FEDERAL ELECTION COMMISSION

Sunshine Act Meetings

TIME AND DATE: Thursday, March 27, 2025, following the conclusion of the audit hearing.

PLACE: Hybrid meeting: 1050 First Street NE, Washington, DC (12th Floor) and virtual.

Note: If you would like to virtually access the meeting, see the instructions below.

STATUS: This meeting will be open to the public. To access the meeting virtually, go to the commission's website *www.fec.gov* and click on the banner to be taken to the meeting page.

MATTERS TO BE CONSIDERED:

Draft Advisory Opinion 2025–03:
American Samoa Democratic Party
Draft Advisory Opinion 2025–02:
Democratic Party of Puerto Rico
Election of Officer (Chair)
Management and Administrative Matters

ADDITIONAL INFORMATION: This meeting may be cancelled if the Commission is not open due to a funding lapse.

CONTACT PERSON FOR MORE INFORMATION: Myles Martin, Deputy Press Officer. Telephone: (202) 694–1221.

Individuals who plan to attend in person and who require special assistance, such as sign language interpretation or other reasonable accommodations, should contact Laura E. Sinram, Secretary and Clerk, at (202) 694–1040 or *secretary@fec.gov,* at least 72 hours prior to the meeting date.

Authority: Government in the Sunshine Act, 5 U.S.C. 552b.

Laura E. Sinram,

Secretary and Clerk of the Commission.

[FR Doc. 2025–04500 Filed 3–14–25; 11:15 am]

BILLING CODE 6715–01–P

FEDERAL ELECTION COMMISSION

Sunshine Act Notice

TIME AND DATE: Thursday, March 27, 2025 at 10 a.m.

PLACE: Hybrid hearing. 1050 First Street NE, Washington, DC (12th floor) and virtual.

Note: If you would like to virtually access the hearing, see the instructions below.

STATUS: This hearing will be open to the public. To access the hearing virtually, go to the commission's website *www.fec.gov* and click on the banner to be taken to the hearing page.

MATTER TO BE CONSIDERED:

Audit Hearing: John Curtis for Utah (A23–03)

ADDITIONAL INFORMATION: This hearing may be cancelled if the Commission is not open due to a funding lapse..

CONTACT PERSON FOR MORE INFORMATION: Myles Martin, Deputy Press Officer. Telephone: (202) 694–1221.

Individuals who plan to attend in person and who require special assistance, such as sign language interpretation or other reasonable accommodations, should contact Laura E. Sinram, Secretary and Clerk, at (202) 694–1040 or *secretary@fec.gov,* at least 72 hours prior to the hearing date.

Authority: Government in the Sunshine Act, 5 U.S.C. 552b.

Laura E. Sinram,

Secretary and Clerk of the Commission.

[FR Doc. 2025–04497 Filed 3–14–25; 11:15 am]

BILLING CODE 6715–01–P

FEDERAL RESERVE SYSTEM

Change in Bank Control Notices; Acquisitions of Shares of a Bank or Bank Holding Company

The notificants listed below have applied under the Change in Bank Control Act (Act) (12 U.S.C. 1817(j)) and § 225.41 of the Board's Regulation Y (12 CFR 225.41) to acquire shares of a bank or bank holding company. The factors that are considered in acting on the applications are set forth in paragraph 7 of the Act (12 U.S.C. 1817(j)(7)).

The public portions of the applications listed below, as well as other related filings required by the Board, if any, are available for immediate inspection at the Federal Reserve Bank(s) indicated below and at the offices of the Board of Governors. This information may also be obtained on an expedited basis, upon request, by contacting the appropriate Federal Reserve Bank and from the Board's Freedom of Information Office at *https://www.federalreserve.gov/foia/request.htm.* Interested persons may express their views in writing on the standards enumerated in paragraph 7 of the Act.

Comments received are subject to public disclosure. In general, comments received will be made available without change and will not be modified to remove personal or business information including confidential, contact, or other identifying information. Comments should not include any information such as confidential information that would not be appropriate for public disclosure.

Comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors, Ann E. Misback, Secretary of the Board, 20th Street and Constitution Avenue NW, Washington, DC 20551–0001, not later than April 2, 2025.

