

## TOTAL ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
THCGME Reconciliation Tool .....	58	1	58	2	116
Total .....	58	.....	58	.....	116

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. 2020-00986 Filed 1-21-20; 8:45 am]

**BILLING CODE 4165-15-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Agency Information Collection Activities: Proposed Collection: Public Comment Request Information Collection Request Title: Advanced Nursing Education Workforce (ANEW), OMB No. 0915-0375 Extension

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

**ACTION:** Notice.

**SUMMARY:** In compliance with the requirement for opportunity for public comment on proposed data collection projects of the Paperwork Reduction Act of 1995, HRSA announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

**DATES:** Comments on this ICR should be received no later than March 23, 2020.

**ADDRESSES:** Submit your comments to [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or mail the HRSA Information Collection Clearance Officer, Room 14N136B, 5600 Fishers Lane, Rockville, MD 20857.

**FOR FURTHER INFORMATION CONTACT:** To request more information on the

proposed project or to obtain a copy of the data collection plans and draft instruments, email [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or call Lisa Wright-Solomon, the HRSA Information Collection Clearance Officer at (301) 443-1984.

**SUPPLEMENTARY INFORMATION:** When submitting comments or requesting information, please include the ICR title for reference.

*Information Collection Request Title:* Advanced Nursing Education Workforce (ANEW) Program-Specific Data Collection Forms OMB No. 0915-0375—Extension.

*Abstract:* HRSA provides advanced education nursing training grants to educational institutions to increase the numbers of advanced education nurses through the ANEW Program. The ANEW Program is authorized by Section 811 of the Public Health Service Act (42 U.S.C. 296j), as amended. This request is to extend the use of ANEW Program-Specific forms, specifically Tables #1 and #2. There are no proposed changes to these tables.

ANEW Table #1 collects information on the types of practice settings where graduates, who received ANEW support as students, are currently employed. The data on graduates' employment practice settings demonstrate the distribution of specialties, *i.e.*, nurse practitioners, clinical nurse specialists and nurse midwives, who are practicing in rural, underserved, public health nursing, and Health Professional Shortage Areas (HPSA) practice settings. ANEW Table #2 requests information on the projected number of primary care advanced practice registered nursing student enrollees/trainees who will receive traineeship support for each upcoming budget year over the entire project period. This data provides a baseline for comparison to data collected on the numbers of students/enrollees/trainees supported that are reported on the Annual Performance Reports.

*Need and Proposed Use of the Information:* ANEW Program-Specific Table #1 captures data on the number of graduates of the academic partner applicant who received HRSA support and are currently employed in rural

areas, undeserved areas, public health nursing, and HPSA practice settings. The graduate data collected measure the impact of the ANEW Program in meeting the legislative and program goals. ANEW Program-Specific Table #2 collects information on the projected number of students/enrollees to receive traineeship support each budget year of the project period and provides a baseline for student/enrollee support that is reported in the Annual Performance Reports. Collecting this data assists HRSA in carrying out the most impactful program and ensuring resources are used responsibly.

*Likely Respondents:* Likely respondents will be current ANEW awardees, who will submit the data tables as part of a Noncompeting Continuation progress report, and applicants for the ANEW program, including schools of nursing, nursing centers, academic health centers, state or local governments, and other public or private nonprofit entities determined appropriate by the Secretary that are accredited to carry out primary care nurse practitioner and nurse midwifery programs by a national nurse education accrediting agency recognized by the Secretary of the U.S. Department of Education. The school must be located in one of the 50 U.S. States, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, the U.S. Virgin Islands, the Federated States of Micronesia, the Republic of the Marshall Islands, or the Republic of Palau.

