

HHS Temporary Reassignment Request Form

OSTLTS Generic Information Collection Request
OMB No. 0920-0879

Supporting Statement – Section A

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Program Official/Project Officer

Seta Hovagimian

Legislative Analyst

Office of the Assistant Secretary for Preparedness and Response

200 C St SW Washington, DC 20024

202-205-8189

seta.hovagimian@hhs.gov

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- **Purpose:** The purpose of the information collection is for the Department of Health and Human Services (HHS)/ASPR (spell out acronym) to obtain information from states and tribes on the conditions in which reassigned personnel are needed to assist with responding to a public health emergency, the program(s) selected for reassignment, and any impacts the reassignment will have on the program.
- **Use:** Collected data will be used by HHS Operating Divisions (OpDiv) and Staff Divisions (StaffDiv) to make an informed determination to approve or deny a state or tribe's request to use the temporary reassignment authority.
- **Instrument:** Data will be collected by an online data collection instrument.
- **Respondents:** Data will be collected from state and tribal, personnel who are funded in whole or in part by PHS Act programs.
- **Compilation of data:** This collection does not include data analysis. All data will be used for reassignment during a public health emergency.

Section A – Justification

1. Circumstances Making the Collection of Information Necessary

Background

This information collection is being conducted using the Generic Information Collection mechanism of the OSTLTS OMB Clearance Center (O2C2) – OMB No. 0920-0879. The respondent universe for this information collection aligns with that of the O2C2. Data will be collected from 5 state governors, 55 tribal leaders, or authorized designees (i.e., lieutenant governors, chiefs of staff, etc.) across public health governmental entities within states and tribal organizations acting in their official capacities.

This information collection is authorized by Section 301 of the Public Health Service Act (42 U.S.C. 241). This information collection falls under the essential public health service(s) of

- 1. Monitoring health status to identify community health problems
- 2. Diagnosing and investigating health problems and health hazards in the community
- 3. Informing, educating, and empowering people about health issues
- 4. Mobilizing community partnerships to identify and solve health problems
- 5. Development of policies and plans that support individual and community health efforts
- 6. Enforcement of laws and regulations that protect health and ensure safety
- 7. Linking people to needed personal health services and assure the provision of health care when otherwise unavailable

- 8. Assuring a competent public health and personal health care workforce
- 9. Evaluating effectiveness, accessibility, and quality of personal and population-based health services
- 10. Research for new insights and innovative solutions to health problems¹

The ability to temporarily reassign personnel during public health emergencies is an important flexibility for state, tribal, and local governments. Historically, state, tribal, and local public health personnel who were funded by the PHS Act were not authorized to work outside of the scope of the funded program. Section 201 of the Pandemic and All Hazards Preparedness Reauthorization Act of 2013, Public Law 1135, amends section 319 of the PHS Act to provide the HHS Secretary with discretion to authorize the temporary reassignment of state, tribal, and local personnel during the time period when she has declared a federal public health emergency upon request by a state or tribal organization.¹

The HHS Secretary delegated the authority to authorize requests for the temporary reassignment of personnel to all heads of HHS agencies with programs funded under the PHS Act, with the Office of the Assistant Secretary for Preparedness and Response (ASPR) serving a coordinating role.¹ To implement the authority, ASPR has developed implementation guidance outlining roles and responsibilities and conditions of temporary reassignment. ASPR has also developed the information collection instrument that respondents (i.e., state governors, tribal leaders, or authorized designees) will submit to HHS in order to request use of the authority.

