

number) or by email at [suggs.anjanette@dol.gov](mailto:suggs.anjanette@dol.gov).

**SUPPLEMENTARY INFORMATION:** The DOL, as part of continuing efforts to reduce paperwork and respondent burden, conducts a pre-clearance consultation program to provide the general public and Federal agencies an opportunity to comment on proposed and/or continuing collections of information before submitting them to the OMB for final approval. This program helps to ensure 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 can be properly assessed.

Form OWCP-1500 is used by OWCP and contractor bill payment staff to process bills for medical services provided by medical professionals other than medical services provided by hospitals, pharmacies and certain other medical providers. This information is required to pay health care providers for services rendered to injured employees covered under the Office of Workers' Compensation Programs—administered programs. Appropriate payment cannot be made without documentation of the medical services that were provided by the health care provider that is billing OWCP. The information obtained to complete claims under these programs is used to identify the patient and determine their eligibility. It is also used to decide if the services and supplies received are covered by these programs and to assure that proper payment is made. Energy Employees Occupational Illness Compensation Program Act of 2000, 42 U.S.C., Black Lung Benefits Act, 30 U.S.C. 901, and the Federal Employees Compensation Act, 5 U.S.C. 8101 authorize this information collection.

This information collection is subject to the PRA. A Federal agency generally cannot conduct or sponsor a collection of information, and the public is generally not required to respond to an information collection, unless it is approved by the OMB under the PRA and displays a currently valid OMB Control Number. In addition, notwithstanding any other provisions of law, no person shall generally be subject to penalty for failing to comply with a collection of information that does not display a valid Control Number. See 5 CFR 1320.5(a) and 1320.6.

Interested parties are encouraged to provide comments to the contact shown in the **ADDRESSES** section. Comments must be written to receive consideration, and they will be

summarized and included in the request for OMB approval of the final ICR. In order to help ensure appropriate consideration, comments should mention 1240-0044.

Submitted comments will also be a matter of public record for this ICR and posted on the internet, without redaction. The DOL encourages commenters not to include personally identifiable information, confidential business data, or other sensitive statements/information in any comments.

The DOL is particularly interested in comments that:

- 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 submission of responses.

*Agency:* DOL-OWCP.

*Type of Review:* Extension.

*Title of Collection:* Health Insurance Claim Form.

*Form:* OWCP-1500.

*OMB Control Number:* 1240-0044.

*Affected Public:* Private Sector—businesses or other for-profits.

*Estimated Number of Respondents:* 57,099.

*Frequency:* On occasion.

*Total Estimated Annual Responses:* 3,381,232.

*Estimated Average Time per Response:* 7 minutes.

*Estimated Total Annual Burden Hours:* 321,455 hours.

*Total Estimated Annual Other Cost Burden:* \$0.

*Authority:* 44 U.S.C. 3506(c)(2)(A).

**Anjanette Suggs,**

*Agency Clearance Officer.*

[FR Doc. 2021-02636 Filed 2-8-21; 8:45 am]

**BILLING CODE 4510-CR-P**

## DEPARTMENT OF LABOR

### Office of Workers' Compensation Programs

#### Agency Information Collection Activities; Comment Request; Medical Travel Refund Request

**ACTION:** Notice of availability; request for comments.

**SUMMARY:** The Department of Labor (DOL) is soliciting comments concerning a proposed extension for the authority to conduct the information collection request (ICR) titled, "Medical Travel Refund Request." This comment request is part of continuing Departmental efforts to reduce paperwork and respondent burden in accordance with the Paperwork Reduction Act of 1995 (PRA).

**DATES:** Consideration will be given to all written comments received by April 12, 2021.

**ADDRESSES:** A copy of this ICR with applicable supporting documentation; including a description of the likely respondents, proposed frequency of response, and estimated total burden may be obtained free by contacting Anjanette Suggs by telephone at (202) 354-9660, or by email at [suggs.anjanette@dol.gov](mailto:suggs.anjanette@dol.gov).

Submit written comments about, or requests for a copy of, this ICR by mail or courier to the U.S. Department of Labor, Office of Workers' Compensation Programs, Room S-3323, 200 Constitution Avenue NW, Washington, DC 20210; by email: [suggs.anjanette@dol.gov](mailto:suggs.anjanette@dol.gov).

**FOR FURTHER INFORMATION CONTACT:**

Anjanette Suggs by telephone at (202) 354-9660 (this is not a toll-free number) or by email at [suggs.anjanette@dol.gov](mailto:suggs.anjanette@dol.gov).

**SUPPLEMENTARY INFORMATION:** The DOL, as part of continuing efforts to reduce paperwork and respondent burden, conducts a pre-clearance consultation program to provide the general public and Federal agencies an opportunity to comment on proposed and/or continuing collections of information before submitting them to the OMB for final approval. This program helps to ensure 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 can be properly assessed.

Form OWCP-957 is used to request reimbursement for out-of-pocket expenses incurred when traveling to medical providers for covered medical

testing or treatment. Black Lung Benefits Act (BLBA), 30 U.S.C. 901, Employees Occupational Illness Compensation Program Act of 2000 (EEOICPA) 42 U.S.C. 7384, and the Federal Employees' Compensation Act (FECA), 5 U.S.C. 8101 authorize this information collection.

