Lehman at 410–786–8929 or *daniel.lehman@cms.hhs.gov*.)

2. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Request for Termination of Medicare Premium Part A, Part B, or Part B Immunosuppressive Drug Coverage (Part B–ID) and Supporting Statute and Regulations; *Use:* Sections 1818(c)(5), 1818A(c)(2)(B) and 1838(b)(1) of the Act and corresponding regulations at 42 CFR 406.28(a) and 407.27(c) require that a Medicare enrollee wishing to voluntarily terminate Part B or premium Part A coverage file a written request with CMS or SSA. Pursuant to 1838(h) of the Act and the corresponding regulation at 42 CFR 407.62(a), individuals wishing to terminate their Part B–ID coverage must notify SSA. The statute and regulations also specify when coverage ends based upon the date the request for termination is filed.

The CMS–1763 is the form used by individuals who wish to terminate their Medicare Part A, Part B or Part B–ID. This 2024 iteration is a revision that does not propose any program changes. Per the Office of Communication's plain language suggestion, the title has been updated to ''Request for Termination of Medicare Premium Part A, Part B, or Part B Immunosuppressive Drug Coverage (Part B–ID).'' The 2024 submission saw an increase in the burden due to utilization of the form and improvement in the accuracy of the data exchanges between CMS and SSA. Updated wage information for a Federal Government employee is also responsible for part of the increase. *Form Number:* CMS–1763 (OMB control number 0938–0025); *Frequency:* Biennially; *Affected Public:* Private Sector—State, Local, or Tribal Governments; and Federal Government; *Number of Respondents:* 197,518; *Total Annual Responses:* 197,518; Total Annual Hours: 33,578. (For policy questions regarding this collection contact Tyrissa Woods at 410–786–0286 or *tyrissa.woods@cms.hhs.gov*.)

William N. Parham, III,

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

[FR Doc. 2024–31567 Filed 1–2–25; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[CFDA Number(s): 93.645]

Notice of Allotment Percentages to States for Child Welfare Services State Grants; Correction

AGENCY: Administration for Children and Families, Department of Health and Human Services.

ACTION: Notice; correction.

SUMMARY: The Administration for Children and Families published a document in the **Federal Register** published Wednesday, December 4, 2024, concerning notice of Allotment Percentages to States for Child Welfare Services State Grants. The formula used to calculate the allotment percentages for each state was not applied correctly. Although the percentage for the State of Alabama percentage was calculated correctly, the formula used to calculate the allotment percentages was not correctly applied to the remaining states.

FOR FURTHER INFORMATION CONTACT: Sona Cook, 214–767–2973.

SUPPLEMENTARY INFORMATION:

Correction

In the **Federal Register** of December 4, 2024, in FR Doc. 2024–28398, on page 96256, in the second and third columns, the ALLOTMENT table contained an incorrect formula for the Allotment Percentages to States for Child Welfare Services State Grants. The updated ALLOTMENT table with the correct allotment percentage for each State is as follows:

ALLOTMENT **

State	Percentage
Alabama	61.01
Alaska *	48.58
Arizona	55.49
Arkansas	58.66
California	41.38
Colorado	43.03
Connecticut	35.99
Delaware	52.51
District of Columbia [1]	30.00
Florida	51.25
Georgia	56.80
Hawaii *	52.67
Idaho	57.12
Illinois	48.26
Indiana	55.74
Iowa	54.48
Kansas	53.25
Kentucky	60.14
Louisiana	57.73
Maine	53.63
Maryland	46.19
Massachusetts	35.02
Michigan	56.10
Minnesota	47.65
Mississippi	64.18
Missouri	55.55
Montana	53.73
Nebraska	49.64
Nevada	52.74
New Hampshire	43.28
New Jersey	41.18
New Mexico	60.32
New York	41.19
North Carolina	55.66
North Dakota	47.82
Ohio	55.81
Oklahoma	56.84
Oregon	51.55
Pennsylvania	50.59
Rhode Island	51.41
South Carolina	58.86
South Dakota	47.83
Tennessee	55.38
Texas	52.76
Utah	54.33
Vermont	52.28
Virginia	47.50
Washington	42.58
West Virginia	62.16
Wisconsin	53.26
Wyoming	42.78
America Samoa	70.00
Guam	70.00
Puerto Rico	70.00
N. Mariana Islands	70.00
Virgin Islands	70.00

Anthony Petruccelli,

Senior Grants Policy Specialist, Office of Grants Policy, Office of Administration.

