

Request for Comment

Comments are invited on (a) whether the collections of information are necessary for the proper performance of the FDIC's functions, including whether the information has practical utility; (b) the accuracy of the estimates of the burden of the information collections, including the validity of the methodology and assumptions used; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collections of information on respondents, including through the use of automated collection techniques or other forms of information technology. All comments will become a matter of public record.

Federal Deposit Insurance Corporation.

Dated at Washington, DC, on June 17, 2025.

Jennifer M. Jones,

Deputy Executive Secretary.

[FR Doc. 2025–11419 Filed 6–20–25; 8:45 am]

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**GENERAL SERVICES
ADMINISTRATION**

[Notice—OGP—2025–01; Docket No. 2025–0002; Sequence No.11]

**Guidance on Referrals for Potential
Criminal Enforcement**

AGENCY: General Services
Administration GSA (OGP).

ACTION: Notice.

SUMMARY: This notice describes the U.S. General Services Administration's plans to address criminally liable regulatory offenses under the recent executive order on Fighting Overcriminalization in Federal Regulations.

DATES: June 23, 2025.

FOR FURTHER INFORMATION CONTACT:

Nicholas West, Acting Director, GSA Acquisition Policy, Integrity & Workforce, at GSARPolicy@gsa.gov, or 202–501–4755.

SUPPLEMENTARY INFORMATION: On May 9, 2025, the President issued Executive Order (“E.O.”) 14294, Fighting Overcriminalization in Federal Regulations. 90 FR 20363 (published May 14, 2025). Section 7 of E.O. 14294 provides that within 45 days of the order, and in consultation with the Attorney General, each agency should publish guidance in the **Federal Register** describing its plan to address criminally liable regulatory offenses.

Consistent with that requirement, the U.S. General Services Administration advises the public that by May 9, 2026, the Department, in consultation with

the Attorney General, will provide to the Director of the Office of Management and Budget (“OMB”) a report containing: (1) a list of all criminal regulatory offenses enforceable by the U.S. General Services Administration or the Department of Justice (“DOJ”); and (2) for each such criminal regulatory offense, the range of potential criminal penalties for a violation and the applicable mens rea standard for the criminal regulatory offense.

This notice also announces a general policy, subject to appropriate exceptions and to the extent consistent with law, that when the U.S. General Services Administration is deciding whether to refer alleged violations of criminal regulatory offenses to DOJ, officers and employees of the U.S. General Services Administration should consider, among other factors:

- The harm or risk of harm, pecuniary or otherwise, caused by the alleged offense;
- The potential gain to the putative defendant that could result from the offense;
- Whether the putative defendant held specialized knowledge, expertise, or was licensed in an industry related to the rule or regulation at issue; and
- Evidence, if any is available, of the putative defendant's general awareness of the unlawfulness of his conduct as well as his knowledge or lack thereof of the regulation at issue.

This general policy is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.

Larry Allen,

*Associate Administrator, Office Of
Government Wide Policy.*

[FR Doc. 2025–11505 Filed 6–20–25; 8:45 am]

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**DEPARTMENT OF HEALTH AND
HUMAN SERVICES****Centers for Medicare & Medicaid
Services**

[CMS–3468–FN]

**Medicare and Medicaid Programs;
Application From The Joint
Commission for Continued CMS
Approval of its Hospital Accreditation
Program**

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

ACTION: Notice.

SUMMARY: This final notice announces our decision to approve The Joint Commission for continued CMS-recognition as a national accrediting organization for hospitals that wish to participate in the Medicare or Medicaid programs.

DATES: The decision announced in this final notice is effective July 15, 2025, through July 15, 2030.

FOR FURTHER INFORMATION CONTACT:

Caecilia Andrews, (410) 786–2190.

SUPPLEMENTARY INFORMATION:**I. Background**

Under the Medicare program, eligible beneficiaries may receive covered services from a hospital, provided certain requirements are met. Section 1861(e) of the Social Security Act (the Act) establishes distinct criteria for facilities seeking designation as a hospital. Regulations concerning provider agreements are at 42 CFR part 489 and those pertaining to activities relating to the survey and certification of facilities are at 42 CFR part 488. The regulations at 42 CFR part 482 specify the minimum conditions that a hospital must meet to participate in the Medicare program.

Generally, to enter into an agreement, a hospital must first be certified by a state survey agency (SA) as complying with the conditions or requirements set forth in part 482 of our regulations. Thereafter, the hospital is subject to regular surveys by an SA to determine whether it continues to meet these requirements.

Section 1865(a)(1) of the Act provides that, if a provider entity demonstrates through accreditation by a Centers for Medicare & Medicaid Services (CMS)-approved national accrediting organization (AO) that all applicable Medicare requirements are met or exceeded, we will deem those provider entities as having met such requirements. Accreditation by an AO is voluntary and is not required for Medicare participation.

If an AO is recognized by the Secretary of the Department of Health and Human Services (the Secretary) as having standards for accreditation that meet or exceed Medicare requirements, any provider entity accredited by the national accrediting body's approved program would be deemed to meet the Medicare requirements. A national AO applying for approval of its accreditation program under part 488, subpart A, must provide CMS with reasonable assurance that the AO requires the accredited provider entities to meet requirements that are at least as stringent as the Medicare requirements.