

document of the WTC Health Program. Jay Bhattacharya, M.D., Ph.D., Senior Official Carrying out the Delegable Duties of the CDC Director, approved this document for publication on June 13, 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.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Privacy Act of 1974; Matching Program

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

ACTION: Notice of a new matching program.

SUMMARY: In accordance with the Privacy Act of 1974, as amended, the Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS) is providing notice of the re-establishment of a matching program between CMS and the Peace Corps for “Verification of Eligibility for Minimum Essential Coverage Under the Patient Protection and Affordable Care Act through a Peace Corps Health Benefit Plan.”

DATES: The deadline for comments on this notice is July 30, 2026. The re-established matching program will commence not sooner than 30 days after publication of this notice, provided no comments are received that warrant a change to this notice. The matching program will be conducted for an initial term of 18 months (from approximately July 1, 2026 to December 31, 2027) and within 3 months of expiration may be renewed for up to one additional year if the parties make no change to the matching program and certify that the program has been conducted in compliance with the matching agreement.

ADDRESSES: Interested parties may submit comments on this notice to the CMS Privacy Act Officer by mail at: Division of Security, Privacy Policy & Governance, Information Security & Privacy Group, Office of Information Technology, Centers for Medicare & Medicaid Services, Location: N1–14–56, 7500 Security Blvd., Baltimore, MD

21244–1850 or by email at Barbara.Demopulos@cms.hhs.gov.

FOR FURTHER INFORMATION CONTACT: If you have questions about the matching program, you may contact Terrence Kane, Director, Division of Automated Verifications and SEP Policy, Marketplace Eligibility and Enrollment Group, Center for Consumer Information and Insurance Oversight, Centers for Medicare & Medicaid Services, at (301) 492–4449, by email at Terrence.kane@cms.hhs.gov, or by mail at 7501 Wisconsin Avenue, Bethesda, MD 20814.

SUPPLEMENTARY INFORMATION: The Privacy Act of 1974, as amended (5 U.S.C. 552a) provides certain protections for individuals applying for and receiving federal benefits. The law governs the use of computer matching by federal agencies when records in a system of records (meaning, federal agency records about individuals retrieved by name or other personal identifier) are matched with records of other federal or non-federal agencies. The Privacy Act requires agencies involved in a matching program to:

1. Enter into a written agreement, which must be prepared in accordance with the Privacy Act, approved by the Data Integrity Board of each source and recipient federal agency, provided to Congress and the Office of Management and Budget (OMB), and made available to the public, as required by 5 U.S.C. 552a(o), (u)(3)(A), and (u)(4).
2. Notify the individuals whose information will be used in the matching program that the information they provide is subject to verification through matching, as required by 5 U.S.C. 552a(o)(1)(D).
3. Verify match findings before suspending, terminating, reducing, or making a final denial of an individual's benefits or payments or taking other adverse action against the individual, as required by 5 U.S.C. 552a(p).
4. Report the matching program to Congress and the OMB, in advance and annually, as required by 5 U.S.C. 552a(o)(2)(A)(i), (r), and (u)(3)(D).
5. Publish advance notice of the matching program in the **Federal Register** as required by 5 U.S.C. 552a(e)(12).

This matching program meets these requirements.

Barbara Demopulos,

Privacy Act Officer, Division of Security, Privacy Policy and Governance, Office of Information Technology, Centers for Medicare & Medicaid Services.

Participating Agencies: The Department of Health and Human Services (HHS), Centers for Medicare &

Medicaid Services (CMS) is the recipient agency, and the Peace Corps is the source agency.

Authority for Conducting the Matching Program: The principal authority for the matching program is 42 U.S.C. 18001, *et seq.*

Purpose(S): The purpose of the matching program is to assist CMS in determining individuals' eligibility for financial assistance in paying for private health insurance coverage. In this matching program, the Peace Corps provides CMS with daily files, identifying all Peace Corps volunteers and the dates when each volunteer was eligible for coverage under a Peace Corps health benefit plan, which CMS makes available to state administering entities (AEs) through a data services hub, under a separate matching agreement. CMS and AEs use the Peace Corps data to verify whether an individual who is applying for or is enrolled in private health insurance coverage under a qualified health plan through a federally-facilitated or state-based health insurance exchange is eligible for coverage under a Peace Corps health benefit plan, for the purpose of determining the individual's eligibility for financial assistance (including an advance tax credit and cost sharing reduction, which are types of insurance affordability programs) in paying for private health insurance coverage. Peace Corps health benefit plans provide minimum essential coverage, and eligibility for such plans precludes eligibility for financial assistance in paying for private coverage. The data provided by the Peace Corps under this matching program will be used by CMS and AEs to authenticate identity, determine eligibility for financial assistance, and determine the amount of any financial assistance.

