

Act (Pub. L. 116–127); and the American Rescue Plan Act of 2021 (Pub. L. 117–2) provided the Department of Health and Human Services the authority to administer the Provider Relief Programs (PRP) (*i.e.*, Provider Relief Fund; American Rescue Plan Act Rural Distribution; COVID–19 Coverage Assistance Fund; and COVID–19 Claims Reimbursement to Health Care Providers and Facilities for Testing, Treatment, and Vaccine Administration for the Uninsured). The Department of Health and Human Services, through HRSA, administered the PRP. The PRP issued payments to eligible health care providers for expenses or lost revenues attributable to COVID–19 and claims reimbursement for COVID–19 testing, treatment, and vaccine administration for uninsured individuals. Recipients of these funds agreed to the Terms and Conditions applicable to each Program, which require, among other Terms, compliance with reporting requirements as specified by the Secretary of Health and Human Services and the statutes listed above. Recipients are eligible health care providers who include public entities, Medicare or Medicaid enrolled suppliers and providers, and for-profit and non-profit entities that provide diagnosis, testing, vaccination, or care for individuals with possible or actual cases of COVID–19. The Single Audit Act requires entities that expend \$750,000 or more of federal assistance during the entity’s fiscal year to conduct an independent audit. Requirements for

these audits are set forth in regulations at 45 CFR Subpart F. Requirements differ for non-profit and commercial/for-profit entities, and non-profit entities are required to submit their audits to the Federal Audit Clearinghouse. HRSA has established a Commercial Audit Reporting Portal to collect audits from commercial/for-profit organizations. In late calendar year 2023, HRSA developed a delinquent audit follow-up process to ensure that all providers required to submit an audit do so. The delinquent audit follow-up process includes educating PRP recipients on the 45 CFR 75 Subpart F requirements and following up on overdue audit report submissions. In February 2024, OMB approved HRSA’s emergency ICR for the Commercial Audit Reporting Portal and the delinquent audit follow-up process. Collectively, these activities will help ensure the fiscal and program integrity of the PRP.

A 60-day notice published in the **Federal Register** on May 2, 2024, vol. 89, No. 86; pp. 35842–35843. There were no public comments.

Need and Proposed Use of the Information: HRSA will use the collected information to ensure all PRP recipients who expended over \$750,000 in funding during the recipient’s fiscal year submit an audit and resolve audit findings, which may include recovery of any funds used not in accordance with the Terms and Conditions of the programs.

Likely Respondents: PRP recipients who expended over \$750,000 in funding during their fiscal year.

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.

The February 2024 emergency ICR also included the Commercial Audit Compliance and Delinquent Audit Follow-up General and Targeted emails, which will continue to be used. These burden hours associated with these emails were erroneously left out of burden table in the 60-day notice and have been added back into the 30-day **Federal Register** notice. The Delinquent Audit Follow-up General Email Blast was also updated to include more details regarding audit requirements for PRP payments.

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
Provider Relief Bureau Commercial Audit Reporting Portal	21,000	1	21,000	0.75	15,750
Commercial Audit Compliance Email	500	1	500	0.25	125
Delinquent Audit Follow-up General Email Blast and Attestation	42,000	6	252,000	0.25	63,000
Delinquent Audit Follow-up Targeted Email and Attestation	21,000	2	42,000	0.25	10,500
Questioned Cost Attestation	7,000	10	70,000	5.00	350,000
Total	91,500	385,500	439,375

Maria G. Button,

Director, Executive Secretariat.

[FR Doc. 2024–17907 Filed 8–9–24; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Notice of Supplemental Funding for Regional Pediatric Pandemic Network Award Recipients

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

ACTION: Notice of supplemental funding.

SUMMARY: Per Congressional Report language accompanying the Further Consolidated Appropriations Act, 2024, HRSA is awarding supplemental funds in FY 2024 to two Regional Pediatric Pandemic Network (RPPN) Program recipients to increase activities to coordinate among the Nation’s pediatric hospitals and their communities to prepare for and coordinate research-informed responses to future pandemics. The current RPPN program period of performance ends on August 31, 2026.

