) of the Act, to solicit input from certain groups regarding the selection of quality and efficiency measures for the SNF QRP. We have codified our program requirements at § 413.360.

In sections VI.C. and VI.D. of this proposed rule, we are proposing to remove two measures, specifically the COVID–19 Vaccination Coverage Among Healthcare Personnel (HCP) measure and the COVID–19 Vaccine: Percent of Patients/Residents Who Are Up to Date measure, beginning with the FY 2028 SNF QRP. In section VI.F.2. of this proposed rule, we are proposing to revise the SNF QRP data submission deadlines beginning with the FY 2029 SNF QRP. We are also proposing to require the submission of MDS data on each resident receiving covered skilled care in a SNF, regardless of payer, beginning with the FY 2031 SNF QRP as described in section VI.F.3. of this proposed rule. Finally, we are soliciting public comments on one Request for Information (RFI) on future measure concepts for the SNF QRP in section VI.E. of this proposed rule.

### *B. General Considerations Used for the Selection of Measures for the SNF QRP*

For a detailed discussion of the considerations that we historically used for the selection of quality, resource use, or other measures for the SNF QRP, we refer readers to the FY 2016 SNF PPS final rule (80 FR 46429 through 46431).

The SNF QRP currently has 15 adopted measures, which are set forth in Table 12. We did not propose to adopt any new measures for the SNF QRP in this proposed rule.

For a discussion of the factors we use to evaluate whether a measure must be removed from the SNF QRP, we refer readers to our regulations at 42 CFR 413.360(b)(2) and to the FY 2019 SNF PPS final rule (83 FR 39267 through 39269).

TABLE 12—QUALITY MEASURES CURRENTLY ADOPTED FOR THE SNF QRP

| Short name | Measure name and data source |
|---|---|
| **Assessment-Based** | |
| Pressure Ulcer/Injury | Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury. |
| Application of Falls | Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay). |
| Discharge Mobility Score | Application of IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients. |
| Discharge Self-Care Score | Application of IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients. |
| DRR | Drug Regimen Review Conducted With Follow-Up for Identified Issues—Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP). |
| TOH-Provider | Transfer of Health (TOH) Information to the Provider Post Acute Care (PAC). |
| TOH-Patient | Transfer of Health (TOH) Information to the Patient Post Acute Care (PAC). |
| DC Function | Discharge Function Score. |
| Patient/Resident COVID–19 Vaccine | COVID–19 Vaccine: Percent of Patients/Residents Who Are Up to Date. |
| **Claims-Based** | |
| MSPB SNF | Medicare Spending Per Beneficiary (MSPB)—Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP). |
| DTC | Discharge to Community (DTC)—Post Acute Care (PAC) Skilled Nursing Facility (SNF) Quality Reporting Program (QRP). |

[2] *https://www.medpac.gov/wp-content/uploads/2022/07/Wage-index-March-2023-SEC.pdf.*

TABLE 12—QUALITY MEASURES CURRENTLY ADOPTED FOR THE SNF QRP—Continued

| Short name | Measure name and data source |
|---|---|
| PPR | Potentially Preventable 30-Day Post-Discharge Readmission Measure for Skilled Nursing Facility (SNF) Quality Reporting Program (QRP). |
| SNF HAI | SNF Healthcare-Associated Infections (HAI) Requiring Hospitalization. |
| **National Healthcare Safety Network** | |
| HCP COVID–19 Vaccine | COVID–19 Vaccination Coverage among Healthcare Personnel (HCP). |
| HCP Influenza Vaccine | Influenza Vaccination Coverage among Healthcare Personnel (HCP). |

*C. Proposal To Remove the COVID–19 Vaccination Coverage Among Healthcare Personnel (HCP) Measure Beginning With the FY 2028 SNF QRP*

We refer readers to the FY 2022 SNF PPS final rule where we adopted the COVID–19 Vaccination Coverage among HCP measure (HCP COVID–19 Vaccine measure) into the SNF QRP (86 FR 42480 through 42489) and the FY 2024 SNF PPS final rule where we modified the HCP COVID–19 Vaccine measure to account for updated COVID–19 vaccine guidance (88 FR 53223 through 53233). The HCP COVID–19 Vaccine measure requires SNFs to report the COVID–19 vaccination status of HCP through the National Healthcare Safety Network (NHSN). SNFs must collect current vaccination status for all employees, licensed independent practitioners, adult trainees, students, and volunteers, as well as certain contract personnel one week out of each month and report these data on a quarterly basis (88 FR 53227).

We are proposing to remove the HCP COVID–19 Vaccine measure beginning with the FY 2028 SNF QRP under measure removal Factor 3: a measure does not align with current clinical guidelines or practice (42 CFR 413.360(b)(2)(iii)).

When we originally adopted this measure, the United States was in the midst of a Public Health Emergency (PHE) with millions of COVID–19 cases and over 550,000 COVID–19 deaths (86 FR 42480). In March 2021, when this measure was being proposed, the United States was averaging over 5,000 deaths per week. In April 2023, the last full month of the PHE, the weekly number of deaths due to COVID–19 averaged around 1,300.[3] While preventing the spread of COVID–19 remains a public health goal, the PHE ended on May 11, 2023,[4] and the COVID–19 death rate has continued to decrease. The weekly number of deaths attributed to COVID–19 during the past 6 months (weeks ending 8/2/25 through 1/31/26) ranged from 188 to 488.[5]

With the end of the PHE and decrease in COVID–19 deaths, we believed the continued costs and burden to providers of reporting on this measure outweighed the benefit of continued information collection on the HCP COVID–19 Vaccine measure in several settings. We have already removed this measure from the Hospital Inpatient Quality Reporting Program (90 FR 37010 through 37012), the Inpatient Psychiatric Facility Quality Reporting Program (90 FR 37657 through 37658), the Ambulatory Surgical Center Quality Reporting (90 FR 53917 through 53919), the Hospital Outpatient Quality Reporting Programs (90 FR 53917 through 53919), and the Inpatient Rehabilitation Facility Quality Reporting Program (90 FR 37700 through 37702).

Since the end of the PHE, the CDC's clinical recommendations for COVID–19 vaccination have changed. In December 2020, the CDC's Advisory Committee on Immunization Practices (ACIP) recommended that HCP should receive a complete vaccination course.[6] In the FY 2024 SNF PPS final rule, we modified the measure to utilize the term ''up to date'' in the HCP vaccination definition to stay aligned with evolving CDC guidance, and we indicated the definition of ''up to date'' may change based on CDC's latest guidelines (88 FR 53228). At the time the HCP COVID–19 Vaccine measure was adopted in August 2021, vaccination was a critical part of the nation's strategy to effectively counter the spread of COVID–19 in an effort to restore societal functioning.[7] There were well-defined parameters for receiving the COVID–19 vaccination intended to capture routine, catch-up, and risk-based immunization recommendations.

However, these parameters no longer apply, due to evolving circumstances. The latest CDC COVID–19 vaccination recommendations for the 2025–2026 season are now based on shared clinical decision-making (also known as individual-based decision-making).[8] For shared clinical decision-making, there is not a default decision to vaccinate for a defined population.[9] Given that there is no single default recommendation to vaccinate a defined population, both receipt and nonreceipt of vaccination may be consistent with the application of shared clinical decision-making. This differs from the guidance in place when this measure was finalized.

On this basis, we are proposing to remove the measure from the SNF QRP under removal Factor 3, measure does not align with current clinical guidelines or practice.

If finalized as proposed, SNFs would no longer be required to report CY 2026 HCP COVID–19 Vaccine measure data for purposes of the FY 2028 payment determination (that is, SNFs that do not report CY 2026 HCP COVID–19 Vaccine measure data would not be penalized for the FY 2028 annual payment update under the SNF QRP). Any CY 2026 HCP COVID–19 Vaccine measure data received by CMS would not be used for SNF QRP compliance or public reporting.

We invite public comment on our proposal to remove the COVID–19 Vaccination Coverage among Healthcare Personnel measure from the SNF QRP beginning with the FY 2028 SNF QRP.

[3] Provisional COVID–19 Deaths, by Week, in The United States, Reported to CDC. Accessed on March 27, 2025, via *https://covid.cdc.gov/covid-data-tracker/#trends_weeklydeaths_select_00.*

[4] *https://www.hhs.gov/coronavirus/covid-19-public-health-emergency/index.html.*

[5] Provisional COVID–19 Mortality Surveillance *https://www.cdc.gov/nchs/nvss/vsrr/covid19/.*

[6] A complete vaccination course may require one or more doses depending on the specific vaccine used. 2025–2026 COVID–19 Vaccination Guidance | Covid | CDC.

[7] Centers for Disease Control and Prevention. (2020. COVID–19 Vaccination Program Interim Playbook for Jurisdiction Operations. Accessed March 6, 2026 at *https://www.cdc.gov/vaccines/imz-managers/downloads/Covid-19-Vaccination-Program-Interim_Playbook.pdf.*

[8] 2025–2026 COVID–19 Vaccination Guidance 2025–2026 COVID–19 Vaccination Guidance | Covid | CDC.

[9] ACIP Shared Clinical Decision-Making Recommendations ACIP Shared Clinical Decision-Making Recommendations | ACIP | CDC.

*D. Proposal To Remove the COVID–19 Vaccine: Percent of Patients/Residents Who Are Up to Date Measure Beginning With the FY 2028 SNF QRP*

We refer readers to the FY 2024 SNF PPS final rule (88 FR 53256 through 53265), where we finalized the COVID–19 Vaccine: Percent of Patients/Residents Who Are Up to Date (Patient/Resident COVID–19 Vaccine) measure for the FY 2026 SNF QRP. The measure is an assessment-based process measure that reports the percent of stays in which residents in a SNF are up to date on their COVID–19 vaccinations per the CDC's latest guidance.

We are proposing to remove the Patient/Resident COVID–19 Vaccine measure beginning with the FY 2028 SNF QRP under removal Factor 3: a measure does not align with current clinical guidelines or practice (42 CFR 413.360(b)(2)(iii)).

When we originally adopted the Patient/Resident COVID–19 Vaccine measure, COVID–19 continued to be a major challenge for SNFs, with older adults at a significantly higher risk of mortality, severe disease, and death following infection (88 FR 53256 and 53257). In August 2023, when this measure was adopted, CDC COVID–19 vaccination guidance emphasized population-level vaccination expectations for older adults and other high-risk groups, and the evidence base focused on demonstrating broad protective benefit at the population level. CDC data at that time showed that, among adults aged 50 years and older, individuals who had received a primary vaccination series and booster dose experienced significantly lower risks of COVID–19-related hospitalization and death compared to those who were unvaccinated, and that additional booster doses, including bivalent booster formulations, further reduced the risk of severe outcomes, including hospitalization and death, in the context of emerging variants (88 FR 53257). These data supported an infection prevention framework under which being ''up to date'' with COVID–19 vaccination was treated as a broadly applicable expectation for high-risk populations and therefore appropriate for monitoring through a facility-level quality measure.

At the time the Patient/Resident COVID–19 Vaccine measure was adopted, it was intended to capture routine, catch-up, and risk-based immunization recommendations. In the FY 2024 SNF PPS final rule (88 FR 53264), we recognized that the definition of ''up to date'' may change based on the CDC's latest guidelines. Due to evolving circumstances, the latest CDC COVID–19 vaccination recommendations for the 2025–2026 season are now based on shared clinical decision-making (also known as individual-based decision-making).[10] For shared clinical decision-making, there is not a default decision to vaccinate for a defined population.[11] Given that there is no single default recommendation to vaccinate a defined population, both vaccination and non-vaccination may be consistent with the application of shared clinical decision-making. This differs from the guidance in place when this measure was finalized.

When there were more narrow parameters for receiving the COVID–19 vaccination, the Patient/Resident COVID–19 Vaccine measure promoted consumer transparency and choice by giving consumers clear information on the number of patients in an SNF who were vaccinated. However, these parameters no longer apply in light of current CDC clinical guidance that recommends shared clinical decision-making for COVID–19 vaccination decisions. As a result, both vaccination and non-vaccination may reflect an ''up to date'' status using the guidance of shared clinical decision-making, and the Patient/Resident COVID–19 Vaccine measure may no longer provide information on the prevalence of COVID–19 vaccination in the SNF setting. On this basis, we are proposing to remove the measure from the SNF QRP under removal Factor 3: a measure does not align with current clinical guidelines or practice.

Removing this measure would bring the SNF QRP into alignment with other post-acute care settings since we have already removed this measure from the Home Health Quality Reporting Program (HH QRP) (90 FR 55416 through 55418) and the Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP) (90 FR 37702 through 37704).

We are proposing that beginning with residents discharged on or after October 1, 2026, SNFs would no longer be required to collect and submit the Patient/Resident COVID–19 Vaccine measure data to CMS. We are also proposing to remove the Resident's COVID–19 vaccination is up to date data element (O0350) from the MDS effective October 1, 2027, since it is not technically feasible to remove this data element earlier. However, under our proposal, this data element would become voluntary and SNFs would not be required to collect and submit Patient/Resident COVID–19 Vaccine measure data beginning with residents discharged on or after October 1, 2026.

We invite public comment on our proposal to remove the COVID–19 Vaccine: Percent of Patients/Residents Who Are Up to Date measure from the SNF QRP beginning with the FY 2028 SNF QRP.

*E. SNF QRP Quality Measure Concepts Under Consideration for Future Years—Request for Information*

In the FY 2024 SNF PPS proposed rule (88 FR 21353 through 21355), we included an RFI on a set of principles for selecting and prioritizing SNF QRP measures, identifying measurement gaps, and suitable measures for filling these gaps. We refer readers to the FY 2024 SNF PPS final rule (88 FR 53265 through 53267) for a summary of the public comments received in response to the RFI.

We are seeking input on the importance, relevance, appropriateness, and applicability of the quality measure concepts related to advanced care planning. Advance care planning is a continuous process that supports people in understanding and communicating their goals, values, and preferences regarding future medical decisions.[12] The Patient Self Determination Act of 1990 [13] supports this process by requiring healthcare facilities to inform residents of their rights regarding medical decisions, including advance directives and end of life care.[14] In post-acute care (PAC) settings, where residents recover from acute illness, injury, or major procedures, their needs and goals may evolve as their condition changes. Factors such as clinical stability, functional status, therapy tolerance, cognition function, prognosis, and personal preferences can all shift during recovery. Regular reassessment and transparent communication are essential to maintaining person-centered care, while advance care planning facilitates shared decision-making by documenting resident preferences and

[10] 2025–2026 COVID–19 Vaccination Guidance 2025–2026 COVID–19 Vaccination Guidance | Covid | CDC.

[11] ACIP Shared Clinical Decision-Making Recommendations ACIP Shared Clinical Decision-Making Recommendations | ACIP | CDC.

[12] *https://www.cms.gov/files/document/mln-advanced-care-planning.pdf* McMahan, R.D., Tellez, I., & Sudore, R.L. (2021). Deconstructing the Complexities of Advance Care Planning Outcomes: What Do We Know and Where Do We Go? A Scoping Review. *Journal of the American Geriatrics Society, 69*(1), 234–244. *https://doi.org/10.1111/jgs.16801.*

[13] *Public Law 101–508, sections 4206, 4751.*

[14] *https://www.congress.gov/bill/101st-congress/house-bill/5835.*

ensuring goal-concordant care throughout care transitions.[15]

As we review new measure concepts, we will prioritize evidence-based outcome measures that promote person-centered care practices. We are seeking input on the relevant aspects of advanced care planning and measures appropriate for the SNF setting.

*F. Form, Manner, and Timing of Data Submission Under the SNF QRP*

1. Background

We refer readers to the current regulatory text at 42 CFR 413.360(b) for information regarding the policies for reporting specified data for the SNF QRP.

2. Proposal To Revise SNF QRP Data Submission Deadlines Beginning With the FY 2029 SNF QRP

a. Background

Sections 1899B(f) and (g) of the Act require CMS to provide feedback to SNFs and to publicly report their performance on SNF quality measures specified under section 1899B(c)(1) of the Act and resource use and other measures specified under 1899B(d)(1) of the Act. More specifically, section 1899B(f)(1) of the Act requires the Secretary to provide confidential feedback reports to SNFs on their performance on the quality, resource use, and other measures specified under section 1899B(c)(1) and (d)(1) of the Act. Section 1899B(f)(2) of the Act provides that, to the extent feasible, the Secretary must make these confidential feedback reports available not less frequently than on a quarterly basis except in the case of measures reported on an annual basis, in which case confidential feedback reports may be made available annually. Additionally, section 1899B(g)(1) of the Act requires the Secretary to provide for the public reporting of each SNF's performance on the quality measures, resource use, and other measures specified.

Section 1888(e)(6)(B)(i) of the Act provides the Secretary with discretion to prescribe the manner and the timeframes for SNFs to submit data as specified for reporting for the SNF QRP. For MDS assessment-based measures, in the FY 2017 SNF PPS final rule (81 FR 52041 through 52043), we finalized that SNFs will have approximately 4.5 months after each quarterly data collection period to complete their data submissions and make corrections to such data where necessary. At that time, we received several comments supporting the alignment of the data submission and correction timeframes with other quality reporting programs, but we did not receive any comments on the 4.5-month data submission timeframe. We refer readers to the FY 2017 SNF PPS final rule (81 FR 52041 through 52043) for a discussion of our proposal and summary of comments received and responses thereto.

We also finalized data submission deadlines for SNF QRP measures that are submitted via the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN). In the FY 2022 SNF PPS final rule (86 FR 42494), we finalized that the COVID–19 Vaccination Coverage among HCP measure is reported to the CDC through the NHSN at least 1 week per month, with the CDC reporting data to CMS quarterly and allowing for corrections in the NHSN application in alignment with the CMS data submission deadlines. In the FY 2023 SNF PPS final rule (87 FR 47555), we finalized that the data collection period for the Influenza Vaccination Coverage among Healthcare Personnel (HCP) measure would be October 1 through March 31, with a data submission deadline of May 15th for each influenza season.

Public reporting of data collected under quality programs, such as the SNF QRP, is designed to provide consumers and their families with the most current information to empower them to make quality-informed decisions about where to receive their care. We have identified that the time between when data on measures is submitted to us and when those data are publicly reported (approximately nine months) may be too long to provide the most accurate and up to date information for the public. For example, through technical expert panels, we have received feedback from resident caregiver advocates that the aged data used in publicly reported quality measures diminishes their value to consumers. Furthermore, we have heard from SNFs that the SNF QRP measure results they receive prior to public reporting are not useful for their quality improvement efforts due to the aged data and the delay in when they receive these reports.

Currently, the largest contributing factor to the 9-month lag between the end of the data collection period and when measures are publicly reported is the 4.5-month timeframe for data submission. Reducing the data submission timeframe from 4.5 months to require data submission the 15th day of the second month after the end of the calendar quarter could reduce this lag by up to 3 months, resulting in more timely public reporting of data for consumers and increasing the value of publicly reported data. Additionally, this timeframe provides SNFs with more recent data in support of their quality improvement activities.

In the FY 2026 SNF PPS proposed rule, we included a request for information (RFI) on reducing the MDS assessment data submission deadline from 4.5 months to 45 days (90 FR 18608). We refer readers to the FY 2026 SNF PPS final rule (90 FR 37343) for a full summary of the public comments received.

b. Proposal To Revise the SNF QRP Assessment Data Submission Deadline

Beginning with the FY 2029 SNF QRP, we are proposing that SNFs must complete their data submissions and make corrections to their MDS assessment data where necessary no later than the 15th day of the second month after the end of the calendar quarter. However, if the 15th day of the second month falls on a Friday, weekend, or Federal holiday, the date is delayed until 11:59 p.m. EST on the next business day. We are proposing that SNFs would follow the deadlines presented in Table 13 for the FY 2029 SNF QRP. We are also proposing that similar calendar year data submission deadlines would apply to future years' payment determinations.

TABLE 13—PROPOSED DATA COLLECTION TIMEFRAME AND DATA SUBMISSION DEADLINES FOR MDS ASSESSMENT DATA AFFECTING THE FY 2029 PAYMENT DETERMINATION

| Calendar Year (CY) quarter | Data collection timeframe | Final data submission deadlines for FY 2029 payment determination * |
|---|---|---|
| CY 2027 Quarter 1 | January 1–March 31, 2027 | May 17, 2027. |

[15] McMahan RD, Tellez I, Sudore RL. Deconstructing the Complexities of Advance Care Planning Outcomes: What Do We Know and Where Do We Go? A Scoping Review. J Am Geriatr Soc. 2021 Jan; 69(1):234–244. doi: 10.1111/jgs.16801. Epub 2020 Sep 7. PMID: 32894787; PMCID: PMC7856112.

TABLE 13—PROPOSED DATA COLLECTION TIMEFRAME AND DATA SUBMISSION DEADLINES FOR MDS ASSESSMENT DATA AFFECTING THE FY 2029 PAYMENT DETERMINATION—Continued

| Calendar Year (CY) quarter | Data collection timeframe | Final data submission deadlines for FY 2029 payment determination * |
|---|---|---|
| CY 2027 Quarter 2 | April 1–June 30, 2027 | August 16, 2027. |
| CY 2027 Quarter 3 | July 1–September 30, 2027 | November 15, 2027. |
| CY 2027 Quarter 4 | October 1–December 31, 2027 | February 15, 2028. |

* Data submission deadlines will follow a similar quarterly schedule for subsequent CYs.

We believe that requiring SNFs to submit MDS assessment data by the 15th day of the second month after the end of the calendar quarter is reasonable. We conducted an analysis on the potential impact of reducing the timeframe by determining how many assessments are currently being submitted by this deadline, which is approximately within 45 days of the end of the quarter. Using 2024 data, we identified that 97.18 percent of all MDS assessments were submitted to CMS within a 45-day timeframe. Of the remaining 2.82 percent submitted beyond 45 days, 0.13 percent were submitted after the current 4.5-month data submission deadline and would not be further impacted by a change in the data submission deadline. Therefore, only 2.69 percent of MDS assessments would be impacted by changing the data submission deadline from 4.5 months to require data submission by the 15th day of the second month after the end of the calendar quarter.

c. Proposal To Revise the CDC NHSN Data Submission Deadlines

Beginning with the FY 2029 SNF QRP, we are proposing that SNFs must complete their data submissions and make corrections to their CDC NHSN data where necessary no later than the 15th day of the second month after the end of the calendar quarter. However, if the 15th day of the second month falls on a Friday, weekend, or Federal holiday, the date is delayed until 11:59 p.m. EST on the next business day. We are proposing that SNFs would follow the deadlines presented in Table 14 for the FY 2029 SNF QRP. We are also proposing that similar calendar year data submission deadlines would apply to future years' payment determinations.

TABLE 14—PROPOSED DATA COLLECTION TIMEFRAME AND DATA SUBMISSION DEADLINES FOR CDC NHSN SNF QRP MEASURES AFFECTING THE FY 2029 PAYMENT DETERMINATION

| Measure | Data collection timeframe | Final data submission deadlines for FY 2029 payment determination * |
|---|---|---|
| COVID–19 Vaccination Coverage among HCP ** | January 1–March 31, 2027 | May 17, 2027. |
| | April 1–June 30, 2027 | August 16, 2027. |
| | July 1–September 30, 2027 | November 15, 2027. |
| | October 1–December 31, 2027 | February 15, 2028. |
| Influenza Vaccination Coverage among HCP | October 1, 2027–March 31, 2028 | May 15, 2028. |

* Data submission deadlines will follow a similar quarterly schedule for subsequent CYs.
** In section VI.C. of this proposed rule, we are proposing to remove this measure effective with the FY 2028 SNF QRP.

We believe that requiring SNFs to submit CDC NHSN data by the 15th day of the second month after the end of the calendar quarter is a reasonable timeframe to submit one week of data per month to the CDC NHSN to meet the data submission requirements of the HCP COVID–19 Vaccine measure. We note that there would be no change in the data submission deadline for the Influenza Vaccination Coverage among HCP measure, as the previously finalized data submission date is May 15th for each influenza season.

We conducted an analysis on the potential impact of reducing the timeframe by determining how many SNFs are currently reporting data by this deadline, which is approximately within 45 days of the end of the quarter. Using FY 2025 data, we identified that 95 percent of all SNFs submitted CDC NHSN data within a 45-day timeframe. On these bases, we believe revising the SNF QRP data submission deadline for MDS and CDC NHSN data to require SNFs to submit CDC NHSN data by the 15th day of the second month after the end of the calendar quarter would improve the timeliness of public reporting by 3 months, which is beneficial to both consumers and SNFs, with no change in burden to SNFs.

We invite comment on this proposal to require that SNFs complete their data submissions and make corrections to their MDS assessment data and CDC NHSN data where necessary no later than the 15th day of the second month after the end of the calendar quarter beginning with the FY 2029 SNF QRP.

3. Proposal To Require MDS Data Submission on All SNF Residents Beginning With the FY 2031 SNF QRP

a. Background

For over a decade, spanning the implementation of the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act) (Pub. L. 113–185) and the subsequent development of quality, resource use, and other measures and standardized patient assessments in accordance with the applicable statutory authority, interested parties have provided their input on and support for the need to standardize data collection across all payers in PAC settings.[16] This includes input that the quality measures used in the SNF QRP should be calculated using data collected from all SNF residents, regardless of a resident's payer, and that such data collection and submission is feasible in the SNF setting.[17] [18] Additionally, we received feedback on this topic in response to a Request for Information (RFI) in the FY 2018 SNF PPS final rule (82 FR 36603 and 36604) and a proposal in the FY 2020 SNF PPS final rule (84 FR 38817 through 38819).

In the FY 2018 SNF PPS proposed rule (82 FR 21077), we issued an RFI on expanding the collection and submission of SNF MDS data to include all SNF residents, regardless of payer, and we received overwhelming support. Responding to our RFI in the FY 2018 SNF PPS proposed rule, the Medicare Payment Advisory Commission (MedPAC) and other commenters highlighted that such data would serve to better inform beneficiaries on the broader quality of care within a SNF, especially regarding those who are or will become long-term residents of the same facility. Other commenters suggested it could support SNFs' comprehensive quality improvement efforts across payers. Furthermore, MedPAC added that while all data collection activity incurs some cost, their work has found that some SNFs already routinely assess all SNF residents regardless of payer because they feel that sorting which residents require assessments is almost as much work as completing the assessment. Additional commenters echoed MedPAC and added that collecting and submitting MDS data on all payers would be easier than having to determine which residents were Medicare fee-for-service (FFS). For a more detailed discussion of these comments, we refer readers to the FY 2018 SNF PPS final rule (82 FR 36603 and 36604).

In the FY 2020 SNF PPS proposed rule (84 FR 17678 and 17679), we proposed to expand the collection and submission of MDS data to all SNF residents regardless of payer for purposes of the SNF QRP. Although we decided not to finalize the proposal in the FY 2020 SNF PPS final rule (84 FR 38817 through 38819), we did receive comments from several commenters who supported aligning data collection and submission under the SNF QRP with the practices of other quality programs. These commenters noted that our proposal would give consumers a more complete picture of quality within a SNF and that ensuring quality of care is essential to the overall well-being of all SNF residents and should not be conditional on the payer source. However, other commenters did not support the proposal and expressed concern about the lack of details found in the proposal, including which residents would be captured under an expanded SNF MDS data collection and submission policy, the intended use of the data, and how this proposal would affect penalties for non-compliance in the SNF QRP. Commenters were also concerned about the reporting burden associated with expanding MDS data collection and submission and whether the data would be publicly reported. As noted previously, we did not finalize the proposal at the time but stated that we would use the input we received to revise our policy and propose it in future rulemaking. For a more detailed discussion of these comments and our decision to not finalize this proposal, we refer readers to the FY 2020 SNF PPS final rule (84 FR 38817 through 38819).

Since 2019, we have worked to address this feedback in anticipation of a future proposal. Our work included gathering additional feedback from interested parties on specific questions related to implementing a policy to expand data submission for the SNF QRP during two national SNF Listening Sessions hosted by our contractor in 2023 [19] and 2024.[20] During both listening sessions, we heard from SNFs that submitting data on all SNF residents is feasible, and that some SNFs currently collect MDS data on all residents, regardless of payer.

b. Support for Expanding MDS Data Submission on All SNF Residents Regardless of Payer

The concept of requiring data submission on all patients/residents regardless of payer is not new. We currently require data submission on all patients regardless of payer as part of the Inpatient Rehabilitation Facility (IRF) QRP, the Long-Term Care Hospital (LTCH) QRP, the Home Health (HH) QRP, and the Hospice QRP (HQRP). Eligible clinicians participating in the Merit-based Incentive Payment System (MIPS) who submit quality measure data on Qualified Clinical Data Registry (QCDR) measures, MIPS clinical quality measures (CQMs), or electronic clinical quality measures (eCQMs) must submit such data on a specified percentage of patients regardless of payer. Submitting such data on all SNF residents, regardless of payer, in the SNF setting would align the SNF QRP with the data submission practices of other CMS programs.

Until SNFs adopt a policy to submit MDS data on all SNF residents regardless of payer, the SNF QRP risks losing relevance to the SNF community and SNF consumers. According to the Congressional Budget Office (CBO), total Medicare Advantage enrollment in 2025 was estimated to be 54 percent of all beneficiaries and by 2034, the number is expected to rise to 64 percent of all beneficiaries.[21] As a result, if any of those beneficiaries require SNF services, they would not be included in the SNF QRP since the program currently requires MDS data submission only for Medicare FFS residents. Therefore, submitting MDS data on all SNF residents, regardless of payer, would

[16] MAP Coordination Strategy for Post-Acute Care and Long-Term Care Performance Measurement. Feb 2012. Available at *https://digitalassets.jointcommission.org/api/public/content/0309517406bf4b87972b9a433a689c87?v=0fa83028*.

[17] Public Comment Summary Report Posting for Transfer of Health Information and Care Preferences. Available at *https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Post-Acute-Care-Quality-Initiatives/Downloads/Development-of-Cross-Setting-Transfer-of-Health-Information-Quality-Meas.pdf*.

[18] Technical Expert Panel Summary Report: Development and Maintenance of Quality Measures for Skilled Nursing Facility Quality Reporting Program. April 2018. Available at *https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Post-Acute-Care-Quality-Initiatives/Downloads/TEP-Summary-Report_April-2018_Development-and-Maintenance-of-Quality-Measures-for-SNF-QRP.pdf*.

[19] Skilled Nursing Facility (SNF) QRP Listening Session Summary: Possible Expansion of MDS Data Submission to All SNF Residents Regardless of Payer. Summary Report. August 29, 2023. Available at *https://www.cms.gov/files/document/snf-listening-session-2023-summary-report.pdf*.

[20] Skilled Nursing Facility (SNF) QRP Listening Session Summary: Possible Expansion of MDS Data Submission to All SNF Residents Regardless of Payer. Summary Report. October 1, 2024. Available at *https://www.cms.gov/files/document/snfallpayerlisteningsession2024summaryreportv3508.pdf*.

[21] Ochieng, N., Freed, M., Biniek, J.F., Damico, A. Neuman, T. Medicare Advantage in 2025: Enrollment Update and Key Trends. Kaiser Family Foundation. Published July 28, 2025. Accessed November 14, 2025. Available at *https://www.kff.org/medicare/medicare-advantage-enrollment-update-and-key-trends/*.

provide the most robust and accurate representation of SNF quality.

In addition to aligning the SNF QRP with the data submission practices of other CMS programs and providing the most robust and accurate representation of SNF quality, we believe that submitting data using the MDS should include all SNF residents regardless of payer for other reasons. For instance, requiring submission of MDS data on all SNF residents, regardless of payer, could promote higher quality more efficient healthcare for all residents through standardization of data submission and support for the exchange of longitudinal information between SNFs and other providers. This information exchange could facilitate coordinated care, continuity in care planning, and the discharge planning process. Furthermore, expanding data collection to all SNF residents regardless of payer could support SNFs in their quality improvement activities.[22] Finally, adopting this policy could contribute to better healthcare outcomes for our beneficiaries, enabling them to make more informed decisions about where to receive SNF care.[23] [24] As stated previously, unless we adopt a policy to expand data submission to all SNF residents regardless of payer, SNFs will continue to lag behind other PAC settings who already submit this assessment information on all patients. However, we note that we would not use these data from non-Medicare FFS residents to update the payment rates used under the SNF PPS.

c. Considerations for Expansion of MDS Data Submission to All SNF Residents

As previously noted in section VI.F.3.a. of this proposed rule, we received several constructive comments when we proposed to expand the submission of MDS data in the FY 2020 SNF PPS proposed rule. We have used these comments to inform our proposals for the form, time, and manner of MDS data submission on all SNF residents regardless of payer in the FY 2027 SNF PPS proposed rule.

Implementation of a policy requiring MDS data submission on all SNF residents regardless of payer presents unique considerations for CMS that have not been encountered in other settings because the MDS data are required for reasons other than quality reporting and Medicare payment. One consideration is the Omnibus Budget Reconciliation Act of 1987 (OBRA) (Pub. L. 100–203) that requires nursing homes that are Medicare certified, Medicaid certified or both, conduct initial and periodic MDS assessments for both long-term residents and short-term residents in a rehabilitative program anticipating return to their previous environment or another environment of their choice. Another consideration is that data submitted in MDS assessments are used by many state Medicaid payment and quality programs. These considerations informed our proposals for the policies discussed next.

(1) Defining Skilled Services

In response to our FY 2020 SNF PPS proposal to expand SNF MDS data submission to all SNF residents regardless of payer, we heard from commenters that they needed to know how to identify the resident population for whom they would be required to submit MDS data under an expanded policy. Specifically, we received several questions about how ''skilled services'' would be defined for non-Medicare Part A FFS residents receiving skilled care (84 FR 17678 and 17679).

We define a skilled nursing facility level of care under the Medicare Part A benefit in the Medicare Benefit Policy Manual (MBPM) (100–2), Chapter 8, § 30.[25] Care in a SNF is covered by the Medicare Part A benefit when the following four factors listed are listed are met:

- The patient requires skilled nursing services or skilled rehabilitation services, that is, services that must be performed by or under the supervision of professional or technical personnel (see MBPM §§ 30.2 through 30.4); are ordered by a physician and the services are rendered for a condition for which the beneficiary received inpatient hospital services or for a condition that arose while receiving care in a SNF for a condition for which he received inpatient hospital services.
- The patient requires these skilled services on a daily basis (see MBPM § 30.6).
- As a practical matter, considering economy and efficiency, the daily skilled services can be provided only on an inpatient basis in a SNF. (See MBPM § 30.7)
- The services delivered are reasonable and necessary for the treatment of a patient's illness or injury, that is, are consistent with the nature and severity of the individual's illness or injury, the individual's particular medical needs, and accepted standards of medical practice. The services must also be reasonable in terms of duration and quantity.

SNFs should be familiar with this definition since they use it daily to make decisions about whether a Medicare Part A resident qualifies for a covered SNF level of care.

We presented this definition to interested parties attending the August 2023 SNF Listening Session: Possible Expansion of MDS Data Submission to All SNF Residents Regardless of Payer.[26] We sought feedback about using this definition to identify SNF residents, regardless of payer, requiring an MDS assessment for purposes of submitting data. Participants of the 2023 SNF Listening Session generally supported the idea of a standardized definition of skilled services across all payers and stated that it would be feasible to use a modified definition of skilled services as described in the Medicare Benefits Policy Manual (Chapter 8, § 30) to identify residents for the purposes of MDS data submission.

We are not proposing to change the coverage criteria for a Medicare Part A FFS covered stay. However, given the SNFs' familiarity with the definition of covered skilled services in the Medicare Benefits Policy Manual, we believe a modified version of Chapter 8, § 30 will work for determining whether an expanded resident population meets a skilled nursing facility level of care.

Therefore, we are proposing that SNFs would submit MDS data on all SNF residents regardless of payer when all of the following four criteria are met:

- When the resident is admitted to the SNF for covered skilled nursing services or skilled rehabilitation services, that is, services that must be performed by or under the supervision of professional or technical personnel (see MBPM §§ 30.2 through 30.4) and those services are ordered by a physician.
- The resident requires these skilled services on a daily basis (see MBPM § 30.6).

[22] CMS National Quality Strategy. Accessed November 14, 2025. Available at *https://www.cms.gov/medicare/quality/meaningful-measures-initiative/cms-quality-strategy.*

[23] Ibid.

[24] Report to Congress: Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014 Strategic Plan for Accessing Race and Ethnicity Data. January 5, 2017. Accessed November 26, 2024. Available at *https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Research-Reports-2017-Report-to-Congress-IMPACT-ACT-of-2014.pdf.*

[25] Medicare Benefits Policy Manual (100–2), Chapter 8. Available at *https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/bp102c08pdf.pdf.*

[26] Skilled Nursing Facility (SNF) QRP Listening Session Summary: Possible Expansion of MDS Data Submission to All SNF Residents Regardless of Payer. Summary Report. August 29, 2023. Available at *https://www.cms.gov/files/document/snf-listening-session-2023-summary-report.pdf.*

• As a practical matter, considering economy and efficiency, the daily skilled services can be provided only on an inpatient basis in a SNF (see MBPM § 30.7).

• The services delivered are reasonable and necessary for the treatment of a resident's illness or injury, that is, are consistent with the nature and severity of the individual's illness or injury, the individual's particular medical needs, and accepted standards of medical practice, and are reasonable in terms of duration and quantity.

(2) Identifying the Resident Population for the Submission of MDS Data

SNFs are distinct from the IRF and LTCH settings, which only provide services to patients for limited periods of time and, in the case of IRFs, for certain medical conditions. In 2025, 95 percent of all SNFs were also certified under Medicaid as nursing facilities (NFs).[27] These dually certified SNFs/NFs are long-term care facilities that furnish care continuously to both Medicare and Medicaid beneficiaries in the nursing home, which is their place of residence. The SNF QRP applies to freestanding SNFs, including dually certified SNFs/NFs, SNFs affiliated with acute care facilities, and all non-critical access hospital (CAH) swing bed rural hospitals. As such, our proposal would cover the resident populations of these facilities. For ease of reference, we will hereafter refer to these entities collectively as SNFs.

As noted previously, since residents can be admitted to a SNF for different reasons, such as short-term skilled care, or long-term services and supports for limitations in activities of daily living and instrumental activities of daily living, it is important that we further define the resident population for expanding the submission of MDS data.

Long-term residents in SNFs may experience changes in the level of care they require without leaving the facility. Specifically, a long-term resident's level of care may change from non-skilled to skilled without a hospitalization. Over the last several years, SNF care has evolved in response to internal and external factors, including increased clinical specialization of SNFs, an increasing number of beneficiaries choosing MA benefits and the competition among SNFs to be an 'in-network provider,' an increased number of and attention to resource use measures in the SNF QRP and VBP, and the COVID–19 public health emergency (PHE). Increasingly, it is common practice for SNFs to ''skill-in-place'' their long-term residents who several years ago may have been immediately sent to the emergency department for evaluation. When a long-term resident is ''skilled-in-place'', the SNF provides skilled services to address a long-term resident's change in condition to prevent or in lieu of a hospital admission.

Furthermore, MA organizations may authorize coverage of SNF care in the absence of a prior qualifying hospital stay. This includes long-term residents who may be enrolled in a Special Needs Plan (SNP) [28] or may have other commercial insurances or long-term care policies that are covering their skilled care.

Therefore, expansion of a policy to include the submission of MDS data must address whether all residents receiving skilled services in a facility would be included in the policy. This could include being admitted after an inpatient stay for short term skilled services, or a long-term resident who develops a need for skilled services and receives them without being discharged to the hospital. We also heard from participants in both the 2023 and 2024 SNF Listening Sessions that identifying changes in level of care across different payers and resident types would be challenging and burdensome. Specifically, we heard in the 2024 SNF Listening Session that trying to manage a same day change in a long-term resident's need for skilled services would be difficult and add confusion to the process of determining which assessments would be required given the complexity of balancing SNF MDS assessments and MDS OBRA requirements.

In response to these concerns, we are proposing to require submission of MDS data on residents admitted or readmitted for covered skilled services regardless of payer, rather than any long-term resident residing in the facility who becomes skilled in place, that is requiring skilled services without leaving the facility. We are also proposing that long-term residents who take a leave of absence [29] and return to the facility requiring skilled care would not require a skilled care admission assessment and submission of MDS data, while long-term residents that are discharged from the facility,[30] and are subsequently readmitted for covered skilled care would trigger the submission of MDS data. We note, however, that under this proposal, we would not require the submission of MDS data if the services were not covered. Additionally, a short-term resident who was admitted for covered skilled care, who left the facility for any reason and returned to the same SNF requiring skilled services before the end of the interruption window,[31] would not require a new MDS assessment as long as their services remained skilled and were covered. Instead, their subsequent stay is considered a continuation of the previous skilled care stay for purposes of the SNF QRP.

We believe that limiting the submission of MDS data to residents admitted or readmitted to the SNF for covered skilled services would align the SNF QRP population with other PAC QRPs, and meet the goal of obtaining full and complete data regarding the quality of care provided by the SNF to the residents receiving care in that facility.

Finally, while we appreciate that submitting MDS data on all SNF residents regardless of payer may create additional burden, we also note that this burden may be partially offset by the fact that SNFs would no longer have to determine which residents admitted or readmitted for covered skilled services require MDS data submission. We have also learned that many SNFs already collect MDS data on non-Medicare FFS residents but do not submit it.[32] [33] We

[27] Distribution of Certified Nursing Facilities by Certification Type | KFF State Health Facts. July 2025. Available at *https://www.kff.org/other-health/state-indicator/nursing-facilities-by-certification-type/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D.*

[28] Special Needs Plans | CMS. September 10, 2024. Available at *https://www.cms.gov/medicare/enrollment-renewal/special-needs-plans.*

[29] A leave of absence occurs when a resident has a: temporary home visit of at least one night; or therapeutic leave of at least one night; or hospital observation stay less than 24 hours and the hospital does not admit the resident.

[30] A discharge occurs when: Resident is discharged from the facility to a private residence (as opposed to going on an LOA); Resident is admitted to a hospital or other care setting (regardless of whether the nursing home discharges or formally closes the record); Resident has a hospital observation stay greater than 24 hours, regardless of whether the hospital admits the resident. Resident is transferred from a Medicare- and/or Medicaid-certified bed to a non-certified bed. Resident's covered skilled stay ends, but the resident remains in the facility.

[31] An interruption window occurs when a resident leaves the facility for a 3-day period, starting with the calendar day of discharge and including the 2 immediately following calendar days.

[32] Skilled Nursing Facility (SNF) QRP Listening Session Summary: Possible Expansion of MDS Data Submission to All SNF Residents Regardless of Payer. Summary Report. August 29, 2023. Available at *https://www.cms.gov/files/document/snf-listening-session-2023-summary-report.pdf.*

[33] Skilled Nursing Facility (SNF) QRP Listening Session Summary: Possible Expansion of MDS Data Submission to All SNF Residents Regardless of Payer. Summary Report. October 1, 2024. Available

Continued

also acknowledge past concerns raised by some interested parties with respect to the administrative challenges of implementing all payer data submission and the need to account for the burden related to the proposal. In section VIII.B. of the proposed rule, we provide an estimate of additional burden related to the proposal.

d. Proposal To Require MDS Data Submission on All SNF Residents Regardless of Payer for the SNF QRP

We are proposing to require the submission of MDS data on each resident receiving covered skilled care in a SNF, regardless of payer, beginning with the FY 2031 SNF QRP. Specifically, we are proposing that SNFs would be required to submit these data for all SNF residents, regardless of payer, beginning with residents admitted on October 1, 2029 for purposes of the FY 2031 SNF QRP.[34] Starting in CY 2030, SNFs would be required to submit data for the entire calendar year beginning with the FY 2032 SNF QRP.

