

request.htm. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)).

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 July 24, 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. *OakNorth Holdings Limited, St. Helier, Jersey, and its subsidiaries, OakNorth Bank Holdings Limited, a United Kingdom-based corporation, and OakNorth U.S. Bank Holdings Inc., Birmingham, Michigan;* to become bank holding companies by acquiring Community Unity Bank and OakNorth Interim Bank, National Association, both of Birmingham, Michigan.

Board of Governors of the Federal Reserve System.

Erin Cayce,

Assistant Secretary of the Board.

[FR Doc. 2025-11560 Filed 6-23-25; 8:45 am]

BILLING CODE P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket No. CDC-2025-0024]

Meeting of the Advisory Committee on Immunization Practices; Amended Notice of Meeting

AGENCY: Centers for Disease Control and Prevention, Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: In accordance with the Federal Advisory Committee Act, the Centers for Disease Control and Prevention (CDC) announces an

amendment to the following meeting of the Advisory Committee on Immunization Practices (ACIP). The meeting is open to the public.

FOR FURTHER INFORMATION CONTACT: Ms. Stephanie Thomas, Committee Management Specialist, Advisory Committee on Immunization Practices, National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention, 1600 Clifton Road NE, Mailstop H24-8, Atlanta, Georgia 30329-4027. Telephone: (404) 639-8836; Email: *ACIP@cdc.gov*.

SUPPLEMENTARY INFORMATION: Notice is hereby given of a change in the meeting of the Advisory Committee on Immunization Practices (ACIP); June 25, 2025, from 8 a.m. to 5 p.m., EDT, June 26, 2025, from 8 a.m. to 5 p.m., EDT, and June 27, 2025, 8 a.m. to 3 p.m., EDT.

Notice of the virtual meeting was published in the **Federal Register** on June 9, 2025, Volume 90, Number 109, pages 24278-24279.

The meeting notice is being amended to update the dates, which should read as follows:

The meeting will be held on June 25, 2025, from 10 a.m. to 5:30 p.m., EDT and June 26, 2025, from 8 a.m. to 1 p.m., EDT.

The meeting notice is also being amended to update the Matters to be Considered to read as follows: The agenda will include discussions on anthrax vaccines, chikungunya vaccines, COVID-19 vaccines, influenza vaccines, measles, mumps, rubella, varicella (MMRV) vaccine, Respiratory Syncytial Virus (RSV) vaccines for maternal and pediatric populations, and an update on work groups. Recommendation votes are scheduled for influenza vaccines, and RSV vaccine for maternal and pediatric populations. A Vaccines for Children (VFC) vote is scheduled for RSV vaccines.

The Director, Office of Strategic Business Initiatives, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Kalwant Smagh,

Director, Office of Strategic Business Initiatives, Office of the Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2025-11567 Filed 6-23-25; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10398 #17]

Medicaid and Children's Health Insurance Program (CHIP) Generic Information Collection Activities: Proposed Collection; Extension of Comment Period

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

ACTION: Notice; extension of comment period.

SUMMARY: This document extends the public comment period of a revised collection of information request (entitled, "CHIP State Plan Eligibility") that published in the **Federal Register** on June 12, 2025. We are not proposing any other changes. Comments previously submitted need not be resubmitted.

DATES: The 14-day comment period for the notice that published on June 12, 2025, at 90 FR 24804, is extended due to difficulties with posting the collection of information's materials on the internet for public review and comment. Comments must be received on/by the extended date of July 2, 2025.

ADDRESSES: When commenting, please reference the applicable form number (CMS-10398 #17) and the OMB control number (0938-1148). To be assured consideration, comments and recommendations must be submitted in any one of the following ways:

1. *Electronically.* You may send your comments electronically to *http://www.regulations.gov*. Follow the instructions for "Comment or Submission" or "More Search Options" to find the information collection document(s) that are accepting comments.

2. *By regular mail.* You may mail written comments to the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: CMS-10398 #17/OMB control number: 0938-1148, Room C4-26-05, 7500 Security Boulevard, Baltimore, MD 21244-1850.

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/medicare/regulations-guidance/*

legislation/paperwork-reduction-act-1995/pa-listing.

FOR FURTHER INFORMATION CONTACT: William N. Parham at 410–786–4669.

