

complete to be paid, to comply with the direct deposit mandate in 31 U.S.C. 3332(a).

**ROUTINE USES OF RECORDS MAINTAINED IN THE SYSTEM, INCLUDING CATEGORIES OF USERS AND PURPOSES OF SUCH USES:**

Routine use 1 is revised to read as follows:

1. Records may be disclosed to the U.S. Department of the Treasury when disclosure of the information is relevant to review payment and award eligibility through the Do Not Pay Working System for the purposes of identifying, preventing, or recouping improper payments to an applicant for, or recipient of, Federal funds, including funds disbursed by a state (meaning a state of the United States, the District of Columbia, a territory or possession of the United States, or a federally recognized Indian tribe) in a state-administered, federally funded program.

The two breach response-related routine uses that were revised or added in February 2018 are now numbered as routine uses 17 and 18.

New routine use 19 is added to read as follows:

19. Records may be disclosed to the U.S. Department of the Treasury for purposes of effecting (meaning, disbursing or issuing) payments.

**HISTORY:**

80 FR 67767 (Nov. 3, 2015), 83 FR 6591 (Feb. 14, 2018).

[FR Doc. 2026-04842 Filed 3-11-26; 8:45 am]

**BILLING CODE 4150-24-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Indian Health Service**

**Catastrophic Health Emergency Fund (CHEF) Fiscal Year 2026 Threshold**

**AGENCY:** Indian Health Service, Department of Health and Human Services.

**ACTION:** Notice.

**SUMMARY:** This notice announces the Catastrophic Health Emergency Fund (CHEF) threshold established at \$19,630 for Fiscal Year 2026 CHEF requests.

**SUPPLEMENTARY INFORMATION:** The Indian Health Service (IHS) administers the CHEF pursuant to section 202 of the Indian Health Care Improvement Act (IHCIA). The purpose of the CHEF is to meet the extraordinary medical costs associated with the treatment of victims of disasters or catastrophic illnesses who are within the responsibility of the Service. The CHEF was established by section 202 of the IHCIA, Public Law

94-437 (25 U.S.C. 1621a). The Patient Protection and Affordable Care Act, Public Law 111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Public Law 111-152 (collectively, the Affordable Care Act or “the ACA”), reauthorized the IHCIA and amended the CHEF, directing the Secretary to promulgate regulations governing the administration of the CHEF. The final CHEF regulation (2024-19421 (89 FR 70527)) was published on August 30, 2024, in the **Federal Register**, establishing the threshold cost of \$19,000 for Fiscal Year (FY) 2024. See 42 CFR 136.503(a). The threshold amount in subsequent years is calculated from the threshold amount of the previous year, and increased by the percentage increase in the medical care expenditure category of the Consumer Price Index for all urban consumers (United States city average) for the 12-month period ending with December of the previous year. See 42 CFR 136.503(b). The Consumer Price Index is released monthly. For FY 2026, “December of the previous year” is December 2024, because December 2025 is part of FY 2026. The “12-month period ending with December of the previous year” is therefore December 2023 to December 2024. The medical care expenditure category for this 12-month period was 2.8%, thereby increasing the threshold from \$19,095 for FY 2025 to \$19,630 for FY 2026 CHEF requests. See <https://www.federalregister.gov/documents/2025/11/26/2025-21314/catastrophic-health-emergency-fund-chef-threshold> for the FY 2025 CHEF Threshold Notice.

Clayton Fulton,

*Chief of Staff, Indian Health Service.*

[FR Doc. 2026-04827 Filed 3-11-26; 8:45 am]

**BILLING CODE 4166-14-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**Proposed Collection; 30-Day Comment Request; NIH Information Collection Web Interface and Forms To Support Genomic Data Sharing and NIH Controlled-Access Data Repository Requirements (OD)**

**AGENCY:** National Institutes of Health, HHS.

**ACTION:** Notice.

**SUMMARY:** In compliance with the requirement of the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed data

collection projects, the National Institutes of Health Office of the Director (OD) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

**DATES:** Comments regarding this information collection are best assured of having their full effect if received by April 13, 2026.

