

technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

*Authority:* 42 U.S.C. 652(a)(9), which requires OCSE to operate the FPLS established by 42 U.S.C. 653(a)(1) and 42 U.S.C. 652(m), which authorizes OCSE, through the FPLS, to compare information concerning individuals owing past-due support with information maintained by insurers (or their agents) concerning insurance claims, settlements, awards, and payments, and to furnish information resulting from the data matches to the state child support agencies responsible for collecting child support from the individuals.

Mary B. Jones,

ACF/OPRE Certifying Officer.

[FR Doc. 2020-09933 Filed 5-8-20; 8:45 am]

BILLING CODE 4184-41-P

## 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; Shortage Designation Management 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 June 10, 2020.

**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 Lisa Wright-Solomon, the HRSA Information Collection Clearance Officer at [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or call (301) 443-1984.

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

*Information Collection Request Title:* Shortage Designation Management System OMB No. 0906-0029—Revision.

*Abstract:* HRSA's Bureau of Health Workforce is committed to improving the health of the Nation's underserved communities and vulnerable populations by developing, implementing, evaluating, and refining programs that strengthen the nation's health workforce. The Department of Health and Human Services relies on two federal shortage designations to identify and dedicate resources to areas and populations in greatest need of providers: Health Professional Shortage Area (HPSA) designations and Medically Underserved Area/Medically Underserved Population (MUA/P) designations. HPSA designations are geographic areas, population groups, and facilities that are experiencing a shortage of health professionals. The authorizing statute for the National Health Service Corps (NHSC) created HPSAs to fulfill the statutory requirement that NHSC personnel be directed to areas of greatest need. To further differentiate areas of greatest need, HRSA calculates a score for each HPSA. There are three categories of HPSAs based on health discipline: Primary care, dental health, and mental health. Scores range from 1 to 25 for primary care and mental health and from 1 to 26 for dental, with higher scores indicating greater need. They are used to prioritize applications for NHSC Loan Repayment Program award funding, and determine service sites eligible to receive NHSC Scholarship and Students-to-Service participants.

MUA/P designations are geographic areas, or population groups within geographic areas, that are experiencing a shortage of primary care health care services based on the Index of Medical Underservice (IMU). MUAs are designated for the entire population of a particular geographic area. MUA/P designations are limited to particular subset of the population within a geographic area. Both designations were created to aid the federal government in identifying areas with healthcare workforce shortages.

As part of HRSA's cooperative agreement with the State Primary Care Offices (PCOs), the State PCOs conduct needs assessment in their states, determine what areas are eligible for designations, and submit designation applications for HRSA review via the Shortage Designation Management System (SDMS). Requests that come from other sources are referred to the PCOs for their review, concurrence, and submission via SDMS. In order to obtain a federal shortage designation for an area, population, or facility, PCOs must submit a shortage designation application through SDMS for review and approval by HRSA. Both the HPSA and MUA/P application request local, state, and national data on the population that is experiencing a shortage of health professionals and the number of health professionals relative to the population covered by the proposed designation. The information collected on the applications is used to determine which areas, populations, and facilities have qualifying shortages.

In addition, interested parties, including the Governor, the State Primary Care Association, state professional associations, etc. are notified of each designation request submitted via SDMS for their comments and recommendations.

HRSA reviews the HPSA applications submitted by the State PCOs, and—if they meet the designation eligibility criteria for the type of HPSA or MUA/P the application is for—designates the HPSA or MUA/P on behalf of the Secretary. HPSAs are statutorily required to be annually reviewed and revised as necessary after initial designation to reflect current data. HPSAs scores, therefore may and do change from time to time. Currently, MUA/Ps do not have a statutorily mandated review period.

The lists of designated HPSAs are published annually in the **Federal Register**. In addition, lists of HPSAs are updated on the HRSA website, <https://data.hrsa.gov/tools/shortage-area>, so that interested parties can access the information.

A 60-day notice published in the **Federal Register** on February 26, 2020, vol. 85, No. 38; pp. 11094–95. There was one public comment.

*Need and Proposed Use of the Information:* In 2014, SDMS was launched to facilitate the collection of information needed to designate HPSAs and MUA/Ps. The information obtained from the SDMS Application is used to determine which areas, populations, and facilities have critical shortages of health professionals per PCO application submission. The SDMS

HPSA application and SDMS MUA/P Application are used for these designation determinations. Applicants must submit a SDMS application to HRSA to obtain a federal shortage designation. The application asks for local, state, and national data required to determine the application's eligibility to obtain a federal shortage designation. In addition, applicants must enter in detailed information explaining how the area, population, or facility faces a critical shortage of health professionals.

*Likely Respondents:* State Primary Care Offices interested in obtaining a primary care, dental, or mental HPSA designation or a MUA/P in their state.  
*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
Designation Planning and Preparation .....	54	48	2,592	8.00	20,736
SDMS Application .....	54	83	4,482	4.00	17,928
Total .....	54	.....	7,074	.....	38,664

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. 2020-09987 Filed 5-8-20; 8:45 am]

BILLING CODE 4165-15-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Office of the Secretary**

**Findings of Research Misconduct; Correction**

**AGENCY:** Office of the Secretary, HHS.

**ACTION:** Correction of notice.

**SUMMARY:** This document corrects errors that appeared in the notice published in the April 29, 2020, **Federal Register** entitled "Findings of Research Misconduct." The document contained an incorrect title and signature date.

**DATES:**

*Applicable Date:* May 11, 2020.

*Applicability Date:* The correction notice is applicable for the Findings of Research Misconduct notice published on April 29, 2020.

**FOR FURTHER INFORMATION CONTACT:**

Elisabeth A. Handley at 240-453-8200.

**SUPPLEMENTARY INFORMATION:**

**I. Background**

In FR Doc. 2020-09086 of April 29, 2020 (85 FR 23834-23835), there were errors involving the title and signature date of the document. The errors are identified and corrected in the Correction of Errors section below.

**II. Correction of Errors**

In FR Doc. 2020-09086 of April 29, 2020 (85 FR 23834-23835), make the following corrections:

1. On page 23834, third column, in FR Doc. 2020-09086, Title section, correct line 33 to read "Request for Information and Comments on the Sequestration of Evidence during Research Misconduct Proceedings."

2. On page 23835, third column, in FR Doc. 2020-09086, **SUPPLEMENTARY INFORMATION** section, correct line 44 to read "Dated: April 22, 2020."

Dated: May 5, 2020.

**Elisabeth A. Handley,**

*Director, Office of Research Integrity, Office of the Assistant Secretary for Health.*

[FR Doc. 2020-09945 Filed 5-8-20; 8:45 am]

BILLING CODE 4150-31-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Indian Health Service**

**Redesignation of the Delivery Area for the Havasupai Tribe**

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

**ACTION:** Notice.

**SUMMARY:** Notice is hereby given that the Indian Health Service has decided to expand the geographic boundaries of the Purchased/Referred Care (PRC) Delivery Area for the Havasupai Tribe in the State of Arizona to include Mohave County in the State of Arizona. The final PRC delivery area for the Havasupai Tribe is now the counties of Coconino and Mohave in the State of Arizona. The sole purpose of this expansion is to authorize Havasupai to cover additional Tribal members and beneficiaries under Havasupai's PRC.

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

**ADDRESSES:** This notice can be found at <https://www.federalregister.gov>. Written requests for information should be delivered 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:**

*Background:* 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. Subpart C defines a Contract Health Service Delivery Area (CHSDA), now referred to as a Purchased/Referred Care delivery area (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 area. Residence in a PRCDA by a person who is within the scope of the Indian health program, as set forth in 42 CFR