address the structural problems in the underlying market. Gateway is a private equity owned network of pet crematoria,[1] which describes itself as the ''largest pet aftercare provider in North America.'' [2] Its self-described ''focus is to acquire and partner with like-minded, leading pet aftercare companies across all of North America.'' [3] In other words, Gateway rolls up smaller providers. And with fewer pet aftercare competitors, Gateway is able to exert more control over the options and prices pet owners pay for services in their time of need; and over the employment options, pay, and working conditions available to workers.

That underlying market structure is part of what enables Gateway to execute the noncompete strategy described in the Commission's complaint. But the Commission's order does nothing to address or unwind it. Without touching the structural issues in the market, a non-compete remedy, however meaningful, will not successfully protect consumers or workers in the pet aftercare market.

Finally, while I am glad to see the Commission has not entirely abandoned the important work on noncompetes that began under Chair Khan's leadership,[4] I would be remiss if I did not point out, as I have for years, that one-off enforcement is no substitute for the FTC's meaningful, marketwide noncompete rule that will protect workers across the country.[5] That rule, which received thousands of public comments in support and is currently being challenged in several separate cases, deserves the Commission's full-throated defense in the courts.

[FR Doc. 2025–17416 Filed 9–9–25; 8:45 am]

BILLING CODE 6750–01–P

[1] *See* IMPERIAL CAPITAL, *https://www.imperialcap.com/investments/gateway* (last visited Sept. 4, 2025).

[2] GATEWAY SERVICES, INC., *https://www.gatewayservicesinc.com/* (last visited Sept. 4, 2025).

[3] *Id.*

[4] *See, e.g.,* Press Release, Fed. Trade Comm'n, FTC Announces Rule Banning Noncompetes, *https://www.ftc.gov/news-events/news/press-releases/2024/04/ftc-announces-rule-banning-noncompetes.*

[5] *See, e.g.,* Statement of Chair Lina M. Khan Joined by Comm'r Rebecca Kelly Slaughter and Comm'r Alvaro M. Bedoya (Dec. 31, 2024) at 11.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Notice.

SUMMARY: This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) approve the reinstatement with change of the currently approved information collection project ''Online Application Order Form for Products from the Healthcare Cost and Utilization Project (HCUP),'' OMB #0935–0206. This information collection was previously published in the **Federal Register** on April 30, 2025 and allowed 60 days for public comment. AHRQ received no comments from members of the public. The purpose of this notice is to allow an additional 30 days for public comment.

DATES: Comments on this notice must be received by October 10, 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. Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer.

FOR FURTHER INFORMATION CONTACT: Margie Shofer, AHRQ Reports Clearance Officer, 301–427–1696 or by email at *REPORTSCLEARANCEOFFICER@ahrq.hhs.gov*.

SUPPLEMENTARY INFORMATION:

Proposed Project

Online Application Order Form for Products From the Healthcare Cost and Utilization Project (HCUP)

The Healthcare Cost and Utilization Project is a vital resource helping AHRQ achieve its research agenda, thereby furthering its goal of improving the delivery of health care in the United States. HCUP is a family of health care databases developed through a Federal-State-Industry partnership and sponsored by AHRQ. HCUP includes the largest collection of longitudinal hospital care data in the United States, with all-payer, encounter-level information beginning in 1988. The HCUP databases are annual files that contain anonymous information from hospital discharge records for inpatient care and certain components of outpatient care, such as emergency care and ambulatory surgeries.

The project currently creates eight types of restricted access public release databases and related files that are released to authorized users under the terms of the HCUP Data Use Agreement (DUA). These HCUP databases and files are used by researchers for a broad range of health issues, including cost and quality of health services, medical practice patterns, access to health care programs, and outcomes of treatments at the national, State, and local market levels.

This project has the following goal:

- Allow restricted access public release and tracking of the eight HCUP databases.

To achieve this goal the following data collections and activities are required:

1. HCUP DUA Training Course—All purchasers and users of HCUP data must complete this training prior to signing the DUA. This Web-based training course outlines important terms of the DUA. The purpose of the course is to emphasize the importance of data protection, reduce the risk of inadvertent violations, and describe an individual's responsibility when using HCUP data. After completing the training course, an HCUP DUA Training Course certification code is received. This code is required to purchase or gain access to HCUP data.

2. HCUP DUA for the Nationwide Databases—The HCUP Nationwide databases include the National (Nationwide) Inpatient Sample (NIS), Kids' Inpatient Database (KID), Nationwide Ambulatory Surgery Sample (NASS), Nationwide Emergency Department Sample (NEDS), and Nationwide Readmissions Database (NRD). Any person seeking permission from AHRQ to access HCUP Nationwide Databases must sign and submit this Agreement to AHRQ.

