

Supporting Statement A

National Practitioner Data Bank for Adverse Information on Physicians and Other Health Care Practitioners – 45 CFR Part 60 Regulations and Forms

OMB Control No.0906-0081

A. Justification

1. Circumstances Making the Collection of Information Necessary

This is a request for revision of Office of Management and Budget (OMB) information collections needed to meet the requirements established in the Code of Federal Regulations (CFR) for Title 45 CFR Part 60, which govern the National Practitioner Data Bank (NPDB). These forms are used in registering with, reporting information to, and requesting information from the NPDB. Administrative forms are also included to aid in monitoring compliance and ensure all eligible entities are meeting their federal reporting, querying, and confidentiality requirements.

Responsibility for NPDB implementation and operation resides in the Bureau of Health Workforce, Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS).

Legal Authorities Governing the NPDB

The statutes and regulations that govern and maintain NPDB operations include:

- Title IV of the Health Care Quality Improvement Act of 1986 (HCQIA), Public Law 99-660 (referred to as “[Title IV](#)”);
- Section 5 of the Medicare and Medicaid Patient and Program Protection Act of 1987, Public Law 100-93, codified as Section 1921 of the Social Security Act (referred to as “[Section 1921](#)”);
- Section 221(a) of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, codified as Section 1128E of the Social Security Act (referred to as “[Section 1128E](#)”); and
- [Section 6403](#) of the Patient Protection and Affordable Care Act of 2010, Public Law 111-148 (referred to as “Section 6403”).

The NPDB regulations implementing these laws are codified in [45 CFR Part 60](#).

The NPDB regulations are applicable to entities in all 50 states, the District of Columbia, and the U.S. territories of American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the Virgin Islands. For simplicity, any reference to a state or entity in this Supporting Statement should be interpreted to include the District of Columbia and the five U.S. territories.

a.) Title IV of Public Law 99-660, Health Care Quality Improvement Act (HCQIA) of 1986

The intent of [Title IV](#) is to improve the quality of health care by encouraging State licensing boards, professional societies, hospitals, and other health care entities to restrict the ability of incompetent physicians, dentists, and other health care practitioners to move from State to State without disclosure or discovery of previous medical malpractice payment and adverse action history. These adverse actions include certain licensure actions regarding physicians and dentists, clinical privileges actions, and professional society membership actions, as well as Drug Enforcement Administration (DEA) controlled-substance registration actions.

b.) Section 1921 of the Social Security Act

[Section 1921](#) was enacted to provide protection from unfit health care practitioners to beneficiaries participating in Medicare and State health care programs and to improve the anti-fraud provisions of these programs. Information collected and disclosed by the NPDB under Section 1921 includes state licensure and certification actions against health care practitioners, entities, providers, and suppliers; negative actions or findings by peer review organizations and private accreditation organizations; and certain final adverse actions taken by certain state agencies, including state law enforcement agencies, state Medicaid fraud control units, and state agencies administering or supervising the administration of state health care programs. These final adverse actions include exclusions from a state health care program, health care-related criminal convictions and civil judgments in state court, and other adjudicated actions or decisions specified in regulations.

c.) Section 1128E of the Social Security Act

The original purpose of [Section 1128E](#) was to establish a national data collection program, formerly known as the HIPDB, to combat health care fraud and abuse. Section 1128E information is now collected and disclosed by the NPDB and includes certain final adverse actions taken by federal agencies and health plans against health care practitioners, providers, and suppliers. These actions consist of federal licensure and certification actions, exclusions from participation in a federal health care program, health care-related criminal convictions and civil judgments, and other adjudicated actions or decisions specified in regulations.

d.) Section 6403 of the Patient Protection and Affordable Care Act of 2010

<https://www.govinfo.gov/content/pkg/PLAW-111publ148/html/PLAW-111publ148.htm> Section 6403 of the Patient Protection and Affordable Care Act of 2010, Public Law 111-148, amended sections 1921 and 1128E to eliminate duplication between the former HIPDB and the NPDB, and

required the Secretary to establish a transition period for transferring data collected in the HIPDB to the NPDB and to cease HIPDB operations, which occurred on May 6, 2013.

2. Purpose and Use of Information Collection

The NPDB is a web-based repository of reports containing information on medical malpractice payments and certain adverse actions related to health care practitioners, providers, and suppliers. Established by Congress in 1986, it is a workforce tool that prevents practitioners from moving state-to-state without disclosure or discovery of previous damaging performance.