A. Federal Reserve Bank of Chicago (Colette A. Fried, Assistant Vice President) 230 South LaSalle Street, Chicago, Illinois 60690–1414. Comments can also be sent electronically to *Comments.applications@chi.frb.org:*

1. *The E. Todd Kale Bank Stock Trust, Osceola, Iowa, Eric Todd Kale, Osceola, Iowa and Mark Walz, West Des Moines, Iowa, as co-trustees; the T. Reed Kale Bank Stock Trust, Osceola, Iowa, Mark Walz, as trustee; the Sandra S. Kale Trust, Osceola, Iowa, Mark Walz, as trustee; and the J. Fred Reed Jr. Grandchild's Trust for Bank Stock, Osceola, Iowa, Eric Todd Kale, individually, and as trustee;* to join the Kale Family Control Group, a group acting in concert, to retain voting shares of Osceola Bancorporation, and thereby indirectly retain voting shares of American State Bank, both of Osceola, Iowa.

Board of Governors of the Federal Reserve System.

Michele Taylor Fennell,

Associate Secretary of the Board.

[FR Doc. 2025–04437 Filed 3–17–25; 8:45 am]

BILLING CODE P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Supplemental Evidence and Data Request on Improving the Management of Menopausal Symptoms in Perimenopausal and Early Postmenopausal Women: A Systematic Review

AGENCY: Agency for Healthcare Research and Quality (AHRQ), HHS.

ACTION: Request for Supplemental Evidence and Data Submission.

SUMMARY: The Agency for Healthcare Research and Quality (AHRQ) is seeking scientific information submissions from the public. Scientific information is being solicited to inform our review on *Improving the Management of Menopausal Symptoms in Perimenopausal and Early Postmenopausal Women: A Systematic Review,* which is currently being conducted by the AHRQ's Evidence-based Practice Centers (EPC) Program. Access to published and unpublished

pertinent scientific information will improve the quality of this review.

DATES: *Submission Deadline* on or before April 17, 2025.

ADDRESSES:

Email submissions: epc@ahrq.hhs.gov.

Print submissions:

Mailing Address: Center for Evidence and Practice Improvement, Agency for Healthcare Research and Quality, ATTN: EPC SEADs Coordinator, 5600 Fishers Lane, Mail Stop 06E53A, Rockville, MD 20857.

Shipping Address (FedEx, UPS, etc.): Center for Evidence and Practice Improvement, Agency for Healthcare Research and Quality, ATTN: EPC SEADs Coordinator, 5600 Fishers Lane, Mail Stop 06E77D, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: Kelly Carper, Telephone: 301–427–1656 or Email: *epc@ahrq.hhs.gov.*

SUPPLEMENTARY INFORMATION: The Agency for Healthcare Research and Quality has commissioned the Evidence-based Practice Centers (EPC) Program to complete a review of the evidence for *Improving the Management of Menopausal Symptoms in Perimenopausal and Early Postmenopausal Women: A Systematic Review.* AHRQ is conducting this review pursuant to Section 902 of the Public Health Service Act, 42 U.S.C. 299a.

The EPC Program is dedicated to identifying as many studies as possible that are relevant to the questions for each of its reviews. In order to do so, we are supplementing the usual manual and electronic database searches of the literature by requesting information from the public (*e.g.,* details of studies conducted). We are looking for studies that report on *Improving the Management of Menopausal Symptoms in Perimenopausal and Early Postmenopausal Women: A Systematic Review.* The entire research protocol is available online at: *https://effectivehealthcare.ahrq.gov/products/menopausal-symptoms/protocol.*

This is to notify the public that the EPC Program would find the following information on *Improving the Management of Menopausal Symptoms in Perimenopausal and Early Postmenopausal Women: A Systematic Review* helpful:

- A list of completed studies that your organization has sponsored for this topic. In the list, please *indicate whether results are available on ClinicalTrials.gov along with the ClinicalTrials.gov trial number.*
- *For completed studies that do not have results on ClinicalTrials.gov,* a summary, including the following elements, if relevant: study number, study period, design, methodology, indication and diagnosis, proper use instructions, inclusion and exclusion criteria, primary and secondary outcomes, baseline characteristics, number of patients screened/eligible/enrolled/lost to follow-up/withdrawn/analyzed, effectiveness/efficacy, and safety results.
- *A list of ongoing studies that your organization has sponsored for this topic.* In the list, please provide the *ClinicalTrials.gov* trial number or, if the trial is not registered, the protocol for the study including, if relevant, a study number, the study period, design, methodology, indication and diagnosis, proper use instructions, inclusion and exclusion criteria, and primary and secondary outcomes.
- Description of whether the above studies constitute *ALL Phase II and above clinical trials* sponsored by your organization for this topic and an index outlining the relevant information in each submitted file.

