SUMMARY OF ESTIMATED ANNUAL BURDEN—Continued

[OMB No. 3064–0176]

Information collection (IC) (obligation to respond)	Type of burden (frequency of response)	Number of respondents	Number of responses per respondent	Average time per response (HH:MM)	Annual burden (hours)
Total Annual Burden (Hours)	.....	.....	.....	.....	344

Source: FDIC.

General Description of Collection: Respondents must prepare and provide certain disclosures to consumers (*e.g.,* that insurance products and annuities are not FDIC-insured) and obtain consumer acknowledgments, at two different times: (1) Before the completion of the initial sale of an insurance product or annuity to a consumer; and (2) at the time of application for the extension of credit (if insurance products or annuities are sold, solicited, advertised, or offered in connection with an extension of credit). There is no change in the substance or methodology of this information collection. The estimated annual burden has increased by 64 hours, from 280 hours in 2024 to 344 hours currently, due to an increase in the number of respondents to IC 1 only partially offset by a decrease in the estimated number of respondents to IC 2.

2. *Title:* Insurance Sales Consumer Protections.

OMB Number: 3064–0140.

Form Number: None.

Affected Public: Insured State nonmember banks and savings associations that sell insurance products; persons who sell insurance in or on behalf of insured State nonmember banks and savings associations.

Burden Estimate:

SUMMARY OF ESTIMATED ANNUAL BURDEN

[OMB No. 3064–0140]

Information collection (IC) (obligation to respond)	Type of burden (frequency of response)	Number of respondents	Number of responses per respondent	Average time per response (HH:MM)	Annual burden (hours)
1. Insurance Sales Consumer Protections, 12 CFR 343 (Mandatory).	Third-Party Disclosure (On Occasion).	934	1	5:00	4,670
Total Annual Burden (Hours)	.....	.....	.....	.....	4,670

Source: FDIC.

General Description of Collection: Respondents must provide disclosures to consumers that insurance products and annuities are not FDIC insured and obtain consumer acknowledgments, as required by 12 CFR part 343. The disclosures must be provided before the completion of the initial sale of an insurance product or annuity and, when applicable, at the time of application for an extension of credit if insurance products or annuities are sold, solicited, advertised, or offered in connection with the extension of credit. There is no change in the substance or methodology of this information collection. The estimated annual burden had decreased by 835 hours, from 5,505 hours in 2023 to 4,670 hours currently. As the estimated time per response remains unchanged, the decrease is due to a reduction in the estimated number of respondents.

Request for Comment

Comments are invited on: (a) whether the collections of information are necessary for the proper performance of the FDIC's functions, including whether the information has practical utility; (b) the accuracy of the estimates of the burden of the information collections, including the validity of the methodology and assumptions used; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collections of information on respondents, including through the use of automated collection techniques or other forms of information technology. All comments will become a matter of public record.

Federal Deposit Insurance Corporation.

Dated at Washington, DC, on June 30, 2026.

Jennifer M. Jones,

Deputy Executive Secretary.

[FR Doc. 2026–13444 Filed 7–1–26; 8:45 am]

BILLING CODE 6714–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifiers: CMS–10950, CMS–R–26 and CMS–R–185]

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 August 3, 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.

Information Collection

1. *Type of Information Collection Request:* New collection (Request for a OMB control number); *Title of Information Collection:* Submissions of Acute Hospital Care at Home (AHCAH) Waiver Submission and Data Collection; *Use:* This information collection request was approved under OMB control number of 0938–1384. The AHCAH information collection request is being separated from the 1135 waiver information collection request. The Acute Hospital Care at Home initiative has been codified in legislation, Consolidate Appropriations Act, 2025, and is no longer under the 1135 waiver authority. Any changes to this document would be based on the legislative authority and not based on an 1135 waiver.