Information is collected from, and disseminated to, eligible entities (entities that are entitled to query and/or report to the NPDB). The statutes require the Secretary to assure that information is provided and utilized in a manner that appropriately protects the confidentiality of the information and the privacy of subjects in NPDB reports. Users of the NPDB include reporters (entities that are required to submit reports) and queriers (entities that are authorized to request for information). The list of reportable actions collected by reporters and disclosed to queriers allow the NPDB to fulfill its mission to improve health care quality, protect the public, and reduce health care fraud and abuse in the United States.

The NPDB is a vital source of information for the effective evaluation of health care practitioners and entities and plays an important role in improving the quality of health care. Information in NPDB reports should be considered with other relevant information in evaluating credentials of health care practitioners, providers, and suppliers. This Information Collection Request (ICR) proposes revisions to improve navigation through the secure portal.

This revision proposes changes to update burden totals as well as minor text changes. In addition, this revision eliminates the Account Balance Transfer Request form which allowed registered entities to transfer funds between their accounts. The data collected on this form is part of an electronic workflow that falls under a Paperwork Reduction Act exemption for voluntary commercial transactions.

3. Use of Improved Information Technology and Burden Reduction

The reporting forms and request for information forms (query forms), are accessed, completed, and submitted online at www.npdb.hrsa.gov. Reporting and querying are performed through this secure website. Additionally, the NPDB has been able to reduce input form error and enhance the overall user experience in recent years by implementing the technologies listed below:

- For organizational users – The NPDB Implemented Okta integrated with PIV cards to provide identity proofing and MFA for organizational users to access the NPDB Compliance and Disputes Tracker and the Internal Operations applications.
- For non-organizational users – The NPDB implemented identity proofing and Multi Factor authentication by integrating with HHS XMS Federated system and id.me via PIV cards or non-PIV cards to provide identity verification and MFA for non-organizational users. Non-HHS federal users can use their PIV cards to access the NPDB IQRS

application, while all other non-organizational users use their unique user credentials with ID.me to access the IQRS, Self-Query, or Report Response Services.

- The NPDB updated the Public Use Data File (PUF) and the Data Analysis Tool (DAT). The PUF and DAT now include data from September 1, 1990, through June 30, 2026. PUF users now have the ability to download specific subsets of the PUF based on report type and selected profession while keeping the same file structure and content, thereby making it easier to narrow results to the data of interest.
- To improve transparency and the practitioner experience, the NPDB combined two existing applications into a single-entry point. Previously, the Report Response Service allowed reported practitioners to view and respond to reports, including adding statements or disputing reports. A separate application, using the same login credentials, allowed practitioners to purchase digitally certified self-queries. Combining these functions created a more streamlined experience while expanding services available to health care practitioners.
- The NPDB launched an NPDB AI Assistant powered by Generative Artificial Intelligence (Gen AI). The Assistant helps answer questions about organization registrations, entity administrative functions, queries, reports, and billing. It provides general information and does not give advice for individual situations. It advises users to refrain from entering personally identifiable information (PII), sensitive, or proprietary information.
- The NPDB migrated to AWS Cloud-based Amazon Connect to serve as the NPDB Customer Service Center voice communications channel. Amazon Connect provides all services related to the NPDB Customer Service Center voice and chat channel. The NPDB chat channel is an unauthenticated Generative Artificial Intelligence (AI) bot, which leverages Amazon Services including Lex, Secrets Manager, Lambda, and Bedrock with curated knowledge bases as data sources.
- The NPDB incorporated autocomplete features for certifying user information, addresses, and school names, including autosuggest features for licensure professions when users save incomplete forms.

HRSA follows National Institute of Standards and Technology (NIST) security guidelines. The HRSA IT Security Policy outlines high-level security requirements for both HRSA IT systems and management processes, encompassing Management, Operational, and Technical controls as defined in NIST Special Publication 800-53, Revision 5, Recommended Security Controls for Federal Information Systems and Organizations. Any subsequent documentation (e.g., procedures, standards, or other operational guidance) must comply with the HRSA IT Security Policy. In addition to NIST guidance, the HRSA IT Security Policy incorporates standards established by HHS, existing HRSA documentation and information obtained from interviews with Personnel Security, Office of Information Technology staff, and other HRSA stakeholders.

The protection level of NPDB program data is commensurate with a moderate level of sensitivity as defined by the guidelines set forth in Federal Information Processing Standard 199, “Standards for Security Categorization of Federal Information and Information Systems.” The NPDB contains information classified under the Privacy Act that is considered personally identifiable information (PII). In accordance with HHS policy, a Privacy Impact Assessment

(PIA) has been completed for the NPDB. On an annual basis, the NPDB conducts a detailed security review process that tests the effectiveness of the security controls to ensure the PII in the system remains safe.