**FOR FURTHER INFORMATION CONTACT:** To obtain a copy of the data collection plans and instruments, submit comments in writing, or request more information on the proposed project, contact: Jon Lorsch, Ph.D., Deputy Director for Extramural Research, Office of Extramural Research, NIH, 6705 Rockledge Drive, Suite 800-C, Bethesda, MD 20892, non-toll-free number (301)-594-7783; [GDS@mail.nih.gov](mailto:GDS@mail.nih.gov). Formal requests for additional plans and instruments must be requested in writing.

**SUPPLEMENTARY INFORMATION:** Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 requires: written comments and/or suggestions from the public and affected agencies are invited to address one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function 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 from those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

*Proposed Collection Title:* NIH Information Collection Web Interfaces and Forms to Support Genomic Data Sharing for Research Purposes—0925-0670—Expiration Date 03/31/2026—REVISION—Office of the Director (OD), National Institutes of Health (NIH).

*Need and Use of Information Collection:* To promote robust sharing of human and non-human genomic data from a wide range of large-scale genomic research, and to provide appropriate protections for research involving human data, the NIH issued the Genomic Data Sharing (GDS) Policy (<https://grants.nih.gov/grants/guide/notice-files/NOT-OD-14-124.html>). The

NIH GDS Policy applies to NIH-funded research that generates large-scale human or non-human genomic data as well as the use of these data for subsequent research.

The NIH GDS Policy expects large-scale human genomic and associated data generated using NIH funds to be submitted to an NIH-designated repository, which is an NIH Controlled-Access Data Repository (<https://grants.nih.gov/policy-and-compliance/policy-topics/sharing-policies/accessing-data/requirements>). As a part of that submission, the submitting institution certifies to NIH that the data are appropriate to share through the completion and submission of a data submission form. The data are then made available for secondary research use to qualified Principal Investigators and their institutions after submission of a Data Access Request (DAR) to the NIH Data Access Committee (DAC) for review and approval.

The database of Genotypes and Phenotypes (dbGaP), administered by the National Library of Medicine (NLM), the National Center for Biotechnology Information (NCBI), provides an online system to support data registration and submission as a NIH-designated repository, as well as for providing an online system for access to these data through the Authorized Access System. As the NIH controlled-access data landscape has grown to include not just human genomic and associated data, and in order to meet the security and operational standards described in the NIH Guide Notice, “Required Security and Operational Standards for NIH Controlled-Access Data Repositories,” (<https://grants.nih.gov/grants/guide/notice-files/NOT-OD-25-159.html>), some non-genomic NIH CADR have leveraged the compliant dbGaP registration and submission system and then subsequently, the Authorized Access System to grant access to

controlled-access data in accordance with the NIH CADR standards.

The dbGaP legacy data registration and submission system has been updated to accommodate the newly developed NIH Submission Registration Information Form and the legacy Authorized Access System collects information about data security standards. This collection also introduces modernized online interfaces of the dbGaP data registration and submission system and Authorized Access system to comply with national security directives, NIH CADR requirements, and reduce administrative burden while providing enhanced oversight.

OMB approval is requested for 3 years. There are no costs to respondents other than their time. The total estimated annualized burden hours for all respondents across all forms is 9784 hours.

**A.12–1—ESTIMATED ANNUALIZED BURDEN HOURS**

Form name	Type of respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total annual burden hours
<b>Study Registration and Data Submission—Legacy System</b>					
Study Registration Information Form (Attachment 1) and Data Submission (Attachment 4).	Submitting Investigator .....	283	1	1	283
Institutional Certification (Attachment 3).	Institutional Signing Official .....	272	1	30/60	136
Data Submission Certification (Attachment 2).	Institutional Signing Official .....	11	1	30/60	6
<b>Study Registration and Data Submission—New System</b>					
Study Registration Information Form (Online) and Data Submission (Attachment 6).	Submitting Investigator .....	849	1	1	849
Institutional Certification (Attachment 3).	Institutional Signing Official .....	816	1	30/60	408
Data Submission Certification (Attachment 2).	Institutional Signing Official .....	33	1	30/60	17
<b>Initial DAR Application—Legacy Authorized Access System</b>					
dbGaP Authorized Access System (Attachment 5).	Principal Investigator .....	281	4	45/60	843
dbGaP Authorized Access System (Attachment 5).	Institutional Signing Official .....	281	4	30/60	562
<b>Initial DAR Application—New Authorized Access System</b>					
dbGaP Authorized Access System (Attachment 7).	Principal Investigator .....	842	4	45/60	2526
dbGaP Authorized Access System (Attachment 7).	Institutional Signing Official .....	842	4	30/60	1684
<b>Renewal or Close-out—Legacy Authorized Access System</b>					
Renewal or Close-out (Attachment 5).	Principal Investigator .....	281	4	15/60	281
Renewal or Close-out (Attachment 5).	Institutional Signing Official .....	281	4	18/60	337

