

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection

Activities: Proposed Collection: Public Comment Request Information

Collection Request Title: National Practitioner Data Bank for Adverse Information on Physicians and Other Health Care Practitioners

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 October 23, 2023.

ADDRESSES: Submit your comments to 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 or call Joella Roland, the HRSA Information Collection Clearance Officer, at (301) 443-3983.

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

Information Collection Request Title: National Practitioner Data Bank for Adverse Information on Physicians and Other Health Care Practitioners—45 CFR Part 60 Regulations and Forms, OMB No. 0915-0126—Revision.

Abstract: This is a request for a revision of OMB approval of the information collection contained in regulations found in 45 CFR part 60 governing the National Practitioner Data

Bank (NPDB) and the forms to be used in registering with, reporting information to, and requesting information from the NPDB.

Administrative forms are also included to aid in monitoring compliance with federal reporting and querying requirements. Responsibility for NPDB implementation and operation resides in HRSA's Bureau of Health Workforce.

The intent of the NPDB is to improve the quality of health care by encouraging entities such as hospitals, state licensing boards, professional societies, and other eligible entities¹ providing health care services to identify and discipline those who engage in unprofessional behavior, and to restrict the ability of incompetent health care practitioners, providers, or suppliers to move from state to state without disclosure or discovery of previous damaging or incompetent performance. It also serves as a fraud and abuse clearinghouse for the reporting and disclosing of certain final adverse actions taken against health care practitioners, providers, or suppliers by health plans, federal agencies, and state agencies (excluding settlements in which no findings of liability have been made). Users of the NPDB include reporters (entities that are required to submit reports) and queriers (entities and individuals that are authorized to request information).

The reporting forms, request for information forms (query forms), and administrative forms (used to monitor compliance) are accessed, completed, and submitted to the NPDB electronically through the NPDB website at <https://www.npdb.hrsa.gov/>. All reporting and querying is performed through the secure portal of this website. This revision proposes changes to improve navigation through the secure portal.

¹ "Other eligible entities" that participate in the NPDB are defined in the provisions of Title IV, Section 1921, Section 1128E, and implementing regulations. In addition, a few federal agencies also participate with the NPDB through federal memorandums of understanding. Eligible entities are responsible for complying with all reporting and/or querying requirements that apply; some entities may qualify as more than one type of eligible entity. Each eligible entity must certify its eligibility in order to report to the NPDB, query the NPDB, or both. Information from the NPDB is available only to those entities specified as eligible in the statutes and regulations. Not all entities have the same reporting requirements or level of query access.

Need and Proposed Use of the Information: The NPDB acts primarily as a flagging system; its principal purpose is to facilitate comprehensive review of practitioners' professional credentials and background. Information is collected from, and disseminated to, eligible entities (entities that are entitled to query and/or report to the NPDB as authorized in Title 45 CFR part 60 of the Code of Federal Regulations) on the following: (1) medical malpractice payments, (2) licensure actions taken by Boards of Medical Examiners, (3) state licensure and certification actions, (4) federal licensure and certification actions, (5) negative actions or findings taken by peer review organizations or private accreditation entities, (6) adverse actions taken against clinical privileges, (7) federal or state criminal convictions related to the delivery of a health care item or service, (8) civil judgments related to the delivery of a health care item or service, (9) exclusions from participation in federal or state health care programs, and (10) other adjudicated actions or decisions. It is intended for NPDB information to be considered with other relevant information in evaluating credentials of health care practitioners, providers, and suppliers.

Likely Respondents: Eligible entities or individuals that are entitled to query and/or report to the NPDB as authorized in regulations found at 45 CFR part 60.