Finally, a critical aspect of the Security Assessment and Authorization (SA&A) process is the post-authorization period involving the continuous monitoring of security controls in the information system over time. An effective continuous monitoring program requires configuration management and configuration control processes; security impact analyses on changes to the information system; and assessment of selected security controls in the information system and security status reporting to appropriate agency officials. For the NPDB, continuous monitoring is conducted, whereby one-third of the controls are tested each year. At the end of the third year, and once all the controls have been tested, an Authority to Operate (ATO) is issued. Additionally, if enhancements to a system are made which change the system's security posture, an updated authorization to operate is required before deployment, regardless of where the system is in the 3-year cycle.

4. Efforts to Identify Duplication and Use of Similar Information

The NPDB contains a large amount of confidential information that is not available from any other source. Prior to 1990, when the NPDB began operations, a single, consolidated, national repository of information on medical malpractice payments, state licensure disciplinary actions, adverse actions on clinical privileges and professional society memberships did not exist. The Federation of State Medical Boards (FSMB) has maintained a data bank of information on state medical board licensure actions, and the National Council of State Boards of Nursing has a database of information on nurse licensure and disciplinary actions.

Most states require some form of reporting of medical malpractice payments, usually to state licensing boards, but such information is not routinely compiled on a national basis. In some states, information on adverse actions taken by health care entities is reported to the state licensing board, but it has never been collected systematically or been generally available. Similarly, no centralized reporting of professional society membership adverse actions has existed. HRSA drew on the experience of similar existing information collection systems to the extent feasible when developing the NPDB. For example, the classification system used in reporting licensure disciplinary actions is a modification of the system used by the FSMB. The classification system used for acts or omissions that resulted in a medical malpractice insurance payment is adapted from a coding system developed by the Harvard Risk Management Foundation. There is no comprehensive source of information similar to that which is in the NPDB.

5. Impact on Small Businesses or Other Small Entities

The information collected is not expected to have a significant effect on small businesses. The electronic forms incorporate the data elements found in the regulations. Attempts are made to keep data collections to the minimum needed to differentiate adequately among individuals with similar names and to comply with statutory requirements. An eligible entity may use an authorized agent to report to and request information from (query) the NPDB at the discretion of that entity.

6. Consequences of Collecting the Information Less Frequently

Information on medical malpractice payments, state medical or dental board licensure disciplinary actions, other licensing and certification actions, criminal convictions, civil judgments, other adjudicated actions, and adverse actions on clinical privileges or memberships are to be reported to the NPDB within 30 days of the date the action was taken or the payment was issued. If an eligible entity discovers documentation of medical malpractice payments, adverse actions, or judgments or convictions that the eligible entity had not reported to the NPDB, the entity must promptly submit the related report(s). All required reports must be filed with the NPDB regardless of whether they are late.

Title IV requires frequent reporting to the NPDB to provide current information on health care providers to its users. Less frequent collection could allow substandard practitioners to remain in practice without detection for longer periods of time, possibly increase the risk to patient safety, and fail to provide accurate and timely information to law enforcement officials, regulatory agencies, or health insurance plans for their investigations or inquiries into practitioners.

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

The request fully complies with the regulation.

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

8A: A 60-day Federal Register Notice was published in the *Federal Register* on July 17, 2026, Vol. 91, No. 136; pp. 44865-44867. There was one public comment. Below is a summary of key themes raised in the comment and HRSA's response:

Highmark Inc. (Highmark), an independent licensee of the Blue Cross Blue Shield Association, provided HRSA with future considerations for improvements to the NPDB. These include exploring greater patient access to NPDB information, improving the timeliness of reporting and data availability, implementing safeguards to avoid creating disincentives for error reporting and organizational learning, and developing additional educational resources to assist the public with understanding practitioner information.

By law, HRSA is unable to make information about specific health care practitioners, entities, providers, or suppliers available to the general public. Rather, information available through the NPDB helps eligible entities make informed hiring, credentialing, privileging, and licensing decisions that promote patient safety. As such, HRSA recognizes the importance of information reported to the NPDB being readily available to the entities authorized by law to query the

NPDB. Once submitted to the NPDB, reports become immediately available to eligible entities. Eligible entities using the NPDB’s Continuous Query monitoring service are notified of new reports for their enrolled subjects within one business day. The NPDB is currently merging its One-Time Query and Continuous Query services into a single query process. Under this approach, eligible entities that query the NPDB will receive an initial query response and will be enrolled in continuous monitoring for the duration of the query period. If new or updated information is reported to the NPDB during that period, the querying entity will be notified, reducing the potential gap between when information is reported to the NPDB and when it becomes available to an eligible entity with an active query.