Your contribution is very beneficial to the Program. Materials submitted must be publicly available or able to be made public. Materials that are considered confidential; marketing materials; study types not included in the review; or information on topics not included in the review cannot be used by the EPC Program. This is a voluntary request for information, and all costs for complying with this request must be borne by the submitter.

The draft of this review will be posted on AHRQ's EPC Program website and available for public comment for a period of 4 weeks. If you would like to be notified when the draft is posted, please sign up for the email list at: *https://effectivehealthcare.ahrq.gov/email-updates.*

The review will answer the following questions. This information is provided as background. AHRQ is not requesting that the public provide answers to these questions.

Key Questions (KQ)

KQ 1: What are the effectiveness, comparative effectiveness, and harms of treatments for menopausal symptoms in perimenopausal and early postmenopausal women?

a. Do the effectiveness, comparative effectiveness, and harms of treatment vary by dose, delivery mode, formulations, or duration of treatment?

b. Do the effectiveness, comparative effectiveness, and harms of treatment vary by timing and type of menopause (early, average; iatrogenic, natural)?

c. Do the effectiveness, comparative effectiveness, and harms of treatment vary by individual- or system-level factors?

KQ 2: What is the impact of individual- or system-level factors on the receipt of treatment for perimenopausal and early postmenopausal women with symptoms?

a. Individual-level factors include but are not limited to educational attainment, patient engagement in healthcare, lifestyle factors, comorbidities.

b. System-level factors include but are not limited to provider bias, access to care, and social determinants of health.

PICOTS (Populations, Interventions, Comparators, Outcomes, Timing, and Setting)

TABLE 1—PICOTS FOR KQ 1

Criteria	Inclusions	Exclusions
Population	Perimenopausal and early postmenopausal women with menopausal symptoms (new onset or worsening of vasomotor symptoms, genitourinary symptoms of menopause, and other symptoms). Eligible women are <10 years since menopause for Black and Hispanic women and <5 years for other women or are age <60; Figure 3 offers a decision algorithm to account for variability in reporting of age and years since menopause and longer duration in vasomotor symptoms by race or ethnicity. *Vasomotor symptoms:* Hot flashes. Night sweats. *Genitourinary symptoms of menopause:* Genital pain including vulvodynia/vestibulodynia/dyspareunia. Vulvovaginal dryness. Vulvovaginal itching/irritation/discomfort. Urinary pain including dysuria. Involuntary urine loss/urinary leakage or urinary frequency. Skin thinning. Pelvic floor dysfunction. *Other symptoms:* Joint pain. Mood lability. Change in severity or persistence of mental health disorders. Cognitive changes. Sleep disturbances. *Subgroups of interest (preplanned only):* Natural menopause. Iatrogenic (*e.g.,* surgical) menopause, premature menopause, early menopause. Early perimenopausal women (prior to and through 1 year from the final menstrual period). Women with/without hysterectomy. Women at increased risk for breast cancer, women at increased risk for heart disease. Individual- and system-level factors (*e.g.,* socioeconomic status, social determinants of health, race/ethnicity).	Studies limited to specific populations such as breast cancer survivors or HIV carriers, women with pelvic organ prolapse. Studies solely comprising women with existing disorders (*e.g.,* mood, anxiety, sleep disturbances, sexual or urinary dysfunction, cognitive changes, endometriosis, fibroids, endometrial hyperplasia, polycystic ovarian syndrome).
Intervention [a]	*Systemic hormone therapy (Appendix A):* FDA-approved hormone therapies: estrogens alone, estrogens + progestin, estrogens + progesterone, estrogens + androgen, androgens (including testosterone), micronized progesterone, synthetic progestins, tissue-selective estrogen complex (*e.g.,* CEE/bazedoxifene), compounded menopausal hormone therapy (compounded in 503B outsourcing facilities),[b] ''bioidentical hormones''. *Subgroups of interest (preplanned only):* Route of delivery: oral, transdermal, pellets (for cBHT), vaginal, intramuscular. *Specific nonhormone therapies:* paroxetine or paroxetine mesylate (common brand names: Paxil, Paxil CR, Brisdelle). venlafaxine (common brand names: Effexor XR). desvenlafaxine (common brand names: Pristiq). escitalopram (common brand names: Lexapro). citalopram (common brand names: Celexa). duloxetine (common brand names: Drizalma, Cymbalta). sertraline (common brand names: Zoloft). fluoxetine (common brand names: Prozac, Symbyax). gabapentin (common brand names: Neurontin, Gralise, Horizant). fezolinetant/neurokinin-3 (NK–3) receptor antagonist (common brand names: Veozah). elinzanetant/neurokinin-1,3 (NK–1,3) receptor antagonist (common brand names: none).[d]	Anti-estrogen therapy. Nonhormonal treatments such as vitamins and herbs. Energy-based therapies (*e.g.,* laser). Behavioral therapies (*e.g.,* yoga, dance). Nonsystemic therapies.[c]