Acute Hospital Care at Home is a waiver initiative established by CMS on November 23, 2020 in response to the unprecedented strain on hospital capacity due to the severe national increase in coronavirus disease 2019 (COVID–19) witnessed. This waiver, which is granted at the individual hospital/CMS Certification Number (CCN) level, waives § 482.23(b) and (b)(1) of the Hospital Conditions of Participation (CoPs) which require nursing services to be provided on premises 24 hours a day, 7 days a week and the immediate availability of a registered nurse for care of any patient. In exchange for this flexibility, hospitals will utilize models of at-home hospital care that have seen prior success in several leading hospital institutions and networks. This care and its results have been reported in leading academic journals, including a major study funded by a Healthcare Innovation Award from the Center for Medicare and Medicaid Innovation (CMMI). This extensive research has shown that quality and safety are at least as high as that received by similar patients admitted to traditional brick and mortar hospitals.

This program clearly differentiates the delivery of acute hospital care at home from traditional home health services. Home health care provides important skilled nursing and other services, Acute Hospital Care at Home is for beneficiaries who require acute inpatient admission to a hospital and who require at least daily rounding by a physician and medical team monitoring their care needs on an ongoing basis. A minimum of two in-person visits will occur daily by either registered nurses or mobile integrated health paramedics, based on the patient's nursing plan and hospital policies. Hospitals may only treat patients with this waiver if they are admitted from their Emergency Department or if they are transferred from inpatient hospital beds. There is no payment change, and hospitals are not permitted to bill Medicare or its beneficiaries for any costs outside of a typical inpatient admission.

CMS is seeking to obtain continued OMB approval for information. All approved hospitals have submitted this information via an online portal at *CMS QualityNet* the previously mentioned website. To date, 433 hospitals individual hospitals/CCNs have submitted waiver requests and 396 of these hospitals have been approved. At this time, 65 hospitals have completed the online expedited waiver request, and 331 hospitals have completed the online detailed waiver request. When a hospital submits a waiver request, it completes one of two online forms found on the waiver landing page, depending on its level of experience with this type of care. Experienced hospitals, defined as treating at least 25 patients with acute hospital care at home previously, have an expedited submission that is based on a series of attestations. Additionally, all hospitals with an approved waiver are asked to submit data for patient admissions and discharges, escalations of care back to the brick-and-mortar hospital, and unexpected patient mortalities to CMS on a monthly (Tier 1) or weekly (Tier 2). This data is submitted voluntarily through the same online portal as the waiver submission and is not a requirement of ongoing participation in the Waiver. Of note, without further Congressional action, this waiver submission process will end September 30, 2030. *Form Number:* CMS–10950 (OMB control number: 0938–NEW); *Frequency:* Occasionally; *Affected Public:* Private Sector: Business or other for-profits and Not-for-profit institutions and State, Local or Tribal Governments; *Number of Respondents:* 1,947; *Total Annual Responses:* 1,947; *Total Annual Hours:* 1,947. (For policy questions regarding this collection, contact Cheryl Lehane at 617–461–4888.).

2. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Clinical Laboratory Improvement Amendments (CLIA) Regulations; *Use:* This is an extension package. The Clinical Laboratory Improvement Amendments of 1988 (CLIA) section 353 of the Public Health Service Act requires the Department of Health and Human Services (HHS) to establish certification requirements for any entity, with certain exceptions contained in the regulation, that performs testing on human beings to meet performance requirements based on test complexity and risk factors

related to erroneous test results in order to be certified by HHS.

This information collection reflects a series of records required to be maintained by laboratories participating in the CLIA program and are based upon the publication of a final quality assessment rule on January 24, 2003, and the publication of the final fee, histocompatibility, personnel, and alternative sanction rule on December 28, 2023 (88 FR 89976). Included in the revisions were amendments to the histocompatibility and personnel regulations under CLIA to address obsolete regulations and update the regulations to incorporate technological changes, and that are reflected in this extension package.

The previous iteration was a revision of the information collection. Based on notice of final rulemaking, CMS–3326–F (88 FR 89976) published on December 28, 2023, we revised the ICR by adding additional sections.

