

information maintained by insurers (or their agents) concerning insurance claims, settlements, awards, and payments. On a daily basis, OCSS sends the results of the insurance data match in an "Insurance Match Response Record" to child support agencies that

use the insurance data matches to collect past-due support from the insurance proceeds. OCSS incorporated a separate burden calculation for respondents opting to electronically report quarterly.

*Respondents:* Insurers or their agents, including the U.S. Department of Labor and State agencies administering workers' compensation programs, and the Insurance Services Office.

#### ANNUAL BURDEN ESTIMATES

Collection instrument	Total number of respondents	Total number of responses per respondent	Average burden hours per response	Total annual burden hours
Insurance Match File: Quarterly Reporting Electronically .....	1	4	0.083	0.33
Insurance Match File: Monthly Reporting Electronically .....	26	12	0.083	25.90
Insurance Match File: Weekly Reporting Electronically .....	19	52	0.083	82.00
Insurance Match File: Daily Reporting Electronically .....	1	251	0.083	20.83
Match File: Daily Reporting Manually .....	118	251	0.1	2,961.80

*Estimated Total Annual Burden Hours:* 3,090.86.

*Comments:* The Department specifically requests comments on (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

*Authority:* 42 U.S.C. 652(a)(9), 42 U.S.C. 653(a)(1) and 42 U.S.C. 652(m).

**Mary B. Jones,**

*ACF/OPRE Certifying Officer.*

[FR Doc. 2023-14339 Filed 7-6-23; 8:45 am]

**BILLING CODE 4184-41-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Community Living

#### Announcing the Intent To Award a Sole-Source Supplement for the Christopher and Dana Reeve Foundation

**ACTION:** Notice of intent to award a sole source supplement to the Christopher and Dana Reeve Foundation.

**SUMMARY:** The Administration for Community Living (ACL) is announcing the award of a sole-source supplement for the National Paralysis Resource Center (PRC) as a result of the 2023

Congressional budget appropriations. The National Paralysis Resource Center is operated by the Christopher and Dana Reeve Foundation and offers important programmatic opportunities for persons with disabilities and older adults. The NPRC provides comprehensive information for people living with spinal cord injury, paralysis, and mobility-related disabilities and their families. Resources include information and referral by phone and email in multiple languages; a peer and family support mentoring program; a military and veterans' program; multicultural outreach services; multiple quality of life grants; and a national website. The administrative supplement for FY 2023 will be in the amount of \$1,300,000, bringing the total award for FY 2023 to \$10,000,000.

#### SUPPLEMENTARY INFORMATION:

*Program Name:* National Paralysis Resource Center.

*Recipient:* Christopher and Dana Reeve Foundation.

*Period of Performance:* The supplement award will be issued for the second year of a five-year project period, July 1, 2023, through June 30, 2024.

*Award Amount:* \$1,300,000.

*Award Type:* Cooperative Agreement.

*Statutory Authority:* This program is authorized under section 317 of the Public Health Service Act (42 U.S.C. 247(b-4)); Consolidated and Further Continuing Appropriations Act, 2016, Public Law 114-113 (Dec. 18, 2015).  
*CFDA Number:* 93.325 Discretionary Projects.

The purpose of the supplemental funding is to support the expansion the National Paralysis Resource Center to improve the health and quality of life of individuals living with paralysis and their families by raising awareness of and facilitating access to a broad range of services relevant to individuals with

paralysis. With the additional funding, the NPRC will work to expand the National Resource and Information Center; increase the health and quality of life of Americans with disabilities living with paralysis; increase support and resources to people with paralysis, their families and caregivers; expand collaboration with federal agencies and other national organizations that have a vested interest in the paralysis community; and strengthen performance measures.

Dated: June 30, 2023.

**Alison Barkoff,**

*Acting Administrator and Assistant Secretary for Aging.*

[FR Doc. 2023-14335 Filed 7-6-23; 8:45 am]

**BILLING CODE 4154-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Community Living

#### Agency Information Collection Activities; Submission for OMB Review; Public Comment Request; SHIP-SMP Survey of One-on-One Assistance, (OMB Control Number 0985-0057)

**AGENCY:** Administration for Community Living, HHS.

**ACTION:** Notice.

**SUMMARY:** The Administration for Community Living (ACL) is announcing that the proposed collection of information listed above has been submitted to the Office of Management and Budget (OMB) for review and clearance as required under the Paperwork Reduction Act of 1995. This 30-day notice collects comments on the information collection requirements related to the Proposed Revision and

solicits comments on the information collection requirements related to the “SHIP–SMP Survey of One-on-One Assistance”.

