

UDS+ Test Submissions for Health Centers

- Beginning with the 2024 UDS, health centers will be able to submit de-identified, patient-level data in fulfillment of data elements on Tables:
 - Table PBZC (Patients by ZIP Code)
 - Table 3A (Patients by Age and Sex Assigned at Birth)
 - Table 3B (Demographic Characteristics)
 - Table 4 (Selected Characteristics)
 - Table 6A (Selected Diagnoses and Services Rendered)
 - Table 6B (Quality of Care Measures)
 - Table 7 (Health Outcomes and Disparities)

UDS+ Patient-Level Reporting leverages a shift in processes by which health centers will submit their annual UDS reports while maintaining historic UDS measures. Health Centers are encouraged to submit data through UDS+.

UDS+ is currently in the testing phase and data submission supports system capacity building and progress towards full implementation. The technical test will inform next steps for scaling this innovation. High-quality accessible data are critical to strategically meeting the unique needs of health center patients

and identifying training and technical assistance opportunities for clinical process improvement. The growth in health information technology coupled with the near universal adoption of electronic health records across health centers has transformed patient care delivery and underscored the need for secure and rapid exchange of health data between disparate systems. Fast Healthcare Interoperability Resources® is a Health Level Seven International® standard for exchanging health care information electronically.³ The health care community is adopting this next generation exchange framework to advance interoperability.⁴ Leveraging Fast Healthcare Interoperability Resources® to collect patient-level data through the UDS+ system will support improved data granularity, allowing for the development of robust HRSA-supported patient care programs and improved equitable access to HRSA-supported high-quality, cost-effective primary care services. This electronic reporting mechanism will reduce reliance on manual data entry to populate the annual UDS report, in turn yielding a reduction in reporting effort burden, and will greatly increase the analytical value of UDS data for

informing policy and program decision-making.

Likely Respondents: Respondents will include Health Center Program award recipients and Health Center Program look-alikes carrying out programs under section 330 of the PHS Act and NEPQR and ANE award recipients funded under the practice priority areas of section 831(b) and 811 of the PHS Act.

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	Estimated number of respondents	Estimated number of responses per respondent	Average burden per response (in hours)	Estimated total burden hours
Universal Report	* 1,538	1.00	238	366,044
Grant Report	** 420	1.22	22	11,273
UDS+ Test Submissions	1,507	1.25	10	18,838
Total	3,465		270	396,155

* Consists of 1,363 health center program awardees, 133 Health Center Look-alikes, and 42 NEPQR and ANE respondents.

** Health Centers submitted one or more grant reports in 2023: 339 (1 report), 70 (2 reports), 11 (3 reports).

HRSA specifically requests comments on: (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.

Maria G. Button,

Director, Executive Secretariat.

[FR Doc. 2024-27394 Filed 11-21-24; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Notice of Purchased/Referred Care Delivery Area Redesignation for the Pokagon Band of Potawatomi Indians of Michigan and Indiana

AGENCY: Indian Health Service, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: Notice is hereby given that the Indian Health Service (IHS) has decided to expand the geographic boundaries of the Purchased/Referred Care Delivery Area (PRCDA) for the Pokagon Band of Potawatomi Indians of

Michigan and Indiana ("Pokagon Band") to include the counties of Kalamazoo, Kent, and Ottawa in the State of Michigan. The final PRCDA for the Pokagon Band now includes the Michigan counties of Allegan, Berrien, Cass, Kalamazoo, Kent, Ottawa, and Van Buren, and the Indiana counties of Elkhart, Kosciusko, La Porte, Marshall, St. Joseph, and Starke. The sole purpose of this expansion is to authorize additional Pokagon Band members and beneficiaries to receive Purchased/Referred Care (PRC) services.

DATES: This expansion is effective as of the date of publication of this notice.

ADDRESSES: This notice can be found at <https://www.federalregister.gov>. Written requests for information should be delivered to: CAPT John Rael, Director,

³ <https://ecqi.healthit.gov/fhir>.

⁴ <https://ecqi.healthit.gov/fhir>.

Office of Resource Access and Partnerships, Indian Health Service, 5600 Fishers Lane, Mail Stop 10E85C, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: CAPT John Rael, Director, Office of Resource Access and Partnerships by email at John.Rael@ihs.gov, or by phone at (301) 443-0969 (this is not a toll-free number).

