

requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: OCSE is proposing to conduct additional data collection activities as part of the PJAC Demonstration. In September 2016, OCSE issued grants to five state child support agencies to provide alternative approaches to the contempt process with the goal of increasing noncustodial parents' compliance with child support orders by building trust and confidence in the child support agency and its processes. OCSE also awarded a grant to support a rigorous evaluation of PJAC. The PJAC Demonstration is designed to help grantees and OCSE to learn whether incorporating principles of procedural justice into child support business practices increases reliable child support payments, reduces arrears, minimizes the need for continued enforcement actions and sanctions, and reduces the use of contempt proceedings.

The PJAC demonstration will yield information about the efficacy of applying procedural justice principles via a set of alternative services to the current use of a civil contempt process to address nonpayment of child support. As a part of the evaluation, PJAC will

build evidence about disparity and bias in the child support system, with a focus on the use of enforcement actions used to coerce child support payments. The research will measure the extent to which bias is embedded within child support policies and practices. The information gathered may help inform future policy decisions to better understand and reduce disparities within the child support program.

The research will document disparities and differences in treatment by race and ethnicity, gender, and income within the child support system in up to three states participating in the PJAC demonstration. Key elements of the study include a quantitative analysis of disparities in the initiation of a child support case, setting of order amounts, order modifications, and use of punitive enforcement actions, including civil contempt; semi-structured interviews with staff from child support agencies and selected partner organizations; and separate semi-structured interviews with study participants to learn about their experiences with and perceptions of bias in the child support process, specifically in the use of enforcement actions.

OCSE is proposing to conduct additional data collection activities as

part of the PJAC Demonstration, which include the following: a topic guide for interviews about experiences of bias with noncustodial parents and a topic guide for interviews about experiences of bias with child support staff and partners.

Data collection activities that were previously approved by OMB, following public comment, are the staff data entry on participant baseline information, study Management Information Systems (MIS) to track receipt of services, staff and community partner interview topic guide, the noncustodial parent participant interview protocol, the staff survey, the staff time study, and the custodial parent interview protocol. These instruments are currently in use and this request will extend approval to continue data collection. Supporting materials, including burden estimates related to approved instruments, are available at https://www.reginfo.gov/public/do/PRAICList?ref_nbr=202202-0970-013. The following burden table includes information for the proposed new interviews.

Respondents: Respondents for the new data collection instruments include study participants and child support program staff and partners at three of the six PJAC demonstration sites.

ANNUAL BURDEN ESTIMATES

Instrument	Total number of respondents	Total number of responses per respondent	Average burden hours per response	Total burden hours	Annual burden hours
Topic list for bias interviews with staff and partners	90	1	1.5	135	45
Topic guide for bias interviews with noncustodial parents ..	90	1	1	90	30

Estimated Total Annual Burden Hours: 75.

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. 1315)

Mary B. Jones,

ACF/OPRE Certifying Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Health Center Program

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

ACTION: Announcing Period of Performance Extensions with Funding for Health Center Program Award Recipients in Lexington, Kentucky and Worcester, Massachusetts.

SUMMARY: Additional grant funds were provided to two Health Center Program award recipients in Lexington, Kentucky and Worcester, Massachusetts with periods of performance ending in fiscal year (FY) 2022 to extend their periods of performance by up to 7 months to ensure the ongoing delivery of services until a new award could be made.

SUPPLEMENTARY INFORMATION:

Recipients of the Award: HRSA has provided additional grant funds to two award recipients, as listed in Table 1, in Lexington, Kentucky and Worcester, Massachusetts, to ensure that individuals in the service areas received uninterrupted access to needed health care services.

Amount of Non-Competitive Awards: Two awards totaling \$3,604,971.

Period of Supplemental Funding: FY 2022.

Assistance Listings (CFDA) Number: 93.224

Authority: PHS Act (42 U.S.C. 254b).