A.12-1—ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Form name	Type of respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total annual burden hours
<b>Renewal or Close-out—New Authorized Access System</b>					
Project Renewal or Project Close-out form (Attachment 7).	Principal Investigator .....	842	4	15/60	842
Project Renewal or Project Close-out form (Attachment 7).	Institutional Signing Official .....	842	4	18/60	1010
Total .....	.....	.....	20,232	.....	9784

Dated: March 6, 2026.  
**Jon Lorsch**,  
*Acting Deputy Director for Extramural Research, National Institutes of Health.*  
 [FR Doc. 2026-04788 Filed 3-11-26; 8:45 am]  
**BILLING CODE 4140-01-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**Proposed Collection; 60-Day Comment Request; NIH Extramural Harassment Web Form (Office of the Director, Office of Extramural Research)**

**AGENCY:** National Institutes of Health, HHS.  
**ACTION:** Notice.

**SUMMARY:** In compliance with the requirement of the Paperwork Reduction Act of 1995 to provide opportunity for public comment on proposed data collection projects, the National Institutes of Health (NIH) Office of the Director (OD) Office of Extramural Research (OER) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

**DATES:** Comments regarding this information collection are best assured of having their full effect if received by May 11, 2026.

**FOR FURTHER INFORMATION CONTACT:** To obtain a copy of the data collection plans and instruments, submit comments in writing, or request more information on the proposed project

contact: Dr. Patricia Valdez, Chief Extramural Research Integrity Officer, Office of Extramural Research, National Institutes of Health, 6705 Rockledge Dr, Room 705-C, Bethesda, Maryland, 20892 or call non-toll-free number (301) 451-2160 or Email your request, including your address to: *patricia.valdez@nih.gov*. Formal requests for additional plans and instruments must be requested in writing.

**SUPPLEMENTARY INFORMATION:** Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 requires: written comments and/or suggestions from the public and affected agencies are invited to address one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function 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.

*Proposed Collection Title:* NIH Extramural Harassment Web Form, OMB #0925-0777, Expiration Date 3/31/2026—Extension, National Institutes of

Health (NIH) Office of the Director (OD), Office of Extramural Research (OER).

**Need and Use of Information Collection:** This is an extension request for the Harassment web form which assists extramural institutions with complying with Section 239 of the Consolidated Appropriations Act, 2022 (Public Law 117-103), Division H, Title II, which requires that “institutions that receive funds through a grant or cooperative agreement during fiscal year 2022 and in future years to notify the Director when individuals identified as a principal investigator or as key personnel in an NIH notice of award are removed from their position or are otherwise disciplined due to concerns about harassment, bullying, retaliation, or hostile working conditions.” The Harassment Web Form is used as a secure and confidential portal by which notification is provided by the recipient institution's Authorized Organization Representative within 30 days of the removal or disciplinary action, as required by the NIH Grants Policy Statement, Section 8.1.2.6. All required notifications must include, at a minimum, the name of the Authorized Organization Representative submitting the notification, the name of the individual of concern, a description of the concerns, the action(s) taken, and any anticipated impact on the NIH-funded award(s).

OMB approval is requested for an additional 3 years. There are no costs to respondents other than their time. The total estimated annualized burden hours are 60.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Type of respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total annual burden hours
Private Sector (grant recipients) .....	140	1	15/60	35
Individuals (general public not in administrative role) .....	100	1	15/60	25