Supporting Statement A

Rural Maternity and Obstetrics Management Strategies Program Data Collection

OMB No. 0915-0394-Revision

Terms of Clearance: None

A. Justification

1. Circumstances Making the Collection of Information Necessary

HRSA administers the Rural Maternity and Obstetrics Management Strategies (RMOMS) Program, which is authorized by 42 USC 254c-1b (§ 330A-2 of the Public Health Service Act). The RMOMS Program grants support networks that improve access to, and continuity of, maternal and obstetrics care in rural communities. The goals of the RMOMS Program are to: (1) improve maternal and neonatal outcomes within a rural region; (2) develop a sustainable network approach to increase the delivery and access of preconception, prenatal, pregnancy, labor and delivery, and postpartum services; (3) develop a safe delivery environment with the support and access to specialty care for perinatal patients and infants; and (4) develop sustainable financing models for the provision of maternal and obstetrics care in rural hospitals and communities.

HRSA currently collects information about RMOMS grants using an OMB-approved set of performance measures. These measures last received OMB review and approval under OMB No. 0915-0394 and have a current expiration date of November 30, 2026. HRSA seeks to revise that approved collection. The proposed changes are a result of keeping this instrument relevant, responsive to the RMOMS Program needs, and to improve clarity of reporting for respondents. The proposed changes include the following:

- Changing the frequency of data reporting from an annual basis to a biannual basis (twice a year).
- Changing from aggregate data reporting to patient level data reporting.
- Reducing the number of measures from 34 to approximately 25 data elements.
- Removing Forms/Sections 1 (Consortium/Network) and 2 (Sustainability).
- From/Section 3: Demographics will be changed to Section 1: Demographic Information.
- Form/Section 4: Project Specific Domain will be separated into the following: Section 2: Prenatal Care and Pregnancy Characteristics; Section 3: Labor and

Delivery; Section 4: Postpartum Care; Section 5: Health Behaviors and High-Risk Conditions; and Section 6: Program and Support Services.
- Increasing the estimated total burden.

2. Purpose and Use of Information Collection

The purpose of the revised data collection is to assess RMOMS awardees' progress in meeting the program goals and how well each awardee meets their community needs. Additionally, HRSA will be able to monitor and assess the impact of the RMOMS Program and ensure that funds are effectively used to provide services that meet the target population's needs.

If the RMOMS Program cannot collect this information, HRSA and FORHP would not be able to do the following:

- comprehensively and adequately monitor grantee progression of grant goals and activities related to improving and expanding delivery of health care services in rural communities,

- understand how grant funds are impacting access to care or being utilized to serve the grantee's target population as described in their application; and
- measure the success and impact of the RMOMS Program overall objectives.

3. Use of Improved Information Technology and Burden Reduction

This information collection is fully (100 percent) electronic. HRSA maintains a cooperative agreement with Mission Analytics Group, Inc (Mission). Mission distributes the electronic data collection instrument and houses the data collection instrument on a secure server. Awardees electronically submit their data.

Data is collected through and maintained in a secure data collection platform managed by Mission. As this platform is fully electronic and grantees submit the data electronically, burden is reduced for the grantee and for program staff. The time burden is minimal since there is no data entry element for program staff due to the electronic transmission; additionally, there is less chance of error in translating data and analysis of the data.

4. Efforts to Identify Duplication and Use of Similar Information

There are no other information/data collections currently available for the RMOMS program.

5. Impact on Small Businesses or Other Small Entities

HRSA has made an effort to ensure that the RMOMS Program data collection will not have a significant impact on small business entities, based on a consultation with three current RMOMS awardees. The information requested by RMOMS awardees has been held to the minimum required for the intended use of the data.

6. Consequences of Collecting the Information Less Frequently

RMOMS awardees will respond to this data collection twice during each budget period throughout their project period. HRSA and FORHP need to collect this information biannually in order to:

- respond in a timely manner to data collection challenges or errors that annual data collection does not allow,
- comprehensively and adequately monitor grantee progression of grant goals and activities related to improving and expanding delivery of health care services in rural communities,
- understand how grant funds are impacting access to care or being utilized to serve the grantee's target population as described in their application; and
- measure the success and impact of the RMOMS Program overall objectives.

There are no legal obstacles to reduce the burden.

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

Section 8A:

A 60-day notice published in the Federal Register on August 19, 2026, vol. 91, No. 159; pp. 53622-53623. There were no public comments.

A 30-day notice published in the Federal Register on November 16, 2026, vol. 91, No. 219; pp. 73607-73608.

