Supporting Statement

**Application for Health Center Program Recipients for Deemed Public Health Service Employment with Liability Protections Under the Federal Tort Claims Act (FTCA) OMB Control No. 0906-0035**

**1. Circumstances Making the Collection of Information Necessary**

The Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC) is requesting a revision of Office of Management and Budget (OMB) approval for the Federal Tort Claims Act (FTCA) Program Deeming Applications for Health Centers. The current application has OMB Number 0915-0906 and expires May 31, 2024.

Congress enacted FTCA medical malpractice protection for Federally-supported health centers through the Federally Supported Health Centers Assistance Act (FSHCAA) of 1992 (P.L. 102-501) and FHSCAA of 1995 (P.L. 104-73), later codified as 42 U.S.C. Section 233 (a) – (n). Under the Act, health centers are considered Federal employees and are immune from lawsuits, with the Federal government acting as their primary insurer.

**2. Purpose and Use of Information Collection**

Section 224(g)-(n) of the Public Health Service (PHS) Act (42 U.S.C. 233(g)-(n)), as amended, authorizes the “deeming” of entities receiving funds under section 330 of the PHS Act as PHS employees for the purposes of receiving Federal Tort Claims Act (FTCA) coverage. The Health Center Program is administered by HRSA’s Bureau of Primary Health Care (BPHC). Health centers submit deeming applications annually to BPHC in the prescribed form and manner in order to obtain deemed PHS employee status, with the associated FTCA coverage. Deeming applications must address certain specific criteria required by law in order for deeming determinations to be issued, and the FTCA application form is critical to BPHC’s deeming determination process

**3. Use of Improved Information Technology**

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

**4. Efforts to Avoid Duplication**

The 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 centers.

**5. Involvement of Small Entities**

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

**6. Consequences of Collecting the Information Less Frequently**

As required by statute, the FTCA Deeming Application for Health Centers must be submitted annually. If health centers do not submit an annual deeming application, the entity will not maintain FTCA coverage for purposes of medical malpractice.

**7. Consistency with the Guidelines in 5 CFR 1320.5**

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

**8. Consultation Outside the Agency**

A 60-day notice published in the Federal Register on December 21, 2021, Vol. 86, No. 242; pp. 72250. There were no public comments.

**9. Remuneration of Respondents**

Respondents will not receive any payments or gifts.

**10. Assurance of Confidentiality**

No assurance of confidentiality is made to the applicants.  These applications provide descriptive information about each grantee and its operations and procedures.  Grantee level data are covered under the Freedom of Information Act.

**11. Questions of a Sensitive Nature**

There are no questions of a sensitive nature.

**12. Estimates of Annualized Hour and Cost Burden**

HRSA has designed FTCA Program deeming applications for health centersas a user-friendly mechanism for health centers to apply for deemed status.

Estimated Annualized Burden Hours:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Form Name** | **Number of Respondents** | **Number of Responses per Respondent** | **Total Responses** | **Average Burden per Response (in hours)** | **Total Burden Hours** |
| FTCA Health Center Program Initial Application | 35 | 1 | 35 | 2.5 | 87.5 |
| FTCA Health Center Program Redeeming Application | 1125 | 1 | 1125 | 2.5 | 2812.5 |
| Total | 1160 |  | 1160 |  | 2900 |

The burden estimates for completing the FTCA Program deeming applications for health centershave been determined based on the experience of the program. Individual health center burden is estimated to be 2.5 hours per respondent for completing the FTCA Program deeming applications for health centers for both the initial and redeeming applications.  The Program estimates that there will be approximately 1160 respondents annually.

Estimated Annualized Burden Costs:

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of****Respondent** | **Total Burden****Hours** | **Hourly****Wage Rate** | **Total Respondent Costs** |
| Medical and Health Services Manager[[1]](#footnote-1) | 2900 | $52.58  | $152,482 |
| Total | 2900 | $52.58 | $152,482 |

**13. Estimates of Other Total Annual Cost Burden to Respondents or Record-keepers/Capital Costs**

The costs to respondents is comprised of their time, record-keeping, 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 government is approximately $189,138 (2 Contractors, 1 GS-12, 1 GS-14, 1 GS-15, 1 SES FTEs – 11% time of work) for reviewing the forms, and for processing and providing notification to applicants.

**15. Change in Burden**

N/A

**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.

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>. [↑](#footnote-ref-1)