We are also proposing that SNFs would submit these data on all non-Medicare FFS SNF residents at admission and discharge using the Nursing Home PPS (NP) and the Nursing Home Part A PPS Discharge (NPE) assessments and the corresponding Swing Bed assessments (SP and SD) in use at the time of data collection. Based on feedback shared by the SNFs during listening sessions, we believe many SNFs already collect MDS data on non-Medicare FFS residents but do not submit it.

In order to facilitate the collection of this new data, we would revise the current MDS for SNFs to submit data pursuant to the proposed policy. Specifically, we would modify one item and add three new items to the MDS. One item in the Type of Assessment section would be modified to indicate when an assessment is being completed at admission for a non-Medicare FFS resident receiving covered skilled services. The first new item would collect information on the resident's primary payer for the skilled stay at admission, and at discharge from covered skilled services. A second new item would capture the start and end dates of a covered skilled stay for a non-Medicare-FFS resident. Finally, a third new item would be added to the Type of Assessment section to indicate whether the assessment is being completed for a non-Medicare FFS resident at the time of discharge from covered skilled services. A draft of the proposed modified and new items can be found in the Downloads section of the SNF QRP Measures and Technical Information web page at *https://www.cms.gov/medicare/quality/snf-quality-reporting-program/measures-and-technical-information.*

Furthermore, the Secretary must reduce the annual payment update applicable to a SNF for a fiscal year by 2 percentage points if the SNF does not submit data in accordance with the SNF QRP requirements established by the Secretary. As set forth in our regulations at 42 CFR 413.360(f)(1)(ii), 90 percent of the MDS assessments SNFs submitted through the CMS designated data system must contain 100 percent of the required data. Therefore, we are proposing that the MDS data SNFs submit under this proposal for all SNF residents, regardless of payer, would be used to calculate SNF QRP compliance. The SNF QRP also requires the data be submitted to CMS according to the established data submission deadlines. The current SNF QRP data submission deadline for MDS data is approximately 4.5 months after each quarterly data collection period. In section VI.F.2. of this proposed rule, we are proposing to revise the data submission deadline from 4.5 months to the 15th day of the second month after the end of the calendar quarter, which would have implications for this proposal if finalized.

Finally, we want to clarify that, while expanding the submission of MDS data to include all SNF residents admitted or readmitted for skilled covered care regardless of payer would permit the SNF QRP to make publicly available information regarding the quality of services furnished to the SNF population as a whole, we are not proposing any changes to our policies related to publicly reporting SNF QRP data collected on non-Medicare FFS residents at this time. We routinely monitor the SNF QRP data and any future changes related to the public reporting of the SNF QRP all payer data would be communicated through our normal communication channels.

We invite public comments on this proposal to require the submission of MDS data on all SNF residents admitted for covered skilled care regardless of payer beginning with the FY 2031 SNF QRP.

*G. Policies Regarding Public Display of Measure Data for the SNF QRP*

1. Background

We refer readers to the FY 2017 SNF PPS final rule (81 FR 52045 through 52048) for a discussion of our policies regarding public display of SNF QRP measure data and procedures for SNFs to review and correct data and information prior to their publication.

2. Proposal To End the Public Display of the COVID–19 Vaccination Coverage Among Healthcare Personnel (HCP) Measure

In the FY 2022 SNF PPS final rule (86 FR 42496 through 42498), we finalized our proposal to publicly report the COVID–19 Vaccination Coverage among Healthcare Personnel (HCP) measure (HCP COVID–19 Vaccine) beginning with the October 2022 Care Compare refresh on *Medicare.gov*. In section VI.C. of this proposed rule, we are proposing to remove the HCP COVID–19 Vaccine measure beginning with the FY 2028 SNF QRP. If finalized as proposed, a SNFs' HCP COVID–19 Vaccine measure data would be publicly reported for the last time with the October 2026 Care Compare refresh on *Medicare.gov,* based on data from Q4 of 2025. Thereafter, we would no longer display a SNF's HCP COVID–19 Vaccine measure data on the Care Compare tool at *Medicare.gov*.

We invite comment on our proposal to end public display of the HCP COVID–19 Vaccine measure data after the October 2026 Care Compare refresh on the Care Compare tool at *Medicare.gov*.

3. Proposal To End the Public Display of the COVID–19 Vaccine: Percent of Patients/Residents Who Are Up to Date Measure

In the FY 2024 SNF PPS final rule (88 FR 53275 through 53276), we finalized our proposal to begin publicly displaying data for the COVID–19 Vaccine: Percent of Patients/Residents Who Are Up to Date measure (Patient/Resident COVID–19 Vaccine) beginning with the October 2025 Care Compare refresh. In section VI.D. of this proposed rule, we would remove the Patient/Resident COVID–19 Vaccine measure beginning with the FY 2028 SNF QRP. If finalized as proposed, the reporting of data for the ''Resident's COVID–19 vaccination is up to date'' data element would be voluntary effective October 1, 2026, and the Patient/Resident COVID–19 Vaccine measure data would be publicly reported for the last time with the October 2026 Care Compare refresh on *Medicare.gov,* based on data from Q4 of 2025.

at *https://www.cms.gov/files/document/snfallpayerlisteningsession2024summaryreportv3508.pdf.*

[34] There is an exemption for residents where the third-party insurer does not cover the cost of skilled services.

We invite public comment on our proposal to end the public display of Patient/Resident COVID–19 Vaccine measure data after the October 2026 Care Compare refresh on *Medicare.gov*.

## VII. Updates to the Skilled Nursing Facility Value-Based Purchasing (SNF VBP) Program

### *A. Statutory Background*

Through the SNF VBP Program, we award incentive payments to SNFs to encourage improvements in the quality of care provided to Medicare beneficiaries. The SNF VBP Program is authorized by section 1888(h) of the Act, and it applies to freestanding SNFs, SNFs affiliated with acute care facilities, and all non-critical access hospitals (CAH) swing-bed rural hospitals. The SNF VBP Program has helped to transform how Medicare payment is made for SNF care, moving toward rewarding better value and outcomes instead of merely rewarding volume. Our codified policies for the SNF VBP Program can be found in our regulations at 42 CFR 413.337(f) and 413.338.

### *B. SNF VBP Program Measures*

#### 1. Background

Our current measure selection, retention, and removal policy is codified at 42 CFR 413.338(k). We also refer readers to the FY 2024 SNF PPS final rule for background on the measures we have adopted for the SNF VBP Program (88 FR 53276 through 53297). Table 15 lists the measures that have been adopted for the SNF VBP Program, along with their status in the program for the FY 2027 program year through the FY 2030 program year.

TABLE 15—SNF VBP PROGRAM MEASURES AND STATUS IN THE SNF VBP PROGRAM FOR THE FY 2027 PROGRAM YEAR THROUGH THE FY 2030 PROGRAM YEAR

| Measure | FY 2027 program year | FY 2028 program year | FY 2029 program year | FY 2030 program year |
|---|---|---|---|---|
| Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM). | Included | | | |
| Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization (SNF HAI) measure. | Included | Included | Included | Included. |
| Total Nurse Staffing Hours per Resident Day (Total Nurse Staffing) measure. | Included | Included | Included | Included. |
| Total Nursing Staff Turnover (Nursing Staff Turnover) measure | Included | Included | Included | Included. |
| Discharge to Community—Post-Acute Care Measure for Skilled Nursing Facilities (DTC PAC SNF). | Included | Included | Included | Included. |
| Percent of Residents Experiencing One or More Falls with Major Injury (Long-Stay) (Falls with Major Injury (Long-Stay)) measure. | Included | Included | Included | Included. |
| Discharge Function Score for SNFs (DC Function) measure | Included | Included | Included | Included. |
| Number of Hospitalizations per 1,000 Long Stay Resident Days (Long Stay Hospitalization) measure. | Included | Included | Included | Included. |
| Skilled Nursing Facility Within-Stay Potentially Preventable Readmissions (SNF WS PPR) measure. | | Included | Included | Included. |

#### 2. Proposed Regulation Text Technical Update

We are proposing to update a reference within our codified measure selection, retention, and removal policy that we finalized in the FY 2025 SNF PPS final rule (89 FR 64126 through 64127) but did not update when finalizing other updates to the regulations in the FY 2026 SNF PPS final rule (90 FR 37345 through 37352). Specifically, we are proposing to update 42 CFR 413.338(k)(3) to reference § 413.338(k)(2) of the regulations for details on the measure selection, retention, and removal policy rather than § 413.338(l)(2).

We welcome public comment on this proposed technical update to our regulation text.

### *C. SNF VBP Performance Standards*

#### 1. Background

Our current definitions for the performance standards are codified at 42 CFR 413.338(a), and our current performance standards notification and updates policies are codified at 42 CFR 413.338(m). We also refer readers to the FY 2024 SNF PPS final rule (88 FR 53299 through 53300) for a detailed history of our performance standards policies. In the FY 2026 SNF PPS final rule (90 FR 37348 through 37349), we adopted the final numerical performance standards for the remaining measures applicable to the FY 2028 program year, and the final numerical performance standards for the FY 2029 program year for the Discharge to Community—Post-Acute Care Measure for Skilled Nursing Facilities (DTC PAC SNF) and Skilled Nursing Facility Within-Stay Potentially Preventable Readmissions (SNF WS PPR) measures.

#### 2. Estimated Performance Standards for the FY 2029 Program Year

To meet the requirements at section 1888(h)(3)(C) of the Act, we are providing estimated numerical performance standards for the remaining measures applicable to the FY 2029 program year: the SNF Healthcare-Associated Infections Requiring Hospitalization (SNF HAI) measure, Total Nurse Staffing Hours per Resident Day (Total Nurse Staffing) measure, Total Nursing Staff Turnover (Nursing Staff Turnover) measure, Percent of Residents Experiencing One or More Falls with Major Injury (Long-Stay) (Falls with Major Injury (Long-Stay)) measure, Number of Hospitalizations per 1,000 Long Stay Resident Days (Long Stay Hospitalization) measure, and Discharge Function Score for SNFs (DC Function) measure. In accordance with our methodology for calculating performance standards previously finalized in the FY 2017 SNF PPS final rule (81 FR 51996 through 51998), the estimated numerical values for the FY 2029 program year performance standards are shown in Table 16. We will provide the final numerical performance standards for these measures for the FY 2029 program year in the FY 2027 SNF PPS final rule.

TABLE 16—ESTIMATED FY 2029 SNF VBP PROGRAM PERFORMANCE STANDARDS

| Measure short name | Achievement threshold | Benchmark |
|---|---|---|
| SNF HAI Measure .... | 0.92183 | 0.94491 |
| Total Nurse Staffing Measure .... | 3.29119 | 5.87448 |
| Nursing Staff Turnover Measure .... | 0.42696 | 0.76652 |
| Falls with Major Injury (Long-Stay) Measure .... | 0.95455 | 0.99951 |
| Long Stay Hospitalization Measure ..... | 0.99768 | 0.99963 |
| DC Function Measure .... | 0.41935 | 0.80879 |

3. Estimated Performance Standards for the FY 2030 Program Year

To meet the requirements at section 1888(h)(3)(C) of the Act, we are providing estimated numerical performance standards for the FY 2030 program year for the DTC PAC SNF and SNF WS PPR measures. In accordance with our methodology for calculating performance standards previously finalized in the FY 2017 SNF PPS final rule (81 FR 51996 through 51998), the estimated numerical values for the FY 2030 program year performance standards for the DTC PAC SNF and SNF WS PPR measures are shown in Table 17. We will provide the final numerical performance standards for these two measures for the FY 2030 program year in the FY 2027 SNF PPS final rule.

We will provide the estimated numerical performance standards values for the remaining measures applicable to the FY 2030 program year in the FY 2028 SNF PPS proposed rule.

TABLE 17—ESTIMATED FY 2030 SNF VBP PROGRAM PERFORMANCE STANDARDS

| Measure short name | Achievement threshold | Benchmark |
|---|---|---|
| DTC PAC SNF Measure ..... | 0.43478 | 0.68049 |
| SNF WS PPR Measure .... | 0.86219 | 0.92400 |

*D. Proposed Updates to the SNF VBP Review and Correction Process*

1. Background

We refer readers to the FY 2026 SNF PPS final rule (90 FR 37350 through 37352) and to 42 CFR 413.338(f) for details on the SNF VBP Program's confidential feedback reports policies, the two-phase review and correction process, the reconsideration process, and public reporting policies that we have adopted for the Program. We also refer readers to the SNF VBP Program website (*https://www.cms.gov/medicare/quality/nursing-home-improvement/value-based-purchasing/confidential-feedback-reporting-review-and-corrections*) for technical details on our review and correction process and reconsideration process.

In Phase One of the review and correction process, codified at 42 CFR 413.338(f)(2), we accept correction requests for 30 days after distributing the baseline period and performance period quality measure quarterly reports, which contain the baseline period and performance period measure results, respectively. SNFs may submit requests for corrections to the measure results contained in those reports. The underlying data used to calculate the measure results are not subject to review and correction during this process. As provided in 42 CFR 413.338(f)(1), measure results included in those reports are calculated using data current as of specified dates for each measure. These specified dates are referred to as ''snapshot dates.'' If a SNF desires to correct their underlying data used to calculate a particular measure result, the underlying data must be corrected by the specified snapshot date to confirm the correction will be reflected in the SNF VBP Program's quarterly confidential feedback reports.

In Phase Two of the review and correction process, codified at 42 CFR 413.338(f)(3), we accept correction requests for 30 days after distributing the Performance Score Report, which contains the SNF performance score and ranking. SNFs may submit requests for corrections to the SNF performance score and ranking contained in this report.

Under our review and correction policy, the SNF must identify the error for which it is requesting correction, explain its reason for requesting the correction, and submit documentation or other evidence, if available, supporting the request. As provided in 42 CFR 413.338(f)(2) and (f)(3), correction requests must contain all of the following:

- The SNF's CMS Certification Number (CCN).
- The SNF's name.
- The correction requested.
- The reason for requesting the correction, including any available evidence to support the request.

We review all review and correction requests and notify the requesting SNF of our decision. We also implement any approved corrections before the affected data becomes publicly available on the website CMS uses to make quality data available to the public, currently the Provider Data Catalog website (*https://data.cms.gov/provider-data/*).

In the reconsideration process, codified at 42 CFR 413.338(f)(6), we allow SNFs to seek reconsideration of a valid review and correction request if they are not satisfied with our decision on the review and correction request submitted under 42 CFR 413.338(f)(2) or (f)(3). We accept reconsideration requests for 15 days, starting the day after the date we issue a decision via email on the review and correction request (as noted on that decision). As provided in 42 CFR 413.338(f)(6), SNFs that seek reconsideration of a review and correction request decision have to submit their reconsideration requests via email in the form and manner specified by CMS in the review and correction decision, and the reconsideration request has to contain all of the following:

- The SNF's CMS Certification Number (CCN).
- The SNF's name.
- The issue for which the SNF submitted a review and correction request, received a review and correction request decision, and are requesting reconsideration of.
- The reason why the SNF is requesting reconsideration, which can be supported by any applicable documentation or other evidence.

We review all reconsideration requests and provide a written decision to the SNF in a timely manner before any affected data becomes publicly available on the website CMS uses to make quality data available to the public, currently the Provider Data Catalog website (*https://data.cms.gov/provider-data/*).

In this proposed rule, we are proposing to update the ''snapshot dates'' codified at 42 CFR 413.338(f)(1)(v) for two MDS-based measures, beginning with FY 2027 data, to maintain alignment with the proposed revisions to SNF QRP submission deadlines for MDS assessment data included in section VI.X. of this proposed rule.

2. Proposal To Update ''Snapshot Dates'' for the SNF VBP Program's MDS-Based Measures

In the FY 2024 SNF PPS final rule (88 FR 53286 through 53293), we adopted the Falls with Major Injury (Long-Stay) and DC Function measures, both beginning with the FY 2027 SNF VBP program year. These two measures are calculated using assessment data reported by SNFs on the MDS 3.0.

In the FY 2025 SNF PPS final rule (89 FR 64136), we finalized application of the existing Phase One review and correction process to SNF VBP Program measures calculated using MDS data. That is, SNFs may submit requests for corrections to the measure results for the MDS-based measures adopted by the SNF VBP Program during Phase One of the review and correction process. We also adopted ''snapshot dates'' for the Falls with Major Injury (Long-Stay) and DC Function measures, the current two MDS-based measures adopted by the SNF VBP Program. For corrections to the underlying MDS assessment data to be reflected in the SNF VBP Program's quarterly confidential feedback reports, a SNF must make any corrections to the underlying data via the internet Quality Improvement Evaluation System (iQIES) before the ''snapshot date,'' and we finalized that the ''snapshot date'' is the February 15th that is 4.5 months after the last day of the applicable baseline or performance period. However, if February 15th falls on a Friday, weekend, or Federal holiday, the data submission deadline is delayed until 11:59 p.m. EST on the next business day. For example, for the FY 2027 SNF VBP program year, the performance period is FY 2025 (October 1, 2024, through September 30, 2025). The ''snapshot date'' for this performance period would normally be February 15, 2026. However, since February 15, 2026, falls on a Sunday, the snapshot date was extended until the next business day, which is Tuesday, February 17, 2026, due to Monday, February 16, 2026, being a Federal holiday. This is consistent with the SNF QRP QM User's Manual available at *https://www.cms.gov/files/document/snf-qm-calculations-and-reporting-users-manual-v70.pdf*.

However, in the FY 2026 SNF PPS final rule (90 FR 37342 through 37343), we included a Request for Information (RFI) regarding shortening the SNF QRP's MDS assessment data submission deadline from 4.5 months to 45 days to improve the timeliness of measure calculations and public reporting. Many commenters noted their support for such a change, as timely reporting would be valuable for consumers, professionals, and facilities, and in section VI.X. of this proposed rule, we are proposing to update the MDS assessment data submission deadline from 4.5 months to the 15th day of the second month after the end of each calendar quarter, beginning with CY 2027 data, to expedite the reporting of MDS assessment data via iQIES. As discussed in section VI.X. of this proposed rule, this expedited deadline will improve the timeliness of public reporting by 3 months, which is beneficial to both consumers and SNFs, with minimal impact on data completeness, as the vast majority of SNFs submit their MDS assessment data within 45 days.

To maintain alignment with the proposed revisions to the SNF QRP's submission deadline for MDS assessment data, we propose to update the ''snapshot date'' definition for the DC Function and Falls with Major Injury (Long-Stay) measures beginning with data collected in FY 2027. We propose to redefine the ''snapshot date'' as the 15th day of the second month after the last day of the applicable baseline or performance period. However, if the 15th day of the second month after the last day of the applicable baseline or performance period falls on a Friday, weekend, or Federal holiday, the snapshot date is delayed until 11:59 p.m. EST on the next business day. We expect this revision will be consistent with the updated SNF QRP QM User's Manual, to be published prior to the start of CY 2027.

We also propose to codify this proposed revision to the ''snapshot date'' for the DC Function and Falls with Major Injury (Long-Stay) measures by updating 42 CFR 413.338(f)(1)(v). We invite public comment on our proposals.

*E. SNF VBP Extraordinary Circumstances Exception Policy*

1. Background

We refer readers to 42 CFR 413.338(l) for details on the SNF VBP Program's Extraordinary Circumstances Exception (ECE) policy. The ECE policy allows SNFs to request an exception to the SNF VBP Program's requirements for one or more calendar months if the SNF is able to demonstrate that an extraordinary circumstance beyond the control of the SNF affected the care provided to its residents, and subsequent measure performance, or affected the SNF's ability to report SNF VBP data on one or more measures by the specified deadline.

SNFs must submit an ECE request within 90 days of the date that the extraordinary circumstance occurred.

We review exception requests, and at our discretion, based on our evaluation of the impact of the extraordinary circumstance on the SNF's care and/or its ability to report data, CMS will respond to the SNF with a decision as quickly as is feasible.

If we approve a SNF's ECE request, we exclude the SNF's underlying data for the calendar months during which the SNF was affected by the extraordinary circumstance from the SNF VBP Program's measure calculations, and calculate a SNF performance score for the program year that does not include the SNF's performance on the measure or measures during the months the SNF was affected by the extraordinary circumstance.

2. Proposed Regulation Text Technical Updates

We are proposing to update certain references within our codified Extraordinary Circumstances Exception (ECE) policy that we finalized in the FY 2025 SNF PPS final rule (89 FR 64136 through 64137) but did not update when finalizing other updates to the regulations in the FY 2026 SNF PPS final rule (90 FR 37345 through 37352). Specifically, we are proposing to update 42 CFR 413.338(l)(3) to reference 42 CFR 413.338(l)(4) and (2) of the regulations for details on the ECE policy rather than 42 CFR 413.338(m)(4) and (2).

We welcome public comment on these proposed technical updates to our regulation text.

## VIII. Collection of Information Requirements

Under the Paperwork Reduction Act of 1995 (PRA), 44 U.S.C. 3501 through 3520, we are required to provide notice in the **Federal Register** and solicit public comment before a collection of information requirement is submitted to the Office of Management and Budget (OMB) for review and approval. To fairly evaluate whether an information collection should be approved by OMB, 44 U.S.C. 3506(c)(2)(A) requires that we solicit comment on the following issues:

- The need for the information collection and its usefulness in carrying out the proper functions of our agency.
- The accuracy of our estimate of the information collection burden.
- The quality, utility, and clarity of the information to be collected.
- Recommendations to minimize the information collection burden on the

affected public, including automated collection techniques.

We are soliciting public comment on each of these issues for the following sections of this document that contain information collection requirements (ICRs):

Using the following format describe the information collection requirements that are in each section.

*A. ICRs Regarding the Skilled Nursing Facility Value-Based Purchasing Program (SNF VBP)*

With regard to the SNF VBP Program, in section VII.X. of this proposed rule, we are proposing to update the ''snapshot date'' codified at 42 CFR 413.338(f)(1)(v) for two measures that are calculated using MDS assessment data to maintain alignment with proposed SNF QRP submission deadlines for MDS assessment data, beginning with FY 2027 data. The ''snapshot date'' is utilized by the existing review and correction process, which provides SNFs an opportunity to review information that is to be made public with respect to the facility prior to such information being made public, as required by section 1888(g)(6)(B) of the Act. This opportunity to review is exempt from the Paperwork Reduction Act, as specified by section 1888(g)(7) of the Act. This opportunity to review information during the review and correction process is also voluntary, and the proposed modifications to the ''snapshot date'' will not create any new, required reporting burdens for SNFs.

Because this rule does not propose removing or adding any new or revised collection of information requirements or burden specific to the SNF VBP Program, this section of the rule is not subject to OMB approval under the authority of the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501 *et seq.*). For the purpose of this section, collection of information is defined under 5 CFR 1320.3(c) of the PRA's implementing regulations.

*B. ICRs Regarding the Skilled Nursing Facility Quality Reporting Program (SNF QRP)*

In accordance with section 1888(e)(6)(A)(i) of the Act, the Secretary must reduce by 2-percentage points the otherwise applicable annual payment update to a SNF for a fiscal year if the SNF does not comply with the requirements of the SNF QRP for that fiscal year.

As stated in section VI.F.2. of this proposed rule, we are proposing to revise the SNF QRP assessment data submission deadline to no later than the 15th day of the second month after the end of each calendar quarter beginning with the FY 2029 SNF QRP. If finalized, this requirement would not result in additional burden for the SNF QRP.

1. Wage Estimates

For the purposes of calculating the costs associated with the collection of information requirements, we obtained median hourly wages from the U.S. Bureau of Labor Statistics' (BLS) May 2024 National Occupational Employment and Wage Estimates.[35] To account for overhead and fringe benefits, we have doubled the hourly wage. These amounts are detailed in Table 18.

TABLE 18—U.S. BUREAU OF LABOR AND STATISTICS' MAY 2024 NATIONAL OCCUPATIONAL EMPLOYMENT AND WAGE ESTIMATES

| Occupation title | Occupation code | Median hourly wage ($/hr) | Other indirect costs and fringe benefit ($/hr) | Adjusted hourly wage ($/hr) |
|---|---|---|---|---|
| Administrative Assistants | 43–6013 | $21.91 | $21.91 | $43.82 |
| Licensed Practical and Licensed Vocational Nurse (LPN/LVN) | 29–2061 | 30.84 | 30.84 | 61.68 |
| Occupational Therapy (OT) | 29–1122 | 47.23 | 47.23 | 94.46 |
| Physical Therapy (PT) | 29–1123 | 49.23 | 49.23 | 98.46 |
| Registered Nurse (RN) | 29–1141 | 47.32 | 47.32 | 94.64 |
| Speech-Language Pathologist (SLP) | 29–1127 | 46.08 | 46.08 | 92.16 |

2. ICRs for Proposed Measure Removal Updates Related to the SNF QRP Beginning With the FY 2028 SNF QRP

In section VI.C. of the proposed rule, we are proposing to remove the COVID–19 Vaccination Coverage among Healthcare Personnel (HCP) (HCP COVID–19 Vaccine) measure. We are also proposing, in section VI.D. of this propose rule, to remove the COVID–19 Vaccine: Percent of Patients/Residents Who Are Up to Date (Patient/Resident COVID–19 Vaccine) measure. If these proposals are finalized, both measure removals will be effective beginning with the FY 2028 SNF QRP.

a. ICRs for Proposed Removal of the COVID–19 Vaccination Coverage Among Healthcare Personnel (HCP) Measure Beginning With the FY 2028 SNF QRP

In section VI.C. of the proposed rule, we are proposing to remove the HCP COVID–19 Vaccine measure, beginning with the FY 2028 SNF QRP. We note that the CDC would account for the burden associated with the HCP COVID–19 Vaccine measure collection under OMB control number 0920–1317 (expiration 01/31/2028). Currently, the CDC does not estimate burden for COVID–19 vaccination reporting under the CDC PRA package approved under OMB control number 0920–1317 because the agency has been granted a waiver under section 321 of the National Childhood Vaccine Injury Act of 1986 (Pub. L. 99–660, enacted on November 14, 1986 (NCVIA)).[36] However, CMS is providing an estimate of the reduction in burden and cost for SNFs here. Consistent with the CDC's experience of collecting data using the NHSN, we estimate the removal of this measure will result in a reduction of 1 hour(s) per month to collect data for the HCP COVID–19 Vaccine measure and enter it into NHSN. We believe that this

[35] U.S. Bureau of Labor Statistics' (BLS) May 2024 National Occupational Employment and Wage Estimates. *https://www.bls.gov/oes/current/oes_nat.htm.*

[36] Section 321 of the NCVIA provides the PRA waiver for activities that come under the NCVIA, including those in the NCVIA at section 2102 of the Public Health Service Act (*https://www.govinfo.gov/content/pkg/USCODE-2023-title42/pdf/USCODE-2023-title42-chap6A-subchapXIX-part1-sec300aa-2.pdf*). Section 321 is not codified in the U.S. Code but can be found in a note *(https://www.govinfo.gov/content/pkg/USCODE-2023-title42/pdf/USCODE-2023-title42-chap6A-subchapXIX-part1-sec300aa-1.pdf*).

data would be entered by an administrative assistant. However, SNFs determine the staffing resources necessary.

For the purposes of calculating the costs associated with the collection of information requirements, we obtained median hourly wages for these staff from the U.S. Bureau of Labor Statistics' (BLS) May 2024 National Occupational Employment and Wage Estimates.[37] To account for other indirect costs and fringe benefits, we doubled the hourly wage. These amounts are detailed in Table 18.

We estimate that the removal of the HCP COVID–19 measure from the SNF QRP will result in a reduction of 12.00 hours per SNF per year. Using FY 2025 data, we estimate an annual decrease of 178,416.00 hours (12.00 hours × 14,868 SNFs) for all SNFs. Given an estimated $43.82 hourly wage for administrative assistants, we estimate a decrease of $525.84 per SNF (12 hours × $43.82), or an annual decrease of $7,818,189.12 for all SNFs ($525.84 × 14,868 SNFs). The total estimated annual cost decrease is summarized in Table 19.

TABLE 19—ESTIMATED BURDEN REDUCTION ASSOCIATED WITH REMOVAL OF THE HCP COVID–19 VACCINE MEASURE BEGINNING WITH THE FY 2028 SNF QRP

| Requirement | Per SNF | | All SNFs | |
|---|---|---|---|---|
| | Estimated change in annual burden hours | Estimated change in annual cost | Estimated change in annual burden hours | Estimated change in annual cost |
| Proposed Removal of the HCP COVID–19 Vaccine Measure | −12.00 | −$525.84 | −178,416.00 | −$7,818,189.12 |

b. ICRs for Proposed Removal of the COVID–19 Vaccine: Percent of Patients/Residents Who Are Up to Date Measure Beginning With the FY 2028 SNF QRP

In section VI.D. of the proposed rule, we are proposing to remove the Patient/Resident COVID–19 Vaccine measure, and the MDS item that collects the measure data (O0350. Resident's COVID–19 vaccination is up to date) beginning with the FY 2028 SNF QRP. We identified the staff type based on past SNF burden calculations. We believe that the items would be completed equally by a registered nurse (RN) and a licensed practical and licensed vocational nurse (LPN/LVN). However, SNFs determine the staffing resources necessary.

For the purposes of calculating the costs associated with the collection of information requirements, we obtained median hourly wages for these staff from the U.S. Bureau of Labor Statistics' (BLS) May 2024 National Occupational Employment and Wage Estimates.[38] To account for other indirect costs and fringe benefits, we doubled the hourly wage. These amounts are detailed in Table 18. We established a composite cost estimate using our adjusted wage estimates. The composite estimate of $78.16/hr was calculated by weighting each adjusted hourly wage equally (that is, 50 percent) [($61.68/hr × 0.5) plus ($94.64/hr × 0.5) = $78.16].

The net result of removing the related Patient/Resident COVID–19 Vaccine Status measure and the MDS item used to collect the measure data (O0350. Resident's COVID–19 vaccination is up to date) is a decrease of 0.3 minutes or 0.005 hour of clinical staff time. We estimate that the burden and cost for SNFs for complying with requirements of the FY 2028 SNF QRP would decrease under this proposal.

Using FY 2025 data, we estimate an annual total of 1,485,115 Discharge PPS assessments from 14,868 SNFs for an annual decrease of 7,425.58 hours (1,485,115 × 0.005 hour) for all SNFs. Given 0.005 hours at $78.16 per hour, we estimate the total cost to complete PPS Discharge assessments will decrease annually by $580,383.33 for all SNFs (7,425.58 hours × $78.16). For each SNF, we estimate an annual decrease in burden of 0.50 hours (7,425.58 hours/14,868 SNFs) and an annual decrease in cost of $39.04 ($580,383.33/14,868 SNFs).

The total estimated annual decrease in cost associated with the removal of the Patient/Resident COVID–19 Vaccine Status Measure beginning with the FY 2028 SNF QRP is summarized in Table 20.

TABLE 20—ESTIMATED BURDEN ASSOCIATED WITH OMB CONTROL NUMBER (CMS–10387) RELATED TO THE SNF QRP BEGINNING WITH THE FY 2028 SNF QRP

| Requirement | Per SNF | | All SNFs | |
|---|---|---|---|---|
| | Estimated change in annual burden hours | Estimated change in annual cost | Estimated change in annual burden hours | Estimated change in annual cost |
| Proposed Removal of the Patient/Resident COVID–19 Vaccine Status Measure (O0350) | −0.50 | −$39.04 | −7,425.58 | −$580,383.33 |

c. Summary of Proposed ICRs Beginning With the FY 2028 SNF QRP

In summary, as a result of the policies in this proposed rule that would begin with the FY 2028 SNF QRP, we estimate an annual decrease in burden of 185,841.58 hours for all SNFs or 12.50 hours per SNF. The total annual cost decrease is estimated at approximately $8,398,572.45 for all SNFs and $564.88 per SNF and is summarized in Table 21.

[37] U.S. Bureau of Labor Statistics. Occupational Employment and Wage Statistics. May 2024. *https://www.bls.gov/oes/current/oes_stru.htm.*

[38] U.S. Bureau of Labor Statistics. Occupational Employment and Wage Statistics. May 2024. *https://www.bls.gov/oes/current/oes_stru.htm.*

TABLE 21—ESTIMATED BURDEN ASSOCIATED WITH SNF QRP PROPOSALS BEGINNING WITH THE FY 2028 SNF QRP

| Requirement | Per SNF | | All SNFs | |
|---|---|---|---|---|
| | Estimated change in annual burden hours | Estimated change in annual cost | Estimated change in annual burden hours | Estimated change in annual cost |
| Proposed Removal of the HCP COVID–19 Vaccine Measure | −12.00 | −$525.84 | −178,416.00 | −$7,818,189.12 |
| Proposed Removal of the Patient/Resident COVID–19 Vaccine Status Measure (O0350) | −0.50 | −39.04 | −7,425.58 | −580,383.33 |
| Total Estimated Change in Burden Beginning with the FY 2028 SNF QRP | −12.50 | −564.88 | −185,841.58 | −8,398,572.45 |

We invite public comments on the proposed information collection requirements associated with the FY 2028 SNF QRP.

3. ICRs Regarding the Submission of MDS Data on All SNF Residents Beginning With the FY 2031 SNF QRP

As discussed in section VI.F.3. of this proposed rule, we are proposing that SNFs participating in the SNF QRP be required to submit MDS data on all residents regardless of payer when the resident is admitted to the SNF for covered skilled care. If this proposal is finalized, three items would be added to the MDS and one item on the MDS would be modified beginning with the FY 2031 SNF QRP to facilitate the submission of these data. To quantify the total estimated burden beginning with the FY 2031 SNF QRP, we first calculate the costs associated with the collection of information requirements for the three new items under the current SNF QRP data collection and submission requirements (that is, for Medicare fee-for-service (FFS) residents).[39] Second, we calculate the estimated costs associated with the collection of information requirements under the proposed SNF QRP data submission on all residents admitted for covered skilled care regardless of payer. For the costs related to new required assessments, we assume SNFs are already submitting MDS data on many non-Medicare FFS residents due to OBRA requirements and therefore new burden would only be attributed to non-Medicare FFS residents with a LOS <14 days and those non-Medicare FFS residents who are discharged to a non-skilled bed in the NF.

a. ICRs Regarding the Submission of Three New MDS Items Beginning With the FY 2031 SNF QRP

As discussed in section VI.F.3. of this proposed rule, if the proposal to submit MDS quality data on all residents admitted for covered skilled care regardless of payer is finalized, three new items would be added to the MDS beginning with the FY 2031 SNF QRP to facilitate the submission of these data. One new item would collect information on the resident's primary payer for a skilled stay at admission and discharge. A second item would capture the start and end dates of a covered skilled stay for a non-Medicare-FFS resident. A third item would be added to A0310. Type of Assessment to indicate whether an assessment is being completed for a non-Medicare-FFS resident at the time of discharge from skilled services. We believe the new items will be completed equally by a registered nurse (RN) or licensed practical and licensed vocational nurse (LPN/LVN). We identified the staff type based on past SNF burden calculations, and our assumptions are based on the categories generally necessary to collect this information. However, individual SNFs determine the staffing resources necessary.

For the purposes of calculating the costs associated with the collection of information requirements, we obtained median hourly wage estimates for these staff from the U.S. Bureau of Labor Statistics' (BLS) May 2024 National Occupational Employment and Wage Estimates.[40] To account for other indirect costs and fringe benefits, we doubled the median hourly wage. These amounts are detailed in Table 18. We established a composite cost estimate using our adjusted hourly wage estimates. The composite estimate of $78.16/hr was calculated by weighting the adjusted hourly wage of the Registered Nurse (RN) and Licensed Practical and Licensed Vocational Nurse (LPN/LVN) equally [($61.68/hr × 0.5) plus ($94.64/hr × 0.5) = $78.16].

We estimate that the burden and cost for SNFs for complying with the requirements of the FY 2031 SNF QRP would increase under this proposal.

The result of collecting two new MDS items at admission is an increase of 0.6 minutes or 0.01 hour of clinical staff time [(2 items × 0.005 hour) = 0.01 hour]. Using FY 2025 data, we estimate a total of 1,584,102 5-day PPS assessments by 14,868 SNFs for an annual increase in burden of 15,841.02 hours for all SNFs at admission (1,584,102 5-day PPS assessments × 0.01 hour) or 1.07 hours per SNF at admission (15,841.02 hours/14,868 SNFs). We estimate the total annual increase in cost at admission would be $1,238,134.12 for all SNFs (15,841.02 hours × $78.16/hr) or $83.28 per SNF ($1,238,134.12/14,868 SNFs).

The result of collecting three new MDS items at discharge is an increase of 0.9 minutes or 0.015 hours of clinical staff time [(3 items × 0.005 hour) = 0.015 hours]. Using FY 2025 data, we also estimate a total of 1,485,115 Discharge PPS assessments by 14,868 SNFs for an annual increase in burden of 22,276.73 hours for all SNFs at discharge (1,485,115 Discharge PPS assessments × 0.015 hour) or 1.50 hours per SNF at discharge (22,276.73 hours/14,868 SNFs). We estimate the total annual increase in cost at discharge would be $1,741,149.22 for all SNFs (22,276.73 hours × $78.16/hr) or $117.11 per SNF ($1,741,149.22/14,868 SNFs).

The total estimated burden associated with the proposed collection of two new MDS items at admission and three new MDS items at discharge (as described in this section) is summarized in Table 22. The result of collecting new MDS items is an annual increase in burden of 38,117.75 hours for all SNFs (15,841.02 hours at admission + 22,276.73 hours at discharge), or 2.57 hours per SNF (1.07 hours at admission + 1.50 hours at

[39] Note that we are proposing a modification to one admission item that has no impact on burden, so is not included in the following calculations. The modification we are proposing is to add the response option '91. Other Skilled Care Admission Assessment' to MDS Item A0310B.

[40] U.S. Bureau of Labor Statistics. Occupational Employment and Wage Statistics. May 2024. *https://www.bls.gov/oes/current/oes_stru.htm.*

discharge). We estimate the total annual increase in cost would be $2,979,283.34 ($1,238,134.12 at admission + $1,741,149.22 at discharge), or $200.39 for per SNF ($83.28 at admission + $117.11 at discharge).

The proposed increase in burden would be accounted for in a revised information collection request under OMB control number 0938–1140/CMS–10387 (Expiration Date: 11/30/2028).

TABLE 22—ESTIMATED BURDEN ASSOCIATED WITH OMB CONTROL NUMBER 0938–1140 (CMS–10387) RELATED TO THE SNF QRP BEGINNING WITH THE FY 2031 SNF QRP

| Requirement | Per SNF | | All SNFs | |
|---|---|---|---|---|
| | Estimated change in annual burden hours | Estimated change in annual cost | Estimated change in annual burden hours | Estimated change in annual cost |
| Proposed submission of two new MDS items at admission and three New MDS Items at discharge | +2.57 | +$200.39 | +38,117.75 | +$2,979,283.34 |

b. ICRs Regarding the Submission of MDS Data on All Residents Admitted for Covered Skilled Care Beginning With the FY 2031 SNF QRP

In section VI.F.3. of this proposed rule, we are proposing to update the data submission requirements for the SNF QRP beginning with the FY 2031 SNF QRP. We are proposing to require SNFs to submit MDS data on all residents regardless of payer when the resident is admitted for covered skilled care. Submitting MDS data on all residents regardless of payer would increase the burden on SNFs. However, as noted in section VI.F.3.(a), during two national SNF Listening Sessions hosted by our contractor in 2023 [41] and 2024,[42] we heard from SNFs that submitting data on all SNF residents is feasible. We also heard that some SNFs currently collect MDS data on all residents, regardless of payer, even though they do not submit them to CMS because they want to have the information in the event they retroactively find out the resident disenrolled from their non-FFS benefit prior to their SNF admission.

Most of this new burden would occur when a non-Medicare FFS resident's length of stay (LOS) is <14 days and/or they are discharged to a non-certified bed in the nursing facility (NF). Specifically, OBRA requirements already require SNFs to complete a comprehensive Admission assessment on all residents regardless of payer when a resident's LOS is equal to or greater than 14 days. Additionally, SNFs are required to complete a Discharge assessment on all residents regardless of payer when a resident is physically discharged from the SNF. Therefore, SNFs are already submitting MDS data on many of these non-Medicare FFS residents, and the new burden would only be attributed to non-Medicare FFS residents with a LOS <14 days and those non-Medicare FFS residents who are discharged to a non-skilled bed in the NF.

To estimate the number of new MDS assessments SNFs would submit under this proposed policy, CMS examined two characteristics of current Medicare FFS resident stays: (i) SNF practices for combining comprehensive (OBRA) and PPS item sets; and (ii) estimated LOS. First, regarding SNF practices for combining assessments, our finding was that in practice, SNFs already combine PPS and OBRA assessments a high percentage of the time. Specifically, SNFs combine 5-day PPS and OBRA Admission assessments 77.1 percent of the time, and Part A PPS Discharge assessments and OBRA Discharge assessments 70 percent of the time. For purposes of our estimate, we assume provider behavior will not change under a MDS submission policy for all residents regardless of payer. Specifically, we believe SNFs will combine assessments for non-Medicare FFS residents at admission and discharge at a similar rate to their Medicare FFS resident assessments. The second finding was that the average LOS for Medicare FFS beneficiaries was 27 days. However, public information suggests that nationally, resident stays covered by MA plans, Medicaid, and other payers are shorter, but still remain above the 14-day threshold and would already be required to submit an MDS assessment due to OBRA.[43]

We believe the MDS items collected on the PPS Item Set at admission and the Part A PPS Discharge Item Set are completed by RNs, LVNs, Speech-Language Pathologists (SLP), Occupational Therapists (OT), and/or Physical Therapists (PT), depending on the item. We identified the staff type based on past SNF burden calculations in conjunction with expert opinion who have informed us that interdisciplinary participation in MDS data collection has increased since the implementation of the PDPM. Individual providers determine the staffing resources necessary. To account for overhead and fringe benefits, we have doubled the (BLS) May 2024 National Occupational Employment and Wage Estimates median hourly wage found in Table 18. We established a composite cost estimate using our adjusted hourly wage estimates. The composite estimate of $88.28/hr was calculated by weighting each hourly wage equally [($61.68/hr × 0.2) plus ($94.46/hr × 0.2) plus ($98.46/hr × 0.2) plus ($94.64/hr × 0.2) plus ($92.16/hr × 0.2) = $88.28].

We estimate an additional 1,133,649 MDS assessments would be submitted from 14,868 SNFs annually. Given the expected time to complete an MDS, we estimate an annual increase of 963,601.65 hours for all SNFs and 64.81 hours per SNF (963,601.65 hours/14,868 SNFs).

We estimate the total annual cost related to the additional reporting requirements is $85,066,753.66 for all SNFs (963,601.65 × $88.28/hr). We estimate an annual increase in cost of $5,721.47 per SNF ($85,066,753.66/14,868 SNFs). The total annual burden and cost related to the additional reporting requirements is summarized in Table 23. The increase in burden will be accounted for in a revised

[41] Skilled Nursing Facility (SNF) QRP Listening Session Summary: Possible Expansion of MDS Data Submission to All SNF Residents Regardless of Payer. Summary Report. August 29, 2023. Available at *https://www.cms.gov/files/document/snf-listening-session-2023-summary-report.pdf.*

[42] Skilled Nursing Facility (SNF) QRP Listening Session Summary: Possible Expansion of MDS Data Submission to All SNF Residents Regardless of Payer. Summary Report. October 1, 2024. Available at *https://www.cms.gov/files/document/snfallpayerlisteningsession2024summaryreportv3508.pdf.*

[43] CMS' SNF MA public use file (PUF) reports LOS has declined from 23.19 days in 2016 to 19.44 days in 2021. (*https://data.cms.gov/summary-statistics-on-use-and-payments/medicare-medicaid-service-type-reports/cms-program-statistics-medicare-advantage-skilled-nursing-facility*).

information collection request under OMB control number 0938–1140. The required 60-day and 30-day notices would publish in the **Federal Register** and the comment periods will be separate from those associated with this rulemaking.