Health care entities and other entities that are required to submit reports to the NPDB must submit a report to the NPDB within 30 days of taking a reportable action. The NPDB system accepts reports from eligible entities virtually 24/7 via both manual online entry and via an automated machine to machine interface. Over the last 18 months, over 75 percent of adverse action reports received were submitted on time with an overall median reporting time of fewer than 14 days.

The NPDB maintains ongoing compliance education and outreach efforts designed to support reporting entities in understanding and meeting their reporting responsibilities. These efforts are continuous and responsive to the needs of reporting entities, which regularly seek NPDB guidance, education, and technical assistance regarding reporting requirements and processes. The NPDB provides outreach and educational resources through a variety of channels, including conference presentations, other professional forums, educational sessions, technical assistance, and direct engagement with reporting entities to address questions, and clarify reporting responsibilities. The NPDB also reviews reporting compliance for State Licensing and Certification Agencies to assess whether required information is being appropriately reported to the NPDB. These efforts complement improvements to the query process by helping to ensure that information that is required to be reported to the NPDB is available to eligible querying entities and can support health care quality, professional review, and other purposes authorized by law.

Together, these efforts are intended to continue strengthening the timeliness, completeness, and availability of NPDB information, in accordance with the law.

A 30-day Federal Register Notice was published in the *Federal Register* on October 23, 2026, Vol. 91, No. 204; pp. 66856-59.

8B: In FY2022 and FY2023, the NPDB conducted a comprehensive review of its report forms to make the forms more useful to those who query the database. Through this review, two feedback surveys were conducted and individual users were interviewed. The query and report surveys were conducted under OMB control number 0906-0084expiration 11/30/2026, and 0915-0379, expiration 11/30/2026.

Table 1: User Feedback Gathering Events

Topic	Date/Time Frame	Number of Attendees/Participants
Query Survey	February 13, 2024 – February 21, 2024	1,049
Report Survey	April 10, 2024 – May 7, 2024	345
Query Form Usability Interviews	June 3, 2024 – July 26, 2024	5
Report Form Usability Interviews	July 1, 2024 – July 26, 2024	9
Total		1,408

9. Explanation of any Payment/Gift to Respondents

Respondents will not receive any payments or gifts.

10. Assurance of Confidentiality Provided to Respondents

45 CFR § 60.20 provides information on the confidentiality of the NPDB. Information reported to the NPDB is considered confidential and shall not be disclosed outside of HHS, except as specified in 45 CFR §§ 60.17, 60.18, and 60.21. Persons and entities receiving information from the NPDB, either directly or from another party, must use it solely for the purpose for which it was provided. Nothing in this section will prevent the disclosure of information by a party from its own files used to create such reports where disclosure is otherwise authorized under applicable state or federal law; data will be kept private to the extent allowed by law. Any person who violates NPDB confidentiality shall be subject to a civil money penalty. This penalty will be imposed pursuant to procedures at [42 CFR Part 1003](#). The penalty amounts in this section are adjusted for inflation annually. Adjusted amounts are published at [45 CFR Part 102](#). The NPDB has system of record notice number 09-15-0054 (<https://www.hrsa.gov/about/privacy-act/09-15-0054.html>).

11. Justification for Sensitive Questions

The purpose of [Title IV](#) is to facilitate the exchange of information on medical malpractice payments, licensure disciplinary actions and adverse actions on clinical privileges, information that by its nature may be considered sensitive. The questions on these forms that solicit sensitive information result from requirements of Title IV and are necessary to achieve its purposes. Collection of the Social Security Number (SSN) of report subjects will take place only in accordance with Section 7 of the Privacy Act. The SSN will be used as an identifier to distinguish among practitioners with similar names.

The purpose of [Section 1128E](#) is to facilitate the exchange of health care fraud-related information among law enforcement agencies, regulatory agencies, and health plans. The purpose of Section 1921 is to facilitate the exchange of state licensure and certification action information taken against health care practitioners amongst the following organizations or agencies: peer review organizations, private accreditation organizations, state law enforcement agencies, state licensing and certification authorities, Medicaid Fraud Control Units, and state agencies administering state health care programs.

HHS has determined that the reporting of SSN and/or Federal Employer Identification Numbers is mandatory to differentiate between health care providers, suppliers, and practitioners with similar names. However, HHS discloses these numbers only to individuals or organizations permitted by the statute to obtain such information from the NPDB.

12. Estimates of Annualized Hour and Cost Burden

This section summarizes the total burden hours for the information collection and the cost associated with those hours. Table 2 provides the estimated annualized burden hours and Table 3 provides the estimated annualized cost burden. Note that the “number of respondents” in Table 2 includes IQRS users who will manually complete the forms available on the NPDB website and entities that use the NPDB’s Querying and Reporting XML Service (QRXS) to query and report through an external application interface.

12A: Estimated Annualized Burden Hours

Table 2: Estimated Annualized Burden Hours

Regulation Citation	Form Name	Number of Respondents	Number of Responses per Respondent	Total Responses	Average Burden per Response (in hours)	Total Burden Hours (rounded up)
§ 60.6: Reporting errors, omissions, revisions or whether an action is on appeal.	Correction, Revision-to-Action, Void, Notice of Appeal (manual)	9,103	1	9,103	.2500	2,276
	Correction, Revision-to-Action, Void, Notice of Appeal (automated)	16,192	1	16,192	.0003	5
§ 60.7: Reporting medical malpractice payments.	Medical Malpractice Payment (manual)	11,232	1	11,232	.7500	8,424
	Medical Malpractice Payment (automated)	702	1	702	.0003	1
§ 60.8: Reporting licensure actions taken by Boards of Medical Examiners	State Licensure or Certification (manual)	16,608	1	16,608	.7500	12,456

Regulation Citation	Form Name	Number of Respondents	Number of Responses per Respondent	Total Responses	Average Burden per Response (in hours)	Total Burden Hours (rounded up)
and §60.9: Reporting licensure and certification actions taken by States.	State Licensure or Certification (automated)	15,436	1	15,436	.0003	5
§ 60.10: Reporting Federal licensure and certification actions.	DEA/Federal Licensure	674	1	674	.7500	506
§ 60.11: Reporting negative actions or findings taken by peer review organizations or private accreditation entities.	Peer Review Organization	10	1	10	.7500	8
	Accreditation	10	1	10	.7500	8
§ 60.12: Reporting adverse actions taken against clinical privileges.	Title IV Clinical Privileges Actions	827	1	827	.7500	621
	Professional Society	24	1	24	.7500	18
§ 60.13: Reporting Federal or State criminal convictions related to the delivery of a health care item or service.	Criminal Conviction (Guilty Plea or Trial) (manual)	1,043	1	1,043	.7500	783
	Criminal Conviction (Guilty Plea or Trial) (automated)	246	1	246	.0003	1
	Deferred Conviction or Pre-Trial Diversion	60	1	60	.7500	45
	Nolo Contendere (no contest plea)	34	1	34	.7500	26
	Injunction	2	1	2	.7500	2
§ 60.14: Reporting civil judgments related to the delivery of a health care item or service.	Civil Judgment	10	1	10	.7500	8
§ 60.15: Reporting exclusions from participation in Federal or State health care programs.	Exclusion or Debarment (manual)	1,455	1	1,455	.7500	1,092
	Exclusion or Debarment (automated)	3,560	1	3,560	.0003	2
§ 60.16: Reporting other adjudicated actions or decisions.	Government Administrative (manual)	791	1	791	.7500	594
	Government Administrative (automated)	1,690	1	1,690	.0003	1
	Health Plan Action	445	1	445	.7500	334
§ 60.17 Information which hospitals must request from	One-Time Query for an Individual (manual)	1,584,245	1	1,584,245	.0800	126,740

Regulation Citation	Form Name	Number of Respondents	Number of Responses per Respondent	Total Responses	Average Burden per Response (in hours)	Total Burden Hours (rounded up)
the National Practitioner Data Bank and § 60.18 Requesting Information from the NPDB.	One-Time Query for an Individual (automated)	4,040,137	1	4,040,137	.0003	1,213
	One-Time Query for an Organization (manual)	83,748	1	83,748	.0800	6,700
	One-Time Query for an Organization (automated)	43,869	1	43,869	.0003	14
	Self-Query on an Individual	266,839	1	266,839	.4200	112,073
	Self-Query on an Organization	665	1	665	.4200	280
	Continuous Query (manual)	1,315,205	1	1,315,205	.0800	105,217
	Continuous Query (automated)	1,779,886	1	1,779,886	.0003	534
§ 60.21: How to dispute the accuracy of NPDB information.	Subject Statement and Dispute	3,453	1	3,453	.7500	2,590
	Request for Dispute Resolution	117	1	117	8.0000	936
Administrative	Entity Registration (Initial)	4,176	1	4,176	1.0000	4,176
	Entity Registration (Renewal & Update)	15,020	1	15,020	.2500	3,755
	State Licensing Board Data Request	51	1	51	10.5000	536
	State Licensing Board Attestation	346	1	346	1.0000	346
	Authorized Agent Attestation	193	1	193	1.0000	193
	Health Center Attestation	781	1	781	1.0000	781
	Hospital Attestation	3,293	1	3,293	1.0000	3,293
	Medical Malpractice Payer, Peer Review Organization, or Private Accreditation Organization Attestation	260	1	260	1.0000	260
	Other Eligible Entity Attestation	5,349	1	5,349	1.0000	5,349
	Corrective Action Plan (Entity)	10	1	10	.0800	1
	Reconciling Missing Actions	1,924	1	1,924	.0800	154
	Agent Registration (Initial)	107	1	107	1.0000	107
	Agent Registration (Renewal & Update)	380	1	380	.0800	31
	Electronic Funds Transfer Authorization	632	1	632	.0800	51
	Authorized Agent Designation	167	1	167	.2500	42
	Account Discrepancy	19	1	19	.2500	5
	New Administrator Request	191	1	191	.0800	16
	Purchase Query Credits	7,282	1	7,282	.0800	583
	Education Request	10	1	10	.0800	1
	Missing Report from Query Form	10	1	10	.0800	1

