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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60Day-26-1166; Docket No. CDC-2025-  
1014]

#### 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 Poison Center  
Collaborations for Public Health  
Emergencies (PCCPHE). PCCPHE creates  
a timely mechanism which will allow a  
network of poison centers, supported by  
CDC, to obtain critical exposure and  
health information during a public  
health emergency.

**DATES:** CDC must receive written  
comments on or before March 16, 2026.

**ADDRESSES:** You may submit comments,  
identified by Docket No. CDC-2025-  
1014 by either of the following methods:

- *Federal eRulemaking Portal:*  
[www.regulations.gov](http://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](http://www.regulations.gov).

*Please note:* Submit all comments  
through the Federal eRulemaking portal  
([www.regulations.gov](http://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](mailto: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

Poison Center Collaborations for  
Public Health Emergencies (PCCPHE)  
(OMB Control No. 0920-1166, Exp. 04/  
30/2026)—Revision—National Center  
for Environmental Health (NCEH),  
Centers for Disease Control and  
Prevention (CDC).

#### Background and Brief Description

The Centers for Disease Control and  
Prevention (CDC) is requesting a three-  
year Paperwork Reduction Act (PRA)

Revision of the Generic Information  
Collection Request (Generic ICR) titled  
Poison Center Collaborations for Public  
Health Emergencies (PCCPHE) (OMB  
Control No. 0920-1166; Expiration date  
04/30/2026).

CDC's key partner is America's Poison  
Centers™, formerly known as the  
American Association of Poison Centers  
(AAPCC). America's Poison Centers™ is  
a national network of 53 poison centers  
working to prevent and treat poison  
exposures. America's Poison Centers™  
manages its existing surveillance system  
called the National Poison Data System  
(NPDS) and provides CDC access to  
monitor this system under a cooperative  
agreement and a data license agreement.

When a public health emergency of  
interest emerges in NPDS, the CDC and  
America's Poison Centers™ hold a  
meeting to mutually decide whether the  
incident needs further investigation. For  
a public health emergency to be selected  
for call-back, adverse health effects must  
have occurred, and a response is needed  
to prevent further morbidity and  
mortality. The incident must meet the  
following criteria: (1) the incident is a  
public health emergency causing  
adverse health effects; (2) timely data  
are urgently needed to inform rapid  
public health action to prevent or  
reduce injury, disease, or death; (3) the  
incident is characterized by a natural or  
man-made disaster, contaminated food  
or water, a new or existing consumer  
product, or an emerging public health  
threat; (4) the incident has resulted in  
calls to a poison center, and the poison  
center agrees to conduct the call-back  
data collection; (5) the incident is  
domestic; and (6) data collection will be  
completed in 60 days or less.

The purpose of this Generic ICR is to  
create a timely mechanism to allow  
poison centers, supported by CDC, to  
follow-up with callers during select  
public health emergencies on exposure  
and health. These PCCPHE Generic  
information collections (GenICs) will  
obtain information on sources of  
exposure, scenario of exposure, health  
seeking behaviors following exposure,  
and awareness of health communication  
messaging. These additional data can  
help CDC identify interventions to  
improve health messaging meant to  
reduce exposure; improve disaster and  
emergency response; and prevent future  
incidents for the specific area or  
incident of interest.

Trained poison center staff will  
conduct the call-back telephone survey  
or will facilitate the call-back web  
survey, after administering consent.  
Respondents will include individuals  
who call poison centers about exposures  
related to the select public health

emergencies. These respondents include adults, 18 years and older; adolescents, 15 to less than 18 years; and parents or guardians on behalf of their children less than 15 years of age.

In 2019, a PCCPHE GenIC, titled “Risk Factors for Harmful Algal Blooms (HABs),” was conducted to identify sources of and risk factors for HAB exposures. New information gained about HAB exposures were used to improve HAB incident response,

communication, and outreach at the state and national level.