TABLE 23—ESTIMATED BURDEN ASSOCIATED WITH SUBMISSION OF MDS DATA ON ALL RESIDENTS ADMITTED FOR COVERED SKILLED CARE BEGINNING WITH THE FY 2031 SNF QRP

| Requirement | Per SNF | | All SNFs | |
|---|---|---|---|---|
| | Estimated change in annual burden hours | Estimated change in annual cost | Estimated change in annual burden hours | Estimated change in annual cost |
| Proposed Submission of MDS Data on All Residents Admitted for Covered Skilled Care | +64.81 | +$5,721.47 | +963,601.65 | +$85,066,753.66 |

c. Summary of ICRs Beginning With the FY 2031 SNF QRP

In summary, as a result of the policies in this proposed rule that would begin with the FY 2031 SNF QRP, we estimate an annual increase in burden of 1,001,719.40 hours for 14,868 SNFs or 67.38 hours per SNF. The total annual cost increase is estimated at approximately $88,046,037.00 for all SNFs and $5,921.86 per SNF and is summarized in Table 24. We invite public comments on the proposed information collection requirements and also on our assumptions and estimations of this burden.

TABLE 24—ESTIMATED BURDEN ASSOCIATED WITH SNF QRP PROPOSALS BEGINNING WITH THE FY 2031 SNF QRP

| Requirement | Per SNF | | All SNFs | |
|---|---|---|---|---|
| | Estimated change in annual burden hours | Estimated change in annual cost | Estimated change in annual burden hours | Estimated change in annual cost |
| Proposed Collection of two new MDS items at Admission and three new MDS Items at Discharge | +2.57 | +$200.39 | +38,117.75 | +$2,979,283.34 |
| Proposed Submission of MDS Data on All Residents Admitted for Covered Skilled Care | +64.81 | +5,721.47 | +963,601.65 | +85,066,753.66 |
| Total Estimated Change in Burden Beginning with the FY 2031 SNF QRP | +67.38 | +5,921.86 | +1,001,719.40 | +88,046,037.00 |

*C. Submission of PRA-Related Comments*

We have submitted a copy of this proposed rule to OMB for its review of the rule's information collection and recordkeeping requirements. These requirements are not effective until they have been approved by the OMB.

To obtain copies of the supporting statement and any related forms for the proposed collections discussed previously, please visit CMS' website at *https://www.cms.gov/medicare/regulations-guidance/legislation/paperwork-reduction-act-1995,* or call the Reports Clearance Office at 410–786–1326.

We invite public comments on these potential information collection requirements. If you wish to comment, please submit your comments electronically as specified in the **ADDRESSES** section of this proposed rule and identify the rule [CMS–1843–P], the ICR's CFR citation, CMS ID number, and OMB control number.

## IX. Regulatory Impact Analysis

*A. Statement of Need*

1. Statutory Provisions

This proposed rule updates the FY 2026 SNF prospective payment rates as required under section 1888(e)(4)(E) of the Act. It also responds to section 1888(e)(4)(H) of the Act, which requires the Secretary to provide for publication in the **Federal Register** before the August 1 that precedes the start of each FY, the unadjusted Federal per diem rates, the case-mix classification system, and the factors to be applied in making the area wage adjustment. These are statutory provisions that prescribe a detailed methodology for calculating and disseminating payment rates under the SNF PPS, and we do not have the discretion to adopt an alternative approach on these issues.

With respect to the SNF QRP, we are proposing several updates as described in section VI. of this proposed rule. Specifically, we are proposing to remove the COVID–19 Vaccination Coverage among Healthcare Personnel (HCP) (HCP COVID–19 Vaccine) measure and the COVID–19 Vaccine: Percent of Patients/Residents Who Are Up to Date (Patient/Resident COVID–19 Vaccine) measure, beginning with the FY 2028 SNF QRP. We are also proposing to revise the SNF QRP Data Submission Deadlines beginning with the FY 2029 SNF QRP. Finally, we are proposing to require the submission of MDS data on all SNF residents regardless of payer, beginning with the FY 2031 SNF QRP.

With respect to the SNF VBP Program, this rule proposes updates to the SNF VBP Program requirements for FY 2027 and subsequent years as described in section VII. of this proposed rule. Specifically, section 1888(h)(3) of the Act requires the Secretary to establish and announce performance standards for SNF VBP Program measures no later than 60 days before the beginning of the performance period, and this proposed rule estimates numerical performance standards for the FY 2029 program year for the SNF HAI, Total Nurse Staffing, Nursing Staff Turnover, Falls with

Major Injury (Long-Stay), DC Function, and Long Stay Hospitalization measures; and numerical performance standards for the FY 2030 program year for the DTC PAC SNF and SNF WS PPR measures. We are also proposing to update the ''snapshot date'' codified at 42 CFR 413.338(f)(1)(v) for two measures that are calculated using MDS assessment data to maintain alignment with proposed SNF QRP submission deadlines for MDS assessment data, beginning with FY 2027 data, and proposing technical updates to our regulatory text.

2. Discretionary Provisions

This proposed rule does not include any discretionary provisions.

*B. Overall Impact*

We have examined the impacts of this proposed rule as required by Executive Order 12866, ''Regulatory Planning and Review''; Executive Order 13132, ''Federalism''; Executive Order 13563, ''Improving Regulation and Regulatory Review''; Executive Order 14192, ''Unleashing Prosperity Through Deregulation''; the Regulatory Flexibility Act (RFA) (Pub. L. 96354); section 1102(b) of the Social Security Act; section 202 of the Unfunded Mandates Reform Act of 1995 (Pub. L. 104–4).

Executive Orders 12866 and 13563 direct agencies to assess all costs and benefits of available regulatory alternatives and, if regulation is necessary, to select those regulatory approaches that maximize net benefits (including potential economic, environmental, public health and safety, and other advantages; distributive impacts). Section 3(f) of Executive Order 12866 defines a ''significant regulatory action'' as any regulatory action that is likely to result in a rule that may: (1) have an annual effect on the economy of $100 million or more or adversely affect in a material way the economy, a sector of the economy, productivity, competition, jobs, the environment, public health or safety, or State, local, or tribal governments or communities; (2) create a serious inconsistency or otherwise interfere with an action taken or planned by another agency; (3) materially alter the budgetary impact of entitlements, grants, user fees, or loan programs or the rights and obligations of recipients thereof; or (4) raise novel legal or policy issues arising out of legal mandates, or the President's priorities.

A regulatory impact analysis (RIA) must be prepared for a regulatory action that is significant under section 3(f)(1) of E.O. 12866. Based on our estimates, the Office of Management and Budget's (OMB) Office of Information and Regulatory Affairs (OIRA) has determined this rulemaking is significant per section 3(f)(1). Accordingly, we have prepared an RIA that to the best of our ability presents the costs and benefits of the proposed rule.

*C. Detailed Economic Analysis*

1. Impacts for the FY 2027 SNF PPS

This rule updates the SNF PPS rates contained in the FY 2026 SNF PPS final rule (90 FR 37310). We estimate that the aggregate impact will be an increase of approximately $888 million (2.4 percent) in Part A payments to SNFs in FY 2027. These impact numbers do not incorporate the SNF VBP Program reductions that we estimate will total $208.36 million in FY 2027. We note that events may occur to limit the scope or accuracy of our impact analysis, as this analysis is future-oriented, and thus, susceptible to forecasting errors due to events that may occur within the assessed impact time period.

In accordance with sections 1888(e)(4)(E) and (e)(5) of the Act and implementing regulations at 42 CFR 413.337(d), we are updating the FY 2026 payment rates by a factor equal to the market basket percentage increase reduced by the productivity adjustment to determine the payment rates for FY 2027. The impact to Medicare is included in the total column of Table 25. The annual payment rate update in this rule applies to SNF PPS payments in FY 2027. Accordingly, the analysis of the impact of the annual update that follows only describes the impact of this single year. Furthermore, in accordance with the requirements of the Act, we will publish a rule or notice for each subsequent FY that will provide for an update to the payment rates and include an associated impact analysis.

The FY 2027 SNF PPS payment impacts appear in Table 25. Using the most recently available claims data, in this case FY 2025, we apply the current FY 2026 case-mix indices (CMIs), wage index and labor-related share value to the number of payment days to simulate FY 2026 payments. Then, using the same FY 2025 claims data, we apply the proposed FY 2027 case-mix indices, wage index and labor-related share value to simulate FY 2027 payments. We tabulate the resulting payments according to the classifications in Table 25 (for example, facility type, geographic region, facility ownership) and compare the simulated FY 2026 payments to the simulated FY 2027 payments to determine the overall impact. The breakdown of the various categories of data in Table 25 is as follows:

- The first column shows the breakdown of all SNFs by urban or rural status, hospital-based or freestanding status, census region, and ownership.
- The first row of figures describes the estimated effects of the various changes contained in this proposed rule on all facilities. The next six rows show the effects on facilities split by hospital-based, freestanding, urban, and rural categories. The next nineteen rows show the effects on facilities by urban versus rural status by census region. The last three rows show the effects on facilities by ownership (that is, government, for-profit, and non-profit status).
- The second column shows the number of facilities in the impact database.
- The third column shows the effect of the annual update to the wage index, including the updates to the labor related-share discussed in section III.D. of this rule. This represents the effect of using the most recent wage data available as well as accounts for the 5 percent cap on wage index decreases. The total impact of this change is 0.0 percent. However, there are distributional effects of the change.
- The fourth column shows the net (total) effect of all of the changes on the FY 2027 SNF PPS payments. This column reflects the overall 2.4 percent update applicable to all providers plus or minus the wage index adjustment in column 3. It is projected that aggregate payments will increase by 2.4 percent, assuming facilities do not change their care delivery and billing practices in response.

As illustrated in Table 25, the combined effects of all of the changes vary by specific types of providers and by location. For example, due to changes in this rule, rural providers will experience a 2.7 percent increase in FY 2027 total payments.

TABLE 25—IMPACT TO THE SNF PPS FOR FY 2027

| Impact categories | Number of facilities | Update wage data | Total change (%) |
|---|---|---|---|
| **Group** | | | |
| Total | 14,868 | 0.0 | 2.4 |
| Urban | 10,803 | 0.0 | 2.4 |
| Rural | 4,065 | 0.3 | 2.7 |
| Hospital-based urban | 301 | 0.5 | 2.9 |
| Freestanding urban | 10,502 | −0.1 | 2.3 |
| Hospital-based rural | 339 | 0.4 | 2.8 |
| Freestanding rural | 3,726 | 0.3 | 2.7 |
| **Urban by region** | | | |
| New England | 678 | 0.1 | 2.5 |
| Middle Atlantic | 1,426 | 1.4 | 3.8 |
| South Atlantic | 1,863 | −0.9 | 1.5 |
| East North Central | 2,085 | −0.8 | 1.6 |
| East South Central | 548 | −0.8 | 1.5 |
| West North Central | 905 | −0.1 | 2.3 |
| West South Central | 1,378 | −0.8 | 1.6 |
| Mountain | 526 | −0.4 | 1.9 |
| Pacific | 1,388 | 0.1 | 2.5 |
| Outlying | 6 | 1.9 | 4.4 |
| **Rural by region** | | | |
| New England | 112 | 2.1 | 4.6 |
| Middle Atlantic | 214 | 0.7 | 3.1 |
| South Atlantic | 524 | 1.7 | 4.1 |
| East North Central | 848 | 0.2 | 2.6 |
| East South Central | 482 | −0.2 | 2.2 |
| West North Central | 934 | 0.7 | 3.1 |
| West South Central | 685 | −1.4 | 1.0 |
| Mountain | 182 | −1.8 | 0.5 |
| Pacific | 83 | 1.7 | 4.2 |
| Outlying | 1 | −0.1 | 2.3 |
| **Ownership** | | | |
| For-profit | 10,819 | 0.0 | 2.4 |
| Non-profit | 3,090 | −0.1 | 2.3 |
| Government | 959 | −0.5 | 1.9 |

**Note:** The Total column includes the proposed FY 2027 SNF market basket update of 2.4 percent. The values presented in Table 25 may not sum due to rounding.

2. Impacts for the SNF QRP Beginning FY 2028 and Beginning FY 2031

Estimated impacts for the SNF QRP are based on analysis discussed in section VI. of the proposed rule. In accordance with section 1888(e)(6)(A)(i) of the Act, the Secretary must reduce by 2 percentage points the annual payment update applicable to a SNF for a fiscal year if the SNF does not comply with the requirements of the SNF QRP for that fiscal year.

a. Impacts for Proposed Updates Related to the SNF QRP Beginning With the FY 2028 SNF QRP

As discussed in section VI.C. of this proposed rule, we are proposing to remove the HCP COVID–19 Vaccine measure beginning with the FY 2028 SNF QRP. If the proposal is finalized, we estimate a decrease in burden of 12 hours and $525.84 per SNF per year. We estimate this equates to a decrease in burden of 178,416 hours and $7,818,189.12 for all SNFs annually ($525.84 × 14,868 SNFs).

As discussed in section VI.D. of this proposed rule, we are proposing to remove the Patient/Resident COVID–19 Vaccine measure beginning with the FY 2028 SNF QRP. If the proposal is finalized, we estimate a decrease in burden of 0.50 hours and $39.04 per SNF per year. We estimate this equates to a decrease in burden of 7,425.58 hours and $580,383.33 for all SNFs annually (7,425.58 hours × $78.16).

b. Impacts for Submission of Data on All SNF Residents Beginning With the FY 2031 SNF QRP

As discussed in section VI.F.3. of this proposed rule, we are proposing that SNFs participating in the SNF QRP be required to submit MDS data on all residents admitted for covered skilled care regardless of payer beginning with residents admitted on October 1, 2029 for the FY 2031 SNF QRP. Although the increase in burden for submitting MDS data on all residents admitted for covered skilled care regardless of payer will be accounted for in a revised information collection request under OMB control number (0938–1140), we are providing estimated impact information as reflected in Table 26.

(1) Impacts for Submission of Three New MDS Items Beginning With the FY 2031 SNF QRP

As discussed in section VIII.B.2.a. of this proposed rule, we estimate the net result of this proposal will increase burden. If the proposal is finalized, three items would be added to the MDS. One new item would collect information on the resident's primary

payer for a skilled stay at admission and discharge. A second item would capture the start and ends dates of a covered skilled stay for a non-Medicare-FFS resident. A third item would be added to the Type of Assessment section of the MDS to indicate whether an assessment is being completed for a non-Medicare-FFS resident at the time of discharge from skilled services.

Using FY 2025 data, we estimate a total of 1,584,102 5-day PPS assessments for an annual increase in burden of 15,841.02 hours and an increased cost of $1,238,134.12 (15,841.02 hours × $78.16/hr) for all SNFs at admission. For each SNF, we estimate an annual burden increase of 1.07 hours at an additional cost of $83.28 at admission. Using FY 2025 data, we also estimate a total of 1,485,115 Discharge PPS assessments for an annual increase in burden of 22,276.73 hours and an increase cost of $1,741,149.22 (22,276.73 hours × $78.16/hr) for all SNFs at discharge. For each SNF, we estimate an annual burden increase of 1.50 hours at an additional cost of $117.11 at discharge.

The result of collecting new MDS items is an annual burden increase of 38,117.75 hours for all SNFs or 2.57 hours per SNF. We estimate the total annual cost would increase by $2,979,283.34 or $200.39 per SNF.

(2) Impacts for the Submission of MDS Quality Data on All Residents Admitted for Covered Skilled Care Beginning With the FY 2031 SNF QRP

As discussed in section VIII.B.2.b. of this proposed rule, we estimate the net result of this proposal will increase burden. If the proposal to collect and submit MDS quality data on all residents admitted for covered skilled care regardless of payer is finalized, we estimate an additional 1,133,649 MDS assessments would be collected from 14,868 SNFs annually. This equates to an increase of 963,601.65 hours in burden for all SNFs and an increase of $85,066,753.66 (963,601.65 hours × $88.28/hr). For each SNF, we estimate an annual burden increase of 64.81 hours at an additional cost of $5,721.47.

We invite public comments on the overall impact of the SNF QRP proposals for FY 2028 and FY 2031 displayed in Tables 26 and 27 respectively.

TABLE 26—ESTIMATED IMPACTS FOR THE FY 2028 SNF QRP

| Estimated impacts for the FY2028 SNF QRP | Per SNF | | All SNFs | |
|---|---|---|---|---|
| | Estimated change in annual burden hours | Estimated change in annual cost | Estimated change in annual burden hours | Estimated change in annual cost |
| Estimated Change in Burden Associated with Removal of the HCP COVID–19 Vaccine Measure Beginning with the FY 2028 SNF QRP | −12.00 | −$525.84 | −178,416 | −$7,818,189.12 |
| Estimated Change in Burden Associated with Removal of the Patient/Resident COVID–19 Vaccine Measure Beginning with the FY 2028 SNF QRP | −0.50 | −39.04 | −7,425.58 | −580,383.33 |
| Total Estimated Change in Burden Beginning with the FY 2028 SNF QRP | −12.50 | −564.88 | −185,841.58 | −8,398,572.45 |

TABLE 27—ESTIMATED IMPACTS FOR THE FY 2031 SNF QRP

| Estimated impacts for the FY2031 SNF QRP | Per SNF | | All SNFs | |
|---|---|---|---|---|
| | Estimated change in annual burden hours | Estimated change in annual cost | Estimated change in annual burden hours | Estimated change in annual cost |
| Estimated Change in Burden Associated with Collection and Submission of Two MDS Items at Admission and Discharge and One MDS Item at Discharge Beginning with the FY 2031 SNF QRP | +2.57 | +$200.39 | +38,117.75 | +$2,979,283.34 |
| Estimated Change in Burden Associated with Proposed Collection and Submission of MDS Data on All Residents Admitted for Covered Skilled Care Beginning with the FY 2031 SNF QRP | +64.81 | +5,721.47 | +963,601.65 | +85,066,753.66 |
| Total Estimated Change in Burden Beginning with the FY 2031 SNF QRP | +67.38 | +5,921.86 | +1,001,719.40 | +88,046,037.00 |

3. Impacts for the SNF VBP Program

The estimated impacts of the FY 2027 SNF VBP Program are based on historical data and appear in Tables 28 through 30. We modeled SNF performance in the Program using SNFRM, SNF HAI, Total Nurse Staffing, Nursing Staff Turnover, Falls with Major Injury (Long-Stay), DC Function, and Long Stay Hospitalization measure results from FY 2022 as the baseline period and FY 2024 as the performance period, and using DTC PAC SNF measure results from FY 2020–FY 2021 as the baseline period and FY 2023–FY 2024 as the performance period. Additionally, we modeled a logistic exchange function with a payback percentage of 60 percent, as we finalized in the FY 2018 SNF PPS final rule (82 FR 36619 through 36621).

For the FY 2027 program year, we will reduce each SNF's adjusted Federal per diem rate by 2 percent, as required by section 1888(h)(6)(B) of the Act. This 2 percent is referred to as the ''withhold.'' We will then redistribute 60 percent of that 2 percent withhold to SNFs based on their measure performance. Additionally, in the FY 2023 SNF PPS final rule (87 FR 47585 through 47587), we finalized a case

minimum requirement for the SNFRM, Total Nurse Staffing, SNF HAI, and DTC PAC SNF measures, and in the FY 2024 SNF PPS final rule (88 FR 53301 through 53302) we finalized a case minimum requirement for the Nursing Staff Turnover, Falls with Major Injury (Long-Stay), DC Function, and Long Stay Hospitalization measures, as required by section 1888(h)(1)(C)(i) of the Act. Furthermore, in the FY 2024 SNF PPS final rule (88 FR 53302 through 53303), we finalized the measure minimum requirement for the FY 2027 SNF VBP program year, as required by section 1888(h)(1)(C)(ii) of the Act. As a result of these provisions, SNFs must meet the case minimum requirement for at least four of the eight measures during the applicable performance period to receive a SNF performance score and to receive a value-based incentive payment for FY 2027; SNFs that do not meet this measure minimum requirement finalized for the FY 2027 program year will be excluded from the Program and will receive their adjusted Federal per diem rate for that fiscal year. As previously finalized, this policy will maintain the overall payback percentage at 60 percent for the FY 2027 program year. Based on the 60 percent payback percentage, we estimated that we will redistribute approximately $305.11 million (of the estimated $508.52 million in withheld funds) in value-based incentive payments to SNFs in FY 2027, which means that the SNF VBP Program is estimated to result in approximately $203.41 million in savings to the Medicare Program in FY 2027.

Our detailed analysis of the impacts of the FY 2027 SNF VBP Program is shown in Tables 28 through 30.

TABLE 28—ESTIMATED SNF VBP PROGRAM IMPACTS FOR FY 2027

| Characteristic | Number of facilities | Mean risk-standardized readmission rate (SNFRM) (%) | Mean total nursing hours per resident day (total nurse staffing) | Mean risk-standardized rate of healthcare-associated infections (SNF HAI) (%) | Mean total nursing staff turnover rate (nursing staff turnover) (%) |
|---|---|---|---|---|---|
| **Group** | | | | | |
| Total * | 13,257 | 20.48 | 3.84 | 7.26 | 47.49 |
| Urban | 9,790 | 20.56 | 3.83 | 7.26 | 47.50 |
| Rural | 3,467 | 20.28 | 3.89 | 7.24 | 47.46 |
| Hospital-based urban | 227 | 20.29 | 4.81 | 6.55 | 40.46 |
| Freestanding urban | 9,563 | 20.56 | 3.80 | 7.28 | 47.66 |
| Hospital-based rural | 126 | 19.97 | 4.95 | 6.54 | 38.81 |
| Freestanding rural | 3,341 | 20.29 | 3.85 | 7.26 | 47.77 |
| **Urban by region** | | | | | |
| New England | 655 | 20.77 | 3.91 | 6.98 | 43.47 |
| Middle Atlantic | 1,348 | 20.22 | 3.75 | 7.22 | 43.00 |
| South Atlantic | 1,768 | 20.71 | 3.83 | 7.38 | 46.85 |
| East North Central | 1,788 | 20.77 | 3.53 | 7.18 | 49.51 |
| East South Central | 511 | 20.78 | 3.90 | 7.30 | 51.35 |
| West North Central | 781 | 20.43 | 4.20 | 7.04 | 51.86 |
| West South Central | 1,166 | 20.95 | 3.74 | 7.49 | 53.38 |
| Mountain | 473 | 19.87 | 3.80 | 6.83 | 50.35 |
| Pacific | 1,298 | 20.17 | 4.11 | 7.46 | 41.94 |
| Outlying | 2 | 21.74 | 4.18 | 6.77 | 14.84 |
| **Rural by region** | | | | | |
| New England | 101 | 19.99 | 4.19 | 6.90 | 50.43 |
| Middle Atlantic | 198 | 19.96 | 3.78 | 7.03 | 48.10 |
| South Atlantic | 459 | 20.34 | 3.68 | 7.32 | 46.36 |
| East North Central | 738 | 20.23 | 3.58 | 7.12 | 46.22 |
| East South Central | 421 | 20.59 | 4.00 | 7.49 | 44.42 |
| West North Central | 742 | 20.11 | 4.18 | 7.17 | 48.95 |
| West South Central | 549 | 20.80 | 3.88 | 7.59 | 48.49 |
| Mountain | 175 | 19.67 | 3.96 | 6.74 | 51.57 |
| Pacific | 84 | 19.02 | 4.31 | 6.74 | 46.71 |
| Outlying | N/A | N/A | N/A | N/A | N/A |
| **Ownership** | | | | | |
| Government | 733 | 20.33 | 4.29 | 7.11 | 44.44 |
| Profit | 9,948 | 20.56 | 3.64 | 7.38 | 48.73 |
| Non-Profit | 2,576 | 20.22 | 4.51 | 6.80 | 43.46 |

* The total group category excludes 1,552 SNFs that failed to meet the finalized measure minimum requirement.
N/A = Not available because no facilities in this group received a measure result.

TABLE 29—ESTIMATED SNF VBP PROGRAM IMPACTS FOR FY 2027

| Characteristic | Number of facilities | Mean risk-standardized discharge to community rate (DTC PAC SNF) (%) | Mean number of risk-adjusted hospitalizations per 1,000 long-stay resident days (long stay hospitalization) | Mean percentage of stays meeting or exceeding expected discharge function score (DC function) (%) | Mean percentage of stays with a fall with major injury (falls with major injury (long-stay)) (%) |
|---|---|---|---|---|---|
| **Group** | | | | | |
| Total * | 13,257 | 50.54 | 1.81 | 52.87 | 3.31 |
| Urban | 9,790 | 51.29 | 1.84 | 52.85 | 3.05 |
| Rural | 3,467 | 48.39 | 1.70 | 52.93 | 4.04 |
| Hospital-based urban | 227 | 58.58 | 1.64 | 51.45 | 2.51 |
| Freestanding urban | 9,563 | 51.12 | 1.85 | 52.89 | 3.06 |
| Hospital-based rural | 126 | 53.63 | 1.38 | 51.96 | 4.05 |
| Freestanding rural | 3,341 | 48.21 | 1.71 | 52.96 | 4.04 |
| **Urban by region** | | | | | |
| New England | 655 | 54.70 | 1.78 | 54.27 | 3.73 |
| Middle Atlantic | 1,348 | 49.67 | 1.73 | 55.76 | 2.90 |
| South Atlantic | 1,768 | 51.10 | 1.85 | 51.88 | 3.08 |
| East North Central | 1,788 | 51.69 | 1.71 | 50.75 | 3.32 |
| East South Central | 511 | 51.17 | 1.86 | 50.61 | 3.31 |
| West North Central | 781 | 50.52 | 1.76 | 54.72 | 3.70 |
| West South Central | 1,166 | 49.04 | 2.15 | 51.78 | 3.34 |
| Mountain | 473 | 56.00 | 1.45 | 57.90 | 2.60 |
| Pacific | 1,298 | 51.78 | 2.07 | 52.23 | 1.88 |
| Outlying | 2 | 60.48 | 0.00 | 43.21 | 0.00 |
| **Rural by region** | | | | | |
| New England | 101 | 51.69 | 1.45 | 53.46 | 4.71 |
| Middle Atlantic | 198 | 45.52 | 1.39 | 51.58 | 3.68 |
| South Atlantic | 459 | 48.26 | 1.74 | 50.75 | 3.52 |
| East North Central | 738 | 50.98 | 1.61 | 50.30 | 4.04 |
| East South Central | 421 | 47.96 | 1.95 | 48.58 | 3.79 |
| West North Central | 742 | 46.21 | 1.55 | 55.59 | 4.42 |
| West South Central | 549 | 47.24 | 2.19 | 55.89 | 4.13 |
| Mountain | 175 | 50.83 | 1.17 | 59.75 | 4.41 |
| Pacific | 84 | 53.76 | 1.17 | 56.57 | 3.32 |
| Outlying | N/A | N/A | N/A | N/A | N/A |
| **Ownership** | | | | | |
| Government | 733 | 49.13 | 1.74 | 52.78 | 3.85 |
| Profit | 9,948 | 49.87 | 1.87 | 52.33 | 3.11 |
| Non-Profit | 2,576 | 53.52 | 1.57 | 55.02 | 3.95 |

* The total group category excludes 1,552 SNFs that failed to meet the finalized measure minimum requirement.
N/A = Not available because no facilities in this group received a measure result.

TABLE 30—ESTIMATED SNF VBP PROGRAM IMPACTS FOR FY 2027

| Characteristic | Number of facilities | Mean performance score | Mean incentive payment multiplier | Percent of total payment |
|---|---|---|---|---|
| **Group** | | | | |
| Total * | 13,257 | 35.6850 | 0.99067 | 100.00 |
| Urban | 9,790 | 36.0063 | 0.99088 | 86.60 |
| Rural | 3,467 | 34.7778 | 0.99009 | 13.40 |
| Hospital-based urban | 227 | 48.3943 | 1.00011 | 1.65 |
| Freestanding urban | 9,563 | 35.7123 | 0.99066 | 84.95 |
| Hospital-based rural | 126 | 47.8633 | 0.99954 | 0.31 |
| Freestanding rural | 3,341 | 34.2843 | 0.98973 | 13.09 |
| **Urban by region** | | | | |
| New England | 655 | 37.8333 | 0.99175 | 5.38 |

TABLE 30—ESTIMATED SNF VBP PROGRAM IMPACTS FOR FY 2027—Continued

| Characteristic | Number of facilities | Mean performance score | Mean incentive payment multiplier | Percent of total payment |
|---|---|---|---|---|
| Middle Atlantic | 1,348 | 37.7825 | 0.99177 | 19.84 |
| South Atlantic | 1,768 | 35.0550 | 0.99024 | 16.25 |
| East North Central | 1,788 | 33.6982 | 0.98933 | 10.41 |
| East South Central | 511 | 33.1952 | 0.98907 | 2.85 |
| West North Central | 781 | 36.6894 | 0.99168 | 3.60 |
| West South Central | 1,166 | 29.8160 | 0.98720 | 6.47 |
| Mountain | 473 | 42.7563 | 0.99550 | 3.75 |
| Pacific | 1,298 | 41.4817 | 0.99437 | 18.04 |
| Outlying | 2 | 55.5748 | 1.00503 | 0.00 |
| **Rural by region** | | | | |
| New England | 101 | 38.6689 | 0.99234 | 0.56 |
| Middle Atlantic | 198 | 34.4592 | 0.98943 | 0.97 |
| South Atlantic | 459 | 32.9504 | 0.98893 | 2.18 |
| East North Central | 738 | 35.0783 | 0.99035 | 2.83 |
| East South Central | 421 | 33.3598 | 0.98907 | 1.68 |
| West North Central | 742 | 36.4913 | 0.99126 | 1.80 |
| West South Central | 549 | 30.4066 | 0.98725 | 2.09 |
| Mountain | 175 | 40.7058 | 0.99401 | 0.60 |
| Pacific | 84 | 46.3840 | 0.99817 | 0.70 |
| Outlying | N/A | N/A | N/A | N/A |
| **Ownership** | | | | |
| Government | 733 | 39.1976 | 0.99313 | 3.01 |
| Profit | 9,948 | 33.5631 | 0.98919 | 81.32 |
| Non-Profit | 2,576 | 42.8799 | 0.99571 | 15.67 |

* The total group category excludes 1,552 SNFs that failed to meet the finalized measure minimum requirement. The total group category includes 55 SNFs that did not have historical payment data used for this analysis.
N/A = Not available because no facilities in this group met the finalized measure minimum requirement.

*D. Alternatives Considered*

Section 1888(e) of the Act establishes the SNF PPS for the payment of Medicare SNF services for cost reporting periods beginning on or after July 1, 1998. This section of the statute prescribes a detailed formula for calculating base payment rates under the SNF PPS, and does not provide for the use of any alternative methodology. It specifies that the base year cost data to be used for computing the SNF PPS payment rates must be from FY 1995 (October 1, 1994, through September 30, 1995). In accordance with the statute, we also incorporated a number of elements into the SNF PPS (for example, case-mix classification methodology, a market basket update, a wage index, and the urban and rural distinction used in the development or adjustment of the Federal rates). Further, section 1888(e)(4)(H) of the Act specifically requires us to disseminate the payment rates for each new FY through the **Federal Register**, and to do so before the August 1 that precedes the start of the new FY. Accordingly, we are not pursuing alternatives for this process.

With regard to the proposals to remove both the COVID–19 Vaccination Coverage among Healthcare Personnel (HCP) and COVID–19 Vaccine: Percent of Patients/Residents Who Are Up to Date measure, we considered keeping both measures. However, when these measures were adopted, there were well-defined parameters for receiving the COVID–19 vaccination. We determined that these measures no longer align with current clinical guidelines, and therefore the publicly reported measures may not be reliably give consumers information on the percent of HCP or residents that are vaccinated in a SNF.

With regard to the proposal to revise the SNF QRP assessment data submission deadline from 4.5 months to no later than the 15th day of the second month after the end of each quarter, we considered keeping the deadline unchanged. We determined that the revised timeframe is a reasonable amount of time for SNFs to submit data and make any necessary corrections, and that the benefits of this shortened timeframe include making the data timelier and more actionable which increases the value of publicly reported data both for consumers and their families and for SNFs to use in their quality improvement activities.

With regard to the proposal to collect and submit MDS data on all SNF residents regardless of payer, we believe the data could support SNFs in their quality improvement activities and contribute to better healthcare outcomes for our beneficiaries by enabling them to make more informed decisions. Furthermore, we believe that proposing this policy aligns with CMS' aims to pursue greater program alignment through standardization of data collection and submission on a consistent patient/resident population across provider settings.

With regard to the proposals for the SNF VBP Program, we discussed alternatives considered within those sections.

*E. Regulatory Review Costs*

If regulations impose administrative costs on private entities, such as the time needed to read and interpret this proposed rule, we should estimate the cost associated with regulatory review. Due to the uncertainty involved with accurately quantifying the number of entities that will review the rule, we assume that the total number of unique commenters on last year's proposed rule will be the number of reviewers of this

year's proposed rule. We acknowledge that this assumption may understate or overstate the costs of reviewing this rule. It is possible that not all commenters reviewed last year's proposed rule in detail, and it is also possible that some reviewers chose not to comment on last year's proposed rule. For these reasons, we believe that the number of commenters on last year's proposed rule is a fair estimate of the number of reviewers of this year's proposed rule.

We also recognize that different types of entities are in many cases affected by mutually exclusive sections of this proposed rule, and therefore, for the purposes of our estimate we assume that each reviewer reads approximately 50 percent of the rule.

The median wage rate for medical and health service managers (SOC 11–9111) in the May 2024 BLS Occupational Employment Wage Statistics is $56.71, assuming benefits plus other overhead costs equal 100 percent of wage rate, we estimate that the cost of reviewing this rule is $113.42 per hour, including overhead and fringe benefits. The median wage rate can be found at the following website: *https://www.bls.gov/oes/current/oes_nat.htm.* Assuming an average reading speed, we estimate that it will take approximately 4 hours for the staff to review half of this proposed rule. For each SNF that reviews the rule, the estimated cost is $453.68 (4 hours × $113.42). Therefore, we estimate that the total cost of reviewing this regulation is $33,572.32 ($453.68 × 74 reviewers).

*F. Accounting Statements and Tables*

Consistent with OMB Circular A–4 (available online at *https://www.whitehouse.gov/wp-content/uploads/2025/08/CircularA-4.pdf*), in Tables 31 through 34, we have prepared an accounting statement showing the classification of the expenditures associated with the provisions of this proposed rule for FY 2027. Tables 25 and 31 provide our best estimate of the possible changes in Medicare payments under the SNF PPS as a result of the policies outlined in this rule, based on the data for 14,868 SNFs in our database. Tables 32 and 33 provide our best estimate of the additional cost to SNFs to submit the data for the SNF QRP as a result of the policies outlined in this final rule. Table 34 provides our best estimate of the possible changes in Medicare payments under the SNF VBP as a result of the policies for this program.

TABLE 31—ACCOUNTING STATEMENT: CLASSIFICATION OF ESTIMATED EXPENDITURES, FROM THE FY 2026 SNF PPS TO THE FY 2027 SNF PPS

| Category | Transfers |
|---|---|
| Annualized Monetized Transfers<br>From Whom To Whom? | $888 million.<br>Federal Government to SNF Medicare Providers. |

TABLE 32—ACCOUNTING STATEMENT: CLASSIFICATION OF ESTIMATED SAVINGS FOR THE CHANGES TO THE FY 2028 SNF QRP

| Category | Costs |
|---|---|
| Estimated Savings to SNFs for Proposed Changes to the FY 2028 QRP. | −$8.4 million. |

TABLE 33—ACCOUNTING STATEMENT: CLASSIFICATION OF ESTIMATED EXPENDITURES FOR THE CHANGES TO THE FY 2031 SNF QRP

| Category | Costs |
|---|---|
| Estimated Costs to SNFs for Proposed Changes to the FY 2031 QRP | $88.0 million. |

TABLE 34—ACCOUNTING STATEMENT: CLASSIFICATION OF ESTIMATED EXPENDITURES FOR THE FY 2027 SNF VBP PROGRAM

| Category | Transfers |
|---|---|
| Annualized Monetized Transfers<br>From Whom To Whom? | $305.11 million.*<br>Federal Government to SNF Medicare Providers. |

* This estimate does not include the 2 percent reduction to SNFs' Medicare payments (estimated to be $508.52 million) required by statute.

*G. Conclusion*

This rule updates the SNF PPS rates contained in the FY 2026 SNF PPS final rule (90 FR 37310). We estimate that the overall payments for SNFs under the SNF PPS in FY 2027 are projected to increase by approximately $888 million, or 2.4 percent, compared with those in FY 2026. We estimate that in FY 2027, SNFs in urban and rural areas will experience, on average, a 2.4 percent increase and 2.7 percent increase, respectively, in estimated payments compared with FY 2026. Providers in the rural New England region will experience the largest estimated increase in payments of approximately 4.6 percent. Providers in the rural Mountain region will experience the smallest estimated increase in payments of 0.5 percent.

*H. Regulatory Flexibility Act Analysis*

The RFA requires agencies to analyze options for regulatory relief of small entities, if a rule has a significant impact on a substantial number of small entities. For purposes of the RFA, small entities include small businesses, non-profit organizations, and small governmental jurisdictions. Most SNFs and most other providers and suppliers

are small entities, either by reason of their non-profit status or by having revenues of $30 million or less in any 1 year. We utilized the revenues of individual SNF providers (from recent Medicare Cost Reports) to classify a small business, and not the revenue of a larger firm with which they may be affiliated. As a result, for the purposes of the RFA, we estimate that almost all SNFs are small entities as that term is used in the RFA, according to the Small Business Administration's latest size standards (NAICS 623110), with total revenues of $34 million or less in any 1 year. (For *details, see the Small Business Administration's* website *at https://www.sba.gov/document/support-table-size-standards*). In addition, approximately 20 percent of SNFs classified as small entities are non-profit organizations. Finally, individuals and States are not included in the definition of a small entity.

This rule updates the SNF PPS rates contained in the SNF PPS final rule for FY 2026 (90 FR 37310). We estimate that the aggregate impact for FY 2027 will be an increase of $888 million in payments to SNFs, resulting from the SNF market basket update to the payment rates. While it is projected in Table 25 that all providers will experience a net increase in payments, we note that some individual providers within the same region or group may experience different impacts on payments than others due to the distributional impact of the FY 2027 wage indexes and the degree of Medicare utilization.

Guidance issued by the Department of Health and Human Services on the proper assessment of the impact on small entities in rulemakings, utilizes a cost or revenue impact of 3 to 5 percent as a significance threshold under the RFA. In their March 2025 Report to Congress (available at *https://www.medpac.gov/wp-content/uploads/2025/03/Mar25*), MedPAC states that Fee-for-Service Medicare accounted for approximately 8 percent of total patient days in freestanding facilities and 14 percent of facility revenue in 2022. As indicated in Table 25, the effect on facilities is projected to be an aggregate positive impact of 2.4 percent for FY 2027. As its measure of significant economic impact on a substantial number of small entities, HHS uses a change in revenue of more than 3 to 5 percent of the total revenue. Since Medicare accounts for only 14 percent of SNF total revenue, the resulting impact of this rule is 0.34 percent (14 percent of 2.4 percent). As the overall impact on small entities does not meet the 3 to 5 percent threshold discussed previously, the Secretary has determined that this proposed rule will not have a significant impact on a substantial number of small entities for FY 2027. In addition, section 1102(b) of the Act requires us to prepare a regulatory impact analysis if a rule may have a significant impact on the operations of a substantial number of small rural hospitals. This analysis must conform to the provisions of section 603 of the RFA. For purposes of section 1102(b) of the Act, we define a small rural hospital as a hospital that is located outside of an MSA and has fewer than 100 beds. This proposed rule will affect small rural hospitals that: (1) furnish SNF services under a swing-bed agreement; or (2) have a hospital-based SNF. We anticipate that the impact on small rural hospitals will be similar to the impact on SNF providers overall. Moreover, as noted in previous SNF PPS final rules (most recently, the one for FY 2026 (90 FR 37310)), the category of small rural hospitals is included within the analysis of the impact of the rule on small entities in general. As the overall impact on the industry as a whole does not meet the 3 to 5 percent threshold discussed previously, the Secretary has determined that this proposed rule will not have a significant impact on a substantial number of small rural hospitals for FY 2027.

*I. Unfunded Mandates Reform Act (UMRA)*

Section 202 of the Unfunded Mandates Reform Act of 1995 also requires that agencies assess anticipated costs and benefits before issuing any rule whose mandates require spending in any 1 year of $100 million in 1995 dollars, updated annually for inflation. In 2026, that threshold is approximately $193 million. This proposed rule would not impose mandates on State, local, or Tribal governments or on the private sector.

*J. Federalism*

Executive Order 13132 establishes certain requirements that an agency must meet when it issues a proposed rule (and subsequent proposed rule) that imposes substantial direct requirement costs on State and local governments, preempts State law, or otherwise has federalism implications. This proposed rule will have no substantial direct effect on State and local governments, preempt State law, or otherwise have federalism implications.

*K. E.O. 14192, ''Unleashing Prosperity Through Deregulation''*

Executive Order 14192, entitled ''Unleashing Prosperity Through Deregulation'' was issued on January 31, 2025, and requires that ''any new incremental costs associated with new regulations shall, to the extent permitted by law, be offset by the elimination of existing costs associated with at least 10 prior regulations.'' This rule is expected to be an E.O. 14192 regulatory action. We estimated that this rule will generate $47.09 million in annualized cost at a 7 percent discount rate, discounted relative to year 2024, over a perpetual time horizon.

**X. Response to Comments**

Because of the large number of public comments we normally receive on **Federal Register** documents, we are not able to acknowledge or respond to them individually. We will consider all comments we receive by the date and time specified in the **DATES** section of this preamble, and, when we proceed with a subsequent document, we will respond to the comments in the preamble to that document.

Mehmet Oz, Administrator of the Centers for Medicare & Medicaid Services, approved this document on March 31, 2026.

**List of Subjects in 42 CFR Part 413**

Diseases, Health facilities, Medicare, Puerto Rico, Reporting and recordkeeping requirements.

For the reasons set forth in the preamble, the Centers for Medicare & Medicaid Services proposes to amend 42 CFR part 413 as set forth below:

## PART 413—PRINCIPLES OF REASONABLE COST REIMBURSEMENT; PAYMENT FOR END-STAGE RENAL DISEASE SERVICES; PROSPECTIVELY DETERMINED PAYMENT RATES FOR SKILLED NURSING FACILITIES; PAYMENT FOR ACUTE KIDNEY INJURY DIALYSIS

■ 1. The authority citation for part 413 continues to read as follows:

**Authority:** 42 U.S.C. 1302, 1395d(d), 1395f(b), 1395g, 1395l(a), (i), and (n), 1395m, 1395x(v), 1395x(kkk), 1395hh, 1395rr, 1395tt, and 1395ww.