[FR Doc. 2024–31515 Filed 1–2–25; 8:45 am]

BILLING CODE 4184–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2024–N–5784]

Interested Parties Meeting: Implementation of the Best Pharmaceuticals for Children Act and Pediatric Research Equity Act

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice of public meeting; request for comments.

SUMMARY: The Food and Drug Administration's (FDA, Agency, or we) Office of Pediatric Therapeutics, the Center for Drug Evaluation and Research, and the Center for Biologics Evaluation and Research are announcing a public meeting entitled ''Interested Parties Meeting:

Implementation of the Best Pharmaceuticals for Children Act and Pediatric Research Equity Act.'' The purpose of the public meeting is to seek input from interested parties, including patient/parent/caregiver groups, consumer groups, regulated industry, academia, and others. This input will enable FDA to obtain any recommendations or information relevant to the report to Congress that FDA is required to submit concerning pediatric drug and biologic development and labeling, as outlined in section 508 of the Food and Drug Administration Safety and Innovation Act (FDASIA).

DATES: The public meeting will be held on May 15, 2025, from 9 a.m. to 4:30 p.m. Eastern Time. Regardless of attendance at the public meeting, you can submit electronic or written comments to the public docket. Either electronic or written comments on this public meeting must be submitted by June 13, 2025. See the **SUPPLEMENTARY INFORMATION** section for registration date and information.

ADDRESSES: The public meeting will be held in-person at the FDA White Oak Campus, 10903 New Hampshire Ave., Building 31 Conference Center, the White Oak Great Room, Silver Spring, MD 20993–0002 and virtually using the Zoom platform. Entrance for the in-person public meeting participants (non-FDA employees) is through Building 1 where routine security check procedures will be performed. For parking and security information, please refer to *https://www.fda.gov/about-fda/visitor-information.*

You may submit comments as follows. Please note that late, untimely filed comments will not be considered. The *https://www.regulations.gov* electronic filing system will accept comments until 11:59 p.m. Eastern Time at the end of June 13, 2025. Comments received by mail/hand delivery/courier (for written/paper submissions) will be considered timely if they are received on or before that date.

Electronic Submissions

Submit electronic comments in the following way:

- *Federal eRulemaking Portal: https://www.regulations.gov.* Follow the instructions for submitting comments. Comments submitted electronically, including attachments, to *https://www.regulations.gov* will be posted to the docket unchanged. Because your comment will be made public, you are solely responsible for ensuring that your comment does not include any confidential information that you or a third party may not wish to be posted, such as medical information, your or anyone else's Social Security number, or confidential business information, such as a manufacturing process. Please note that if you include your name, contact information, or other information that identifies you in the body of your comments, that information will be posted on *https://www.regulations.gov.*
- If you want to submit a comment with confidential information that you do not wish to be made available to the public, submit the comment as a written/paper submission and in the manner detailed (see ''Written/Paper Submissions'' and ''Instructions'').

Written/Paper Submissions

Submit written/paper submissions as follows:

- *Mail/Hand Delivery/Courier (for written/paper submissions):* Dockets Management Staff (HFA–305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852.
- For written/paper comments submitted to the Dockets Management Staff, FDA will post your comment, as well as any attachments, except for information submitted, marked and identified, as confidential, if submitted as detailed in ''Instructions.''

Instructions: All submissions received must include the Docket No.FDA–2024–N–5784 for ''Interested Parties Meeting: Implementation of the Best Pharmaceuticals for Children Act and Pediatric Research Equity Act.'' Received comments, those filed in a timely manner (see **ADDRESSES**), will be placed in the docket and, except for those submitted as ''Confidential Submissions,'' publicly viewable at *https://www.regulations.gov* or at the Dockets Management Staff between 9 a.m. and 4 p.m., Monday through Friday, 240–402–7500.