FOR FURTHER INFORMATION CONTACT: Sara Kinsman, MD, Director, Division of Child, Adolescent & Family Health, Maternal & Child Bureau, HRSA, at SKinsman@hrsa.gov and 301-443-2250.
SUPPLEMENTARY INFORMATION:
Intended Recipient(s) of the Award: Children’s National Medical Center in

Maryland, and University Hospitals Cleveland Medical Center in Ohio, as listed in table I.
Amount of Non-Competitive Awards: Two awards totaling up to \$5,819,999.
Project Period: September 1, 2021, to August 31, 2026.

Assistance Listing (CFDA) Number: 93.110.
Award Instrument: A supplement for RPPN support services.
Authority: Section 42 U.S.C. 701(a)(2) (title V, sec. 501(a)(2) of the Social Security Act).

TABLE 1—RECIPIENTS AND SUPPLEMENT AWARD AMOUNTS

Grant No.	Award recipient name	City, state	Award amount
U1IMC45814	Children’s National Medical Center	MD	\$4,158,048
U1IMC43532	University Hospitals Cleveland Medical Center	OH	1,661,951

Justification: Per Congressional Report language accompanying the Further Consolidated Appropriations Act, 2024, (Pub. L. 118-47) approximately \$5,819,999 in supplemental funding is being awarded in FY 2024 to the two RPPN cooperative agreement recipients to increase activities to coordinate among the Nation’s pediatric hospitals and their communities to prepare for and coordinate research-informed responses to future pandemics. This funding will increase the RPPN’s capacity to help the 10 pediatric hospitals in the network to curate and disseminate guidance; develop models; increase the number of children’s hospitals participating in preparedness activities; and integrate RPPN into existing HRSA regions for sustainability and emergency coordination within the regions.

Funds will be used for project activities within the scope of the current awards (as announced in the funding opportunity HRSA-21-104) to improve everyday pediatric emergency readiness and pediatric pandemic preparedness. Supplements will provide for the expansion of activities within the current scope of the program to (a) increase partnerships with the communities they serve, including efforts to prevent and address disparities; (b) improve and expand pediatric emergency readiness and preparedness of pre-hospital emergency medical services, community emergency

departments, and inpatient settings; and (c) accelerate real-time dissemination of research-informed pediatric care. The total amount provided through this supplemental funding to the two awardees will be \$5,819,999, resulting in a total amount for each awardee of \$11,358,048. Supplemental funding amounts per awardee differ in order to meet the congressional direction to achieve parity between the two awardees’ total funding levels.

Projects approved by HRSA under this supplement are to be performed from the date of award through August 31, 2025. Supplemental funding for similar activities may be considered in future years, subject to the availability of funding for the activity and satisfactory performance.

Carole Johnson,
Administrator.
 [FR Doc. 2024-17821 Filed 8-9-24; 8:45 am]
BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Notice of Extension and Supplemental Award for Living Organ Donation Reimbursement Program

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

ACTION: Notice of non-competitive extension with supplemental award.

SUMMARY: HRSA is providing supplemental award funds to the award recipient under the Living Organ Donation Reimbursement Program. This action will extend the current period of performance for the recipient by 12 months to ensure continued access to lifesaving living organ transplants via the National Living Donor Assistance Center.

FOR FURTHER INFORMATION CONTACT: Arjun Naik, Public Health Analyst, Division of Transplantation, Health Systems Bureau, HRSA, at ANaik@hrsa.gov and (301) 443-2568.

SUPPLEMENTARY INFORMATION:
Intended Recipient of the Award: University of Kansas, Medical Center Research Institute, Inc.

Amount of Non-Competitive Award: \$2,400,000.

Period of Performance: September 1, 2019, to August 31, 2025.

Assistance Listing (CFDA) Number: 93.134.

Award Instrument: Non-competitive extension with supplemental funds.

Authority: 42 U.S.C. 274f (section 377 of the Public Health Service Act, as amended)

TABLE 1—RECIPIENTS AND AWARD AMOUNTS

Grant No.	Award recipient name	City, state	Award amount
U13HS33878	University of Kansas, Medical Center Research Institute, Inc	Fairway, KS	\$2,400,000

Justification: HRSA is committed to best serving the needs of patients on the national organ transplant waiting list, their families, donors and their families. As part of this effort, HRSA is working

to continue to strengthen the Living Organ Donation Reimbursement Program and increase equitable access to living organ transplants, particularly for medically underserved communities.

Extending the period of performance will allow HRSA additional time to publish a new notice of funding opportunity to continue to improve living donation while ensuring