

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
Program Eligibility Protocol .....	16	1	16	1.00	16.0
Program Staff Focus Group Protocol 1 (Co-definition Phase) .....	24	1	24	1.50	36.0
Program Staff Focus Group Protocol 2 (Co-definition Phase) .....	24	1	24	1.50	36.0
Program Staff Focus Group Protocol (Installation & Refinement Phases) .....	24	3	72	1.00	72.0
Program Staff Focus Group Protocol (Summary Phase) ....	24	1	24	1.00	24.0
Family Focus Group Protocol (Co-definition & Summary Phases) .....	48	1	48	1.00	48.0
Home Visitor Questionnaire (Installation & Refinement Phases) .....	40	9	360	0.17	61.2
Family Post-Visit Questionnaire (Refinement Phase) .....	48	6	288	0.08	23.0
Focus Group Participant Characteristics Form (All Phases)	120	1	120	0.08	9.6
<b>Total</b> .....	<b>368</b>	.....	<b>976</b>	.....	<b>325.8</b>

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.*

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BILLING CODE 4165-15-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; The Alliance for Innovation on Maternal Health Biannual Survey**

**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 first 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 May 3, 2024.

**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 Joella Roland, 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:* The Alliance for Innovation on Maternal Health Biannual Survey, OMB No. 0915-xxxx—New.

*Abstract:* The Alliance for Innovation on Maternal Health (AIM) program is administered by HRSA and authorized by 42 U.S.C. 254c-21 (Public Health Service Act, Title III Section 3300), as added by the Consolidated Appropriations Act, 2022 (Pub. L. 117-103).

The AIM program supports the identification, development, implementation, and dissemination of maternal (patient) safety bundles to

promote safe care for every U.S. birth and assist with addressing the complex problem of high maternal mortality and severe maternal morbidity rates within the U.S. The mission of AIM is to support best practices that make birth safer, improve the quality of maternal health care and outcomes, and save lives. Maternal patient safety bundles address topics commonly associated with health complications or risks related to prenatal, labor and delivery, and postpartum care.

The AIM program consists of two components: The AIM Capacity program and the AIM Technical Assistance (TA) Center. The AIM Capacity awards began in fiscal year 2023 and directly fund 28 states and jurisdictions (including U.S. territories and the District of Columbia) to implement AIM maternal patient safety bundles. The second component, the AIM TA Center, is funded through a cooperative agreement to provide TA to all 50 states, the District of Columbia, jurisdictions, U.S. territories, tribal communities, and birthing facilities who participate in the AIM program. The TA Center builds data capacity for participating entities to track progress on bundle implementation and support improvement of data collection.

The funding amount for the AIM program was increased in fiscal year 2023, which allowed HRSA to directly fund states and territories to support AIM bundle implementation. Previously, HRSA supported AIM through one cooperative agreement to develop maternal patient safety bundles, provide TA on bundle implementation, and enroll states and territories in the program. The shift to directly fund

states and jurisdictions for the work makes the collection of information about the reach of the program, participation by birthing facilities, and TA needs necessary. The AIM Biannual Survey will be administered to AIM State Teams (the state-or jurisdiction-level entity leading AIM implementation) twice a year in all states and jurisdictions enrolled in AIM. Respondents will include AIM State Teams that receive HRSA funding through the AIM Capacity program, as well as AIM State Teams that do not receive HRSA funding to implement AIM, to gauge the full reach of the program.

A 60-day notice published in the **Federal Register** on December 7, 2023, vol. 88, No. 234; pp. 85298–85299. There were four public comments received. Two comments suggested changes that were incorporated into the instrument, one comment was a request

for materials, and one comment was out-of-scope and no changes to the proposed data collection were made.

**Need and Proposed Use of the Information:** The information will be used by the HRSA program team to understand and report on AIM program reach and potential growth regarding participating birthing facilities and patient safety bundles implemented, inform development of resources and types of TA offered, and develop program targets. In addition, information on the number of participating birthing facilities and patient safety bundles being implemented is shared on the HRSA and American College of Obstetricians and Gynecologists AIM websites. The biannual survey is the only place this information is collected.

**Likely Respondents:** Respondents are AIM State Teams in all states and jurisdictions enrolled in AIM, including

AIM Capacity award recipients and AIM State Teams that do not receive direct funding from HRSA.

**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
AIM Biannual Survey .....	52	1 per survey; 2 surveys per year.	104	1	104
Total .....	52	1 per survey; 2 surveys per year.	104	1	104

**Maria G. Button,**

*Director, Executive Secretariat.*

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**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; Home Visiting Assessment of Implementation Quality Study: Exploring Family Voice and Leadership in Home Visiting**

**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 first 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 May 3, 2024.

**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 Joella Roland, 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:* Home Visiting Assessment of Implementation Quality Study:

Exploring Family Voice and Leadership in Home Visiting, OMB No. 0915-xxxx-[NEW].

**Abstract:** The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, authorized by Social Security Act, Title V, § 511 (42 U.S.C. 711) and administered by HRSA in partnership with the Administration for Children and Families, supports voluntary, evidence-based home visiting services during pregnancy and for parents with young children up to kindergarten entry. States, tribal entities, and certain nonprofit organizations are eligible to receive funding from the MIECHV Program and have the flexibility to tailor the program to serve the specific needs of their communities. Funding recipients may subaward grant funds to local implementing agencies (LIAs) to provide home visiting services to eligible families in at-risk communities.

Through the Home Visiting Assessment of Implementation Quality Study, HRSA aims to examine specific components of the Home Visiting Implementation Quality Conceptual Framework to inform strategies for implementing high quality home