- Confidential Submissions—To submit a comment with confidential information that you do not wish to be made publicly available, submit your comments only as a written/paper submission. You should submit two copies total. One copy will include the information you claim to be confidential with a heading or cover note that states ''THIS DOCUMENT CONTAINS CONFIDENTIAL INFORMATION.'' The Agency will review this copy, including the claimed confidential information, in its consideration of comments. The second copy, which will have the claimed confidential information redacted/blacked out, will be available for public viewing and posted on *https://www.regulations.gov.* Submit both copies to the Dockets Management Staff. If you do not wish your name and contact information to be made publicly available, you can provide this information on the cover sheet and not in the body of your comments and you must identify this information as ''confidential.'' Any information marked as ''confidential'' will not be disclosed except in accordance with 21 CFR 10.20 and other applicable disclosure law. For more information about FDA's posting of comments to public dockets, see 80 FR 56469, September 18, 2015, or access the information at: *https://www.govinfo.gov/content/pkg/FR-2015-09-18/pdf/2015-23389.pdf.*

Docket: For access to the docket to read background documents or the electronic and written/paper comments received, go to *https://www.regulations.gov* and insert the docket number, found in brackets in the heading of this document, into the ''Search'' box and follow the prompts and/or go to the Dockets Management Staff, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852, 240–402–7500.

FOR FURTHER INFORMATION CONTACT: Cindy Tworek, the Office of Pediatric Therapeutics, Food and Drug Administration, 10903 New Hampshire Ave., Silver Spring, MD 20993–0002, 301–796–9234, *OPT@fda.hhs.gov.*

SUPPLEMENTARY INFORMATION:

I. Background

On July 9, 2012, the President signed into law the Food and Drug Administration Safety and Innovation Act (FDASIA) (Pub. L. 112–144). Section 508 of FDASIA directs the Secretary of HHS to submit a report to Congress on the implementation of sections 505A and 505B of the Federal Food, Drug, and Cosmetic Act, which are commonly known as the Best Pharmaceuticals for Children Act (BPCA) and the Pediatric Research Equity Act (PREA), respectively.

The first report was required to be submitted to Congress by July 9, 2016, and subsequent reports are required every 5 years thereafter, with the next report due to be submitted in July 2026. FDASIA also requires FDA to obtain, at least 180 days prior to submission of the report, input from interested parties, including: patient groups (including pediatric patient groups), consumer groups, regulated industry, academia, and any other interested parties to obtain any recommendations or information relevant to the report including suggestions for modifications that would improve pediatric drug research and pediatric labeling of drugs and biological products. In addition, on August 18, 2017, the FDA Reauthorization Act of 2017 (Pub. L.

115–52) was signed into law, which outlined additional requirements to be included in the report.

II. Topics for Discussion at the Public Meeting

Some of the issues to be discussed at the meeting will include, but not be limited to:

- Hearing from patients/parents/caregivers and patient/parent/caregiver groups, consumer groups, industry, academia, and other interested parties about the public health impact that the pediatric legislation may have had on them or their communities, including treatment advances for children resulting from the legislation, as well as areas of continued unmet medical need.
- Understanding the effects of the requirement of pediatric studies under PREA or the incentives under BPCA on drug/biologic development plans, including issues related to the balance of incentives and requirements and progress toward international alignment on pediatric drug development to the extent practicable.
- Understanding if there are any barriers or resource issues preventing undertaking or completing studies under PREA and BPCA, including issues related to clinical trial infrastructure and enrollment and ensuring pediatric clinical trial populations reflect the diversity of children most likely to use and benefit from the therapeutic treatments.
- Understanding successes and challenges with leveraging scientific advances in product development, including, but not limited to, use of pediatric extrapolation, adaptive trial designs, biomarkers as surrogates, and real-world data to facilitate more timely evidence-generation for pediatric populations.

III. Participating in the Public Meeting

Registration: For more information and to register for the public meeting, please visit: *https://www.fda.gov/news-events/fda-meetings-conferences-and-workshops/interested-parties-meeting-implementation-best-pharmaceuticals-children-act-and-pediatric-research.* Please provide complete contact information for each attendee, including name, email address, and affiliation. Registration is free and based on space availability for in-person attendance, with priority given to early registrants. Persons interested in attending this public meeting in-person must register by May 1, 2025, 11:59 p.m. Eastern Time. Early registration is recommended because seating is limited; therefore, FDA may limit the number of participants from each organization. If time and space permit, onsite registration on the day of the public meeting will be provided beginning at 8 a.m. We will post a notice on the meeting web page if registration for in-person attendance closes before the day of the public meeting.

