any vitamin, mineral, or other substance or ingredient that is required in accordance with the table set out in section 412(i)(1) of the FD&C Act or by 21 CFR 107.100, or that is identified as essential for infants by the Food and Nutrition Board of the Institute of Medicine through its development of a Dietary Reference Intake, or that has been identified as essential for infants by FDA through a **Federal Register** publication (see 21 CFR 106.3 (definition of ''nutrient'')). We invite comment on the questions below. Please explain your answers and provide references and data, if possible.

1. What new scientific data or information since the 1998 comprehensive assessment (Ref. 1) should we consider regarding nutrient requirements for healthy, full-term infants that are associated with positive short- and/or long-term health outcomes?

2. What scientific data or information have emerged since the 1998 comprehensive assessment (Ref. 1) regarding nutrient intakes for healthy, full-term infants that are associated with poor short- and/or long-term health outcomes?

3. Which existing nutrients required in 21 CFR 107.100 should we review? Please explain your rationale.

4. For the nutrients required in 21 CFR 107.100, what, if any, adjustments should be made to existing minimum or maximum levels? For the 20 nutrients with only a minimum level, which, if any, should have a maximum level added? Please explain your rationale. For example, describe how changes might positively impact health outcomes.

5. What other nutrients (*e.g.,* docosahexaenoic acid and arachidonic acid) or specifications for nutrients (*e.g.,* ratio of linoleic acid to alpha-linolenic acid), if any, should we consider adding to 21 CFR 107.100? Please explain your rationale.

6. Which nutrients, if any, should we remove from 21 CFR 107.100? Please explain your rationale.

III. References

The following references are on display at the Dockets Management Staff (see **ADDRESSES**) and are available for viewing by interested persons between 9 a.m. and 4 p.m., Monday through Friday; they also are available electronically at *https://www.regulations.gov.* Although FDA verified the website addresses in this document, please note that websites are subject to change over time.

1. Raiten, D.J., J.M. Talbot, and J.H. Waters, Life Sciences Research Office, American Society for Nutritional Sciences, ''Assessment of Nutrient Requirements for Infant Formulas,'' *Journal of Nutrition,* 128 (11 Suppl) (November 1998): i–iv, 2059S–2293S. Available at *https://doi.org/10.1093/jn/128.suppl_11.2059S.*

Dated: May 7, 2025.

Grace R. Graham,

Deputy Commissioner for Policy, Legislation, and International Affairs.

[FR Doc. 2025–08419 Filed 5–13–25; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS–0990–0479]

Agency Information Collection Request. 30-Day Public Comment Request

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: In compliance with the requirement of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment.

DATES: Comments on the ICR must be received on or before June 13, 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 information collection by selecting ''Currently under 30-day Review—Open for Public Comments'' or by using the search function.

FOR FURTHER INFORMATION CONTACT: Jamie Kim, The Office of Population Affairs (OPA), Office of the Assistant Secretary for Health at *Jamie.Kim@hhs.gov* or (240) 453–2817. When submitting comments or requesting information, please include the document identifier 0990–30D and the project title for reference: Family Planning Annual Report (FPAR).

SUPPLEMENTARY INFORMATION: Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

The Office of Population Affairs (OPA), within the Office of the Assistant Secretary for Health, seeks approval for a reinstatement with changes for their encounter level data collection for the Family Planning Annual Report (FPAR). This was previously approved by OMB under OMB No. 0990–0479, (expiration February 28, 2025). Annual submission of the FPAR is required of all Title X Family Planning Services grantees for purposes of monitoring and reporting program performance.

Need and Proposed Use of the Information

OPA's Title X Family Planning Program is the only federal grant program dedicated solely to providing comprehensive family planning and related preventive health services. The FPAR is the only source of annual, uniform reporting by all Title X services grantees funded under Section 300 of the Public Health Service Act. The FPAR 2.0 system provides consistent, national-level data on the Title X Family Planning program and its users. OPA assembles and analyzes comparable and relevant program data to answer questions about the characteristics of the population served, the provision and use of services, and the impact of the program on certain family planning outcomes. FPAR 2.0 collects a standard set of data elements pertaining to users and encounters, such as user demographics, service delivery, and family planning intentions and methods. Encounter level data collected through FPAR 2.0 improves the quality of data reported to OPA and reduces reporting burden by grantees. Additionally, the more granular data collected with FPAR 2.0 contributes to a learning healthcare environment by greatly expanding the options for data analysis and reporting—for example, through interactive data dashboards and visualizations, customized tabulations and reports, and application of analytics and statistical analyses on the encounter-level data files.

Information from FPAR 2.0 is important to OPA for many reasons, and is used to:

(1) Monitor compliance with statutory requirements, regulations, and operational guidance.

(2) Comply with accountability and federal performance requirements for Title X family planning funds.

(3) Guide strategic and financial planning, to monitor performance, to respond to inquiries from policymakers

and Congress about the program, and to estimate program impact.

Type of respondent: Annual reporting; respondents are all grantees that receive Title X funding from OPA.

Type of respondent	Number of respondents	Number responses per respondent	Average burden per response (in hours)	Total burden hours
Grantees	88	1	72	6,336
Total	88	1	72	6,336

Susan R. Little,

Department Information Collection Clearance Officer, Paperwork Reduction Act Program, Department of Health and Human Services.

[FR Doc. 2025–08415 Filed 5–13–25; 8:45 am]

BILLING CODE 4150–34–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS 4040–0011]

Agency Information Collection Request. 30-Day Public Comment Request

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: In compliance with the requirement of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment.

DATES: Comments on the ICR must be received on or before June 13, 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.

FOR FURTHER INFORMATION CONTACT: Sagal Musa, *sagal.musa@hhs.gov,* or call (202) 578–5441. When submitting comments or requesting information, please include the document identifier 4040–0011–30D and project title for reference.

SUPPLEMENTARY INFORMATION: Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Title of the Collections: SF–271 Outlay Report and Request for Reimbursement for Construction Programs.

Type of Collection: Reinstatement.

OMB No. 4040–0011.

Abstract: The SF–271 Outlay Report and Request for Reimbursement for Construction Programs form is an OMB-approved collection (4040–0011). This information collection is used by grant awardees to report on their construction grant award. This IC expired on January 31, 2025. *Grants.gov* is seeking reinstatement without change of this information collection and a three-year clearance.

ANNUALIZED BURDEN HOUR TABLE

Forms (if necessary)	Respondents (if necessary)	Number of respondents	Number of responses per respondents	Average burden per response	Total burden hours
SF–271 Outlay Report and Request for Reimbursement for Construction Programs.	Grant Applicants	40,000	1	1	40,000
Total		40,000	1	1	40,000

Susan R. Little,

Department Information Collection Clearance Officer, Paperwork Reduction Act Program, Department of Health and Human Services.

[FR Doc. 2025–08420 Filed 5–13–25; 8:45 am]

BILLING CODE 4151–AE–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Request for Information (RFI): Ensuring Lawful Regulation and Unleashing Innovation To Make American Healthy Again

AGENCY: Department of Health and Human Services.

ACTION: Notice; request for information.

SUMMARY: To implement the President's Deregulatory Initiatives, including Department of Government Efficiency Deregulatory Agenda, and to better promote the health and well-being of the American people, the U.S. Department of Health and Human Services (HHS) is planning the largest deregulatory effort in the history of the Department. To facilitate this effort, HHS seeks input from all interested parties on how to dramatically deregulate across all areas the Department touches. HHS also welcomes other submissions explaining how regulations, guidance, paperwork requirements, and other regulatory obligations can be repealed.