programs will continue to be unable to keep up with the increasing complexity and future demands of screening, perpetuating inequities in screening across the nation.

The estimated annualized burden hours were determined as follows. There are 53 domestic NBS programs in the U.S. A ''respondent'' refers to a single NBS program. Given that data submission will ultimately be accomplished through automatic electronic data transfer, each respondent's burden hours were split into two estimates: (1) the one-time need to set-up, test, and implement the electronic data transfer mechanism; and (2) the ongoing automatic electronic data transfer occurring after initial set-up. Initial set-up time burden was estimated based on analysis of similar data transfer projects embarked upon by NBS programs as well as brief discussions with NBS Program Laboratory Information Management System vendors. The one-time burden to set up the data transfer interface was estimated to be 40 hours total, annualized to 14 hours per year. Ongoing daily data submission burden for NBS programs was estimated assuming one minute per automatic transfer thereafter. CDC has estimated the total annualized burden for this project to be 1,064 hours per year.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hr)	Total burden (in hr)
Newborn Screening Programs	Set-up and initial submission of ED3N Data Elements.	53	1	14	742
	Ongoing transfer of ED3N Data Elements	53	364	1/60	322
Total		53			1,064

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Public Health Ethics and Regulations, Office of Science, Centers for Disease Control and Prevention.

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BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission to OMB for Review and Approval; Telehealth Resource Center Performance Measurement Tool, OMB No. 0915–0361—Revision

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995, HRSA submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period. OMB may act on HRSA's ICR only after the 30-day comment period for this notice has closed.

DATES: Comments on this ICR should be received no later than August 18, 2025.

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 Review—Open for Public Comments'' or by using the search function.

FOR FURTHER INFORMATION CONTACT: To request a copy of the clearance requests submitted to OMB for review, email Samantha Miller, the HRSA Information Collection Clearance Officer, at *paperwork@hrsa.gov* or call (301) 443–3983.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title: Telehealth Resource Center Performance Measurement Tool, OMB No. 0915–0361—Revision.

Abstract: HRSA requests a revision of its approved Telehealth Resource Center (TRC) Performance Measurement Tool and renewal of the previously approved performance measures. TRCs deliver telehealth technical assistance under cooperative agreements awarded by HRSA's Office for the Advancement of Telehealth, as authorized by section 330I(d)(2) of the Public Health Service Act (42 U.S.C. 254c–14(d)(2)). There are two types of HRSA TRC programs:

1. Two National TRC Programs focus on policy and technology.

2. Twelve Regional TRC Programs host activities and provide resources to rural and underserved areas.

HRSA TRCs

- Provide training and support,
- Publicize information and research findings,
- Support collaboration and partnerships,
- Promote effective partnerships, and
- Promote the use of telehealth by providing health care information and education to the public and medical specialists.

TRCs share expertise through individual consults, training, webinars, conference presentations, and the web. HRSA collects information using the TRC Performance Measurement Tool.

HRSA seeks to revise its approved information collection because the electronic system for submitting information to HRSA has changed from the Performance Improvement Management System to Data Collection Platform as a Service (DCP). Although the electronic system has changed, the information collected using the TRC Performance Measurement Tool has not changed and HRSA's burden estimate remains the same.

A 60-day notice published in the **Federal Register** on May 15, 2025, vol. 90, No. 93; pp. 20677–79. There were no public comments.

Need and Proposed Use of the Information: To evaluate existing programs, recipients of the National and Regional TRC cooperative agreements submit data through HRSA's DCP. The data are used to measure the effectiveness of technical assistance. There is one data reporting period each year; during this reporting period, data are reported for the previous 12 months of activity. TRCs have approximately 6 weeks to enter their data into the DCP system during each annual reporting

period. The instrument was developed to measure how the National and Regional TRCs meet the following goals:

- Improving access to needed services,
- Reducing rural and underserved population practitioner isolation,
- Improving health system productivity and efficiency, and
- Improving patient outcomes.

