



**DEPARTMENT OF LABOR**

**Office of Workers' Compensation Programs**

**Division of Coal Mine Workers' Compensation**

**Proposed Extension of Existing Collection; Comment Request**

**ACTION:** Notice

**SUMMARY:** Currently, the Office of Workers' Compensation Programs is soliciting comments concerning the proposed collection: Certification of Medical Necessity (CM-893). A copy of the proposed information collection request can be obtained by contacting the office listed below in the addresses section of this Notice. 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.

**DATES:** Written comments must be received by [INSERT DATE 60 DAYS AFTER DATE OF PUBLICATION IN THE *FEDERAL REGISTER*].

**ADDRESSES:** You may submit comments by mail, delivery service, or by hand to Ms. Yoon Ferguson, U.S. Department of Labor, 200 Constitution Ave., NW, Room S-3323, Washington, D.C. 20210; by

fax to (202) 354-9647; or by Email to ferguson.yoon@dol.gov. Please use only one method of transmission for comments (mail/delivery, fax, or Email). Please note that comments submitted after the comment period will not be considered.

**SUPPLEMENTARY INFORMATION:** 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).

**I. Background:** The Office of Workers' Compensation Programs administers the Federal Black Lung Workers' Compensation Program. The Black Lung Benefits Act (30 U.S.C. 901, et. seq.) and its implementing regulations necessitate this information collection. The regulations at 20 CFR 725.701 et. seq., establish miner eligibility for medical services and supplies for the length of time required by the miner's pneumoconiosis and related disability. 20 CFR 725.706 requires prior approval before ordering an apparatus where the purchase price exceeds \$300.00. 20 CFR 725.707 provides for the ongoing supervision of the miner's medical care, including the necessity, character and sufficiency of care to be furnished; gives the authority to

request medical reports; and indicates the right to refuse payment for failing to submit any report required. Because of the above legislation and regulations, it was necessary to devise a form to collect the required information. The form is the CM-893, Certificate of Medical Necessity (CMN). The CM-893, Certificate of Medical Necessity is completed by the coal miner's doctor and is used by the Division of Coal Mine Workers' Compensation to determine if the miner meets impairment standards to qualify for durable medical equipment and home nursing. This information collection is currently approved for use through February 28, 2018.

**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 approval for the extension of this currently-approved information collection in order to carry out its responsibility to determine the eligibility for reimbursement of medical benefits to Black Lung recipients.

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

**Type of Review:** Revision

**Title:** Certificate of Medical Necessity

**OMB Number:** 1240-0024

**Agency Number:** CM-893

**Affected Public:** Individuals or households; Business or other for profit, and Not-for-profit institutions

**Total Respondents:** 1,500

**Total Annual Responses:** 1,500

**Average Time per Response:** 23 minutes

**Estimated Total Burden Hours:** 563

**Frequency:** On occasion

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

**Total Burden Cost (operating/maintenance):** \$0

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: October 3, 2017

**Yoon Ferguson,**

*Agency Clearance Officer,*

*Office of Workers' Compensation Programs,*

*US Department of Labor.*

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