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To: [HRSA Paperwork](#); tom.kean@mail.house.gov; budget.democrats@mail.house.gov; speakerjohnson@mail.house.gov

Cc: info@aarp.org; joella.roland@hrsa.gov

Subject: [EXTERNAL] Re: regulatory mismanagement to go to the entire country - shut that down now
public comment on federal register

Date: Wednesday, November 29, 2023 6:46:17 PM

health insurance has been turned into third world country health insurance under the public health service act. the insurance companies to lure medicare in list provider directories full of names of doctors of all kinds. but when you call them for an appointment, they are either not taking new patients, or they only work one day a week in your county or they don't take your insurance anymore so these provider directories are full of fake names that are not practicing doctors at all. they are fake name directories. there is value for the insurance companies with this care but the patients don't get good care from this system at all. the companies are making money hand over fist. when you finally do find a doctor, they won't give you tests or help. these comments are very much within the scope of public comment on the actions of this regulatory agency for patients. it is time that all public comments be attended to. it is time that agencies do not respond to critical public. this agency knows full well any message from 1 citizen is representative of at least 100 who did not write and is just suffering. this agency has not benefitted the American people for the last 20 years. it needs to be defunded if it cannot do operations that help the American people. it is getting funded with taxpayer dollars and doing nothing for American citizens. this comment is for the public record.

Congress should not be issuing budgets that reward agencies that do not help the American people. and just do the same old thing year after year and spend more money doing it. there is no efficiency in this agency at all. the grade I would give this agency is zero or F minus. bkerbk1492@aol.com

[Federal Register

Volume 88,

Number 228

(Wednesday,

November 29,

2023)] [Notices]

[Pages 83420-83421]

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[FR Doc No: 2023-26249]

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency

Information

Collection

Activities:
Submission to
OMB for
Review and
Approval;
Public
Comment
Request; Rural
Health Network
Development
Program
Performance
Improvement
Measurement
System, OMB No.
0906-0010-
Revision

AGENCY:
Health Resources
and Services
Administration
(HRSA),
Department of
Health and
Human Services.

ACTION: Notice.
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SUMMARY: In
compliance with
the Paperwork
Reduction Act of
1995, HRSA
submitted an
Information
Collection
Request (ICR) to
the Office of
Management and
Budget (OMB)
for review and
approval.
Comments
submitted during
the first public
review of this
ICR will be
provided to
OMB. OMB
will accept
further
comments from
the public
during the
review and

approval period.
OMB may act
on HRSA's ICR
only after the
30-day
comment period
for this notice
has closed.

DATES:

Comments on
this ICR should
be received no
later than
December 29,
2023.

ADDRESSES:

Written
comments and
recommendation
s for the
proposed
information
collection
should be sent
within 30 days
of publication of
this notice to
[https://gcc02.safelinks.protection.outlook.com/?](https://gcc02.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.reginfo.gov%2Fpublic%2Fdo%2FPRAMain&data=05%7C01%7Cpaperwork%40hrsa.gov%7C4147e750c453400ac45408dbf1355e99%7C14b77578977342d58507251ca2dc2b06%7C0%7C0%7C638368983767028398%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6IklhaWwiLCJXVCi6Mn0%3D%7C3000%7C%7C%7C&sdata=1DM%2BsUak8eesSS0rufiH%2FiGu2xK8Ou1ucRN%2BIR4VFfs%3D&reserved=0)

[url=http%3A%2F%2Fwww.reginfo.gov%2Fpublic%2Fdo%2FPRAMain&data=05%7C01%7Cpaperwork%40hrsa.gov%7C4147e750c453400ac45408dbf1355e99%7C14b77578977342d58507251ca2dc2b06%7C0%7C0%7C638368983767028398%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6IklhaWwiLCJXVCi6Mn0%3D%7C3000%7C%7C%7C&sdata=1DM%2BsUak8eesSS0rufiH%2FiGu2xK8Ou1ucRN%2BIR4VFfs%3D&reserved=0](http%3A%2F%2Fwww.reginfo.gov%2Fpublic%2Fdo%2FPRAMain&data=05%7C01%7Cpaperwork%40hrsa.gov%7C4147e750c453400ac45408dbf1355e99%7C14b77578977342d58507251ca2dc2b06%7C0%7C0%7C638368983767028398%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6IklhaWwiLCJXVCi6Mn0%3D%7C3000%7C%7C%7C&sdata=1DM%2BsUak8eesSS0rufiH%2FiGu2xK8Ou1ucRN%2BIR4VFfs%3D&reserved=0)

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selecting
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under Review--
Open for Public
Comments" or
by using the
search function.

