

Supporting Statement A

Application for Deemed Health Center Program Award Recipients to Sponsor Volunteer Health Professionals (VHPs) for Deemed PHS Employment OMB Control No. 0906-0032

Revision

1. Circumstances Making the Collection of Information Necessary

The Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC) is requesting Office of Management and Budget (OMB) continued approval for the Federal Tort Claims Act (FTCA) Program Deeming Application for Health Center Volunteer Health Professionals (VHPs).

Congress, through enactment of Section 9025 of the 21st Century Cures Act (Pub. L. 114-255), which added subsection 224(q) to the Public Health Service Act (42 U.S.C. § 233(q)), extended liability protections for the performance of medical, surgical, dental, and related functions to VHPs at health centers that have also been deemed as employees of the Public Health Service (PHS). Sponsoring health centers are required by law to submit deeming applications in the specified form and manner on behalf of named individuals for review and approval, resulting in a “deeming determination” that includes associated FTCA coverage for these individuals.

The proposed revisions to this information collection request are reflected in the “Application Tracked Changes” attachment.

2. Purpose and Use of Information Collection

Deeming applications must address certain specified criteria required by law in order for deeming determinations to be issued, and FTCA application forms are critical to BPHC’s deeming determination process. This form provides BPHC with the information essential for application evaluation and determination of whether an individual meets the statutory requirements for deemed PHS employee status for the purposes of FTCA coverage. The application form is for use by health centers applying to sponsor volunteers to become VHPs with associated FTCA coverage for their activities within the scope of deemed employment on behalf of the health center.

3. Use of Improved Information Technology

The FTCA Program has a web based application system, the Electronic Handbooks (EHBs). These electronic application forms minimize the time and effort required for completion.

4. Efforts to Avoid Duplication

This application form is unique to this requirement. The information requested is specific to this activity and is needed to make FTCA deeming decisions for health center volunteers.

5. Involvement of Small Entities

This activity does not have a substantial impact on small entities or small businesses.

6. Consequences if Information is Collected Less Frequently

As required by statute, the VHP FTCA Program deeming application must be submitted annually. If sponsoring health centers do not submit an annual deeming application on behalf of their volunteers for whom they seek deemed status, such individual will not be eligible for FTCA coverage for purposes of medical malpractice.

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

The data are collected in a manner consistent with guidelines contained in 5 CFR 1320.5(d)(2).

8. Consultation Outside the Agency

A Federal Register notice announcing the original application approval was published on July 21, 2020, vol. 85, No. 140; pp. 44101- 02. There were no public comments.

In 2020 BPHC consulted with several health center deeming application consultants regarding the revision of the Health Center VHP FTCA Program application. Overall, these outside consultants noted that the information requested should be readily available to the health center; and the application instructions are clear. The Program used feedback from these outside consultants to calculate the burden hours required for gathering information for and completing this application. These reviewers are listed below:

Name: Michael Bauer
Title: Subcontractor
Phone: 262-509-0096
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Name: James P. Kelly
Title: Reviewer
Phone: 717-314-4511
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Company: KEPRO

Name: Jeffrey Reck
Title: Subcontractor

Phone: 508-533-0493
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 Company: KEPRO

9. Remuneration of Respondents

Respondents will not receive any payments or gifts.

10. Assurance of Confidentiality

Sponsoring health centers are required to provide personal identifiers for each sponsored individual, such as home address and phone number. This information is not available to the public and is considered confidential.

11. Questions of a Sensitive Questions

There are no questions of a sensitive nature.

12. Estimates of Annualized Hour Burden

HRSA/BPHC has designed FTCA Program Deeming Application for Health Center VHPs as a user-friendly mechanism for sponsoring health centers to apply for deemed status on behalf of their individually named volunteers.

Estimated Annualized Burden Hours:

Form Name	Number of Respondents	Number of Responses per Respondent	Total Number of Responses	Average Burden per Response (in hours)	Total Burden Hours
FTCA Health Center Volunteer Health Professional Program Application	1156	3	3468	2	6936
Total	1156		3468		6936

The burden estimates for completing the FTCA Program Deeming Application for Health Center VHPs have been determined based on the experience of HRSA/BPHC’s Health Center FTCA Program and Free Clinics FTCA Program. Individual health center burden is estimated to be 2 hours per respondent for completing the FTCA Program Deeming Application for Health Center VHPs. The Program estimates that there will be approximately 1156 respondents annually.

Estimated Annualized Burden Costs:

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Medical and Health Services Manager ¹	6936	\$55.37	\$384,046
Total	6936		\$384,046

13. Estimates of other Total Annual Cost Burden to Respondents or Record Keepers/Capital Costs

The costs to respondents is comprised of their time, recordkeeping, reporting, data management, and auditing, as well as employer overhead and fringe benefits.

14. Annualized Cost to the Federal Government

The estimated annual cost to the federal government for data processing and review of the applications is \$64,488.

Review and processing of the applications Number of applications submitted for CY 2019 – 312 Average cost per application - \$183	\$57,000
HRSA review and processing of the applications Number of applications submitted for CY 2019 – 312 Average cost per application by GS-13 for half hour per application - \$24	\$7,488
TOTAL	\$64,488

15. Change in Burden

HRSA proposes updates to Risk Management, QI/QA, Credentialing and Privileging, and Claims Management application questions in the following ways: (1) Updated application language: Specifically, throughout the application, alternate terminology was utilized to provide greater clarity and specificity. These changes were based on grantee feedback and various forms of information received from the HRSA Helpline. These changes are not substantive in nature; (2) Updated language and requested documents in

¹ Wages for Medical and Health Services Managers are based on Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Employment Statistics*, Medical and Health Services Managers, at <https://www.bls.gov/oes/current/oes119111.htm>.

section III of the application: Specifically, section III was edited to clarify the qualifications for eligible individuals and clarify program expectations where individuals have a history of disciplinary action or malpractice; and (3) Deleted former section IV: It has been determined that the information requested in this section, which related to offsite events and particularized determinations is not necessary to evaluate eligibility for deeming. Because these updates will increase clarity and reduce confusion, HRSA anticipates a decrease in health centers' burden and increased efficiency in processing the applications.

The OMB Inventory currently contains 8,250 burden hours for this activity. This request is for 6,936 total burden hours, for a decrease of 1,314 hours. This change in burden hours is due to the change in the number of responses from 4,125 to 3,468 which reflects the inclusion of only deemed health centers in the numbers since non-deemed health centers cannot apply. This decrease also led to a proportional decrease in the estimated burden on covered entities as well as estimated costs.

The change of the estimated annual cost to the federal government for data processing to \$64,488 from \$48,125 reflects three years of actual implementation experience. The methodology changed to include actual cost data of implementation through contacted arrangements along with estimated costs of HRSA staff.

16. Plans for Analysis and Timetable of Key Activities

At this time, no statistical analysis will be conducted with the information collected. At this time, no information collected will be published.

17. Exemption for Display of Expiration Date

The expiration date will be displayed.

18. Certifications

This project fully complies with CFR 1320.9. The certifications are included in this package.