

the offices of the Board of Governors. This information may also be obtained on an expedited basis, upon request, by contacting the appropriate Federal Reserve Bank and from the Board's Freedom of Information Office at <https://www.federalreserve.gov/foia/request.htm>. Interested persons may express their views in writing on the question whether the proposal complies with the standards of section 4 of the BHC Act.

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.

Unless otherwise noted, comments regarding the 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 September 23, 2025.

A. Federal Reserve Bank of Atlanta (Erien O. Terry, Assistant Vice President) 1000 Peachtree Street NE, Atlanta, Georgia 30309. Comments can also be sent electronically to Applications.Comments@atl.frb.org:

1. *Credicorp LTD., Hamilton, Bermuda*; to retain voting shares of Credicorp Capital USA, Inc., Miami, Florida, and thereby indirectly retain voting shares of its wholly owned subsidiaries Credicorp Capital Advisors LLC, Miami, Florida, and Credicorp Capital, LLC, Coral Gables, Florida, and thereby continue to engage in financial and investment advisory activities pursuant to section 225.28(b)(6) and agency transactional services for customer investments pursuant to section 225.28(b)(7), both of the Board's Regulation Y.

Board of Governors of the Federal Reserve System.

Michele Taylor Fennell,

Associate Secretary of the Board.

[FR Doc. 2025-17208 Filed 9-5-25; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket No. CDC-2025-0453]

CAUTI Events Among Patients With Spinal Cord Injury-Associated Neurogenic Bladder (SCI-NB); Request for Information

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

ACTION: Request for Information (RFI).

SUMMARY: The Centers for Disease Control and Prevention (CDC), in the Department of Health and Human Services (HHS), is seeking information regarding Catheter-associated Urinary Tract Infections (CAUTIs) among patients with Spinal Cord Injury-associated Neurogenic Bladder (SCI-NB). We want to understand better the burden of CAUTIs among this patient population and any implications related to reporting within the CDC National Healthcare Safety Network (NHSN) device-associated urinary tract infection (UTI) event module. This docket provides an opportunity for professionals who work with this patient population, as well as those who conduct NHSN UTI surveillance, to offer feedback related to our approach.

DATES: Comments must be received by December 8, 2025. Comments received after this date will not be considered.

ADDRESSES: Submit comments by either of the following methods:

- *Federal eRulemaking Portal:* <https://www.regulations.gov>. Follow the instructions for submitting comments.

- *Mail:* Comments may also be sent by mail to the attention of Henrietta Smith, Division of Healthcare Quality Promotion, National Center for Emerging and Zoonotic Infectious Diseases, CDC, 1600 Clifton Rd. NE, Mail Stop H16-3, Atlanta 30333.

Instructions: All written submissions received in response to this document must include the agency name and docket number (CDC-2025-0453) for this activity. Please note that comments received, including attachments and other supporting materials, are part of the public record and are subject to public disclosure. Comments will be posted on <https://www.regulations.gov>. Therefore, do not include any information in your comment or supporting materials that you consider confidential or inappropriate for public disclosure. CDC will review all submissions and may choose to redact,

or withhold, submissions containing private or proprietary information such as Social Security numbers, medical information, inappropriate language, or duplicate submissions. Do not submit comments by email.

FOR FURTHER INFORMATION CONTACT:

Henrietta Smith, RN, MSN, CIC, Lead-NHSN Protocol and Training Team, Surveillance Branch, Division of Healthcare Quality Promotion, by email at nhsn@cdc.gov. Please include the docket number (CDC-2025-0453) and "CAUTI events among patients with Spinal Cord Injury-associated Neurogenic Bladder (SCI-NB)" in the subject line.

SUPPLEMENTARY INFORMATION: The Centers for Disease Control and Prevention (CDC) is committed to protecting patients and healthcare workers from adverse healthcare events and promoting safety, quality, and value in healthcare delivery. Preventing healthcare-associated infections (HAIs) is a priority for CDC and its partners in public health and healthcare. As part of this work, CDC supports surveillance of Catheter-associated Urinary Tract Infections (CAUTIs) and non-catheter-associated Urinary Tract Infections (UTIs) and other Urinary System Infections (USIs).

UTIs are the fifth most common type of HAI, with an estimated 62,700 UTIs in acute care hospitals in 2015. UTIs account for more than 9.5% of infections reported by acute care hospitals.¹ Virtually all healthcare-associated UTIs are associated with instrumentation of the urinary tract.

Approximately 12-16% of adult hospital inpatients will have an indwelling urinary catheter (IUC) at some time during their hospitalization; and each day the IUC remains, a patient has a 3-7% increased risk of acquiring a CAUTI.^{2,3} The outcomes of CAUTIs include discomfort to the patient, prolonged hospital stays, and other serious health complications, including death.⁴ It has been estimated that each year, more than 13,000 deaths are associated with UTIs.⁵

Historically, the National Healthcare Safety Network has not collected data that specifically identify which patients with CAUTI events have Spinal Cord Injury-associated Neurogenic Bladder (SCI-NB). To enhance CDC's understanding of the burden of CAUTIs in this patient population, a "Neurogenic Bladder" risk factor variable has been added within the NHSN application. This variable allows NHSN users to indicate whether a CAUTI event occurred in patients with SCI-NB by using specific ICD-10-CM

diagnosis codes. This new variable is currently optional.