**DATES:** Comments on the collection of information must be submitted electronically by 11:59 p.m. (EST) or postmarked by August 7, 2023.

**ADDRESSES:** Submit written comments and recommendations for the proposed information collection within 30 days of publication of this notice to [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). Find the information collection by selecting “Currently under 30-day Review—Open for Public Comments” or by using the search function. By mail to the Office of Information and Regulatory Affairs, OMB, New Executive Office Bldg., 725 17th St. NW, Rm. 10235, Washington, DC 20503, Attn: OMB Desk Officer for ACL.

**FOR FURTHER INFORMATION CONTACT:** Shefy Simon, Administration for Community Living, Washington, DC 20201, 202–795–7572, [shefy.simon@acl.hhs.gov](mailto:shefy.simon@acl.hhs.gov).

**SUPPLEMENTARY INFORMATION:** In compliance with the Paperwork Reduction Act, ACL has submitted the following proposed information collection to OMB for review and clearance.

The SHIP–SMP Survey of One-on-One Assistance is a survey of individuals who meet with team members from the State Health Insurance Assistance Program (SHIP) or the Senior Medicare Patrol (SMP). These services help Medicare beneficiaries understand their Medicare benefits and options. These services also increase the ability of beneficiaries to identify and report fraud, waste, and abuse within health care programs generally, and Medicare/Medicaid specifically. The State Health Insurance Assistance Program (SHIP) was created under the Omnibus Budget Reconciliation Act of 1990. This section of the law authorized the Department of Health and Human Services (HHS) to make grants to states to establish and maintain health insurance advisory service programs for Medicare beneficiaries. Grant funds were made available to support information, counseling, and assistance activities related to Medicare, Medicaid, and other health insurance options. SHIP grantees provide free, in-depth, unbiased, one-on-one health insurance

counseling and assistance to Medicare beneficiaries, their families, and caregivers.

The Senior Medicare Patrol (SMP) program was authorized in 1997 under titles II and IV of the Older Americans Act, the Omnibus Consolidated Appropriation Act of 1997 and the Health Insurance Portability and Accountability Act of 1996. The SMP mission is to empower and assist Medicare beneficiaries, their families, and caregivers, to prevent, detect, and report suspected healthcare fraud, errors, and abuse through outreach, counseling, and education. SMP grantees support ACL’s goals of promoting increased choice and greater independence among older adults and individuals with disabilities. SMP activities also serve to enhance the financial, emotional, physical, and mental well-being of older adults, thereby increasing their capacity to maintain security in retirement and make better financial and healthcare choices. SMP team members provide one-on-one assistance, and when needed, serve as consumer advocates to resolve billing disputes/issues.

The SHIP–SMP Survey of One-on-One Assistance will gauge individuals’ satisfaction with the services provided by SHIP and SMP team members. This survey is an extension of a currently approved information collection the “National Beneficiary Survey of State Health Insurance Assistance Program (SHIP)”, which received clearance on July 31, 2020, with ICR Reference Number 201702–0985–002 and OMB Control Number 0985–0057. That survey was conducted over a three-year period beginning on October 1, 2020 and will conclude on June 30, 2023. To date, this survey has generated over 2500 responses, all of which were submitted voluntarily.

ACL conducted an evaluation of the Medicare Improvements for Patients and Providers Act (MIPPA) in 2022–23 that invoked the need to include collecting demographic data, including sexual orientation and gender identity (SOGI) information, in all the work ACL’s Office of Healthcare Information and Counseling touches and not just MIPPA grant work. The renewal of the SHIP–SMP Survey of One-on-One Assistance is the first opportunity to do so. Including sexual orientation and gender identity questions in this information

collection will provide data on topics such as the accessibility and utilization of services and programs funded by ACL by lesbian, gay, bisexual, and transgender populations and the health disparities that impact this community. Understanding these disparities can and should lead to improved service delivery for ACL’s programs and populations served. Adding sexual orientation and gender identity items to SHIP–SMP Survey of One-on-One Assistance is part of ACL’s strategy to address “Executive Order 13988 on Preventing and Combating Discrimination on the Basis of Gender Identity and Sexual Orientation.” Issued in January 2021, Executive Order 13988 called upon agencies to identify existing and new policies to promote equal treatment under the law and ensure that all persons can access healthcare and other essential services without being subjected to sex discrimination. To support alignment with Executive Order 13988, as well as Executive Orders 13985 and 14075, three items will be added to SHIP–SMP Survey of One-on-One Assistance to collect sexual orientation and gender identity.