The final rule addressed recommendations provided by the Centers for Disease Control and Prevention (CDC)'s Clinical Laboratory Improvement Advisory Committee (CLIAC). CMS and CDC incorporated changes in the rulemaking to remove specific regulations already covered in the general requirements and laboratory director responsibilities. The additional requirements included sections 493.1278, 493.1359, 493.1405–1411; 493.1423, 493.1443–1445, 493.1461–1463; 493.1483; 493.1489–1491. These sections included histocompatibility (493.1278) and personnel (493.1359, 493.1405–1411; 493.1423, 493.1443–1445, 493.1461–1463; 493.1483; 493.1489–1491) which required laboratories to revise and update policies and procedures applicable to new or amended requirements. *Form Number:* CMS–R–26 (OMB Control Number: 0938–0612); *Frequency:* Monthly, occasionally; *Affected Public:* Business or other for-profits and Not-for-profit institutions, State, Local or Tribal Governments, and the Federal government; *Number of Respondents:* 49,626; *Total Annual Responses:* 88,259,802; *Total Annual Hours:* 14,514,802. (For policy questions regarding this collection contact Penny Keller at 410–786–2035).

3. *Type of Information Collection Request:* Extension of currently approved collection; *Title of Information Collection:* Granting and Withdrawal of Deeming Authority to Private Nonprofit Accreditation Organizations and CLIA Exemption Under State Laboratory Programs; *Use:* This is an extension package. The Clinical Laboratory Improvement Amendments of 1988 (CLIA) established a new section 353 of the Public Health Service Act (PHSA) which requires the Department of Health and Human Services (HHS) to establish certification requirements, with certain exceptions, for any laboratory that performs testing on human specimens. Laboratories must meet performance requirements based on test complexity in order to be certified by HHS. CLIA also provides for the recognition of private accreditation organizations and State licensure programs whose standards are determined to be equal to or more stringent than the HHS requirements.

Final regulations were published on February 28, 1992, at 42 CFR part 493 which implemented the certificate, laboratory standards and inspection requirement sections of CLIA. There have been several subsequent rules that have modified these regulations.

On July 31, 1992, final regulations implementing the provisions of 353 PHSA concerning the recognition of private accreditation organizations and State licensure programs for CLIA purposes were published as Subpart E of part 493. These regulations establish that we may approve a private, nonprofit organization as an accreditation organization for clinical laboratories under the CLIA program if the organization's requirements for its accredited laboratories are equal to or more stringent than the applicable CLIA program requirements of part 493. These regulations also provide for the CLIA exemption of laboratories in a State that applies licensure requirements that are equal to or more stringent than those of CLIA.

On May 14, 1998, revisions to Subpart E were published as part of other CLIA final rulemaking. The revisions to Subpart E eliminated duplicative information by restructuring and consolidating requirements for accreditation organizations and State licensure programs seeking approval under CLIA. The revised Subpart better reflects the information required and process involved in obtaining approval. This restructuring did not change the requirements, but only redesignated them into a more customer-oriented document, making them easier for users to understand. In this process we used new section numbers, but retained all the requirements for Subpart E.

The last iteration required accreditation organizations and State licensure programs to revise and update policies and procedures applicable to new or amended requirements in the final rule, CMS–3326–F, to remain complaint with the regulations at 493.553–557. The accreditation organizations or State licensure programs are required to meet or exceed the CLIA regulations. The final rule, CMS–3326–F, was published on December 28, 2023 (88 FR 89976). *Form Number:* CMS–R–185 (OMB control number: 0938–0686); *Frequency:* Occasionally; *Affected Public:* Private Sector—Business or other for-profits and Not-for-profit institutions; *Number of Respondents:* 9; *Total Annual Responses:* 9; *Total Annual Hours:* 5,359. (For policy questions regarding this collection contact Penny Keller at 410–786–2035.).

William N. Parham, III,

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

[FR Doc. 2026–13465 Filed 7–1–26; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifiers: CMS–10185]

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.