

**Supporting Statement
for
Medical Reserve Corps Unit Profile and Reports (Extension)
OMB No. 0990-0302**

**Office of the Secretary/Office of Public Health and Science/
Office of the Surgeon General/
Office of the Civilian Volunteer Medical Reserve Corps**

A. Justification

1. Circumstances Making the Collection of Information Necessary

Medical Reserve Corps units are currently located in over 800 communities across the United States, and represent a resource of more than 175,000 volunteers. In order to continue supporting the MRC units in communities across the United State, and to continue planning for future emergencies that are national in scope, detailed information about the MRC units, including unit demographics, contact information (regular and emergency), volunteer numbers, unit characteristics and information about activities is needed by the Office of the Civilian Volunteer Medical Reserve Corps (OCVMRC). MRC Unit Leaders are asked to update this information on the MRC website at least quarterly, and to participate in a Technical Assistance Assessment at least annually. This OMB extension request is for 3 years.

Senior Officials at the White House/Homeland Security Council, the Department of Homeland Security and various Department of Health and Human Services offices and agencies are keenly interested in the status of the MRC network. The information provided by MRC units as part of their unit profiles allows us to keep these Senior Officials informed.

Since the original OMB request was made, the Medical Reserve Corps has been authorized by Congress in the Public Health Service Act, Section 2813. A copy of the U.S. code is attached to the end of this document.

2. Purpose and Use of Information Collection

The OCVMRC uses MRC unit data in reports and presentations, and analyzes the data to assess the maturation of the program, confirm that MRC units are carrying out activities in support of the Surgeon General priorities, and to best tailor the technical assistance

provided to MRC units. In addition, the data serves as an important recruitment tool for the individual MRC units. Often, before committing to volunteer with an MRC unit, potential volunteers go to the MRC website (www.medicalreservecorps.gov) to review the local MRC profile, which includes its name and point of contact, the most recent MRC unit activities, the community served, the date established, a narrative profile, and an up-to-date count of its volunteers.

3. Use of Improved Information Technology and Burden Reduction

All MRC unit data is electronically entered by MRC Unit Leaders via the MRC website. Each MRC Unit Leader chooses a unique user name and password and they can access the website from any computer with an internet connection. There is no paper reporting.

4. Efforts to Identify Duplication and Use of Similar Information

Only MRC Unit Leaders can provide the requested information. The data entered by MRC Unit Leaders is unique to their MRC unit. Therefore, the OCVMRC cannot use any other data source to collect this information.

5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved.

6. Consequences of Collecting the Information Less Frequent Collection

MRC Unit Leaders are asked to review and update their unit profile data on the MRC website at least quarterly, and to participate in a Technical Assistance Assessment at least annually. If the profiles are not updated at least quarterly, then it risks becoming outdated and not useful to potential MRC volunteers or OCVMRC. Since OCVMRC uses this data to for reports and presentations, outdated information would cause inaccurate information to be portrayed. In addition, the annual Technical Assistance Assessment is useful to MRC units as a tool to evaluate their own progress. Without inputting or updating their data, the assessment cannot be conducted.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

There are no special circumstances.

8. Comments in Response to the Federal Register Notice/Outside Consultation
The Federal Register Notice was published April 24, vol 74, No. 78, page 18720. No comments were received.

9. Explanation of any Payment/Gift to Respondents

No payment or gifts are provided to MRC Unit Leaders for providing data.

10. Assurance of Confidentiality Provided to Respondents

Unit data will be kept private to the extent allowed by law. Some MRC unit profile data is publicly displayed on the MRC website. This includes the unit name, location, point of contact, the geographic community served, the most recent MRC unit activities, date established, a narrative profile, and an up-to-date count of its volunteers. This data serves as a recruitment tool for individuals who may be interested in joining a specific MRC unit.

MRC State Coordinators have access to data reports which provide the information publicly available on the MRC website, as well as select MRC unit data germane to the State. This includes the jurisdiction type (i.e., suburban, rural, mixed), the mission of the MRC unit, the MRC Unit Focus (i.e., Public Health activities, Preparedness/Emergency Response or both), and the Unit Leader Type (i.e., volunteer or employee). Additionally, MRC State Coordinators can view whether the MRC unit indicates that its volunteers are included in the state volunteer registry and whether the MRC unit is compliant with National Incidence Management System (NIMS) requirements or working towards NIMS compliance.

11. Justification for Sensitive Questions

No sensitive data is collected.

12. Estimates of Annualized Burden Hours (Total Hours & Wages)

Estimated Annualized Burden Table

Forms (If necessary)	Type of Respondent	Number of Respondents	Number of Responses per Respondent	Average Burden hours per Response	Total Burden Hours
	MRC Unit Leader	803	6	1	4,818
Total			4,818		4,818

Estimated Annualized Cost to Respondents

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
MRC Unit Leader	4,818	\$32.75	\$157,790
Total			\$157,790

13. Estimates of other Total Annual Cost Burden to Respondents or Recordkeepers/Capital Costs

There is no cost burden on MRC Unit Leaders to update their MRC unit profile.