NHSN's current definition of SCI-NB is in Chapter 7—UTI Events of the Patient Safety Component (PSC) manual (https://www.cdc.gov/nhsn/pdfs/pscmanual/pscmanual_current.pdf). The SCI-NB ICD-10-CM diagnosis codes are available on the NHSN UTI Events web page (https://www.cdc.gov/nhsn/xls/SCI-NB_ICD-10-CM.xlsx). Additionally, the “Neurogenic Bladder” variable is accessible within the NHSN application (<https://sams.cdc.gov/>).

Note: The “Neurogenic Bladder” variable will be required starting January 2026. NHSN's definition of SCI-NB will be expanded to include both traumatic and non-traumatic etiologies of spinal cord injuries also starting January 2026.

This docket provides an opportunity for professionals who work with the SCI-NB patient population, as well as those who conduct NHSN UTI surveillance, to share their perspectives and concerns, which will help inform our decisions on the “Neurogenic Bladder” variable in the future. The CDC is also seeking additional insights into the unintended consequences of including the SCI-NB patient population in UTI surveillance, and public comments will help guide our approach moving forward. Specifically, CDC is interested in receiving information related to the following:

1. What challenges or barriers might the required reporting of spinal cord injury-associated neurogenic bladder ICD-10-CM diagnosis codes within the NHSN application pose for your facility? How could these challenges or barriers be minimized?

2. Would your facility be able to report the necessary procedure code data within 4.5 months of the end of the quarter in which the procedure occurred? If not, why not, and what is the shortest amount of time following the end of the quarter that the complete data would be available?

3. At your facility, of the patients with spinal cord injury, what injury type or condition (ICD-10-CM diagnosis codes can be provided) is most strongly associated with CAUTIs?

4. At your facility, have patients with spinal cord injury-associated neurogenic bladder experienced harms, complications, or any other unintended consequences from efforts to monitor and prevent CAUTIs?

References

- Magill S., O'Leary S. Janelle D., et al.

- Changes in Prevalence of Health Care Associated Infection in the U.S. Hospitals. *New England Journal of Medicine*. 2018;379: 1732–1744.
- McGuckin M. The patient survival guide: 8 simple solutions to prevent hospital and healthcare-associated infections. New York, NY: Demos Medical Publishing; 2012.
- Lo E, Nicolle LE, Coffin SE, Gould C, Maragakis LL, Madding's J, et al. Strategies to prevent catheter-associated urinary tract infections in acute care hospitals: 2014 update. *Infection Control and Hospital Epidemiology* 2014; 35:464–79.
- Scott R. The Direct Medical Costs of Healthcare-Associated Infections in U.S. Hospitals and the Benefits of Prevention, 2009. Division of Healthcare Quality Promotion, National Center for Preparedness, Detection, and Control of Infectious Diseases, Coordinating Center for Infectious Diseases, Centers for Disease Control and Prevention, February 2009.
- Kelvins, R., Edward, J., et al. Estimating Healthcare-associated Infections and Deaths in U.S. Hospitals. *Public Health Reports*. 2007;122: 160–166.

Noah Aleshire,

Chief Regulatory Officer, Centers for Disease Control and Prevention.

[FR Doc. 2025-17118 Filed 9-5-25; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-855S]

Agency Information Collection Activities: Proposed Collection; Extension of Comment Period

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

ACTION: Agency information collection activities: Proposed collection; comment request; extension of comment period.

SUMMARY: This notice extends the comment period for a 60-day notice request for proposed information collection request associated with the notice [Document Identifier: CMS-855S] entitled “Medicare Enrollment Application: Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Suppliers.” and published in the August 18, 2025 (90 FR 40073) **Federal Register**. The comment period for the information collection request, which would have ended on

June 20, 2025, is extended to Monday, July 7, 2025.

DATES: The comment period for the information collection request published in the August 19, 2025, **Federal Register** (90 FR 40073) is extended to October 20, 2025.

ADDRESSES: When commenting, please reference the document identifier or OMB control number. 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: Document Identifier/OMB Control Number: _____ Room C4-26-05, 7500 Security Boulevard, Baltimore, Maryland 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: In the FR Doc. 2025-1561 of August 18, 2025 (90 FR 40073), we published a Paperwork Reduction Act notice requesting a 60-day public comment period for the document entitled “Medicare Enrollment Application: Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Suppliers.” There were technical delays associated with making the information collection request publicly available; therefore, in this notice we are extending the comment period from the date originally listed in the October 20, 2025, notice.

William N. Parham, III,

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

[FR Doc. 2025-17202 Filed 9-5-25; 8:45 am]

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