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:

Regulation citation	Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours (rounded up)
§ 60.6: Reporting errors, omissions, revisions or whether an action is on appeal.	Correction, Revision-to-Action, Void, Notice of Appeal (manual).	8,897	1	8,897	.2500	2,225
	Correction, Revision-to-Action, Void, Notice of Appeal (automated).	14,982	1	14,982	.0003	5
§ 60.7: Reporting medical malpractice payments.	Medical Malpractice Payment (manual).	11,080	1	11,080	.7500	8,310
	Medical Malpractice Payment (automated).	447	1	447	.0003	1
§ 60.8: Reporting licensure actions taken by Boards of Medical Examiners.	State Licensure or Certification (manual).	13,996	1	13,996	.7500	10,497
§ 60.9: Reporting licensure and certification actions taken by States.	State Licensure or Certification (automated).	14,636	1	14,636	.0003	5
§ 60.10: Reporting Federal licensure and certification actions.	DEA/Federal Licensure	555	1	555	.7500	417
§ 60.11: Reporting negative actions or findings taken by peer review organizations or private accreditation entities.	Peer Review Organization	10	1	10	.7500	8
	Accreditation	10	1	10	.7500	8
§ 60.12: Reporting adverse actions taken against clinical privileges.	Title IV Clinical Privileges Actions	782	1	782	.7500	587
	Professional Society	27	1	27	.7500	21
§ 60.13: Reporting Federal or State criminal convictions related to the delivery of a health care item or service.	Criminal Conviction (Guilty Plea or Trial) (manual).	979	1	979	.7500	735
§ 60.13: Reporting Federal or State criminal convictions related to the delivery of a health care item or service.	Criminal Conviction (Guilty Plea or Trial) (automated).	406	1	406	.0003	1
	Deferred Conviction or Pre-Trial Diversion.	60	1	60	.7500	45
	Nolo Contendere (no contest plea) ..	75	1	75	.7500	57
	Injunction	10	1	10	.7500	8
§ 60.14: Reporting civil judgments related to the delivery of a health care item or service.	Civil Judgment	6	1	6	.7500	5
§ 60.15: Reporting exclusions from participation in Federal or State health care programs.	Exclusion or Debarment (manual)	1,287	1	1,287	.7500	966
	Exclusion or Debarment (automated)	2,610	1	2,610	.0003	1
§ 60.16: Reporting other adjudicated actions or decisions.	Government Administrative (manual)	1,367	1	1,367	.7500	1,026
	Government Administrative (automated).	632	1	632	.0003	1
§ 60.17: Information which hospitals must request from the National Practitioner Data Bank.	Health Plan Action	391	1	391	.7500	294
	One-Time Query for an Individual (manual).	1,790,355	1	1,790,355	.0800	143,229
	One-Time Query for an Individual (automated).	3,945,360	1	3,945,360	.0003	1,184
§ 60.18: Requesting Information from the NPDB.	One-Time Query for an Organization (manual).	77,095	1	77,095	.0800	6,168
	One-Time Query for an Organization (automated).	33,993	1	33,993	.0003	11
	Self-Query on an Individual	223,589	1	223,589	.4200	93,908
	Self-Query on an Organization	879	1	879	.4200	370
	Continuous Query (manual)	1,030,917	1	1,030,917	.0800	82,474
§ 60.21: How to dispute the accuracy of NPDB information.	Continuous Query (automated)	900,661	1	900,661	.0003	271
	Subject Statement and Dispute	4,015	1	4,015	.7500	3,012
Administrative	Request for Dispute Resolution	83	1	83	8.0000	664
	Entity Registration (Initial)	3,252	1	3,252	1.0000	3,252
	Entity Registration (Renewal & Update).	12,990	1	12,990	.2500	3,248
	State Licensure Board Data Request	87	1	87	10.5000	914
	State Licensure Board Attestation	360	1	360	1.0000	360
	Authorized Agent Attestation	171	1	171	1.0000	171
	Health Center Attestation	724	1	724	1.0000	724
	Hospital Attestation	3,238	1	3,238	1.0000	3,238
	Medical Malpractice Payer, Peer Review Organization, or Private Accreditation Organization Attestation.	267	1	267	1.0000	267
	Other Eligible Entity Attestation	4,790	1	4,790	1.0000	4,790
	Corrective Action Plan (Entity)	10	1	10	.0800	1
	Reconciling Missing Actions	1,371	1	1,371	.0800	110
	Agent Registration (Initial)	78	1	78	1.0000	78
	Agent Registration (Renewal & Update).	318	1	318	.0800	26
	Electronic Funds Transfer Authorization.	734	1	734	.0800	59
	Authorized Agent Designation	183	1	183	.2500	46
	Account Discrepancy	4	1	4	.2500	1
	New Administrator Request	215	1	215	.0800	18
	Purchase Query Credits	5,590	1	5,590	.0800	448
	Education Request	10	1	10	.0800	1
	Account Balance Transfer	10	1	10	.0800	1