This information collection is subject to the PRA. A Federal agency generally cannot conduct or sponsor a collection of information, and the public is generally not required to respond to an information collection, unless it is approved by the OMB under the PRA and displays a currently valid OMB Control Number. In addition, notwithstanding any other provisions of law, no person shall generally be subject to penalty for failing to comply with a collection of information that does not display a valid Control Number. See 5 CFR 1320.5(a) and 1320.6.

Interested parties are encouraged to provide comments to the contact shown in the **ADDRESSES** section. Comments must be written to receive consideration, and they will be summarized and included in the request for OMB approval of the final ICR. In order to help ensure appropriate consideration, comments should mention 1240-0037.

Submitted comments will also be a matter of public record for this ICR and posted on the internet, without redaction. The DOL encourages commenters not to include personally identifiable information, confidential business data, or other sensitive statements/information in any comments.

The DOL is particularly interested in comments that:

- 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 submission of responses.

Agency: DOL-OWCP.

Type of Review: Extension.

*Title of Collection:* Medical Travel Refund Request.

*Form:* OWCP-957.

*OMB Control Number:* 1240-0037.

*Affected Public:* Individuals or households.

*Estimated Number of Respondents:* 34,703.

*Frequency:* On occasion.

*Total Estimated Annual Responses:* 333,528.

*Estimated Average Time per Response:* 10 minutes.

*Estimated Total Annual Burden Hours:* 55,366 hours.

*Total Estimated Annual Other Cost Burden:* \$ 173,435.

(Authority: 44 U.S.C. 3506(c)(2)(A))

**Anjanette Suggs,**

*Agency Clearance Officer.*

[FR Doc. 2021-02635 Filed 2-8-21; 8:45 am]

**BILLING CODE 4510-CR-P**

## DEPARTMENT OF LABOR

### Office of Workers' Compensation Programs

[Docket No. WCPO-2020-0002]

#### Black Lung Benefits Act Self-Insurance: Withdrawal of Guidance

**AGENCY:** Office of Workers' Compensation Programs, Labor.

**ACTION:** Withdrawal of notice and request for comments.

**SUMMARY:** The Office of Workers' Compensation Programs (OWCP) is withdrawing a notice and request for comments entitled "Guidance on Black Lung Benefits Act Self-Insurance," which was published in the **Federal Register** on January 8, 2021.

**DATES:** The withdrawal is effective February 9, 2021.

**FOR FURTHER INFORMATION CONTACT:** Michael Chance, Director, Division of Coal Mine Workers' Compensation, Office of Workers' Compensation Programs, U.S. Department of Labor, 200 Constitution Avenue NW, Room N-3464, Washington, DC 20210. Telephone: 1-800-347-2502. This is a toll-free number. TTY/TDD callers may dial toll-free 1-800-877-8339 for further information.

**SUPPLEMENTARY INFORMATION:** On January 8, 2021, OWCP published a notice and request for comments entitled "Guidance on Black Lung Benefits Act Self-Insurance" in the **Federal Register**. 86 FR 1529 (Jan. 8, 2021). The notice informed and invited comment from the public on a preliminary program bulletin related to

coal-mine operators applying to self-insure their liabilities under the Black Lung Benefits Act. 30 U.S.C. 901-944. The comment period under the notice runs through February 8, 2021.

OWCP is now withdrawing the notice and request for comments on the preliminary self-insurance bulletin because the legal bases for publishing the notice—the Department of Labor's PRO Good Guidance Rule (29 CFR part 89) and Executive Order 13891 (84 FR 55235 (Oct. 15, 2019))—have been rescinded or revoked. See 86 FR 7237 (Jan. 27, 2021) (rescinding 29 CFR part 89); E.O. 13992, 86 FR 7049 (Jan. 20, 2021) (revoking E.O. 13891).

OWCP's action is also consistent with the January 20, 2021 memorandum for the Heads of Executive Departments and Agencies from the Assistant to the President and Chief of Staff entitled "Regulatory Freeze Pending Review." 86 FR 7424 (Jan. 28, 2021). The memorandum directs agencies to pause or delay certain regulatory actions, including actions related to guidance documents, for the purpose of reviewing questions of fact, law, and policy raised therein. OWCP intends to review the self-insurance bulletin and offer the public an opportunity to comment on self-insurance procedures at a later time.

Accordingly, OWCP is withdrawing the notice and request for comments published on January 8, 2021. The withdrawal of the guidance does not change any law, regulation, or other legally binding requirement.

Dated: February 3, 2021.

**Christopher J. Godfrey,**

*Director, Office of Workers' Compensation Programs.*

[FR Doc. 2021-02614 Filed 2-8-21; 8:45 am]

**BILLING CODE 4510-CR-P**

## DEPARTMENT OF LABOR

### Office of Workers' Compensation Programs

#### Agency Information Collection Activities; Comment Request; Claim for Medical Reimbursement Form

**ACTION:** Notice of availability; request for comments.

**SUMMARY:** The Department of Labor (DOL) is soliciting comments concerning a proposed extension for the authority to conduct the information collection request (ICR) titled, "Claim for Medical Reimbursement Form." This comment request is part of continuing Departmental efforts to reduce paperwork and respondent burden in