1928 of the Social Security Act, the ACIP shall establish and periodically review and, as appropriate, revise the list of vaccines for administration to children and adolescents eligible to receive vaccines through the Vaccines for Children Program, along with schedules regarding the appropriate dose and dosing interval, and contraindications to administration of the pediatric vaccines. The Secretary, and as delegated the CDC Director, shall use the list established by the ACIP for the purpose of the purchase, delivery, and administration of pediatric vaccines in the Vaccines for Children Program. Further, under provisions of the Affordable Care Act (Section 2713 of the Public Health Service Act, as amended), immunization recommendations of the Committee that have been adopted by the Director of the Centers for Disease Control and Prevention must be covered by applicable health plans. Therefore, the advice provided by the ACIP is not available from another Federal advisory committee or Federal Government source, or any other more cost-effective and less burdensome source.

6. If the consultation is a committee renewal, a summary of the previous accomplishments of the committee and the reasons it needs to continue:

Summary of the previous accomplishments: Over the past two years, the Committee met over six times during calendar years 2024 and 2025. The Committee deliberated, offered recommendations, and/or revised over 15 recommendations during January 1, 2024, through December 31, 2025. The Committee also recommended updated child/adolescent and adult immunization schedules which CDC adopted and published in 2024 and 2025. Current information about ACIP activities can be found at: *https://www.cdc.gov/acip/index.html*.

Reasons for the continuation: During the next two years, the ACIP is anticipated to work on and/or advise on the following initiatives:

- convene new work groups as needed in response to new vaccine development, emerging evidence, and/or the review of existing vaccine-related data);
- ensure publication of the child/adolescent and adult immunization schedules in professional society journals/websites, in addition to MMWR publication and posting on the CDC website;
- continue to implement consistent procedures across the ACIP work groups;
- continue to refine the evidence-based process for development of ACIP vaccine recommendations;
- continue to improve processes to ensure transparency and opportunity for public comment during deliberations; and
- conduct continuing education activities for ACIP members to enhance their understanding of the role of health economic evaluations, and the evidence-based recommendations process, in development of vaccine recommendations.

7. Explanation of why the committee/subcommittee is essential to the conduct of agency business: The Secretary, Department of Health and Human Services (HHS), and by delegation the Director, Centers for Disease Control and Prevention (CDC), are authorized under Section 311 and Section 317 of the Public Health Service Act, [42 U.S.C. 243 and 42 U.S.C. 247b], as amended, to assist states and their political subdivisions in the prevention and control of communicable diseases; to advise the states on matters relating to the preservation and improvement of the public's health; and to make grants to states and, in consultation with the state health authorities, to agencies and political subdivisions of states to assist in meeting the costs of communicable disease control programs. Vaccines have played an important role in public health around the globe. The Advisory Committee on Immunization Practices (ACIP) provides recommendations to the Director of the Centers for Disease Control and Prevention (CDC) on the use of vaccines and immunization program strategies to inform individuals, clinicians, and broader public health efforts. This committee convenes scientific and medical experts to provide recommendations based on the best available evidence of vaccine risks and benefits, and efficacy. The ACIP shall provide advice and guidance to the CDC Director regarding use of vaccines and related agents for effective control of vaccine-preventable diseases and/or decrease symptomatology in the civilian population of the United States including identifying areas where additional data or evaluation would be useful to inform future recommendations. Recommendations made by the ACIP are initially reviewed by the CDC Director, and if adopted, become official CDC/HHS recommendations, and may be published in the Morbidity and Mortality Weekly Report (MMWR). The CDC Director informs the HHS Secretary, and Assistant Secretary for Health, of immunization recommendations provided by ACIP. Upon the licensure or authorization of any vaccine or any new indication for a vaccine, the Committee shall, as appropriate, consider the use of the vaccine at its next regularly scheduled meeting. If the Committee does not make a recommendation at the Committee's first regularly scheduled meeting, the Committee shall provide an update on the status of such for the Committee's review.

In conclusion, this public interest determination documents that renewing the committee is in the public interest, essential to the conduct of agency business, and that the information to be obtained is not already available through another advisory committee or source within the Federal Government.