■ 2. Section 413.338 is amended by revising paragraphs (f)(1)(v), (k)(3), and (l)(3) to read as follows:

**§ 413.338 Skilled nursing facility value-based purchasing program.**

* * * * *

(f) * * *

(1) * * *

(v) For the Discharge Function Score for SNFs (''DC Function measure'') and the Percent of Residents Experiencing One of More Falls with Major Injury

(Long Stay) (''Falls with Major Injury (Long Stay)'') measure, beginning with data collected in FY 2023, and ending with data collected in FY 2026, the specified date is the February 15th that is approximately 4.5 months after the last day of the applicable baseline period or performance period. Beginning with data collected in FY 2027, the specified date is the 15th day of the second month after the last day of the applicable baseline period or performance period. However, if the 15th day of the second month after the last day of the applicable baseline period or performance period falls on a Friday, weekend, or Federal holiday, the date is delayed until 11:59 p.m. EST on the next business day.

* * * * *

(k) * * *

(3) Upon a determination by CMS that the continued requirement for SNFs to submit data on a measure specified under paragraph (k)(2) of this section raises specific resident safety concerns, CMS may elect to immediately remove the measure from the SNF VBP Program. Upon removal of the measure, CMS will provide notice to SNFs and the public, along with a statement of the specific patient safety concern that would be raised if SNFs continued to submit data on the measure. CMS will also provide notice of the removal in the **Federal Register**.

* * * * *

(l) * * *

(3) Except as provided in paragraph (l)(4) of this section, CMS will not consider an exception request unless the SNF requesting such exception has complied fully with the requirements in paragraph (l)(2) of this section.

* * * * *

**Robert F. Kennedy, Jr.,**

*Secretary, Department of Health and Human Services.*

[FR Doc. 2026–06674 Filed 4–2–26; 5:15 pm]

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Part III

## Department of Health and Human Services

Centers for Medicare & Medicaid Services

42 CFR Part 412

Medicare Program; FY 2027 Inpatient Psychiatric Facilities Prospective Payment System—Rate Update; Proposed Rule

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare & Medicaid Services**

**42 CFR Part 412**

**[CMS–1847–P]**

**RIN 0938–AV77**

# Medicare Program; FY 2027 Inpatient Psychiatric Facilities Prospective Payment System—Rate Update

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

**ACTION:** Proposed rule.

**SUMMARY:** This rulemaking proposes to update the prospective payment rates, the outlier threshold, and the wage index for Medicare inpatient hospital services provided by Inpatient Psychiatric Facilities (IPFs), which include psychiatric hospitals and excluded psychiatric units of an acute care hospital or critical access hospital. This rulemaking also proposes refinement of the IPF PPS outlier policy. These changes would be effective for IPF discharges occurring during the fiscal year beginning October 1, 2026, through September 30, 2027. We are also proposing the implementation of a standardized IPF patient assessment instrument, and the removal of two measures used in the Inpatient Psychiatric Facilities Quality Reporting Program.

**DATES:** To be assured consideration, comments must be received at one of the addresses provided below by June 1, 2026.

**ADDRESSES:** In commenting, please refer to file code CMS–1847–P.

Comments, including mass comment submissions, must be submitted in one of the following three ways (please choose only one of the ways listed):

1. *Electronically.* You may submit electronic comments on this regulation to *https://www.regulations.gov/docket/CMS-2026-1123.* Follow the ''Submit a comment'' instructions.

2. *By regular mail.* You may mail written comments to the following address ONLY: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS–1847–P, P.O. Box 8010, Baltimore, MD 21244–8010.

Please allow sufficient time for mailed comments to be received before the close of the comment period.

3. *By express or overnight mail.* You may send written comments to the following address ONLY: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS–1847–P, Mail Stop C4–26–05, 7500 Security Boulevard, Baltimore, MD 21244–1850.

For information on viewing public comments, see the beginning of the **SUPPLEMENTARY INFORMATION** section.

**FOR FURTHER INFORMATION CONTACT:** The IPF Payment Policy mailbox at *IPFPaymentPolicy@cms.hhs.gov,* for general information.

Nick Brock, (410) 786–5148, for information regarding the inpatient psychiatric facilities prospective payment system (IPF PPS) and regulatory impact analysis.

Kaleigh Emerson, *kaleigh.emerson1@cms.hhs.gov,* for information regarding the IPF Quality Reporting Program.

**SUPPLEMENTARY INFORMATION:**

*Inspection of Public Comments:* All comments received before the close of the comment period are available for viewing by the public, including any personally identifiable or confidential business information that is included in a comment. We post all comments received before the close of the comment period on the following website as soon as possible after they have been received: *https://www.regulations.gov.* Follow the search instructions on that website to view public comments. CMS will not post on *Regulations.gov* public comments that make threats to individuals or institutions or suggest that the commenter will take actions to harm an individual. CMS continues to encourage individuals not to submit duplicative comments. We will post acceptable comments from multiple unique commenters even if the content is identical or nearly identical to other comments.

*Plain Language Summary:* In accordance with 5 U.S.C. 553(b)(4), a plain language summary of this rule may be found at *https://www.regulations.gov/.*

## Availability of Certain Tables Exclusively Through the Internet on the CMS Website

Addendum A to this proposed rule summarizes the fiscal year (FY) 2027 IPF PPS payment rates, outlier threshold, cost of living adjustment factors (COLA) for Alaska and Hawaii, national and upper limit cost-to-charge ratios, and adjustment factors. In addition, Addendum B to this proposed rule shows the complete listing of ICD–10 Clinical Modification (CM) and Procedure Coding System (PCS) codes, the FY 2027 IPF PPS comorbidity adjustment, and electroconvulsive therapy (ECT) procedure codes. Addenda A and B to this proposed rule are available on the CMS website at *https://www.cms.gov/medicare/payment/prospective-payment-systems/inpatient-psychiatric-facility-pps/tools-and-worksheets.*

Tables setting forth the FY 2027 Wage Index for Urban Areas Based on Core Based Statistical Area (CBSA) Labor Market Areas, the FY 2027 Wage Index Based on CBSA Labor Market Areas for Rural Areas, and the FY 2027 CBSA Labor Market Areas are available exclusively through the internet, on the CMS website at *https://www.cms.gov/medicare/payment/prospective-payment-systems/inpatient-psychiatric-facility/wage-index.*

## I. Executive Summary

### *A. Purpose*

This proposed rule would update the prospective payment rates, the outlier threshold, and the wage index for Medicare inpatient hospital services provided by Inpatient Psychiatric Facilities (IPFs) for discharges occurring during fiscal year (FY) 2027 (beginning October 1, 2026, through September 30, 2027). This proposed rule includes a proposal to limit an IPF's outlier payments to no more than 20 percent of its total IPF PPS payments in a year. Lastly, this proposed rule would implement a standardized IPF patient assessment instrument and remove two quality measures.

### *B. Summary of the Major Provisions*

1. Inpatient Psychiatric Facilities Prospective Payment System (IPF PPS)

For the IPF PPS, we propose to:

- Establish a 20-percent cap on outlier payments under the IPF PPS.
- Make technical rate setting updates: The IPF PPS payment rates will be adjusted annually for input price inflation, as well as statutory and other policy factors.

This rule proposes to update:

++ The IPF PPS Federal per diem base rate from $892.87 to $912.58.

++ The IPF PPS Federal per diem base rate for providers who failed to report quality data to $894.74.

++ The electroconvulsive therapy (ECT) payment per treatment from $673.85 to $688.73.

++ The ECT payment per treatment for providers who failed to report quality data to $675.26.

++ The labor-related share from 79.0 percent to 79.1 percent.

++ The wage index budget neutrality factor to 0.9991.

++ The fixed dollar loss threshold amount from $39,360 to $37,820, to

maintain estimated outlier payments at 2 percent of total estimated aggregate IPF PPS payments.

2. Inpatient Psychiatric Facilities Quality Reporting Program

For the IPF Quality Reporting Program, we are proposing to implement a standardized IPF patient assessment instrument (IPF–PAI), as mandated by section 4125(b)(1) of the Consolidated Appropriations Act of 2023 (CAA, 2023), and to remove two measures from the program: Alcohol Use Brief Intervention Provided or Offered and Alcohol Use Brief Intervention (SUB–2/2a) and Tobacco Use Treatment Provided or Offered at Discharge (TOB–3/3a).

*C. Summary of Impacts*

| Provision description | Total transfers & cost reductions |
|---|---|
| FY 2027 IPF PPS payment update. | The overall economic impact of this proposed rule is an estimated $50 million in increased payments to IPFs during FY 2027. |
| IPF Quality Reporting Program update. | We estimate a net increase of $7,223,725 in costs to facilities for the IPF Quality Reporting Program due to policies proposed in this rule. |

## II. Background

*A. Overview of the Legislative Requirements of the IPF PPS*

Section 124 of the Medicare, Medicaid, and State Children's Health Insurance Program Balanced Budget Refinement Act of 1999 (BBRA) (Pub. L. 106–113) required the establishment and implementation of an IPF PPS in a budget neutral manner. Specifically, section 124 of the BBRA mandated that the Secretary of Health and Human Services (the Secretary) develop a per diem prospective payment system (PPS) for inpatient hospital services furnished in psychiatric hospitals and excluded psychiatric units including an adequate patient classification system that reflects the differences in patient resource use and costs among psychiatric hospitals and excluded psychiatric units. ''Excluded psychiatric unit'' means a psychiatric unit of an acute care hospital or of a Critical Access Hospital (CAH), which is excluded from payment under the Inpatient Prospective Payment System (IPPS) or CAH payment system, respectively. These excluded psychiatric units will be paid under the IPF PPS.

Section 405(g)(2) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) (Pub. L. 108–173) extended the IPF PPS to psychiatric distinct part units of CAHs.

Sections 3401(f) and 10322 of the Patient Protection and Affordable Care Act (Pub. L. 111–148) as amended by section 10319(e) of that Act and by section 1105(d) of the Health Care and Education Reconciliation Act of 2010 (Pub. L. 111–152) (hereafter referred to jointly as ''the Affordable Care Act'') added subsection (s) to section 1886 of the Social Security Act (the Act).

Section 1886(s)(1) of the Act titled ''Reference to Establishment and Implementation of System,'' refers to section 124 of the BBRA, which relates to the establishment of the IPF PPS.

Section 1886(s)(2)(A)(i) of the Act requires the application of the productivity adjustment described in section 1886(b)(3)(B)(xi)(II) of the Act to the IPF PPS for the rate year (RY) beginning in 2012 (that is, a RY that coincides with a FY) and each subsequent RY.

Section 1886(s)(2)(A)(ii) of the Act required the application of an ''other adjustment'' that reduced any update to an IPF PPS base rate by a percentage point amount specified in section 1886(s)(3) of the Act for the RY beginning in 2010 through the RY beginning in 2019. As noted in the FY 2020 IPF PPS final rule (84 FR 38424), for the RY beginning in 2019, section 1886(s)(3)(E) of the Act required that the other adjustment reduction be equal to 0.75 percentage point; that was the final year the statute required the application of this adjustment. Because FY 2021 was a RY beginning in 2020, FY 2021 was the first year that section 1886(s)(2)(A)(ii) of the Act did not apply since its enactment.

Sections 1886(s)(4)(A) through (D) of the Act require that for RY 2014 and each subsequent RY, IPFs that fail to report required quality data with respect to such a RY will have their annual update to a standard Federal rate for discharges reduced by 2.0 percentage points. This may result in an annual update being less than 0.0 for a RY, and may result in payment rates for the upcoming RY being less than such payment rates for the preceding RY. Any reduction for failure to report required quality data will apply only to the RY involved, and the Secretary will not consider such reduction in computing the payment amount for a subsequent RY. Additional information about the specifics of the current IPF Quality Reporting Program is available in the FY 2020 IPF PPS final rule (84 FR 38459 through 38468).

Section 4125 of the Consolidated Appropriations Act, 2023 (CAA, 2023) (Pub. L. 117–328), which amended section 1886(s) of the Act, requires CMS to revise the Medicare prospective payment system for psychiatric hospitals and psychiatric units. Specifically, section 4125(a) of the CAA, 2023 added section 1886(s)(5)(A) of the Act to require the Secretary to collect data and information, as the Secretary determines appropriate, to revise payments under the IPF PPS. CMS discussed this data collection in the FY 2024 IPF PPS final rule (88 FR 51054), as CMS was required to begin collecting this data and information not later than October 1, 2023. As discussed in that rule, the agency has already been collecting data and information consistent with the types set forth in the CAA, 2023 as part of our extensive and years-long analyses and consideration of potential payment system refinements. We refer readers to the FY 2024 IPF PPS final rule (88 FR 51095 through 51098) where we discussed existing data collection and requested information to inform future IPF PPS revisions.

In addition, section 1886(s)(5)(D) of the Act, as added by section 4125(a) of the CAA, 2023 required that the Secretary implement revisions to the methodology for determining the payment rates under the IPF PPS for psychiatric hospitals and psychiatric units, effective for RY 2025 (FY 2025). Section 1886(s)(5)(D) of the Act provided that these revisions may be based on a review of the data and information collected under section 1886(s)(5)(A) of the Act. For a detailed discussion on the revisions implemented for FY 2025, we refer readers to the FY 2025 IPF PPS final rule (89 FR 64590 through 64636).

Section 4125(b) of the CAA, 2023 amended section 1886(s)(4) of the Act by inserting a new subparagraph (E) and redesignating the existing subparagraph (E) as subparagraph (F) which requires IPFs participating in the IPF Quality Reporting Program to collect and submit to the Secretary standardized patient assessment data, using a standardized patient assessment instrument, for RY 2028 (FY 2028) and each subsequent rate year. IPFs must submit such data with respect to at least the admission and discharge of an individual, or more frequently as the Secretary determines appropriate. For IPFs to meet this new data collection and reporting requirement for RY 2028 and each subsequent rate year, the Secretary must implement a standardized patient assessment instrument that collects data with respect to the following categories: functional status; cognitive function and mental status; special services, treatments, and interventions; medical conditions and comorbidities;

impairments; and other categories as determined appropriate by the Secretary. This patient assessment instrument must enable comparison of such patient assessment data that IPFs submit across all such IPFs to which such data are applicable.

Section 4125(b) of the CAA, 2023 further amended section 1886(s) of the Act by adding a new subparagraph (6) that requires the Secretary to implement revisions to the methodology for determining the payment rates for psychiatric hospitals and psychiatric units (that is, payment rates under the IPF PPS), effective for RY 2031 (FY 2031), as the Secretary determines to be appropriate, to take into account the patient assessment data described in paragraph (4)(E)(ii).

To implement and periodically update the IPF PPS, we have published various proposed and final rules and notices in the **Federal Register**. For more information regarding these documents, we refer readers to the CMS website at *https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientPsychFacilPPS/index.html?redirect=/InpatientPsychFacilPPS/.*

*B. Overview of the IPF PPS*

We issued the rate year (RY) 2005 IPF PPS final rule that appeared in the November 15, 2004 **Federal Register** (69 FR 66922). The RY 2005 IPF PPS final rule established the IPF PPS, as required by section 124 of the BBRA and codified at 42 CFR part 412, subpart N. The RY 2005 IPF PPS final rule set forth the Federal per diem base rate for the implementation year (the 18-month period from January 1, 2005, through June 30, 2006) and provided payment for the inpatient operating and capital costs to IPFs for covered psychiatric services they furnish (that is, routine, ancillary, and capital costs, but not costs of approved educational activities, bad debts, and other services or items that are outside the scope of the IPF PPS). Covered psychiatric services include services for which benefits are provided under the fee-for-service Part A (Hospital Insurance Program) of the Medicare program.

The IPF PPS established the Federal per diem base rate for each patient day in an IPF derived from the national average daily routine operating, ancillary, and capital costs in IPFs in FY 2002. The average per diem cost was updated to the midpoint of the first year under the IPF PPS, standardized to account for the overall positive effects of the IPF PPS payment adjustments, and adjusted for budget neutrality.

The Federal per diem payment under the IPF PPS is comprised of the Federal per diem base rate described previously and certain patient- and facility-level payment adjustments for characteristics that were found in the regression analysis to be associated with statistically significant per diem cost differences, with statistical significance defined as $p$ less than 0.05. A complete discussion of the regression analysis that established the IPF PPS adjustment factors can be found in the RY 2005 IPF PPS final rule (69 FR 66933 through 66936).

The patient-level adjustments include age, Diagnosis-Related Group (DRG) assignment, and comorbidities, as well as adjustments to reflect higher per diem costs at the beginning of a patient's IPF stay and lower costs for later days of the stay. Facility-level adjustments include adjustments for the IPF's wage index, rural location, teaching status, a cost-of-living adjustment for IPFs located in Alaska and Hawaii, and an adjustment for the presence of a qualifying emergency department (ED).

The IPF PPS provides additional payment policies for outlier cases, interrupted stays, and a per-treatment payment for patients who undergo ECT. During the IPF PPS mandatory 3-year transition period, stop-loss payments were also provided; however, since the transition ended as of January 1, 2008, these payments are no longer available.

*C. Annual Requirements for Updating the IPF PPS*

Section 124 of the BBRA did not specify an annual rate update strategy for the IPF PPS and was broadly written to give the Secretary discretion in establishing an update methodology. Therefore, in the RY 2005 IPF PPS final rule, we implemented the IPF PPS using the following update strategy:

- Calculate the final Federal per diem base rate to be budget neutral for the 18-month period of January 1, 2005, through June 30, 2006.
- Use a July 1 through June 30 annual update cycle.
- Allow the IPF PPS first update to be effective for discharges on or after July 1, 2006, through June 30, 2007.

The RY 2005 final rule (69 FR 66922) implemented the IPF PPS. In developing the IPF PPS, and to ensure that the IPF PPS can account adequately for each IPF's case-mix, we performed an extensive regression analysis of the relationship between the per diem costs and certain patient and facility characteristics to determine those characteristics associated with statistically significant cost differences on a per diem basis. That regression analysis is described in detail in our RY 2004 IPF proposed rule (68 FR 66923; 66928 through 66933) and our RY 2005 IPF final rule (69 FR 66933 through 66960). For characteristics with statistically significant cost differences, we used the regression coefficients of those variables to determine the size of the corresponding payment adjustments.

In the RY 2005 IPF final rule, we explained the reasons for delaying an update to the adjustment factors, derived from the regression analysis, including waiting until we have IPF PPS data that yields as much information as possible regarding the patient-level characteristics of the population that each IPF serves. We indicated that we did not intend to update the regression analysis and the patient-level and facility-level adjustments until we complete that analysis. Until that analysis is complete, we stated our intention to publish a notice in the **Federal Register** each spring to update the IPF PPS (69 FR 66966).

We issued a final rule which appeared in the May 6, 2011 **Federal Register** titled, ''Inpatient Psychiatric Facilities Prospective Payment System—Update for Rate Year Beginning July 1, 2011 (RY 2012)'' (76 FR 26432), which changed the payment rate update period to a RY that coincides with a FY update. Therefore, final rules are now published in the **Federal Register** in the summer to be effective on October 1st of each year. When proposing changes in IPF payment policy, a proposed rule is issued in the spring, and the final rule in the summer to be effective on October 1st. For a detailed list of updates to the IPF PPS, we refer readers to our regulations at 42 CFR 412.428. Beginning October 1, 2012, we finalized that we would refer to the 12-month period from October 1 through September 30 as a ''fiscal year'' (FY) rather than a RY (76 FR 26435). Therefore, in this proposed rule we refer to rules that took effect after RY 2012 by the FY, rather than the RY, in which they took effect.

The most recent IPF PPS annual update, the FY 2026 IPF PPS final rule (90 FR 37628), appeared in the **Federal Register** on August 5, 2025. The FY 2026 IPF PPS final rule revised the payment adjustment factors for teaching status and for IPFs located in rural areas in accordance with section 1886(s)(5)(D)(i) of the Act. That final rule also updated the IPF PPS Federal per diem base rates that were published in the FY 2025 IPF PPS final rule (89 FR 64582). In revising the IPF PPS adjustment factors, we performed an

extensive regression analysis of the relationship between the per diem costs and facility characteristics to determine those characteristics associated with statistically significant cost differences on a per diem basis. That regression analysis is described in detail in our FY 2026 IPF PPS proposed rule (90 FR 18503 through 18507) and our FY 2026 IPF PPS final rule (90 FR 37639 through 37644).

As required by section 1886(s)(5)(D)(iii) of the Act, we finalized a refinement standardization factor for the FY 2026 IPF PPS payment rates to maintain budget neutrality for FY 2026. The application of the FY 2026 standardization factor is described in detail in our FY 2026 IPF PPS proposed rule (90 FR 18513 and18514) and our FY 2026 IPF PPS final rule (90 FR 37652 and 37653). For FY 2027, we are not proposing a refinement standardization factor.

## III. Provisions of the FY 2027 IPF PPS Proposed Rule

### *A. Proposed FY 2027 Market Basket Increase and Productivity Adjustment for the IPF PPS*

#### 1. Background

Originally, the input price index used to develop the IPF PPS was the Excluded Hospital with Capital market basket. This market basket was based on 1997 Medicare cost reports for Medicare-participating inpatient rehabilitation facilities (IRFs), IPFs, long-term care hospitals (LTCHs), cancer hospitals, and children's hospitals. Although ''market basket'' technically describes the mix of goods and services used in providing health care at a given point in time, this term is also commonly used to denote the input price index (that is, cost category weights and price proxies) derived from that market basket. Accordingly, the term ''market basket,'' as used in this document, refers to an input price index.

Since the IPF PPS inception, the market basket used to update IPF PPS payments has been rebased and revised to reflect more recent data on IPF cost structures. We last rebased and revised the IPF market basket in the FY 2024 IPF PPS rule, where we adopted a 2021-based IPF market basket, using Medicare cost report data for both Medicare-participating freestanding psychiatric hospitals and psychiatric units. We refer readers to the FY 2024 IPF PPS final rule for a detailed discussion of the 2021-based IPF market basket and its development (88 FR 51057 through 51081). Prior to the 2021-based IPF market basket, we used the 2016-based IPF market basket that was adopted in the FY 2020 IPF PPS final rule (84 FR 38426 through 38447). References to the historical market baskets used to update IPF PPS payments prior to the FY 2020 IPF PPS rule are listed in the FY 2016 IPF PPS final rule (80 FR 46656).

#### 2. Proposed FY 2027 IPF Market Basket Update

For FY 2027 (beginning October 1, 2026, and ending September 30, 2027), we are proposing to update the IPF PPS payments by a market basket increase factor, with a productivity adjustment as required by section 1886(s)(2)(A)(i) of the Act. Consistent with historical practice, we are proposing to estimate the market basket update for the IPF PPS based on the most recent forecast available at the time of rulemaking. For this proposed rule, based on IHS Global Inc.'s (IGI) fourth quarter 2025 forecast with historical data through the third quarter of 2025, the proposed 2021-based IPF market basket increase factor for FY 2027 is 3.1 percent. IGI is a nationally recognized economic and financial forecasting firm with which CMS currently contracts to forecast the components of the market baskets and productivity adjustment.[1]

Section 1886(s)(2)(A)(i) of the Act requires that, after establishing the increase factor for a FY, the Secretary shall reduce such increase factor for FY 2012 and each subsequent FY by the productivity adjustment described in section 1886(b)(3)(B)(xi)(II) of the Act. Section 1886(b)(3)(B)(xi)(II) of the Act sets forth the definition of this productivity adjustment. The statute defines the productivity adjustment to be equal to the 10-year moving average of changes in annual economy-wide, private nonfarm business multifactor productivity (as projected by the Secretary for the 10-year period ending with the applicable FY, year, cost reporting period, or other annual period) (the ''productivity adjustment''). The United States Department of Labor's Bureau of Labor Statistics (BLS) publishes the official measures of productivity for the U.S. economy. The productivity measure referenced in section 1886(b)(3)(B)(xi)(II) of the Act is published by BLS as private nonfarm business total factor productivity ((TFP) previously referred to as multifactor productivity).[2] We refer readers to *www.bls.gov/productivity* for the BLS historical published TFP data. A complete description of IGI's TFP projection methodology is available on the CMS website at *https://www.cms.gov/data-research/statistics-trends-and-reports/medicare-program-rates-statistics/market-basket-research-and-information*.

Section 1886(s)(2)(A)(i) of the Act requires the application of the productivity adjustment described in section 1886(b)(3)(B)(xi)(II) of the Act to the IPF PPS for the RY beginning in 2012 (a RY that coincides with a FY) and each subsequent RY. For this FY 2027 IPF PPS proposed rule, based on IGI's fourth quarter 2025 forecast, the proposed productivity adjustment for FY 2027 (the 10-year moving average change of TFP for the period ending FY 2027) is projected to be 0.8 percentage point. Accordingly, we are proposing to reduce the proposed 3.1 percent IPF market basket increase by this proposed 0.8 percentage point productivity adjustment, as mandated by the Act. This results in a proposed FY 2027 IPF PPS payment rate update of 2.3 percent (3.1 percent − 0.8 percentage point = 2.3 percent). We are also proposing that if more recent data become available, we would use such data, if appropriate, to determine the FY 2027 IPF market basket increase and productivity adjustment for the final rule.

We solicit comments on the proposed IPF market basket increase and productivity adjustment for FY 2027.

#### 3. Proposed FY 2027 IPF Labor-Related Share

Due to variations in geographic wage levels and other labor-related costs, we believe that payment rates under the IPF PPS should continue to be adjusted by a geographic wage index, which would apply to the labor-related portion of the Federal per diem base rate (hereafter referred to as the ''labor-related share''). The labor-related share is determined by identifying the national average proportion of total costs that are related to, influenced by, or vary with the local labor market. We are proposing to continue to classify a cost category as labor-related if the costs are labor-intensive and vary with the local labor market.

Based on our definition of the labor-related share and the cost categories in the 2021-based IPF market basket, we are proposing to continue to include in the labor-related share the sum of the relative importance of Wages and Salaries; Employee Benefits; Professional Fees: Labor-Related; Administrative and Facilities Support Services; Installation, Maintenance, and Repair Services; All Other: Labor-Related Services; and a portion of the Capital-Related relative importance from the 2021-based IPF market basket.

[1] *https://www.spglobal.com/en.*

[2] *https://www.bls.gov/productivity/notices/2021/mfp-to-tfp-term-change.htm.*

For more details regarding the methodology for determining specific cost categories for inclusion in the labor-related share based on the 2021-based IPF market basket, we refer readers to the FY 2024 IPF PPS final rule (88 FR 51078 through 51081).

The relative importance reflects the different rates of price change for these cost categories between the base year (FY 2021) and FY 2027. Based on IGI's fourth quarter 2025 forecast of the 2021-based IPF market basket, the sum of the FY 2027 relative importance moving average of Wages and Salaries; Employee Benefits; Professional Fees: Labor-Related; Administrative and Facilities Support Services; Installation, Maintenance, and Repair Services; All Other: Labor-Related Services is 76.0 percent. We are proposing, consistent with prior rulemaking, that the portion of Capital-Related costs that are influenced by the local labor market is 46 percent. Since the relative importance for Capital-Related costs is 6.7 percent of the 2021-based IPF market basket for FY 2027, we proposed to take 46 percent of 6.7 percent to determine a labor-related share of Capital-Related costs for FY 2027 of 3.1 percent. Therefore, we are proposing a total labor-related share for FY 2027 of 79.1 percent (the sum of 76.0 percent for the labor-related share of operating costs and 3.1 percent for the labor-related share of Capital-Related costs). We are also proposing that if more recent data become available, we would use such data, if appropriate, to determine the FY 2027 labor-related share for the final rule. For more information on the labor-related share and its calculation, we refer readers to the FY 2024 IPF PPS final rule (88 FR 51078 through 51081).

Table 1 shows the proposed FY 2027 labor-related share and the final FY 2026 labor-related share using the 2021-based IPF market basket relative importance.

TABLE 1—FY 2027 PROPOSED IPF LABOR-RELATED SHARE AND FY 2026 IPF LABOR-RELATED SHARE

| | Relative importance, labor-related share FY 2026 [1] | Proposed relative importance, labor-related share FY 2027 [2] |
|---|---|---|
| Wages and Salaries | 53.7 | 53.8 |
| Employee Benefits | 14.2 | 14.2 |
| Professional Fees: Labor-Related | 4.7 | 4.7 |
| Administrative and Facilities Support Services | 0.6 | 0.6 |
| Installation, Maintenance and Repair Services | 1.2 | 1.2 |
| All Other Labor-Related Services | 1.5 | 1.5 |
| Subtotal | 75.9 | 76.0 |
| Labor-related portion of Capital-Related (.46) | 3.1 | 3.1 |
| Total Labor-Related Share | 79.0 | 79.1 |

[1] Based on the 2nd quarter 2025 IGI forecast of the 2021-based IPF market basket.
[2] Based on the 4th quarter 2025 IGI forecast of the 2021-based IPF market basket.

We solicit comment on the proposed labor-related share for FY 2027.

*B. Proposed Updates to the IPF PPS Rates for FY Beginning October 1, 2026*

The IPF PPS is based on a standardized Federal per diem base rate calculated from the IPF average per diem costs and adjusted for budget neutrality in the implementation year. The Federal per diem base rate is used as the standard payment per day under the IPF PPS and is adjusted by the patient-level and facility-level adjustments that are applicable to the IPF stay. A detailed explanation of how we calculated the average per diem cost appears in the RY 2005 IPF PPS final rule (69 FR 66926).

1. Determining the Standardized Budget Neutral Federal Per Diem Base Rate

Section 124(a)(1) and (c) of the BBRA requires that we implement the IPF PPS in a budget neutral manner. In other words, the amount of total payments under the IPF PPS, including any payment adjustments, must be projected to be equal to the amount of total payments that would have been made if the IPF PPS were not implemented. Therefore, we calculated the budget neutrality factor by setting the total estimated IPF PPS payments to be equal to the total estimated payments that would have been made under the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA) (Pub. L. 97–248) methodology had the IPF PPS not been implemented. A step-by-step description of the methodology used to estimate payments under the TEFRA payment system appears in the RY 2005 IPF PPS final rule (69 FR 66926).

Under the IPF PPS methodology, we calculated the final Federal per diem base rate to be budget neutral during the IPF PPS implementation period (that is, the 18-month period from January 1, 2005, through June 30, 2006) using a July 1 update cycle. We updated the average cost per day to the midpoint of the IPF PPS implementation period (October 1, 2005), and this amount was used in the payment model to establish the budget neutrality adjustment.

Next, we standardized the IPF PPS Federal per diem base rate to account for the overall positive effects of the IPF PPS payment adjustment factors by dividing total estimated payments under the TEFRA payment system by estimated payments under the IPF PPS. The information concerning this standardization can be found in the RY 2005 IPF PPS final rule (69 FR 66932) and the RY 2006 IPF PPS final rule (71 FR 27045). We then reduced the standardized Federal per diem base rate to account for the outlier policy, the stop loss provision, and anticipated behavioral changes. A complete discussion of how we calculated each component of the budget neutrality adjustment appears in the RY 2005 IPF PPS final rule (69 FR 66932 and 66933) and in the RY 2007 IPF PPS final rule (71 FR 27044 through 27046). The final standardized budget neutral Federal per diem base rate established for cost reporting periods beginning on or after January 1, 2005 was calculated to be $575.95.

The Federal per diem base rate has been updated in accordance with applicable statutory requirements and 42 CFR 412.428 through publication of annual notices or proposed and final rules. A detailed discussion on the standardized budget neutral Federal per diem base rate and the ECT payment per

treatment appears in the FY 2014 IPF PPS update notice (78 FR 46738 through 46740). These documents are available on the CMS website at *https://www.cms.gov/medicare/payment/prospective-payment-systems/inpatient-psychiatric-facility.*

2. Determining the Electroconvulsive Therapy (ECT) Payment per Treatment

In the RY 2005 IPF PPS final rule (69 FR 66951), we analyzed the costs of IPF stays that included ECT treatment using the FY 2002 Medicare Provider and Analysis Review (MedPAR) data based on comments we received on the RY 2005 IPF PPS proposed rule. Consistent with the comments we received about ECT, our analysis and review indicated that cases with ECT treatment are substantially more costly than cases without ECT treatment. Based on this analysis, in that final rule we finalized an additional payment for each ECT treatment furnished during the IPF stay. This ECT payment per treatment is made in addition to the per diem and outlier payments under the IPF PPS. To receive the payment per ECT treatment, IPFs must indicate on their claims the revenue code and procedure code for ECT (Rev Code 901; procedure code 90870) and the number of units of ECT, that is, the number of ECT treatments the patient received during the IPF stay.

To establish the ECT per treatment payment, we used the pre-scaled and pre-adjusted median cost for procedure code 90870 developed for the Hospital Outpatient Prospective Payment System (OPPS), based on hospital claims data. We explained in the RY 2005 IPF PPS final rule that we used OPPS data because after careful review and analysis of IPF claims, we were unable to separate out the cost of a single ECT treatment (69 FR 66922). We used the unadjusted hospital claims data under the OPPS because we did not want the ECT payment under the IPF PPS to be affected by factors that are relevant to OPPS, but not specifically applicable to IPFs. The median cost was then standardized and adjusted for budget neutrality. We also adjusted the ECT rate for wage differences in the same manner that we adjust the per diem rate.

Most recently, as we explained in the FY 2025 IPF PPS proposed rule (89 FR 23146), we analyzed recent data from both the IPF PPS and the OPPS. Findings revealed that costs for IPF stays involving ECT were significantly more costly than stays without ECT, with cost driven primarily by longer stays and higher ancillary expenses. To address this, we finalized a new ECT payment calculation based on the pre-scaled and pre-adjusted CY 2024 OPPS geometric mean cost, adjusted by the market basket update and wage index budget neutrality factor. A complete discussion of the final FY 2025 ECT payment per treatment can be found in the FY 2025 IPF PPS final rule (89 FR 64591 through 64593).

Since the ECT payment rate was established in the RY 2005 IPF PPS rule, it has been updated annually by application of each year's market basket, productivity adjustment, and wage index budget neutrality factor to the previous year's ECT payment rate (referred to as our ''standard methodology'' in this section).

3. Proposed Update of the Federal per Diem Base Rate and Electroconvulsive Therapy Payment per Treatment

The current (FY 2026) Federal per diem base rate is $892.87 and the ECT payment per treatment is $673.85. For the proposed FY 2027 Federal per diem base rate, we are proposing to apply the proposed IPF market basket update of 2.3 percent (that is, the proposed 2021-based IPF market basket percentage increase for FY 2027 of 3.1 percent reduced by the proposed productivity adjustment of 0.8 percentage point), and the proposed wage index budget neutrality factor of 0.9991 (as discussed in section III.D.1.c. of this proposed rule) to the final FY 2026 Federal per diem base rate of $892.87, yielding a proposed Federal per diem base rate of $912.58 for FY 2027. We are proposing to apply the proposed IPF market basket update of 2.3 percent and the proposed wage index budget neutrality factor of 0.9991 to the final FY 2026 ECT payment per treatment of $673.85, yielding a proposed ECT payment per treatment of $688.73 for FY 2027.

Section 1886(s)(4)(A)(i) of the Act requires that for RY 2014 and each subsequent RY, in the case of an IPF that fails to report required quality data with respect to such RY, the Secretary will reduce any annual update to a standard Federal rate for discharges during the RY by 2.0 percentage points. Therefore, we applied a 2.0 percentage point reduction to the proposed annual update to the Federal per diem base rate and the proposed ECT payment per treatment as follows:

- For IPFs that fail to report required data under the IPF Quality Reporting Program, we would apply a proposed 0.3 percent payment rate update—that is, the proposed IPF market basket increase for FY 2027 of 3.1 percent reduced by the proposed productivity adjustment of 0.8 percentage point for a proposed update of 2.3 percent, and further reduced by 2.0 percentage points in accordance with section 1886(s)(4)(A)(i) of the Act. We also propose to apply the wage index budget neutrality factor of 0.9991 to the FY 2026 Federal per diem base rate of $892.87, yielding a proposed Federal per diem base rate of $894.74 for FY 2027.
- For IPFs that fail to report required data under the IPF Quality Reporting Program, we would apply the proposed 0.3 percent payment rate update and the 0.9991 wage index budget neutrality factor to the FY 2026 ECT payment per treatment of $673.85, yielding a proposed ECT payment per treatment of $675.26 for FY 2027.

*C. Proposed Updates to the IPF PPS Patient-Level Adjustment Factors*

1. Overview of the IPF PPS Adjustment Factors

The IPF PPS payment adjustment factors were originally derived from a regression analysis of 100 percent of the FY 2002 MedPAR data file, which contained 483,038 cases. For a more detailed description of the data file used for this regression analysis, we refer readers to the RY 2005 IPF PPS final rule (69 FR 66935 and 66936).

In FY 2025, we implemented revisions to the methodology for determining payment rates under the IPF PPS, as required by section 1886(s)(5)(D) of the Act. We developed the FY 2025 adjustment factors based on a regression analysis of IPF cost and claims data. The primary sources of this analysis were CY 2019 through 2021 MedPAR files and Medicare cost report data (CMS Form 2552–10, OMB No. 0938–0050) from the FY 2019 through 2021 Hospital Cost Report Information System (HCRIS). For a more detailed description of the data files used for this regression analysis, we refer readers to the FY 2025 IPF PPS final rule (89 FR 64593 through 64601).

For FY 2027, we propose to use the existing regression-derived patient-level adjustment factors established for FY 2025. We are not proposing any changes to the patient-level adjustment factors for FY 2027; however, we used more recent claims data to simulate payments, to finalize the outlier fixed dollar loss threshold amount, and to assess the impact of the IPF PPS updates.

2. Proposed IPF PPS Patient-Level Adjustments

The IPF PPS includes payment adjustments for the following patient-level characteristics: Medicare Severity Diagnosis Related Groups (MS–DRGs) assignment of the patient's principal diagnosis, selected comorbidities,

patient age, and the variable per diem adjustments.

a. Proposed Update to MS–DRG Assignment

We believe it is important to maintain for IPFs the same diagnostic coding and DRG classification used under the IPPS for providing psychiatric care. For this reason, when the IPF PPS was implemented for cost reporting periods beginning on or after January 1, 2005, we adopted the same diagnostic code set (ICD–9 Clinical Modification (CM)) and DRG patient classification system (MS–DRGs) that were utilized at the time under the IPPS. In the RY 2009 IPF PPS notice (73 FR 25709), we discussed CMS's effort to better recognize resource use and the severity of illness among patients. CMS adopted the new MS–DRGs for the IPPS in the FY 2008 IPPS final rule with comment period (72 FR 47130). In the RY 2009 IPF PPS notice (73 FR 25716), we provided a crosswalk to reflect changes that were made under the IPF PPS to adopt the new MS–DRGs. For a detailed description of the mapping changes from the original DRG adjustment categories to the current MS–DRG adjustment categories, we refer readers to the RY 2009 IPF PPS notice (73 FR 25714).

The IPF PPS includes payment adjustments for designated psychiatric DRGs assigned to the claim based on the patient's principal diagnosis. The DRG adjustment factors were expressed relative to the most frequently reported psychiatric DRG in FY 2002, that is, DRG 430 (psychoses). The coefficient values and adjustment factors were derived from the regression analysis discussed in detail in the RY 2004 IPF proposed rule (68 FR 66923; 66928 through 66933) and the RY 2005 IPF final rule (69 FR 66933 through 66960). Mapping the DRGs to the MS–DRGs resulted in 17 IPF MS–DRGs, instead of the original 15 DRGs, for which the IPF PPS provides an adjustment.

In the FY 2015 IPF PPS final rule (79 FR 45945 through 45947), we finalized conversions of the ICD–9–CM–based MS–DRGs to ICD–10–CM/Procedure Coding System (PCS)–based MS–DRGs, which were implemented on October 1, 2015. Further information on the ICD–10–CM/PCS MS–DRG conversion project can be found on the CMS ICD–10–CM website at *https://www.cms.gov/medicare/coding-billing/icd-10-codes/icd-10-ms-drg-conversion-project.*

In the FY 2025 IPF PPS final rule (89 FR 64602 through 64606), we revised the payment adjustments for designated psychiatric DRGs assigned to the claim based on the patient's principal diagnosis, following our longstanding policy of using the ICD–10–CM/PCS-based MS–DRG system. In that final rule, we identified 19 DRGs for which the IPF PPS adjusts payment. In addition, we implemented a sub-regulatory process to adopt routine coding updates that incorporate new or revised codes with an April 1 effective date (89 FR 64602 and 64603).

For FY 2027, we propose to continue making the existing payment adjustments for psychiatric diagnoses that group to one of the existing 19 IPF MS–DRGs listed in Addendum A to this proposed rule. Addendum A to this proposed rule is available on our website at *https://www.cms.gov/medicare/payment/prospective-payment-systems/inpatient-psychiatric-facility-pps/tools-and-worksheets.* Psychiatric principal diagnoses that do not group to one of the 19 designated MS–DRGs would still receive the Federal per diem base rate and all other applicable adjustments, but the payment would not include an MS–DRG adjustment.

The diagnoses for each IPF MS–DRG will be updated as of October 1, 2026, using the final IPPS FY 2027 ICD–10–CM/PCS code sets. The FY 2027 IPPS/LTCH PPS final rule will include tables of the changes to the ICD–10–CM/PCS code sets that underlie the proposed FY 2027 IPF MS–DRGs. Both the FY 2027 IPPS/LTCH PPS final rule and the tables of final changes to the ICD–10–CM/PCS code sets, which underlie the FY 2027 MS–DRGs, will be available on the CMS IPPS website at *https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps.*

Additionally, as discussed in the ICD–10–CM Official Guidelines for Coding and Reporting, certain conditions have both an underlying etiology and multiple body system manifestations due to the underlying etiology. For such conditions, the ICD–10–CM has a coding convention that requires the underlying condition be sequenced first, followed by the manifestation. Wherever such a combination exists, there is a ''use additional code'' note at the etiology code, and a ''code first'' note at the manifestation code. These instructional notes indicate the proper sequencing order of the codes (etiology followed by manifestation). In accordance with the ICD–10–CM Official Guidelines for Coding and Reporting, when a primary (psychiatric) diagnosis code has a code first note, the provider will follow the instructions in the ICD–10–CM Tabular List. The submitted claim goes through the CMS processing system, which will identify the principal diagnosis code as non-psychiatric and search the secondary codes for a psychiatric code to assign a DRG code for adjustment. The system will continue to search the secondary codes for those that are appropriate for comorbidity adjustment. For more information on the code first policy, we refer readers to the RY 2005 IPF PPS final rule (69 FR 66945). We also refer readers to sections I.A.13 and I.B.7 of the FY 2020 ICD–10–CM Coding Guidelines, which is available at *https://www.cdc.gov/nchs/data/icd/10cmguidelinesFY2020_final.pdf.* In the FY 2015 IPF PPS final rule, we provided a code first table for reference that highlights the same or similar manifestation codes where the code first instructions apply in ICD–10–CM that were present in ICD–10–CM (79 FR 46009).

As discussed in the FY 2025 IPF PPS final rule (89 FR 64602 and 64603), we adopted a sub-regulatory approach to handle the coding updates, rather than discussing coding updates in the **Federal Register** during regulatory updates prior to implementation. This approach mirrors the approach taken by the IPPS, allows for flexibility in the ICD–10 code update process for the IPF PPS, and reduces the lead time for making routine coding updates to the IPF PPS code first list, comorbidities, and ECT coding categories. The proposed FY 2027 Code First table is shown in Addendum B on the CMS website at*https://www.cms.gov/medicare/payment/prospective-payment-systems/inpatient-psychiatric-facility-pps/tools-and-worksheets.*

b. Proposed Payment for Comorbid Conditions

The intent of the comorbidity adjustments is to recognize the increased costs associated with active comorbid conditions by providing additional payments for certain existing medical or psychiatric conditions that are expensive to treat.

