Supporting Statement A

Ending the HIV Epidemic (EHE) Initiative Triannual Report, OMB No. 0915-0051-Revision

OMB Control No. 0906-0051

A. Justification

1. Circumstances Making the Collection of Information Necessary

The Health Resources and Services Administration (HRSA) is requesting continued approval from the Office of Management and Budget (OMB) for the data collection for the Ending the HIV Epidemic (EHE) Initiative Triannual Module. The federal Ending the HIV Epidemic in the U.S. (EHE) initiative focuses on reducing the number of new HIV infections in the United States.[1] Authorized by section 311(c) and title XXVI of the Public Health Service Act, this initiative began in Fiscal Year 2020 and focuses on 48 counties, Washington, DC; San Juan, Puerto Rico; as well as seven states that have a high proportion of HIV diagnoses in rural areas. The EHE initiative efforts focus on the following four key strategies that together can end the HIV epidemic in the United States:

1. **Diagnose** all people with HIV as early as possible.
2. **Treat** people with HIV rapidly and effectively to reach sustained viral suppression.
3. **Prevent** new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (also known as PrEP) and syringe services programs (also known as SSPs).
4. **Respond** quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

HRSA HAB's efforts will focus on strategies 2 (Treat) and 4 (Respond).

- Data submission of EHE initiative activities, including funding allocations, expenditures, service utilization and clients served is part of the grant award requirements. Some of the data element requirements will be incorporated in existing annual data collections to limit recipient burden and data elements on service provision will be collected in the EHE Initiative Triannual Data Module three times a year.

2. Purpose and Use of Information Collection

The EHE initiative data collection will assist HRSA HAB in monitoring EHE initiative activities and assessing progress towards ending the HIV epidemic. The information provided will support HRSA HAB in monitoring and understanding the EHE service

1 HRSA. Ending the HIV Epidemic in the U.S. https://www.hrsa.gov/ending-hiv-epidemic. Accessed July 12, 2022.

provision, including funding allocations, expenditures, and clients served. The data elements will allow HRSA to calculate multiple new data points relevant for monitoring EHE initiative services including:

- Identifying new clients.
- Identifying new clients that were recently diagnosed with HIV.
- Identifying clients who received some type of service in the previous year.
- Identifying existing clients who did not receive services in the previous year.

A description of the data collection requirements for recipients of the EHE initiative are described below.

EHE data elements in existing RWHAP data collections:

- Ryan White HIV/AIDS Program Services Report (RSR): Two EHE data elements in the RSR allow HAB to identify new clients and clients who did not receive services in the previous calendar year (OMB Control Number: 0906-0039).
- Allocations and Expenditures Reports: Funding allocations for EHE services are included in the Allocations Report; expenditures data for how EHE funding is included in the Expenditures Report (OMB Control Numbers: 0915-0318 and 0915-0390).
- AIDS Education and Training Center (AETC) Program: The AETC data submission captures relevant EHE data and will be used in accessing the EHE initiative (OMB Control Number: 0906-0108)
- AIDS Drug Assistance Program Data Report (ADR): One EHE data element tracks the total amount of funding contributions AIDS Drug Assistance Programs received from EHE funded recipients (OMB Control Number: 0915-0345).

EHE Initiative Triannual Data Module (EHE Module):

- The EHE Module is accessible via HRSA grant management system. HAB EHE-funded service providers will report aggregate information on the number of clients receiving specific services and the number of clients who were prescribed antiretroviral medications in the previous four months. Service providers report three times per year on clients who received at least one service during the previous four-month period.

3. Use of Improved Information Technology and Burden Reduction

The EHE Module is housed in the HRSA grant management system, an existing website for RWHAP recipients to enter other data required for RWHAP-funded agencies, RSR, and the Allocations and Expenditures Reports, which are easily

accessible. The integration of the EHE Module into the existing EHBs streamlines users' access and technology knowledge. The EHBs also allow for some information to pre-populate, particularly organization details, while other data is stored and saved for the next data collection so that users can easily update or change their data.

4. Efforts to Identify Duplication and Use of Similar Information

Data required to evaluate and monitor the EHE initiative, such as its services, funding allocations, expenditures, and clients served are not available elsewhere.

5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this data collection. The information being requested or required has been held to the minimum required for the intended use.

6. Consequences of Collecting Information Less Frequently

EHE data collected in the existing data collections will follow their respective annual submissions. The EHE Module will be collected three times a year, reporting service data in the previous four months.

Without annual reporting on the use of grant funds, expenditures, and services, HRSA would not be able to carry out its responsibility to oversee compliance with the intent of congressional appropriations in a timely manner. Reporting three times a year of services provided is necessary to determine whether the administration of funds is responding to the needs of people and communities disproportionately impacted by HIV.