TABLE 1—PICOTS FOR KQ 1—Continued

Criteria	Inclusions	Exclusions
	oxybutynin (common brand names: Ditropan, Oxytrol, Gelnique). clonidine (common brand names: Catapres, Duraclon, Iopidine, Nexiclon XR, Onyda XR). pregabalin (common brand names: Lyrica).	
Comparator	*Benefits:* Placebo or inactive control, alternate treatment (*i.e.,* any other eligible intervention). *Harms:* No treatment, placebo or inactive control (*e.g.,* vitamins), alternate treatment (*i.e.,* any other eligible intervention).	Same as above.
Outcomes [e]	*Benefits:* Validated measures of new or worsening symptoms (frequency, severity, distress/bother) of: Vasomotor symptoms ○ Hot flashes. ○ Night sweats. *Genitourinary symptoms of menopause:* ○ Genital pain including vulvodynia/vestibulodynia/dyspareunia. ○ Vulvovaginal dryness. ○ Vulvovaginal itching/irritation/discomfort. ○ Urinary pain including dysuria. ○ Involuntary urine loss/urinary leakage or urinary frequency. ○ Skin thinning. ○ Pelvic floor dysfunction. *Other symptoms:* ○ Joint pain. ○ Mood lability. ○ Change in severity or persistence of mental health disorders. ○ Cognitive changes. ○ Sleep disturbances. Treatment satisfaction. Sexual function. Quality of life. *Harms or health impact:* Abnormal uterine bleeding. Coronary heart disease. Stroke. Venous thromboembolism. Breast cancer. Endometrial cancer. Colorectal cancer. Ovarian cancer. Osteopenia and osteoporosis. Alzheimer's disease and other dementias, or cognitive decline. Side effects of treatment including liver damage. Multimorbidity (2 or more conditions). All-cause mortality.	Intermediate or nonclinical outcomes such as vaginal pH, arterial intimal thickness, fracture scores.
Timing	Onset of treatment at or near menopause (through 5 years of the final menstrual period [10 years for Black and Hispanic women]). At least 12 weeks duration of treatment.	Later onset of treatment. Less than 12 weeks duration of treatment.
Sample size	All for benefits >1,000 for harms from cohort studies	None for benefits. Cohort studies with ≤1,000 participants.
Setting	Any	None.
Study design	Randomized clinical trials, controlled clinical trials, non-randomized interventions (cohorts and case-control studies), systematic reviews as hand-search sources.	Case series, narrative reviews, editorials, and commentaries; systematic reviews are not eligible but will be reviewed to determine whether any included studies are eligible.
Years of publication	2002 and beyond to ensure relevance to current clinical practice.	Prior to 2002.
Language	English	Studies published in languages other than English.

[a] With the exception of compounded bioidenticals, testosterone, and hormonal contraceptives, we will limit inclusion to FDA-approved medications to treat menopausal symptoms. For testosterone and hormonal contraceptives, we will limit to FDA-approved medications.