Comorbidities are specific patient conditions that are secondary to the patient's principal diagnosis and that require active treatment during the stay. Diagnoses that relate to an earlier episode of care and have no bearing on the current hospital stay are excluded and must not be reported on IPF claims. Comorbid conditions must exist at the time of admission or develop subsequently, and affect the treatment received, length of stay (LOS), or both treatment and LOS.

For each claim, an IPF may receive only one comorbidity adjustment within a comorbidity category, but it may receive an adjustment for more than one comorbidity category. Current billing instructions for discharge claims, on or

after October 1, 2015, require IPFs to enter the complete ICD–10–CM codes for up to 24 additional diagnoses if they co-exist at the time of admission, or develop subsequently and impact the treatment provided.

The IPF PPS comorbidity adjustments were originally determined based on the regression analysis using the diagnoses reported by IPFs in FY 2002. The principal diagnoses were used to establish the DRG adjustments and were not accounted for in establishing the comorbidity category adjustments, except where ICD–9–CM code first instructions applied. In a code first situation, the submitted claim goes through the CMS processing system, which identifies the principal diagnosis code as non-psychiatric and searches the secondary codes for a psychiatric code to assign an MS–DRG code for adjustment. The system continues to search the secondary codes for those that are appropriate for a comorbidity adjustment.

In FY 2025, we revised the comorbidity adjustment factors based on the results of the 2019 through 2021 regression analysis described in the FY 2025 IPF PPS final rule (89 FR 64606 through 64612). In addition, we made additions and changes to the comorbidity categories for which we adjust payment based on our analysis of ICD–10–CM codes currently included in each category as well as public comments received in response to the FY 2022 and FY 2023 IPF PPS proposed rules. A detailed discussion of the revised comorbidity adjustment factors is described in the FY 2025 IPF PPS final rule (89 FR 64606 through 64612).

For FY 2027, we propose to use the same comorbidity adjustment factors in effect in FY 2025. The proposed FY 2027 comorbidity adjustment factors are found in Addendum A to this proposed rule, available on the CMS website at *https://www.cms.gov/medicare/payment/prospective-payment-systems/inpatient-psychiatric-facility-pps/tools-and-worksheets.*

As noted previously, it is our policy to maintain the same diagnostic coding set for IPFs that is used under the IPPS for providing the same psychiatric care. In the FY 2015 IPF PPS final rule (79 FR 45947 through 45955), the comorbidity categories formerly defined using ICD–9–CM codes were converted to ICD–10–CM/PCS. The goal for converting the comorbidity categories is referred to as replication, meaning that the payment adjustment for a given patient encounter is the same after ICD–10–CM implementation as it would be if the same record had been coded in ICD–9–CM and submitted prior to ICD–10–CM/PCS implementation on October 1, 2015. All conversion efforts were made with the intent of achieving this goal.

As discussed in section III.C.2.a. of this proposed rule, in the FY 2025 IPF PPS final rule (89 FR 64602 and 64603) we adopted an April 1 implementation date for ICD–10–CM diagnosis and ICD–10–PCS procedure code updates, in addition to the annual October 1 update, beginning with April 1, 2025 for the IPF PPS. Coding updates related to the IPF PPS comorbidity categories are adopted following a sub-regulatory process as finalized in the FY 2025 IPF PPS final rule (89 FR 64602 and 64603). For April 1, 2026, we added three ICD–10–PCS procedure codes to the Oncology Treatment Procedures list and two ICD–10–PCS procedure codes to the Chronic Obstructive Pulmonary Disease & Sleep Apnea Procedures list.

The proposed FY 2027 comorbidity codes are shown in Addenda B, available on the CMS website at *https://www.cms.gov/medicare/payment/prospective-payment-systems/inpatient-psychiatric-facility-pps/tools-and-worksheets.*

c. Proposed Patient Age Adjustments

As explained in the RY 2005 IPF PPS final rule (69 FR 66922), we analyzed the impact of age on per diem cost by examining the age variable (range of ages) for payment adjustments. In general, we found that the cost per day increases with age. The older age groups are costlier than the under 45 age group, the differences in per diem cost increase for each successive age group, and the differences are statistically significant. In FY 2025, we adopted revised patient age adjustments derived from the regression model using a blended set of 2019 through 2021 data (89 FR 64612 and 64613). For FY 2027, we propose to retain the existing patient age adjustment factors implemented for FY 2025, as shown in Addendum A of this proposed rule (see *https://www.cms.gov/medicare/payment/prospective-payment-systems/inpatient-psychiatric-facility-pps/tools-and-worksheets*).

d. Proposed Variable Per Diem Adjustments

We explained in the RY 2005 IPF PPS final rule (69 FR 66946) that the regression analysis indicated that per diem cost declines as the LOS increases. The variable per diem adjustments to the Federal per diem base rate account for ancillary and administrative costs that occur disproportionately in the first days after admission to an IPF. As discussed in the RY 2005 IPF PPS final rule, where a complete discussion of the variable per diem adjustments can be found, we used a regression analysis to estimate the average differences in per diem cost among stays of different lengths (69 FR 66947 through 66950). As a result of this analysis, we established variable per diem adjustments that begin on day 1 and decline gradually over the course of the patient's stay. In addition, the adjustment applied to day 1 depends upon whether the IPF has a qualifying ED. If an IPF has a qualifying ED, it receives a higher adjustment factor for day 1 of each stay than it would receive if it did not have a qualifying ED. The ED adjustment is explained in more detail in section III.D.5. of this proposed rule.

In FY 2025, we revised the variable per diem adjustment factors based on the 2019 through 2021 regression analysis (89 FR 64613 and 64614). For FY 2027, we propose to retain the existing variable per diem adjustment factors implemented for FY 2025 as shown in Addendum A to this proposed rule (available at *https://www.cms.gov/medicare/payment/prospective-payment-systems/inpatient-psychiatric-facility-pps/tools-and-worksheets).*

*D. Proposed Updates to the IPF PPS Facility-Level Adjustments*

The IPF PPS includes facility-level adjustments for the wage index, IPFs located in rural areas, teaching IPFs, cost of living adjustments for IPFs located in Alaska and Hawaii, and IPFs with a qualifying ED. The IPF PPS facility-level adjustment factors for rural location and teaching status were originally derived from regression analysis of 100 percent of the FY 2002 MedPAR data file. For a more detailed description of the data file used for this regression analysis, we refer readers to the RY 2005 IPF PPS final rule (69 FR 66935 and 66936).

In FY 2026, in a continuation of the FY 2025 implementation of revisions to the methodology for determining payment rates under the IPF PPS as required by section 1886(s)(5)(D) of the Act, we revised the facility-level adjustment factors for rural location and teaching status based on a regression analysis of cost and claims data for IPF stays from FY 2020 to FY 2022 (90 FR 37639 through 37649). As discussed in the following sections, we are proposing annual updates to the FY 2027 IPF PPS wage index and to the cost of living adjustments for IPFs located in Alaska and Hawaii. For FY 2027, we propose to use the facility-level adjustment factors for rural location, teaching status, and IPFs with a qualifying ED currently in

effect for FY 2026, as shown in Addendum A to this proposed rule.

1. Wage Index Adjustment

a. Background

As discussed in the RY 2007 IPF PPS final rule (71 FR 27061), and the RY 2009 IPF PPS (73 FR 25719) and RY 2010 IPF PPS notices (74 FR 20373), to provide an adjustment for geographic wage levels, the labor-related portion of an IPF's payment is adjusted using an appropriate wage index. Currently, an IPF's geographic wage index value is determined based on the actual location of the IPF in an urban or rural area, as defined in § 412.64(b)(1)(ii)(A) and (C).

Due to the variation in costs and because of the differences in geographic wage levels, in the RY 2005 IPF PPS final rule, we required that payment rates under the IPF PPS be adjusted by a geographic wage index. We proposed and finalized a policy to use the unadjusted, pre-floor, pre-reclassified IPPS hospital wage index to account for geographic differences in IPF labor costs. We implemented use of the pre-floor, pre-reclassified IPPS hospital wage data to compute the IPF wage index since there was not an IPF-specific wage index available. We believe that IPFs generally compete in the same labor market as IPPS hospitals, and therefore, the pre-floor, pre-reclassified IPPS hospital wage data should be reflective of labor costs of IPFs. We believe this pre-floor, pre-reclassified IPPS hospital wage index to be the best available data to use as proxy for an IPF-specific wage index. As discussed in the RY 2007 IPF PPS final rule (71 FR 27061 through 27067), under the IPF PPS, the wage index is calculated using the IPPS wage index for the labor market area in which the IPF is located, without considering geographic reclassifications, floors, and other adjustments made to the wage index under the IPPS. For a complete description of these IPPS wage index adjustments, we refer readers to the FY 2019 IPPS/LTCH PPS final rule (83 FR 41362 through 41390). Our wage index policy at § 412.424(a)(2) provides that we use the best Medicare data available to estimate costs per day, including an appropriate wage index to adjust for wage differences.

When the IPF PPS was implemented in the RY 2005 IPF PPS final rule, with an effective date of January 1, 2005, the pre-floor, pre-reclassified IPPS hospital wage index that was available at the time was the FY 2005 pre-floor, pre-reclassified IPPS hospital wage index. Historically, the IPF wage index for a given RY has used the pre-floor, pre-reclassified IPPS hospital wage index from the prior FY as its basis. This has been due in part to the pre-floor, pre-reclassified IPPS hospital wage index data that were available during the IPF rulemaking cycle, where an annual IPF notice or IPF final rule was usually published in early May. This publication timeframe was relatively early compared to other Medicare payment rules because the IPF PPS follows a RY, which was defined in the implementation of the IPF PPS as the 12-month period from July 1 to June 30 (69 FR 66927). Therefore, the best available data at the time the IPF PPS was implemented was the pre-floor, pre-reclassified IPPS hospital wage index from the prior FY (for example, the RY 2006 IPF wage index was based on the FY 2005 pre-floor, pre-reclassified IPPS hospital wage index).

In the RY 2012 IPF PPS final rule, we changed the reporting year timeframe for IPFs from a RY to FY, which begins October 1 and ends September 30 (76 FR 26434 and 26435). In that FY 2012 IPF PPS final rule, we continued our established policy of using the pre-floor, pre-reclassified IPPS hospital wage index from the prior year (that is, from FY 2011) as the basis for the FY 2012 IPF wage index. This policy of basing a wage index on the prior year's pre-floor, pre-reclassified IPPS hospital wage index has been followed by other Medicare payment systems, such as hospice and inpatient rehabilitation facilities. By continuing with our established policy, we remained consistent with other Medicare payment systems.

In FY 2020, we finalized the IPF wage index methodology to align the IPF PPS wage index with the same wage data timeframe used by the IPPS for FY 2020 and subsequent years. Specifically, we finalized the use of the pre-floor, pre-reclassified IPPS hospital wage index from the FY concurrent with the IPF FY as the basis for the IPF wage index. For example, the FY 2020 IPF wage index was based on the FY 2020 pre-floor, pre-reclassified IPPS hospital wage index rather than on the FY 2019 pre-floor, pre-reclassified IPPS hospital wage index.

We explained in the FY 2020 proposed rule (84 FR 16973), that using the concurrent pre-floor, pre-reclassified IPPS hospital wage index will result in the most up-to-date wage data being the basis for the IPF wage index. We noted that it would also result in more consistency and parity in the wage index methodology used by other Medicare payment systems. We indicated that the Medicare skilled nursing facility (SNF) PPS already used the concurrent IPPS hospital wage index data as the basis for the SNF PPS wage index. We proposed and finalized similar policies to use the concurrent pre-floor, pre-reclassified IPPS hospital wage index data in other Medicare payment systems, such as hospice and inpatient rehabilitation facilities. Thus, the wage adjusted Medicare payments of various provider types are based upon wage index data from the same timeframe.

In the FY 2023 IPF PPS final rule (87 FR 46856 through 46859), we finalized a permanent 5-percent cap on any decrease to a provider's wage index from its wage index in the prior year, and we stated that we will apply this cap in a budget neutral manner. In addition, we finalized a policy that a new IPF will be paid the wage index for the area in which it is geographically located for its first full or partial FY with no cap applied because a new IPF will not have a wage index in the prior FY. We amended the IPF PPS regulations at § 412.424(d)(1)(i) to reflect this permanent cap on wage index decreases. We refer readers to the FY 2023 IPF PPS final rule for a more detailed discussion about this policy.

For FY 2027, we are proposing to apply the IPF wage index adjustment to the labor-related share of the national IPF PPS base rate and ECT payment per treatment. As discussed in section III.A.3. of this proposed rule, the proposed labor-related share of the IPF PPS national base rate and ECT payment per treatment is 79.1 percent in FY 2027. This percentage reflects the labor-related share relative importance of the 2021-based IPF market basket for FY 2027 and is 0.1 percentage point higher than the FY 2026 labor-related share.

For FY 2027, we are proposing to continue to use the concurrent pre-floor, pre-reclassified IPPS hospital wage index as the basis for the IPF wage index. We continue to consider this an appropriate source of wage index data to estimate costs per day, in accordance with our longstanding wage index policy at § 412.424(a)(2)(ii). At the same time, we routinely assess whether more recent or alternative data sources may further enhance the accuracy and representativeness of our estimates. We note that other payment systems have explored and are exploring alternative wage index methodologies under their specific programmatic and statutory circumstances. For example, CMS finalized changes to the ESRD PPS wage index using Bureau of Labor Statistics (BLS) occupation-level wage data in the CY 2025 ESRD PPS final rule (89 FR 89116). While this approach was developed under the specific

programmatic and statutory circumstances of the ESRD PPS and may not be directly transferable to the IPF PPS, CMS is interested in exploring whether similar methodologies using publicly available wage data could be adapted to better reflect the geographic variation in labor costs for inpatient psychiatric facilities.

In its 2023 Report to Congress,[3] MedPAC discussed various conceptual approaches to Medicare wage indexes, including the use of county-level wage data from BLS with an occupational mix to construct wage indexes that are more specific to the payment setting. MedPAC has previously written about using all-employer, occupation-level wage data to establish different weights for setting-specific occupational labor mixes as one approach to geographic adjustments.

We are soliciting comments on whether we should consider using alternative data sources to construct an IPF-specific wage index for potential use in future years. CMS seeks feedback to understand the potential advantages and limitations of using alternative data sources, such as BLS data and IPF cost reports, as well as other methodologies that interested parties believe could appropriately reflect the geographic variation in labor costs for psychiatric facilities. In addition, as discussed elsewhere in the **Federal Register**, we note that we are also considering the potential use of alternative data sources in other payment systems including the Inpatient Rehabilitation Facilities PPS, Skilled Nursing Facilities PPS, and Hospice payment system. We seek feedback on the unique considerations applicable to IPFs that should inform how CMS could consider the potential use of alternative data sources.

b. Office of Management and Budget (OMB) Bulletins

The wage index used for the IPF PPS is calculated using the unadjusted, pre-reclassified and pre-floor IPPS wage index data and is assigned to the IPF based on the labor market area in which the IPF is geographically located. IPF labor market areas are delineated based on the Core-Based Statistical Area (CBSAs) established by the OMB.

Generally, OMB issues major revisions to statistical areas every 10 years, based on the results of the decennial census. However, OMB occasionally issues minor updates and revisions to statistical areas in the years between the decennial censuses through OMB Bulletins. These bulletins contain information regarding CBSA changes, including changes to CBSA numbers and titles. In accordance with our established methodology, the IPF PPS has historically adopted any CBSA changes that are published in the OMB bulletin that corresponds with the IPPS hospital wage index used to determine the IPF wage index and, when necessary and appropriate, has proposed and finalized transition policies for these changes.

In the RY 2007 IPF PPS final rule (71 FR 27061 through 27067), we adopted the changes discussed in OMB Bulletin No. 03–04 (June 6, 2003), which announced revised definitions for Metropolitan Statistical Areas (MSAs), and the creation of Micropolitan Statistical Areas and Combined Statistical Areas. We refer readers to the FY 2007 IPF PPS final rule (71 FR 27064 and 27065) for a complete discussion regarding treating Micropolitan Areas as rural. In adopting the OMB CBSA geographic designations in RY 2007, we did not provide a separate transition for the CBSA-based wage index since the IPF PPS was already in a transition period from TEFRA payments to PPS payments.

In the RY 2009 IPF PPS notice, we incorporated the CBSA nomenclature changes published in the most recent OMB bulletin that applied to the IPPS hospital wage index used to determine the current IPF wage index and stated that we expected to continue to do the same for all the OMB CBSA nomenclature changes in future IPF PPS rules and notices, as necessary (73 FR 25721).

Subsequently, CMS adopted the changes that were published in past OMB bulletins in the FY 2016 IPF PPS final rule (80 FR 46682 through 46689), the FY 2018 IPF PPS rate update (82 FR 36778 and 36779), the FY 2020 IPF PPS final rule (84 FR 38453 and 38454), and the FY 2021 IPF PPS final rule (85 FR 47051 through 47059). We direct readers to each of these rules for more information about the changes that were adopted and any associated transition policies.

As discussed in the FY 2023 IPF PPS final rule, we did not adopt OMB Bulletin 20–01, which was issued March 6, 2020, because we determined this bulletin had no material impact on the IPF PPS wage index. This bulletin creates only one Micropolitan statistical area, and Micropolitan areas are considered rural for the IPF PPS wage index. That is, the constituent county of the new Micropolitan area was considered rural effective as of FY 2021 and would continue to be considered rural if we adopted OMB Bulletin 20–01.

In the FY 2025 IPF PPS final rule (89 FR 64614 through 64633), we adopted the updates set forth in OMB Bulletin No. 23–01 effective July 21, 2023, beginning with the FY 2025 IPF PPS wage index. These updates included material changes to the OMB statistical area delineations, which included 53 urban counties that became rural, 54 rural counties that became urban, and 88 counties that moved to a new or modified CBSA. These updates also included replacing the 8 counties in Connecticut with 9 new ''Planning Regions.'' Planning regions now serve as county-equivalents within the CBSA system. OMB Bulletin No. 23 may be accessed online at *https://www.whitehouse.gov/wp-content/uploads/2023/07/OMB-Bulletin-23-01.pdf.*

Given the scope of changes involved in adopting the CBSA delineations for FY 2025, we finalized a budget neutral 3-year phase out policy for IPFs transitioning from rural to urban based on CBSA revisions, as discussed further in section III.D.2.b. of this proposed rule. We also applied the permanent 5-percent cap on wage index decreases described at § 412.424(d)(1)(i).

c. Proposed Wage Index Budget Neutrality Adjustment

In accordance with § 412.424(c)(5), changes to the wage index are made in a budget neutral manner so that updates do not increase expenditures. Therefore, for FY 2027, we are proposing to continue to apply a budget neutrality adjustment in accordance with our existing budget neutrality policy. This policy requires us to update the wage index in such a way that total estimated payments to IPFs for FY 2027 are the same with or without the changes (that is, in a budget neutral manner) by applying a budget neutrality factor to the IPF PPS rates. We are proposing to use the following steps to ensure that the rates reflect the FY 2027 update to the wage indexes (based on FY 2023 hospital cost report data) and the labor-related share in a budget-neutral manner:

*Step 1:* Simulate estimated IPF PPS payments, using the FY 2026 IPF wage index values (available on the CMS website) and labor-related share (as published in the FY 2026 IPF PPS final rule (90 FR 37635)).

*Step 2:* Simulate estimated IPF PPS payments using the FY 2027 IPF wage index values (available on the CMS website), and the FY 2027 labor-related share (based on the latest available data as discussed previously).

[3] *https://www.medpac.gov/wp-content/uploads/2022/07/Wage-index-March-2023-SEC.pdf.*

*Step 3:* Divide the amount calculated in step 1 by the amount calculated in step 2. The resulting quotient is the FY 2027 budget neutral wage adjustment factor of 0.9991.

*Step 4:* Apply the FY 2027 budget neutral wage adjustment factor from step 3 to the FY 2026 IPF PPS Federal per diem base rate after the application of the proposed IPF market basket increase reduced by the proposed productivity adjustment described in section III.A.2. of this proposed rule to determine the proposed FY 2027 IPF PPS Federal per diem base rate.

2. Proposed Adjustment for Rural Location

a. Proposed Payment for Rural Location

In the RY 2005 IPF PPS final rule (69 FR 66954), we provided a 17-percent payment adjustment for IPFs located in a rural area. This adjustment was based on the regression analysis, which indicated that the per diem cost of rural facilities was 17 percent higher than that of urban facilities after accounting for the influence of the other variables included in the regression. This 17-percent adjustment has been part of the IPF PPS each year since the inception of the IPF PPS. In the FY 2025 IPF PPS final rule, we revised the patient-level adjustment factors and changed the CBSA delineations. To minimize the scope of changes that would impact providers in any single year, we maintained the existing regression-derived adjustment factor, which was established in RY 2005, for IPFs located in a rural area for FY 2025. Our analysis of more cost and claims data from FY 2020 through 2022 for the FY 2026 final rule indicated that an increase in the payment adjustment for IPFs in rural areas would be appropriate. Based on this analysis, we revised the adjustment for rural location to 18 percent for FY 2026 to more accurately represent the difference in costs between urban and rural IPFs (90 FR 37647). See the FY 2026 IPF PPS final rule for the full explanation of the regression analysis that yielded the revised 18 percent adjustment for rural location (90 FR 37639 through 37644) and the RY 2005 IPF PPS final rule (69 FR 66954) for a complete discussion of the adjustment for rural locations.

For 2027, we are proposing to continue to apply an 18 percent payment adjustment for IPFs located in a rural area as defined at § 412.64(b)(1)(ii)(C).

b. End of Rural Transition

The adoption of OMB Bulletin No. 23–01 in the FY 2025 IPF PPS final rule (89 FR 64632) in accordance with our established methodology determines whether a facility is classified as urban or rural for purposes of the rural payment adjustment in the IPF PPS. Implementation of the updated OMB delineations results in the rural payment adjustment being applied where it is appropriate to adjust for higher costs incurred by IPFs in rural locations; however, these changes have distributional effects among IPF providers. Some providers lost eligibility for the rural payment adjustment in FY 2025 as a result of these changes. Therefore, we provided a transition period to implement the updated OMB delineations (89 FR 64633).

In the FY 2025 IPF PPS final rule, we phased out the rural adjustment for facilities located in a county that transitioned from rural to urban due to the changes outlined in OMB Bulletin 23–01. We implemented a 3-year budget neutral phase-out of the rural adjustment for IPFs located in the 54 rural counties that would become urban under the new OMB delineations, given the potentially significant payment impacts for these IPFs (89 FR 64632 and 64633), consistent with the transition policy we adopted for IPFs in FY 2016 (80 FR 46682 through 46689). Under this 3-year phase-out, for FY 2026, IPFs that became urban due to these OMB delineation changes received one-third of the rural adjustment that was applicable in FY 2024. For FY 2027, these IPFs will not receive a rural adjustment.

3. Proposed Teaching Adjustment

In the RY 2005 IPF PPS final rule, we implemented regulations at § 412.424(d)(1)(iii) to establish a facility-level adjustment for IPFs that are, or are part of, teaching hospitals (69 FR 66954 through 66957). The teaching adjustment accounts for the higher indirect operating costs experienced by hospitals that participate in graduate medical education (GME) programs. As detailed further in the following paragraphs, the payment adjustments are made based on the ratio of the number of fulltime equivalent (FTE) interns and residents training in the IPF to the IPF's average daily census.

Medicare makes direct GME payments (for direct costs such as resident and teaching physician salaries, and other direct teaching costs) to all teaching hospitals, including those paid under a PPS and those paid under the TEFRA rate-of-increase limits. These direct GME payments are made separately from payments for hospital operating costs and are not part of the IPF PPS. The direct GME payments do not address the estimated higher indirect operating costs teaching hospitals may face.

The results of the regression analysis of FY 2002 IPF data established the basis for the payment adjustments included in the RY 2005 IPF PPS final rule. The results showed that the indirect teaching cost variable is significant in explaining the higher costs of IPFs that have teaching programs. We calculated the teaching adjustment based on the IPF's ''teaching variable,'' which is (1 + [the number of FTE residents training in the IPFs divided by the IPF's average daily census]). The teaching variable was then raised to the 0.5150 power, resulting in the IPF PPS teaching adjustment. This formula is subject to limitations on the number of FTE residents, which are discussed in greater detail in the following paragraph.

We established the teaching adjustment in a manner that limited the incentives for IPFs to add FTE residents for the purpose of increasing their teaching adjustment. We imposed a cap on the number of FTE residents that may be counted for purposes of calculating the teaching adjustment. The cap limits the number of FTE residents that teaching IPFs may count for the purpose of calculating the IPF PPS teaching adjustment, not the number of residents teaching institutions can hire or train. We calculated the number of FTE residents that trained in the IPF during a ''base year'' and used that FTE resident number as the cap. An IPF's FTE resident cap is ultimately determined based on the final settlement of the IPF's most recent cost report filed before November 15, 2004 (69 FR 66955). A complete discussion of the temporary adjustment to the FTE cap to reflect residents due to hospital closure or residency program closure appears in the RY 2012 IPF PPS proposed rule (76 FR 5018 through 5020) and the RY 2012 IPF PPS final rule (76 FR 26453 through 26456). As discussed in section III.D.6.c. of the FY 2026 IPF PPS final rule (90 FR 37649 through 37651), we made conforming changes to the IPF resident cap policy beginning in FY 2026 to recognize permanent cap increases awarded under section 4122 of the CAA, 2023.

In the regression analysis that informed the RY 2004 IPF PPS final rule, the logarithm of the teaching variable had a coefficient value of 0.5150. We converted this cost effect into a teaching payment adjustment by treating the regression coefficient as an exponent and raising the teaching variable to a power equal to the

coefficient value. We note that the coefficient value of 0.5150 was based on the regression analysis holding all other components of the payment system constant. A complete discussion of how the teaching adjustment was calculated appears in the RY 2005 IPF PPS final rule (69 FR 66954 through 66957) and the RY 2009 IPF PPS notice (73 FR 25721).

In the FY 2025 IPF PPS proposed rule, we included an RFI regarding a potential revision to the payment adjustment for teaching status (89 FR 23194 and 23195); we refer readers to section IV.A. of the FY 2025 IPF PPS final rule (89 FR 64641) for summaries of the comments we received and our responses. We took the comments received into consideration when we developed our proposal for the FY 2026 revision of the payment adjustment for teaching status.

In the FY 2026 IPF PPS final rule, we increased the teaching adjustment to 0.7957 based on the results of our latest regression model (90 FR 37648 and 37649). This cost effect is converted to a teaching payment adjustment by treating the regression coefficient as an exponent and raising the teaching variable to a power equal to the coefficient value. We implemented this revision to the teaching adjustment budget-neutrally. For FY 2027, we propose to retain the coefficient value of 0.7957 for the teaching adjustment to the Federal per diem base rate.

4. Proposed Cost of Living Adjustment for IPFs Located in Alaska and Hawaii

The IPF PPS includes a payment adjustment for IPFs located in Alaska and Hawaii based upon the area in which the IPF is located. As we explained in the RY 2005 IPF PPS final rule, the FY 2002 data demonstrated that IPFs in Alaska and Hawaii had per diem costs that were disproportionately higher than other IPFs. As a result of this analysis, we provided a COLA in the RY 2005 IPF PPS final rule. We refer readers to the FY 2024 IPF PPS final rule for a complete discussion of the currently applicable COLA factors (88 FR 51088 and 51089).

In the FY 2013 IPPS/LTCH final rule (77 FR 53700 and 53701), we established a new methodology to update the COLA factors for Alaska and Hawaii and adopted this methodology for the IPF PPS in the FY 2015 IPF PPS final rule (79 FR 45958 through 45960). We also specified that the COLA updates will be determined every 4 years, in alignment with the IPPS market basket labor-related share update (79 FR 45958 through 45960). Because the labor-related share of the IPPS market basket was updated for FY 2022, the COLA factors were updated in FY 2022 IPPS/LTCH rulemaking (86 FR 45547) reflecting CPI data through 2020. As such, we also finalized an update to the IPF PPS COLA factors in the FY 2022 IPF PPS final rule to reflect the updated COLA factors finalized in the FY 2022 IPPS/LTCH rulemaking effective for FY 2022 through FY 2025 (86 FR 42621 and 42622).

In the FY 2026 IPF PPS final rule, we stated that we believe it is appropriate to have a consistent policy approach with that of other hospitals in Alaska and Hawaii (90 FR 37651 and 37652). We used the FY 2025 COLA factors to adjust the non-labor-related portion of the standardized amount for IPFs located in Alaska and Hawaii for FY 2026. For a complete discussion of the FY 2026 COLA factors, we refer readers to the FY 2026 IPPS/LTCH final rule (90 FR 37229 and 37230).

Effective for FY 2027, to continue our consistent policy approach with that of other hospitals in Alaska and Hawaii, we are proposing to adjust non-labor related costs for IPFs located in Alaska and Hawaii using the Overseas Cost-of-Living Allowance (OCOLA) data [4] published by the Department of Defense (DOD). We believe the DOD OCOLAs are an appropriate data source to capture the cost differences of hospital non-labor-related inputs purchased in the areas in Hawaii and Alaska compared to the continental U.S. Additionally, we are proposing to no longer cap the COLA factors for Alaska and Hawaii at 25 percent. We are soliciting any additional information with regard to these results and may consider finalizing an alternative methodology. For a complete discussion of the proposed FY 2027 COLA factors, we refer readers to the FY 2027 IPPS/LTCH proposed rule, published elsewhere in the **Federal Register**.

The proposed FY 2027 IPF PPS COLA factors for Alaska and Hawaii are shown in Table 2.

TABLE 2—COST OF LIVING ADJUSTMENT (COLA) FACTORS: IPFS LOCATED IN ALASKA AND HAWAII

| Area | FY 2022 to FY 2026 | Proposed FY 2027 |
|---|---|---|
| Alaska: | | |
| City of Anchorage and 80-kilometer (50-mile) radius by road | 1.22 | 1.28 |
| City of Fairbanks and 80-kilometer (50-mile) radius by road | 1.22 | 1.32 |
| City of Juneau and 80-kilometer (50-mile) radius by road | 1.22 | 1.36 |
| Rest of Alaska | 1.24 | 1.44 |
| Hawaii: | | |
| City and County of Honolulu | 1.25 | 1.20 |
| County of Hawaii | 1.22 | 1.32 |
| County of Kauai | 1.25 | 1.26 |
| County of Maui and County of Kalawao | 1.25 | 1.24 |

The proposed IPF PPS COLA factors for Alaska and Hawaii for FY 2027 are also shown in Addendum A to this proposed rule, which is available on the CMS website at *https://www.cms.gov/medicare/payment/prospective-payment-systems/inpatient-psychiatric-facility-pps/tools-and-worksheets.*

5. Proposed Adjustment for IPFs With a Qualifying ED

The IPF PPS includes a facility-level adjustment for IPFs with qualifying EDs. As defined in § 412.402, qualifying emergency department means an emergency department that is staffed and equipped to furnish a comprehensive array of emergency services and meets the requirements of § 489.24(b) and § 413.65.

[4] *https://www.travel.dod.mil/Allowances/Overseas-Cost-of-Living-Allowance/.*

We provide an adjustment to the Federal per diem base rate to account for the costs associated with maintaining a full-service ED. The adjustment is intended to account for ED costs incurred by a psychiatric hospital with a qualifying ED, or an excluded psychiatric unit of an IPPS hospital or a critical access hospital (CAH), and the overhead cost of maintaining the ED. This payment applies to all IPF admissions (with one exception which we describe in this section), regardless of whether the patient was admitted through the ED. The ED adjustment is made on every qualifying claim except as described in this section. As specified at § 412.424(d)(1)(v)(B), the ED adjustment is not made when a patient is discharged from an IPPS hospital or CAH and admitted to the same IPPS hospital's or CAH's excluded psychiatric unit. We clarified in the RY 2005 IPF PPS final rule (69 FR 66960) that an ED adjustment is not made in this case because the costs associated with ED services are reflected in the DRG payment to the IPPS hospital or through the reasonable cost payment made to the CAH.

In the FY 2025 IPF PPS final rule, we updated the adjustment factor from 1.31 to 1.54 for IPFs with qualifying EDs using the same methodology used to determine ED adjustments in prior years (89 FR 64636). Beginning in FY 2025, IPFs with a qualifying ED receive an adjustment factor of 1.54 as the variable per diem adjustment for day 1 of each patient stay. If an IPF does not have a qualifying ED, it receives an adjustment factor of 1.27 as the variable per diem adjustment for day 1 of each patient stay. For FY 2027, we propose to maintain the 1.54 adjustment factor for IPFs with qualifying EDs. A complete discussion of the steps involved in the most recent calculation of the ED adjustment factor can be found in the FY 2025 IPF PPS final rule (89 FR 64636).

*E. Other Payment Adjustments and Policies*

1. Outlier Payment Overview

a. Background on the Current IPF PPS Outlier Payment Policy

The IPF PPS includes an outlier adjustment to promote access to IPF care for those patients who require expensive care and to limit the financial risk of IPFs treating unusually costly patients. In the RY 2005 IPF PPS final rule, we implemented regulations at § 412.424(d)(3)(i) to provide a per case payment for IPF stays that are extraordinarily costly. Providing an outlier adjustment to IPFs for extremely costly cases strongly improves the accuracy of the IPF PPS in determining resource costs at the patient- and facility-level. These upward payment adjustments reduce the financial losses that would otherwise be incurred in treating patients who require costlier care, and therefore reduce the incentives for IPFs to under-serve these patients. We make payments under the outlier adjustment for discharges where an IPF's estimated total cost for a case exceeds a fixed dollar loss threshold amount (multiplied by the IPF's facility-level adjustments) plus the Federal per diem payment amount for the case.

In instances when the case qualifies for an outlier payment adjustment, we pay 80 percent of the difference between the estimated cost for the case and the adjusted threshold amount for days 1 through 9 of the stay (consistent with the median LOS for IPFs in FY 2002), and 60 percent of the difference for day 10 and thereafter. The adjusted threshold amount is equal to the outlier threshold amount adjusted for wage area, teaching status, rural area, and the COLA factor (if applicable), plus the amount of the Medicare IPF payment for the case. We established the 80 percent and 60 percent loss sharing ratios because we were concerned that a single ratio established at 80 percent (like other Medicare PPSs) might provide an incentive under the IPF per diem payment system to increase LOS to receive additional payments.

After establishing the loss sharing ratios, we determined the current fixed dollar loss threshold amount through payment simulations designed to compute a dollar loss beyond which payments are estimated to meet the 2 percent outlier spending target. Each year when we update the IPF PPS, we simulate payments using the latest available data to compute the fixed dollar loss threshold so that outlier payments represent 2 percent of total estimated IPF PPS payments.

b. Analysis of Recent Outlier Payments Under the Current Methodology

For this FY 2027 IPF PPS rulemaking, we conducted an analysis of the latest available data (the December 2025 update of FY 2025 IPF claims) and rate increases, following our longstanding methodology. Based on an analysis of these updated data, we believe it is necessary to update the fixed dollar loss threshold amount to maintain an outlier percentage that equals 2 percent of total estimated IPF PPS payments. We estimate that IPF outlier payments as a percentage of total estimated payments would be 2.2 percent in FY 2026. Therefore, under our current policy the outlier threshold amount would need to be updated to $42,720 to maintain estimated outlier payments at 2 percent of total estimated aggregate IPF payments for FY 2027. This update would be an increase from the FY 2026 threshold of $39,360.

We also conducted analysis about the distribution of IPF PPS outlier payments. We note that when we first established the IPF PPS outlier policy, we estimated that approximately 5 percent of IPF stays in RY 2005 would meet the fixed dollar loss threshold amount and qualify for an average outlier payment of $3,248 (69 FR 66962). By contrast, our latest analysis of FY 2025 claims data shows that under our current outlier methodology, only around 1.5 percent of IPF stays in FY 2027 would qualify for an outlier payment, which would be on average approximately $20,526. This comparison between outlier payments in RY 2005 and FY 2027 demonstrates that IPF outlier payments are concentrated among a smaller number of stays with significantly higher average costs. Moreover, our analysis shows that over time, the share of IPF PPS stays qualifying for outlier payment declined from above 4 percent during FY 2014 through FY 2022 to 3.2 percent in FY 2023, 2.3 percent in FY 2024, and 2.1 percent in FY 2025. Furthermore, we observed concentrations of IPF PPS outlier payments among a smaller number of IPFs. In FY 2025, the 20 IPFs that had the highest amounts of total outlier payments accounted for more than 50 percent of total outlier payments. We also analyzed clinical characteristics from IPF PPS claims to determine the extent to which such differences could be driving outlier payments. Outlier stays tend to be significantly longer than non-outlier stays (approximately 46 days versus 12 days). However, since the IPF PPS is a per diem payment system in which a longer length of stay results in higher payment, this difference only drives outlier payments when daily costs are also high. Outlier stays, as well as providers with a large share of outlier payments, tend to have higher daily routine charges, which drive higher costs. Overall, these providers charge nearly twice as much per day as compared to the average ($6,000 vs. $2,600). We note that in its April 2020 report, the Office of the Inspector General studied a sample of IPF claims from FYs 2014 and 2015 and noted similar trends.[5] While CMS did not

[5] *https://www.oversight.gov/sites/default/files/documents/reports/2020-04/11600508.pdf.*

concur with some of the recommendations that report made, we did concur with its recommendation to study the stays qualifying for outlier payments. Our analysis of outlier claims in FYs 2023 through 2024 demonstrate higher cost than the typical IPF stay, and for this FY 2027 IPF PPS proposed rule we conducted further analysis to better understand the drivers of these costs.

Although we note certain case-mix differences between providers with a high share of outliers and those with a lower share or with no outliers, our analysis suggests that these differences alone do not appear to fully explain the substantial difference in per diem routine charges. For example, providers with a high share of outliers tend to have patients who are more often disabled (66.3 percent vs. 57.1 percent) or dual-eligible (68.1 percent vs. 60.8 percent), and they treat a smaller share of aged beneficiaries (33.3 percent vs. 42.7 percent). These facilities also have fewer stays with higher-cost DRGs (12.9 percent vs. 17.4 percent). They treat more patients with DRG 885 (Psychoses) than average (84.0 percent vs. 76.7 percent). Within DRG 885 cases, these facilities treat a slightly larger share of patients with schizophrenia (15.8 percent vs. 13.2 percent) and schizoaffective disorder (30.7 percent vs. 21.0 percent) and a slightly lower share of patients with major depressive disorder (16.2 percent vs. 19.7 percent). We note that the majority of IPF PPS stays (76.7 percent) fall within DRG 885, and our analysis has shown no statistically significant difference in cost between subcategories of conditions within this DRG (89 FR 64604). We also observe that approximately 67 percent of IPF stays that qualify for outlier payment have no reported IPF PPS comorbid conditions.

Our analyses of these clinical characteristics suggest that a substantial share of outlier payments may be driven by higher facility-level costs rather than by patient complexity. As we discuss in the following section, we are soliciting comments about the drivers of high costs in facilities with a large share of outlier payments.

In summary, we are concerned that the current methodology would limit outlier payment to too small a number of IPF PPS stays and providers. Therefore, as discussed in the following sections, we are proposing changes to our outlier policy and the methodology for determining the outlier fixed dollar loss threshold amount for FY 2027.

c. Proposed Changes to the Outlier Payment Policy and Update to the Outlier Fixed Dollar Loss Threshold Amount

In accordance with the update methodology described in § 412.428(d)(3)(i)(D), we are proposing to update the fixed dollar loss threshold amount used under the IPF PPS outlier policy. Based on the regression analysis and payment simulations used to develop the IPF PPS, we established a 2 percent outlier policy, which strikes an appropriate balance between protecting IPFs from extraordinarily costly cases while ensuring the adequacy of the Federal per diem base rate for all other cases that are not outlier cases. We are proposing to maintain the established 2 percent outlier policy for FY 2027.

Our longstanding methodology for updating the outlier fixed dollar loss threshold involves using the best available data, which is typically the most recent available data. We note that for FY 2022 and FY 2023 only, we made certain methodological changes to our modeling of outlier payments, and we discussed the specific circumstances that led to those changes for those years (86 FR 42623 and 42624; 87 FR 46862 through 46864). We direct readers to the FY 2022 and FY 2023 IPF PPS proposed and final rules for a more complete discussion.

We are proposing to update the IPF outlier threshold amount for FY 2027 using FY 2025 claims data in accordance with the methodology that we have used to set the initial outlier threshold amount each year beginning with the RY 2007 IPF PPS final rule (71 FR 27072 and 27073). That is, we are proposing to determine the FY 2027 fixed dollar loss threshold amount through payment simulations designed to compute a dollar loss beyond which payments are estimated to meet the 2 percent outlier spending target. However, we are proposing to change the outlier policy for FY 2027 to minimize the impact of a small number of high-cost IPFs on the outlier fixed dollar loss threshold amount. Accordingly, we are proposing to modify our methodology for simulating payments to determine the outlier fixed dollar loss threshold amount for FY 2027. As we discuss in the following paragraphs, we estimate that this proposed change to the outlier policy would have a meaningful impact on the outlier fixed dollar loss threshold amount in FY 2027.

In summary, beginning in FY 2027 we are proposing to modify the IPF PPS outlier payment policy to better align outlier payments with their intended purpose of promoting access to care for patients requiring unusually costly treatment while ensuring an appropriate distribution of outlier payments across all IPFs. We note that the authorizing language for the IPF PPS, Section 124 of the BBRA, requires that the IPF PPS include an adequate patient classification system that reflects the differences in patient resource use and costs among IPFs. The IPF PPS has a longstanding policy of making appropriate adjustments for other factors that drive resource use and costs among IPFs, and of doing so in a way that limits incentives for inappropriate utilization. The IPF PPS facility-level adjustments strengthen the accuracy of the IPF PPS in adjusting payment to align with resource costs that are associated with rural status, geographical location, the presence of a full-service ED, and the higher indirect operating costs experienced by hospitals that participate in GME programs. As discussed in section III.D.3. of this proposed rule, we established the teaching adjustment in a manner that limited the incentives for IPFs to add FTE residents for the purpose of increasing their teaching adjustment by imposing a cap on the number of FTE residents that may be counted for purposes of calculating the teaching adjustment.