Following the HHS Secretary's declaration of a public health emergency, state governors, tribal leaders, or authorized designees, may submit a request to use the temporary reassignment authority if there is need for more personnel to assist with responding to the emergency. State, tribal, and local public health department or agency personnel whose positions are funded, in full or in part, under PHS programs, are eligible for reassignment.¹

The HHS Secretary's Operations Center will coordinate requests received from states or tribal organizations, and heads of relevant HHS OpDivs and StaffDivs will make temporary reassignment decisions for their respective program(s). ASPR will provide written notification to the governor of the state or tribal organization regarding the outcome of the request. States or tribal organizations may immediately reassign personnel upon notification of approval.¹

The authority will allow personnel to be reassigned to supplement the public health staff responding to the emergency in the affected jurisdiction. Staff reassigned from these programs might assist with distribution of medical countermeasures, health care facility surge, individuals in shelters, or support other activities to the emergency response. Conditions for reassignment include the following:

- Reassignment must be voluntary.
- Staff may be reassigned only to those locations covered under the public health emergency. Staff from an unaffected area of the state or tribal boundaries may be reassigned to the affected area of the state or tribal lands.

- Staff should, when possible, be reassigned into activities within their identified scope of practice, skill set, credentialing, and in accordance with the jurisdiction's established preparedness plans.
- Staff should receive, at a minimum, just-in-time training, where applicable, upon reassignment.
- States and tribal organizations are encouraged to develop, in advance, written plans to initiate these guidelines in the event of an HHS declared public health emergency and include the implementation of this provision in any response exercises conducted throughout the year.¹

The purpose of the information collection is for HHS/ASPR to obtain information from states and tribes on the conditions in which reassigned personnel are needed to assist with responding to a public health emergency, the program(s) selected for reassignment, and any impacts the reassignment will have on the program. This information collection instrument is designed to help ASPR increase its efficiency and effectiveness in responding to requests for reassignment during public health emergencies. During the time of a public health emergency, it is imperative to operate quickly in order to ensure the affected jurisdictions have the resources they need to immediately respond. By allowing the opportunity to reassign staff, state and local health departments and tribal organizations will be able to increase its workforce when responding to public health emergencies.

Overview of the Information Collection System

Data will be collected via an online information collection instrument that respondents will complete and submit electronically to an electronic mailbox (temporaryreassignment@hhs.gov) [see Attachment A—Temporary Reassignment Request Form and Attachment B—Temporary Reassignment web site screenshot (where final request form will be posted)]. The information collection instrument will be used to gather information from state governors, tribal leaders, or authorized designees regarding the PHS Act programs applicable to the request, the number of personnel eligible for reassignment, activities personnel will support, and any programmatic impact(s). This method was chosen to reduce the overall burden on respondents. The information collection instrument was reviewed by the eight HHS OpDiv and StaffDivs that have programs authorized under the PHS Act (and therefore are eligible for temporary reassignment). Two ASPR program officials participated in a pilot test of the instrument. Feedback provided by these groups was used to refine the questions in the information collection instrument as needed.

Items of Information to be Collected

The information collection instrument consists of 5 main questions, including open-ended questions. An effort was made to limit questions requiring narrative responses from respondents whenever possible. The instrument will collect information including the:

- state or tribal locality requesting reassignment and the type of request (new or extension);
- public health emergency that the requested personnel will support;
- all program(s) applicable to the request, the program's authorizing HHS OpDiv or StaffDiv, and the approximate number of personnel eligible to volunteer for reassignment;

- activities that reassigned personnel will specifically support, and any impact that the reassignment will have on the base program; and
- the requesting official's assurance that reassignment will last no longer than 30 days, or until the HHS Secretary determines that the public health emergency no longer exists; and
- the requesting official's assurance that the public health emergency is in the geographic area of the state or tribal locality, etc.

2. Purpose and Use of the Information Collection

The purpose of the information collection is for HHS/ASPR to obtain information from states and tribes on the conditions in which reassigned personnel are needed to assist with responding to a public health emergency, the program(s) selected for reassignment, and any impacts the reassignment will have on the program. This information collection instrument is designed to help ASPR increase its efficiency and effectiveness in responding to requests for reassignment during public health emergencies. During the time of a public health emergency, it is imperative to operate quickly in order to ensure the affected jurisdictions have the resources they need to immediately respond. By allowing the opportunity to reassign staff, state and local health departments and tribal organizations will be able to increase its workforce when responding to public health emergencies.