14. Annualized Cost to Federal Government

The total average annual cost to the Federal Government for this information collection is \$90,000. This is the annualized cost that is devoted to the website data manager who is funded through an OCVMRC support contract.

15. Explanation for Program Changes or Adjustments

The overall burden has increased due to the increased number of approved MRC units. In addition, each unit is now being asked to input data six times per year instead of four times. There were no changes made to the data collection instruments.

16. Plans for Tabulation and Publication and Project Time Schedule

The OCVMRC strongly encourages MRC units, academic institutions and other stakeholder organizations to publish articles as a way to increase the visibility of the MRC and promote volunteerism. OCVMRC will also seek opportunities to publish articles about the MRC. When MRC unit data is used, it will typically be in an aggregated format.

17. Reason(s) Display of OMB Expiration Date is Inappropriate

Not applicable.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.

-EXPCITE-

TITLE 42 - THE PUBLIC HEALTH AND WELFARE

CHAPTER 6A - PUBLIC HEALTH SERVICE

SUBCHAPTER XXVI - NATIONAL ALL-HAZARDS PREPAREDNESS FOR PUBLIC
HEALTH EMERGENCIES

Part B - All-Hazards Emergency Preparedness and Response

-HEAD-

Sec. 300hh-15. Volunteer Medical Reserve Corps

-STATUTE-

(a) In general

Not later than 180 days after December 19, 2006, the Secretary, in collaboration with State, local, and tribal officials, shall build on State, local, and tribal programs in existence on December 19, 2006, to establish and maintain a Medical Reserve Corps (referred to in this section as the "Corps") to provide for an adequate supply of volunteers in the case of a Federal, State, local, or tribal public health emergency. The Corps shall be headed by a Director who shall be appointed by the Secretary and shall oversee the activities of the Corps chapters that exist at the State, local, and tribal levels.

(b) State, local, and tribal coordination

The Corps shall be established using existing State, local, and tribal teams and shall not alter such teams.

(c) Composition

The Corps shall be composed of individuals who –

(1)(A) are health professionals who have appropriate professional training and expertise as determined appropriate by the Director of the Corps; or

(B) are non-health professionals who have an interest in serving in an auxiliary or support

capacity to facilitate access to health care services in a public health emergency;

(2) are certified in accordance with the certification program developed under subsection (d);

(3) are geographically diverse in residence;

(4) have registered and carry out training exercises with a local chapter of the Medical Reserve Corps; and

(5) indicate whether they are willing to be deployed outside the area in which they reside in the event of a public health emergency.

(d) Certification; drills

(1) Certification

The Director, in collaboration with State, local, and tribal officials, shall establish a process for the periodic certification of individuals who volunteer for the Corps, as determined by the Secretary, which shall include the completion by each individual of the core training programs developed under section 247d-6 of this title, as required by the Director. Such certification shall not supercede State licensing or credentialing requirements.

(2) Drills

In conjunction with the core training programs referred to in paragraph (1), and in order to facilitate the integration of trained volunteers into the health care system at the local level, Corps members shall engage in periodic training exercises to be carried out at the local level.

(e) Deployment

During a public health emergency, the Secretary shall have the authority to activate and deploy willing members of the Corps to areas of need, taking into consideration the public health and medical expertise required, with the concurrence of the State, local, or tribal officials from the area where the members reside.

(f) Expenses and transportation

While engaged in performing duties as a member of the Corps pursuant to an assignment by the Secretary (including periods of travel to facilitate such assignment), members of the Corps who are not otherwise employed by the Federal Government shall be allowed travel or transportation expenses, including per diem in lieu of subsistence.

(g) Identification

The Secretary, in cooperation and consultation with the States, shall develop a Medical Reserve Corps Identification Card that describes the licensure and certification information of Corps members, as well as other identifying information determined necessary by the Secretary.

(h) Intermittent disaster-response personnel

(1) In general

For the purpose of assisting the Corps in carrying out duties under this section, during a public health emergency, the Secretary may appoint selected individuals to serve as intermittent personnel of such Corps in accordance with applicable civil service laws and regulations. In all other cases, members of the Corps are subject to the laws of the State in which the activities of the Corps are undertaken.

(2) Applicable protections

Subsections (c)(2), (d), and (e) of section 300hh-11 of this title shall apply to an individual appointed under paragraph (1) in the same manner as such subsections apply to an individual appointed under section 300hh-11(c) of this title.

(3) Limitation

State, local, and tribal officials shall have no authority to designate a member of the Corps as Federal intermittent disaster-response personnel, but may request the services of such members.

(i) Authorization of appropriations

There is authorized to be appropriated to carry out this section, \$22,000,000 for fiscal year 2007, and such sums as may be necessary for each of fiscal years 2008 through 2011.