



## **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 Planning Program**

#### **Performance Improvement and Measurement System**

**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](http://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 Samantha Miller, the HRSA Information Collection Clearance Officer, at [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or call (301) 443-3983.

## SUPPLEMENTARY INFORMATION:

*Information Collection Request Title:* Rural Health Network Development Planning Program Performance Improvement and Measurement System, OMB No. 0915-0384—Revision.

*Abstract:* HRSA administers the Rural Health Network Development Planning Program (Network Planning Program), which is authorized under 42 U.S.C. 254c(f), 330A(f) of the Public Health Service Act. The purpose of the Network Planning Program is to promote the planning and development of integrated health care networks to address the following legislative aims: (1) achieve efficiencies; (2) expand access to, coordinate, and improve the quality of basic health care services and associated health outcomes; and (3) strengthen the rural health care system as a whole. The Network Planning Program supports 1 year of planning and brings together key parts of a rural health care delivery system, particularly those entities that may not have collaborated in the past, to establish and/or improve local capacity to strengthen rural community health interventions and enhance care coordination. HRSA currently collects information about the Network Planning Program grants using an OMB-approved set of performance measures and seeks to revise that approved collection. The proposed changes are a result of keeping this instrument relevant and responsive to the Network Planning Program's needs and to improve clarity and ease of reporting for respondents.

A 60-day notice published in the **Federal Register** on February 9, 2026, vol. 91, No. 26; pp. 5773-5774. There were no public comments.

*Need and Proposed Use of the Information:* HRSA developed performance measures to provide data on the Network Planning Program and to enable HRSA to provide aggregate program data required under the Government Performance and Results Act of 1993. Data from this information collection will help support program compliance, inform rural needs, guide the delivery of technical assistance, and shape federal program decisions. The measures cover the principal topic areas of interest to HRSA, such as Capacity/Organizational Information and Sustainability. All measures will evaluate HRSA's progress toward achieving its Network

Planning Program goals.

The proposed collection will reduce the total number of measures from 24 to 15. The following sections will be removed: Network Infrastructure, Network Collaboration, and Network Assessment. In the proposed collection, grantees instead complete two sections titled “Capacity/Organizational Information” and “Sustainability.” The “Capacity/Organizational Information” section will include 10 measures, and HRSA will modify the current “Sustainability” section by reducing the number of measures from 10 to 5 measures.

Although the proposed total number of measures has been reduced, there is a proposed increase in the estimated total burden hours compared to the previous ICR package. There are several contributing factors to the increase in estimated total burden. The increase in burden is to account for a new set of awardees who will be new to this data collection. The new set of awardees represent a group of organizations who are funded in the 1-year Network Planning Program. These organizations vary in data collection and reporting capacity as well as vary in the number of member organizations it must coordinate with to report this data to HRSA. The amount of time it takes to build processes to coordinate and collect data from network partners will vary. Larger networks with multiple partners across different organizations are expected to report higher burdens due to the wait time in between requests. Networks who already have established working relationships with its member organizations may already have existing processes in place to effectively collect data for this program.

*Likely Respondents:* The respondents for these measures are Rural Health Network Development Planning Program award recipients.

*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
Rural Health Network Development Planning Program Performance Measures	25	1	25	11.25	281.25
Total	25	1	25	11.25	281.25

**Maria G. Button,**

*Director, Executive Secretariat.*

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