

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 |

ALLOTMENT **—Continued

| State | Percentage |
|--------------------------|------------|
| 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 |

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[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: