

*Intended Recipient of the Award:* University of Kansas, Medical Research Institute, Inc.

*Amount of Award:* \$4,900,000.

*Project Period:* September 1, 2020 to August 31, 2021.

*CFDA Number:* 93.134.

**Authority:** Section 377 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 274f.).

**Justification:** The Reimbursement of Travel and Subsistence Expenses toward Living Organ Donation Program is authorized by section 377 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 274f). The purpose of the program is to provide means-tested reimbursement to living organ donors for travel and subsistence expenses and other incidental nonmedical expenses related to the transplant that the Secretary of HHS may authorize. HRSA currently administers this reimbursement program via a cooperative agreement with the University of Kansas, Medical Center Research Institute, Inc.

On July 10, 2019, the President issued an Executive Order on Advancing American Kidney Health that provides increased support for living organ donors to further the goal of significantly increasing the supply of transplantable kidneys. In the Executive Order, the President directed HHS to propose a regulation to allow living donors to be reimbursed for related lost wages, child-care expenses, and elder-care expenses through HRSA's reimbursement program, and further directed HHS to raise the limit on the income of living donors eligible for reimbursement under the program. HRSA has taken the following actions pursuant to the Executive Order:

- On December 20, 2019, HRSA published a notice of proposed rulemaking in the **Federal Register** to amend 42 CFR part 121, the regulation that implements the reimbursement program. If finalized as proposed, HRSA's rule would expand the scope of reimbursable expenses for living organ donors to include lost wages, and child-care and elder-care expenses. HRSA expects to publish a final rule no later than November 2020.

- On March 31, 2020, HRSA published a **Federal Register** notice requesting public comment on proposed revisions to the Program's eligibility guidelines, including an increase in the income eligibility threshold from 300 to 350 percent of the HHS Poverty Guidelines for eligible participants.

The additional funding to the award recipient will support HRSA's initiatives to implement the President's

Executive Order, which will ultimately allow for an increased number of potential donors to receive financial support while also increasing the number of transplantable organs.

Activities funded under this supplement are consistent with the previously awarded funding opportunity (HRSA-19-047). In addition to continue providing reimbursement of travel and subsistence expenses to qualified living organ donors, as required under the existing award, the award recipient will implement the reimbursement for these additional incidental non-medical expenses that the Secretary has authorized by regulation as also required under the existing award. Rather than conducting a new competition for the newly expanded program, HRSA has opted to supplement the existing award to expedite the expanded support of living organ donors and increase the number of transplant candidates who benefit from living organ donation. HRSA believes that it is more efficient and effective to have the Reimbursement Program administered by one awardee.

**Thomas J. Engels,**  
*Administrator.*

[FR Doc. 2020-21992 Filed 10-5-20; 8:45 am]

**BILLING CODE 4165-15-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Agency Information Collection Activities: Proposed Collection: Public Comment Request Information Collection Request Title: Faculty Loan Repayment Program OMB No. 0915-0150—Revision

**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 December 7, 2020.

**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, MD 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 Lisa Wright-Solomon, the HRSA Information Collection Clearance Officer at (301) 443-1984.

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

*Information Collection Request Title:* Faculty Loan Repayment Program OMB No. 0915-0150—Revision.

*Abstract:* The U.S. Department of Health and Human Services (HHS), HRSA, Bureau of Health Workforce administers the Faculty Loan Repayment Program (FLRP). FLRP provides degree-trained health professionals from disadvantaged backgrounds based on environmental and/or economic factors the opportunity to enter into a contract with the HHS in exchange for the repayment of qualifying educational loans for a minimum of 2 years of service as a full-time or part-time faculty member at eligible health professions schools.

*Need and Proposed Use of the Information:* The information collected will be used to evaluate applicants' eligibility to participate in FLRP and to monitor FLRP-related activities. For this revised ICR, the FLRP proposes to include a Disadvantaged Background (DB) form to the FLRP application. FLRP applicants are required to provide certification from a health professions school previously attended that identifies the individual as coming from an economically or environmentally disadvantaged background. In the past, applicants provided this information in varying formats. The DB form will not request new information from FLRP applicants but will allow for an easier method for applicants to compete and convey their DB status in addition to standardizing the collection of information. The information collected will be used to evaluate applicants' rank and tier in the FLRP award process.

*Likely Respondents:* FLRP applicants and institutions providing employment to the applicants.

*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 |
|--|-----------------------|------------------------------------|-----------------|--|--------------------|
| Eligible Applications .....                      | 186                   | 1                                  | 186             | 1                                      | 186                |
| Institution/Loan Repayment Employment Form ..... | * 186                 | 1                                  | 186             | 1                                      | 186                |
| Authorization to Release Information Form .....  | 186                   | 1                                  | 186             | .25                                    | 46.5               |
| Disadvantaged Background Form .....              | 186                   | 1                                  | 186             | .20                                    | 37.2               |
| <b>Total .....</b>                               | <b>744</b>            | <b>.....</b>                       | <b>744</b>      | <b>.....</b>                           | <b>455.70</b>      |

\* Respondent for this form is the institution for the applicant.

HRSA specifically requests comments on (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.

**Maria G. Button,**

*Director, Executive Secretariat.*

[FR Doc. 2020-22023 Filed 10-5-20; 8:45 am]

**BILLING CODE 4165-15-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

**Agency Information Collection Activities: Proposed Collection: Public Comment Request; Information Collection Request Title: DATA 2000 Waiver Training Payment Program Application for Payment, OMB No. 0906-XXXX—New**

**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, as required by 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 December 7, 2020.

**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, MD 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 Lisa Wright-Solomon, the HRSA Information Collection Clearance Officer at (301) 443-1984.

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

*Information Collection Request Title:* DATA 2000 Waiver Training Payment Program Application for Payment, OMB No. 0906-XXXX—New.

*Abstract:* The Substance Use—Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act (Pub. L. 115-271), section 6083, added sections 1833(bb) and 1834(o)(3) of the Social Security Act (42 U.S.C. 1395l and 42 U.S.C. 1395m(o)(3)), requiring the Secretary to make payments to Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) to pay the average training costs of eligible physicians and practitioners who obtain Drug Addiction Treatment Act of 2000 (DATA 2000) waivers to furnish opioid use disorder treatment services. To receive payment, FQHCs and RHCs must submit an application to the Secretary. In order to provide HRSA

with information necessary for validation and issuance of accurate payments, the form will require that FQHCs and RHCs provide information identifying the submitting organization, including FQHC or RHC Employer/Tax Identification Number, mailing address, telephone number, email address, Congressional District number, and, if applicable, the facility CMS Certification Number (CCN) and mailing address associated with the CCN. The form also will require the FQHC or RHC to include information regarding each claimed practitioner's name, physician or practitioner type (*e.g.*, physician, physician assistant, nurse practitioner, certified nurse midwife, clinical nurse specialist, certified registered nurse, or anesthetist), National Provider Identifier (NPI) number, Drug Enforcement Administration (DEA) number, state medical license number, length of training, date the training was completed, date of waiver attainment, and DATA 2000 waiver number. Additionally, the form will require the applicant to sign an attestation statement certifying that (1) each practitioner for which the entity is seeking payment under the application is employed by or working under contract for this facility, (2) it is the first time the entity is seeking payment on behalf of the listed practitioner(s), (3) the entity is eligible to seek payment under 42 U.S.C. 1395m(o)(3) or 42 U.S.C. 1395l(bb), (4) each practitioner is furnishing opioid use disorder treatment services, and (5) that the statements herein are true, complete, and accurate to the best of the applicant's knowledge.

*Need and Proposed Use of the Information:* The SUPPORT for Patients and Communities Act requires FQHCs and RHCs to submit to the Secretary an application for payment at such time, in such manner, and containing such