

DATE: January 21, 2021
TO: Julie Wise, OMB Desk Officer
FROM: Lisa Wright-Solomon, HRSA Information Collection Clearance Officer

Request: The Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau requests approval for a non-substantive change to the Service Provider Report within the Ryan White Services Report (RSR) for recipients in Ryan White HIV/AIDS Program (RWHAP) Parts A, B and B supplemental, C, and D (OMB #0915-0323, expires 7/31/2020). The data collection instruments consist of three documents: 1) Grantee Report, 2) Service Provider Report, and the 3) Client Report. No changes were made to Grantee or Client Report.

Purpose: The purpose of this proposed change is to address the HIV/AIDS Bureau's and the Ryan White HIV/AIDS Program's response to the growing opioid epidemic by determining the aggregate number of RWHAP direct care providers who are certified to dispense medications for the treatment of substance abuse disorders. These data will help HRSA HAB asset map our providers and identify gaps that can be addressed.

What is the intended use of the new elements related to opioid providers/services?

The HHS Secretary seeks to address the substance abuse crisis as one of the key strategic goals for the Department. Two of the four objectives under Strategic Goal 2, "Protect the Health of Americans Where They Live, Learn, Work, and Play", specifically address the opioid crisis. HAB HRSA has been asked by HHS and HRSA and other Federal agencies to identify how the HRSA HAB Ryan White HIV/AIDS Program has addressed these issues.

Are these questions specific to RW clients or use of RW funds?

The questions have been focused on what services and activities are available through the Ryan White HIV/AIDS Program. At this time, we are only able to provide high level service utilization for substance use disorder. From this data, it is difficult to differentiate the type of substance use disorder service that is provided to RWHAP clients. With the addition of these questions, we can identify which RWHAP provider sites provide opioid use treatment services.

This data will be collected across all program Parts. Three minor changes were made to the forms.

Has HRSA/HAB been asked to provide this information specifically? If so, by whom and for what purpose?

HRSA/HAB has received the following types of questions:

- **Majority Staff of the House Energy and Commerce Committee (Rep. Greg Walden, R-OR).** Information on existing activities (e.g., grant programs, cooperative agreements, contracts, research studies, performance measures, reports/products, partnerships, inter-agency workgroups) within the HIV/AIDS Bureau that relate to addressing mental health and substance abuse, with a particular focus on children's mental health, suicide prevention, serious mental illness, and opioid abuse. The requests require information for a brief description including the approximate funding investment, if applicable, target audience, and estimated timeframe.
- **HRSA's Office of Policy, Analysis and Evaluation.** Requested information, including the number of providers that can prescribe medication assisted therapies, to develop a comprehensive collection of all opioid-related data being reported across HRSA grant programs in order to better analyze HRSA-wide data, identify gaps, and provide recommendations on how to better coordinate data collection across the agency and department.
- HAB has responded to six data requests regarding clients receiving opioids treatment services, provider sites that provide opioid treatment services and funding allocations for opioid treatment. As a proxy, we have provided information on substance abuse treatment services. Information has been provided to HRSA OA, HHS and congressional staff.
- **The Fast-Track Action Committee (FTAC) on Health Science and Technology Response to the Opioid Crisis, operated by the National Science and Technology Council.** Sought input from HRSA OpDivs on agency-funded Research & Development (R&D) activities that take place related to opioids, specifically the treatment of opioid addiction.

Time Sensitivity:

The U.S. Congress mandated that client-level data be collected under the Ryan White HIV/AIDS Treatment Extension Act (originally passed in 1990 as the Ryan White Care Act, and amended in 1996, 2000, 2006, and 2009), and thus are necessary for HRSA to fulfill its responsibilities. These data provide information about the allocation of funds by grant recipients, the number of clients served, services provided, client demographics, clinical data of clients served and costs

of providing services. These data are collected in the online Grantee Report, the Service Provider Report, and electronic upload of the Client Report. The primary purposes of these forms are to provide information on the number of grant dollars spent on various services and program components and oversee compliance with the intent of Congressional appropriations in a timely manner. In addition to meeting the goal of accountability to the Congress, clients, and the general public, information collected on these reports is critical for HRSA, state and local recipients, and individual providers.

Every year from November through March, the electronic data entry system (HRSA's Electronic Handbook, or EHB) is opened for RWHAP grant recipients to prepare and submit all RWHAP data for the designated reporting period. Designed to be compatible with the narrative and data requirements that are outlined in the client-level, provider and recipient report guidance, release of the data entry system to the grant recipients is contingent on the approval of the non-substantive changes outlined in this memo. Once the changes are approved and incorporated in the RSR report, additional quality assurance testing will be required before the data entry system can be released.

The change will go into effect for the next year of data collection (2018 data to be collected in March 2019). Planning for these questions now will allow HAB to disseminate the information and give providers advanced notice of the changes. Note that no data system changes are required for either change.

Burden:

HRSA HAB has collected estimates on the amount of additional time (in hours) that a RWHAP Part A, B, C, or D recipient would spend responding to these additional questions. The average additional burden per respondent is 3 hours (ranging from 1 to 7 hours). The chart below displays total estimates by RWHAP grant recipient by Program Part. HRSA HAB does not anticipate that the proposed revisions included herein will not greatly impact reporting burden on RWHAP grant recipients.

Provider Report	Number of Respondents	Number of Responses per Respondent	Total Responses	Average Burden per Response (in hours)	Total Burden Hours
Part A		1		1	1
Part B		1		7	7
Part C		1		2	2
Total				10	10

Average				3	3
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PROPOSED CHANGES FOR THE RYAN WHITE HIV/AIDS PROGRAM CLIENT-LEVEL DATA:

1. C - 2017_Service_Provider_Form_Screenshots_252018_updated.docx
 - a. Addition of question 7* on page 4 of 10
 - i. Within your organization/agency, identify the number of physicians, nurse practitioners, or physician assistants who obtained a Drug Addiction Treatment Act of 2000 (DATA) waiver to treat opioid use disorder with medications (medication assisted treatment [MAT], e.g. buprenorphine) specifically approved by the U.S. Food and Drug Administration (FDA).;
 - ii. How many of the above physicians, nurse practitioners, or physician assistants prescribed MAT (e.g. buprenorphine, vivitrol) for opioid use disorders in the reporting year?; and
 - iii. How many clients were treated with MAT during the reporting period?

Attachments:

1. C - 2017_Service_Provider_Form_Screenshots_252018_updated.docx

All proposed changes are indicated with tracked changes in the attached documents.