Regulation Citation	Form Name	Number of Respondents	Number of Responses per Respondent	Total Responses	Average Burden per Response (in hours)	Total Burden Hours (rounded up)
	TOTAL	9,238,519		9,238,519		403,194

12B. Estimated Annualized Burden Costs

The United States Department of Labor, Bureau of Labor Statistics website ([Occupational Employment and Wage Statistics](http://www.bls.gov/bls/blswage.htm)) was used to determine appropriate wage rates for respondents (<http://www.bls.gov/bls/blswage.htm>). The median hourly wages¹ for the following professions were selected as samples from the website. The median hourly rate is used, as opposed to adjusting for locality, since occupations are spread across the country.

- 25-0000 Educational Instruction and Library Occupations (\$29.12)
- 13-1030 Claims Adjusters, Appraisers, Examiners, and Investigators (\$37.51)
- 13-0000 Business and Financial Operations Occupations (\$39.74)
- 29-0000 Healthcare Practitioners and Technical Occupations (\$41.60)
- 11-3010 Administrative Services and Facilities Managers (\$53.13)
- 11-0000 Management Occupations (\$60.83)
- 29-1216 General Internal Medicine Physicians (\$123.35)

Table 3: Estimated Annual Burden Costs

Regulation Citation	Form Name	BLS Profession Classification	Total Burden Hours	Median Wage Rate (x2)	Total Respondent Costs
§ 60.6: Reporting errors, omissions, revisions or whether an action is on appeal.	Correction, Revision-to-Action, Void, Notice of Appeal (manual)	Management Occupations	2,276	121.66	\$276,898.16
	Correction, Revision-to-Action, Void, Notice of Appeal (automated)	Management Occupations	5	121.66	\$608.30
§ 60.7: Reporting medical malpractice payments.	Medical Malpractice Payment (manual)	Claims Adjusters, Appraisers, Examiners, and Investigators	8,424	75.02	\$631,968.48
	Medical Malpractice Payment (automated)	Claims Adjusters, Appraisers, Examiners, and Investigators	1	75.02	\$75.02

¹ Median Hourly Wage was doubled to account for overhead and benefits.

Regulation Citation	Form Name	BLS Profession Classification	Total Burden Hours	Median Wage Rate (x2)	Total Respondent Costs
§ 60.8: Reporting licensure actions taken by Boards of Medical Examiners	State Licensure or Certification (manual)	Administrative Services and Facilities Managers	12,456	106.26	\$1,323,574.56
	State Licensure or Certification (automated)	Administrative Services and Facilities Managers	5	106.26	\$531.30
§ 60.9: Reporting licensure and certification actions taken by States.					
§ 60.10: Reporting Federal licensure and certification actions.	DEA/Federal Licensure	Administrative Services and Facilities Managers	506	106.26	\$53,767.56
§ 60.11: Reporting negative actions or findings taken by peer review organizations or private accreditation entities.	Peer Review Organization	Administrative Services and Facilities Managers	8	106.26	\$850.08
	Accreditation	Administrative Services and Facilities Managers	8	106.26	\$850.08
§ 60.12: Reporting adverse actions taken against clinical privileges.	Title IV Clinical Privileges Actions	Administrative Services and Facilities Managers	621	106.26	\$65,987.46
	Professional Society	Educational Instruction and Library Occupations	18	58.24	\$1,048.32
§ 60.13: Reporting Federal or State criminal convictions related to the delivery of a health care item or service.	Criminal Conviction (Guilty Plea or Trial) (manual)	Administrative Services and Facilities Managers	783	106.26	\$83,201.58
	Criminal Conviction (Guilty Plea or Trial) (automated)	Administrative Services and Facilities Managers	1	106.26	\$106.26
	Deferred Conviction or Pre-Trial Diversion	Administrative Services and Facilities Managers	45	106.26	\$4,781.70
	Nolo Contendere (no contest plea)	Administrative Services and Facilities Managers	26	106.26	\$2,762.76
	Injunction	Administrative Services and Facilities Managers	2	106.26	\$212.52
§ 60.14: Reporting civil judgments related to the delivery of a health care item or service.	Civil Judgment	Administrative Services and Facilities Managers	8	106.26	\$850.08