Section 8B:

HRSA consulted with three current RMOMS awardees in 2026 to assess the burden of this revised data collection.

9. Explanation of any Payment/Gift to Respondents

Respondents will not receive any payments or gifts.

10. Assurance of Confidentiality Provided to Respondents

The awardee maintains data using their own systems. Mission distributes the electronic data collection instrument and houses the data collection instrument on a secure server. The proposed performance measures will be used and reported only in aggregate for program activities.

RMOMS Data Support Provider roles and responsibilities. Under its cooperative agreement with HRSA, Mission serves as the RMOMS Data Support Provider. Mission develops and distributes the data entry template and data dictionary, provides technical assistance to awardees, receives submissions, reviews them for completeness and quality, loads them into the data platform, and prepares aggregate reports for HRSA.

Mission uses the data only for these purposes.

Personally identifiable information. The awardee reports de-identified data to Mission using a template provided by Mission based on records in their systems, which are not maintained on behalf of HRSA. Awardees do not submit names or other direct identifiers to HRSA or to Mission. Awardees report de-identified patient-level records using a standardized data entry template, and the RMOMS data dictionary instructs them not to report names, full dates of birth, Medicaid or other insurance identification numbers, full medical record numbers, or other direct identifiers. Participant age is reported as year of birth, and infant due date and period in which the participant delivered are reported instead of infant birth date. Finally, no service dates are reported. Awardees report the number of prenatal care visits, not the visit dates.

Awardees and their network partners may use identifiable information internally to link and de-duplicate a patient's records across providers, but that information, and any key linking it to the client identifier, stays with the awardee. If a submission is received that contains identifiers in error, Mission immediately deletes the columns with identifying data or asks the awardee to resubmit the file without the identifiers after permanently deleting the file.

Retrieval of information about individuals. Each record carries a client identifier that the awardee assigns (for example, a sequential number) so that the awardee can update the same patient's record from one submission to the next and link a pregnancy to its infant records. Neither HRSA nor Mission can associate a client identifier with a specific person, and neither can use a name, client identifier, or other identifier to retrieve information about a known individual. During data quality review, Mission may refer to a client identifier when asking an awardee to correct a specific record; only the awardee can connect that identifier to a patient. Mission uses the data to produce aggregate results by awardee, cohort, and program year, and the reports and dashboards available to HRSA display only aggregate statistics. Because the data contain no direct identifiers and are not retrieved by a personal identifier by HRSA or Mission, the records do not constitute a system of records under the Privacy Act.

Data storage and protection. Awardees upload their completed files to a secure SharePoint site maintained by Mission, where access is limited to the submitting awardee and Mission data staff. Mission stores the processed data in the RMOMS data platform, a password-protected web application whose database is hosted by Supabase in a U.S. data center operated by Amazon Web Services. Data are encrypted in transit and at rest. User accounts are set up by Mission administrators, and the database enforces role-based access at the row level: awardee staff can view only their own network's data, HRSA staff can view finalized data for all awardees, and only designated Mission staff can load, review, or change data. The database is backed up daily.

11. Justification for Sensitive Questions

HRSA will be collecting race/ethnicity data. The purpose is to ensure that RMOMS grant projects funded with federal dollars are meeting the needs of the population served.

The collection also includes items that OMB considers sensitive: postpartum depression screening and, for awardees who choose them as their high-risk condition, substance use disorder, intimate partner violence, or a chronic physical or mental health condition requiring medication. HRSA collects these items because these conditions, including postpartum depression and substance use disorders, are leading risk factors for maternal health-related complications in the United States, and screening and referral to address these conditions are core RMOMS services.

HRSA uses these items only in aggregate to describe the needs of the population served and to track whether participants are screened. No questions are asked of patients for this collection: awardees and their network partners abstract these items from existing clinical and program records and report them without identifiers, as described in Section 10. Because no identifiable information is reported, no additional consent is obtained for this collection; awardees remain responsible for following HIPAA and State law when sharing records among network partners.

12. Estimates of Annualized Hour and Cost Burden

12A. Estimated Annualized Burden Hours

Type of Respondent	Form Name	No. of Respondents	No. Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
RMOMS Project Director	Rural Maternity and Obstetrics Management Strategies Data Collection	14	2	105	2,940
Total					2,940

This section summarizes the total burden hours for this information collection in addition to the cost associated with those hours.

