

**Supporting Statement for the  
Tribal Investment in Commercial Electronic Health Records  
Information Collection 0917-XXXX**

**Background**

The Indian Health Service (IHS) has initiated a multi-year project to modernize the Health Information Technology (HIT) infrastructure and applications that support the provision of healthcare services at IHS facilities. In addition to IHS facilities, many Tribes and Urban Indian Organizations (UIO) use the HIT solutions provided by IHS, including the Resource and Patient Management System (RPMS) Electronic Health Record (EHR), while other Tribes/UIOs have opted to convert to commercial off-the-shelf products. In its FY2020 and FY2021 appropriations, as well as in the CARES Act and American Rescue Plan Act, Congress has specified dollar amounts that IHS may use to support HIT modernization. However, as discussed below, in the FY2021 Consolidated Appropriation, Congress also instructed IHS to report on the number of Tribes using commercial EHR solutions, and their associated costs. Congress did not specify its intent or purpose for asking for this information. Since IHS does not normally collect such information from Tribes, a one-time Information Collection activity is required.

**A. Justification**

**1. Need and Legal Basis**

- 1) The requirement from Congress for IHS to report this information was published in the Explanatory Statement that accompanied the Consolidated Appropriations Act, 2021, signed into law on December 27, 2020. The Explanatory Statement can be found at: <https://www.congress.gov/116/crec/2020/12/21/CREC-2020-12-21.pdf-bk4>

It includes the following language:

*“The Committees direct the [Indian Health] Service to report back within 120 days of enactment of this Act with a list of Tribes that currently maintain their own non-RPMS electronic health record systems along with cost estimates required for those Tribes to implement, maintain, and make any necessary upgrades to these systems. Further directions and limitations on expenditures are provided in the bill.”*

The IHS does not collect or maintain this information about Tribal investment into non-RPMS EHR systems, so the only way that IHS can respond to this requirement is by issuing a data call to the Tribes.

- 2) **Timeline:** IHS is issuing this Information Collection at this time in order to meet the 120-day timeline specified in the Explanatory Statement referenced above.
- 3) **Authority:** This information is collected in accordance with the direction in the Explanatory Statement as detailed above.

## 1. **Information Users**

The principle recipients of the information gathered will be the Congressional

Committees who contributed to the Explanatory Statement. The Committees did not specify how they intend to use the information.

2. **Improved Information Technology:**

Not applicable for this collection.

3. **Duplication of Similar Information**

Duplication is not an issue. IHS does not normally request or collect information from sovereign Tribes or independent UIOs on their information system acquisitions. There is no similar information available which can be used or modified to address the requirement specified by Congress.

5. **Small Businesses**

This information will not involve the collection of information from small businesses.

6. **Less Frequent Collection**

This information is normally not collected by IHS. We believe that this will be a unique, one-time request for information from Congress.

7. **Special Circumstances**

This is a special circumstance in that it was requested by Congress in connection with the FY2021 appropriation for IHS, which states “. . . *none of the amounts made*

*available under this heading to the Indian Health Service for the Electronic Health Record system shall be available for obligation or expenditure for the selection or implementation of a new Information Technology Infrastructure system until the report and directive is received by the Committees on Appropriations of the House of Representatives and the Senate in accordance with the explanatory statement described in section 4 . . .”.* This information collection will be consistent with the guidelines in 5 C.F.R. 1320.5(d)(2).

**8. Federal Register Notice/Outside Consultation**

A 120-day Federal Register Notice is being published.

This information collection is directly related to the IHS HIT modernization initiative, about which numerous Tribal Consultation and Urban Confer events and communications have occurred. The most recent of these consultation/confer sessions were on December 17, 2020 and January 14, 2021. Tribal Consultation and Urban Confer events and communications will continue to be scheduled throughout the lifecycle of the HIT modernization initiative. IHS’s Tribal and Urban partners have considerable interest in this project, and IHS intends to maintain close communication throughout.

**9. Payment/Gift to Respondents**

The respondents of this information collection will not receive any payments or gifts for providing the information.

**10. Confidentiality**

The information has been requested by and will be delivered to Congress, so cannot be considered confidential. However, the request for information explicitly states that responses are voluntary, and respondents are also asked if they are willing to have their organization identified in the report to Congress or if they prefer their information to be delivered only as part of an aggregated report.

**11. Sensitive Questions**

There are no questions in the information collection that are of a sensitive nature with respect to individuals. Some respondents may consider their organizations' acquisition and support costs for EHR systems to be sensitive or proprietary, and may choose not to provide a response.

**12. Burden Estimate (Total Hours & Wages and Costs)**

12A. Estimated Burden Hours

<b>Estimated Burden Hours</b>				
<b>Data Collection Instrument</b>	<b>Estimated No. of Respondents</b>	<b>Responses per Respondent</b>	<b>Average Burden Hour per Response*</b>	<b>Total Annual Burden Hrs</b>
Spreadsheet (1 page)	Tribes & Urban Indian Orgs.	1	1	1

Total (est.)		40	40	40
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**Annual Information Collection Costs to Respondents:**

There are no costs to respondents, other than their time to voluntarily complete the spreadsheet.

12B. Estimate of annualized costs to respondents for the hour burdens for collections of information is estimated to be zero.

This information collection will not require the purchase of any capital equipment or start-up costs; and places no additional computer or record-keeping requirements upon the respondents. Therefore, the estimated total annual cost burden to respondents or record keepers for capital and start-up costs components (annualized over the expected useful life) for this information collection is zero. The estimated total cost burden to respondents or record keepers for operation and maintenance, and purchase of services components for this information collection is zero. The information collection will not create costs associated with generating, maintaining, and disclosing or providing the information.

This information collection is asking for existing information and therefore is not included in the estimate.

**13. Capital Costs (Maintenance of Capital Costs)**

The capital cost estimate is zero.

Cost to Federal Government

Effort on the part of Federal Government staff and contractors related to this information request includes: preparing the information request and response template, obtaining necessary clearance through OMB and IHS for distribution, responding to questions, collecting and compiling the data, preparing a report for the Congressional Committees, and delivering/explaining the report to Congressional staff. In total, this effort is estimated at 100 person-hours, or \$15,000 at a base cost of \$150 per hour.

This is a one-time effort with no annual costs to the Federal government.

**15. Program or Burden Changes**

There were no program changes; not applicable.

**16. Publication and Tabulation Dates**

There are no plans for publication of this information.

**17. Expiration Date**

The OMB approval number and expiration date will be displayed on the information collection.

**18. Certification Statement**

There are no exceptions to the certification.

## **B. Collections of Information Employing Statistical Methods**

There will be minimal use of statistical methods in this collection. Respondents will be offered a simple Excel spreadsheet that may be completed on a computer, saved and emailed to IHS. Alternatively, this template may be printed (one page) and completed by hand, scanned and emailed to IHS. The data will be manually compiled into a brief report for Congress that will list the responding Tribes/UIOs and the costs they have reported for acquisition and support of their commercial EHR systems, as specified by Congress. If respondents have asked that their costs not be called out in an identifiable manner, their information will only be included in aggregate data. While it may be possible to report mean/median costs per respondent per year, it is not expected that any further statistical analysis will be performed.