SUPPLEMENTARY INFORMATION: CMS is extending the comment period of the revised CHIP State Plan Eligibility collection of information request that published in the **Federal Register** on June 12, 2025 (90 FR 24804). Due to difficulties with posting the collection of information's materials on the internet for public review and comment, this notice extends the comment period by six days. While the notice published, as indicated on June 12, the collection of information's materials did not post until June 18; a difference of six days and an extension of the initial June 26 comment due date to July 2.

Following is a summary of the use and burden associated with the subject information collection(s). More detailed information can be found in the collection's supporting statement and associated materials (see **ADDRESSES**).

Generic Information Collection

1. *Title of Information Collection:* CHIP State Plan Eligibility; *Type of Information Collection Request:* Revision of a currently approved collection; *Use:* Under section 2110(b)(2)(A) of the Social Security Act (SSA) and 42 CFR 457.310(c)(2)(i), children who are inmates of a public institution are excluded from the definition of targeted low-income child and therefore are not eligible for CHIP. However, section 5121 of the Consolidated Appropriations Act of 2023 (CAA, 2023) added a new section 2110(b)(7) to the SSA that provides limited exceptions to this exclusion. Effective January 1, 2025, children are no longer subject to the CHIP eligibility exclusion if they are within 30 days prior to their release from incarceration from a public institution.

Also, under section 5121, a new section 2102(d) was added to the SSA, effective January 1, 2025, which prohibits states from terminating otherwise eligible CHIP enrollees who are inmates of a public institution and instead permits states to suspend coverage during the enrollee's incarceration. States that elect to suspend coverage may implement either a benefits or eligibility suspension. States must also provide screening and diagnostic services, and case

management services available under the CHIP state plan in the 30 days prior to release in accordance with section 2102(d)(2) of the SSA.

Additionally, through section 5122 of the CAA, 2023 states may implement the option to lift the CHIP eligibility exclusion for children who are incarcerated while pending disposition of charges and provide them with full CHIP state plan benefits during that time.

This May 2025 iteration adds a new CHIP eligibility template "General Eligibility—Incarcerated CHIP Beneficiaries" and an associated implementation guide. The revision is intended to conform with the sections 5121 and 5122 of the CAA, 2023.

Form Number: CMS–10398 #17 (OMB control number: 0938–1148); *Frequency:* Once and Occasionally; *Affected Public:* State, Local, or Tribal Governments; *Number of Respondents:* 56; *Total Annual Responses:* 56; *Total Annual Hours:* 2,805. (For policy questions regarding this collection contact: Mary Beth Hance at 443–934–2613.)

William N. Parham, III,

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

[FR Doc. 2025–11519 Filed 6–23–25; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity: National Medical Support Notice Part A (Office of Management and Budget #: 0970–0222)

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

ACTION: Request for public comments.

SUMMARY: The Office of Child Support Services (OCSS) (Services), Administration for Children and Families (ACF) is requesting the Office of Management and Budget (OMB) to approve the National Medical Support Notice (NMSN) Part A with minor changes, for an additional 3 years. The current OMB approval expires on November 30, 2025. To allow states to

program the changes to the proposed NMSN Part A, OCSS requests that the current NMSN Part A be extended 1 year.

DATES: Comments due August 25, 2025. In compliance with the requirements of the Paperwork Reduction Act of 1995, ACF is soliciting public comment on the specific aspects of the information collection described above.

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:

Description: The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) requires all child support orders under title IV–D of the Social Security Act to provide medical support coverage. The Child Support Performance and Incentive Act of 1998 (CSPIA) requires compliance through the NMSN Part A. NMSN Part A expedites requests for medical coverage between state child support agencies, employers, and health care administrators. OCSS maintains Part A of the NMSN. States populate it and send it to the parent's employer to complete. Then the employer's health care administrator enrolls the children in the health care plan. OCSS provides the NMSN Part A Sample and Instructions for employers as a resource to review while completing the information collection. Minor deletions and changes have been made to the NMSN Part A, the instructions, and the sample language for clarification.

Respondents: States, employers, and health care administrators.

Annual Burden Estimates: The estimated time per response remains the same, but the estimated number of respondents and number of responses has been updated to reflect assumptions for the next 3 years. OCSS estimates it will take state child support agencies about 1 year to implement the revised form.

Table 1 below shows burden hour estimates for respondents to continue to use the currently approved NMSN during an initial implementation period for the updated version. Table 2 shows the burden estimates for respondents once the new version of the NMSN is fully implemented in 2026.