# Supporting Statement New Request for Data Collection by the Health Resources and Services Administration's Bureau of Health Professions' Division of Nursing Advanced Education Nursing Traineeship Program

#### OMB Control No. 0915-XXXX

**Terms of Clearance: None** 

#### A. Justification

#### 1. Circumstances Making the Collection of Information Necessary

This request is for approval from the Office of Management and Budget (OMB) for data collection activities with applicants for the Advanced Education Nursing Traineeship (AENT) Program in the Health Resources and Services Administration's (HRSA) Bureau of Health Professions (BHPr). The authorizing legislation for the AENT Program is Title VIII, Section 811(a)(2) of the Public Health Service (PHS) Act, (42 U.S.C. 296j(a)(2)), as amended by Section 5308 of the Patient Protection and Affordable Care Act, Public Law 111-148. The purpose of the AENT Program is to provide traineeships for individuals in advanced nursing education programs. The definition of Advanced Education Nurses is individuals trained in advanced degree programs including individuals in combined R.N./ Master's degree programs, post-nursing master's certificate programs, or, in the case of nurse midwives, in certificate programs in existence on the date that is one day prior to the date of enactment of this section, to serve as nurse practitioners, clinical nurse specialists, nurse midwives, nurse anesthetists, nurse educators, nurse administrators, or public health nurses, or in other nurse specialties determined by the Secretary to require advanced education. In FY 2012 the emphasis was placed on providing traineeships to individuals becoming primary care nurse practitioners and/or nurse midwives. This change was instituted to assist in meeting the demand for qualified primary care providers. Traineeships will pay all or part of the costs of the tuition, books, and fees, and the reasonable living expenses of the individual during the period for which the traineeship is provided.

HRSA developed the data collection documents for applicants to the AENT Program. Funding decisions are based on enrollment, graduate data and two funding factors (Statutory Funding Preference and Statutory Special Consideration) reported on the AENT Tables. Additionally, the data will be used to ensure programmatic compliance with legislative mandates, report to Congress and policymakers on the program accomplishments, provide programmatic analysis, justify budget requests and formulate future budgets for these activities to be submitted to OMB and Congress.

#### **History of the AENT Program**

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.

#### 2. Purpose and Use of Information Collection

This information is used by eligible applicants who are applying bi-annually for the AENT Program. Eligible applicants are accredited collegiate schools of nursing, nursing centers, academic health centers, State or local governments and other public or private nonprofit entities determined appropriate by the Secretary. The school must be located in the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa, Guam, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau. Eligible applicants must be accredited by the Commission on Collegiate Nursing Education (CCNE), Accreditation Commission for Education in Nursing (ACEN), or the Accreditation Commission for Midwifery Education (ACME).

Information from the AENT Tables is used in making determinations regarding applicants meeting one or both Funding Factors (Statutory Funding Preference and/or Special Consideration) and to justify the amount of award requested. In order to carry out its essential function, HRSA-BHPr has historically mandated an annual data collection from applicants.\_

#### 3. <u>Use of Improved Information Technology and Burden Reduction</u>

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. In the previous application cycle, there were eight AENT Tables which have now been reduced to four AENT Tables to eliminate duplicity and reduce burden with the newly implemented BHPr Performance Measures for the AENT Program. The following tables have been eliminated: Table 1 - AENT: Master's and Post-Nursing Master's Certificate Data (student enrollment, student supported, graduate students and graduates supported); Table 2 - AENT: Nurse-Midwifery Data (Nurse-Midwifery Certificate, Nurse-Midwifery Master's, Nurse-Midwifery Post-BSN to Doctoral) Enrollment, Traineeship Support, Graduate and Graduate Support Data; Table 3 - AENT: Doctoral Program Data (Post-BSN to PhD and Post-BSN to DNP/DrNP); Table 5 – AENT: Ethnicity Data; Table 6 – AENT: Race/Disadvantaged Data; Table 7 – AENT: Age and Gender Data. Eliminating these tables will reduce the burden associated with data collection and reporting.

#### 4. Efforts to Identify Duplication and Use of Similar Information

Historically, there was no duplication of reporting with this activity. The information that is requested in the AENT Tables was unique to the nursing traineeship programs. With the implementation of the BHPr Performance Measures, the AENT Tables are being streamlined to eliminate duplication and reduce burden. There are now four AENT Tables. The data collection is revised to capture information that is most salient to program management and assist reviewers with award determination in a manner that is appropriate to the legislative intent and also the administration of the program. The application data collection is pre-award information while the BHPr Performance Measures data is post-award.

### 5. Impact on Small Businesses or Other Small Entities

The application process will use the SF-424 R&R Short Form (modified) which will minimize burden on applicants. This project will not have a significant impact on small businesses or small entities.