Data collected from the instrument will be reviewed by the HHS OpDiv or StaffDiv overseeing the specific program, in order to make an informed determination on the state or tribe's use of the temporary reassignment authority. The HHS OpDiv or StaffDiv will take into account the conditions under which the state or tribal organization requires additional personnel to respond to a public health emergency, as well as its programmatic impacts, in order to approve reassignment requests.

3. Use of Improved Information Technology and Burden Reduction

Data will be collected via an online information collection instrument that respondents will complete and submit electronically. This method was chosen to reduce the overall burden on respondents. The information collection instrument was designed to collect the minimum information necessary for the purposes of this project (i.e., limited to 5 questions).

4. Efforts to Identify Duplication and Use of Similar Information

No other efforts exist to collect information from states and tribal organizations regarding requesting the use of the temporary reassignment authority.

Submitting a request to use the temporary reassignment authority is contingent on the declaration of a public health emergency by the HHS Secretary. To date, there have been no official requests to use temporary reassignment authority from a state government or tribal organization. The first public health emergency declaration since authorization of the authority was on August 12, 2016, when the HHS Secretary declared a public health emergency in Puerto Rico for the Zika virus.²

Previously, the HHS Secretary had not declared a public health emergency since January 25, 2013, as a renewal declaration in response to Hurricane Sandy.³

5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this information collection.

6. Consequences of Collecting the Information Less Frequently

This request is for a one time information collection. There are no legal obstacles to reduce the burden. If no data are collected:

- States or tribes will not have a formal mechanism in which to request temporary reassignment of personnel during a public health emergency.
- HHS OpDivs or StaffDivs will not have information on the specific program requesting reassignment and the conditions in reassignment is requested, such as the number of personnel eligible, response activities that will be conducted, and any programmatic impacts from reassignment.
- HHS OpDivs or StaffDivs will not have written assurances from the requesting state or tribal organization that, upon approval, they will meet the specific conditions of participation.

Information collection is anticipated to be infrequent, as the request for use of the temporary reassignment authority is contingent upon the following conditions: 1) the declaration of a public health emergency by the HHS Secretary; 2) the scope of the public health emergency declared (i.e., if it affects a large geographic area); and 3) the specific need for a state and tribal organization to reassign personnel to assist with response activities during the emergency. To date, there have been no official requests to use temporary reassignment authority from a state government or tribal organization.

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

There are no special circumstances with this information collection package. This request fully complies with the regulation 5 CFR 1320.5 and will be voluntary.

8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

This information collection is being conducted using the Generic Information Collection mechanism of the OSTLTS OMB Clearance Center (O2C2) – OMB No. 0920-0879. A 60-day Federal Register Notice was published in the Federal Register on October 31, 2013, Vol. 78, No. 211; pp. 653 25-26. No comments were received.

ASPR has ensured the collection requests are not duplicative in effort by consulting with the eight HHS OpDivs and StaffDivs that have programs authorized under the PHS Act (and therefore are eligible for temporary reassignment), in development of the form.

9. Explanation of Any Payment or Gift to Respondents

No payments or gifts to respondents will be provided.

10. Protection of the Privacy and Confidentiality of Information Provided by Respondents

The Privacy Act does not apply to this information collection. The information collection instruments will be archived in an appropriate information technology system managed and secured by ASPR. ASPR will ensure all identifiable information reported in the instruments is secured appropriately.

This information collection is not research involving human subjects.

11. Institutional Review Board (IRB) and Justification for Sensitive Questions

No information will be collected that are of sensitive nature.

12. Estimates of Annualized Burden Hours and Costs

The information collection instrument was pilot tested by two ASPR program officials. The average time to complete the instrument including time for reviewing instructions, gathering needed information and completing the instrument, was approximately 20 minutes (range: 10 to 30 minutes). For the purposes of estimating burden hours, the upper limit of this range (i.e., 30 minutes) is used.