*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 respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
ANew Application including the ANew Program-Specific Tables and Attachments .....	236	1	236	7	1,652
	236	.....	236	.....	1,652

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. 2020-00941 Filed 1-21-20; 8:45 am]

BILLING CODE 4165-15-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Indian Health Service

#### Notice of Purchased/Referred Care Delivery Area Designations for the Chickahominy Indian Tribe, the Chickahominy Indian Tribe—Eastern Division, the Upper Mattaponi Tribe, the Rappahannock Tribe, Inc., the Monacan Indian Nation, and the Nansemond Indian Tribe

**AGENCY:** Indian Health Service, HHS.

**ACTION:** Notice.

**SUMMARY:** Notice is hereby given that the Indian Health Service (IHS) is establishing the geographic boundaries of the Purchased/Referred Care Delivery Area (PRCDA) (formerly Contract Health Service Delivery Area or CHSDA) for six newly recognized Tribes: The Chickahominy Indian Tribe, the Chickahominy Indian Tribe—Eastern Division, the Upper Mattaponi Tribe, the Rappahannock Tribe, Inc., the Monacan Indian Nation, and the Nansemond Indian Tribe.

**DATES:** This notice is effective as of February 21, 2020.

**ADDRESSES:** This notice can be found at <https://www.federalregister.gov>. Written requests for information or comments submitted by postal mail or delivery

should be addressed to: CDR John Rael, Director, Office of Resource Access and Partnerships, Indian Health Service, 5600 Fishers Lane, Mail Stop: 10E85C, Rockville, MD 20857, (301) 443-0609 (This is not a toll-free number).

**SUPPLEMENTARY INFORMATION:** The IHS currently provides services under regulations in effect on September 15, 1987, and republished in the Code of Federal Regulations (CFR) at 42 CFR part 136, subparts A–C. When Tribes are recognized under Federal law, either Congress legislatively designates counties to serve as PRCDA, or the Director, IHS, exercises reasonable administrative discretion to designate PRCDA to effectuate the intent of Congress for these Tribes. The Director, IHS, publishes a notice in the **Federal Register** (FR) when there are revisions or updates to the list of PRCDA, including the designation of PRCDA for newly recognized Tribes.

At 42 CFR part 136 subpart C, a PRCDA is defined as the geographic area within which Purchased/Referred Care (PRC) will be made available by the IHS to members of an identified Indian community who reside in the area. The regulations 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)). 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 or 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.

Under the Thomasina E. Jordan Indian Tribes of Virginia Federal Recognition Act of 2017 (Recognition

Act), Public Law 115-121, the Chickahominy Indian Tribe, the Chickahominy Indian Tribe—Eastern Division, the Upper Mattaponi Tribe, the Rappahannock Tribe, Inc., the Monacan Indian Nation, and the Nansemond Indian Tribe were officially recognized as Indian Tribes within the meaning of Federal law. The Recognition Act sets forth service areas for each of the six newly recognized Tribes, for the purpose of the delivery of Federal services to Tribal members. Four of these six service areas include specific references to counties and independent cities in the state of Virginia. IHS is establishing four PRCDA in this notice based upon those specific references. The remaining two service areas enumerated by Congress in the Recognition Act do not specify either counties or independent cities. Instead, Congress has indicated a mileage radius for those two service areas. Since IHS establishes PRCDA for the administration of PRC by county, IHS has interpreted this language to mean all counties within or intersected by the radius specified by Congress in the Recognition Act, as well as the independent cities within the contiguous area formed by those counties.

The purpose of this FR notice is to notify the public of the establishment of the six newly recognized Tribes' PRCDA, consistent with the Congressional intent expressed in the Recognition Act. The Tribes' PRCDA are designated as follows:

**Chickahominy Indian Tribe**—New Kent County, James City County, Charles City County, and Henrico County, Virginia.

**Chickahominy Indian Tribe—Eastern Division**—New Kent County, James City County, Charles City County, and Henrico County, Virginia.

**Upper Mattaponi Tribe**—Richmond County, Middlesex County, Essex County, King and Queen County, King William County, New Kent County, Hanover County, Caroline County, Henrico County, Charles City County,