

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents/ POCs	Number of responses per POC	Hours per response	Total burden hours
Eligibility/Registration Form	340	1	3/60	17
Data Use Agreement	340	1	3/60	17
Hospital Information Form	340	3	5/60	85
Data Files Submission	340	1	1	340
Total	N/A	N/A	N/A	459

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form name	Number of respondents/ POCs	Total burden hours	Average hourly wage rate *	Total cost burden
Eligibility/Registration Form	340	17	\$61.10	\$1,038.70
Data Use Agreement	340	17	61.10	1,038.70
Hospital Information Form	340	85	61.10	5,193.50
Data Files Submission	340	340	61.10	20,744.00
Total	N/A	N/A	N/A	28,044.90

* Mean hourly wage of \$61.10 for Medical and Health Services Managers (SOC code 11-9111) was obtained from the May 2020 National Industry-Specific Occupational Employment and Wage Estimates NAICS 622000—Hospitals, located at http://www.bls.gov/oes/current/naics3_622000.htm.

Request for Comments

In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501–3520, comments on AHRQ’s information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of AHRQ’s health care research and health care information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ’s estimate of burden (including hours and costs) of the proposed collection(s) of information; (c) ways to enhance the quality, utility and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency’s subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: May 27, 2022.

Marquita Cullom,

Associate Director.

[FR Doc. 2022–11882 Filed 6–2–22; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Office of Community Services Data Collection for the Low Income Home Energy Assistance Program Quarterly Performance and Management Reports (0970–0589)

AGENCY: Office of Community Services, Administration for Children and Families, HHS.

ACTION: Request for public comment.

SUMMARY: The Office of Community Services (OCS), Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), is requesting an extension of approval for an information request to collect data from Low Income Home Energy Assistance Program (LIHEAP) grant recipients. This information collection was originally approved for 6 months as an emergency approval.

DATES: *Comments due within 30 days of publication.* OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication.

ADDRESSES: Written comments and recommendations for the proposed

information collection should be sent within 30 days of publication of this notice to www.reginfo.gov/public/do/PRAMain. Find this particular information collection by selecting “Currently under 30-day Review—Open for Public Comments” or by using the search function. You can also obtain copies of the proposed collection of information by emailing infocollection@acf.hhs.gov. Identify all emailed requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: The proposed LIHEAP Quarterly Performance and Management Report will provide OCS information necessary to oversee recipients’ performance in administering historic levels of LIHEAP funding and reaching the most vulnerable households. The report solicits data on total households assisted (and the total households assisted during the same quarter of the previous FY for comparison); the number of occurrences that LIHEAP prevented the loss of home energy/the number of occurrences that LIHEAP restored home energy; estimated use of LIHEAP funds by LIHEAP funding source; LIHEAP information (e.g., training and technical assistance needs, changes to program policies, collaboration with other federal utility assistance programs, etc.); and any explanation needed regarding the reliability and/or validity of the responses in prior sections. The quarterly report is not an abbreviated version of the LIHEAP Annual Report or

Performance Data Form, it is a different form that was designed to focus on how states are leveraging LIHEAP to mitigate rising energy costs this winter and to track the spend down of LIHEAP supplemental funding. The currently

approved versions of the LIHEAP Quarterly Performance and Management Reports can be found here https://www.reginfo.gov/public/do/PRAViewICR?ref_nbr=202202-0970-003. This extension request includes minor

revisions to the instructions regarding submission details and reporting deadlines in future fiscal years.
Respondents: LIHEAP grant recipients.

ANNUAL BURDEN ESTIMATES

Instrument	Total number of respondents	Total number of responses per respondent	Average burden hours per response	Total annual burden hours
Quarterly Performance and Management Report	206	3	12	7,416

Estimated Total Annual Burden Hours: 7,416.
Authority: 42 U.S.C. 8621.

Mary B. Jones,
ACF/OPRE Certifying Officer.
[FR Doc. 2022-11948 Filed 6-2-22; 8:45 am]
BILLING CODE 4184-80-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS-0955-0019]

Agency Information Collection Request; 60-Day Public Comment Request

AGENCY: Office of the Secretary, HHS.
ACTION: Notice.

SUMMARY: In compliance with the requirement of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment.

DATES: Comments on the ICR must be received on or before August 2, 2022.

ADDRESSES: Submit your comments to Sherrette.Funn@hhs.gov or by calling (202) 795-7714.

FOR FURTHER INFORMATION CONTACT: When submitting comments or requesting information, please include the document identifier 0990-New-60D and project title for reference, to Sherrette A. Funn, email: Sherrette.Funn@hhs.gov, or call (202) 795-7714 the Reports Clearance Officer.

SUPPLEMENTARY INFORMATION: Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity

of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Title of the Collection: National Survey of Health Information Exchange Organizations (HIO).

Type of Collection: Reinstatement with Change.

OMB No.: 0955-0019.
Abstract: Electronic health information exchange (HIE) was one of three goals specified by Congress in the 2009 Health Information Technology for Economic and Clinical Health (HITECH) Act to ensure that the \$30 billion federal investment in certified electronic health records (CEHRTs) resulted in higher-quality, lower-cost care. In subsequent rulemaking and regulations, ensuring that providers can share data electronically across EHRs and other health information systems has been a top priority.

Beginning prior to HITECH, there has been substantial ongoing assessment of trends in the capabilities of health information organizations to support clinical exchange. These surveys have collected data on organizational structure, financial viability, geographic coverage, scope of services, scope of participants, perceptions of information blocking, and participation in national networks and TEFCA. While past surveys assessed HIOs' capacity to support HIE in a variety of ways, they did not closely examine how HIOs support public health exchange. Each of these areas of data collection will be useful to constructing a current and more comprehensive picture of HIOs' role in addressing public health emergencies.

Given the evolving nature of the pandemic, assessing HIOs' current capabilities is critical as there are ongoing needs to share varied types of information that HIOs may be supporting. The survey will collect data from HIOs across the nation. These organizations facilitate electronic

exchange of health information across disparate providers, labs, pharmacies, public health departments, and beyond. Little information exists on how HIOs can address information gaps related to public health. Thus, a first step to addressing these gaps, we need to better characterize existing capabilities of HIOs. The success of managing the current pandemic, and future public health emergencies, relies on the ability to efficiently share key data regarding health system capacity, contact tracing, testing, detecting new outbreaks, vaccine updates, and patient demographics to help address disparities in our response efforts.

In addition to measuring the capabilities to support public health, it is also necessary to understand the broader picture of HIO capabilities to support electronic health information exchange, their maturity and challenges they face. There are four key areas that require this broader assessment: (1) Adoption of technical standards; (2) perceptions related to information blocking; (3) HIE coordination at the federal level; and (4) organizational demographics, including technical capabilities offered by HIOs and the challenges they face in supporting electronic health information exchange.

The ultimate goal of our project is to administer a survey instrument to HIOs in order to generate the most current national statistics and associated actionable insights to inform policy efforts. The timely collection of national data from our survey will assess current capabilities to support effective electronic information sharing within our healthcare system related to COVID-19 and other public health relevant data.

This is a 3-year request for OMB approval.

Likely respondents: U.S. based public and private HIOs.