[b] Compounded in a 503A compounding pharmacy, 503B outsourcing facilities, government healthcare facilities, for academic research, or for certain studies that were produced to assess off-label outcomes of FDA-approved products. These facilities are likely to be "subject to an increased level of federal oversight, although not as strict as FDA oversight."[20]

[c] Local therapies for genitourinary syndrome of menopause have been previously reviewed by AHRQ.[29]
[d] Will be included on receipt of FDA approval.
[e] The proposed list of outcomes integrates core outcome sets defined for genitourinary syndrome of menopause[30] and vasomotor symptoms.[31]
CEE = conjugated equine estrogen; FDA = Food and Drug Administration; KQ = Key Question; PICOTS = population, intervention, comparators, outcomes, timing, study design and setting.

TABLE 2—SPIDER TABLE FOR KQ 2

Criteria	Inclusions	Exclusions
Sample	Perimenopausal and early postmenopausal women with menopausal symptoms (new onset or worsening of vasomotor symptoms, genitourinary symptoms of menopause, and other symptoms) or their providers. Eligible women are <10 years since menopause for Black and Hispanic women and <5 years for other women or are age <60; Figure 3 offers a decision algorithm to account for variability in reporting of age and years since menopause. *Vasomotor symptoms:* Hot flashes; Night sweats. *Genitourinary symptoms of menopause:* Genital pain including vulvodynia/vestibulodynia/dyspareunia; Vulvovaginal dryness; Vulvovaginal itching/irritation/discomfort; Urinary pain including dysuria; Involuntary urine loss/urinary leakage or urinary frequency; Skin thinning; Pelvic floor dysfunction. *Other symptoms:* Joint pain; Mood lability; Change in severity or persistence of mental health disorders; Cognitive changes; Sleep disturbances. *Subgroups of interest (preplanned only):* Natural menopause; Iatrogenic (*e.g.,* surgical) menopause, premature menopause, early menopause; Early perimenopausal women (prior to and through 1 year from the final menstrual period); Women with/without hysterectomy; Women at increased risk for breast cancer, women at increased risk for heart disease; Individual- and system-level factors (*e.g.,* socioeconomic status, social determinants of health, race/ethnicity).	Studies limited to specific populations such as breast cancer survivors or HIV carriers, women with pelvic organ prolapse. Studies solely comprising women with existing disorders (mood, anxiety, sleep disturbances, sexual or urinary dysfunction, cognitive changes, endometriosis or fibroids, endometrial hyperplasia, polycystic ovary syndrome). Perimenopausal women with menopausal symptoms in countries other than the United States.
Phenomenon of interest[a]	*Receipt of systemic hormone therapy: FDA-approved hormone therapies:* estrogens alone, estrogens + progestin, estrogens + progesterone, estrogens + androgen, androgens (including testosterone), micronized progesterone, synthetic progestins, tissue-selective estrogen complex (*e.g.,* CEE/bazedoxifene), compounded menopausal hormone therapy (compounded in 503B outsourcing facilities),[b] ''bioidentical hormones''. *Specific nonhormone therapies:* paroxetine or paroxetine mesylate (common brand names: Paxil, Paxil CR, Brisdelle); venlafaxine (common brand names: Effexor XR); desvenlafaxine (common brand names: Pristiq); escitalopram (common brand names: Lexapro); citalopram (common brand names: Celexa); duloxetine (common brand names: Drizalma, Cymbalta); sertraline (common brand names: Zoloft); fluoxetine (common brand names: Prozac, Symbyax); gabapentin (common brand names: Neurontin, Gralise, Horizant); fezolinetant/neurokinin-3 (NK–3) receptor antagonist (common brand names: Veozah); elinzanetant/neurokinin-1,3 (NK–1,3) receptor antagonist (common brand names: none);[c] oxybutynin (common brand names: Ditropan, Oxytrol, Gelnique); clonidine (common brand names: Catapres, Duraclon, Iopidine, Nexiclon XR, Onyda XR); pregabalin (common brand names: Lyrica).	Any other phenomenon (*e.g.,* shared decision making). Receipt of any other therapy.
Design	No treatment, placebo or inactive control, alternate treatment (*i.e.,* any other eligible intervention) active.	Same as above.
Evaluation	Factors explaining receipt of treatment (defined as treatment offered by prescriber, treatment received by patient, and treatment initiated/used/adhered to by patient).	Any other evaluation (including evaluation of factors upstream from receipt such as shared decision making and access).
Years of publication	2009 and beyond	Prior to 2009.