3. HCUP DUA for the State Databases—The HCUP State databases include the State Inpatient Databases (SID), State Ambulatory Surgery and Services Databases (SASD), and State Emergency Department Databases (SEDD). Any person seeking permission from AHRQ to access HCUP State Databases must sign and submit this Agreement to AHRQ.

4. Online Application Form—The application form collects relevant applicant information, shipping and billing address, and the payment method.

This project is being conducted by AHRQ through its contractors, National Opinion Research Center and TurningPoint-DS Federal J.V., L.L.C., pursuant to AHRQ's statutory authority to conduct and support research on health care and on systems for the delivery of such care, including activities with respect to the outcomes, cost, cost-effectiveness, and use of health care services and access to such services. 42 U.S.C 299a(a)(3).

Proposed Revisions:

Revisions include a redesigned HCUP application form and reducing the number of DUAs to one state and one nationwide version. The current expiration date for 0935–0206 was 5/31/2025 and AHRQ is requesting a new expiration date, 3 years from approval of this information collection request.

Method of Collection

Information collected in the HCUP Online Application Form process will be used for two purposes only:

1. *Business Transaction:* In order to deliver the HCUP databases to the applicants, contact information is necessary for shipping the data on disk (or any other media used in the future) and payment collection.

2. *Enforcement of the HCUP Data Use Agreement (DUA):* The HCUP DUA contains several restrictions on use of the data. Most of these restrictions have been put in place to safeguard the privacy of individuals and establishments represented in the data. For example, data users can only use the data for research, analysis, and aggregate statistical reporting and are prohibited from attempting to identify any persons in the data. Contact information on HCUP DUAs is retained in the event that a violation of the HCUP DUA takes place requiring legal remedy.

Estimated Annual Respondent Burden

Exhibit 1 shows the estimated annualized burden associated with the applicants' time to order any of the HCUP databases. An estimated 1,800 persons will order HCUP data annually. To complete the ordering process, each of these persons will complete the HCUP DUA Training Course, review and sign both DUAs, and complete the HCUP Data Purchase Ordering Form. The total burden to complete these four steps to purchase HCUP data is estimated to be 1,050 hours annually.

Exhibit 2 shows the estimated annualized cost burden associated with the applicants' time to purchase HCUP data. There are changes in the total burden cost as per Exhibit 2 in the 60 Day FRN due to a transcription error, a new requirement to base cost burden on adjusted hourly wages and updating wages to the most recent available estimates (from May 2023 to May 2024). These changes resulted in the cost burden increasing from $78,252 to $102,921.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
1. HCUP DUA Training Course	1,800	1	15/60	450
2. HCUP DUA for the Nationwide Databases	1,800	1	5/60	150
3. HCUP DUA for the State Databases	1,800	1	5/60	150
4. HCUP Data Purchase Ordering Form	1,800	1	10/60	300
Total	1,800	NA	NA	1,050

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

	Total burden hours	Average hourly wage rate *	Adjusted hourly wage rate **	Total cost burden
1. HCUP DUA Training Course	450	$49.01	$98.02	$44,109
2. HCUP DUA for the Nationwide Databases	150	49.01	98.02	14,703
3. HCUP DUA for the State Databases	150	49.01	98.02	14,703
4. HCUP Data Purchase Ordering Form	300	49.01	98.02	29,406
Total	1,050	NA	NA	102,921

* *Based upon the mean of the average wages for Life Scientists, All Other (19–1099), National Compensation Survey:* Occupational Employment Statistics, May 2024 National Occupational Employment and Wage Estimates United States, U.S. Department of Labor, Bureau of Labor Statistics. *https://data.bls.gov/oes/#/industry/000000.*

** The Adjusted Hourly Rate was estimated at 200% of the hourly wage.

Request for Comments

In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501–3520, comments on AHRQ's information collection are requested with regard to any of the following: (a) whether the proposed collection of information is necessary for the proper performance of AHRQ's health care research and health care information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) of information; (c) ways to enhance the quality, utility and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: September 5, 2025.

Mamatha Pancholi,

Deputy Director.C

[FR Doc. 2025–17323 Filed 9–9–25; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–1840–N]

Medicare Program; Town Hall Meeting on the Fiscal Year 2027 Applications for New Technology Add-On Payments

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

ACTION: Notice of meeting.

SUMMARY: This notice announces a town hall meeting in accordance with section 1886(d)(5)(K)(viii)(III) of the Social Security Act (the Act) to discuss fiscal year (FY) 2027 applications for add-on payments for new medical services and technologies under the hospital inpatient prospective payment system (IPPS). Interested parties are invited to this virtual meeting to present their comments, recommendations, and data regarding whether the FY 2027 applications for new technology add-on payments meet the substantial clinical improvement criterion.

