



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; The Alliance for Innovation on Maternal Health Biannual Survey

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

ACTION: Notice.

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 **[INSERT DATE 30 DAYS AFTER DATE OF PUBLICATION IN THE *FEDERAL REGISTER*]**.

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 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: The Alliance for Innovation on Maternal Health Biannual Survey, OMB No. 0915- xxxx – New.

Abstract: The Alliance for Innovation on Maternal Health (AIM) program is administered by HRSA and authorized by 42 U.S.C. 254c–21 (Public Health Service Act, Title III Section 330O), as added by the Consolidated Appropriations Act, 2022 (Pub. L. 117–103).

The AIM program supports the identification, development, implementation, and dissemination of maternal (patient) safety bundles to promote safe care for every U.S. birth and assist with addressing the complex problem of high maternal mortality and severe maternal morbidity rates within the U.S. The mission of AIM is to support best practices that make birth safer, improve the quality of maternal health care and outcomes, and save lives. Maternal patient safety bundles address topics commonly associated with health complications or risks related to prenatal, labor and delivery, and postpartum care.

The AIM program consists of two components: The AIM Capacity program and the AIM Technical Assistance (TA) Center. The AIM Capacity awards began in fiscal year 2023 and directly fund 28 states and jurisdictions (including U.S. territories and the District of Columbia) to implement AIM maternal patient safety bundles. The second component, the AIM TA Center, is funded through a cooperative agreement to provide TA to all 50 states, the District of Columbia, jurisdictions, U.S. territories, tribal communities, and birthing facilities who participate in the AIM program. The TA Center builds data capacity for participating entities to track progress on bundle implementation and support improvement of data collection.

The funding amount for the AIM program was increased in fiscal year 2023, which allowed HRSA to directly fund states and territories to support AIM bundle implementation. Previously, HRSA supported AIM through one cooperative agreement to develop maternal patient safety bundles, provide TA on bundle implementation, and enroll states and territories in the program. The shift to directly fund states and jurisdictions for the work makes the collection of information about the reach of the program, participation by birthing facilities, and TA needs

necessary. The AIM Biannual Survey will be administered to AIM State Teams (the state-or jurisdiction-level entity leading AIM implementation) twice a year in all states and jurisdictions enrolled in AIM. Respondents will include AIM State Teams that receive HRSA funding through the AIM Capacity program, as well as AIM State Teams that do not receive HRSA funding to implement AIM, to gauge the full reach of the program.

A 60-day notice published in the Federal Register on December 7, 2023, vol. 88, No. 234; pp. 85298-85299. There were four public comments received. Two comments suggested changes that were incorporated into the instrument, one comment was a request for materials, and one comment was out-of-scope and no changes to the proposed data collection were made.

Need and Proposed Use of the Information: The information will be used by the HRSA program team to understand and report on AIM program reach and potential growth regarding participating birthing facilities and patient safety bundles implemented, inform development of resources and types of TA offered, and develop program targets. In addition, information on the number of participating birthing facilities and patient safety bundles being implemented is shared on the HRSA and American College of Obstetricians and Gynecologists AIM websites. The biannual survey is the only place this information is collected.

Likely Respondents: Respondents are AIM State Teams in all states and jurisdictions enrolled in AIM, including AIM Capacity award recipients and AIM State Teams that do not receive direct funding from HRSA.

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
AIM Biannual Survey	52	1 per survey; 2 surveys per year	104	1	104
Total	52	1 per survey; 2 surveys per year	104	1	104

Maria G. Button,

Director, Executive Secretariat.

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