



August 18, 2021

Diana Espinosa
Acting Administrator
Health Resources & Services Administration
Department of Health and Human Services
5600 Fishers Lane
Rockville, MD 20857

Re: Agency Information Collection Activities: Proposed Collection: Public Comment Request; Information Collection Request Title: COVID-19 Provider Relief Fund Reporting Activities, OMB No. 0906-XXXX New

Dear Acting Administrator Espinosa:

On behalf of the American Academy of Family Physicians (AAFP), representing more than 133,500 family physicians and medical students across the country, I write in response to the request for public comment on agency information collection activity associated with the COVID-19 Provider Relief Fund (PRF) reporting activities, as published in the *Federal Register* on July 26, 2021. The Health Resources & Services Administration (HRSA) seeks comments from the public regarding the burden estimate associated with PRF reporting, which HRSA estimates to average 5.6 hours per response. HRSA specifically requests comments on:

- the necessity and utility of the proposed information collection for the proper performance of the agency's functions
- the accuracy of the estimated burden
- ways to enhance the quality, utility, and clarity of the information to be collected
- the use of automated collection techniques or other forms of information technology to minimize the information collection burden

Thank you for the opportunity to comment on this matter. The AAFP appreciates HRSA's ongoing efforts to support physicians serving on the frontlines of the COVID-19 pandemic, as well as the agency's efforts to accept stakeholder input and improve the PRF program accordingly. We recognize HRSA is obligated to track the use of PRF funds and conduct various oversight activities. However, we are concerned the reporting process is overly burdensome, particularly for small physician practices and those caring for rural and other underserved populations.

AAFP members who have contacted us about the PRF reporting activity and its associated portal have uniformly expressed frustration with the experience and time involved. We believe the burden on family medicine practices is higher than the estimated 5.6 hours. Family physicians report it takes four or more hours just to read the notes, watch the tutorials, and prepare for reporting. When one adds the time spent inputting the data into the portal, the amount of time quickly exceeds the 5.6 average estimated by HRSA.

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In addition to frustrations with the overall burden associated with the reporting process, our members have also shared the following specific concerns:

- HRSA is not clear about what “due to COVID” means. We interpret it to mean any medical care provided during the pandemic but would appreciate clarification from HRSA.
- HRSA requests data broken out by payer, but some of our members don’t break out their expenditures/payments by payer, so it’s burdensome to reconstruct what HRSA requires in this regard.
- Individuals staffing the helpline have been unable to provide comprehensive assistance to our members who have called the helpline.

Part of the problem may be that HRSA’s current reporting requirements and associated portal assume a level of reporting capability and resource support that does not exist in many of the solo, small group, and rural practices in which so many of our members serve their patients. Many family medicine practices do not have significant resources or administrative support. Many of these practices are effectively small businesses with basic accounting tools, which makes it challenging to complete the reporting process. Further, most primary care practices are overwhelmed with the latest surge of COVID-19, as well as ongoing efforts to catch families up on immunizations and other missed services as the school year begins.

In sum, our members, especially those in small, solo, and rural practices, report that current reporting requirements are overly burdensome and take valuable time away from caring for patients. We urge HRSA to reduce the burden of PRF reporting wherever possible. Based on our members’ feedback, we suggest the following:

- Clarify essential terms such as “due to COVID”
- Obtain requested data from other sources when possible, such as other agencies within Health and Human Services (e.g., obtain Medicare payment information from the Centers for Medicare & Medicaid Services rather than physicians)
- Ensure help line staff are well-equipped to answer questions from physician practices
- Allow physician practices to report aggregate data if they do not have data broken out by payer

Thank you for your time and consideration of these comments. If you have any questions, please contact Meredith Yinger, Senior Regulatory Strategist, at MYinger@aaafp.org or (202) 235-5126.

Sincerely,



Gary LeRoy, MD
Board Chair
American Academy of Family Physicians