No PCCPHE GenICs were conducted during the past three-year approval period. However, two NPDS-related follow-up studies were implemented during the 2020–2023 approval period using the Secretary’s Public Health Emergency PRA Waiver for COVID–19. During a non-pandemic situation, these two studies would have used this Generic ICR. These studies assessed

unintentional exposures associated with cleaning products (e.g., bleach, hand sanitizers) in home settings to determine knowledge, attitudes, and practices regarding cleaning behaviors and help guide public health messaging.

CDC requests OMB approval for an estimated 250 annual burden hours. No revisions affecting public burden are proposed and there is no cost to the respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Adult Poison Center Callers .....	Call-back Questionnaire for Self .....	1,200	1	10/60	200
Adolescent Poison Center Callers ....	Call-back Questionnaire for Self .....	150	1	10/60	25
Parent or Guardian Poison Center Callers.	Call-back Questionnaire for Proxy ...	150	1	10/60	25
Total .....	.....	.....	.....	.....	250

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Annual Update of the HHS Poverty Guidelines

AGENCY: Department of Health and Human Services.

ACTION: Notice.

SUMMARY: This notice provides an update of the Department of Health and Human Services (HHS) poverty guidelines to account for last calendar year’s increase in prices as measured by the Consumer Price Index.

DATES: Effective Date: January 13, 2026 unless an office administering a program using the guidelines specifies a different effective date for that particular program.

ADDRESSES: Office of the Assistant Secretary for Planning and Evaluation, Room 404E, Humphrey Building, Department of Health and Human Services, Washington, DC 20201.

FOR FURTHER INFORMATION CONTACT: For information about how the guidelines are used or how income is defined in a particular program, contact the Federal, state, or local office that is responsible for that program. For information about

poverty figures for immigration forms, the Hill-Burton Uncompensated Services Program, and the number of people in poverty, use the specific telephone numbers and addresses given below.

For general questions about the poverty guidelines themselves, visit <http://aspe.hhs.gov/poverty/> or contact Jennifer Burnszynski in the HHS Office of the Assistant Secretary for Planning and Evaluation at [osaspeinfo@hhs.gov](mailto:osaspeinfo@hhs.gov) or (202) 690–7858.

For information about the percentage multiple of the poverty guidelines to be used on immigration forms such as USCIS Form I–864, Affidavit of Support, contact U.S. Citizenship and Immigration Services at 1–800–375–5283. You also may visit <https://www.uscis.gov/i-864>.

For information about the Hill-Burton Uncompensated Services Program (free or reduced-fee health care services at certain hospitals and other facilities for persons meeting eligibility criteria involving the poverty guidelines), visit <https://www.hrsa.gov/get-health-care/affordable/hill-burton/index.html>.

For information about the number of people in poverty, visit the Poverty section of the Census Bureau’s website at <https://www.census.gov/topics/income-poverty/poverty.html> or contact the Census Bureau’s Customer Service Center at 1–800–923–8282 (toll-free) or visit <https://ask.census.gov> for further information.

SUPPLEMENTARY INFORMATION:

Background

Section 673(2) of the Omnibus Budget Reconciliation Act (OBRA) of 1981 (42 U.S.C. 9902(2)) requires the Secretary of the Department of Health and Human Services to update the poverty guidelines at least annually, adjusting them on the basis of the Consumer Price Index for All Urban Consumers (CPI–U). The poverty guidelines are used by Medicaid and a number of other Federal programs as a criterion for some or all eligibility determinations. The *poverty guidelines* issued here are a simplified version of the *poverty thresholds* that the Census Bureau uses to prepare its estimates of the number of individuals and families in poverty.

As required by law, this update is accomplished by increasing the latest published Census Bureau poverty thresholds by the applicable percentage change in the Consumer Price Index for All Urban Consumers (CPI–U). The guidelines in this 2026 notice reflect the 2.63 percent price increase between calendar years 2024 and 2025. After updating for inflation, the guidelines are rounded and standardized to establish the same interval between each family size. In rare circumstances, rounding and standardizing in the formula result in small decreases in the poverty guidelines for some household sizes even when the inflation factor is not negative. In cases where the year-to-year change in inflation is not negative and rounding and standardizing in the formula result in reductions to the guidelines from the previous year for some household sizes, the guidelines for