Regulation Citation	Form Name	BLS Profession Classification	Total Burden Hours	Median Wage Rate (x2)	Total Respondent Costs
§ 60.15: Reporting exclusions from participation in Federal or State health care programs.	Exclusion or Debarment (manual)	Administrative Services and Facilities Managers	1092	106.26	\$116,035.92
	Exclusion or Debarment (automated)	Administrative Services and Facilities Managers	2	106.26	\$212.52
§ 60.16: Reporting other adjudicated actions or decisions.	Government Administrative (manual)	Administrative Services and Facilities Managers	594	106.26	\$63,118.44
	Government Administrative (automated)	Administrative Services and Facilities Managers	1	106.26	\$106.26
	Health Plan Action	Administrative Services and Facilities Managers	334	106.26	\$35,490.84
§ 60.17 Information which hospitals must request from the National Practitioner Data Bank. § 60.18 Requesting Information from the NPDB.	One-Time Query for an Individual (manual)	Healthcare Practitioners and Technical Occupations	126,740	83.20	\$10,544,768.00
	One-Time Query for an Individual (automated)	Healthcare Practitioners and Technical Occupations	1,213	83.2	\$100,921.60
	One-Time Query for an Organization (manual)	Healthcare Practitioners and Technical Occupations	6,700	83.2	\$557,440.00
	One-Time Query for an Organization (automated)	Healthcare Practitioners and Technical Occupations	14	83.2	\$1,164.80
	Self-Query on an Individual	Healthcare Practitioners and Technical Occupations	112,073	83.2	\$9,324,473.60
	Self-Query on an Organization	Healthcare Practitioners and Technical Occupations	280	83.2	\$23,296.00
	Continuous Query (manual)	Healthcare Practitioners and Technical Occupations	105,217	83.2	\$8,754,054.40
	Continuous Query (automated)	Healthcare Practitioners and Technical Occupations	534	83.2	\$44,428.80
§ 60.21: How to dispute the accuracy of NPDB	Subject Statement and Dispute	General Internal	2,590	246.7	\$638,953.00

Regulation Citation	Form Name	BLS Profession Classification	Total Burden Hours	Median Wage Rate (x2)	Total Respondent Costs
information.		Medicine Physicians			
	Request for Dispute Resolution	General Internal Medicine Physicians	936	246.7	\$230,911.20
Administrative	Entity Registration (Initial)	Business and Financial Operations Occupations	4,176	79.48	\$331,908.48
	Entity Registration (Renewal & Update)	Business and Financial Operations Occupations	3,755	79.48	\$298,447.40
	State Licensing Board Data Request	Business and Financial Operations Occupations	536	79.48	\$42,601.28
	State Licensing Board Attestation	Business and Financial Operations Occupations	346	79.48	\$27,500.08
	Authorized Agent Attestation	Business and Financial Operations Occupations	193	79.48	\$15,339.64
	Health Center Attestation	Business and Financial Operations Occupations	781	79.48	\$62,073.88
	Hospital Attestation	Business and Financial Operations Occupations	3,293	79.48	\$261,727.64
	Medical Malpractice Payer, Peer Review Organization, or Private Accreditation Organization Attestation	Business and Financial Operations Occupations	260	79.48	\$20,664.80
	Other Eligible Entity Attestation	Business and Financial Operations Occupations	5,349	79.48	\$425,138.52
	Corrective Action Plan (Entity)	Business and Financial Operations Occupations	1	79.48	\$79.48
	Reconciling Missing Actions	Business and Financial Operations Occupations	154	79.48	\$12,239.92
	Agent Registration (Initial)	Business and Financial Operations	107	79.48	\$8,504.36

Regulation Citation	Form Name	BLS Profession Classification	Total Burden Hours	Median Wage Rate (x2)	Total Respondent Costs
		Occupations			
	Agent Registration (Renewal & Update)	Business and Financial Operations Occupations	31	79.48	\$2,463.88
	Electronic Funds Transfer (EFT) Authorization	Business and Financial Operations Occupations	51	79.48	\$4,053.48
	Authorized Agent Designation	Business and Financial Operations Occupations	42	79.48	\$3,338.16
	Account Discrepancy	Business and Financial Operations Occupations	5	79.48	\$397.40
	New Administrator Request	Business and Financial Operations Occupations	16	79.48	\$1,271.68
	Purchase Query Credits	Business and Financial Operations Occupations	583	79.48	\$46,336.84
	Education Request	Business and Financial Operations Occupations	1	79.48	\$79.48
	Missing Report from Query Form	Business and Financial Operations Occupations	1	79.48	\$79.48
	TOTAL		403,194	...	\$34,447,695.48

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

There are no capital or start-up costs.

