

## **Request for Non-substantive Change**

### **3 OMB Approved Forms**

**Coal Mine Operator Plan Form (M) 2.10 (Word Doc)**

**Coal Contractor Plan Form (M) 2.18 (Word Doc)**

**Physician Application for Certification Form (M) 2.12 (Word Doc)**

**OMB Approval #0920-0020 – Expiration date 09/30/2021**

### **Justification for non-substantive changes to 3 forms:**

**Coal Mine Operator Plan Form No. CDC/NIOSH (M) 2.10**

**Coal Contractor Plan Form No. CDC/NIOSH (M) 2.18**

Under 42 CFR Part 37 and as part of the Coal Workers' Health Surveillance Program (CWHSP), every coal operator and coal contractor in the U.S. must submit a medical surveillance plan *approximately* every three to five years, providing information on how they plan to notify their miners of the opportunity to obtain the medical examination.

These forms record plans and arrangements for offering the coal miner examinations and are used by coal operators and contractors for that purpose. Both forms include a section to specify NIOSH-approved spirometry testing facilities in proximity to the mine. Completion of these forms with all requested information (including a roster of current employees) takes approximately 30 minutes. Two modifications are requested to these forms.

1. Historically, coal mine and coal contractor operators have opted for the longest duration for their plans, 5 years. However recently many operators are opting for different time durations within an acceptable range. Therefore in order to more easily capture these data so it is clearly understandable to both operators and the NIOSH technicians charged with evaluating and approving plans, we are proposing to add one field (field #25 on Form No. 2.10; #19 on Form No. 2.18), "Plan Duration (3, 4, or 5 years)". This change will require renumbering of fields that follow and updating the instructions for the form to reflect the additional field.
2. When the previous version of this form was approved the spirometry portion of the CWHSP was not fully implemented, and therefore not mandatory for operators to include in their plan. The spirometry portion of the CWHSP is now fully operational and reporting in the spirometry facility selections for miners to participate in the CWHSP is now required by operators. Therefore, we are proposing to remove the instructions on the final page of the two forms, indicating "Items #33 through #37 will be completed at a later date" (Form No. 2.10) and "Items #28 through #32 will be completed at a later date" (Form No. 2.18).

These changes do not increase the time burden for participants.

Attached are the new versions of each form with the added fields highlighted in yellow. Once these forms are approved, we will submit them for final formatting.

### **Physician Application for Certification Form No. CDC/NIOSH (M) 2.12**

Physicians taking the B Reader Examination are asked to complete this registration form at the time of their examination which provides demographic information as well as information regarding professional practices. It takes approximately 10 minutes to complete this form and is filled out one time per physician at the time they take the examination. Two modifications are requested to this form.

1. NIOSH retains in our database records on physicians who take the B Reader exam, therefore we do not need the physician to indicate that they have taken the certification or recertification exam nor do we need to know the place at which they took the exam. Therefore, we are removing these two lines and boxes from the “I am applying to be a B Reader” section of the form.
2. CWHSP posts physician’s name and contact information on the NIOSH website if they pass the B Reader Examination so that individuals and organizations can contact the physician to retain their B Reader services. After several requests from B Readers, we are proposing modifications to add 3 choices for how the physician would want their information displayed on the NIOSH website:
  1. “Do not show any contact information on the internet (name and state only).”
  2. “Use the same contact information as provided above for the internet.”
  3. “Use the following contact information on the internet.”
    - a. If this option is selected the physician would fill in the contact information that they would like to be displayed on the internet (Hospital or Department, Street Address, City, State, Zip Code, Country, Telephone Number, Email Address) .

These changes do not increase the time burden for participants. The second change may require the physician to report a second address, however collecting this information on this form allows the physician and the Program to avoid further time-consuming interaction changing contact information on the website to what the physician prefers later. Currently, physicians have to work with the IT specialist supporting the CWHSP to edit this information after they have passed the exam.

Attached are the new versions of each form with the added fields highlighted in yellow. Once these forms are approved, we will submit them for final formatting.

Approval of these non-substantive changes is requested for **OMB Approval #0920-0020 -- Expiration date 09/30/2021.**