In addition, section 1886(s)(5)(D) authorizes the Secretary to implement revisions to the methodology for determining the payment rates under the IPF PPS, for FY 2025 and subsequent years. Given the emphasis on patient- and facility-level cost differences in Section 124 of the BBRA, and under the authority of section 1886(s)(5)(D) to consider and implement revisions to our payment methodology, we believe it is appropriate to ensure that IPF outlier payments recognize patient-level cost differences across a broad range of services and facilities. We considered the precedent of the IPF PPS teaching cap policy as a potential tool to strengthen the accuracy of the IPF PPS by limiting potential incentives for IPFs to inappropriately increase their costs and charges for IPF services. Our analysis of recent claims data has revealed that outlier payments have become increasingly concentrated among a small subset of facilities with exceptionally high reported costs. Specifically, our data indicates that approximately 37 high-cost IPFs would receive approximately 47.8 percent of all outlier payments in FY 2027 under the current policy. In contrast, these providers represent 2.7 percent of the

total population (approximately 1,400) of IPF PPS providers. According to our simulations, each of these providers' outlier payments would account for more than 20 percent of its total IPF PPS payments. For additional information about the characteristics of providers included in our payment simulations for this FY 2027 IPF PPS proposed rule, see the FY 2027 IPF PPS Proposed Rate Setting Impact File, available on the CMS web page for the FY 2027 IPF PPS proposed rule at *https://www.cms.gov/medicare/payment/prospective-payment-systems/inpatient-psychiatric-facility/ipf-pps-regulations-and-notices.*

We have observed that these facilities' high overall costs are primarily driven by elevated routine costs, which can include costs such as labor, real estate, or overhead expenses. We note that routine costs are fixed at the provider level and do not vary based on individual patient characteristics or treatment intensity. As we discussed in the prior section of this proposed rule, outlier stays tend to be significantly longer than non-outlier stays; however, since the IPF PPS is a per diem payment system in which a longer length of stay results in higher payment, this difference only drives outlier payments when daily costs are also high. Outlier stays, as well as providers with a large share of outlier payments, tend to have higher daily routine charges, which drive higher costs. As we discussed in the previous section, we do not observe case-mix differences that would explain the significantly higher routine costs for facilities with a high share of outlier payments.

Under the current outlier methodology, these high-cost facilities have necessitated substantial increases to the outlier threshold to maintain outlier payments at the 2 percent target. As we noted earlier, the significant increase to the outlier fixed dollar loss threshold under our current policy would make it more difficult for the majority of IPFs to receive outlier payments for treating Medicare beneficiaries whose care is exceptionally costly. We believe that establishing a policy to limit the impact to the outlier fixed dollar loss threshold amount from the small number of high-cost IPFs that we have identified in our analysis would better align with the outlier policy's core objective of protecting facilities from the financial risk of treating unusually expensive patients. We believe that the current concentration of outlier payments does not best serve the intended purpose of this policy and may inadvertently limit access to care for high-cost patients at facilities that cannot reach the higher threshold.

To address these concerns, we considered changes to limit the impact to the outlier fixed dollar loss threshold amount from high-cost IPFs for which outlier payments comprise an unusually large share of their total IPF PPS payments. As we noted earlier, our analysis found that 47.8 percent of all simulated outlier payments were attributable to approximately 37 IPFs with more than 20 percent outlier payments to total IPF PPS payments. We estimate that if we applied a 20-percent facility-level cap (that is, outlier payments for an IPF are less than or equal to 20 percent of the IPF's total IPF PPS payments, including outliers), the FY 2027 outlier fixed dollar loss threshold amount would be approximately $37,820, lower than what it would be under our current outlier policy and much closer to the FY 2026 outlier fixed dollar loss threshold amount of $39,360. Under this proposal, we estimate that 40 more providers would receive payments under the outlier adjustment than under our current policy (increasing from 379 providers to 419 providers), due to the lower outlier fixed dollar loss threshold that we are proposing. Additionally, we estimate that approximately 1.9 percent of IPF stays would qualify for outlier payments, with an average outlier payment amount of approximately $1,012. In comparison to the current outlier policy, applying a 20-percent facility-level cap on outlier payments would reduce the outlier fixed dollar loss threshold, resulting in outlier payments that would be expanded to a larger number of stays and providers.

At the same time, we considered the potential impact of a facility-level cap on total outlier payments. We believe it would be appropriate to set a facility-level outlier cap at a percentage that protects the outlier fixed dollar loss threshold amount while limiting the number of IPFs that would be subject to the cap. As shown in Table 3, looking retrospectively at FY 2025 billing patterns, if we implement a facility-level outlier cap at 20 percent, we estimate that around 3.6 percent of providers would be affected. If we implement a facility-level outlier cap at a lower percentage, such as 10 or 15 percent, we estimate that a larger share of between 5 and 10 percent of IPFs would be impacted in a typical year; however, a lower cap would also result in a lower outlier fixed dollar loss threshold. Conversely, if we were to implement a facility-level outlier cap at a higher percentage, such as 25 or 30 percent, we estimate that a smaller share of IPFs would be affected in a given year (between 1 and 3 percent), but this policy would require a higher outlier fixed dollar threshold amount.

TABLE 3—SUMMARY OF POTENTIAL OUTLIER CAP LEVELS AND SHARE OF PROVIDERS IMPACTED

| Cap level | Share of providers impacted |
|---|---|
| 10 percent | 8.8 percent. |
| 15 percent | 5.7 percent. |
| 20 percent | 3.6 percent. |
| 25 percent | 1.9 percent. |
| 30 percent | 1.2 percent. |

We believe that a 20-percent facility-level outlier cap would strike an appropriate balance between protecting the outlier fixed dollar loss threshold amount and limiting the impact of the cap to only those IPFs with an unusually high share of outlier payments. Therefore, we are proposing to establish a facility-level cap on outlier payments beginning in FY 2027. Specifically, we propose to limit total outlier payments to no more than 20 percent of a facility's total IPF PPS payments. Under this proposal, if an IPF exceeds the 20 percent facility-level cap, it would no longer receive an outlier payment for high-outlier cases but would receive the IPF PPS per diem payment. We solicit comments on this proposed cap policy as well as comments about setting the cap at 20 percent versus an alternative percentage.

We are proposing to codify this policy for the IPF PPS at § 412.424(d) for discharges occurring in cost reporting periods beginning on or after October 1, 2026. This cap would be calculated and applied on an interim basis on IPF PPS claims beginning in FY 2027. Because outlier payments are finalized at cost report settlement, we propose to apply this cap on an annual basis using the following methodology:

*Step 1:* Calculate each facility's total non-outlier payments (that is, IPF PPS payments excluding outlier payments) for all discharges occurring during the cost reporting year.

*Step 2:* Divide the facility's total non-outlier payments by 80 percent (0.8) to determine the maximum allowable total IPF PPS payment amount (including outlier payments and non-outlier payments).

*Step 3:* Subtract the provider's maximum allowable total IPF PPS payment from its actual total IPF PPS payment amount. If the result of this calculation is greater than 0, then the facility's total outlier payments exceed 20 percent of its total IPF PPS payments.

*Step 4:* If the facility's total outlier payments exceed the 20 percent cap, reduce the outlier payment by the result of the calculation in Step 3.

For example, if a facility has $10 million in total IPF PPS payments (excluding outliers) and would otherwise receive $3 million in outlier payments, the facility would have an actual total IPF PPS payment amount of $13 million. Following the formula in Step 2, the provider's maximum allowable total IPF PPS payment amount would be $10 million/0.8 = $12.5 million. The facility's outlier payments would therefore be capped at $2.5 million (20 percent of $12.5 million).

We seek comment on the proposed implementation approach for interim payments as well as at cost report settlement.

We are also considering whether to exempt IPFs from this cap policy if they do not exceed a minimum threshold of annual stays. For example, our simulations indicate that if we limited the proposed 20 percent facility-level outlier cap policy to providers with more than 25 stays per year, it would exempt very small IPFs from the cap. We believe this could be appropriate, since small facilities may have limited patient volume, and a small number of high-cost cases could more easily result in outlier payments exceeding 20 percent of their total payments.

Our analysis indicates that applying the cap only to facilities with more than 25 stays per year would result in a slightly higher outlier threshold of $37,880 (compared to $37,820 if the cap applies to all facilities) but would reduce the number of facilities subject to the cap (from approximately 2.7 percent of all IPFs to approximately 1.8 percent) and potential payment adjustments. We seek comment on whether such a minimum stay threshold would be appropriate and, if so, what the appropriate threshold should be.

Under our proposed policy, we estimate that the outlier threshold for FY 2027 would be $37,820, which we previously noted would be lower than what it would be under our current outlier policy and much closer to the FY 2026 outlier fixed dollar loss threshold amount of $39,360. By moderating the threshold increase, we believe this proposal would make outlier payments accessible to a broader range of facilities treating high-cost patients, which we believe better aligns with the purpose of the IPF PPS outlier policy.

In conjunction with this proposed policy change, we are soliciting comments on the factors that contribute to higher costs at facilities that routinely receive an unusually high share of outlier payments. We are interested in understanding whether there are other factors for which the IPF PPS does not already adjust payment that could explain differences in patient resource use and costs among these IPFs, in accordance with Section 124 of the BBRA. We are particularly interested in understanding the following:

- What specific patient characteristics, clinical complexities, or treatment modalities drive higher costs at these facilities?
- To what extent do geographic factors, local labor market conditions, or real estate costs contribute to elevated routine costs?
- Do these facilities provide specialized services or treat patient populations that are not adequately reflected in the current IPF PPS payment adjustments?
- Are there structural changes to the IPF PPS facility adjustments or case-mix system that would more appropriately account for the notable cost differences across facilities?
- Are facilities incentivized to provide longer lengths of stay to receive to receive outlier payments, particularly if there is bed capacity? If so, what is the impact for beneficiaries who are subject to a 190-day lifetime limit on IPF services? Could the proposed changes to the outlier policy, or potential further changes, reduce incentives for unnecessarily long lengths of stay?
- Do beneficiaries perceive differences in quality, outcomes, or value between higher-cost and lower-cost facilities?

The information gathered through this RFI will help inform our final outlier policy for FY 2027 and may guide other potential future refinements to the IPF PPS payment methodology, including the outlier policy, facility-level adjustments, and case-mix classification system.

2. Proposed Update to IPF Cost-to-Charge Ratio Ceilings

Under the IPF PPS, an outlier payment is made if an IPF's cost for a stay exceeds a fixed dollar loss threshold amount plus the IPF PPS amount. To establish an IPF's cost for a particular case, we multiply the IPF's reported charges on the discharge bill by its overall cost-to-charge ratio (CCR). This approach to determining an IPF's cost is consistent with the approach used under the IPPS and other PPSs. In the RY 2004 IPPS final rule (68 FR 34494), we implemented changes to the IPPS policy used to determine CCRs for IPPS hospitals, because we became aware that payment vulnerabilities resulted in inappropriate outlier payments. Under the IPPS, we established a statistical measure of accuracy for CCRs to ensure that aberrant CCR data did not result in inappropriate outlier payments.

As indicated in the RY 2005 IPF PPS final rule (69 FR 66961), we believe that the IPF outlier policy is susceptible to the same payment vulnerabilities as the IPPS; therefore, we adopted a method to ensure the statistical accuracy of CCRs under the IPF PPS. Specifically, we adopted the following procedure in the RY 2005 IPF PPS final rule:

- Calculated two national ceilings, one for IPFs located in rural areas and one for IPFs located in urban areas.
- Computed the ceilings by first calculating the national average and the standard deviation of the CCR for both urban and rural IPFs using the most recent CCRs entered in the most recent Provider Specific File (PSF) available.

For FY 2027, we are proposing to continue following this methodology. To determine the final rural and urban ceilings, we multiplied each of the standard deviations by 3 and added the result to the appropriate national CCR average (either rural or urban). The final upper threshold CCR for IPFs in FY 2027 is 2.4181 for rural IPFs and 1.8850 for urban IPFs, based on current CBSA-based geographic designations. If an IPF's CCR is above the applicable ceiling, the ratio is considered statistically inaccurate, and we assign the appropriate national (either rural or urban) median CCR to the IPF.

We apply the national median CCRs to the following situations:

- New IPFs that have not yet submitted their first Medicare cost report. We continue to use these national median CCRs until the facility's actual CCR can be computed using the first tentatively or final settled cost report.
- IPFs whose overall CCR is in excess of three standard deviations above the corresponding national geometric mean (that is, above the ceiling).
- Other IPFs for which the Medicare Administrative Contractor (MAC) obtains inaccurate or incomplete data with which to calculate a CCR.

We are proposing to update the FY 2027 national median and ceiling CCRs for urban and rural IPFs based on the CCRs entered in the latest available IPF PPS PSF.

Specifically, for FY 2027, to be used in each of the three situations listed previously, using the most recent CCRs entered in the CY 2025 PSF, we provide an estimated national median CCR of 0.5720 for rural IPFs and a national median CCR of 0.4200 for urban IPFs.

These calculations are based on the IPF's location (either urban or rural) using the current CBSA-based geographic designations. A complete discussion regarding the national median CCRs appears in the RY 2005 IPF PPS final rule (69 FR 66961 through 66964).

Lastly, we are proposing that if more recent data become available, we would consider using such data to calculate the rural and urban national median and ceiling CCRs for FY 2027.

## IV. Inpatient Psychiatric Facility Quality Reporting Program

### *A. Background and Statutory Authority*

The IPF Quality Reporting Program is authorized by section 1886(s)(4) of the Act, and it applies to psychiatric hospitals and psychiatric units paid by Medicare under the IPF PPS (see section II.A. of this proposed rule for a detailed discussion of entities covered under the IPF PPS).[6] We refer readers to the FY 2019 IPF PPS final rule (83 FR 38589) for a discussion of the background and statutory authority of the IPF Quality Reporting Program. We have codified procedural requirements and reconsideration and appeals procedures for IPF Quality Reporting Program decisions in our regulations at 42 CFR 412.433 and 412.434. Consistent with previous IPF Quality Reporting Program regulations, we refer to both inpatient psychiatric hospitals and psychiatric units as ''inpatient psychiatric facilities'' (at times, simply ''facilities'' where the context is clear) or ''IPFs.'' This usage follows the terminology in our IPF PPS regulations at § 412.402.

Section 4125(b)(1) of the Consolidated Appropriations Act of 2023 (CAA, 2023) amended section 1886(s)(4)(E) of the Act, which requires IPFs participating in the IPF Quality Reporting Program to collect and submit to the Secretary certain standardized patient assessment data, using a standardized patient assessment instrument (PAI) developed by the Secretary, for RY 2028 (FY 2028) and each subsequent rate year. We discuss proposals related to the implementation of the IPF–PAI in section IV.C. of this proposed rule.

### *B. Quality Measures in the IPF Quality Reporting Program*

#### 1. Proposed Removal of the Alcohol Use Brief Intervention Provided or Offered and Alcohol Use Brief Intervention (SUB–2/2a) Measure

We are proposing to remove the Alcohol Use Brief Intervention Provided or Offered (SUB–2) and subset Alcohol Use Brief Intervention (SUB–2a) measure from the IPF Quality Reporting Program beginning with the Calendar Year (CY) 2026 reporting period/FY 2028 payment determination and subsequent years under measure removal factor 8—that is, that the costs associated with a measure outweigh the benefit of its continued use in the program—and measure removal factor 3—that is, that the measure can be replaced by a more broadly applicable measure.[7] The IPF Quality Reporting Program measure set currently includes two measures that address alcohol use disorders: SUB–2/2a, described above, and Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge (SUB–3) and the subset Alcohol and Other Drug Use Disorder Treatment at Discharge (SUB–3a). SUB–2/2a assesses whether patients who screened positive for unhealthy alcohol use received or refused a brief alcohol use intervention during their IPF stay (80 FR 46699 through 46701). SUB–3/3a assesses whether patients who are identified as having an alcohol or drug use disorder are offered a referral or prescription for treatment at discharge. SUB–2/2a was adopted into the IPF Quality Reporting Program beginning with the CY 2016 reporting period (80 FR 46699 through 46701), and SUB–3/3a was adopted in the program beginning with the CY 2017 reporting period (81 FR 57239 through 57241). Both measures require facilities to submit chart-abstracted measure data for a sample of IPF patient records, in accordance with established sampling policies (80 FR 46717 through 46719).

The IPF Quality Reporting Program strives to maintain a balanced set of meaningful quality measures with minimal burden. To meet that goal, we evaluated both SUB–2/2a and SUB–3/3a to ensure that the IPF Quality Reporting Program measure set is responsive to our objectives for improving quality of care and minimizing burden for facilities. We conducted an internal analysis of performance data for SUB–2 and SUB–3 to determine performance gaps and greater potential for improvement. Mean and median scores for the most recent three years of performance for both measures show room for improvement—median scores on SUB–2 and SUB–3 ranged from 0.73 to 0.79 between 2023 and 2025[8]—but we observed no substantial difference in performance between the two measures.

While SUB–2 and SUB–3 are similar measures, with similar performance rates, SUB–3/3a captures a broader patient population than SUB–2/2a—specifically, it includes patients who have screened positive for either alcohol use disorder or substance use disorder while SUB–2/2a only includes patients who have screened positive for alcohol use disorder. Therefore, we are proposing to remove the SUB–2/2a measure to reduce reporting burden associated with the IPF Quality Reporting Program. This would reduce the collection of information burden for IPFs by $13,110,832[9] per year and eliminate CMS program costs for oversight of the measure. At this time, we believe the costs of keeping the SUB–2/2a measure in the IPF Quality Reporting Program exceed the benefits of retaining the measure. The SUB–2/2a measure was also recently retired from The Joint Commission's ORYX® requirements effective CY 2026.[10] [11]

We are proposing to remove the SUB–2/2 measure from the IPF Quality Reporting measure to reduce burden on facilities for collecting and reporting these data and because the measure can be replaced by SUB–3/3a, a more

[6] We note that the statute uses the term ''rate year'' (RY). However, beginning with the annual update of the inpatient psychiatric facility prospective payment system (IPF PPS) that took effect on July 1, 2011 (RY 2012), we aligned the IPF PPS update with the annual update of the ICD codes, effective on October 1 of each year. This change allowed for annual payment updates and the ICD coding update to occur on the same schedule and appear in the same **Federal Register** document, promoting administrative efficiency. To reflect the change to the annual payment rate update cycle, we revised the regulations at 42 CFR 412.402 to specify that, beginning October 1, 2012, the IPF PPS RY means the 12-month period from October 1 through September 30, which we refer to as a ''fiscal year'' (FY) (76 FR 26435). Therefore, with respect to the IPF Quality Reporting Program, the terms ''rate year,'' as used in the statute, and ''fiscal year'' as used in the regulation, both refer to the period from October 1 through September 30. For more information regarding this terminology change, we refer readers to section III of the RY 2012 IPF PPS final rule (76 FR 26434 through 26435).

[7] The IPF Quality Reporting Program uses measure removal factors as criteria to decide when an existing quality measure should be retired from the program. Removal factors 3 and 8 are codified at 42 CFR 412.433(e)(3)(i)(C), (H).

[8] CMS internal analysis.

[9] For further discussion of the collection of information costs of this measure, see section V.C. of this proposed rule.

[10] The Joint Commission. (Oct. 2025). 2026 ORYX Performance Measurement Reporting Requirements. Available at *https://jointcommission-ddsp.atlassian.net/wiki/spaces/DCS/pages/1030619137/2026+ORYX+Performance+Measurement+Reporting+Requirements.* Accessed on: December 17, 2025.

[11] The ORYX initiative integrates performance measurement data into The Joint Commission's standards-based survey and accreditation process to support hospitals in their quality improvement efforts through the continuous monitoring and evaluation. For more details on The Joint Commission's accreditation, we refer readers to: *https://www.jointcommission.org/en-us/accreditation/performance-measurement.* Accessed on: December 17, 2025.

broadly applicable measure. However, we continue to believe that brief alcohol use interventions are valuable and encourage IPFs to continue to offer this intervention to patients for whom it is appropriate should we finalize removal of the SUB–2/2a measure from the program. We also recognize that the goals and priorities of an IPF stay vary among patients based on their clinical needs as well as personal preferences. By proposing to remove this measure we intend for IPF clinicians to collaborate with patients to prioritize the types of activities and areas of focus that best support individual patient treatment goals while reducing the burden associated with the current collection of measures related to substance use treatment. While both SUB–2/2a and SUB–3/3a address alcohol use and show similar performance trends, the retention of SUB–3/3a in the program addresses both alcohol and substance use disorder treatment in the IPF setting while reducing the burden of having two measures addressing the same condition.

We solicit public comment on this proposal.

2. Proposed Removal of the Tobacco Use Treatment Provided or Offered at Discharge (TOB–3/3a) Measure

We are proposing to remove the Tobacco Use Treatment Provided or Offered at Discharge (TOB–3) and subset Tobacco Use Treatment at Discharge (TOB–3a) measure from the IPF Quality Reporting Program beginning with the CY 2026 reporting period/FY 2028 payment determination and subsequent years under measure removal factor 8, the costs associated with a measure outweigh the benefit of its continued use in the program.[12] TOB–3 assesses whether patients were offered evidence-based outpatient counseling and offered a prescription for FDA-approved cessation medication upon discharge. TOB–3a identifies the subset of those IPF patients who received a referral and received a prescription for FDA-approved cessation medication upon discharge. This measure began to be used in the IPF Quality Reporting Program with the CY 2016 reporting period (80 FR 46696 through 46699), and requires facilities to submit chart-abstracted measure data on a sample of IPF patient records, in accordance with established sampling policies (80 FR 46717 through 46719). Our internal analysis of performance data for TOB–3 found median scores on TOB–3 from 0.58 to 0.63 between 2023 and 2025, remaining stable over time, with no indication of improvement.[13] This suggests that this measure is no longer driving facilities to increase their offerings of these interventions.

The IPF Quality Reporting Program strives to maintain a balanced set of meaningful quality measures with minimal burden. Removal of this measure would reduce collection of information burden for IPFs by $13,110,832 [14] per year and eliminate CMS program costs for oversight of the measure. We recognize that smoking and other forms of tobacco use are common among IPF patients [15] [16] and it remains appropriate for IPFs to offer evidence-based tobacco cessation counseling and FDA-approved cessation medication to patients for whom it is clinically indicated even if we finalize the proposal to remove the TOB–3/3a measure from the program. We note the TOB–3/3a measure was also recently retired from The Joint Commission's ORYX® requirements effective CY 2026.[17] Given the burden, we believe the costs of keeping the measure in the IPF Quality Reporting Program now exceed the benefits of retaining the measure.

We solicit public comments on this proposal.

In addition, as discussed above, we recognize the prevalence of nicotine use in patients treated in IPFs, and the importance of interventions and treatment. Therefore, we are also soliciting comment on alternative ways to address this topic, potentially through the proposed standardized patient assessment, the IPF Patient Assessment Instrument (IPF–PAI), described in Section IV.C. of this proposed rule. We welcome comments on how to assess nicotine use (for example, mode of delivery, frequency of use, level of dependence) as well as treatments and interventions for nicotine use (for example, type of treatment or intervention, timing of delivery).

3. Summary of IPF Quality Reporting Program Measures for Future Years

We are not proposing any new measures for the IPF Quality Reporting Program in this proposed rule. Table 4 sets forth the measures in the FY 2028 IPF Quality Reporting Program.

TABLE 4—IPF QUALITY REPORTING PROGRAM MEASURE SET FOR THE FY 2028 IPF QUALITY REPORTING PROGRAM

| Consensus-Based Entity (CBE) # | Measure ID | Measure |
|---|---|---|
| 0640 | HBIPS–2 | Hours of Physical Restraint Use. |
| 0641 | HBIPS–3 | Hours of Seclusion Use. |
| N/A | FAPH | Follow-Up After Psychiatric Hospitalization. |
| N/A * † | SUB–2 and SUB–2a | Alcohol Use Brief Intervention Provided or Offered and SUB–2a Alcohol Use Brief Intervention. |
| N/A * | SUB–3 and SUB–3a | Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB–3a Alcohol and Other Drug Use Disorder Treatment at Discharge. |
| N/A * † | TOB–3 and TOB–3a | Tobacco Use Treatment Provided or Offered at Discharge and TOB–3a Tobacco Use Treatment at Discharge. |
| 1659 | IMM–2 | Influenza Immunization. |

[12] 42 CFR 412.433(e)(3)(i)(H).

[13] CMS internal analysis.

[14] For further discussion of the collection of information costs of this measure, see section V.C. of this proposed rule.

[15] Kagabo, R., Gordon, A.J., & Okuyemi, K. (2020). Smoking cessation in inpatient psychiatry treatment facilities: A review. *Addictive Behaviors Reports, 11,* 100255. *https://doi.org/10.1016/j.abrep.2020.100255.*

[16] Fornaro, M., Carvalho, A.F., De Prisco, M., Mondin, A.M., Billeci, M., Selby, P., Iasevoli, F., Berk, M., Castle, D.J., & De Bartolomeis, A. (2021). The prevalence, odds, predictors, and management of tobacco use disorder or nicotine dependence among people with severe mental illness: Systematic review and meta-analysis. Neuroscience & Biobehavioral Reviews, 132, 289–303. *https://doi.org/10.1016/j.neubiorev.2021.11.039.*

[17] The Joint Commission. (Oct. 2025). 2026 ORYX Performance Measurement Reporting Requirements. Available at *https://jointcommission-ddsp.atlassian.net/wiki/spaces/DCS/pages/1030619137/2026+ORYX+Performance+Measurement+Reporting+Requirements.* Access on: December 17, 2025.

TABLE 4—IPF QUALITY REPORTING PROGRAM MEASURE SET FOR THE FY 2028 IPF QUALITY REPORTING PROGRAM—Continued

| Consensus-Based Entity (CBE) # | Measure ID | Measure |
|---|---|---|
| N/A * | TR–1 | Transition Record with Specified Elements Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care). |
| N/A | SMD | Screening for Metabolic Disorders. |
| N/A | PIX | Psychiatric Inpatient Experience Survey. |
| 2860 | IPF Readmission | Thirty-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility. |
| N/A * | Med Cont | Medication Continuation Following Inpatient Psychiatric Discharge. |

* Measure is no longer endorsed by the CBE but was endorsed at the time of adoption. We note that although section 1886(s)(4)(D)(i) of the Act generally requires measures specified by the Secretary be endorsed by the entity with a contract under section 1890(a) of the Act, section 1886(s)(4)(D)(ii) states that in the case of a specified area or medical topic determined appropriate by the Secretary for which a feasible and practical measure has not been endorsed by the entity with a contract under section 1890(a) of the Act, the Secretary may specify a measure that is not so endorsed as long as due consideration is given to measures that have been endorsed or adopted by a consensus organization identified by the Secretary. We attempted to find available measures for each of these clinical topics that have been endorsed or adopted by a consensus organization and found no other feasible and practical measures on the topics for the IPF setting.

† We note that we are proposing to remove these measures in section IV.B. of this proposed rule for the FY 2028 payment determination. If finalized, this measure would not be included in FY 2028 IPF Quality Reporting Program measure set.

Table 5 sets forth the measures in the FY 2029 IPF Quality Reporting Program.

TABLE 5—IPF QUALITY REPORTING PROGRAM MEASURE SET FOR THE FY 2029 IPF QUALITY REPORTING PROGRAM

| CBE # | Measure ID | Measure |
|---|---|---|
| 0640 | HBIPS–2 | Hours of Physical Restraint Use. |
| 0641 | HBIPS–3 | Hours of Seclusion Use. |
| N/A | FAPH | Follow-Up After Psychiatric Hospitalization. |
| N/A *† | SUB–2 and SUB–2a | Alcohol Use Brief Intervention Provided or Offered and SUB–2a Alcohol Use Brief Intervention. |
| N/A * | SUB–3 and SUB–3a | Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB–3a Alcohol and Other Drug Use Disorder Treatment at Discharge. |
| N/A *† | TOB–3 and TOB–3a | Tobacco Use Treatment Provided or Offered at Discharge and TOB–3a Tobacco Use Treatment at Discharge. |
| 1659 | IMM–2 | Influenza Immunization. |
| N/A * | TR–1 | Transition Record with Specified Elements Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care). |
| N/A | SMD | Screening for Metabolic Disorders. |
| N/A | PIX | Psychiatric Inpatient Experience Survey. |
| 2860 | IPF Readmission | Thirty-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility. |
| N/A | IPF ED Visit | 30-Day Risk-Standardized All-Cause Emergency Department Visit Following an Inpatient Psychiatric Facility Discharge. |
| N/A * | Med Cont | Medication Continuation Following Inpatient Psychiatric Discharge. |

* Measure is no longer endorsed by the CBE but was endorsed at the time of adoption. We note that although section 1886(s)(4)(D)(i) of the Act generally requires measures specified by the Secretary be endorsed by the entity with a contract under section 1890(a) of the Act, section 1886(s)(4)(D)(ii) of the Act states that in the case of a specified area or medical topic determined appropriate by the Secretary for which a feasible and practical measure has not been endorsed by the entity with a contract under section 1890(a) of the Act, the Secretary may specify a measure that is not so endorsed as long as due consideration is given to measures that have been endorsed or adopted by a consensus organization identified by the Secretary. We attempted to find available measures for each of these clinical topics that have been endorsed or adopted by a consensus organization and found no other feasible and practical measures on the topics for the IPF setting.

† We note that we are proposing to remove these measures in section IV.B. of this proposed rule for the FY 2028 payment determination. If finalized, this measure would not be included in FY 2029 IPF Quality Reporting Program measure set.

### *C. Proposal To Implement the Inpatient Psychiatric Facility-Patient Assessment Instrument (IPF–PAI)*

#### 1. Background

Section 4125(b)(1) of the Consolidated Appropriations Act of 2023 (CAA, 2023) amended section 1886(s)(4) of the Act, by inserting a new paragraph (E), to require IPFs participating in the IPF Quality Reporting Program to collect and submit to the Secretary certain standardized patient assessment data, using a standardized patient assessment instrument (PAI) for RY 2028 (FY 2028) and each subsequent rate year. IPFs must submit such data with respect to admissions to and discharges of an individual from the IPF, and more frequently as the Secretary determines appropriate. For IPFs to meet this new data collection and reporting requirement for FY 2028 and each subsequent year, the Secretary must implement a standardized PAI that collects data with respect to the following categories: functional status; cognitive function and mental status; special services, treatments, and interventions for psychiatric conditions; medical conditions and comorbidities; impairments; and other categories as determined appropriate by the

Secretary.[18] To enable meaningful comparison of the patient assessment data across all IPFs submitting data, the IPF–PAI must be standardized. Each IPF must administer the same assessment instrument with identical questions, response options, standards and definitions.[19]

In the FY 2025 IPF PPS proposed rule, we solicited comments for consideration in the development of a standardized assessment instrument (89 FR 23200 through 23204). Specifically, we solicited comment on the following considerations: a set of principles for selecting standardized patient assessment data elements [20] (to include overall clinical relevance; interoperable exchange to facilitate care coordination during transitions in care; ability to capture medical complexity and risk factors that can inform both payment and quality; and scientific reliability and validity, including general consensus agreement for its usability); any patient assessments recommended for use in the IPF–PAI on clinical topics related to the data categories required by statute; implementation considerations; and the relationship between the IPF–PAI and the IPF Quality Reporting Program, such as use of IPF–PAI data in program measures. In the FY 2026 IPF PPS proposed rule, we further solicited comments for consideration with respect to potential interoperable exchange of IPF–PAI data using the Fast Healthcare Interoperability Resources® (FHIR®) [21] standards (90 FR 18520 through 18523).

2. Considerations in Selecting Assessment Items and Related Data Elements for the Proposed IPF–PAI

Between 2023 and 2025, CMS and its contractors engaged in a multi-stage process to conceptualize and scope a new, statutorily mandated PAI for the IPF setting that included: identifying key clinical topic areas within the broad CAA, 2023 data categories, identifying and evaluating candidate assessment items within those topic areas, and conducting formative (alpha) and field (beta) testing on those candidate assessment items. This process also included engagement with subject matter experts, clinicians and administrators at IPFs, and individuals who have experience as patients in an IPF setting, as well as guidance from interoperability experts on how to structure assessment items and their related data elements so that the patient-level data that are collected by the IPF–PAI would be interoperable and aligned with current health IT standards.

We first identified key topics and candidate assessment items that aligned with the data categories identified in section 1886(s)(4)(E)(ii) of the Act by reviewing clinical practice guidelines; papers and reports from academic journals, government agencies, and other organizations; clinical assessments related to inpatient psychiatric care; and existing standardized patient assessment data elements used in other provider settings. We reviewed the United States Core Data for Interoperability (USCDI) [22] and USCDI+ Behavioral Health [23] data elements to understand the interoperable data landscape for inpatient acute care as well as outpatient and ambulatory behavioral health care. We also considered comments submitted in response to the requests for information in the FY 2025 IPF PPS final rule (89 FR 64645 through 89 FR 64650) described above. Candidate assessment items were reviewed for relevance and feasibility for the IPF setting, as well as the potential to capture resource use or quality of care. An initial list of candidate assessment items selected from our review was advanced to subsequent phases of testing and expert input. Formative (alpha) testing was conducted to evaluate the feasibility and face validity of candidate assessment items in the IPF setting. Field (beta) testing was conducted to assess inter-rater reliability (IRR),[24] estimate burden, and to confirm content validity and feasibility in the IPF setting. More information about the design and results of the testing is available in the IPF–PAI Testing Report, available under IPF–PAI Development and Testing resources at *https://qualitynet.cms.gov/ipf/PAI.* In addition, a technical expert panel (TEP) was convened by the IPF–PAI development contractor to give input on the extent to which topics of assessment items were clinically relevant to patient care in IPFs, likely to inform CMS' understanding of resource use or costs of care, and considered feasible and relatively low burden to collect. The TEP included clinicians and administrators at IPFs, behavioral health clinicians, academic researchers, health information technology specialists, and individuals who have experience as patients in an IPF setting. More information on the two meetings of the TEP held during IPF–PAI development is available under IPF–PAI Development and Testing resources at *https://qualitynet.cms.gov/ipf/PAI.*

3. Proposal To Implement the Inpatient Psychiatric Facility Patient Assessment Instrument (IPF–PAI) in the IPF Quality Reporting Program

a. Proposed IPF–PAI

We propose to implement the IPF–PAI as the assessment instrument for the submission of standardized patient assessment data as required by section 1886(s)(4)(E)(ii) of the Act for all patients aged 18 and older. This initial version of the IPF–PAI is intended to meet our statutory obligation to collect standardized patient assessment data on each of the statutorily-delineated data categories [25] while being mindful of reporting burden on IPFs; we purposefully selected a minimal set of assessment items to propose at this time. We reiterate that the IPF Quality Reporting Program strives to maintain a minimal set of requirements while meeting statutory requirements and encouraging quality through transparency and public reporting. To that end, the proposed IPF–PAI is also intended to establish a structure and processes for data collection and submission that we can modify or expand through future rulemaking, to stay responsive to priorities of IPF quality and payment. Future enhancements may include the addition, removal, or changes of assessment items, but we also anticipate using results and feedback from the proposed IPF–PAI to propose revisions or improvements to policies that will increase utility or reduce burden of the IPF–PAI for patients and IPFs.

We propose that IPFs paid under the IPF PPS be required to complete the IPF–PAI for all patients aged 18 and older. Assessment items should be administered at admission and discharge, except where specified in the proposals below. Later in this section, we discuss the standardized patient assessment items and related data

[18] Sections 1886(s)(4)(E)(ii)(I) through 1886(s)(4)(E)(ii)(VI) of the Act.

[19] We note that while the proposed data elements of the proposed IPF–PAI would be standardized—that is, identical question and identical sets of response options—standardization does not extend to the order of the data elements within the instrument.

[20] While this RFI discussed ''data elements,'' we note that we have transitioned to using the term ''assessment items'' to refer to the components of the standardized patient assessment.

[21] FHIR® is the registered trademark of Health Level Seven International (HL7) and the use does not constitute endorsement by HL7.

[22] *https://www.healthit.gov/isp/united-states-core-data-interoperability-uscdi.* Accessed February 4, 2026.

[23] *https://www.healthit.gov/topic/interoperability/uscdi-plus.* Accessed February 4, 2026.

[24] Interrater reliability is the extent of agreement among data collectors. See: McHugh, M.L., 2012. Interrater reliability: the kappa statistic. *Biochemia medica, 22*(3), pp.276–282.

[25] Sections 1886(s)(4)(E)(ii)(I) through 1886(s)(4)(E)(ii)(VI) of the Act.

elements for the initial version of the IPF–PAI. We refer readers to section IV.C.4. of this proposed rule for more information on the proposed method and schedule for data submission, as well as compliance thresholds for annual payment determination under the IPF Quality Reporting Program.

We acknowledge that this new requirement of the IPF Quality Reporting Program may impact workflow and increase administrative burden, especially in the first year of implementation as IPFs become familiar with the assessment and work to integrate it into their workflows. The assessment items discussed in section IV.3.b that will comprise the IPF–PAI are proposed to be collected at admission and discharge. We estimate that completing both assessments for a patient would take 14.7 minutes, and that the majority of administrative and clinical data on the IPF–PAI would be available in the patient's medical record as part of routine medical record keeping practices. We refer readers to section V.C.3. of this proposed rule for further discussion of the estimated costs associated with the collection of the IPF–PAI.

We propose to codify the IPF–PAI as part of the IPF Quality Reporting Program at § 412.433(a) and (d) by adding ''standardized patient assessment data'' in the description of the statutory authority and as a type of data that IPFs that participate in the IPF Quality Reporting Program must submit to CMS.

We solicit comment on these proposals.

Additionally, we solicit comment on the proposed age requirement for the IPF–PAI of 18 years and older, specifically the potential inclusion of adolescents in the population for the IPF–PAI. Are there any specific guardrails or sensitivities CMS should consider with the potential inclusion of adolescents, or specific assessment items that would not be appropriate for this population?

b. Proposed Assessment Items for the IPF–PAI

The proposed IPF–PAI would collect data related to the five statutory data categories specified in section 1886(s)(4)(E)(ii) of the Act and fulfill the requirements of section 4125(b) of the CAA, 2023 for a standardized assessment instrument. In the FY 2025 IPF PPS proposed rule (89 FR 23200 through 23204) we issued a Request for Information (RFI) to solicit public input to inform the development of the IPF–PAI. In this RFI, we noted that goals for the IPF–PAI include improving the quality of care in IPFs and improving the accuracy of the IPF PPS. As provided by section 1886(s)(6) of the Act, added by section 4125(b) of the CAA, 2023, data collected through the IPF–PAI may be considered in future revisions to the methodology for determining the IPF PPS payment.

Standardized assessment items generally take the form of a question or instructional text that is followed by a set of response options. For example, the assessment item *Speech Clarity* would contain instructional text ''Select best description of speech pattern,'' and three response options: 0. Clear speech—distinct intelligible words; 1. Unclear speech—slurred or mumbled words; 2. No speech—absence of spoken words. Responses to assessment items can also take the form of structured numeric or text input, such as the responses given to Admission Date or Patient Last Name. These assessment items are standardized in the sense that all IPFs will be assessing patients using the same assessment items—that is, the same question or instructions and response options. In this proposal of assessment items to include in the IPF–PAI, we refer to the name of the assessment item. The complete assessment items, including instructional text and response options, are shown together on the IPF–PAI Item Set, available under IPF–PAI Resources at *https://qualitynet.cms.gov/ipf/PAI.* The IPF–PAI Item Set is a PDF document that shows the proposed assessment items displayed like a questionnaire. In order to support consistency in the administration of the IPF–PAI, as we have done for assessment instruments used in post-acute care settings, we will provide IPFs with a detailed reference manual that would provide additional guidance. A draft of the IPF–PAI Guidance Manual is available under IPF–PAI Resources at *https://qualitynet.cms.gov/ipf/PAI.*

We propose to include in the IPF–PAI assessment items for each of the five data categories required by statute, and data elements in a category of administrative items as an additional category determined appropriate by the Secretary that are necessary for record matching and database management. Table 6 lists the proposed IPF–PAI assessment items by category. The Admission and Discharge forms that contain the proposed assessment items of the IPF–PAI are available under IPF–PAI Resources at *https://qualitynet.cms.gov/ipf/PAI.* For additional information on the testing process and the testing results in further details, we refer readers to the IPF–PAI Testing Report, available under IPF–PAI Development and Testing resources at *https://qualitynet.cms.gov/ipf/PAI.*

TABLE 6—PROPOSED ASSESSMENT ITEMS TO BE INCLUDED IN THE IPF–PAI

| CAA, 2023 category | Proposed assessment item |
|---|---|
| Functional status | Mobility: Chair/Bed-to-Chair Transfer. |
| Cognitive function and mental status | Suicide Screening. |
| Special services, treatments, and interventions | Special Services, Treatments, and Interventions in the Inpatient Psychiatric Setting (Psychiatric Treatments, Restrictive Interventions). |
| Medical conditions and comorbidities | Primary Medical Condition Category. |
| Impairments | Hearing; Speech Clarity; Vision. |
| Administrative: Assessment items required for record matching and database management. | Legal Name of Patient, Birth Date, Sex, Social Security and Medicare Numbers, Facility Provider Numbers (National Provider Identifier, CMS Certification Number), Admission/Discharge Date, Payer Information—Primary Payer, Type of Record, Assessment Reference Date, Reason for Assessment, Type of Admission/Type of Discharge, IPF–PAI Completion Date. |

Evidence from field (beta) testing and engagement with experts and interested parties support these proposed assessment items as meeting our goals for the IPF–PAI, as stated in prior rulemaking (89 FR 23200 through 23204): clinically relevant to patients in IPFs; standardized and interoperable; capturing medical complexity and risk factors that can inform payment and quality; and reliable and valid, with consensus agreement for usability (89

FR 23200 through 23204). To determine the clinical relevance to patients in IPFs and the ability of assessment items to capture medical complexity and risk factors that would inform payment and quality, we sought and summarized input through the RFI in the FY 2025 IPF PPS proposed and final rules (89 FR 64642 through 64649). Building on that feedback we reviewed potential assessment items with CMS Medical Officers and engaged with clinicians through a TEP. To ensure that the assessment items allowed data to be captured in a standardized format we evaluated the Inter-rater Reliability (IRR) of each of the items as part of our field (beta) testing. High IRR scores show that the data are likely to be standardized across different raters at different IPFs. We also evaluated each assessment item in the field (beta) test for feasibility. Information about the TEP's input on each assessment item is included in the following subsections. Information about field (beta) test results for IRR and feasibility is included in Table 7.

We note that the IPF–PAI was developed and would be implemented in a way to support interoperable exchange of data. The standardized assessment items and response options are intended to yield comparable data across IPFs. The assessment items would be managed centrally in CMS' Data Element Library (DEL),[26] enabling consistency in usage across versions or updates. Each assessment item is represented as a machine-readable data element with a stable identifier and metadata, such as definition, datatype, and permissible values. The DEL would assign LOINC [27] and SNOMED [28] codes to questions and response options, where possible; LOINC and SNOMED are widely-used terminology standards for clinical data that support consistent meaning across systems.

i. IPF–PAI Functional Status Category

Section 1886(s)(4)(E)(i)(I) of the Act requires the inclusion of patient assessment data with respect to functional status, such as mobility and self-care at admission to an IPF and before discharge from an IPF. We propose the assessment item *Mobility: Chair/Bed-to-Chair Transfer* for the Functional Status category of the IPF–PAI. This assessment item evaluates the patient's physical ability to move around, one of the basic activities of daily living. Specifically, the proposed assessment item captures the patient's ability to transfer to and from a bed to a chair (or wheelchair). For patients who do not complete this activity independently, the level of assistance required would need to be recorded. This information would be recorded by selecting the patient's functional status from the options provided. The instructional text and response options are included in the IPF–PAI Item Set, available under IPF–PAI Resources at *https://qualitynet.cms.gov/ipf/PAI.* Additionally, detailed instructions for administration would be provided through training and the IPF–PAI Guidance Manual, the draft of which is available under IPF–PAI Resources at *https://qualitynet.cms.gov/ipf/PAI.* For results of inter-rater reliability (IRR) and feasibility from field (beta) testing, see Table 7. Most TEP members (78 percent) responded Strongly Agree or Agree to including the *Mobility* assessment item on the IPF–PAI.

ii. IPF–PAI Cognitive Function and Mental Status Category

Section 1886(s)(4)(E)(i)(II) of the Act requires the inclusion of patient assessment data with respect to cognitive function, such as the ability to express ideas and to understand, and mental status, such as depression and dementia. We propose the assessment item *Suicide Screening* for the Cognitive Function and Mental Status category of the IPF–PAI. We note that we do not consider suicide-related thoughts and behaviors to be related to cognitive impairment. Rather, we understand mental status to encompass a wide range of cognition, orientation, mood, and decision-making capacities, including thought content. In our review of IPFs' core clinical assessment practice, the mental status exam,[29] we identified screening for suicidal thoughts and behaviors to be an important clinical topic with relevance to quality of care and resource use.