#### 6. Consequences of Collecting the Information Less Frequently

The data collected in the AENT application is a key element of program administration and maintaining compliance with legislation. The data collected will assist peer reviewers in determining if AENT applicants meet the Statutory Funding Preference and/or Special Consideration as well as justify the amount of award requested. Program staff and grants management will be able to adequately monitor the awardees compliance with meeting stated objectives. Collecting data less frequently would inhibit HRSA BHPr's ability to institute the AENT Program, provide program specific information and generate reports and/or provide an archive of fiscal year data for analysis and trending. It is imperative that respondents submit the data collection annually.

#### 7. Special Circumstances Relating to the Guidelines in 5 CFR 1320.5

This information collection fully complies with 5 CFR 1320.5.

## 8. <u>Comments in Response to the Federal Register Notice/Outside Consultation</u> Section 8A: Federal Register Notice

The 60-day Federal Register Notice was published on July 29, 2013, Vol. 78, No. 145; pp. 45540 and 45541. No public comments were received.

#### **Section 8B: Outside Consultation**

In developing and finalizing the proposed data collection, the following grantees / prospected applicants were contacted in August 2013 to obtain their views on the data collection – clarity of information and instructions and the burden. The grantees / prospected applicants provided critical feedback to assist BHPr in the streamlining

measures and the final table production to reduce redundancy and burden. The participants in this process were:

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#### 9. Explanation of any Payment/Gift to Respondents

There are no decisions to provide payments or gifts to the respondents.

#### 10. Assurance of Confidentiality Provided to Respondents

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

#### 11. Justification for Sensitive Questions

There are no questions of a sensitive nature, such as sexual behavior and attitudes, alcohol or drug use, religious beliefs, and other matters that are commonly considered

private. The data collection does not request Personal Identifiable Information on the enrollees / trainees or graduates. Demographic-related data (e.g., race, ethnicity, age and gender) is now collected with the semi-annual BHPr Performance Measures Report.

#### 12. Estimates of Annualized Hour and Cost Burden

The estimated annualized burden for the proposed data collection activities varies by applicant organization providing the required information. The table below summarizes the total burden hours for this information collection.

12A. Estimated Annualized Burden Hours

Type of	Form Name	No. of	No. Responses	Average	Total hour
Respondent		Respondent	per	Burden per	burden
F			Respondent	Response	
			•	(in hours)	
	Table 1a: Rural,				
Grantee	Underserved, or Public				
	Health Practice	70	1	3.19	223.3
	Settings: Graduate				
	Data				
	Table 1b: Rural,				
Grantee	Underserved, or Public				
	Health Practice	70	1	3.19	223.3
	Settings: Graduates				
	Supported Data				
	Table 2a: Number of				
Grantee	Projected Master				
	Degree and Post				
	Nursing Master's				
	Certificate Student to	70	1	3.11	217.7
	Receive Traineeship				
	Support by Role				
	(budget year 1 and				
	budget year 2)				
	Table 2b: Number of				
	Projected Doctoral				
Grantee	(PhD and/or DNP)				
	Degree Nursing	70	1	3.11	217.7
	Students to Receive			3.11	
	Traineeship Support				
	by Role (budget year 1				
	and budget year 2)				
Total		70	1		000
					882

#### 12B. Estimated Annualized Cost to Respondents

Based on the estimated total number of burden hours, it is estimated that the annualized cost to the respondents is approximately \$18,733.68 (table below). This result was obtained by multiplying the number of burden hours by the average hourly wage rate of an individual employed in an academic setting. (Note: Wage rates were obtained from

the Department of Labor, the academic rate for GS. Average Hourly Rate for this labor category is \$21.24). Data collection and reporting activities are a grant requirement authorized under 45 CFR Part 74.

**Estimated Annualized Cost to Respondents** 

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Grantee	882	\$21.24	\$18,733.68
Total	882	\$21.24	\$18,733.68

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

There are no capital or start-up costs since applicant institutions already collect and maintain the required information such as number of students enrolled and graduating, the specialty and degree programs they are enrolling or graduated from, and where they may be working.

#### 14. Annualized Cost to Federal Government

The systems used to collect information for the applications is maintained at each applicant organization and maintained in the HRSA EHBs system when submitted to this Federal agency. It is estimated that approximately 1 to 2 personnel will review the applications for eligibility.

This is estimated at 1.5 FTE at the GS-13, step 5 level of \$81,230 (base salary). Collectively, the estimated annualized cost to the government in staff time is estimated to be \$121,845.

#### 15. Explanation for Program Changes or Adjustments

This is a new data collection.

#### 16. Plans for Tabulation, Publication, and Project Time Schedule

This information collection will be published in the Funding Opportunity Announcement which will be available on the HRSA website and Grants.gov. The OMB approval is needed to collect and maintain the data in HRSA electronic database. Clearance is requested for the maximum 3 years.

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

The Office of Management and Budget expiration date for the AENT Tables will be displayed. No exemption is being requested.

# **18.** Exceptions to Certification for Paperwork Reduction Act Submissions Certifications

There are no exceptions to the certification.