The first item will ask the individual if they think of themselves as gay/lesbian, straight, bisexual, or something else. This item has been fielded on the NHIS since 2013, where it has been closely monitored for comprehension and sensitivity.

The second and third items are part of a two-step series to collect gender identity, which requires two items to accurately collect. Respondents are first asked to report their sex assigned at birth on their original birth certificate (male, female, don’t know, prefer not to answer). Next, respondents are asked to report their current gender identity (male, female, transgender, I use a different term, prefer not to answer). This two-step series aligns with recommendations from the National Academies of Sciences, Engineering, and Medicine’s (NASEM’s) recent report, “Measuring Sex, Gender Identity, and Sexual Orientation.” These items have also been cognitively tested for inclusion in the Medicare Current Beneficiaries Survey under the MCBS Generic Clearance and performed well.

*Estimated Program Burden:* ACL estimates the burden associated with this collection of information as follows:

Respondent/data collection activity	Number of respondents	Responses per respondent	Hours per response	Annual burden hours
Survey, Stratified Random Sample .....	800	1	6/60	80
Total .....	800	1	6/60	80

Dated: June 30, 2023.

**Alison Barkoff,**

*Acting Administrator and Assistant Secretary for Aging.*

[FR Doc. 2023–14336 Filed 7–6–23; 8:45 am]

**BILLING CODE 4154–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request; HRSA Telehealth Outcome Measures—OMB No. 0915–0311—Extension

**AGENCY:** Health Resources and Services Administration (HRSA), Department of Health and Human Services.

**ACTION:** Notice.

**SUMMARY:** In compliance with the Paperwork Reduction Act of 1995, HRSA submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period. OMB may act on HRSA's ICR only after the 30-day comment period for this notice has closed.

**DATES:** Comments on this ICR should be received no later than August 7, 2023.

**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](http://www.reginfo.gov/public/do/PRAMain). Find this particular information collection by selecting “Currently under Review—Open for Public Comments” or by using the search function.

**FOR FURTHER INFORMATION CONTACT:** To request a copy of the clearance requests submitted to OMB for review, email Samantha Miller, the HRSA Information Collection Clearance Officer, at [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or call (301) 443–3983.

#### SUPPLEMENTARY INFORMATION:

**Information Collection Request Title:** HRSA Telehealth Outcome Measures—OMB No. 0915–0311—Extension.

**Abstract:** In order to help carry out its mission, HRSA created a set of performance measures that grantees can use to evaluate the effectiveness of their services programs and monitor their progress through the use of performance reporting data.

A 60-day notice published in the **Federal Register** on February 27, 2023, vol. 88, No. 38; pp. 12385–86. There were no public comments.

**Need and Proposed Use of the Information:** As required by the Government Performance and Results Act of 1993, all Federal agencies must develop strategic plans describing their overall goal and objectives. HRSA worked with its grantees to develop performance measures to be used to evaluate and monitor the progress of the

grantees. Grantee goals are to: improve access to needed services; reduce rural practitioner isolation; improve health system productivity and efficiency; and improve patient outcomes. In each of these categories, specific indicators were designed to be reported through a performance monitoring website. In 2020, measures were added to the Telehealth Network Grant Program to capture awardee-level and aggregate data that illustrate the impact and scope of Federal funding along with assessing these efforts. The measures speak to HRSA's progress toward meeting the goals, specifically telehealth services delivered through Emergency Departments.

**Likely Respondents:** Telehealth Network Grantees.

**Burden Statement:** Burden in this context means the time expended by persons to generate, maintain, retain, disclose, or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install, and utilize technology and systems for the purpose of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

#### TOTAL ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Performance Improvement Measurement System .....	29	1	29	7	203
Total .....	29	.....	29	.....	203

**Maria G. Button,**

*Director, Executive Secretariat.*

[FR Doc. 2023–14316 Filed 7–6–23; 8:45 am]

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