The assessment item evaluates whether and with what method a patient was screened for suicide risk. This information would be recorded by indicating that a patient was screened with a standardized tool, screened through clinical assessment, or not screened, in the case that the patient declined or was unable to respond. This assessment item, including instructional text and response options, is shown on the IPF–PAI Item Set, available under IPF–PAI Resources at *https://qualitynet.cms.gov/ipf/PAI.* Additionally, detailed instructions for administration would be provided through training and the IPF–PAI Guidance Manual, the draft of which is available under IPF–PAI Development and Testing resources at *https://qualitynet.cms.gov/ipf/PAI.* For results of IRR and feasibility from field (beta) testing, see Table 7. All TEP members (100 percent) responded Strongly Agree or Agree to including a *Suicide Screening* assessment item on the proposed IPF–PAI. After the field (beta) test and receiving TEP input, we revised this assessment item based on further input from individuals who have experience as patients in an IPF, clinical subject matter experts, and assessment item developers to reduce complexity. We believe the proposed assessment item included in the IPF–PAI is less complex and easier for IPFs to implement than the version used in testing.

iii. IPF–PAI Special Services, Treatments, and Interventions for Psychiatric Conditions Category

Section 1886(s)(4)(E)(i)(III) of the Act requires the inclusion of patient assessment data with respect to special services, treatments, and interventions for psychiatric conditions. We propose the assessment item *Special Services, Treatments, and Interventions in the Inpatient Psychiatric Setting* for the Special Services, Treatments, and Interventions category of the IPF–PAI. This assessment item requires the assessor to indicate which psychiatric treatments, or restrictive interventions may have been used during the IPF stay.

Psychiatric Treatments and Restrictive Interventions allow the assessor to check off all that apply from the list. Psychiatric Treatments include medications, brain stimulation, and non-pharmacological treatments other than brain stimulation. Restrictive Interventions, which we focused on because of their particular use in the IPF setting, include the use of seclusion, restraints, or other restrictive interventions. This assessment item, including instructional text and response options, is shown on the IPF–PAI Item Set, available under IPF–PAI Resources at *https://qualitynet.cms.gov/ipf/PAI.* Additionally, detailed instructions for administration would be provided through training and the IPF–PAI Guidance Manual, the draft of which is available under IPF–PAI Development and Testing resources at *https://qualitynet.cms.gov/ipf/PAI.* For results of IRR and feasibility from field (beta) testing, see Table 7. When asked

[26] *https://del.cms.gov/DELWeb/pubHome.* Accessed March 19, 2026.

[27] *https://loinc.org/.* Accessed March 19, 2026.

[28] *https://www.snomed.org/.* Accessed March 19, 2026.

[29] Voss RM, Das JM. Mental Status Examination. [Updated 2024 Apr 30]. In: StatPearls [internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available at *https://www.ncbi.nlm.nih.gov/books/NBK546682/.*

about their agreement for including the six treatment or intervention types, most TEP members replied Strongly Agree or Agree (100 percent for Medications; 89 percent for Brain Stimulation, Non-pharmacological Treatment, Seclusion, and Restraints; and 67 percent for Other Restrictive Interventions).

We noted that the IRR for some assessment items in this category were low. In our investigation of the low reliability statistics for the treatment or intervention *Non-pharmacological Treatment,* which included reviewing the testing data, comparing discrepancies in coding responses, and reviewing the hypothetical case studies and guidance manuals, we determined that the structure and definitions in some of the assessment items related to this treatment/intervention type were not well understood. We did not find this to be unexpected considering the complexity of the assessment item (that is, a multi-part, branch item), and that IPF staff were unfamiliar with administering this assessment. Non-pharmacological treatments, including but not limited to psychotherapy and psychosocial interventions, are recommended by clinical practice guidelines,[30] [31] and have been shown to be beneficial to patients.[32] [33] For these reasons, we consider it important to retain an assessment item on this topic. As noted, 89 percent of TEP members responded Strongly Agree or Agree with the inclusion of *Non-pharmacological Treatment* in the IPF–PAI. We believe low reliability indicates a need for targeted support, by means of revising the guidance manual to provide distinct definitions for each component of this assessment item, examples of coding to emphasize the multi-part nature of the item, provider training, and focused Frequently Asked Questions documents to help select the appropriate response, which we will develop and provide if this proposal is finalized.

iv. IPF–PAI Medical Conditions and Comorbidities Category

Section 1886(s)(4)(E)(i)(IV) of the Act requires the inclusion of patient assessment data with respect to medical conditions and comorbidities, such as diabetes, congestive heart failure, and pressure ulcers. We propose the assessment item *Primary Medical Condition* for the Medical Conditions and Comorbidities category of the proposed IPF–PAI. This assessment item captures the category of the primary diagnosis associated with the IPF stay; assessors would select their response from the list of common diagnostic categories (for example, anxiety disorders, mood disorders, schizophrenia and other psychotic disorders). This assessment item, including instructional text and response options, is shown on the IPF–PAI Item Set, available under IPF–PAI Resources at *https://qualitynet.cms.gov/ipf/PAI.* Additionally, detailed instructions for administration would be provided through training and the IPF–PAI Guidance Manual, the draft of which is available under IPF–PAI Development and Testing resources at *https://qualitynet.cms.gov/ipf/PAI.* For results of IRR and feasibility from field (beta) testing, see Table 7. Most TEP members (89 percent) responded Strongly Agree or Agree to including the *Primary Medical Condition* data element on the IPF–PAI. In future potential versions of the IPF–PAI, we could consider the addition of secondary mental health and physical conditions and comorbidities.

v. IPF–PAI Impairments Category

Section 1886(s)(4)(E)(i)(V) of the Act requires the inclusion of patient assessment data with respect to impairments, such as incontinence and an impaired ability to hear, see, or swallow. We propose the *Hearing, Speech Clarity,* and *Vision* assessment item for the Impairments category of the IPF–PAI. In these assessment items, the assessor records a patient's ability to hear, a description of their speech pattern, and their ability to see in adequate light by selecting the level of impairment from a set of response options within each assessment item. These assessment items, including instructional text and response options, are shown on the IPF–PAI Item Set, available under IPF–PAI Resources at *https://qualitynet.cms.gov/ipf/PAI.* Additionally, detailed instructions for administration would be provided through training and the IPF–PAI Guidance Manual, the draft of which is available under IPF–PAI Development and Testing resources at *https://qualitynet.cms.gov/ipf/PAI.* We propose that the *Hearing, Speech Clarity,* and *Vision* assessment item be evaluated at admission only, in recognition that they are unlikely to change during the IPF stay, which is typically brief (about 7 days, on average [34]). For results of IRR and feasibility from field (beta) testing, see Table 7. When asked about their agreement for including these assessment items in the proposed IPF–PAI, most TEP members replied Strongly Agree or Agree (89 percent for Hearing; 78 percent for Speech Clarity; 67 percent for Vision).

TABLE 7—FIELD (BETA) TESTING RESULTS FOR PROPOSED ASSESSMENT ITEMS FOR THE IPF–PAI

| Assessment item and related data elements | Inter-rater reliability (IRR) | | Feasibility ‡ |
|---|---|---|---|
| | % Agreement | Cohen's Kappa | |
| Mobility: Chair/bed-to-chair transfer | 75.18 | Moderate (0.44) | Y |
| Suicide Screening | 89.78 | (*) | Y |
| Special Services, Treatments, and Interventions: Psychiatric Interventions | | | |
| Psychiatric Treatments | | | |
| Medications | 94.89 | (*) | Y |
| Brain Stimulation | 100.00 | (†) | Y |
| Non-pharmacological treatment other than brain stimulation | 36.50 | (*) | Y |
| Restrictive Interventions | | | |
| Seclusion | 77.37 | Poor (0.13) | Y |

[30] Practice Guideline for the Treatment of Patients with Schizophrenia, Third Edition (2021) *https://psychiatryonline.org/doi/book/10.1176/appi.books.9780890424841.*

[31] VA/DoD Clinical Practice Guideline for the Management of Major Depressive Disorder Version 4.0—2022. VA/DoD Clinical Practice Guideline. (2022). The Management of Major Depressive Disorder Work Group. Washington, DC: U.S. Government Printing Office. *https://www.healthquality.va.gov/guidelines/MH/mdd/.*

[32] McGuire, Alan B., et al. ''Recovery-oriented inpatient mental health care and readmission.'' Psychiatric *Rehabilitation Journal* 45.4 (2022): 331.

[33] Kinney, Adam R., et al. ''Association of inpatient occupational therapy utilization with reduced risk for psychiatric readmission among Veterans.'' *Psychiatric Services* 75.11 (2024): 1084–1091.

[34] Weighted national estimates from HCUP National (Nationwide) Inpatient Sample (NIS), 2018 to 2022, Agency for Healthcare Research and Quality (AHRQ), based on data collected by individual State Partners and provided to AHRQ. Source: HCUPnet, Healthcare Cost and Utilization Project. Agency for Healthcare Research and Quality, Rockville, MD. *https://datatools.ahrq.gov/hcupnet.* Accessed February 4, 2026.

TABLE 7—FIELD (BETA) TESTING RESULTS FOR PROPOSED ASSESSMENT ITEMS FOR THE IPF–PAI—Continued

| Assessment item and related data elements | Inter-rater reliability (IRR) | | Feasibility ‡ |
|---|---|---|---|
| | % Agreement | Cohen's Kappa | |
| Restraints | 94.89 | Very Good (0.86) | Y |
| Other restrictive interventions | 36.50 | Poor (0.08) | Y |
| None of the Above | 98.54 | (*) | Y |
| Primary Medical Condition Category | 75.18 | Good (0.64) | Y |
| Hearing | 85.40 | Good (0.74) | Y |
| Speech Clarity | 93.43 | Very Good (0.83) | Y |
| Vision | 62.77 | Fair (0.23) | Y |

**Note:** In the field (beta) test, IRR was assessed by calculating both percent agreement (that is, the percent of assessment items that were coded correctly by assessors, as determined by clinical subject matter experts) and Cohen's kappa. Interpretation of Cohen's kappa used standard categories of Poor, Fair, Moderate, Good, and Very Good as defined by Altman, D.G. (1990). *Practical statistics for medical research.* Chapman and Hall/CRC.

* Kappa not calculated due to low item response variability. That is, responses to the assessment item or assessment item components across raters were too similar for Kappa to be a useful measure of inter-rater reliability.

† Kappa not calculated due to perfect agreement.

‡ We considered an assessment item to be feasible for use in the IPF setting if data were able to be collected from over 90 percent of patients assessed (that is, <10 percent missing data) and if no feedback was received around challenges or obstacles to assessing the assessment item from IPF staff who participated in the field (beta) test.

vi. Proposed Administrative Data Category

Section 1886(s)(4)(E)(ii)(VI) of the Act authorizes other categories of assessment items as determined appropriate by the Secretary. In addition to the assessment items discussed above, we propose including an Administrative data category to collect certain administrative information to enable database management and record matching. Collecting data in this category would support accurate linkage of assessment records within CMS' internet Quality Improvement and Evaluation System (iQIES),[35] or a successor system, and facilitate analyses by CMS, including linking assessment data with other CMS data sources (for example, payment and claims data). These data could also enable stratification of outcomes by patient and stay characteristics, which would support accurate comparisons between facilities and patient populations. These proposed data elements include: Legal Name of Patient, Birth Date, Sex, Social Security and Medicare Numbers, Facility Provider Numbers (National Provider Identifier, CMS Certification Number (CCN)), Admission/Discharge Date, Payer Information—Primary Payer, Type of Record, Assessment Reference Date, Reason for Assessment, Type of Admission/Type of Discharge, and IPF–PAI Completion Date. These assessment items, including instructional text and response options, are shown on the IPF–PAI Item Set, available under IPF–PAI Resources at *https://qualitynet.cms.gov/ipf/PAI.* Additionally, detailed instructions for administration would be provided through training and the IPF–PAI Guidance Manual, the draft of which is available under IPF–PAI Development and Testing resources at *https://qualitynet.cms.gov/ipf/PAI.* We propose that assessment items for the Administrative category be collected at both admission and discharge.

We invite public comment on these proposals.

4. Form, Manner, and Timing of Data Collection and Submission of the Proposed IPF–PAI

In this section, we discuss how we propose to incorporate the IPF–PAI into the IPF Quality Reporting Program, including the timing and form of initial data collection.

a. Proposed Reporting Periods and Data Submission Deadlines for the IPF–PAI Beginning With Data Collection in FY 2028 Impacting the FY 2029 Payment Determination

We propose mandatory reporting of the proposed IPF–PAI beginning with a reporting period of October 1, 2027, through December 31, 2027, impacting the FY 2029 payment determination. That is, IPFs would be required to collect and submit IPF–PAI admission and discharge assessments for all patients age 18 years and older, regardless of payer, beginning October 1, 2027; admission and discharge assessments conducted October 1, 2027, through December 31, 2027, would impact the FY 2029 payment determination.

Beginning with the FY 2030 payment determination and for subsequent years, we propose that an IPF must report data with respect to admissions and discharges for all patients age 18 years and older that occur during the calendar year from January 1 through December 31, that is, the calendar year two years preceding the FY payment determination year (for example, January 1, 2028 through December 31, 2028 for the FY 2030 payment determination, January 1, 2029 through December 31, 2029 for the FY 2031 payment determination, and so on). We propose that for each calendar year reporting period, the IPF–PAI data must be submitted as quarterly reporting periods by a submission deadline of the 15th day of the second month after the end of the calendar quarter, as outlined in Table 8. See Table 8 for submission deadlines through the FY 2031 payment determination. We would also publish upcoming submission deadlines on the CMS QualityNet website at *https://qualitynet.cms.gov/.*

Specifically for the purposes of determining which applicable reporting quarter the admission or discharge falls within, we propose to use the Assessment Reference Date (ARD) associated with each admission and discharge. The Admission ARD would be not later than 3 days after the admission and the Discharge ARD would be the day of discharge. We propose to require that an IPF submits an admission assessment by the 15th day of the second month after the end of the calendar quarter in which the ARD for the admission assessment occurred.[36] We likewise propose that an IPF submits a discharge assessment by the 15th day of the second month after the calendar quarter in which the ARD for the discharge occurred. The

[35] *https://www.cms.gov/medicare/health-safety-standards/quality-safety-oversight-general-information/internet-quality-improvement-evaluation-system-iqies.* Accessed February 5, 2026.

[36] For example, an admission that occurs on September 30 has an admission reference date (Day 3) of October 2. The IPF would submit those data with Quarter 4 data (ARD), not Quarter 3 data (admission date).

proposed submission deadlines and associated payment determination years for the first nine quarters of IPF–PAI data collection are shown in Table 8. We note that when the submission deadline falls on a Friday, Saturday, Sunday, or Federal holiday, we would move the data submission deadline to the next business day.

TABLE 8—PROPOSED DATA SUBMISSION DEADLINES AND ASSOCIATED PAYMENT DETERMINATION YEARS FOR THE IPF–PAI

| Quarter of IPF–PAI data collection | Data submission deadline * | Applicable payment determination |
|---|---|---|
| Q4 2027 (Oct 1–Dec 31, 2027) | February 15, 2028 | FY 2029. |
| Q1 2028 (Jan 1–Mar 31, 2028) | May 15, 2028 | FY 2030. |
| Q2 2028 (Apr 1—Jun 30, 2028) | August 15, 2028. | |
| Q3 2028 (Jul 1–Sept 30, 2028) | November 15, 2028. | |
| Q4 2028 (Oct 1–Dec 31, 2028) | February 15, 2029. | |
| Q1 2029 (Jan 1–Mar 31, 2029) | May 15, 2029 | FY 2031. |
| Q2 2029 (Apr 1–Jun 30, 2029) | August 15, 2029. | |
| Q3 2029 (Jul 1–Sept 30, 2029) | November 15, 2029. | |
| Q4 2029 (Oct 1–Dec 31, 2029) | February 19, 2030. | |

* Submission deadlines reflect consideration of federal holidays and weekends. When that occurs, the data submission deadline will be moved to the next business day.

Notwithstanding the proposed quarterly submission deadlines of IPF–PAI data described in this section, based on best practices learned from our long-standing experience with standardized patient assessment instruments for post-acute care providers, we recommend rolling submissions of IPF–PAI records to CMS throughout the data collection period as patients are admitted and discharged for more timely, accurate, and efficiently collected assessment data. We describe the proposed data submission methods in section IV.C.4.c. of this proposed rule. Ongoing submission of IPF–PAI records would allow an IPF to monitor their compliance rates through on-demand provider reports available through iQIES. We would issue technical sub-regulatory guidance for the IPF–PAI assessment items and data collection, including recommended frequency of submissions via the IPF–PAI Guidance Manual (draft available under IPF–PAI Resources at *https://qualitynet.cms.gov/ipf/PAI*).

We invite public comment on these proposals.

b. Proposed Compliance Threshold for the IPF–PAI To Receive the Applicable Annual Payment Update Beginning With the FY 2029 Payment Determination

We propose that an IPF would need to complete 100 percent of the IPF–PAI assessment items on 80 percent of the IPF–PAIs submitted to satisfy the IPF Quality Reporting Program data reporting requirements for the applicable annual payment determination. An IPF that fails to submit 100 percent of the assessment items on at least 80 percent of the IPF–PAIs submitted to CMS would be deemed non-compliant with the IPF Quality Reporting Program reporting requirements and, as a result, would be subject to a 2 percentage point reduction to its APU as required by section 1886(s)(4)(A) of the Act.

We are proposing this 80 percent threshold as a starting point (rather than proposing a 100 percent threshold), understanding that it will take time for IPFs to become familiar with the data collection and submission workflows of this new program requirement. We will monitor data completion rates and provide training and other implementation resources to help IPFs be successful in meeting or exceeding the 80 percent completion threshold. Over time, in future rulemaking, we plan to incrementally increase the completion rate that an IPF would need to achieve in order to be considered compliant with the IPF Quality Reporting Program. We adopted a similar approach of incrementally increasing the compliance threshold over time with the standardized patient assessment instruments used by post-acute care providers.

For the FY 2029 payment determination, the compliance rate for each IPF would be calculated for the Q4 2027 reporting quarter. For the FY 2030 payment determination and subsequent years, the compliance rate for each IPF would be calculated based on the entire CY reporting period (that is, four CY reporting quarters of IPF–PAI data).

We propose to codify the data completion threshold of 100 percent of assessment items for at least 80 percent of submitted assessments for the IPF–PAI at the proposed new § 412.433(h).

We invite public comment on these proposals.

c. Proposed Methods of Data Submission for IPF–PAI

i. Background

In the FY 2026 IPF PPS proposed rule (90 FR 18520 through 18523), we requested comments on the potential use of the FHIR® standard for IPF–PAI data submission because we believe that the collection and submission of data through health information technology (IT), including digital capture and transfer of program data through FHIR®, could reduce administrative burden on IPFs submitting the IPF–PAI in the long-term. In response to this request for comment, commenters expressed support for CMS' intent to transition to the FHIR-based standard in the IPF Quality Reporting Program, particularly for the IPF–PAI, noting the opportunity for a FHIR-based standard to improve care coordination, enable actionable insights, and integrate structured data into electronic health records (EHRs) (90 FR 37665 through 37666). A few commenters highlighted the potential for FHIR® to modernize behavioral health data reporting, enhance discharge planning, and enable meaningful performance measurement. As IPFs have not yet used FHIR® for program data submission, we acknowledge that technological, monetary, and staffing barriers may present challenges to adoption and use in some facilities. Therefore, for the proposed mandatory submission of IPF–PAI data, we would offer facilities two tools to integrate into their existing systems and workflows:

- Web application (web app)
- FHIR® application programming interfaces (APIs)

We describe these submission methods in detail in the following sections.

Both methods of data submission would require user or system authentication using CMS' Health Care

Quality Information Systems (HCQIS) Access Roles and Profile (HARP), or a successor or equivalent CMS-designated identity management system, consistent with CMS security and access control requirements. This is the same identity management system that IPFs and their vendors currently use to submit other IPF Quality Reporting Program data to the CMS Hospital Quality Reporting system. Both proposed methods of IPF–PAI data submission would transmit IPF–PAI data securely to CMS, using data security standards required for any CMS system, where it would be received and reside in the iQIES environment. iQIES is CMS' long-standing system for patient assessment data; post-acute care providers have been reporting assessment data electronically to iQIES since 2019. Data transfer to CMS via either method—the FHIR® API or web app—would follow standard HIPAA-compliant encryption protocols.

If finalized, the IPF Quality Reporting Program would be the first CMS statutory quality reporting program to use the FHIR® standard to support patient assessment data submission, as both data submission methods—the free web app and the FHIR® API—are reliant on underlying FHIR® resources.[37] Introducing the FHIR® standard to the IPF Quality Reporting Program involves establishing related policies and requirements, such as submission methods, data standards and formats, and other program-specific requirements.

ii. Proposed Web App Method of Data Submission for IPF–PAI Data

We propose a CMS-developed web app as a method for collecting and submitting IPF–PAI data to the iQIES system via the internet. We would provide and maintain this web app for IPFs to use, free of charge, to enter and submit the proposed IPF–PAI admission and discharge assessments for individual patients. An IPF would be able to review, correct, and change these data until the close of each submission deadline using the web app. An IPF could use a third party vendor to submit IPF–PAI data via the web app on the IPF's behalf. The open-source web app would be accessible in one of two ways: directly through a web browser, or configured for launch from an EHR using Substitutable Medical Applications and Reusable Technologies (SMART) on FHIR®.[38] In accordance with the Source code Harmonization And Reuse in Information Technology Act (SHARE IT Act; Pub. L. 118–187), we would ensure that the source code, documentation, configuration scripts, as appropriate, revision history, and other files are located in a software storage location (that, a public repository) to which access is open to the public.

We plan to make this web app available in spring or summer 2027, prior to the start of the proposed reporting period that would begin October 1, 2027, to allow time for IPFs to gain familiarity with the web app and for CMS to provide training.

We invite public comment on this proposal.

iii. Proposed FHIR® API Method of Data Submission for IPF–PAI Data

We propose the use of two APIs we have built from the HL7 FHIR® specification,[39] based on FHIR v4.0.1, as another method for submitting IPF–PAI data to iQIES via the internet. An API is a documented set of rules and specifications that lets one computer program or system request and receive information or data from another; specifically, it defines how one software component or system can request and use the functions or data of another software component or system through a defined interface, without requiring knowledge of its internal implementation.[40] For healthcare data exchange using an API, the FHIR standard defines how such data are structured and exchanged. It organizes the data into discrete clinical and administrative units called resources, such as Patient, Observation, Condition, Medication, and Encounter.[41] [42] This method is suitable for IPFs that use health IT or that engage with third-party vendors to implement a custom tool or a custom SMART on FHIR application using the APIs we have developed to collect and submit IPF–PAI data to CMS. Under this proposed submission method, an IPF could integrate IPF–PAI data collection and submission within their EHR workflow using one API to retrieve the applicable IPF–PAI assessment items from the EHR, and another API to submit IPF–PAI data to CMS. An IPF could also use a third party vendor to submit IPF–PAI data via the FHIR® API on the IPF's behalf.

For this proposed implementation of the IPF–PAI, the Data Element Library (DEL) FHIR® API and associated DEL FHIR Implementation Guide would support the retrieval of the assessment items, and the iQIES FHIR® API and associated iQIES FHIR Receiving System Implementation Guide would support the assessment data submission to CMS. Current draft versions of the DEL FHIR Implementation Guide and the iQIES FHIR® Receiving System Implementation Guide are accessible at *https://qualitynet.cms.gov/ipf/PAI.* These implementation guides would be updated as needed on an annual basis for technical updates and published at the same location. Annual updates would be limited to technical, non-substantive updates; substantive changes to the IPF–PAI would be implemented through notice and comment rulemaking. IPFs and their vendors would need to use the most recently published implementation guides for the applicable IPF–PAI reporting period, which we would publish at least six months before the beginning of the applicable reporting period. Additional technical resources for IPFs and health IT vendors would be made available at *https://qualitynet.cms.gov/ipf/PAI* from time to time to support FHIR® API implementation. We would also engage with software developers and vendors through various interested parties engagement efforts, during which we would respond to questions, comments, and suggestions about technical requirements.

We recognize that IPFs and the health IT vendors that support IPFs would require time to develop and implement data collection and submission tools for the proposed IPF–PAI. Therefore, we propose that, if an IPF does not submit IPF–PAI data via the FHIR® API method proposed in section IV.C.4.d.ii of this proposed rule, the IPF would be required to use the web app for IPF–PAI data submission. Likewise, if an IPF does not submit IPF–PAI data using the web app, the IPF would not meet the IPF–PAI data submission requirement unless the IPF submits the data via the FHIR® API method proposed in section IV.C.4.d.iii. of this proposed rule.

We invite public comment on these proposals.

[37] Either method of IPF–PAI data submission includes an opportunity to use the Substitutable Medical Applications and Reusable Technologies (SMART) on FHIR® framework to either configure an EHR-launched workflow that securely authenticates and launches the web app, or to implement a custom SMART on FHIR® application, developed by an IPF or a third-party vendor, that integrates with the publicly available CMS FHIR® APIs.

[38] SMART on FHIR® is a set of standards that enables third-party application to securely integrate with electronic health records. *https://smarthealthit.org/.*

[39] For more information on the FHIR® standard, we refer readers to *https://hl7.org/fhir/R4/overview-arch.html.* Accessed March 19, 2026.

[40] *https://www.nnlm.gov/resources/data-glossary/application-program-interface-api.* Accessed March 19, 2026.

[41] *https://ecqi.healthit.gov/fhir/about.* Accessed March 19, 2026.

[42] *https://hl7.org/fhir/terminology-module.html.* Accessed March 19, 2026.

Additionally, we invite public comment on ways that CMS can reduce burden in implementing the IPF–PAI. For example, are any of the requirements currently proposed for the IPF–PAI duplicative of any other CMS reporting and recordkeeping requirements?

5. Maintenance of Technical Specifications for the IPF–PAI

a. Background

In the FY 2013 IPPS/LTCH PPS final rule, we adopted a policy to use a subregulatory process to make non-substantive updates to measures used in the IPF Quality Reporting Program, to make the determination of what constitutes a substantive versus a nonsubstantive change on a case-by-case basis, and to continue to use rulemaking to adopt substantive updates (77 FR 53653). In addition, in the FY 2014 IPPS/LTCH PPS final rule, we established a policy under which we provide and maintain information to support collection of measures used in the program (78 FR 50896). As part of this policy, we provide a user manual with links to measure specifications, data abstraction information, data submission information, and other information necessary for IPFs to participate in the IPF Quality Reporting Program. We maintain this manual at the IPF Quality Reporting Program Quality Net website at *https://qualitynet.cms.gov/ipf/specifications-manuals.* In addition, we update technical specifications in this manual periodically, notify program participants of changes, and strive to provide sufficient time to allow users to respond to changes.

b. Proposal To Adopt Policy for Maintenance of Technical Specifications for the IPF–PAI

In alignment with our policy for maintaining the IPF Quality Reporting Program specifications manual for quality measures, described in the previous sub-section, we propose that non-substantive updates to the technical specifications for the IPF–PAI would be made through subregulatory mechanisms such as website postings and listserv messaging. Non-substantive updates could include minor changes to data collection or submission specifications, such as might be required to align with updates to FHIR or other health IT standards, and will be determined on a case-in-case basis. We would provide notification of any future changes to the CMS designated system and the required format for IPF–PAI data submission designated by CMS to IPFs and vendors using subregulatory mechanisms including updates of technical specifications in the Guidance Manual and Implementation Guides as well as through our regular program communication channels such as website postings, listserv messaging, and webinars. We note that substantive changes to the IPF–PAI, such as the addition or removal of data categories or assessment items or changes in the data collection deadlines, would be done through rulemaking.

We invite public comment on this proposal.

## V. Collection of Information Requirements

Under the Paperwork Reduction Act of 1995 (PRA), 44 U.S.C. 3501–3520, we are required to provide notice in the **Federal Register** and solicit public comment before a collection of information requirement is submitted to the Office of Management and Budget (OMB) for review and approval. To fairly evaluate whether an information collection should be approved by OMB, 44 U.S.C. 3506(c)(2)(A) requires that we solicit comment on the following issues:

- The need for the information collection and its usefulness in carrying out the proper functions of our agency.
- The accuracy of our estimate of the information collection burden.
- The quality, utility, and clarity of the information to be collected.
- Recommendations to minimize the information collection burden on the affected public, including automated collection techniques.

We are soliciting public comment on each of these issues for the following sections of this document that contain information collection requirements (ICRs). Comments, if received, will be responded to within the subsequent final rule.

The following changes will be submitted to OMB for review under control number 0938–1171 (CMS–10432). In addition, we are submitting a Paperwork Reduction Act package for the IPF Patient Assessment Instrument (IPF–PAI) required by section 4125(b)(1) of the Consolidated Appropriations Act of 2023, to OMB for review under a new control number.

In section V.C.1. of this proposed rule, we restate our currently approved burden estimates. In section V.C.2. of this proposed rule, we estimate the changes in burden associated with the update to more recent wage rates. In section V.C.3. of this proposed rule, we discuss the policies proposed in this proposed rule that will impact information collection burden.

*A. Wage Estimates*

In the FY 2026 IPF PPS final rule, we utilized the median hourly wage rate of $27.69 for Medical Records Specialists, in accordance with the Bureau of Labor Statistics (BLS), to calculate our burden estimates for the IPF Quality Reporting Program (90 FR 37667). Using the most recent data from the BLS for medical records specialists (SOC 29–2072), entitled, the May 2024 Occupational Employment and Wage Estimates, we propose to use the median hourly wage for medical records specialists for the industry, ''general medical and surgical hospitals,'' which is $27.53.[43] We believe the industry of ''general medical and surgical hospitals'' is more specific to the IPF setting for use in our calculations compared to other industries under medical records specialists, such as ''office of physicians'' or ''nursing care facilities.'' We calculated the cost of overhead, including fringe benefits, at 100 percent of the median hourly wage, consistent with previous years. This is necessarily a rough adjustment, both because fringe benefits and overhead costs vary significantly by employer and methods of estimating these costs vary widely in the literature. Nonetheless, we believe that doubling the hourly wage rate ($27.53 × 2 = $55.06) to estimate total cost is a reasonably accurate estimation method. Unless otherwise specified, we will calculate cost burden to hospitals using a wage plus benefits estimate of $55.06 per hour throughout the discussion in this section of this proposed rule. If BLS releases updated wage rates after this proposed rule appears in the **Federal Register** and before the final rule appears in the **Federal Register**, we will maintain the wage rates used in this proposed rule.

Some of the activities previously finalized for the IPF Quality Reporting Program require beneficiaries to undertake tasks such as responding to survey questions on their own time. In the FY 2026 IPF PPS final rule, we estimated the hourly wage rate for these activities to be $25.63/hr (90 FR 37667). We are updating that estimate to a post-tax wage of $25.89/hr. The Valuing Time in U.S. Department of Health and Human Services Regulatory Impact Analyses: Conceptual Framework and Best Practices identifies the approach for valuing time when individuals

[43] U.S. Bureau of Labor Statistics. Occupational Employment and Wage Statistics: General Medical and Surgical Hospitals, Medical Records Specialists. Accessed January 8, 2026. Available at *https://data.bls.gov/oes/#/industry/622100.*

undertake activities on their own time.[44] For FY 2027 we propose to derive the costs for beneficiaries using the usual weekly earnings of wage and salary workers of $1,204, divided by 40 hours to calculate an hourly pre-tax wage rate of $30.10/hr.[45] We propose to adjust this rate downwards by an estimate of the effective tax rate for median income households of about 14 percent calculated by comparing pre and post-tax income,[46] resulting in the post-tax hourly wage rate of $25.89/hr. Unlike our state and private sector wage adjustments, we are not adjusting beneficiary wages for fringe benefits and other indirect costs since the individuals' activities, if any, would occur outside the scope of their employment.

*B. Estimates of the Number of Respondents*

In the FY 2026 IPF PPS final rule, we based estimates of information collection burden on the assumption that 1,596 IPFs would report data for 1,261 discharges, on average per facility, for the IPF Quality Reporting Program in CY 2026 and subsequent years. For this proposed rule, based on data from the FY 2027 payment determination, we are updating our assumption and estimate that 1,564 IPFs will report data for an average of 1,342 discharges annually per facility for the IPF Quality Reporting Program in CY 2027 and subsequent years.

*C. Information Collection Requirements for the IPF Quality Reporting Program*

1. Previously Finalized IPF Quality Reporting Program Estimates

For the purposes of calculating burden, we attribute the costs to the year in which the costs begin. Under our previously finalized policies, data submission for the measures that affect the FY 2029 payment determination occurs during CY 2028 and generally reflects care provided during CY 2027. Our currently approved burden for CY 2027 is set forth in Table 9.

TABLE 9—PREVIOUSLY FINALIZED IPF QUALITY REPORTING PROGRAM INFORMATION COLLECTION BURDEN FOR CY 2027
[Under OMB Control Number 0938–1171]

| Measure/response description | Number respondents | Number of responses/ respondent | Total annual responses | Time per response (hrs) | Time per facility (hrs) | Total annual time (hrs) | Applicable wage rate ($/hr) | Cost per facility ($) | Total annual cost ($) |
|---|---|---|---|---|---|---|---|---|---|
| Hours of Physical Restraint Use | 1,596 | 1,261 | 2,012,556 | 0.25 | 315 | 503,139 | 55.38 | 17,459 | 27,863,838 |
| Hours of Seclusion Use | 1,596 | 1,261 | 2,012,556 | 0.25 | 315 | 503,139 | 55.38 | 17,459 | 27,863,838 |
| Follow-Up After Psychiatric Hospitalization | 1,596 | 0 | 0 | 0 | 0 | 0 | 55.38 | 0 | 0 |
| Alcohol Use Brief Intervention Provided or Offered and Alcohol Use Brief Intervention* | 1,596 | 609 | 971,964 | 0.25 | 152 | 242,991 | 55.38 | 8,432 | 13,456,842 |
| Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and Alcohol and Other Drug Use Disorder Treatment at Discharge | 1,596 | 609 | 971,964 | 0.25 | 152 | 242,991 | 55.38 | 8,432 | 13,456,842 |
| Tobacco Use Treatment Provided or Offered at Discharge and Tobacco Use Treatment at Discharge* | 1,596 | 609 | 971,964 | 0.25 | 152 | 242,991 | 55.38 | 8,432 | 13,456,842 |
| Influenza Immunization | 1,596 | 609 | 971,964 | 0.25 | 152 | 242,991 | 55.38 | 8,432 | 13,456,842 |
| Transition Record with Specified Elements Received by Discharged Patients (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care) | 1,596 | 609 | 971,964 | 0.25 | 152 | 242,991 | 55.38 | 8,432 | 13,456,842 |
| Screening for Metabolic Disorders | 1,596 | 609 | 971,964 | 0.25 | 152 | 242,991 | 55.38 | 8,432 | 13,456,842 |
| Thirty-Day All-Cause Unplanned Readmission Following Psychiatric Hospitalization in an Inpatient Psychiatric Facility | 1,596 | 0 | 0 | 0 | 0 | 0 | 55.38 | 0 | 0 |
| 30-Day Risk-Standardized All-Cause Emergency Department Visit Following an Inpatient Psychiatric Facility Discharge measure | 1,596 | 0 | 0 | 0 | 0 | 0 | 55.38 | 0 | 0 |
| Medication Continuation Following Inpatient Psychiatric Discharge | 1,596 | 0 | 0 | 0 | 0 | 0 | 55.38 | 0 | 0 |
| Psychiatric Inpatient Experience Survey Data Submission | 1,596 | 300 | 478,800 | 0.25 | 75 | 119,700 | 55.38 | 4,154 | 6,628,986 |
| Non Measure Data Collection | 1,596 | 4 | 6,384 | 0.5 | 2 | 3,192 | 55.38 | 111 | 176,773 |
| *Subtotal for Medical Records Specialists* | *1,596* | *6,480* | *10,342,080* | *Varies* | *1,621* | *2,587,116* | 55.38 | *89,771* | *143,274,484* |

[44] *https://aspe.hhs.gov/reports/valuing-time-us-department-health-human-services-regulatory-impact-analyses-conceptual-framework*. Accessed January 16, 2026.

[45] *https://www.bls.gov/news.release/pdf/wkyeng.pdf*. Accessed February 18, 2026.

[46] *https://www2.census.gov/library/publications/2025/demo/p60-286.pdf*. Accessed January 9, 2026.

TABLE 9—PREVIOUSLY FINALIZED IPF QUALITY REPORTING PROGRAM INFORMATION COLLECTION BURDEN FOR CY 2027—Continued

[Under OMB Control Number 0938–1171]

| Measure/response description | Number respondents | Number of responses/ respondent | Total annual responses | Time per response (hrs) | Time per facility (hrs) | Total annual time (hrs) | Applicable wage rate ($/hr) | Cost per facility ($) | Total annual cost ($) |
|---|---|---|---|---|---|---|---|---|---|
| Psychiatric Inpatient Experience Survey | 1,596 | 300 | 478,800 | 0.121 | 36 | 57,935 | 25.63 | 930 | 1,484,869 |
| *Subtotal for Individuals* | *1,596* | *300* | *478,800* | *0.121* | *36* | *57,935* | *25.63* | *930* | *1,484,869* |
| Totals | 1,596 | 6,780 | 10,820,880 | Varies | 1,657 | 2,645,051 | N/A | **90,702 | **144,759,353 |

*These measures are proposed for removal in this proposed rule.
**Due to rounding, totals may not equal the sum of respondent totals.

2. Updates Due to More Recent Information

In section V.A. of this proposed rule, we describe our updated wage rates which decrease from $55.38/hr to $55.06/hr (a decrease of $0.32/hr) for activities performed by Medical Records Specialists and increase from $25.63/hr to $25.89/hr (an increase of $0.26/hr) for activities performed by individuals. The effects of these updates are set forth in Table 10.

TABLE 10—EFFECTS OF WAGE RATE UPDATES

| Respondent | Total annual responses | Time per response (hrs) | Time per facility (hrs) | Total annual time (hrs) | Change in applicable wage rate ($/hr) | Change in cost per facility ($) | Change in total annual cost $) |
|---|---|---|---|---|---|---|---|
| Subtotal for Medical Records Specialists | 10,342,080 | Varies | 1,621 | 2,587,116 | −0.32 | −519 | −827,877 |
| Subtotal for Individuals | 478,800 | Varies | 36 | 57,935 | 0.26 | 9 | 15,063 |
| Totals | 10,820,880 | Varies | 1,657 | 2,645,051 | Varies | *−509 | *−812,814 |

*Due to rounding, totals may not equal the sum of respondent totals.

In section V.B. of this proposed rule, we describe our updated assumptions of the number of responses which decrease from 1,596 facilities to 1,564 (a decrease of 32) and an increase in the number of annual discharges per IPF from 1,261 to 1,342 (an increase of 81). The effects of these updates are set forth in Table 11.

TABLE 11—EFFECTS OF UPDATED RESPONDENT ESTIMATES

| Measure/response description | Total annual responses | Change in total annual responses | Time per response (hrs) | Time per facility (hrs) | Total annual time (hrs) | Change in total annual time (hrs) | Change in cost per facility ($)* | Change in total annual cost ($) |
|---|---|---|---|---|---|---|---|---|
| Subtotal for Medical Records Specialists. | 10,388,088 | 46,008 | Varies | 1,662 | 2,598,586 | 11,470 | 2,230 | 631,538 |
| Subtotal for Individuals | 469,200 | −9,600 | Varies | 36 | 56,773 | −1,162 | 0 | −30,074 |
| Totals | 10,857,288 | 36,408 | Varies | 1,698 | 2,655,359 | 10,308 | 2,230 | 601,464 |

*Calculated using updated wage rates.

The total net impact of updates due to more recent information is an increase of 10,308 hours and $601,464 annually.

3. Updates Due to Proposals in This Proposed Rule

In section IV.B.1. of this proposed rule, we are proposing to remove the Alcohol Use Brief Intervention Provided or Offered (SUB–2) and subset Alcohol Use Brief Intervention (SUB–2a) measure from the IPF Quality Reporting Program beginning with the FY 2028 payment determination and subsequent years. This measure and the associated information collection burden were previously finalized in the FY 2016 IPF PPS final rule and are approved under OMB control number 0938–1171 (expiration date February 29, 2028) (80 FR 46699 through 46701 and 46720 through 46721). Using the currently approved burden estimate under OMB control number 0938–1171 of 15 minutes (0.25 hours) per case per IPF, we estimate this proposal would result in a decrease in burden of 238,119 hours (0.25 hours × 609 cases × 1,564 IPFs) at a savings of $13,110,832 (238,119 × $55.06/hour) across all 1,564 IPFs.

In section IV.B.2. of this proposed rule, we are proposing to remove the Tobacco Use Treatment Provided or Offered at Discharge (TOB–3) and subset Tobacco Use Treatment at Discharge (TOB–3a) measure from the IPF Quality Reporting Program beginning with the FY 2028 payment determination and subsequent years. This measure and the associated information collection burden were previously finalized in the FY 2016 IPF PPS final rule and are approved under OMB control number 0938–1171 (expiration date February 29, 2028) (80 FR 46696 through 46701 and 46720 through 46721). Using the currently approved burden estimate under OMB control number 0938–1171 of 15 minutes (0.25 hours) per case per IPF, we estimate this proposal would result in a decrease in burden of 238,119 hours (0.25 hours × 609 cases × 1,564 IPFs) at a savings of $13,110,832 (238,119 × $55.06/hour) across all 1,564 IPFs.

In section IV.C. of this proposed rule, we are proposing to implement the IPF–PAI beginning with Quarter 4 of the CY 2027 reporting period/FY 2029 payment determination. The IPF–PAI consists of

two assessments, one administered at the time of patient admission and the other administered at discharge, consisting of 26 and 23 assessment item parts,[47] respectively. For the purposes of estimating collection of information burden, we estimate that each assessment item part in the IPF–PAI will require approximately 0.3 minutes (18 seconds) to complete. Our estimate of 0.3 minutes is similar to estimates used in other CMS PAI data collections,[48] and is supported by the IPF–PAI field (beta) test. In field testing, which used volunteer assessors and a convenience sample of patients, assessors completed the beta test assessments, which contained 86 assessment item parts at Admission and 85 assessment parts at Discharge, in a median time of 13 minutes, or approximately 0.15 minutes per assessment item part; time per assessment item part was slightly higher for admission assessments (median time to complete of 16 minutes, or 0.19 minutes per assessment item part) than for discharges (median time to complete of 11 minutes, or 0.13 minutes).[49] We propose using 0.3 minutes for each assessment item part and estimate that the IPF–PAI will require 14.7 minutes (0.3 minutes × 49 assessment item parts) or 0.245 hours per patient.

