this document for purposes of publication in the **Federal Register**.

**Vanessa Garcia,**

*Federal Register Liaison, Centers for Medicare & Medicaid Services.*

[FR Doc. 2025–07247 Filed 4–25–25; 8:45 am]

**BILLING CODE 4120–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

**[CMS–1838–N]**

### Medicare Program; Announcement of Request for an Exception From the Prohibition on Expansion of Facility Capacity Under the Hospital Ownership and Rural Provider Exceptions to the Physician Self-Referral Prohibition; Recission

**AGENCY:** Centers for Medicare & Medicaid Services (CMS), HHS.

**ACTION:** Rescission of notice with request for comment.

**SUMMARY:** This document rescinds a notice with request for comment that appeared in the **Federal Register** on February 11, 2025, regarding a request from a hospital with physician ownership for an exception to the physician self-referral law's prohibition against expansion of facility capacity. The purpose of the notice was to solicit comments on the request from individuals and entities in the community in which the hospital is located.

**DATES:** As of April 28, 2025, the notice with a request for comment that appeared in the **Federal Register** on February 11, 2025, at 90 FR 9343 is rescinded.

**ADDRESSES:** Comments received on the notice with request for comment can be viewed at *https://www.regulations.gov/search/docket?filter=cms-2025-0016*.

**FOR FURTHER INFORMATION CONTACT:** *POH-ExceptionRequests@cms.hhs.gov*. Joi Hosley, (410) 786–2194.

**SUPPLEMENTARY INFORMATION:** On February 11, 2025, we published a notice with request for comment that (1) provided notice that Mountain View Hospital (''Hospital''), a hospital with physician ownership located in Idaho Falls, Idaho, has requested an exception from the prohibition on facility expansion at 42 CFR 411.362(b)(2) (''expansion exception request''); and (2) solicited comments on the expansion exception request from individuals and entities in the community in which Hospital is located. After the notice with request for comment was published, Hospital withdrew its expansion exception request. Therefore, we are rescinding the February 11, 2025 notice with request for comment.

The Administrator of the Centers for Medicare & Medicaid Services (CMS), Mehmet Oz, having reviewed and approved this document, authorizes Vanessa Garcia, who is the Federal Register Liaison, to electronically sign this document for purposes of publication in the **Federal Register**.

**Vanessa Garcia,**

*Federal Register Liaison, Centers for Medicare & Medicaid Services.*

[FR Doc. 2025–07294 Filed 4–25–25; 8:45 am]

**BILLING CODE 4120–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

**[Document Identifier: CMS–10105, CMS–10325 and CMS–10653]**

### Agency Information Collection Activities: Submission for OMB Review; Comment Request

**AGENCY:** Centers for Medicare & Medicaid Services, Health and Human Services (HHS).

**ACTION:** Notice.

**SUMMARY:** The Centers for Medicare & Medicaid Services (CMS) is announcing an opportunity for the public to comment on CMS' intention to collect information from the public. Under the Paperwork Reduction Act of 1995 (PRA), federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, and to allow a second opportunity for public comment on the notice. Interested persons are invited to send comments regarding the burden estimate or any other aspect of this collection of information, including the necessity and utility of the proposed information collection for the proper performance of the agency's functions, the accuracy of the estimated burden, ways to enhance the quality, utility, and clarity of the information to be collected, and the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

**DATES:** Comments on the collection(s) of information must be received by the OMB desk officer by May 28, 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 30-day Review—Open for Public Comments'' or by using the search function.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, please access the CMS PRA website by copying and pasting the following web address into your web browser: *https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing*.

**FOR FURTHER INFORMATION CONTACT:** William Parham at (410) 786–4669.

**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. The term ''collection of information'' is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires federal agencies to publish a 30-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice that summarizes the following proposed collection(s) of information for public comment:

1. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* National Implementation of the In-Center Hemodialysis CAHPS Survey; *Use:* The national implementation of the ICH CAHPS Survey is designed to allow third-party, CMS-approved survey vendors to administer the ICH CAHPS Survey using mail-only, telephone-only, or mixed (mail with telephone follow-up) modes of survey administration. Experience from previous CAHPS surveys shows that mail, telephone, and mail with telephone follow-up data collection modes work well for

respondents, vendors, and health care providers. Any additional forms of information technology, such as web surveys, is under investigation as a potential survey option in this population.

Data collected in the national implementation of the ICH CAHPS Survey are used for the following purposes:

- To provide a source of information from which selected measures can be publicly reported to beneficiaries as a decision aid for dialysis facility selection.
- To aid facilities with their internal quality improvement efforts and external benchmarking with other facilities.
- To provide CMS with information for monitoring and public reporting purposes. To support the ESRD Quality Improvement Program.