DATES:

Meeting Dates: The New Technology Town Hall meeting announced in this notice will be held virtually on Wednesday, December 10, 2025, and Thursday, December 11, 2025 (the number of presentations will determine if a second day for the meeting is necessary; see the **SUPPLEMENTARY INFORMATION** section for details regarding the second day of the meeting and the posting of the final schedule). The New Technology Town Hall meeting will begin each day at 9:00 a.m. Eastern Standard Time (EST) and online check-in will begin at 8:30 a.m. EST.

Deadline for Registration of Presenters at the New Technology Town Hall Meeting: The deadline to register to present at the New Technology Town Hall meeting is 5:00 p.m. EST on Monday, November 3, 2025.

Deadline for Submission of Agenda Item(s) or Written Remarks for the New Technology Town Hall Meeting: Written remarks and agenda items for discussion at the New Technology Town Hall meeting, including agenda items by presenters (presentation slide decks), must be received by 5:00 p.m. EST on Thursday, November 13, 2025.

Deadline for Requesting Special Accommodations: The deadline to submit requests for special accommodations is 5:00 p.m. EST on Thursday, November 13, 2025.

Deadline for Submission of Written Comments after the New Technology Town Hall Meeting for Consideration in the FY 2027 Inpatient Prospective Payment System/Long-Term Care Hospital PPS (IPPS/LTCH PPS) Proposed Rule: Individuals may submit written comments after the New Technology Town Hall meeting, as specified in the **ADDRESSES** section of this notice, on whether the service or technology represents a substantial clinical improvement. These comments must be received by 5:00 p.m. EST on Monday, December 15, 2025, to ensure consideration in the FY 2027 IPPS/LTCH PPS proposed rule.

ADDRESSES:

Meeting Location: The New Technology Town Hall meeting will be held virtually via live stream technology or webinar and listen-only via toll-free teleconference. Live stream or webinar and teleconference dial-in information will be provided through an upcoming listserv/email notice to registered presenters, and will appear on the final meeting agenda which will be posted on the New Technology website when available at: *http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/newtech.html.* Continue to check the website for updates.

Registration and Special Accommodations: Individuals wishing to present at the meeting must follow the instructions located in section III. of this notice. Individuals who need special accommodations should send an email to *NTAP@cms.hhs.gov.*

Submission of Agenda Item(s) or Written Remarks for the New Technology Town Hall Meeting: Each presenter must submit at least one agenda item for presentation regarding whether a FY 2027 application for new technology add-on payments meets the substantial clinical improvement criterion. Agenda items must be submitted via email, by the previously specified deadline, to: *NTAP@cms.hhs.gov.*

Submission of Written Comments for the New Technology Town Hall Meeting: Written comments must be submitted via email, by the previously specified deadline, to: *NTAP@cms.hhs.gov.* Comments should be limited to information or material regarding whether the application(s) for new technology add-on payments meet the substantial clinical improvement criterion. Information and studies previously submitted in the application do not need to be resubmitted in Town Hall comments, even if they are cited within the comment.

FOR FURTHER INFORMATION CONTACT: Drew Kasper, (410) 786–8926, *drew.kasper@cms.hhs.gov* and *NTAP@cms.hhs.gov.*

SUPPLEMENTARY INFORMATION:

I. Background on the Add-On Payments for New Medical Services and Technologies Under the IPPS

Effective for discharges beginning on or after October 1, 2001, section 1886(d)(5)(K)(i) of the Act requires the Secretary to establish (after notice and opportunity for public comment) a mechanism to recognize the costs of new services and technologies under the hospital IPPS. For discussion on the new technology add-on payment criteria, we refer readers to the new technology add-on payment final rule (66 FR 46912, September 7, 2001), as well as the FY 2012 IPPS/LTCH PPS final rule (76 FR 51572 through 51574), the FY 2020 IPPS/LTCH PPS final rule (84 FR 42288 through 42300), and the FY 2021 IPPS/LTCH PPS final rule (85 FR 58736 through 58742).

As finalized in the FY 2020 and FY 2021 IPPS/LTCH PPS final rules, technologies that are eligible for the alternative pathway for certain transformative new devices or the alternative pathway for certain antimicrobial products do not need to meet the requirement under 42 CFR 412.87(b)(1) that the technology represent an advance that substantially improves, relative to technologies previously available, the diagnosis or treatment of Medicare beneficiaries. See the FY 2020 IPPS/LTCH PPS final rule (84 FR 42292 through 42297) and the FY 2021 IPPS/LTCH PPS final rule (85 FR 58737 through 58739) for additional information.

In the FY 2020 IPPS/LTCH PPS final rule (84 FR 42289 through 42292), we codified in our regulations at § 412.87 the following aspects of how we evaluate substantial clinical improvement for purposes of new technology add-on payments under the IPPS to determine if a new technology meets the substantial clinical improvement criterion:

- The totality of the circumstances is considered when making a determination that a new medical service or technology represents an advance that substantially improves, relative to services or technologies previously available, the diagnosis or treatment of Medicare beneficiaries.