



DEPARTMENT OF LABOR

Office of Workers' Compensation Programs

Proposed Collection; Comment request

**AGENCY:** Division of Longshore and Harbor Workers' Compensation,  
Office of Workers' Compensation Programs, Department of Labor

**ACTION:** Notice

**SUMMARY:** The Department of Labor, as part of its continuing effort to reduce paperwork and respondent burden, conducts a preclearance consultation program to provide the general public and Federal agencies with an opportunity to comment on proposed and/or continuing collections of information in accordance with the paperwork Reduction Act of 1995 (PRA95). This program helps to ensure that requested data can be provided in the desired format, reporting burden (time and financial resources) is minimized, collection instruments are clearly understood, and the impact of collection requirements on respondents can be properly assessed. Currently, the Office of Workers' Compensation (OWCP) is soliciting comments concerning the proposed collection: **Request for Examination and/or Treatment (LS-1)**. A copy of the proposed information collection request

can be obtained by contacting the office listed below in the address section of this Notice.

**DATES:** Written comments must be submitted to the office listed in the addresses section below on or before [INSERT 60-DAYS AFTER PUBLICATION IN THE FEDERAL REGISTER].

**ADDRESSES:** Ms. Yoon Ferguson, U.S. Department of Labor, 200 Constitution Ave., NW, Room S-3323, Washington, D.C. 20210, telephone/fax (202) 354-9647, Email [Ferguson.Yoon@dol.gov](mailto:Ferguson.Yoon@dol.gov). Please use only one method of transmission for comments (mail, fax, or Email).

#### **SUPPLEMENTARY INFORMATION**

##### **I. Background:**

The Office of Workers' Compensation Programs (OWCP) administers the Longshore and Harbor Workers' Compensation Act (LHWCA). The Act provides benefits to workers injured in maritime employment on the navigable waters of the United States or in an adjoining area customarily used by an employee in loading, unloading, repairing or building a vessel. In addition, several acts extend coverage to certain other employees.

Under section 7 (33 USC, Chapter 18, Section 907) of the Longshore Act the employer/insurance carrier is responsible for furnishing medical care for the injured employee for such period of time as the injury or recovery period may require. Form LS-1 serves two purposes: it authorizes the medical care, and it provides a vehicle for the treating physician to report the findings, treatment given, and anticipated physical condition of the employee. This information collection is currently approved for use through August 31, 2017.

**II. Review Focus:** The Department of Labor is particularly interested in comments which:

- \* evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

- \* evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

- \* enhance the quality, utility and clarity of the information to be collected; and

- \* minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other

technological collection techniques or other forms of information technology, e.g., permitting electronic submissions of responses.

**III. Current Actions:** The Department of Labor seeks the extension of approval of this information collection in order to carry out its responsibility to verify authorized medical care and entitlement to compensation benefits.

**Agency:** Office of Workers' Compensation Programs

**Type of Review:** Extension

**Title:** Request for Examination and/or Treatment

**OMB Number:** 1240-0029

**Agency Number:** LS-1

**Affected Public:** Individuals or households; Business or other for-profit.

**Total Respondents:** 15,000

**Total Annual Responses:** 45,000

**Estimated Total Burden Hours:** 48,735

**Estimated Time Per Response:** 65 minutes

**Frequency:** On occasion

**Total Burden Cost (capital/startup):** \$0

**Total Burden Cost (operating/maintenance):** \$1,482,858

Comments submitted in response to this notice will be summarized and/or included in the request for Office of Management and Budget approval of the information collection request; they will also become a matter of public record.

DATED: March 28, 2017

Yoon Ferguson  
Agency Clearance Officer,  
Office of Workers' Compensation Programs  
US Department of Labor

Billing Code No. 4510-CF-P

[FR Doc. 2017-07466 Filed: 4/12/2017 8:45 am; Publication Date: 4/13/2017]