Operation and Maintenance Costs: The NPDB does not receive federal appropriations. By statute, the program is fully funded through the collection of user fees. The NPDB charges \$2.50 per one-time or continuous query and \$3 per self-query. Each mailed paper self-query response costs an additional \$13. These fees were published in the Federal Register on August 19, 2024 (89 FR 67094). For fiscal year 2025, the collection from query fees was nearly \$40 million as shown in Table 4 below. An estimated \$6.5 million query credits were used to cover one-time queries or continuous query enrollments or renewals in fiscal year 2025.

Table 4: Fiscal Year 2025-Estimated Query Volume and Fee Collection

Query Type	Query Count	Net Revenue
One-Time Query	5,807,031	\$5,752,543
Continuous Query	9,648,014	\$16,479,255
Self-Query	259,136	\$1,530,916
Query Credit Purchase	-----	\$16,234,163
Estimated Total		\$39,996,877

14. Annualized Cost to Federal Government

The annual cost to the Federal government for fiscal year 2025, was approximately \$32.2 million. Table 5 below details the specific items that were included in the calculation of this estimate.

Table 5: Fiscal Year 2025-Estimated Annualized Cost to Federal Government

Item	Details	Annual Value
NPDB Program Staff	32 government full-time equivalent staff involved in various aspects of support contract management and oversight, IT investments, disputes, compliance, policy, and general oversight and management of NPDB operations. Includes the cost of benefits.	\$8,100,000
NPDB Support Contracts and Transfers	Support contracts for the operation, maintenance, and enhancement of the NPDB IT system, customer service center, maintenance of the public NPDB website, and related technical services.	\$ 22,800,000
Agency Overhead	Rent, OGC, Bureau IT Support	\$1,300,000
Estimated Annualized Cost to Federal Government		\$ 32,200,000

15. Explanation for Program Changes or Adjustments

There is no change to the average burden per response, but the total burden hours and number of responses increased. Total burden hours increased by approximately 28, 926 hours. The total number of responses increased by approximately 1,123,915 million. The increase is mainly attributable to a higher volume of “Continuous Query” and “Self-Query on an Individual” Forms. The volume of “One-time Query for an Organization” and “State Licensure or Certification” Forms also increased significantly.

Table 6: Explanation for Burden Changes

Item	Number of Responses	Total Burden Hours
Approved Burden (2024)	8,114,604	374,268
Requested Burden (2027)	9,238,519	403,194
Difference	1,123,915	28,926

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

The NPDB publishes state licensing board compliance review and attestation results through its [Compliance Map](#), which allows users to view results by jurisdiction and profession. The data are updated daily and can be exported to a CSV file.

Aggregate data and data that are stripped of identifiers are made available on the NPDB website ([The NPDB - Research & Data](#)) for statistical purposes. The [Data Analysis Tool \(DAT\)](#) contains data from Adverse Action Reports (AAR) and Medical Malpractice Payment Reports (MMPR) that can be analyzed by practitioner type, state, year of action/payment, and action type or malpractice payment range. Additionally, a second tab in the DAT shows the number of unique practitioners for each profession in the NPDB and the sum of unique practitioners per state. The aggregated data from the DAT can be exported to a CSV file.

The [Public Use Data File \(PUF\)](#) contains information on specific fields taken from the AARs and MMPRs received by the NPDB on licensed health care practitioners. The PUF is designed to provide data for statistical reporting and analysis only. The PUF does not contain any information that identifies individual practitioners or reporting entities. A detailed list of the fields in the PUF can be found in the [PUF Format Specifications](#). The whole PUF containing all practitioners and all AARs and MMPRs is downloadable as a CSV, SPSS, or ASCII file. PUF subsets based on profession (physician, dentist, nurse, or other) and report type (AAR and/or MMPR) are also downloadable as CSV files.

Both the DAT and PUF are updated on a quarterly basis with publication happening within 60 days or less after the close of the quarter. People interested in updates to both the DAT and PUF can subscribe to receive emails when new data are published.

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.