Justification: HRSA extended the FY 2022 periods of performance with prorated supplemental grant funds to two award recipients in Lexington, Kentucky and Worcester, Massachusetts

for 7 months and 4 months, respectively, until a new award could be made for each service area. Continued funding to these Health Center Program award recipients ensured that individuals in the service areas received uninterrupted access to needed health care services. The additional grant funds

enabled HRSA to support consistent health care to beneficiaries, eliminate funding gaps, and demonstrate administrative efficiencies. HRSA awarded a total of \$3,604,971 to the two existing Health Center Program award recipients noted in Table 1.

TABLE 1—RECIPIENTS AND AWARD AMOUNTS

Grant number	Award recipient name	City, state	Extension length	Award amount
H80CS06650	University of Kentucky Research Foundation.	Lexington, Kentucky	7 months	\$1,345,884
H80CS00452	Family Health Center of Worcester, Inc.	Worcester, Massachusetts	4 months	2,259,087

FOR FURTHER INFORMATION CONTACT:

Erica Clift, Ongoing Investments Director, Office of Policy and Program Development, Bureau of Primary Health Care, HRSA, at eclift@hrsa.gov or 301–594–4300.

Diana Espinosa,

Deputy Administrator.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier OS–0955–0019]

Agency Information Collection Request; 30-Day Public Comment Request

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: In compliance with the requirement of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment.

DATES: Comments on the ICR must be received on or before October 12, 2022.

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.

FOR FURTHER INFORMATION CONTACT: Sherrette Funn, Sherrette.Funn@hhs.gov or (202) 264–0041. When submitting comments or requesting information, please include the document identifier 0955–0019–30D and project title for reference.

SUPPLEMENTARY INFORMATION: Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency’s functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Title of the Collection: National Survey of Health Information Exchange Organizations (HIO).

Type of Collection: Reinstatement w/ change.

OMB No. 0955–0019.

Abstract: Electronic health information exchange (HIE) was one of three goals specified by Congress in the 2009 Health Information Technology for Economic and Clinical Health (HITECH) Act to ensure that the \$30 billion federal investment in certified electronic health records (CEHRTs) resulted in higher-quality, lower-cost care. In subsequent rulemaking and regulations, ensuring that providers can share data electronically across EHRs and other health information systems has been a top priority.

Beginning prior to HITECH, there has been substantial ongoing assessment of trends in the capabilities of health information organizations to support clinical exchange. These surveys have collected data on organizational structure, financial viability, geographic coverage, scope of services, scope of participants, perceptions of information blocking, and participation in national networks and TEFCA. While past surveys assessed HIOs’ capacity to support HIE in a variety of ways, they did not closely examine how HIOs support public health exchange. Each of

these areas of data collection will be useful to constructing a current and more comprehensive picture of HIOs’ role in addressing public health emergencies.

Given the evolving nature of the pandemic, assessing HIOs’ current capabilities is critical as there are ongoing needs to share varied types of information that HIOs may be supporting. The survey will collect data from HIOs across the nation. These organizations facilitate electronic exchange of health information across disparate providers, labs, pharmacies, public health departments, and beyond. Little information exists on how HIOs can address information gaps related to public health. Thus, a first step to addressing these gaps, we need to better characterize existing capabilities of HIOs. The success of managing the current pandemic, and future public health emergencies, relies on the ability to efficiently share key data regarding health system capacity, contact tracing, testing, detecting new outbreaks, vaccine updates, and patient demographics to help address disparities in our response efforts. In addition to measuring the capabilities to support public health, it is also necessary to understand the broader picture of HIO capabilities to support electronic health information exchange, their maturity and challenges they face. There are four key areas that require this broader assessment: (1) adoption of technical standards; (2) perceptions related to information blocking; (3) HIE coordination at the federal level; and (4) organizational demographics, including technical capabilities offered by HIOs and the challenges they face in supporting electronic health information exchange.

The ultimate goal of our project is to administer a survey instrument to HIOs in order to generate the most current national statistics and associated actionable insights to inform policy