

TABLE 1—ESTIMATED ANNUAL REPORTING BURDEN¹

Activity	Number of respondents	Number of responses per respondent	Total annual responses	Average burden per response	Total hours
1140.30(a)(2)—Notification of other advertising or labeling medium	4	1	4	1	4
Total					4

¹ There are no capital costs or operating and maintenance costs associated with this collection of information.

The burden hour estimates for this collection of information were based on submissions regarding cigarette and smokeless tobacco product advertising expenditures. FDA has received 12 such notifications to date since 2022. Based on a review of the information collection and the number of notifications received since 2022, FDA estimates that approximately four respondents will submit an annual notice of alternative advertising, and the Agency has estimated it should take one hour to provide such notice. Therefore, our estimated burden for the information collection reflects an overall decrease of 21 hours and a corresponding decrease of 21 responses.

Dated: August 15, 2025.

Grace R. Graham,

Deputy Commissioner for Policy, Legislation, and International Affairs.

[FR Doc. 2025–16067 Filed 8–21–25; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2025–N–2549]

Agency Information Collection Activities; Proposed Collection; Comment Request; Investigational Device Exemptions Reports and Records

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA or Agency) is announcing an opportunity for public comment on the proposed collection of certain information by the Agency. 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 of an existing collection of information, and to allow 60 days for public comment in response to the notice. This notice solicits comments on information

collection associated with investigational device exemptions.

DATES: Either electronic or written comments on the collection of information must be submitted by October 21, 2025.

ADDRESSES: You may submit comments as follows. Please note that late, untimely filed comments will not be considered. The <https://www.regulations.gov> electronic filing system will accept comments until 11:59 p.m. Eastern Time at the end of October 21, 2025. Comments received by mail/hand delivery/courier (for written/paper submissions) will be considered timely if they are received on or before that date.

Electronic Submissions

Submit electronic comments in the following way:

- **Federal eRulemaking Portal:** <https://www.regulations.gov>. Follow the instructions for submitting comments. Comments submitted electronically, including attachments, to <https://www.regulations.gov> will be posted to the docket unchanged. Because your comment will be made public, you are solely responsible for ensuring that your comment does not include any confidential information that you or a third party may not wish to be posted, such as medical information, your or anyone else's Social Security number, or confidential business information, such as a manufacturing process. Please note that if you include your name, contact information, or other information that identifies you in the body of your comments, that information will be posted on <https://www.regulations.gov>.

- If you want to submit a comment with confidential information that you do not wish to be made available to the public, submit the comment as a written/paper submission and in the manner detailed (see “Written/Paper Submissions” and “Instructions”).

Written/Paper Submissions

Submit written/paper submissions as follows:

- **Mail/Hand delivery/Courier (for written/paper submissions):** Dockets Management Staff (HFA–305), Food and

Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852.

- For written/paper comments submitted to the Dockets Management Staff, FDA will post your comment, as well as any attachments, except for information submitted, marked and identified, as confidential, if submitted as detailed in “Instructions.”

Instructions: All submissions received must include the Docket No. [Insert docket number xxxxx] for “Agency Information Collection Activities; Proposed Collection; Comment Request; Investigational Device Exemptions Reports and Records”. Received comments, those filed in a timely manner (see **ADDRESSES**), will be placed in the docket and, except for those submitted as “Confidential Submissions,” publicly viewable at <https://www.regulations.gov> or at the Dockets Management Staff between 9 a.m. and 4 p.m., Monday through Friday, 240–402–7500.

- **Confidential Submissions—**To submit a comment with confidential information that you do not wish to be made publicly available, submit your comments only as a written/paper submission. You should submit two copies total. One copy will include the information you claim to be confidential with a heading or cover note that states “THIS DOCUMENT CONTAINS CONFIDENTIAL INFORMATION.” The Agency will review this copy, including the claimed confidential information, in its consideration of comments. The second copy, which will have the claimed confidential information redacted/blacked out, will be available for public viewing and posted on <https://www.regulations.gov>. Submit both copies to the Dockets Management Staff. If you do not wish your name and contact information to be made publicly available, you can provide this information on the cover sheet and not in the body of your comments and you must identify this information as “confidential.” Any information marked as “confidential” will not be disclosed except in accordance with 21 CFR 10.20 and other applicable disclosure law. For more information about FDA’s posting of comments to public dockets, see 80

FR 56469, September 18, 2015, or access the information at: <https://www.govinfo.gov/content/pkg/FR-2015-09-18/pdf/2015-23389.pdf>.