The TRCs currently report on existing performance data elements using the TRC Performance Measurement Tool. The performance measures assess how the TRC program meets its goals to:

- Expand the availability of telehealth services in underserved communities;
- Improve the quality, efficiency, and effectiveness of telehealth services;
- Promote knowledge exchange and dissemination about efficient and effective telehealth practices and technology; and
- Establish sustainable technical assistance centers providing quality, unbiased technical assistance for the development and expansion of effective and efficient telehealth services in underserved communities.

Additionally, the TRC Performance Measurement Tool allows HRSA to:

- Determine the value added from the TRC cooperative agreements;
- Justify budget requests;
- Collect uniform, consistent data which enables HRSA to monitor programs;
- Provide guidance to grantees on important indicators to track over time for their own internal program management;
- Measure performance relative to HRSA's mission as well as individual goals and objectives of the program;
- Identify topics of interest for future special studies; and
- Identify changes in health care needs within rural and underserved communities, allowing programs to shift focus to meet those needs.

Likely Respondents: Likely respondents are telehealth associations, telehealth providers, rural and underserved health providers, clinicians that deliver services via telehealth, technical assistance providers, and research organizations and academic medical centers that receive National or Regional TRC cooperative agreements.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose, or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install, and utilize technology and systems for the purpose of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours *
TRC Performance Measurement Tool	14	42	588	0.07	41
Total	14	42	588	0.07	41

* Total Burden Hours are rounded up to the nearest whole number.

Maria G. Button,

Director, Executive Secretariat.

[FR Doc. 2025–13553 Filed 7–17–25; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

[Docket ID FEMA–2025–0002; Internal Agency Docket No. FEMA–B–2541]

Proposed Flood Hazard Determinations

AGENCY: Federal Emergency Management Agency, Department of Homeland Security.

ACTION: Notice.

SUMMARY: Comments are requested on proposed flood hazard determinations, which may include additions or modifications of any Base Flood Elevation (BFE), base flood depth, Special Flood Hazard Area (SFHA) boundary or zone designation, or regulatory floodway on the Flood Insurance Rate Maps (FIRMs), and where applicable, in the supporting Flood Insurance Study (FIS) reports for the communities listed in the table below. The purpose of this notice is to seek general information and comment regarding the preliminary FIRM, and where applicable, the FIS report that the Federal Emergency Management Agency (FEMA) has provided to the affected communities. The FIRM and FIS report are the basis of the floodplain management measures that the community is required either to adopt or to show evidence of having in effect in order to qualify or remain qualified for participation in the National Flood Insurance Program (NFIP).

DATES: Comments are to be submitted on or before October 16, 2025.

ADDRESSES: The Preliminary FIRM, and where applicable, the FIS report for each community are available for inspection at both the online location *https://hazards.fema.gov/femaportal/prelimdownload* and the respective Community Map Repository address listed in the tables below. Additionally, the current effective FIRM and FIS report for each community are accessible online through the FEMA Map Service Center at *https://msc.fema.gov* for comparison.

You may submit comments, identified by Docket No. FEMA–B–2541, to David Bascom, Acting Director, Engineering and Modeling Division, Risk Analysis, Planning & Information Directorate, FEMA, 400 C Street SW, Washington, DC 20472, or (email) *david.bascom@fema.dhs.gov.*

FOR FURTHER INFORMATION CONTACT: David Bascom, Acting Director, Engineering and Modeling Division, Risk Analysis, Planning & Information Directorate, FEMA, 400 C Street SW, Washington, DC 20472, or (email) *david.bascom@fema.dhs.gov*; or visit the FEMA Mapping and Insurance eXchange (FMIX) online at *https://www.floodmaps.fema.gov/fhm/fmx_main.html.*

SUPPLEMENTARY INFORMATION: FEMA proposes to make flood hazard determinations for each community listed below, in accordance with section