Health Resources and Services Administration
Bureau of Health Professions
Division of Nursing
Supporting Statement

A. Justification

1. Circumstances of Information Collection

This is a request from the Health Resources and Services Administration (HRSA) to the Office of Management and Budget (OMB) for approval of a renewal of an information collection activity to collect data for two separate and distinct formula-based grant programs: the Advanced Education Nursing Traineeship (AENT) and Nurse Anesthetist Traineeship (NAT). These two programs are part of the Nurse Traineeship Database (NTD) Project. The current OMB Approval Number is 0915-0305 with an Expiration Date of 03/31/2010.

The approved renewal of the AENT and NAT Tables will be used in the Nurse Traineeship Database System which is integrated with the HRSA Electronic Handbooks for Grantors (HRSA EHBs). The database system, NTDP v1.1 Live! – NTDP v1.1 was successfully deployed into production on Thursday, May 3, 2007 at 10:00pm ET.

There are revisions, which are further clarified in this Supporting Statement, to the AENT and NAT Tables for Fiscal Year 2010 and 2011; however, the same variables are used. Reasons for the AENT and NAT Tables enhancements include to capture more comprehensive data and to provide sufficient information to report performance measures. The current AENT and NAT application forms do not capture comprehensive data for the Students Enrolled, Trainees Supported, Graduates and Graduates Supported by Traineeships at both the Master's and Doctoral levels. The currently data collection does not provide sufficient information to report performance measures.

The information on the tables that require OMB approval will be completed by applicant institutions submitting grant applications for the AENT and NAT programs. The information collected includes number of enrollees, number of students, number of students supported by traineeship, number of graduates, number of graduates supported by traineeships, the types of programs from which students are enrolling and/or graduating, graduate employment data, enrollee and graduate ethnicity, race and disadvantaged data.

This information collection is essential in order to make decisions in the award determination process. Additionally, the data will be used to ensure programmatic compliance and to formulate and justify budget requests.

The AENT and NAT Programs support the mission of HRSA which is to improve the health status of the population by providing national leadership and resources to develop, distribute and retain a diverse, culturally competent health workforce that provides the highest quality health care for all, especially the underserved.

The purpose of the AENT Program is to make a critical difference in today's increasingly complex health care environment by providing financial support to schools for student support. This student support enables more students to enroll and promotes progression through the programs. Nurse Practitioners, Nurse-Midwives, Nurse Anesthetists and Clinical Nurse Specialists must be able to competently deliver preventive care to all individuals as well as complex care to individuals with acute and chronic illnesses, and disabilities. Nurse Executives, Public Health Nurse Leaders, and other advanced practice nurses provide essential services requiring advanced practice clinical, public health and management expertise to address health care in the 21st century.

The purpose of the NAT Program is to address the need for Certified Nurse Anesthetists (CRNA). CRNAs deliver over 65 percent of the 26 million anesthetics administered annually to patients in the United States. CRNAs are the sole providers of anesthesia in more than 70 percent of rural hospitals and a major provider of anesthesia in inner cities. Without immediate access to nurse anesthetists, rural and underserved populations are at risk for delays or for a total absence of anesthesia services in local areas.

History of the AENT and NAT Programs
"The Professional Nurse Traineeship Program (currently known as the Advanced Education Nursing Traineeship Program) was originally established in the 1956 Health Amendments Act. It was continued and expanded under the Nurse Training Act (NTA) of 1964 signed by President Lyndon Johnson. The Nurse Training Act (P.L.88-581) added Title VIII to the Public Health Service Act. The Professional Nurse Traineeship Program was subsequently funded under the Health Manpower Act of 1968 which carried the program through June 30, 1971. The Nurse Training Act of 1971 (P.L.92-158) broadened Title VIII authority. The 1975 Nurse Training Act continued the provisions contained (previously funded programs were continued) in Title VIII of P.L. 94-63 and provided separate authorities for advanced nurse education.

The Nurse Training Amendments of 1979 (P.L. 96-76) authorized Nurse Anesthetist Traineeships.

The Nurse Training Act of 1985 included legislative changes. Funding for Nurse Anesthetist Programs was one amendment to the law.