TABLE 2—SPIDER TABLE FOR KQ 2—Continued

Criteria	Inclusions	Exclusions
Research type	Qualitative, survey, mixed methods, original research ...	Case studies, narrative reviews, editorials, and commentaries; systematic reviews are not eligible but will be reviewed to determine whether any included studies are eligible.
Language	English	Studies published in languages other than English.
Geographic setting	United States	Any other country.

[a] With the exception of compounded bioidenticals, testosterone, and hormonal contraceptives, we will limit inclusion to FDA-approved medications to treat menopausal symptoms. For testosterone and hormonal contraceptives, we will limit to FDA-approved medications.

[b] Compounded in a 503A compounding pharmacy, 503B outsourcing facilities, government healthcare facilities, for academic research, or for certain studies that were produced to assess off-label outcomes of FDA-approved products. These facilities are likely to be "subject to an increased level of federal oversight, although not as strict as FDA oversight." [20]

[c] Will be included on receipt of FDA approval.

CEE = conjugated equine estrogen; FDA = Food and Drug Administration; KQ = Key Question; SPIDER = sample, phenomenon, design, evaluation, and research.

Dated: March 12, 2025.

Marquita Cullom,

Associate Director.

[FR Doc. 2025–04397 Filed 3–17–25; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Dental & Craniofacial Research; Notice of Closed Meeting

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Institute of Dental and Craniofacial Research Special Emphasis Panel; Review for Organs-on-a-Chip in Dental, Oral, and Craniofacial Research.

Date: April 22, 2025.

Time: 10:00 a.m. to 6:00 p.m.

Agenda: To review and evaluate grant applications.

Meeting Format: Virtual Meeting.

Address: National Institute of Dental & Craniofacial Research, 31 Center Drive, Bethesda, MD 20892.

Contact Person: Jingshan Chen, Ph.D., Scientific Review Officer, Scientific Review Branch, Division of Extramural Activities, National Institute of Dental & Craniofacial Research, 31 Center Drive, Bethesda, MD 20892, (301) 451–2405, email: *jingshan.chen@nih.gov.*

(Catalogue of Federal Domestic Assistance Program No. 93.121, Oral Diseases and Disorders Research, National Institutes of Health, HHS)

Dated: March 13, 2025.

Bruce A. George,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2025–04409 Filed 3–17–25; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Human Genome Research Institute; Notice of Closed Meetings

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meetings.

The meetings will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Human Genome Research Institute Special Emphasis Panel; SBIR—STTR.

Date: April 4, 2025.

Time: 10:00 a.m. to 6:00 p.m.

Agenda: To review and evaluate grant applications.

Meeting Format: Video Assisted Meeting.

Address: National Human Genome Research Institute, National Institutes of Health, 6700B Rockledge Drive, Suite 3000, Bethesda, MD 20892.

Contact Person: Victoriya Volkova, DVM, Ph.D., National Human Genome Research Institute, National Institutes of Health, 6700B Rockledge Drive, Bethesda, MD 20892, 240–762–2444, email: *Victoriya.volkova@nih.gov.*

Name of Committee: National Human Genome Research Institute Special Emphasis Panel; Ethical, Legal, and Social Implications (ELSI).

Date: April 4, 2025.

Time: 11:00 a.m. to 3:00 p.m.

Agenda: To review and evaluate grant applications.

Meeting Format: Virtual Meeting.

Address: National Human Genome Research Institute, National Institutes of Health, 6700B Rockledge Drive, Suite 3000, Bethesda, MD 20892.

Contact Person: Keith McKenney, Ph.D., Scientific Review Officer, National Human Genome Research Institute, National Institutes of Health, 6700B Rockledge Drive, Suite 3000, Bethesda, MD 20892, (301) 594–4280, email: *mckenneyk@mail.nih.gov.*

(Catalogue of Federal Domestic Assistance Program Nos. 93.172, Human Genome Research, National Institutes of Health, HHS)

Dated: March 13, 2025.

Bruce A. George,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2025–04422 Filed 3–17–25; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Eunice Kennedy Shriver National Institute of Child Health & Human Development; Notice of Closed Meeting

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The contract proposals and the discussions could disclose confidential trade secrets or commercial