keepers decreased from 235 to 0; the annual number of responses per respondent increased from 1 to 3 (for sponsors respondents only) with an average burden hours per response of 0.5 for the two additional responses (the average burden hours per response of 1.25 hours remains the same for the sponsor's initial response).

- *Letter of Designation for Care of a Child (Form SAP–6):* The annual number of respondents decreased from 41,181 to 19,202; the annual number of record keepers decreased from 235 to 0.

Instrument title	Annual total number of respondents	Annual total number of responses per respondent	Average burden hours per response	Annual total burden hours
Authorization for Release of Information (Form SAP–2)	183,588	1	0.50	91,794
Family Reunification Application (Form SAP–3)	76,569	1	1.50	114,854
Fingerprinting Instructions (Form SAP–5)—Initial Fingerprinting	183,588	1	1.25	229,485
Fingerprinting Instructions (Form SAP–5)—Mobile Fingerprinting	76,569	2	0.50	76,569
Letter of Designation for Care of Child (Form SAP–6)	19,202	1	0.75	14,401
Affidavit of Financial Support (Form SAP–8)	26,799	1	1.00	26,799
Sponsor Application for *Ms. L* Separation Cases (Form SAP–9)	165	1	1.00	165
DNA Testing Instructions (Form SAP–10)	54,252	1	1.00	54,252
Estimated Annual Burden Hours Total				608,319

Authority: 6 U.S.C. 279; 8 U.S.C. 1232; 45 CFR 410.1202; Pub. L. 119–21 Section 87001.

Mary C. Jones,
ACF/OPRE Certifying Officer.

[FR Doc. 2025–15484 Filed 8–13–25; 8:45 am]
BILLING CODE 4184–45–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Notice With Request for Comment: Consideration of Adding Metachromatic Leukodystrophy to the Recommended Uniform Screening Panel

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Notice with request for public comment.

SUMMARY: HRSA is considering recommending to the Secretary the addition of Metachromatic Leukodystrophy (MLD) to the Recommended Uniform Screening Panel (RUSP). HRSA is providing notice and requesting comments from the public on this potential recommendation. Conditions listed on the RUSP are part of the evidence-informed preventive health guidelines supported by HRSA for infants and children. Non-grandfathered health plans are required to cover screenings included in the HRSA-supported comprehensive guidelines without cost-sharing (*e.g.,* co-payment, co-insurance, etc.). HRSA is particularly interested in comments that address the potential benefit of early screening of MLD within the newborn period, the ability of state newborn screening programs to screen for MLD, and the availability of effective treatments for MLD. In deciding whether to provide recommendations to the Secretary supporting the addition of MLD to the RUSP, HRSA will consider public comments, including evidence-based reports, obtained through this notice.

DATES: Submit comments no later than September 15, 2025.

ADDRESSES: Responses must be submitted electronically to CDR Leticia Manning, MPH, at: *NBSPrograms@hrsa.gov.*

FOR FURTHER INFORMATION CONTACT: CDR Leticia Manning, MPH, Newborn Screening Team Lead, Division of Services for Children with Special Health Needs, Maternal and Child Health Bureau, HRSA, 5600 Fishers Lane, Rockville, Maryland 20857 or *NBSPrograms@hrsa.gov.*

SUPPLEMENTARY INFORMATION: The information obtained through this notice may help inform HRSA on the benefits of screening for MLD and adding this condition to the RUSP. Of the 56 newborn screening programs in the United States, all states and Puerto Rico currently screen for at least 31 of the 37 core conditions on the RUSP. Some states also screen for additional disorders. Conditions listed on the RUSP are part of the evidence-informed preventive health guidelines supported by HRSA for infants and children. Non-grandfathered health plans are required to cover screenings included in the HRSA-supported comprehensive guidelines without cost-sharing. The Advisory Committee on Heritable Disorders in Newborns and Children (ACHDNC), now terminated, was tasked with reviewing available scientific evidence and then making recommendations to the Secretary regarding what conditions should be on the RUSP. When a condition is nominated, ACHDNC determines whether there is sufficient evidence available for early screening and refers it to the ACHDNC's Evidence Review Group (ERG). The ERG is responsible for identifying and assessing all available evidence and summarizing for ACHDNC the strength and effectiveness of the evidence found on the net benefit of screening, the ability of states to screen for the condition, and the availability of effective treatments. The ERG completed an evidence review for MLD. ACHDNC was terminated following the completion of the evidence review for MLD, but prior to making a recommendation on its inclusion in the RUSP or issuing a recommendation to the Secretary.

When drafting responses, consider the data and other information described on the ERG's report summary, and provide input on the suitability of states screening for MLD within the newborn period. The evidence-based review summary for MLD can be found at *https://www.hrsa.gov/advisory-committees/heritable-disorders.*

Special Note to Commenters

This notice is not inviting nominations for other conditions to be added to the RUSP. HRSA is considering potential ways to continue supporting the RUSP and the overall system of newborn screening. In deciding whether to provide a recommendation to the Secretary supporting the addition of MLD to the RUSP, HRSA will consider evidence-based reports and public comments obtained through this notice.

