

# HHS Temporary Reassignment Request Form

OSTLTS Generic Information Collection Request  
OMB No. 0920-0879

## Supporting Statement – Section B

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## Section B – Information Collection Procedures

### 1. Respondent Universe and Sampling Methods

State governors, tribal leaders, or authorized designees (i.e., lieutenant governors, chiefs of staff, etc.) across public health governmental entities within state and tribal organizations may submit the information collection instrument to request use of the temporary reassignment authority upon a declaration of a public health emergency by the Secretary of the Department of Health and Human Services (HHS).

The estimated number of respondents is 60 leaders. This includes an estimated 5 representing state governments and 55 representing tribal organizations. The conditions under which the temporary reassignment authority may be used are specific, and unique to the following situations:

1. A 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 tribe to reassign state, tribal, or local personnel to assist with response activities during the emergency.

As such, although the entire population of state governmental leaders and leaders from federally recognized tribes exceeds 600 individuals (50 states + 566 federally recognized tribes), the expected use of this reassignment authority is estimated to be roughly 10 percent of the larger population. The estimate of 10 percent is derived from discussions between ASPR program officials about the conditions under which the authority could be used during a public health emergency, as well as historical use of the authority.

Therefore, it is estimated that the actual number of respondents will be 60 (about 10 percent of the total respondent universe), significantly lower than the total respondent universe. The estimated respondents can be from any of the 50 states or 566 tribal entities; however, the geographic location of the public health emergency declared will determine which states and tribal organizations may request use of the authority. Additionally, due to the expected infrequency of conditions being met for the use of the information collection instrument, it is not expected that a state or tribe would complete this form more than once per year.

### 2. Procedures for the Collection of Information

Data will be collected through the online information collection instrument that will be posted on the Office of the Assistant Secretary for Preparedness and Response's (ASPR) Temporary Reassignment web site. Information on the use of the authority will also be published in funding opportunity announcements for programs funded under the Public Health Service (PHS) Act (**See Attachment C –ASPR Finalized Temporary Reassignment FOA Language for PHS Act Programs**). Data will be collected via an online information collection instrument that respondents

will complete and submit electronically to an electronic mailbox (temporaryreassignment@hhs.gov).

The temporary reassignment implementation guidance (available on the ASPR Temporary Reassignment web site) states the requirements to submit temporary reassignment requests, including:

- identifying each federal program from which personnel will be reassigned;
- identifying the number of appropriate personnel from each program to be reassigned;
- assuring that the current public health workforce cannot adequately and appropriately address the emergency;
- assuring that the public health emergency would be addressed more efficiently and effectively through the temporary reassignment of state or local personnel; and
- assuring that the reassignment is consistent with the jurisdiction's all-hazards public health preparedness and emergency response plan required under section 319C-1 of the PHS Act.

The information collection instrument was developed using the temporary reassignment implementation guidance as a guide. The instrument was designed to be submitted online in order to reduce the burden on respondents. Respondents (i.e., state governors, tribal leaders, or authorized designees) can submit the instrument when a public health emergency has been declared and the need for temporary reassignment exists. The Department of Health and Human Services (HHS) will not review or process incomplete request forms.

The HHS Secretary's Operations Center staff will receive the request form, respond to the respondent via email to confirm receipt, and forward it to the appropriate HHS Operating Division (OpDiv) or Staff Division (StaffDiv) for review. The HHS OpDiv or StaffDiv has two business days to complete its review and make a determination to approve or deny a state or tribe's request to use the authority. Once approved, the authorization to reassign personnel will expire upon conclusion of the federal public health emergency or at the end of the 30 day period after the request was approved (and any subsequent 30 day renewals).

The information collection instruments will be archived in an appropriate information technology system managed by ASPR. ASPR will ensure any identifiable information reported in the instruments is secured appropriately. 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.

### **3. Methods to Maximize Response Rates Deal with Nonresponse**

Participation in the information collection instrument is voluntary and 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. The implementation guidance urges states or tribal organizations to be comprehensive in the requests as possible. Upon receiving requests, ASPR will conduct an

administrative review to ensure that all the requisite information necessary to make a decision is provided before forwarding the form to the relevant HHS OpDiv or StaffDiv for approval.

#### **4. Test of Procedures or Methods to be Undertaken**

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.

#### **5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data**

The following individuals were consulted in the development of the information collection instrument:

- Jonathan Ban, Director, ASPR/Office of Policy and Planning
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  - Phone: 202-205-4764
- Katherine Reid, Program Analyst, ASPR/Office of Policy and Planning
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- Julie Oxner, Executive Officer, Office of Emergency Management
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- Seta Hovagimian, Legislative Analyst, ASPR/Office of the Chief Operating Officer
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- Serina Vandegrift, Director, ASPR/Office of the Chief Operating Officer
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### **LIST OF ATTACHMENTS – Section B**

#### **C. ASPR Finalized Temporary Reassignment FOA Language for PHS Act Programs**