Categories of Individuals: The categories of individuals whose information is involved in the matching program are: (1) active and recently separated Peace Corps volunteers, identified in data CMS receives from the Peace Corps, and (2) consumers who apply for or are enrolled in private insurance coverage under a qualified health plan through a federally-facilitated or state-based health insurance exchange (and other relevant individuals, such as applicants' and enrollees' household members), whose records are matched against the data CMS receives from the Peace Corps.

Categories of Records: The categories of records which will be provided by the Peace Corps to CMS in this matching program are identity records and minimum essential coverage period

records, consisting of these data elements: last name, middle initial, first name, and date of birth. CMS will not send any data about individual applicants/enrollees to the Peace Corps in order to receive this data about Peace Corps volunteers.

System(s) of Records

A. System of Records Maintained by CMS

The applicable CMS system of records is CMS Health Insurance Exchanges System (HIX), CMS System No. 09–70–0560, last published in full at 78 FR 63211 (Oct. 23, 2013), as amended at 83 FR 6591 (Feb. 14, 2018).

B. System of Records Maintained by the Peace Corps

The applicable Peace Corps system of records is PC–17 Peace Corps, Volunteer Applicant and Service Records System, last published in full at 50 FR 1950 (Jan. 14, 1985) and partially amended at 65 FR 63641 (Oct. 24, 2000), 72 FR 44878 (Aug. 9, 2007), 75 FR 53000 (Aug. 30, 2010), and 79 FR 41599 (July 16, 2014).

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[Office of Management and Budget #: 0970–0422]

Submission for Office of Management and Budget Review; Adoption and Foster Care Analysis and Reporting System (AFCARS)

AGENCY: Children's Bureau, Administration for Children and

Families, U.S. Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Administration for Children and Families (ACF) is requesting a revision of the Adoption and Foster Care Analysis and Reporting System (AFCARS) (Office of Management and Budget #: 0970–0422, expiration June 30, 2026). Sixty-two data elements have been added to AFCARS, per a December 2024 final rule. This has increased the burden for reporting for state child welfare agencies only.

DATES: Comments due July 30, 2026.

ADDRESSES: The public may view and comment on this information collection request at: https://www.reginfo.gov/public/do/PRAViewICR?ref_nbr=202606-0970-022. You can also obtain copies of the proposed collection of information by emailing infocollection@acf.hhs.gov. Identify all emailed requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: State and tribal title IV–E agencies are required to report AFCARS case-level information on all children in foster care and children who have been adopted or placed in a guardianship with title IV–E agency involvement. The data includes information about children who enter foster care, their entries and exits, placement details, and foster/adoptive parent information. The data collected will inform policy decisions, program management, and responses to Congressional and Departmental inquiries. Specifically, the data are used for short/long-term budget projections, trend analysis, child and family service

reviews, and to target areas for improved technical assistance.

AFCARS regulation (45 CFR part 1355.40) recently underwent a revision with a final rule in December 2024 (89 FR 96569), which added 62 data elements to require state title IV–E child welfare agency reporting of more detailed information related to the Indian Child Welfare Act's procedural protections. This increased the reporting burden for states only. This request is for public comment on the burden calculations. It does not seek comment on the data elements that have been through the rulemaking process.

Respondents: Title IV–E State and Tribal Child Welfare Agencies

Annual Burden Estimates

In the currently approved information collection, burden was displayed in sum for state and tribal recordkeeping activities. To more clearly document estimated burden per respondent type after the recent addition of elements for states, this request breaks the recordkeeping burden out by respondent. The estimated time per response for tribes remains the same while the estimated time per response for states increased from 8,538 to 9,036 hours per response.

Instrument	Total number of respondents	Total number of responses per respondent	Average burden hours per response	Annual burden hours
State Recordkeeping	53	2	9,035.97	957,813
Tribe Recordkeeping	17	2	8,538	290,292
Reporting	70	2	17	2,380
Estimated Total Annual Burden Hours				1,250,485

Authority: 42 U.S.C. 679; 45 CFR part 1355.40

Mary C. Jones,
ACF/OPRE Certifying Officer.

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