Regulation citation	Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours (rounded up)
	Missing Report From Query Form	10	1	10	.0800	1
	Total	8,114,604	8,114,604	374,268

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. 2023–17987 Filed 8–21–23; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Supplemental Award; Infant-Toddler Court Program—National Resource Center

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

ACTION: Notice of a HRSA-initiated supplemental award.

SUMMARY: HRSA is providing approximately \$1.91 million in supplemental award funds under HRSA–22–074 in fiscal year 2023 to the recipient of the Infant-Toddler Court Program (ITCP)—National Resource Center (NRC) award, to support state and local capacity to implement the ITC approach at sites that previously received funding under HRSA–18–123 but that do not currently receive HRSA funding under HRSA–22–073 or HRSA–22–074. It is also providing approximately \$650,000 in

supplemental award funds under this notice of funding opportunity (NOFO) to support ITC sites with high need and capacity to provide Medicaid redetermination navigation support to families.

FOR FURTHER INFORMATION CONTACT:

Kateryna Zoubak, Early Childhood Systems Analyst, Division of Home Visiting and Early Childhood Systems, Maternal and Child Health Bureau, Health Resources and Services Administration, at ezoubak@hrsa.gov or 240–475–8014.

SUPPLEMENTARY INFORMATION:

Intended Recipient of the Award: ZERO TO THREE National Center for Infant, Toddler and Families, Inc.

Amount of Non-Competitive Award(s): One award of approximately \$2.56 million.

Project Period: September 30, 2023, to September 29, 2024.

Assistance Listing (CFDA) Number: 93.110.

Award Instrument: Cooperative Agreement.

Authority: 42 U.S.C. 701(a)(2) (Social Security Act, title V, section 501(a)(2)).

TABLE 1—RECIPIENTS AND AWARD AMOUNTS

Grant No.	Award recipient name	City, State	Award amount
U2DMC32394	ZERO TO THREE National Center for Infant, Toddler and Families, Inc	DC	\$2.56 million (estimated).

Justification: The Consolidated Appropriations Act, 2023, included additional funds that are being used to support ITCs. HRSA understands guidance provided in House Report 117–403 to support the award of additional funds for the NRC to provide implementation support and subject matter expertise to ITC teams and to advance national-level reach and impact of the program, including via subaward funds to local ITC teams who previously received financial support and technical assistance under HRSA–18–123, which was in place in 2022. Both of these objectives will be accomplished through a supplement to the NRC.

The planned supplemental award to the ITCP NRC aligns with the most recent funding opportunity (HRSA–22–074) and program purpose outlined in the NOFO, which is “to continue and

expand research-based infant-toddler court teams to change child welfare practices and improve the early developmental health and well-being of infants, toddlers, and their families,” with primary goals to (1) build the capacity of state/territorial/tribal and local teams to implement the ITC approach and lead aligned community-driven efforts to prevent and respond to child maltreatment; and (2) advance the evidence and national reach, impact, and sustainability of the ITC approach. Additional expectations of the NRC in HRSA–22–074 include that it will “lead and coordinate improvements nationwide to policy and practice in child welfare and early childhood systems” and “provide a range of tailored supports to states and local sites that implement the ITC approach” that “build upon previously-funded ITCP

efforts” (e.g., funding awards under HRSA–18–123). Additionally, under the NOFO, the NRC advances the objective of increasing the spread, scale, and coordination of local ITC sites across States, Territories, jurisdictions, and Tribal nations.

HRSA will award approximately \$1.91 million to the current ITCP NRC recipient. This funding will enhance resource development, provision of subject matter expertise, the building of capacity to implement the ITC approach, further develop national-level partnerships, and provide subawards to local court teams that were previously funded under HRSA–18–123 (but not under HRSA–22–074/073), which will advance the national reach, impact, and sustainability of ITC teams. In addition, HRSA will provide a supplement of approximately \$650,000 to enable