The number of respondents is based on the number of current RMOMS grantees. Current RMOMS grantees will respond twice per year. The total burden hours were estimated by reaching out to three current RMOMS grantees, as described in Section 8B. The estimates provided were based on the amount of time it takes to review data collection instructions, search existing data sources, gather, and maintain the data needed, and complete and review the collection of information. These grantees were sent a draft of the questions that pertain to their program and were asked to estimate how much time it would take to answer the questions. Based off their feedback, the average burden per response (in hours) was estimated to be 105 hours, as shown in the table above.

It should also be noted that the burden is expected to vary across the RMOMS grantees. This variation is tied primarily to the type of program activities specific to the grantee's project and current data collection system.

12B.

To estimate the hourly wage for a Project Director, HRSA used the most recent data from the Bureau of Labor Statistics. The chosen occupation is Project Management Specialists (SOC Code 13-1082), as this category most accurately reflects the coordination of budgets, schedules, and staffing that is typical of grant project directors.

- Source: Overview of BLS Wage Data by Area and Occupation: U.S. Bureau of Labor Statistics
- Median Hourly Wage: $49.19
- Locality Adjustment: The Median hourly rate is used as opposed to adjusting for locality, since award recipients are spread across the country.
- Overhead/Benefits: Wage has been doubled to account for overhead costs. The hourly wage used will be $98.38.

Estimated Annualized Burden Costs

Type of Respondent	BLS Code	Total Burden Hours	Hourly Wage Rate (x2)	Total Respondent Costs
Project Director	13-1082	2,940	$98.38	$289,273.20
Total				$289,273.20

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

The data collection platform is maintained through a HRSA cooperative agreement. The initial build-out cost attributable to the RMOMS Program is estimated at approximately $59,000. In subsequent years, costs are projected at approximately $32,000 annually to support ongoing maintenance and system enhancements.

The estimated annual cost for Federal staff to perform data analysis, reporting, program monitoring, and recipient support cost of $6,302.16 per year. This cost is estimated as 72 hours of staff time per year at a GS-13 Step 1 salary level, estimated hourly wage of $58.35 (locality pay is based in the Washington-Baltimore-Arlington area) plus 50% for benefits and fringe ([$58.35 per hour + $29.18 fringe per hour] x 72 hours = $6,302.16).

The RMOMS Program has a four year project period. Data collection will happen twice a year per budget period for up to four years. The total cost to the Federal Government for this project over a four-year period is $116,208.64, with an average annual cost of $29,052.16.

15. Explanation for Program Changes or Adjustments

There is an increase in the number of burden hours from 90 hours to 2,940 hours. The increase in burden is to account for additional RMOMS respondents, changes to the instrument and frequency of data reporting, and the time it takes for awardees to refine their existing processes to coordinate and collect data from their partner organizations. Awardee organizations vary in data collection and reporting capacity as well as in the number of member organizations each must coordinate with to report this data to HRSA. The amount of time it takes to build processes to coordinate and collect data from network partners will vary. Larger networks with multiple partners across different organizations are likely to report higher burdens due to the wait time in between coordinating data requests. Networks that already have established working relationships with member organizations may have existing processes in place to effectively collect data for this program.

Additionally, the proposed changes to this data collection include:

- Changing the frequency of data reporting from an annual basis to a biannual basis (twice a year).
- Changing from aggregate data reporting to patient level data reporting.
- Reducing the number of measures from 34 to approximately 25 data elements.
- Removing Forms/Sections 1 (Consortium/Network) and 2 (Sustainability).
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Behaviors and High-Risk Conditions; and Section 6: Program and Support Services.

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

HRSA publishes grantee name, location of entity, award amount, and total number of awardees on the HRSA Data Warehouse website (RMOMS grantee information can be found here.[1]). Further, aggregate program measures including number of unique individuals who received direct services through Federal Office of Rural Health Policy Outreach grants and percent of Outreach Authority grantees that will continue to offer services after the Federal grant funding ends are included in the annual Congressional Budget Justification Budget | HRSA. HRSA is planning to publish similar programmatic impact data to its website, Federal Office of Rural Health Policy | HRSA, by December 2028.

This is a recurring data collection that RMOMS grantees report twice a year. We are requesting clearance of this information collection for the next three years. The next reporting period is scheduled for Winter 2027.

This information collection will not use statistical methods such as sampling, imputation, or other statistical estimation techniques.

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.

1 https://data.hrsa.gov/topics/grants/find-grants?program=Rural%20Health&programName=Rural%20Maternity%20and%20Obstetrics%20Management%20Strategies%20Program%20(UK9)