The 1985 and 1988 amendments to the NTA extended Title VIII and specified funding for geriatric nursing education curricula, faculty development and student support.

The Nurse Education and Practice Improvement Amendments of 1992 (P.L. 102-408) authorized funds to increase nursing school enrollment, long-term care fellowships to practical nurses, continuing education for nurses in underserved communities, and support to promote primary health care in underserved communities. Programs that improve minority representation and care to minority or vulnerable populations were continued.

The Health Professions Education Partnerships Act of 1998 (Subtitle B – Nursing Workforce Development), P.L. 105-392, signed November 13, 1998 amended Title VIII of the Public Health Service Act and included:
- Section 811 – Advanced Education Nursing (to enhance advanced education and practice, and traineeship support for advanced education)
- Section 821 – Nursing Workforce Diversity (to increase nursing educational opportunities for individuals from disadvantaged backgrounds)
- Section 831 – Basic Nurse Education and Practice (to strengthen basic nurse education and practice)

The Nurse Reinvestment Act (NRA) of 2002 amended the Public Health Service Act with respect to health professions programs regarding the field of nursing. The NRA (P. L.107-205) amended the existing Title VIII legislation (Nursing Workforce Development) as follows:

- Section 831 Basic Nurse Education and Practice
  - Re-named Nurse Education, Practice, and Retention Grants
  - Retained 6 of the original purposes
  - Added grants or contracts for internship and residency programs to encourage mentoring and the development of specialties
  - Modified the existing career ladder program by expanding the scope of nursing personnel and focusing on mentoring and career counseling

o Added grants and contracts for enhancing patient care delivery systems (improve retention of nurses and enhance patient care directly related to nursing activities)
- Section 846 Loan Repayment Program
  o Modified the definition of eligible facility for service payback
  o Added a Nurse Scholarship Program with a service commitment

P. L. 107-205 added the following to the Title VIII legislation:

- Section 846A Nurse Faculty Loan Program
- Section 851/852 Public Service Announcements
- Section 855 Comprehensive Geriatric Education

2. Purpose and Use of Information

Information from the AENT and NAT tables is used in making determinations for training grants to educational institutions to increase the numbers of advanced education nurses. Award amounts are based on enrollment, traineeship support, graduate data and two statutory funding factors (awarded to institutions who meet the funding preference and/or a special consideration).

In addition, the data collected from the applicant institutions will be used to ensure compliance with legislative mandates, provide programmatic analysis and to generate the award amount.

3. Use of Improved Information Technology

This activity is fully electronic. The Federal Financial Assistance Management Improvement Act of 1999 (P. L. 106-107) and the President's Management Agenda aim to simplify the Federal financial assistance application process and create a single website to apply for Federal assistance. AENT and NAT applicant institutions download and electronically submit their grant application package including the AENT and/or NAT Tables in a two phase application process. In Phase 1 applications are submitted via grants.gov and in Phase 2 applications are submitted via the HRSA EHBs. The Nurse Traineeship Database is integrated into the HRSA EHBs. The goal of the NTD Project is to provide grant applicants a one-stop grant application submission process, improve data quality, reduce data entry costs, run electronic validation checks on applicants' data entry, and reduce staff burden.

4.   Efforts to Identify Duplication

There is no duplication of reporting with this activity. The information that is requested in the tables is unique to the nursing traineeship programs.

5.   Involvement of Small Entities

This project will not have a significant impact on small entities.

6.   Consequences If Information Collected Less Frequently

Annual information is required in order to make funding determinations. Without the submission of AENT/NAT tables, grants management and program staff will not have the necessary data to determine the award amount, provide program specific information, generate reports, and/or provide an archive of fiscal year data for analysis and trending.

7.   Consistency with the Guidelines in 5 CFR 1320.5(d)(2)

This information collection fully complies with 5 CFR 1320.5(d)(2).

8.   Consultation Outside the Agency

The notice required in 5 CFR 1320.8(d) was published in the *Federal Register* on Thursday, August 13, 2009 (Vol. 74, No. 155). ~~No public comments were received.~~ A public comment was received from the American Association of Nurse Anesthetists (AANA), Office of Federal Government Affairs, 25 Massachusetts Avenue, NW, Suite 550, Washington, DC 20001.