*Form Number:* CMS–10105 (OMB control number: 0938–0926); *Frequency:* Annually; *Affected Public:* Individuals and Households; *Number of Respondents:* 95,000; *Number of Responses:* 95,000; *Total Annual Hours:* 51,300. (For policy questions regarding this collection, contact Lauren Popham at 410–786–8568 or *Lauren.popham@cms.hhs.gov.*)

2. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Disclosure and Recordkeeping Requirements for Grandfathered Health Plans under the Affordable Care Act; *Use:* Section 1251 of the Affordable Care Act provides that certain plans and health insurance coverage in existence as of March 23, 2010, known as grandfathered health plans, are not required to comply with certain statutory provisions in the Act. The final regulations titled ''Final Rules under the Affordable Care Act for Grandfathered Plans, Preexisting Condition Exclusions, Lifetime and Annual Limits, Rescissions, Dependent Coverage, Appeals, and Patient Protections'' (80 FR 72192, November 18, 2015) require that, to maintain its status as a grandfathered health plan, a plan must maintain records documenting the terms of the plan in effect on March 23, 2010, and any other documents that are necessary to verify, explain, or clarify status as a grandfathered health plan. The plan must make such records available for examination upon request by participants, beneficiaries, individual policy subscribers, or a state or federal agency official. A grandfathered health plan is also required to include a statement in any summary of benefits under the plan or health insurance coverage that the plan or coverage believes it is a grandfathered health plan within the meaning of section 1251 of the Affordable Care Act and provide contact information for questions and complaints. In addition, a grandfathered group health plan that is changing health insurance issuers is required to provide the succeeding health insurance issuer (and the succeeding health insurance issuer must require) documentation of plan terms (including benefits, cost sharing, employer contributions, and annual limits) under the prior health insurance coverage sufficient to make a determination whether the standards of paragraph § 147.140(g)(1) of the 2015 final regulations are exceeded. It is also required that, for an insured group health plan (or a multiemployer plan) that is a grandfathered plan, the relevant policies, certificates, contracts of insurance, or plan documents must disclose in a prominent and effective manner that employers, employee organizations, or plan sponsors, as applicable, are required to notify the issuer (or multiemployer plan) if the contribution rate changes at any point during the plan year. *Form Number:* CMS–10325 (OMB control number: 0938–1093); *Frequency:* On Occasion; *Affected Public:* Private Sector, State, Local or Tribal governments; *Number of Respondents:* 14,603; *Total Annual Responses:* 2,094,506; *Total Annual Hours:* 40. (For policy questions regarding this collection contact Adam Pellillo at 667–290–9621.)

3. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of information Collection:* Coverage of Certain Preventive Services Under the Affordable Care Act; *Use:* Section 2713 of the PHS Act requires non-grandfathered group health plans and health insurance issuers offering non-grandfathered group or individual health insurance coverage to provide benefits for certain recommended preventive services without cost sharing, including benefits for certain women's preventive health services as provided for in comprehensive guidelines supported by the Health Resources and Services Administration (HRSA). The final regulations issued on November 15, 2018, titled ''Religious Exemptions and Accommodations for Coverage of Certain Preventive Services Under the Affordable Care Act'' (83 FR 57536) and ''Moral Exemptions and Accommodations for Coverage of Certain Preventive Services Under the Affordable Care Act'' (83 FR 57592) (2018 final regulations) finalized interim final rules that expanded exemptions for religious beliefs and established an exemption for moral convictions for certain entities or individuals whose health plans are otherwise subject to the requirement to cover contraceptive services without cost sharing under PHS Act section 2713. The final regulations extended the exemption to health insurance issuers with sincerely held religious or moral objections to contraceptive coverage in certain circumstances, as well as to additional categories of group health plan sponsors.

The 2018 final regulations also left in place, from previous rulemaking, an accommodation process for certain objecting entities that wish to use it to avoid contracting, arranging, paying, or referring for contraceptive coverage, but made use of the accommodation optional for such entities. An organization seeking to be treated as an eligible organization for purposes of the optional accommodation may self-certify (by using EBSA Form 700), prior to the beginning of the first plan year to which an accommodation is to apply, that it meets the definition of an eligible organization. The eligible organization must provide a copy of its self-certification to each health insurance issuer that would otherwise provide such coverage in connection with the health plan (for insured group health plans or student health insurance coverage). The issuer that receives the self-certification must provide separate payments for contraceptive services for plan participants and beneficiaries (or student enrollees and covered dependents). For a self-insured group health plan, the self-certification must be provided to its third party administrator, which must provide or arrange separate payments for contraceptive services. An eligible organization may submit a notification to the Department of Health and Human Services (HHS) as an alternative to submitting EBSA Form 700 to the eligible organization's health insurance issuer or third party administrator. A health insurance issuer or third party administrator providing or arranging separate payments for contraceptive services for participants and beneficiaries in plans (or student enrollees and covered dependents in student health insurance coverage) of eligible organizations must provide a written notice to such plan participants and beneficiaries (or such student enrollees and covered dependents) informing them of the availability of such payments.