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

Kalwant Smagh,

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

[FR Doc. 2026–06577 Filed 4–3–26; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS–R–5]

Agency Information Collection Activities: Proposed Collection; 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 60 days for public comment on the proposed action. Interested persons are invited to send comments regarding our burden estimates 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 must be received by June 5, 2026.

ADDRESSES: When commenting, please reference the document identifier or OMB control number. To be assured consideration, comments and recommendations must be submitted in any one of the following ways:

1. *Electronically.* You may send your comments electronically to *http://www.regulations.gov*. Follow the instructions for ''Comment or Submission'' or ''More Search Options'' to find the information collection document(s) that are accepting comments.

2. *By regular mail.* You may mail written comments to the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: Document Identifier: ____/ OMB Control Number: ____, Room C4–26–05, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

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 N. Parham at (410) 786–4669.

SUPPLEMENTARY INFORMATION:

Contents

This notice sets out a summary of the use and burden associated with the following information collections. More detailed information can be found in each collection's supporting statement and associated materials (see **ADDRESSES**).

Under the 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 requires federal agencies to publish a 60-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.

Information Collection

1. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Physician Certifications/Recertifications in Skilled Nursing Facilities Manual Instruction; *Use:* Section 1814(a) of the Social Security Act (the Act) requires specific certifications in order for Medicare payments to be made for certain services. Before the enactment of the Omnibus Budget Reconciliation Act of 1989 (OBRA1989, Pub. L. 101–239), section 1814(a)(2) of the Act required that, in the case of posthospital extended care services, a physician certify that the services are or were required to be given because the individual needs or needed, on a daily basis, skilled nursing care (provided directly by or requiring the supervision of skilled nursing personnel) or other skilled rehabilitation services that, as a practical matter, can only be provided in a SNF on an inpatient basis.

The Medicare program requires, as a condition for Medicare Part A payment for posthospital skilled nursing facility (SNF) services, that a physician or other authorized practitioner must certify and periodically recertify that a beneficiary requires an SNF level of care. The physician certification and recertification is intended to ensure that the beneficiary's need for services has been established and then reviewed and updated at appropriate intervals. The documentation is a condition for Medicare Part A payment for post-hospital SNF care. *Form Number:* CMS–R–5 (OMB control number 0938–0454); *Frequency:* Occasionally; *Affected Public:* Private Sector (Business or other for-profits); *Number of Respondents:* 3,882,413; *Number of Responses:* 3,882,413; *Total Annual Hours:* 480,957. (For policy questions regarding this collection contact Patricia Taft at 410–786–4561).

William N. Parham, III,

Director, Division of Information Collections and Regulatory Impacts, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. 2026–06573 Filed 4–3–26; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Notice of Public Data Asset Release Under the Open, Public, Electronic, and Necessary (OPEN) Government Data Act

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

ACTION: Notice.

SUMMARY: In accordance with Title II of the Foundations for Evidence-Based Policymaking Act of 2018, known as the Open, Public, Electronic, and Necessary (OPEN) Government Data Act, CMS announces the forthcoming release of public data assets in open, machine-readable formats under an open license. These data are intended to support public engagement in identifying and preventing fraud, waste, and abuse, and to promote transparency and accountability. CMS has taken steps to ensure that the release of these data appropriately furthers transparency objectives consistent with the protection of sensitive information.

FOR FURTHER INFORMATION CONTACT: For questions regarding the data release, please send an email to *data.support@cms.hhs.gov.*

SUPPLEMENTARY INFORMATION: The OPEN Government Data Act requires Federal agencies to make public data assets available in open formats and under open licenses, consistent with applicable law. CMS has advanced the release of provider prices and negotiated rates through its positions on provider price transparency, most recently promulgated through the Calendar Year 2026 Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center Final Rule (CMS–1834–FC). CMS is committed to advancing transparency while ensuring compliance with all applicable legal requirements and privacy considerations governing the disclosure of Federal data.

CMS has made available the following public data assets with utilization and payment data aggregated by provider and service:

- Original Medicare Physician & Other Practitioners—By Provider and Service
- Original Medicare Inpatient Hospitals—By Provider and Service
- Original Medicare Outpatient Hospitals—By Provider and Service
- Medicare Part D Prescribers—By Provider and Drug