Supporting Statement A

State Maternal Health Innovation (State MHI) Maternal Health Annual Report (MHAR)

OMB Control No. 0906-XXXX

Terms of Clearance: None

A. Justification

1. Circumstances Making the Collection of Information Necessary

HRSA is requesting OMB approval for a new information collection request, the State Maternal Health Innovation (State MHI) program Maternal Health Annual Report (MHAR), which will monitor grantee's progress in accessing, analyzing, and using state-level maternal health data and to summarize the data focused work that grantees accomplish. The purpose of the State MHI program is to reduce maternal mortality and severe maternal morbidity (SMM) by improving access to care that is comprehensive, high-quality, appropriate, and on-going throughout the preconception, prenatal, labor and delivery, and postpartum periods; enhancing state maternal health surveillance and data capacity; and identifying and implementing innovative interventions to improve outcomes for populations disproportionately impacted by maternal mortality and SMM. The State MHI program is authorized by 42 U.S.C. § 701(a)(2) (Title V, § 501(a)(2) of the Social Security Act), which authorizes awards for special projects of regional and national significance (SPRANS) in maternal and child health. SPRANS projects support HRSA's MCHB mission to improve the health and well-being of America's mothers, children, and families.

2. Purpose and Use of Information Collection

The information will be used by the HRSA program team to monitor grantees' progress in accessing, analyzing, and using state-level maternal health data to demonstrate improvement in addressing maternal health disparities through innovative programs. Information collected will include total number of live births, total number of pregnancy-related deaths, percent of live births where the mother had health insurance, rate of low-risk cesarean birth, percent of women with a recent live birth who received a postpartum visit, percent of women with a recent live birth screened for postpartum depression or percent of women screened for depression or anxiety following a recent live birth.

Additional information collected will include the leading causes of pregnancy-related deaths, contributing factors that may be associated with the leading causes of pregnancy-related deaths, the SMM rate, populations disproportionately affected by maternal mortality or other maternal health factors, efforts linking data to action, efforts improving data collection and analysis, and efforts sharing data.

3. Use of Improved Information Technology and Burden Reduction

The MHAR data collection tool has been used by the inaugural cohort of grantees for the first four years of their grant, which began in fiscal year (FY) 2019. PRA did not apply at this time because the information collection involved fewer than nine people/entities in a 12-month period. To minimize the burden on future respondents, the MHAR data collection tool has been revised based on non-standardized discussions with the first cohort of grantees in routine grantee calls with Project Officers, so the guidance is easier to understand, and the report format is standardized and clear. Grantees are aware of reporting requirements and the program will provide training and guidance for them before the MHAR is due.

4. Efforts to Identify Duplication and Use of Similar Information

The information is not collected through any other means. The information is specific to the State MHI program and is not included in other information collection efforts.

5. Impact on Small Businesses or Other Small Entities

This data collection will not impact small businesses or other small entities. No small businesses will be involved in this report.

6. Consequences of Collecting the Information Less Frequently

On average, respondents will complete this data collection about once per year. Collecting grantee data less frequently would result in insufficient data to monitor grantee's progress in analyzing state-level maternal health data.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

The request fully complies with the regulation. The minimum SPD-15 racial/ethnic categories are used in this information collection because the minimum categories are consistent with the data sources (such as the Maternal Mortality Review Information Application (MMRIA) and the Pregnancy Mortality Surveillance System (PMSS)) the respondents rely on to complete the information collection; these data sources do not yet provide data by race/ethnicity sub-categories. Additionally, the data sets respondents use often involve small numbers that, if stratified into the detailed race/ethnicity sub-categories, may become identifiable and would generally be suppressed for reporting.

8. Comments in Response to the Federal Register Notice/Outside Consultation

Section 8A:

A 60-day Federal Register Notice was published in the *Federal Register* on July 8, 2024, vol. 89, No. 130; pp. 55950-55951. There were no public comments.

Section 8B:

To minimize the burden on future respondents, the MHAR data collection tool has been revised based on non-standardized discussions with the first cohort of nine grantees in routine grantee calls with Project Officers in 2022 and 2023. The nine grantees consulted include state and local health officials. No major problems were raised from the non-standardized discussions and no other public comments were received.

9. Explanation of any Payment/Gift to Respondents

Respondents will not receive any payments or gifts.

10. Assurance of Confidentiality Provided to Respondents

Data will be kept private to the extent allowed by law. Data collected will be state-level information and will not include personal identifiers.

11. Justification for Sensitive Questions

The MHAR does not include sensitive questions. No personally identifiable information will be collected from respondents. Individual-level data will be not obtained from the grantees.

12. Estimates of Annualized Hour and Cost Burden

12A. Estimated Annualized Burden Hours

Hour burden estimates were developed in consultation with a sample of the State MHI program grantees. The number of respondents is determined by the number of awarded grantees; HRSA funded 30 grantees in this grant cycle.

Type of Respondent	Form Name	No. of Respondents	No. Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
Grantees *(Medical and Health Services Managers)*	Maternal Health Annual Report (MHAR)	30	1	12	360
Total					**360**

12B.

Hourly wage rates were determined using the Department of Labor website, based on the median hourly wage for Medical and Health Services Managers. The Median hourly rate is used, as opposed to adjusting for locality, since award recipients are spread across the country. Wage has been doubled to account for overhead costs.

Estimated Annualized Burden Costs

Type of Respondent	Total Burden Hours	Hourly Wage Rate (x2)	Total Respondent Costs
Grantees *(Medical and Health Services Managers)*	360	$106.42*	$38,311.20
Total			$38,311.20

*Median Hourly Wage Rate based on the United States Department of Labor, Bureau of Labor Statistics for Medical and Health Services Managers (Medical and Health Services Managers (bls.gov)). Hourly wage doubled to account for

benefits and other overhead costs.

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

Other than their time, there is no cost to respondents.

14. Annualized Cost to Federal Government

Item	Grade/Salary	Hours	Annualized Cost
HRSA/MCHB/DHSPS/Data Analyst	GS-13-1* $84.78†	30	$2,543.40
MRSA/MCHB/DHSPS Project Officer	GS-13-1* $84.78†	30	$2,543.40
Total			$5,086.80

*Government personnel involved in reviewing and analyzing the MHAR include those in GS-12 through GS-14 and may vary from year to year. Therefore, GS-13 is used as the average for this estimate.

†Hourly basic rate based on GS-13 Step 1 and adjusted for the Locality Pay Area of Washington-Baltimore-Arlington, DC-MD-VA-WV-PA effective January 2024. Federal staff cost includes overhead and benefits. Hourly wage multiplied by 1.5 to account for benefits and other overhead costs

15. Explanation for Program Changes or Adjustments

This is a new information collection.

16. Plans for Tabulation, Publication, and Project Time Schedule

There are no plans for publishing, tabulating, or manipulating the collected MHAR data. The agency is currently withholding MHAR data because the nature of the data is very sensitive and respondents are continuing to build their capacity to produce reliable and accurate data. Additionally, respondents were told the data would be used to monitor grantees' progress in accessing, analyzing, and using state-level maternal health data and were told the data would not be released to the public in guidance and trainings.

Item	Due Date
MHAR sent to grantees	August 25, 2025
MHAR due from grantees	September 26, 2025
MHAR validations and follow-up with grantees completed	October 11, 2025
Review and finalize report summary	October 18, 2025

17. Reason(s) Display of OMB Expiration Date is Inappropriate

The OMB number and Expiration date will be displayed on every page of every form/instrument.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.