

Form name	Number of respondents *	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Pancreas Transplant Recipient Follow-Up (6 Month–5 Year) .....	120	6.680	802	0.50	401
Pancreas Transplant Recipient Follow-Up (Post 5 Year) ...	120	17.820	2138	0.50	1,069
Pancreas Post-Transplant Malignancy Form .....	120	1.060	127	0.60	76
Kidney/Pancreas Transplant Candidate Registration .....	120	12.450	1,494	0.60	896
Kidney/Pancreas Transplant Recipient Registration .....	120	6.840	821	1.20	985
Kidney/Pancreas Transplant Recipient Follow-Up (6 Month–5 Year) .....	120	39.440	4,733	0.50	2,367
Kidney/Pancreas Transplant Recipient Follow-Up (Post 5 Year) .....	120	69.410	8,329	0.60	4,997
Kidney/Pancreas Post-Transplant Malignancy Form .....	120	2.490	299	0.40	120
VCA Transplant Candidate Registration .....	21	0.330	7	0.40	3
VCA Transplant Recipient Registration .....	21	0.190	4	1.36	5
VCA Transplant Recipient Follow Up .....	21	1.000	21	1.31	28
Organ Labeling and Packaging .....	57	247.720	14,120	0.18	2,542
Organ Tracking and Validating .....	308	19.487	6,002	0.08	480
Kidney Paired Donation Candidate Registration .....	159	1.200	191	0.29	55
Kidney Paired Donation Donor Registration .....	159	1.560	248	1.08	268
Kidney Paired Donation Match Offer Management .....	159	1.520	242	0.67	162
Disease Transmission Event .....	308	1.810	557	0.62	345
Living Donor Event .....	251	0.155	39	0.56	22
Safety Situation .....	449	0.600	269	0.56	151
Potential Disease Transmission .....	57	8.720	497	1.27	631
Request to Unlock Form .....	449	42.399	19,037	0.02	381
Initial Donor Registration .....	57	335.720	19,136	3.00	57,408
OPO Notification Limit Administration .....	57	0.490	28	0.17	5
Potential Transplant Recipient .....	308	4,718.480	1,453,292	0.05	72,665
Death Notification Registration .....	57	185.770	10,589	0.42	4,447
Deceased Donor Death Referral .....	57	53.840	3,069	0.50	1,535
Donor Hospital Registration .....	57	0.040	2	0.08	0
Donor Organ Disposition .....	57	335.720	19,136	0.17	3,253
Transplant Center Contact Management .....	251	637.500	160,013	0.06	9,601
Total = 70 forms .....	9,146	.....	2,352,736	.....	643,929

\* The numbers of respondents and the numbers of total responses in the burden table were updated with 2021 OPTN data and reflect increases in the number of organ transplants and changes in the number of respondents (Transplant Hospitals, OPO, and Histocompatibility Labs).

HRSA specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency's and the OPTN'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.

**Maria G. Button,**

*Director, Executive Secretariat.*

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**BILLING CODE 4165–15–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Statement of Organization, Functions, and Delegations of Authority

This notice amends Part R of the Statement of Organization, Functions

and Delegations of Authority of the Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA) (60 FR 56605, as amended November 6, 1995; as last amended at 87 FR 229–230 dated January 4, 2022). This reorganization updates the functions of the Provider Relief Bureau (RD).

#### Chapter RD—Provider Relief Bureau

##### Section RD.10 Organization

Delete the organization for the Provider Relief Bureau (RD) in its entirety and replace with the following:

The Provider Relief Bureau (RD) is headed by the Associate Administrator, who reports directly to the Administrator, HRSA. The Provider Relief Bureau includes the following components:

- (1) Office of the Associate Administrator (RD);
  - (2) Division of Customer Support (RD2);
  - (3) Division of Program Operations (RD4);
  - (4) Division of Data Analytics (RD5);
- and

(5) Division of Program Integrity (RD6).

##### Section RD.20 Function

Delete the functional statement for the Provider Relief Bureau (RD) in its entirety and replace with the following:

##### Provider Relief Bureau (RD)

The Provider Relief Bureau (PRB) ensures resiliency of the nation's health care systems and infrastructure by supporting health care entities in the United States to prevent, prepare for, and respond to coronavirus. PRB reimburses health care providers for health care-related expenses or lost revenues attributable to coronavirus and provides claims reimbursement for health care entities for COVID–19 testing, treatment, and vaccine administration for uninsured and under insured individuals.