Under the 2018 final regulations, eligible organizations can revoke the

accommodation process if participants and beneficiaries (or student enrollees and covered dependents) receive written notice of such revocation from the issuer or third party administrator, and such revocation will be effective on the first day of the first plan year that begins on or after 30 days after the date of revocation.

The Centers for Medicare & Medicaid Services is requesting an extension of OMB approval for the data collections included in this information collection request. HHS will only implement the information collections to the extent they are consistent with regulations that are in effect. *Form Number:* CMS–10653 (OMB control number: 0938–1344); *Frequency:* Occasionally; *Affected Public:* Private Sector; *Number of Respondents:* 60; *Total Annual Responses:* 595,312; *Total Annual Hours:* 72. (For policy questions regarding this collection contact Russell Tipps at 301–869–3502.)

**William N. Parham, III,**

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

[FR Doc. 2025–07302 Filed 4–25–25; 8:45 am]

**BILLING CODE 4120–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

**[OMB #0970–0531]**

### Proposed Information Collection Activity; Formative Data Collections for ACF Program Support

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

**ACTION:** Request for public comments.

**SUMMARY:** The Administration for Children and Families (ACF) plans to submit a request to the Office of Management and Budget (OMB) to extend approval of the existing overarching generic clearance for the Formative Data Collections for ACF Program Support. ACF proposes minor updates to supporting statement justification for the overarching generic for clarity.

**DATES:** Comments due June 27, 2025.

**ADDRESSES:** You can obtain copies of the proposed collection of information and submit comments by emailing *infocollection@acf.hhs.gov.* Identify all requests by the title of the information collection.

**SUPPLEMENTARY INFORMATION:** In compliance with the requirements of the Paperwork Reduction Act of 1995, ACF is soliciting public comment on the specific aspects of this request for an extension of the umbrella generic for Formative Data Collections for ACF Program Support (OMB #0970–0531; expiration date 06/30/2025).

*Description:* The goals of the generic information collections (GenICs) under this approval are to obtain information about program and grant recipient processes or needs and to inform the following types of activities, among others:

- Delivery of training or technical assistance (T/TA) and/or workflows related to program implementation or the development or refinement of program and grant recipient processes. This could include the development and refinement of recordkeeping or communication systems.
- Planning for provision of programmatic or evaluation-related T/TA.
- Obtaining input on the development of program performance measures (PM) from grant recipients or experts in a relevant field (such as development of PMs for programs focused on a specific population served by ACF).
- Obtaining feedback about processes and/or practices to inform ACF program development or support, or ACF research.
- Use of rapid-cycle testing activities to strengthen programs in preparation for summative evaluations.
- Development of learning agendas and research priorities.
- Requesting information about resources, programs, or other ACF services or related activities to provide consolidated public sources of information for those using or interested in ACF funded services, or those interested in systems, programs, or research related to ACF.

ACF uses a variety of techniques such as semi-structured discussions, focus groups, surveys, templates, open-ended requests, document analysis, observation, and telephone or in-person interviews in order to reach these goals.

Information collected under this overarching generic is meant to inform ACF activities and may be incorporated into documents or presentations that are made public such as through conference presentations, websites, or social media. The following are some examples of ways in which we may share information resulting from these data collections: technical assistance plans, presentations, infographics, project specific reports, or other documents relevant to the field, such as federal leadership and staff, grant recipients, local implementing agencies, and/or T/TA providers. We may also request information for the sole purpose of publication in cases where we are working to create a single source for users (clients, programs, researchers) to find information about resources such as services in their area, TA materials, different types of programs or systems available, or research using ACF data.

Any planned uses, including for publication or sharing of information from this IC will be described and submitted for approval in each individual GenIC.

Following standard OMB requirements, ACF will submit GenIC request for each specific data collection activity under this generic clearance. Each request will include the individual instrument(s), a justification specific to the individual information collection, and any supplementary documents. ACF asks that OMB review individual requests expeditiously, ideally within 10 days of submission.

The proposed types and the purpose of generic information collections submitted under this umbrella generic remain the same. Minor revisions are proposed to the description provided in the justification for clarification about purpose and use and in alignment with current priorities of ACF.

*Respondents:* Example respondents include current or prospective service providers, T/TA providers, grant recipients, contractors, current and potential participants in ACF programs or similar comparison groups, experts in fields pertaining to ACF programs, key groups involved in ACF projects and programs, individuals engaged in program re-design or demonstration development for evaluation, state or local government officials, or others involved in or prospectively involved in ACF programs whose engagement could directly inform the improvement of ACF programs.

**Annual Burden Estimates**

ACF anticipates extending approval for about 30 of the currently approved GenICs under this generic. Currently approved GenICs can be found here: *https://www.reginfo.gov/public/do/PRAICList?ref_nbr=202412-0970-005.*

Burden estimates for the following 3 years are provided in the following table.