**FOR FURTHER
INFORMATION**

CONTACT: To
request a copy of
the clearance
requests submitted
to OMB for
review, email
Joella Roland, the
HRSA

Information
Collection
Clearance Officer,
at
paperwork@hrsa.
gov or call
(301) 443-3983.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title: Rural Health Network
Development
Program
Performance
Improvement
Measurement
System, OMB No.
0906-0010-
Revision.
Abstract: The
Rural Health
Network
Development
(RHND) program
is authorized
under section
330A(f) of the
Public Health
Service Act (42
U.S.C.
254c(f)). The
purpose of this
program is to
support
integrated
health care
networks that
collaborate to
achieve
efficiencies;
expand access
to, coordinate,
and improve
the quality of
basic health
care services
and associated
health
outcomes; and
strengthen the
rural health
care system as
a whole. The
program
supports
networks as
they address
gaps in service,
enhance

systems of care,
and expand
capacity of the
local health
care system.

RHND-funded
programs
promote
population health
management and
the transition
towards value-
based care
through diverse
network
participants that include traditional and nontraditional network
partners.

Evidence of
program impact
demonstrated by
outcome data
and program
sustainability are
integral
components of
the program.

This is
a 4-year
competitive
program for
networks
composed of at
least three
participants
that are
existing health
care providers.

At least 66
percent of
network

[[Page 83421]]

participants must be located in a HRSA-designated rural area.

HRSA currently
collects
information about
RHND awards
using an OMB-
approved set of
performance
measures and
seeks to revise
that approved
collection. The
proposed

revisions are
being
implemented to
better
gather award
recipient data in
response to
previously
accumulated
award recipient
feedback, peer-
reviewed
research, and
information
gathered from
the previously
approved
RHND
measures.

A 60-day notice was published in the Federal Register on July 20,
2023, 88 FR
46800-46801.

There was one
public comment.
No changes were
made to the
information
collection since
the comment was
outside the
scope of this ICR.

Need and
Proposed Use of
the Information:

This program
needs measures
that will enable
HRSA to
provide
aggregate
program data
required by
Congress under
the Government
Performance
and Results Act
of 1993. These
measures cover
the principal
topic areas of
interest to
HRSA,
including: (1)
access to care,
(2) population
demographics,

(3) staffing, (4) consortium/network, (5) sustainability, and (6) project specific domains. All measures will evaluate HRSA's progress toward achieving its goals.

The proposed changes include additional components under questions surrounding the network's benefits and funding strategies, as well as

the types of participant organizations.

Questions surrounding

Health

Information

Technology and

Telehealth have

been modified

to reflect an

updated

telehealth

definition based

on renewed

knowledge on

the use of both

Health

Information

Technology and

Telehealth, and

to improve

understanding

of how these

important

technologies are

affecting HRSA

award

recipients. The

Demographics

and Services

section now

includes a question requesting grantees to identify which counties they have served during the project. Finally, revised National Quality Forum and Centers for Medicare & Medicaid Services measures were included to allow uniform collection efforts throughout the HRSA Federal Office of Rural Health Policy.

The total number of responses has remained at 44 since the previous ICR. While the new RHND grant cycle maintained the same number of award recipients and number of respondents, in consideration of the new cohort of awardees, HRSA has increased the estimated average burden per response. The increase in burden is largely due to the amount of time it takes to build systems to capture and report data at the start of a new project. Larger networks or consortiums with multiple partners and programs across different organizations

also reported
higher burdens
due to the wait
time in between
requests.

Likely

Respondents:

Respondents

will be award

recipients of

the Rural

Health

Network

Development

Program.

Burden

Statement:

Burden in this

context means

the time

expended by

persons to

generate,

maintain, retain,

disclose, or

provide the

information

requested. This

includes the

time needed to

review

instructions; to

develop,

acquire, install,

and utilize

technology and

systems for the

purpose of

collecting,

validating, and

verifying

information,

processing and

maintaining

information, and

disclosing and

providing

information; to

train personnel

and to be able to

respond to

a collection of

information; to

search data

sources; to

complete and
review the
collection of
information;
and to transmit
or otherwise
disclose the
information.

The total
annual burden
hours estimated
for this ICR
are
summarized in
the table
below.

Total Estimated Annualized Burden Hours:

Form name	Number of	Average burden
Number of responses per		
Total per response		
Total burden respondents		
respondent responses (in hours)		
Performance Improvement and		
44 1		
44 48.8 2,147.2		
Measurement System Database....		
Total.....	44 1	44 48.8 2,147.2

Maria G. Button,
Director, Executive Secretariat.
[FR Doc.
2023-26249
Filed 11-28-
23; 8:45
am]
BILLING
CODE
4165-15-P

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