Docket: For access to the docket to read background documents or the electronic and written/paper comments received, go to <https://www.regulations.gov> and insert the docket number, found in brackets in the heading of this document, into the "Search" box and follow the prompts and/or go to the Dockets Management Staff, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852, 240-402-7500.

FOR FURTHER INFORMATION CONTACT:

Amber Sanford, Office of Operations, Food and Drug Administration, Three White Flint North, 10A-12M, 11601 Landsdown St., North Bethesda, MD 20852, 301-796-8867, PRASStaff@fda.hhs.gov.

SUPPLEMENTARY INFORMATION: Under the PRA (44 U.S.C. 3501-3521), Federal Agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. "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 provide a 60-day notice in the **Federal Register** concerning each

proposed collection of information, including each proposed extension of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, FDA is publishing notice of the proposed collection of information set forth in this document.

With respect to the following collection of information, FDA invites comments on these topics: (1) whether the proposed collection of information is necessary for the proper performance of FDA's functions, including whether the information will have practical utility; (2) the accuracy of FDA's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques, when appropriate, and other forms of information technology.

Investigational Device Exemptions Reports and Records—21 CFR Part 812

OMB Control Number 0910-0078—Extension

This information collection supports implementation of section 520(g) of the Federal Food, Drug, and Cosmetic Act (FD&C Act) (21 U.S.C. 360j(g)), which governs exemption for devices for

investigational use. An investigational device exemption (IDE) allows a device to be used in investigations involving human subjects in which the safety and effectiveness of the device is being studied. For more information regarding IDE, please visit our website at <https://www.fda.gov/medical-devices/premarket-submissions-selecting-and-preparing-correct-submission/investigational-device-exemption-ide>.

FDA has promulgated regulations in part 812 (21 CFR part 812) intended to encourage the discovery and development of useful devices intended for human use. The regulations set forth the scope and applicability of exemption requirements for devices for investigational use, as well as establish application procedures, corresponding instruction, and provisions for emergency research. The regulations also provide for requesting waivers from the requirements; and explain sponsor responsibilities, including requirements for institutional review board (IRB) review and approval. Finally, the regulations in part 812, subpart G (21 CFR 812.140, 812.145, and 812.150) provide for required recordkeeping, the inspection of records, and the preparation and submission of reports to FDA and/or IRBs that oversee medical device investigations.

We estimate the burden of this collection of information as follows:

FDA estimates the burden of this collection of information as follows:

TABLE 1—ESTIMATED ANNUAL REPORTING BURDEN¹

Activity/21 CFR section	Number of respondents	Number of responses per respondent	Total annual responses	Average burden per response	Total hours
812.10; waivers	1	1	1	1	1
812.20, 812.25, and 812.27; applications, investigational plans, and supplements	288	1	288	80	23,040
812.27(b)(4)(i); prior investigations within the United States	504	1	504	1	504
812.27(b)(4)(ii); prior investigations outside the United States	126	1	126	0.25 (15 minutes)	32
812.28; acceptance of data from clinical investigations conducted outside the United States, and supporting information	1,500	1	1,500	10.25	15,375
812.28(c); waivers	10	1	10	1	10
812.35 and 812.150; application supplements	824	5	4,120	6	24,720
812.36(c); treatment IDE applications	1	1	1	120	120
812.36(f); treatment IDE reports	1	1	1	20	20
812.150; non-significant risk study reports to third parties	1	1	1	6	6
Total			6,552		63,828

¹ There are no capital costs or operating and maintenance costs associated with this collection of information.

TABLE 2—ESTIMATED ANNUAL RECORDKEEPING BURDEN¹

Activity/21 CFR section	Number of recordkeepers	Number of records per recordkeeper	Total annual records	Average burden per recordkeeping	Total hours
812.2(c)(3); records regarding leftover specimens not individually identifiable used in certain studies	700	1	700	4	2,800
812.28(d); records for clinical investigations conducted outside United States	1,500	1	1,500	1	1,500
812.140; retention of records	1,249	3.09	3,859	1.9937	7,694

TABLE 2—ESTIMATED ANNUAL RECORDKEEPING BURDEN ¹—Continued

Activity/21 CFR section	Number of recordkeepers	Number of records per recordkeeper	Total annual records	Average burden per recordkeeping	Total hours
Total			6,059		11,994

¹ There are no capital costs or operating and maintenance costs associated with this collection of information

Our estimated burden for the information collection reflects an overall increase of 9,919 hours and a corresponding increase of 1,033 responses. We attribute this adjustment to an increase in the number of submissions we received over the last few years.