If you need special accommodations due to a disability, please contact *OPT@fda.hhs.gov* no later than May 8, 2025, 11:59 p.m. Eastern Time.

Requests for Oral Comment: During online registration you may indicate if you wish to present an oral comment during a public comment session, and which topic(s) you wish to address. We will do our best to accommodate requests to make oral comments. Individuals and organizations with common interests are urged to consolidate or coordinate their comments. All requests to make oral comments, for both virtual and in-person attendees, must be received by the close of in-person registration on May 1, 2025, 11:59 p.m. Eastern Time. Following the close of registration, we will determine the amount of time allotted to each presenter and the approximate time that the oral comment session is to begin, and will notify participants making an oral comment by May 5, 2025, 11:59 p.m. Eastern Time. If making an oral comment, any presentation materials must be emailed to *OPT@fda.hhs.gov* (see **FOR FURTHER INFORMATION CONTACT**) no later than May 9, 2025, 11:59 p.m. Eastern Time. No commercial or promotional material will be permitted to be presented or distributed at the public meeting.

Streaming Webcast of the Public Meeting: This public meeting will also be webcast. The link to view the virtual Zoom webinar will be sent to registered participants prior to the meeting. The meeting web page link is: *https://www.fda.gov/news-events/fda-meetings-conferences-and-workshops/interested-parties-meeting-implementation-best-pharmaceuticals-children-act-and-pediatric-research.*

Although FDA verified the website addresses in this document, please note that websites are subject to change over time.

Transcripts: Please be advised that as soon as a transcript of the public meeting is available, it will be accessible at *https://www.regulations.gov, https://www.fda.gov/news-events/fda-meetings-conferences-and-workshops/interested-parties-meeting-implementation-best-pharmaceuticals-children-act-and-pediatric-research*, or the Dockets Management Staff, Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852, between 9 a.m. and 4 p.m., Monday through Friday, 240–402–7500.

Notice of this meeting is given pursuant to 21 CFR 10.65.

Dated: December 20, 2024.

P. Ritu Nalubola,

Associate Commissioner for Policy.

[FR Doc. 2024–31312 Filed 1–2–25; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Current List of HHS-Certified Laboratories and Instrumented Initial Testing Facilities Which Meet Minimum Standards To Engage in Urine and Oral Fluid Drug Testing for Federal Agencies

AGENCY: Substance Abuse and Mental Health Services Administration, HHS.

ACTION: Notice.

SUMMARY: The Department of Health and Human Services (HHS) notifies Federal agencies of the laboratories and Instrumented Initial Testing Facilities (IITFs) currently certified to meet the standards of the Mandatory Guidelines for Federal Workplace Drug Testing Programs (Mandatory Guidelines) using Urine and the laboratories currently certified to meet the standards of the Mandatory Guidelines using Oral Fluid.

FOR FURTHER INFORMATION CONTACT: Anastasia Flanagan, Division of Workplace Programs, SAMHSA/CSAP, 5600 Fishers Lane, Room 16N06B, Rockville, Maryland 20857; 240–276–2600 (voice); *Anastasia.Flanagan@samhsa.hhs.gov* (email).

SUPPLEMENTARY INFORMATION: The Department of Health and Human Services (HHS) publishes a notice listing all HHS-certified laboratories and Instrumented Initial Testing Facilities (IITFs) in the **Federal Register** during the first week of each month, in accordance with Section 9.19 of the Mandatory Guidelines for Federal Workplace Drug Testing Programs (Mandatory Guidelines) using Urine and Section 9.17 of the Mandatory Guidelines using Oral Fluid. If any laboratory or IITF certification is suspended or revoked, the laboratory or IITF will be omitted from subsequent lists until such time as it is restored to full certification under the Mandatory Guidelines.

If any laboratory or IITF has withdrawn from the HHS National Laboratory Certification Program (NLCP) during the past month, it will be listed