We also assume the IPF–PAI will be completed by a variety of clinical or support staff. We estimate that approximately 50 percent of data collected associated with the IPF–PAI will be completed by Medical Records Specialists with the remaining 50 percent being split equally by Registered Nurses (RNs), Licensed Practical/Licensed Vocational Nurses (LP/LVNs), and Mental Health and Substance Abuse Social Workers. Similar to our calculation of the wage rate for Medical Records Specialists discussed in section V.A. of this proposed rule, we utilize the BLS median hourly wage rates of $46.74/hour, $28.09/hour, and $37.49/hour for RNs (SOC 29–1141), LP/LVNs (SOC 29–2061), and Mental Health and Substance Abuse Social Workers (SOC 21–1023) for the industry, ''general medical and surgical hospitals'' and calculated the cost of overhead, including fringe benefits, at 100 percent of the median hourly wage. As a result, we calculate a weighted average labor rate of $65.04/hour [($55.06/hour × 50 percent) + ($46.74/hour × 2 × 16.7 percent) + ($28.09/hour × 2 × 16.7 percent) + ($37.49/hour × 2 × 16.7 percent)]. To calculate the number of patients for which the IPF–PAI will be administered, we multiply the number of IPFs by the average discharges per IPF, for a total of 2,098,888 patients (1,564 IPFs × 1,342 discharges/IPF). We estimate this proposal would result in an increase in burden of 514,228 hours annually (0. 245 hours × 2,098,888 patients) at a cost of $33,445,389 (514,228 × $65.04/hour), beginning with the CY 2028 reporting period which is the first full reporting period that the IPF–PAI will be implemented. Because we are proposing to implement the IPF–PAI beginning with Quarter 4 of the CY 2027 Reporting Period, we estimate the number of patients for which the IPF–PAI will be administered to be 25 percent of the annual total of 2,098,888 patients, or 524,722 patients (2,098,888 patients × 25 percent). As a result, for the CY 2027 reporting period, we estimate this proposal would result in an increase in burden of 128,557 hours (0. 245 hours × 524,722 patients) at a cost of $8,361,347 (128,557 × $65.04/hour). Because IPF–PAI data will be submitted using the same web application or FHIR® API used to enter assessment item responses into the assessment, the time to transmit data to CMS is negligible, and therefore we assume no additional burden for IPFs to submit IPF–PAI data. We note that our burden estimate assumes manual entry of patient assessment data (that is, entry using the web application) for all IPFs and therefore represents the most conservative estimate. We expect that some IPFs will utilize the FHIR® API and related guidance to partially or fully automate their data collection and submission process, thereby reducing the collection of information burden.

4. Summary of Information Collection Requirements and Associated Burden

In total for the CY 2027 reporting period, we estimate a decrease in burden of 347,681 hours at a savings of $17,860,317 associated with these proposals. For the CY 2028 reporting period and subsequent years, we estimate an annual increase in burden of 37,990 hours at a cost of $7,223,725 associated with these proposals. We will submit a revised PRA package for OMB control number 0938–1171 reflecting the information collection burden decrease of 476,238 hours at a cost of $26,221,664 associated with removal of the SUB–2/2a and TOB–3/3a measures. We will also submit a new PRA package under a new OMB control number reflecting the information collection burden of 514,228 hours at a cost of $33,445,389 associated with implementation of the IPF–PAI.

TABLE 12—TOTAL CY 2027 IPF INFORMATION COLLECTION BURDEN CHANGES

| Measure/response description | Number respondents | Number of responses/respondent | Total responses | Time per response (hrs) | Time per facility (hrs) | Total time (hrs) | Total cost ($) |
|---|---|---|---|---|---|---|---|
| Removal of Alcohol Use Brief Intervention Provided or Offered and Alcohol Use Brief Intervention (SUB–2/2a) | 1,564 | (609) | (952,476) | 0.25 | (152) | (238,119) | (13,110,832) |
| Removal of Tobacco Use Treatment Provided or Offered at Discharge and Tobacco Use Treatment at Discharge (TOB–3/3a) | 1,564 | (609) | (952,476) | 0.25 | (152) | (238,119) | (13,110,832) |
| Implementation of IPF–PAI * | 1,564 | 335.5 | 524,722 | 0.245 | 82 | 128,557 | 8,361,347 |
| Total | 1,564 | (882.5) | (1,380,230) | Varies | (222) | (347,681) | (17,860,317) |

* Information collection burden for the IPF–PAI in CY 2027 is prorated to reflect the proposal that IPFs begin administering and reporting data from the IPF–PAI to CMS October 1, 2027. The number of IPF–PAI records estimated to be collected per facility is approximately 335.5, or one-quarter of 1,342; representing the fact that we are only collecting data for Q4 of CY 2027.

[47] For the purposes of estimating a realistic information collection burden, some multi-part assessment items are counted as more than one item, out of recognition that they may require multiple responses.

[48] The Inpatient Rehabilitation Facility-PAI (OMB control number 0938–0842), the Outcome and Assessment Information Set (OMB control number 0938–1279), the Long-Term Care Hospital (LTCH) Continuity Assessment Record and Evaluation (CARE) Data Set (OMB control number 0938–1163), and the Minimum Data Set (OMB control number 0938–1140) estimate time required to complete assessment items at 0.15, 0.25, or 0.3 minutes.

[49] CMS internal analysis based on IPF–PAI Testing Report, available under IPF–PAI Development and Testing resources at *https://qualitynet.cms.gov/ipf/PAI.*

TABLE 13—TOTAL ANNUAL IPF INFORMATION COLLECTION BURDEN CHANGES ASSOCIATED WITH ALL PROPOSALS IN THIS RULE

| Measure/response description | Number respondents | Number of responses/ respondent | Total annual responses | Time per response (hrs) | Time per facility (hrs) | Total annual time (hrs) | Total annual cost ($) |
|---|---|---|---|---|---|---|---|
| Removal of Alcohol Use Brief Intervention Provided or Offered and Alcohol Use Brief Intervention (SUB–2/2a) | 1,564 | (609) | (952,476) | 0.25 | (152) | (238,119) | (13,110,832) |
| Removal of Tobacco Use Treatment Provided or Offered at Discharge and Tobacco Use Treatment at Discharge (TOB–3/3a) | 1,564 | (609) | (952,476) | 0.25 | (152) | (238,119) | (13,110,832) |
| Implementation of IPF–PAI | 1,564 | 1,342 | 2,098,888 | 0.245 | 329 | 514,228 | 33,445,389 |
| Total | 1,564 | 124 | 193,936 | Varies | 25 | 37,990 | 7,223,725 |

If you comment on these information collection requirements, that is, reporting, recordkeeping or third-party disclosure requirements, please submit your comments electronically as specified in the **ADDRESSES** section of this proposed rule.

Comments must be received by the date and time specified in the **DATES** section of this rule.

## VI. Response to Comments

Because of the large number of public comments we normally receive on **Federal Register** documents, we are not able to acknowledge or respond to them individually. We will consider all comments we receive by the date and time specified in the **DATES** section of this preamble, and, when we proceed with a subsequent document, we will respond to the comments in the preamble to that document.

## VII. Regulatory Impact Analysis

### *A. Statement of Need*

This rule proposes updates to the prospective payment rates for Medicare inpatient hospital services provided by IPFs for discharges occurring during FY 2027 (October 1, 2026, through September 30, 2027). We are proposing to apply the 2021-based IPF market basket increase for FY 2027 of 3.1 percent, reduced by the productivity adjustment of 0.8 percentage point as required by section 1886(s)(2)(A)(i) of the Act for a total FY 2027 payment rate update of 2.3 percent. In this proposed rule, we are proposing to update the outlier fixed dollar loss threshold amount, update the IPF labor-related share, and update the IPF wage index to reflect the FY 2027 hospital inpatient wage index. Section 1886(s)(4) of the Act requires IPFs to report data in accordance with the requirements of the IPF Quality Reporting Program for purposes of measuring and making publicly available information on health care quality; and links the quality data submission to the annual applicable percentage increase.

### *B. Overall Impact*

We have examined the impacts of this rule as required by Executive Order 12866, ''Regulatory Planning and Review''; Executive Order 13132, ''Federalism''; Executive Order 13563, ''Improving Regulation and Regulatory Review''; Executive Order 14192, ''Unleashing Prosperity Through Deregulation''; the Regulatory Flexibility Act (RFA) (Pub. L. 96–354); section 1102(b) of the Social Security Act; and section 202 of the Unfunded Mandates Reform Act of 1995 (Pub. L. 104–4); and the Congressional Review Act (5 U.S.C. 801–808).

Executive Orders 12866 and 13563 direct agencies to assess all costs and benefits of available regulatory alternatives and, if regulation is necessary, to select those regulatory approaches that maximize net benefits (including potential economic, environmental, public health and safety, and other advantages; distributive impacts; and equity). Section 3(f) of Executive Order 12866 defines a ''significant regulatory action'' as any regulatory action that is likely to result in a rule that may: (1) have an annual effect on the economy of $100 million or more or adversely affect in a material way the economy, a sector of the economy, productivity, competition, jobs, the environment, public health or safety, or State, local, or tribal governments or communities; (2) create a serious inconsistency or otherwise interfere with an action taken or planned by another agency; (3) materially alter the budgetary impact of entitlements, grants, user fees, or loan programs or the rights and obligations of recipients thereof; or (4) raise novel legal or policy issues arising out of legal mandates, or the President's priorities.

A regulatory impact analysis (RIA) must be prepared for a regulatory action that is significant under section 3(f)(1) of E.O. 12866. We estimate that the total impact of these changes for FY 2027 payments compared to FY 2026 payments will be an increase of approximately $50 million. This reflects a $55 million increase from the update to the payment rates (+$75 million from the 2021-based IPF market basket increase of 3.1 percent, and −$20 million for the productivity adjustment of 0.8 percentage point). Outlier payments are estimated to change from 2.2 percent in FY 2026 to 2.0 percent of total estimated IPF payments in FY 2027. While it does not affect the overall impact, we estimate this change in outlier payments will reduce total IPF PPS payments by approximately $5 million.

Based on our estimates, OMB's Office of Information and Regulatory Affairs has determined that this rulemaking is ''significant'' under section 3(f) of Executive Order 12866, though not significant under section 3(f)(1). Nevertheless, because of the potentially substantial impact to IPF providers, we have prepared an RIA that to the best of our ability presents the costs and benefits of the rulemaking. OMB has reviewed these final regulations, and the Departments have provided the following assessment of their impact.

### *C. Detailed Economic Analysis*

In this section, we discuss the historical background of the IPF PPS and the impact of the final rule on the Federal Medicare budget and on IPFs.

#### 1. Budgetary Impact

As discussed in the RY 2005 and RY 2007 IPF PPS final rules, we applied a budget neutrality factor to the Federal per diem base rate and ECT payment per treatment to ensure that total estimated payments under the IPF PPS in the implementation period would equal the amount that would have been paid if the IPF PPS had not been implemented. This budget neutrality factor included the following components: outlier adjustment, stop-loss adjustment, and the behavioral offset. As discussed in the RY 2009 IPF PPS notice (73 FR 25711), the stop-loss adjustment is no longer applicable under the IPF PPS.

As discussed in section III.D.1.c. of this proposed rule, we are proposing to update the wage index and labor-related share in a budget neutral manner by applying a wage index budget neutrality factor to the Federal per diem base rate and ECT payment per treatment. Therefore, the budgetary impact to the Medicare program of this proposed rule would be due to the proposed market basket increase for FY 2027 of 3.1 percent (see section III.A.2. of this proposed rule) reduced by the proposed productivity adjustment of 0.8 percentage point required by section 1886(s)(2)(A)(i) of the Act and the proposed update to the outlier fixed dollar loss threshold amount.

We estimate that the impact of the FY 2027 IPF PPS proposed rule would be a net increase of $50 million in payments to IPF providers. This reflects an estimated $55 million increase from the update to the payment rates and a $5 million decrease as a result of the update to the outlier threshold amount as noted earlier. This estimate does not include the implementation of the required 2.0 percentage point reduction of the market basket update factor for any IPF that fails to meet the IPF Quality Reporting requirements (as discussed in section III.B.3. of this proposed rule).

2. Impact on Providers

To show the impact on providers of the changes to the IPF PPS discussed in this proposed rule, we compared estimated payments under the proposed IPF PPS rates and factors for FY 2027 versus those under FY 2026. We determined the percent change in the estimated FY 2027 IPF PPS payments compared to the estimated FY 2026 IPF PPS payments for each category of IPFs. In addition, for each category of IPFs, we have included the estimated percent change in payments resulting from the update to the outlier fixed dollar loss threshold amount; the updated wage index data and proposed labor-related share; and the proposed market basket increase for FY 2027, as reduced by the productivity adjustment according to section 1886(s)(2)(A)(i) of the Act.

To illustrate the impacts of the proposed FY 2027 changes to the IPF PPS discussed in this proposed rule, our analysis begins with FY 2025 IPF PPS claims (based on the 2025 MedPAR claims, December 2025 update). We estimated FY 2026 IPF PPS payments using these 2025 claims, the finalized FY 2026 IPF PPS Federal per diem base rate and ECT per treatment amount, and the finalized FY 2026 IPF PPS patient- and facility-level adjustment factors (as published in the FY 2026 IPF PPS final rule (90 FR 37628)). We then estimated the FY 2026 outlier payments based on these simulated FY 2026 IPF PPS payments using the same methodology as finalized in the FY 2026 IPF PPS final rule (90 FR 37653 and 37654) where total outlier payments are maintained at 2 percent of total estimated FY 2026 IPF PPS payments.

Each of the following changes is added incrementally to this baseline model in order to isolate the effects of each change:

- The proposed update to the outlier fixed dollar loss threshold amount.
- The proposed FY 2027 IPF wage index and the proposed FY 2027 labor-related share.
- The proposed IPF market basket increase for FY 2027 of 3.1 percent reduced by the proposed productivity adjustment of 0.8 percentage point in accordance with section 1886(s)(2)(A)(i) of the Act for a proposed FY 2027 payment rate update of 2.3 percent.

Our proposed column comparison in Table 14 illustrates the percent change in payments from FY 2026 (that is, October 1, 2025, to September 30, 2026) to FY 2027 (that is, October 1, 2026, to September 30, 2027) including all the final payment policy changes.

TABLE 14—FY 2027 IPF PPS PROPOSED PAYMENT IMPACTS

| Facility by type | Number of facilities | Routine outlier update | Proposed 20% outlier cap | Proposed FY 27 wage index, and labor-related share | Total % change [1] |
|---|---|---|---|---|---|
| (1) | (2) | (3) | (4) | (5) | (6) |
| All Facilities | 1,354 | −0.2 | 0.0 | 0.0 | 2.1 |
| Total Urban | 1,119 | −0.2 | 0.0 | 0.0 | 2.1 |
| Urban unit | 601 | −0.3 | −0.1 | 0.3 | 2.2 |
| Urban hospital | 518 | −0.1 | 0.1 | −0.5 | 1.9 |
| Total Rural | 235 | −0.1 | 0.0 | 0.4 | 2.6 |
| Rural unit | 171 | −0.1 | 0.1 | 0.3 | 2.7 |
| Rural hospital | 64 | −0.1 | −0.2 | 0.4 | 2.5 |
| **By Type of Ownership** | | | | | |
| Freestanding IPFs | | | | | |
| Urban Psychiatric Hospitals | | | | | |
| Government | 106 | −0.2 | 0.4 | 0.1 | 2.6 |
| Non-Profit | 66 | −0.1 | 0.2 | 0.1 | 2.5 |
| For-Profit | 346 | 0.0 | 0.0 | −0.7 | 1.6 |
| Rural Psychiatric Hospitals | | | | | |
| Government | 31 | −0.1 | 0.0 | 1.2 | 3.5 |
| Non-Profit | 11 | −0.7 | −1.3 | 1.7 | 2.1 |
| For-Profit | 22 | 0.0 | 0.0 | −0.2 | 2.1 |
| IPF Units | | | | | |
| Urban | | | | | |
| Government | 96 | −0.6 | −0.4 | 0.5 | 1.8 |
| Non-Profit | 378 | −0.3 | 0.0 | 0.2 | 2.2 |
| For-Profit | 127 | −0.1 | 0.1 | 0.4 | 2.7 |
| Rural | | | | | |
| Government | 48 | 0.0 | 0.0 | 0.7 | 3.0 |
| Non-Profit | 93 | −0.1 | 0.2 | 0.3 | 2.7 |

TABLE 14—FY 2027 IPF PPS PROPOSED PAYMENT IMPACTS—Continued

| Facility by type | Number of facilities | Routine outlier update | Proposed 20% outlier cap | Proposed FY 27 wage index, and labor-related share | Total % change [1] |
|---|---|---|---|---|---|
| (1) | (2) | (3) | (4) | (5) | (6) |
| For-Profit | 30 | 0.0 | 0.1 | −0.1 | 2.3 |
| **By Teaching Status** | | | | | |
| Non-teaching | 1,147 | −0.1 | 0.0 | −0.2 | 2.0 |
| Less than 10% interns and residents to beds | 103 | −0.3 | 0.0 | 0.9 | 2.9 |
| 10% to 30% interns and residents to beds | 77 | −0.4 | −0.4 | 0.2 | 1.7 |
| More than 30% interns and residents to beds | 27 | −0.4 | 0.3 | −0.2 | 2.0 |
| **By Region** | | | | | |
| New England | 95 | −0.3 | 0.1 | 0.5 | 2.7 |
| Mid-Atlantic | 189 | −0.3 | −0.5 | 1.2 | 2.8 |
| South Atlantic | 217 | −0.1 | 0.0 | −0.1 | 2.1 |
| East North Central | 211 | −0.1 | 0.0 | −0.7 | 1.4 |
| East South Central | 132 | −0.1 | 0.1 | −1.1 | 1.2 |
| West North Central | 86 | −0.3 | 0.3 | −0.2 | 2.0 |
| West South Central | 208 | 0.0 | 0.1 | −0.9 | 1.5 |
| Mountain | 90 | −0.1 | 0.1 | −0.1 | 2.1 |
| Pacific | 126 | −0.3 | 0.2 | 0.2 | 2.5 |
| **By Bed Size** | | | | | |
| Psychiatric Hospitals | | | | | |
| Beds: 0–24 | 89 | −0.1 | 0.0 | −0.3 | 1.9 |
| Beds: 25–49 | 87 | 0.0 | 0.0 | −1.2 | 1.1 |
| Beds: 50–75 | 94 | 0.0 | 0.0 | −0.4 | 1.8 |
| Beds: 76 + | 312 | −0.1 | 0.1 | −0.2 | 2.1 |
| Psychiatric Units | | | | | |
| Beds: 0–24 | 384 | −0.2 | −0.4 | 0.1 | 1.8 |
| Beds: 25–49 | 220 | −0.2 | 0.2 | 0.4 | 2.7 |
| Beds: 50–75 | 97 | −0.3 | 0.1 | 0.3 | 2.5 |
| Beds: 76 + | 71 | −0.5 | 0.0 | 0.6 | 2.4 |

[1] This column includes the impact of the updates in columns (3) and (4) above, and of the proposed IPF market basket update factor for FY 2027 (3.1 percent), reduced by 0.8 percentage point for the proposed productivity adjustment as required by section 1886(s)(2)(A)(i) of the Act.

3. Impact Results

Table 14 displays the results of our analysis. The table groups IPFs into the categories listed here based on characteristics provided in the Provider of Services file, the IPF PSF, and cost report data from the Healthcare Cost Report Information System:

- Facility Type.
- Location.
- Teaching Status Adjustment.
- Census Region.
- Size.

The top row of Table 14 shows the overall impact on the 1,354 IPFs included in the analysis. In column 2, we present the number of facilities of each type that had information available in the PSF and had claims in the MedPAR dataset for FY 2025.

In column 3, we present the effects of the proposed update to the outlier fixed dollar loss threshold amount. We estimate that IPF outlier payments as a percentage of total IPF payments are 2.2 percent in FY 2026. Therefore, we are proposing to adjust the outlier threshold amount to maintain total estimated outlier payments equal to 2.0 percent of total payments in FY 2027. The estimated change in total IPF payments for FY 2027, therefore, includes an approximate 0.2 percent decrease in payments because we would expect the outlier portion of total payments to decrease from approximately 2.2 percent to 2.0 percent.

The overall impact of the estimated decrease to payments due to updating the outlier fixed dollar loss threshold (as shown in column 3 of Table 14), across all hospital groups, is a 0.2 percent decrease. The largest decrease in payments due to this change is estimated to be 0.7 percent for non-profit IPF hospitals in rural areas.

In column 4, we present the effects of the proposed 20 percent facility-level outlier cap. The change in this column represents the proposed changes to the outlier payment policy as discussed in section III.E.1.c. of this proposed rule.

We note that there is no projected change in aggregate payments to IPFs, as indicated in the first row of column 4; however, there would be distributional effects among different categories of IPFs. For example, we estimate the largest increase in payments to be 0.4 percent for government-owned IPF hospitals in urban areas, and the largest decrease in payments to be 1.3 percent for non-profit IPF hospitals in rural areas.

In column 5, we present the effects of the proposed budget-neutral update to the IPF wage index and the proposed labor-related share. In addition, this column includes the application of the 5-percent cap on any decrease to a provider's wage index from its wage index in the prior year as finalized in the FY 2023 IPF PPS final rule (87 FR 46856 through 46859). The change in this column represents the effect of using the concurrent hospital wage data as discussed in section III.D.1.c. of this proposed rule. That is, the impact

represented in this column reflects the proposed update from the FY 2026 IPF wage index to the proposed FY 2027 IPF wage index, which includes basing the FY 2027 IPF wage index on the FY 2027 pre-floor, pre-reclassified IPPS hospital wage index data, applying a 5-percent cap on any decrease to a provider's wage index from its wage index in the prior year, and updating the labor-related share from 79.0 percent in FY 2026 to 79.1 percent in FY 2027. We note that there is no projected change in aggregate payments to IPFs, as indicated in the first row of column 5; however, there would be distributional effects among different categories of IPFs. For example, we estimate the largest increase in payments to be 1.7 percent for non-profit IPF hospitals in rural areas, and the largest decrease in payments to be 1.2 percent for IPF hospitals with 25 to 49 beds.

Overall, IPFs are estimated to experience a net increase in payments of 2.1 percent as a result of the updates in this proposed rule. IPF payments are therefore estimated to increase by 2.1 percent in urban areas and 2.6 percent in rural areas. The largest payment increase is estimated at 3.5 percent for government-owned IPF hospitals in rural areas.

4. Effect on Beneficiaries

Under the FY 2027 IPF PPS, IPFs will continue to receive payment based on the average resources consumed by patients for each day. Our longstanding payment methodology reflects the differences in patient resource use and costs among IPFs, as required under section 124 of the BBRA. We expect that updating IPF PPS rates in this rule will improve or maintain beneficiary access to high-quality care by ensuring that payment rates reflect the best available data on the resources involved in inpatient psychiatric care and the costs of these resources. We continue to expect that paying prospectively for IPF services under the FY 2027 IPF PPS will enhance the efficiency of the Medicare program.

5. Effects of the Updates to the IPF Quality Reporting Program

In section IV.B. of this proposed rule, we are proposing to remove two measures from the IPF Quality Reporting Program beginning with the FY 2028 payment determination: Alcohol Use Brief Intervention Provided or Offered and Alcohol Use Brief Intervention (SUB–2/2a) and Tobacco Use Treatment Provided or Offered at Discharge (TOB–3/3a). Because these measures require IPFs to abstract data from a sample of patients' medical records, we expect the removal of these measures to reduce 476,238 hours of annual information collection burden on IPFs, valued at $26,221,664, in CY 2027.

In section IV.C. of this proposed rule, we are proposing to implement the IPF Patient Assessment Instrument (IPF–PAI), required by section 4125(b)(1) of the Consolidated Appropriations Act of 2023, beginning with Quarter 4 of the CY 2027 reporting period for the FY 2029 payment determination. IPFs would have the option of two methods for submission of IPF–PAI data to CMS: web application and FHIR® API. As IPFs have not yet used FHIR® for program data submission, we acknowledge that technological, financial, and staffing barriers may present challenges to adoption and use in some facilities. We also recognize that IPFs and the health IT vendors that support IPFs would require time to develop and implement data collection and submission tools for the proposed IPF–PAI. Because each IPF and health IT vendor is unique and we lack sufficient insight into the individual workflows and decisions or each, the extent of these costs is difficult to quantify. However, in Section V.C.3. of this proposed rule, we estimate the IPF–PAI proposal to increase collection of information burden by 514,228 hours annually, valued at $33,445,389, when fully implemented.

In accordance with section 1886(s)(4)(A) of the Act, we will apply a 2-percentage point reduction to the FY 2027 market basket update for IPFs that have failed to comply with the IPF Quality Reporting Program requirements for the FY 2027 payment determination, including reporting on the mandatory measures. Historically, approximately 70 IPFs, or about 5 percent of IPFs that participate in the IPF Quality Reporting Program do not receive the full annual percentage increase in any fiscal year due to the failure to meet all requirements of the program. We anticipate that the number of IPFs not receiving the full annual percentage increase will be approximately the same as in past years based on review of previous performance. We intend to closely monitor the effects of the IPF Quality Reporting Program on IPFs and help facilitate successful reporting outcomes through ongoing education, national trainings, and a technical help desk.

6. Regulatory Review Costs

If regulations impose administrative costs on private entities, such as the time needed to read and interpret this proposed rule, we should estimate the cost associated with the regulatory review. Due to the uncertainty involved with accurately quantifying the number of entities that will review this proposed rule, we assume that the total number of unique commenters on the most recent IPF PPS proposed rule will be the number of reviewers of this proposed rule. For this FY 2027 IPF PPS proposed rule, the most recent IPF proposed rule was the FY 2026 IPF PPS proposed rule, and we received 55 unique comments on the proposed rule. We acknowledge that this assumption may understate or overstate the costs of reviewing this rule. It is possible that not all commenters reviewed the FY 2026 IPF proposed rule in detail, and it is also possible that some reviewers chose not to comment on the proposed rule. For these reasons we thought that the number of commenters would be a fair estimate of the number of reviewers of this rule. We welcome any public comments on the approach in estimating the number of entities that would review the proposed rule.

We also recognize that different types of entities are in many cases affected by mutually exclusive sections of this proposed rule, and therefore for the purposes of our estimate, we assume that each reviewer reads approximately 50 percent of the rule. We seek public comments on this assumption.

Using the May, 2024 mean (average) wage information from the Bureau of Labor Statistics (BLS) for medical and health service managers (Code 11–9111), we estimate that the cost of reviewing this proposed rule is $132.44 per hour, including overhead and fringe benefits (*https://www.bls.gov/oes/current/oes_nat.htm*). Assuming an average reading speed of 250 words per minute, we estimate that it would take approximately 1.23 hours for the staff to review half of this proposed rule which contains a total of approximately 37,000 words. For each entity that reviews the rule, the estimated cost is $163.34 (1.23 hours × $132.44). Therefore, we estimate that the total cost of reviewing this regulation is $8,983.85 ($163.34 × 55 reviewers).

*D. Alternatives Considered*

The statute gives the Secretary discretion in establishing an update methodology to the IPF PPS. We continued to believe it is appropriate to routinely update the IPF PPS so that it reflects the best available data about differences in patient resource use and costs among IPFs, as required by the statute. Therefore, we are proposing updates to the IPF PPS using the methodology published in the RY 2005 IPF PPS final rule (our ''standard

methodology''), with the pre-floor, pre-reclassified IPPS hospital wage index as its basis. Additionally, we apply a 5-percent cap on any decrease to a provider's wage index from its wage index in the prior year. Lastly, as discussed in section III.D.4. of this proposed rule, we are proposing to adjust non-labor related costs for IPFs located in Alaska and Hawaii using the Overseas Cost-of-Living Allowance (OCOLA) data published by the Department of Defense (DOD) for FY 2027 consistent with payments for other hospitals located in Alaska and Hawaii. We considered, but did not propose, updating the COLA factors for IPFs based on the results of our existing methodology.

We considered, but did not propose, setting the proposed facility-level outlier cap at a level other than 20 percent. We also considered applying the outlier cap only to facilities with a minimum number of stays. We are soliciting comments on both of these alternatives.

*E. Accounting Statement*

Consistent with OMB Circular A–4 (available at *https://www.whitehouse.gov/wp-content/uploads/2025/08/CircularA-4.pdf*), in Table 15, we have prepared an accounting statement showing the classification of the expenditures associated with the updates to the IPF wage index and payment rates in this proposed rule. Table 15 provides our best estimate of the increase in Medicare payments under the IPF PPS as a result of the changes presented in this proposed rule and based on 1,354 IPFs that had data available in the PSF and claims in our FY 2025 MedPAR claims dataset. Lastly, Table 14 also includes our best estimate of the costs of reviewing and understanding this proposed rule.

TABLE 15—ACCOUNTING STATEMENT: CLASSIFICATION OF ESTMATED COSTS, SAVINGS, AND TRANSFERS

[in millions]

| Category | Primary estimate ($million/year) | Year dollars | Period covered |
|---|---|---|---|
| Regulatory Review Costs | 0.0089 | 2026 | FY 2026. |
| IPF Quality Reporting Information Collection Burden | 7.23 | 2026 | FY 2027. |
| Annualized Monetized Transfers from Federal Government to IPF Medicare Providers | 50 | 2026 | FY 2027. |

*F. Regulatory Flexibility Act (RFA)*

The RFA requires agencies to analyze options for regulatory relief of small entities if a rule has a significant impact on a substantial number of small entities. For purposes of the RFA, small entities include small businesses, nonprofit organizations, and small governmental jurisdictions.

1. The Need for, Objectives of, and Legal Basis for the Rule

Section 124 of the Medicare, Medicaid, and State Children's Health Insurance Program Balanced Budget Refinement Act of 1999 (BBRA) (Pub. L. 106–113) required the establishment and implementation of an IPF PPS in a budget neutral manner. Specifically, section 124 of the BBRA mandated that the Secretary of Health and Human Services (the Secretary) develop a per diem prospective payment system (PPS) for inpatient hospital services furnished in psychiatric hospitals and excluded psychiatric units including an adequate patient classification system that reflects the differences in patient resource use and costs among psychiatric hospitals and excluded psychiatric units.

Sections 3401(f) and 10322 of the Patient Protection and Affordable Care Act (Pub. L. 111–148) as amended by section 10319(e) of that Act and by section 1105(d) of the Health Care and Education Reconciliation Act of 2010 (Pub. L. 111–152) (''the Affordable Care Act'') added subsection (s) to section 1886 of the Social Security Act (the Act).

Section 1886(s)(1) of the Act titled ''Reference to Establishment and Implementation of System,'' refers to section 124 of the BBRA, which relates to the establishment of the IPF PPS.

2. Identify the Impacted Small Entities

According to the SBA's website at *http://www.sba.gov/content/small-business-size-standards,* IPFs fall into the North American Industrial Classification System (NAICS) code 622210, Psychiatric and Substance Abuse hospitals. The SBA defines small Psychiatric and Substance Abuse hospitals as businesses having less than $47 million in total annual revenue. SUSB data shows there are 190 firms below this threshold.

TABLE 16—CONCENTRATION RATIOS (NAICS 622210) PSYCHIATRIC AND SUBSTANCE ABUSE HOSPITALS

| Firm size (by receipts) | Firm count | Percentage of small firms | Average revenue ($) |
|---|---|---|---|
| Small Hospitals | 190 | 100.0 | $19,736,628.87 |
| <100,000 | 4 | 2.1 | 20,000 |
| 100,000–499,999 | 6 | 3.2 | 225,667 |
| 1,000,000–2,499,999 | 5 | 2.6 | 1,890,000 |
| 2,500,000–4,999,999 | 10 | 5.3 | 3,622,800 |
| 5,000,000–7,499,999 | 6 | 3.2 | 5,485,333 |
| 7,500,000–9,999,999 | 20 | 10.5 | 8,288,050 |
| 10,000,000–14,999,999 | 12 | 6.3 | 11,324,833 |
| 15,000,000–19,999,999 | 24 | 12.6 | 15,943,667 |
| 20,000,000–24,999,999 | 22 | 11.6 | 20,138,000 |
| 25,000,000–29,999,999 | 18 | 9.5 | 23,777,278 |
| 30,000,000–34,999,999 | 19 | 10.0 | 28,946,895 |
| 35,000,000–39,999,999 | 21 | 11.1 | 30,214,762 |
| 40,000,000–47,000,000 | 23 | 12.1 | 40,439,152 |
| Large Hospitals | | | |

TABLE 16—CONCENTRATION RATIOS (NAICS 622210) PSYCHIATRIC AND SUBSTANCE ABUSE HOSPITALS—Continued

| Firm size (by receipts) | Firm count | Percentage of small firms | Average revenue ($) |
|---|---|---|---|
| Receipts >47 million | 228 | NA | 123,983,594.37 |

Source: US Census 2022 SUSB.

According to Table 16, 190 psychiatric and substance abuse hospitals, at the firm level, can be considered small according to the SBA. As we stated earlier, the SBA defines small Psychiatric and Substance Abuse hospitals (firms) as businesses having less than $47 million in total annual revenue. According to the U.S. Census, a firm is a legal entity or parent company that owns and operates the business, or hospital, in this case. Therefore, Table 16 only reflects data at the firm level and not at the establishment level, where multiple establishments could be owned by a firm.

3. Define ''Significant Impact'' and ''Substantial Number'' Thresholds

As its measure of significant economic impact on small entities, HHS uses a change in revenue of more than 3 to 5 percent. The agency considers the rule to have a significant impact on a substantial number of small businesses when more than 5 percent of impacted small entities meet the significant impact threshold defined above.

TABLE 17—(NAICS 622210) PSYCHIATRIC AND SUBSTANCE ABUSE HOSPITALS IMPACTS ON SMALL ENTITES

| Firm size (by receipts) | Average annual revenue | Annualized cost per firm | Percentage of small firms | Revenue test (%) |
|---|---|---|---|---|
| All Hospitals | $317,625,550.10 | $4,782 | N/A | 0.00 |
| Small Hospitals | 19,736,628.87 | 4,782 | 100 | 0.02 |
| <100,000 | 20,000 | 4,782 | 2.1 | 23.91 |
| 100,000–499,999 | 225,667 | 4,782 | 3.2 | 2.12 |
| 1,000,000–2,499,999 | 1,890,000 | 4,782 | 2.6 | 0.25 |
| 2,500,000–4,999,999 | 3,622,800 | 4,782 | 5.3 | 0.13 |
| 5,000,000–7,499,999 | 5,485,333 | 4,782 | 3.2 | 0.09 |
| 7,500,000–9,999,999 | 8,288,050 | 4,782 | 10.5 | 0.06 |
| 10,000,000–14,999,999 | 11,324,833 | 4,782 | 6.3 | 0.04 |
| 15,000,000–19,999,999 | 15,943,667 | 4,782 | 12.6 | 0.03 |
| 20,000,000–24,999,999 | 20,138,000 | 4,782 | 11.6 | 0.02 |
| 25,000,000–29,999,999 | 23,777,278 | 4,782 | 9.5 | 0.02 |
| 30,000,000–34,999,999 | 28,946,895 | 4,782 | 10.0 | 0.02 |
| 35,000,000–39,999,999 | 30,214,762 | 4,782 | 11.1 | 0.02 |
| 40,000,000–47,000,000 | 40,439,152 | 4,782 | 12.1 | 0.01 |

Source: US Census 2022 SUSB.

4. The Estimated Impact to Small Businesses

As discussed in sections VII.C.5 and VII.C.6, costs imposed by this proposed include the regulatory review costs, which we estimate at $163.34 per IPF; and the proposed implementation of the Inpatient Psychiatric Facility-Patient Assessment Instrument (IPF–PAI), which we estimate at $21,384.52 per IPF. However, as discussed in sections IV.B.1 and IV.B.2 of this proposed rule, the proposed removal of the Alcohol Use Brief Intervention Provided or Offered (SUB–2) and subset Alcohol Use Brief Intervention (SUB–2a) measure and the Tobacco Use Treatment Provided or Offered at Discharge (TOB–3) and subset Tobacco Use Treatment at Discharge (TOB–3a) measure from the IPF Quality Reporting Program would result in an estimated decrease in cost of $16,765.77 per IPF. As a result, there are increased costs of $4,782.09 per IPF (($163.34 + $21,384.52) − $16,765.77) imposed as a result of this proposed rule. Recall, the total number of IPFs is 1,354.

As shown in Table 17, 100 percent of these small Psychiatric and Substance Abuse hospitals will incur costs as a result of this proposed rule.

5. Does the impact on small entities meet the two-part threshold?

According to Table 17, this proposed rule will have a significant impact upon 2.6 percent impact of small Psychiatric and Substance Abuse hospitals. Costs for small Psychiatric and Substance Abuse hospitals are estimated to increase by $4,782.09 per IPF ($4,618.75 as a result of the IPFQR proposals, and $163.34 as a result of the regulatory review costs.) The $4,782 implies a significant impact threshold of $159,400 in annual revenue ($4,782/$159,400 = 0.03, or 3 percent). As its measure of significant economic impact on a substantial number of small entities, HHS uses a change in revenue of more than 3 to 5 percent.

Assuming the firm size distribution provided in Table 17, we expect 2.6 percent of small firms to fall below this significant impact threshold. We also believe this estimate to be an upper-bound since the cost increase from the proposed implementation of the IPF–PAI would scale based on the number of patients treated. As such, we anticipate that small Psychiatric and Substance Abuse hospitals will likely have a lower burden due to having fewer patient stays; and therefore, fewer IPF–PAI assessments to be completed on an annual basis. We believe that the threshold for significant economic impact on a substantial number of small entities will not be reached by the requirements in this proposed rule.

6. Significant Alternatives

Section 603(c) mandates that agencies shall contain a description of any significant alternatives to the proposed rule which accomplish the stated objectives of applicable statutes and

which minimize any significant economic impact of the proposed rule on small entities. As discussed in section IV.C. of this proposed rule, we propose to implement the IPF–PAI in the IPF Quality Reporting Program to comply with section 1886(s)(4)(E) of the Act, which requires each IPF participating in the IPF Quality Reporting Program to collect and submit to the Secretary certain standardized patient assessment data, using a standardized patient assessment instrument (PAI) implemented by the Secretary. At this time, we have not identified any viable alternative that would accomplish the stated objectives of section 1886(s)(4)(E) of the Act while further reducing the economic impact of the proposed rule on small entities.

In addition, section 1102(b) of the Act requires us to prepare a regulatory impact analysis if a rule may have a significant impact on the operations of a substantial number of small rural hospitals. This analysis must conform to the provisions of section 603 of the RFA. For the purposes of section 1102(b) of the Act, we define a small rural hospital as a hospital that is located outside of a metropolitan statistical area and has fewer than 100 beds.

As discussed in section VII.C.2. of this proposed rule, the rates and policies set forth in this proposed rule will not have an adverse impact on the rural hospitals based on the data of the 171 rural excluded psychiatric units and 64 rural psychiatric hospitals in our database of 1,354 IPFs for which data were available. Therefore, the Secretary has determined that this proposed rule will not have a significant impact on the operations of a substantial number of small rural hospitals.

*G. Unfunded Mandate Reform Act (UMRA)*

Section 202 of the Unfunded Mandates Reform Act of 1995 (UMRA) also requires that agencies assess anticipated costs and benefits before issuing any rule whose mandates require spending in any 1 year of $100 million in 1995 dollars, updated annually for inflation. In 2026, that threshold is approximately $193 million. This proposed rule does not mandate any requirements for State, local, or tribal governments, or for the private sector. This proposed rule will not impose a mandate that will result in the expenditure by State, local, and tribal governments, in the aggregate, or by the private sector, of more than $193 million in any 1 year.

*H. Federalism*

Executive Order 13132 establishes certain requirements that an agency must meet when it promulgates a proposed rule that imposes substantial direct requirement costs on State and local governments, preempts State law, or otherwise has Federalism implications. This proposed rule does not impose substantial direct costs on state or local governments or preempt State law.

*I. E.O. 14192, ''Unleashing Prosperity Through Deregulation''*

Executive Order 14192, entitled ''Unleashing Prosperity Through Deregulation'' was issued on January 31, 2025, and requires that ''any new incremental costs associated with new regulations shall, to the extent permitted by law, be offset by the elimination of existing costs associated with at least 10 prior regulations.'' This proposed rule, if finalized as proposed, is expected to be considered an Executive Order 14192 regulatory action. We estimate that this proposed rule will generate $6.31 million in annualized cost at a 7 percent discount rate, over a perpetual time horizon.

This proposed regulation is subject to the Congressional Review Act provisions of the Small Business Regulatory Enforcement Fairness Act of 1996 (5 U.S.C. 801 *et seq.*) and has been transmitted to the Congress and the Comptroller General for review.

Mehmet Oz, Administrator of the Centers for Medicare & Medicaid Services, approved this document on March 26, 2026.

**List of Subjects in 42 CFR Part 412**

Administrative practice and procedure, Health facilities, Medicare, Puerto Rico, Reporting and recordkeeping requirements.

For the reasons set forth in the preamble, the Centers for Medicare & Medicaid Services proposes to amend 42 CFR part 412 as set forth below:

## PART 412—PROSPECTIVE PAYMENT SYSTEMS FOR INPATIENT HOSPITAL SERVICES

■ 1. The authority citation for part 412 continues to read as follows:

**Authority:** 42 U.S.C. 1302 and 1395hh.

■ 2. Section 412.424 is amended by adding paragraph (d)(3)(i)(D) to read as follows:

**§ 412.424 Methodology for calculating the Federal per diem payment amount.**

* * * * *

(d) * * *

(3) * * *

(i) * * *

(D) For discharges occurring in cost reporting periods beginning on or after October 1, 2026, an IPF's total outlier payments are limited to no more than 20 percent of its total IPF PPS payments.

* * * * *

■ 3. Section 412.433 is amended by—

■ a. Revising paragraphs (a) and (d); and

■ b. Adding paragraph (h).

The revisions and addition read as follows:

**§ 412.433 Procedural requirements under the IPFQR Program.**

(a) *Statutory authority.* Section 1886(s)(4) of the Act requires the Secretary to implement a quality reporting program for inpatient psychiatric hospitals and psychiatric units. Under section 1886(s)(4) of the Act, for an IPF paid under the IPF PPS that fails to submit data required for the quality measures and standardized patient assessment data selected by the Secretary in a form and manner and at a time specified by the Secretary, we reduce the otherwise applicable annual update to the standard Federal rate by 2.0 percentage points with respect to the applicable fiscal year.

* * * * *

(d) *Submission of IPFQR Program data.* In general, except as provided in paragraph (f) of this section, IPFs that participate in the IPFQR Program must submit to CMS data on measures selected under section 1886(s)(4)(D) of the Act and specified non-measure data, including standardized patient assessment data under section 1886(4)(E) of the Act, in a form and manner, and at a time specified by CMS.

* * * * *

(h) *Data Completion Threshold for the IPF–PAI.* IPFs must meet or exceed a data completeness threshold for standardized patient assessment data collected using the IPF–PAI to avoid receiving a 2 percentage point reduction to their annual payment update for a given fiscal year as set forth in paragraph (a) of this section, beginning with FY 2029 and for all subsequent payment updates. The threshold is set at 100 percent completion of standardized patient assessment data collected using the IPF–PAI on at least 80 percent of the assessments submitted through the CMS designated data submission.

**Robert F. Kennedy, Jr.,**

*Secretary, Department of Health and Human Services.*

[FR Doc. 2026–06675 Filed 4–2–26; 5:15 pm]

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