Estimates for the average hourly wage for respondents are based on the Council on State Government's estimates of the average annual salary for state governors in 2016 <http://knowledgecenter.csg.org/kc/content/governors-salaries-2016>. Salary information on tribal leaders was unavailable, so state governor's salaries are used as the primary annual salary estimate. Based on this calculation, an average hourly wage of \$66.06 is estimated for the respondents. Table A-12 shows estimated burden and cost information.

Table A-12: Estimated Annualized Burden Hours and Costs to Respondents

Information collection Instrument: Form Name	Type of Respondent	No. of Respondents	No. of Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
HHS Temporary	State governors or	5	1	30/60	2.5	\$66.06	\$165

Reassignment Request Form	designees						
	Tribal leaders or designees	55	1	30/60	27.5	\$66.06	\$1817
	TOTALS	60			30		\$1982

13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers

There will be no direct costs to the respondents other than their time to participate in each information collection.

14. Annualized Cost to the Government

There will be no direct costs to the respondents other than the time taken to complete and submit the instrument. The total estimated cost to the federal government is **\$2274.02**. Table A-14 describes how this cost estimate was calculated.

Table A-14: Estimated Annualized Cost to the Federal Government

Staff (FTE)	Average Hours per Collection	Average Hourly Rate	Average Cost
Legislative Analyst (GS-13)	34	\$44.15	\$1501.10
Executive Officer (GS-13)	6	\$44.15	\$264.90
Program Analyst (GS-13)	4	\$44.15	\$176.60
Director (GS-14)	4	\$52.17	\$208.68
Director (GS-15)	2	61.37	\$122.74
Total	50		
Estimated Total Cost of Information Collection			\$2274.02

15. Explanation for Program Changes or Adjustments

This is a new information collection.

16. Plans for Tabulation and Publication and Project Time Schedule

The information collection instrument will be posted on the ASPR Temporary Reassignment web site at <http://www.phe.gov/temporaryreassignment>. Information on the use of the temporary reassignment authority will also be published in funding opportunity announcements for programs funded under the PHS Act. Information collection instruments will be archived in an appropriate information technology system managed by ASPR. Data will not be formally analyzed; rather, it will

be used to inform HHS OpDiv and StaffDiv decisions to approve or deny state or tribe's requests to use the temporary reassignment authority.

Project Time Schedule

- ✓ Design information collection instrument..... Complete
- ✓ Finalize instrument and develop standard operating procedure..... Complete
- ✓ Prepare OMB package Complete
- ✓ Submit OMB package Complete
- OMB approval pending
- Disseminate information collection instrument..... week of October 20, 2016

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

We are requesting no exemption.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification. These activities comply with the requirements in 5 CFR 1320.9.

LIST OF ATTACHMENTS – Section A

- A. Temporary Reassignment Request Form**
- B. Temporary Reassignment Web Site Screenshot**

REFERENCE LIST

1. Office of the Assistant Secretary for Preparedness and Response (ASPR). “Guidance for Temporary Reassignment of State, Tribal, and Local Personnel During a Public Health Emergency Declared by the HHS Secretary.” Available at <http://www.phe.gov/Preparedness/legal/pahpa/section201/Documents/section319e-guidance.pdf>. Accessed on 10/3/16.
2. Office of the Assistant Secretary for Preparedness and Response (ASPR). “HHS declares a public health emergency in Puerto Rico in response to Zika outbreak.” Available at: <http://www.hhs.gov/about/news/2016/08/12/HHS-declares-public-health-emergency-in-Puerto-Rico-in-response-to-Zika-outbreak.html>.
3. Office of the Assistant Secretary for Preparedness and Response (ASPR). “Hurricane Sandy: Determination That a Public Health Emergency Exists.” Available at: <http://www.phe.gov/emergency/news/healthactions/phe/Pages/hurricane-sandy.aspx>.