Dated: August 15, 2025.

Grace R. Graham,

Deputy Commissioner for Policy, Legislation, and International Affairs.

[FR Doc. 2025–16066 Filed 8–21–25; 8:45 am]

BILLING CODE 4164–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

[CMS–9160–N]

Request for Nominations of Members To Serve on the Healthcare Advisory Committee

AGENCY: Office of the Secretary, Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: The Department of Health and Human Services announces its intent to establish the Healthcare Advisory Committee and invites nominations for the Committee.

DATES: We will consider nominations that are submitted via email to HAC@cms.hhs.gov, by September 22, 2025. The subject line should state “Healthcare Advisory Committee Nomination.”

FOR FURTHER INFORMATION CONTACT: For questions related to submitting nominations, please email the Centers for Medicare and Medicaid Services at HAC@cms.hhs.gov.

SUPPLEMENTARY INFORMATION:

I. Background

The Healthcare Advisory Committee (hereinafter “the Committee”) is authorized under 42 U.S.C. 217a, section 222 of the Public Health Service Act, as amended. The Committee is governed by the Federal Advisory Committee Act (FACA) (Pub. L. 92–463), as amended (5 U.S.C. chapter 10).

The Committee will serve as an advisory body to the Secretary of the Department of Health and Human Services (HHS) and the Administrator of the Centers for Medicare & Medicaid Services (CMS) on programs and policies that can help improve the United States (US) healthcare system consistent with the *Executive Order Establishing the President’s Make America Healthy Again Commission*.¹

II. Advisory Committee

The Committee is tasked with advising the Secretary of HHS and the Administrator of CMS on the following issues as they relate to strategies for improving the operations and outcomes of federally administered healthcare insurance and payment programs:

- Developing a set of actionable policy initiatives that can promote chronic disease prevention and management, as consistent with the Make America Healthy Again policy agenda;
- Identifying opportunities to move towards a regulatory framework of accountability for safety and outcomes that reduce unnecessary red tape and allow providers to focus on improving patient health outcomes not filling out paperwork;
- Sharing actionable levers to advance a real-time data system, enabling a new standard of excellence in care, rapid claims processing, rapid quality measurement and rewards;
- Identifying structural opportunities to improve quality for the most vulnerable in the Medicaid program (outside of more funding for the current system); and
- Securing the sustainability of the Medicare Advantage program, specifically identifying opportunities to modernize risk adjustment and quality measures that assess and improve health outcomes.

III. Eligibility for Membership

The CMS Administrator shall appoint 15 individuals to serve on the

¹ Trump, D.J. (2025, February 13). *Establishing the President’s Make America Healthy Again Commission* (Exec. Order No. 14212). The White House. Available at: <https://www.whitehouse.gov/presidential-actions/2025/02/establishing-the-presidents-make-america-healthy-again-commission/>.

Committee. The Committee shall consist of an appropriate selection of individuals that have practical and tactical experience or expertise working in all aspects of the US healthcare system, which may include experts from the medical field, manufacturing, government, academia, health insurance/payment programs, or health economics, with regard to issues related to chronic disease prevention and management, expanding access to primary care, reducing healthcare costs, ensuring payment accuracy, healthcare price transparency, and driving other improvements in the healthcare system for patients and providers.

The Committee shall be comprised of Representative Members and Special Government Employees (SGEs). All members shall serve on a voluntary basis, without compensation. Members of the Committee shall be entitled to receive reimbursement for travel expenses and per diem in lieu of subsistence expenses, in accordance with standard Federal Travel Regulations. Members shall serve a term of 2 years until the date on which the Committee’s charter terminates.

IV. Nomination Process

HHS invites nominations for Committee membership in the following areas: provider community, health insurers, academia, manufacturers, advocacy and other non-profit organizations with demonstrated expertise in the US healthcare system. Both self-nominations and third-party nominations will be considered.

To be considered for appointment, nomination packages must be complete and submitted by the deadline.

V. Nominee Application Components

1. Cover Letter

- Complete contact information for nominee, including their executive assistant or scheduler
- Contact information the third-party nominator (*if applicable*)

2. Nominee Information

- Nominee Qualifications Summary
 - Brief overview of relevant experience and expertise
 - Educational background and professional credentials
 - Specific knowledge areas related