Maria G. Button,

Director, Executive Secretariat.

[FR Doc. 2025–15432 Filed 8–13–25; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Notice With Request for Comment: Consideration of Adding Duchenne Muscular Dystrophy to the Recommended Uniform Screening Panel

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Notice with request for public comment.

SUMMARY: HRSA is considering recommending to the Secretary the addition of Duchenne Muscular Dystrophy (DMD) to the Recommended Uniform Screening Panel (RUSP). HRSA is providing notice and requesting comments from the public on this potential recommendation. Conditions listed on the RUSP are part of the evidence-informed preventive health guidelines supported by HRSA for infants and children. Non-grandfathered health plans are required to cover screenings included in the HRSA-supported comprehensive guidelines without cost-sharing (*e.g.,* co-payment, co-insurance, etc.). HRSA is particularly interested in comments that address the potential benefit of early screening of DMD within the newborn period, the ability of state newborn screening programs to screen for DMD, and the availability of effective treatments for DMD. In deciding whether to provide recommendations to the Secretary supporting the addition of DMD to the RUSP, HRSA will consider public comments, including evidence-based reports, obtained through this notice.

DATES: Submit comments no later than September 15, 2025.

ADDRESSES: Responses must be submitted electronically to CDR Leticia Manning, MPH, at: *NBSPrograms@hrsa.gov.*

FOR FURTHER INFORMATION CONTACT: CDR Leticia Manning, MPH, Newborn Screening Team Lead, Division of Services for Children with Special Health Needs, Maternal and Child Health Bureau, HRSA, 5600 Fishers Lane, Rockville, Maryland 20857 or *NBSPrograms@hrsa.gov.*

SUPPLEMENTARY INFORMATION: The information obtained through this notice may help inform HRSA on the benefits of screening for DMD and adding this condition to the RUSP. Of the 56 newborn screening programs in the United States, all states and Puerto Rico currently screen for at least 31 of the 37 core conditions on the RUSP. Some states also screen for additional disorders. Conditions listed on the RUSP are part of the evidence-informed preventive health guidelines supported by HRSA for infants and children. Non-grandfathered health plans are required to cover screenings included in the HRSA-supported comprehensive guidelines without cost-sharing. The Advisory Committee on Heritable Disorders in Newborns and Children (ACHDNC), now terminated, was tasked with reviewing available scientific evidence and then making recommendations to the Secretary regarding what conditions should be on the RUSP. When a condition is nominated, ACHDNC determines whether there is sufficient evidence available for early screening and refers it to ACHDNC's Evidence Review Group (ERG). The ERG is responsible for identifying and assessing all available evidence and summarizing for ACHDNC the strength and effectiveness of the evidence found on the net benefit of screening, the ability of states to screen for the condition, and the availability of effective treatments. The ERG completed an evidence review for DMD. ACHDNC was terminated following the completion of the evidence review for DMD, but prior to making a recommendation on its inclusion in the RUSP or issuing a recommendation to the Secretary.

When drafting responses, consider the data and other information described on the ERG's report summary, and provide input on the suitability of states screening for DMD within the newborn period. The evidence-based review summary for DMD can be found at *https://www.hrsa.gov/advisory-committees/heritable-disorders.*

Special Note to Commenters

This notice is not inviting nominations for other conditions to be added to the RUSP. HRSA is considering potential ways to continue supporting the RUSP and the overall system of newborn screening. In deciding whether to provide a recommendation to the Secretary supporting the addition of DMD to the RUSP, HRSA will consider evidence-based reports and public comments obtained through this notice.

Maria G. Button,

Director, Executive Secretariat.

[FR Doc. 2025–15433 Filed 8–13–25; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Notice of Supplemental Award; Infant-Toddler Court Program—State Awards

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Notice of supplemental funding.

SUMMARY: HRSA is providing additional award funds to the 12 current Infant Toddler Court Program (ITCP)—State Awards recipients previously funded under HRSA–22–73 to support the continuation and expansion of existing activities to build state and local capacity and implement the infant-toddler court approach in federal fiscal year (FY) 2025.

FOR FURTHER INFORMATION CONTACT: Ekaterina Zoubak, Early Childhood Systems Analyst, Division of Home Visiting and Early Childhood Systems, HRSA, at *ezoubak@hrsa.gov* or 240–475–8014.

SUPPLEMENTARY INFORMATION:

Intended Recipient(s) of the Award: All 12 current recipients of ITCP—State Awards, as listed in Table I.

Amount of Non-Competitive Awards: 12 awards for $2,798,847 total (up to $ 233,237 each).

Project Period: September 30, 2022,–September 29, 2027.

Assistance Listing Number: 93.110.

Award Instrument: Non-competitive supplemental funding to the existing Cooperative Agreement.

Authority: 42 U.S.C. 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act)