If the information is not collected at all, HRSA will not know, and will not be able to report:

- Whether program funds are being spent for their intended purposes.
- How program funds are being distributed among several discretionary categories by State and local grant recipients.
- How many and what types of individuals receive services, and how various services are distributed across various types of individuals.
- How the distribution of program funds and the distribution of services are changing from one year to the next.
- The impact of the care and treatment on HIV health outcomes of people with HIV served by the EHE initiative**.**

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

The data will be collected in a manner fully consistent with the guidelines in 5 CFR 1320.5**.**

8. Comments in Response to the Federal Register Notice/Outside Consultation

Section 8A:

A 60-day notice published in the **Federal Register** on August 5, 2025, vol. 90, No. 148; pp. 37528-29. There were no public comments.

A 30-day Federal Register Notice was published in the *Federal Register* on December 22, 2025, vol 90; No.243; pp X-Y.

Section 8B:

In March 2025, HAB contacted four providers funded by the EHE program to gather their feedback on the EHE data collection process. Two of these providers reported challenges with understanding the form instructions and accessing the EHE module. One of them mentioned that they developed internal solutions to address these issues, thereby mitigating their initial challenges. Another provider suggested implementing a biannual report to align with the existing biannual progress report. The final provider noted that the form is similar to those found in EHBs and did not have any issues to report.

9. Explanation of any Payment/Gift to Respondents

The proposed collection of information does not involve any remuneration to respondents.

10. Assurance of Confidentiality Provided to Respondents

The EHE Module does not collect any information that could identify individual clients. Aggregate data on the number and type of clients who receive services are collected, but client names or other personally identifiable information will not be collected.

11. Justification for Sensitive Questions

There are no questions of a sensitive nature.

12. Estimates of Annualized Hour and Cost Burden

The estimated average annualized hour burden is 5,652 hours per year. Burden estimates are for respondents as seen in Table 1.

Respondents:

Respondents for this EHE data collection are HAB EHE-funded service providers and are already receiving RWHAP Part A and/or B funding and therefore have prior experience collecting and submitting data to HRSA HAB.

12A. 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
EHE Module	942	3	2,826	2	5,652
Total	942		2,826		5,652

12B.

The annualized burden costs for HAB EHE-funded service providers is based on the May 2024 United States Department of Labor, Bureau of Labor Statistics (**https://data.bls.gov/oes/#/industry/000000**). The respondent, a healthcare support worker (occupational code 31-9099), takes 2 hours (5,652 in total for all respondents) annually to complete the EHE data collection at a labor rate of $23.44 per hour. The total hour cost is **$264,965.76**, adjusting for overhead costs**.**

Form Name	Total Burden Hours	Hourly Wage Rate	Total Respondents Costs
EHE Module	5,652.00	$23.44	$132,482.88
Total	**5,652.00**		**$132,482.88 x 2 (Overhead/Fringe) $264,965.76**

Planned frequency of information collection:

The EHE Module will be open for data collection three times a year in May, September, and January.

13. Estimates of other Total Annual Cost Burden to Respondents or Recordkeepers/Capital Costs

There are no direct costs to EHE-funded service providers other than their time in participating in the data collection and quality assurance.

14. Annualized Cost to Federal Government

HRSA has maintained a contract to provide technical assistance, distribute the OMB-approved HRSA HAB EHE Initiative Triannual Data Module, , and perform data entry and analysis. For 2025, this contract value was $1,838,266.49. In addition, government personnel require 10% time of one (1) FTE at a GS-14 level 6 at $24,935 to review and prepare award notices, multiplying by 1.5 to account for overhead costs ($166,235.61 * 0.10 * 1.5 = $24,935). The total cost to the federal government is $1,863,201.49.

15. Explanation for Program Changes or Adjustments

HRSA is making one minor revision to a footnote to clarify an existing instruction. There are no other changes to the collection.

16. Plans for Tabulation, Publication, and Project Time Schedule

Below are the timelines for EHE Module data collection. The existing data collections to which EHE data elements will be added will follow their customary timelines. See below for these timelines. The EHE Module will be open for data collection three times a year. Below is the schedule specifying the annual period.

EHE Module:

Reporting Period	Data Submission
September 1st - December 31st	January 15th - February 15th
January 1st - April 30th	May 15th - June 15th
May 1st - August 30th	September 15th - October 15th

Data from the EHE Module will be extracted within two weeks of the close of the reporting period to allow for frequent analysis of the reach of the EHE initiative**.** The EHE report is published annually and made publicly available through the HRSA website.

17. Reason(s) Display of OMB Expiration Date is Inappropriate

The expiration date will be displayed appropriately.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

This information collection fully complies with the guidelines in 5 CFR 1320.9.