##### Office of the Associate Administrator (RD)

The Office of the Associate Administrator (OAA) provides overall leadership, direction, coordination, and planning in support of the programs

designed to make payments to health care providers for expenses and lost revenue related to COVID–19 and to reimburse health care entities' claims for COVID–19 testing, treatment and/or vaccine administration of uninsured and under insured individuals, helping to ensure a sustained, robust health care system. The Office: (1) guides and directs the development of policy priorities for the allocation of payments and claims reimbursements and ensures the proper management of programs; (2) leads the Bureau's administrative and management functions; (3) coordinates and tracking the development policies to ensure consistency across the Bureau, leads Bureau efforts to analyze issues arising from legislation, budget proposals, regulatory actions, and other program or policy actions; keep Congress apprised of programs and activities as necessary; (4) engagements and audits with the Government Accountability Office and the Department of Health and Human Services' Office of Inspector General; and (5) develops and leads the communications strategy for PRB's direct provider payment and claims reimbursement programs with both broad and targeted tactics.

#### *Division of Customer Support (RD2)*

The Division of Customer Support serves as the organizational focal point for PRB's centralized, comprehensive customer service function to respond to inquiries and support recipients or potential recipients of program funds, as well as stakeholders for all PRB programs. The Division is responsible for the process and adjudication of appeals and disputes brought forward from recipients of program funds.

#### *Division of Program Operations (RD4)*

The Division of Program Operations is responsible for the program operations lifecycle, from creation to reporting, for all PRB direct provider payment and claims reimbursement programs. This Division is integral in collaborating internally and with other federal partners to assist efforts that combat fraud, waste, and abuse and supporting program integrity and assessment efforts related to these programs.

#### *Division of Data Analytics (RD5)*

The Division of Data Analytics is responsible for the collection, management, and analysis of the data needed for all PRB programs, as well as the quality and evaluation of program data, with the goal of fostering transparency of program impact and outcomes. The Division maintains data and analytic capabilities to inform

policy decisions and support program functions, as well as develops and manages program data strategy, analyses, and information sharing.

#### *Division of Program Integrity (RD6)*

The Division of Program Integrity is responsible for ensuring the overall integrity of PRB programs and payments made. Specifically, the Division develops and manages Bureau-wide program and payment integrity strategies, as well as evaluates provider compliance with laws, regulations, and program terms and conditions.

#### *Section RD.30 Delegation of Authority*

All delegations of authority and re-delegations of authority made to officials and employees of affected organizational components will continue in them or their successors pending further redelegation, if allowed, provided they are consistent with this reorganization.

This reorganization is effective upon date of signature.

(Authority: 44 U.S.C. 3101)

**Diana Espinosa,**

*Deputy Administrator.*

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## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **Health Resources and Services Administration**

#### **Agency Information Collection Activities: Proposed Collection: Public Comment Request Information Collection Request Title: Nurse Corps Loan Repayment Program; OMB No. 0915–0140 Extension**

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

**ACTION:** Notice.

**SUMMARY:** In compliance with the requirement for opportunity for public comment on proposed data collection projects of the Paperwork Reduction Act of 1995, HRSA announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

**DATES:** Comments on this ICR should be received no later than November 28, 2022.

**ADDRESSES:** Submit your comments to [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or mail the HRSA Information Collection Clearance Officer, Room 14N136B, 5600 Fishers Lane, Rockville, Maryland 20857.

**FOR FURTHER INFORMATION CONTACT:** To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or call Samantha Miller, the acting HRSA Information Collection Clearance Officer at (301) 443–9094.

**SUPPLEMENTARY INFORMATION:** When submitting comments or requesting information, please include the ICR title for reference.

*Information Collection Request Title:* Nurse Corps Loan Repayment Program (Nurse Corps LRP), OMB No. 0915–0140—Extension.

*Abstract:* The Nurse Corps LRP assists in the recruitment and retention of professional Registered Nurses (RNs), including Advanced Practice Registered Nurses (APRNs), by decreasing the financial barriers associated with pursuing a nursing education. RNs in this instance include APRNs (*e.g.*, nurse practitioners, certified registered nurse anesthetists, certified nurse-midwives, and clinical nurse specialists) dedicated to working at eligible health care facilities with a critical shortage of nurses (*i.e.*, a Critical Shortage Facility) or working as nurse faculty in eligible, accredited schools of nursing. The Nurse Corps LRP provides loan repayment assistance to these nurses to repay a portion of their qualifying educational loans in exchange for full-time service at a public or private Critical Shortage Facility or in an eligible, accredited school of nursing.

*Need and Proposed Use of the Information:* Individuals must submit an application in order to participate in the program. The application asks for personal, professional, educational, and financial information required to determine the applicant's eligibility to participate in the Nurse Corps LRP. This information collection is used by the Nurse Corps program to make award decisions about Nurse Corps LRP applicants and to monitor a participant's compliance with the program's service requirements. The Nurse Corps LRP is requesting an extension and is seeking to use the previously approved forms.

*Likely Respondents:* Professional RNs or APRNs who are interested in participating in the Nurse Corps LRP, and official representatives at their service sites.

*Burden Statement:* Burden in this context means the time expended by