The AANA letter signed by James R. Walker, CRNA, DNP, AANA President included: (1) Thanking HRSA for making funding available for AENT and NAT and especially nurse anesthesia education programs throughout the country. (2) Background of the AANA and Certified Registered Nurse Anesthetists (CRNAs). (3) Sharing their opinion and data that the nursing traineeship (AENT and NAT) grants remain essential for nurse anesthesia education programs. (4) Provided positive comments on the AENT and NAT application process and did not request any revisions be made to the AENT and/or NAT Tables:
> *"Our specific comments for HRSA's AENT and NAT programs relate to the application process. We thank you for the database that HRSA has created which allows nurse anesthesia program directors who are applying for grant funding to determine more precisely whether their graduates are practicing in underserved areas. This is a very helpful resource for our program directors. We appreciate the HRSA staff's continued responsiveness to our nurse anesthesia program director's questions, and welcome efforts by HRSA to make the AENT and NAT application instructions clearer and crisper – especially in correctly completing the table formulas that are required for each application."*

The following individuals were contacted and reviewed the instructions and tables for burden and clarity.

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9.   Remuneration of Respondents

Respondents will not be remunerated.

10.   Assurance of Confidentiality

The Privacy Act of 1974 (5 U.S.C. 522a) is not applicable to this request, as this information collection will not obtain personally identifiable information on individuals.

The eligible applicants for AENT are collegiate schools of nursing, academic health centers, and other public or private entities accredited by a recognized body or bodies or State agency, approved for the purpose of nursing education by the Secretary of Education.

The eligible applicants for NAT are education programs in schools of nursing, academic health centers, and other private or public entities that provide registered nurses with full-time nurse anesthetist education and are accredited, or have initial accreditation, by the Council on Accreditation of Nurse Anesthesia Educational Programs.

11.   Questions of a Sensitive Nature

There are no questions of a sensitive nature.

12.   Estimates of Annualized Hour Burden

This activity is not expected to add significantly to grantees reporting burden, as the information requested is already routinely maintained. The proposed data collection instruments complement the grantees' internal automated reporting mechanisms.

Form Name	Number of respondents	Responses per respondent	Total responses	Hours per response	Total hour burden	Wage Rate	Total hour cost
AENT	500	1	500	1.5	750	$12	$ 9,000
NAT	100	1	100	1.5	150	$12	$ 1,8200
Total	600		600		900		$10,8200

Basis for Burden: In the NTD Project it is estimated that there will be 500 AENT applicants that will complete the AENT tables annually and 100 NAT applicants that will complete the NAT tables annually.

13.   Estimates of Annualized Cost Burden to Respondents

There are no capital or start-up costs because NTD applicant institutions already collect and maintain the required information such as number and characteristics of enrollees, graduates, students supported, and the types and characteristics of programs from which trainees are enrolling, receiving traineeship support and/or graduating.

14.   Estimates of Annualized Cost to the Government

The cost to the Government consists of the contract costs for the project and project monitoring by HRSA staff. The average annual cost to the Government for FY09-FY11 is approximately $74,150.

Baseline Year - FY 07 – October 2006 – September 2007 - cost was approximately $415,233.03 for system development.

Option Year 1 - FY 08 - $72,413.83 were for operation and maintenance of the system.

Option Years 2 and 4 are for operation and maintenance of the system.

Option Year 3 is for system upgrade – the NTDP will be fully integrated into the HRSA EHBs.

Opt Year 2 FY 09	Option Year 3 FY 10	Option Year 4 FY 11
$65,492.97	$86,114.81	$70,841.97

15.   Changes in Burden

Below is a discussion of the revisions to the AENT and NAT Tables. Due to the addition of a new table to capture age and gender data for the AENT Program as well as the NAT Program, the burden hours have increased from 1 hour to 1.5 hours per response for applicants to complete the AENT or NAT Tables.

AENT AND NAT Revised Tables Objectives

The objectives for the revision of the AENT and NAT Tables are to perform the following:
- Provide more detailed analysis on the AENT and NAT Programs to HRSA's senior level Executive Management Staff who may report the data to Congress for performance measurements.
- Provide more detailed analysis of the characteristics of the students and graduates who are supported by traineeship in order to enhance the documentation of the importance of the AENT and NAT Programs in budget justifications and health care reform discussions.
- Justify any priorities or preferences established for types of programs that meet the national priorities.

