

**DEPARTMENT OF LABOR****Employment Standards Administration****Proposed Collection; Comment Request****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) [44 U.S.C. 3506(c)(2)(A)]. 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 Employment Standards Administration is soliciting comments concerning the proposed collection: Claim for Medical Reimbursement Form (OWCP-915). A copy of the proposed information collection request can be obtained by contacting the office listed below in the addressee section of this Notice.

**DATES:** Written comments must be submitted to the office listed in the addressee section below on or before October 16, 2006.

**ADDRESSES:** Ms. Hazel M. Bell, U.S. Department of Labor, 200 Constitution Ave., NW., Room S-3201, Washington, DC 20210, telephone (202) 693-0418, FAX (202) 693-1451, E-mail [bell.hazel@dol.gov](mailto:bell.hazel@dol.gov). Please use only one method of transmission for comments (mail, FAX, or e-mail).

**SUPPLEMENTARY INFORMATION:****I. Background**

The Office of Workers' Compensation Programs (OWCP) administers the Federal Employees' Compensation Act (FECA), 5 U.S.C. 8101, *et seq.*, the Black Lung Benefits Act (BLBA), 30 U.S.C. 901 *et seq.*, and the Energy Employees Occupational Illness Compensation Program Act of 2000 (EEOICPA), 42 U.S.C. 7384 *et seq.* All three statutes require OWCP to pay for covered medical treatment that is provided to beneficiaries, and also to reimburse beneficiaries for any out-of-pocket covered medical expenses they have paid. Form OWCP-915, Claim for Medical Reimbursement Form, is used for this purpose and collects the necessary beneficiary and medical

provider data in a standard format. This information collection is currently approved for use through March 31, 2007.

**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 approval for the extension of this information collection in order to carry out its responsibility to provide payment for certain covered medical services to injured employees who are covered under the Acts.

*Type of Review:* Extension.

*Agency:* Employment Standards Administration.

*Title:* Claim for Medical Reimbursement Form.

*OMB Number:* 1215-0193.

*Agency Number:* OWCP-915.

*Affected Public:* Individual or households; business or other for-profit; not-for-profit institutions.

*Total Respondents:* 21,396.

*Total Responses:* 85,584.

*Time per Response:* 10 minutes.

*Frequency:* Quarterly.

*Estimated Total Burden Hours:* 14,208.

*Total Burden Cost (capital/startup):* \$107,836.

*Total Burden Cost (operating/maintenance):* \$812,703.

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: August 10, 2006.

**Hazel Bell,**

*Acting Chief, Branch of Management Review and Internal Control, Division of Financial Management, Office of Management, Administration and Planning, Employment Standards Administration.*

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**DATES:** Written comments must be submitted to the office listed in the addressee section below on or before October 16, 2006.

**ADDRESSES:** Ms. Hazel M. Bell, U.S. Department of Labor, 200 Constitution Ave., NW., Room S-3201, Washington, DC 20210, telephone (202) 693-0418, fax (202) 693-1451, E-mail [bell.hazel@dol.gov](mailto:bell.hazel@dol.gov). Please use only one method of transmission for comments (mail, fax, or e-mail).

**SUPPLEMENTARY INFORMATION:****I. Background**

Payment of compensation for partial disability to injured Federal workers is required by 5 U.S.C. 8106. That section also requires the Office of Workers' Compensation Programs (OWCP) to obtain information regarding a claimant's earnings during a period of