SUPPLEMENTARY INFORMATION: The IHS provides services under regulations in effect as of September 15, 1987, and republished at 42 CFR part 136, subparts A–C. Subpart C defines a Contract Health Service Delivery Area (CHSDA), now referred to as a PRCDA, as the geographic area within which PRC will be made available by the IHS to members of an identified Indian community who reside in the PRCDA. Residence within a PRCDA by a person who is within the scope of the Indian health program, as set forth in 42 CFR 136.12, creates no legal entitlement to PRC but only potential eligibility for services. Services needed, but not available at an IHS/Tribal facility, are provided under the PRC program depending on the availability of funds, the relative medical priority of the services to be provided, and the actual availability and accessibility of alternate resources in accordance with the regulations.

The regulations at 42 CFR part 136, subpart C provide that, unless otherwise designated, a PRCDA shall consist of a county which includes all or part of a reservation and any county or counties which have a common boundary with the reservation. 42 CFR 136.22(a)(6). The regulations also provide that after Consultation with the Tribal governing body or bodies on those reservations included within the PRCDA, the Secretary may, from time to time, redesignate areas within the United States for inclusion in or exclusion from a PRCDA. 42 CFR 136.22(b). The regulations require that certain criteria must be considered before any redesignation is made. The criteria are as follows:

(1) The number of Indians residing in the area proposed to be so included or excluded;

(2) Whether the Tribal governing body has determined that Indians residing in the area near the reservation are socially and economically affiliated with the Tribe;

(3) The geographic proximity to the reservation of the area whose inclusion or exclusion is being considered; and

(4) The level of funding which would be available for the provision of PRC.

Additionally, the regulations require that any redesignation of a PRCDA be

made in accordance with the procedures of the Administrative Procedure Act (5 U.S.C. 553). 42 CFR 136.22(c). In compliance with this requirement, the IHS published a notice of proposed redesignation and requested public comments on May 17, 2024 (89 FR 43415). The IHS did not receive any comments in response to the notice of proposed redesignation.

In support of this expansion, the IHS makes the following findings:

1. By expanding the PRCDA to include Kalamazoo, Kent, and Ottawa Counties in the State of Michigan, the Pokagon Band's PRC-eligible population will increase by an estimated 537 Tribal citizens.

2. The Tribal citizens and certain other PRC-eligible individuals within the expanded PRCDA are socially and economically affiliated with the Pokagon Band based on a Tribal resolution in which the Pokagon Band Tribal Council identified its intent to expand the PRCDA to include Kalamazoo, Kent, and Ottawa Counties in Michigan, and stated that the Tribal citizens and certain other individuals residing in such areas are socially and economically affiliated with the Pokagon Band.

3. The expanded PRCDA counties form a contiguous area with the existing PRCDA, and Pokagon Band citizens reside in each of the expansion counties. For these reasons, the IHS has determined that the expansion counties are geographically proximate, meaning "on or near", to the Pokagon Band's reservation.

4. The Pokagon Band has indicated that its PRC program can continue providing the same level of care to the expanded PRC-eligible population. No additional financial resources will be allocated by the IHS to the Pokagon Band to provide services to the Pokagon Band's PRC-eligible population as a result of this PRCDA expansion.

An updated listing of the PRCDA for all federally-recognized Tribes may be accessed via a link on the IHS PRCDA Expansion website (<https://www.ihs.gov/prc/prcda-expansion>).

Public Comments: The IHS did not receive any comments in response to the notice of proposed expansion.

Roselyn Tso,

Director, Indian Health Service.

[FR Doc. 2024-27457 Filed 11-21-24; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Center for Scientific Review; Notice of Closed Meeting

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: Center for Scientific Review Special Emphasis Panel; Fellowships: Oncology.

Date: December 17, 2024.

Time: 10:00 a.m. to 8:00 p.m.

Agenda: To review and evaluate grant applications.

Address: National Institutes of Health, Rockledge II, 6701 Rockledge Drive, Bethesda, MD 20892.

Meeting Format: Virtual Meeting.

Contact Person: Nywana Sizemore, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 6189, MSC 7804, Bethesda, MD 20892, 301-408-9916, sizemoren@csr.nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.306, Comparative Medicine; 93.333, Clinical Research, 93.306, 93.333, 93.337, 93.393-93.396, 93.837-93.844, 93.846-93.878, 93.892, 93.893, National Institutes of Health, HHS)

Dated: November 18, 2024.

Lauren A. Fleck,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2024-27364 Filed 11-21-24; 8:45 am]

BILLING CODE 4140-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Allergy and Infectious Diseases; Notice of Closed Meeting

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the