The following are the detailed modifications for FY10-11 to the AENT Tables:

Table 1 – AENT: Clinical Nurse Specialist, Clinical Nurse Leader, Nurse Practitioner, Nurse Administrator/Nurse Educator and Post-Nursing Master's Certificate Enrollment; Traineeship Support and Graduate Data (Masters and Post-Nursing Master's Certificate - Data Only)
- **Add** Post-Nursing Master's Certificate to the title.

- **Modify** Specialty Focus List.

- **Add** Specialty Emphasis List.

- **Update** the Nurse Traineeship Database (NTD) to reflect the modifications.

- **Separate** the table:
    Table 1A. Student Enrollment and Projected Data
    Table 1B. Student Traineeship Support and Students Projected to Receive Traineeship
            Support
    Table 1C. Graduates Supported By Traineeships and Projected Graduates to be
             Supported by Traineeships
    Table 1D. Graduate Data and Graduates Projected

- **Break down** the Specialty Focus List in the NTD.

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Table 2 – AENT: Nurse-Midwifery Certificate, Nurse-Midwifery Master's, Nurse-Midwifery Doctoral and Nurse Anesthesia Enrollment (First Year Only); Traineeship Support and Graduate Data

- **Change** the Table title to: Nurse-Midwifery Certificate, Nurse-Midwifery Master's, Nurse-Midwifery Doctoral, Nurse Anesthesia **Master's (First Year Only), and Nurse Anesthesia Doctoral** (First Year Only) Enrollment**;** Traineeship Support and Graduate Data

- **Add** the following row: Nurse Anesthesia – Doctoral **(First Year Only).**

- **Update** the Nurse Traineeship Database to reflect the modifications.

Table 3 - AENT: Doctoral Enrollment, Traineeship Support and Graduate Data

- **Modify** Specialty Focus List.
- **Separate** the table:
  Table 3A. Doctoral Enrollment and Projected Data
  Table 3B. Doctoral Student Traineeship Support and Students Projected to Receive
         Traineeship Support
  Table 3C. Doctoral Graduates Supported ByTraineeships and Projected Doctoral
         Graduates to be Supported by Traineeship

Table 4 – AENT:

- **Rename** as Table **4A** – AENT: Graduate Data – Rural, Underserved, or Public Health (7/01/08-6/30/09).

- **Remove** the following row: Total Number of Graduates Supported by Traineeships from 07/01/08 to 06/30/09 working in these Settings.

- **Develop** Table **4B** – AENT: **Graduates Supported by Traineeships Data** – Rural, Underserved, or Public Health (7/01/08-6/30/09)

Table 5 - AENT: Ethnicity Data

- **Add** the following column: Unreported/Unavailable

Table 7 - AENT: Age and Gender Data

- This is a new table to capture new data elements for age and gender

The following are the detailed modifications for FY10-11 to the NAT Tables:

Table 2 – NAT: Graduate Data – Rural, Underserved, or Public Health

- **Rename** as Table **2A** – NAT: Graduate Data – Rural, Underserved, or Public Health (7/01/08-6/30/09).

- **Remove** the following row: Total Number of Graduates Supported by Traineeships from 07/01/08 to 06/30/09 working in these Settings.

- **Develop** Table **2B** – NAT: **Graduates Supported by Traineeships Data** – Rural, Underserved, or Public Health (7/01/08-6/30/09)

Table 3 - NAT: Ethnicity Data

- **Add** the following column: Unreported/Unavailable

Table 5 - NAT: Age and Gender Data

- This is a new table to capture new data elements for age and gender.

16.   Time Schedule, Publication and Analysis Plans

Applicant institutions submit information on an annual basis. Program will analyze the data to describe students and graduates served by the advanced nursing traineeship programs.

17.   Exemption for Display of Expiration Date

The Office of Management and Budget Expiration Date and Control Number for the AENT and NAT tables/forms will be displayed. No exemption is being requested.

18.   Certifications

This information collection fully complies with the guidelines set forth in 5 CFR 1320.9.