

**SUPPORTING STATEMENT FOR
EMERGENCY PAPERWORK REDUCTION ACT
SUBMISSION**

**Eligibility Questionnaire for HAVANA Act Payments,
OMB Control Number 1405-XXXX
DS-4316**

A. JUSTIFICATION

1. Why is this collection necessary and what are the legal statutes that allow this?

On October 8, 2021, President Biden signed the “Helping American Victims Affected by Neurological Attacks” (HAVANA) Act of 2021 (Public Law 117-46). In this statute, Congress authorized federal agencies to make payments to affected current employees, former employees, and their dependents (hereinafter, “claimants” or “patients”) for qualifying injuries to the brain. This law requires the Department (and other agencies) to “prescribe regulations” implementing the HAVANA Act not later than April 6, 2022. The Department intends to publish an interim final rule (IFR), which will fulfill the mandate of the HAVANA Act. As described below, the DS-4316 will provide the required medical substantiation for claims filed pursuant to the HAVANA Act and the Department’s rule.

2. What business purpose is the information gathered going to be used for?

An individual wishing to make a claim under the HAVANA Act IFR will fill out the “Patient Demographics” portion of the DS-4316, and provide it to a U.S. board-certified neurologist, who will complete the form after examining the individual and reviewing their records, and will fax or email the completed form to the Department. The neurologist’s findings will be instrumental in determining the individual’s eligibility for payment under the HAVANA Act.

3. Is this collection able to be completed electronically (e.g., through a website or application)?

The Department will identify those who might qualify for payment and undertake to contact them. The form will be completed by the claimant and board-certified neurologist by hand. Given that the neurologist will not be associated with the Department and due to the sensitive information on the form, there cannot at this time be end-to-end electronic completion of the DS-4316.

4. Does this collection duplicate any other collection of information?

The information collected on this form is not otherwise available to the Department and is necessary to process the claim for payments under the HAVANA Act and IFR.

5. *Describe any impacts on small business.*

Where the neurologist represents a small business, the collection of this information would be no more than the type of examination he would perform in the normal course of their business.

6. *What are consequences if this collection is not done?*

Without this collection the Department will be unable to process claims for payments pursuant to the HAVANA Act.

7. *Are there any special collection circumstances?*

No special circumstances exist.

8. *Document publication (or intent to publish) a request for public comments in the Federal Register*

On April 21, 2022, the Department requested that OIRA provide emergency approval prior to April 30, 2022 for use of the DS-4316. The public will have two opportunities to comment on this collection: (1) in response to the IFR, which will be open for public comment for 30 days after publication, at which time the Department will upload the form as part of the IFR's docket on Regulations.gov; and (2) when the Department publishes a 60-day notice in the *Federal Register*, which is anticipated to occur within 30 days of the Notice of Action for the emergency request. The Department will carefully consider any comments received in response to the IFR and during the normal PRA process.

9. *Are payments or gifts given to the respondents?*

The DS-4316 is a form by which required information is provided to the Department payments, but no payment or gift is provided to respondents for completing the form.

10. *Describe assurances of privacy/confidentiality*

Medical records and other medical information associated with a particular individual may be governed under the Privacy Act of 1974, 5 U.S.C. § 552a, the Rehabilitation Act, 42 U.S.C. § 12112(d) and any provisions of law applicable to the records of the neurologist. There are no assurances of confidentiality.

11. *Are any questions of a sensitive nature asked?*

The DS-4316 requires a neurologist to document information regarding a claimant's medical status.

12. *Describe the hour time burden and the hour cost burden on the respondent needed to complete this collection.*

(a) Hour time burden:

The Department expects that approximately 100 claimants will submit the DS-4316 to a neurologist during the remainder of fiscal year 2022. It is estimated that the neurologist

will spend, on average, 30 minutes completing their portion of the form. Therefore, the annual hour burden for the neurologists is estimated to be 50 hours¹.

Each form will cover two respondents: the claimant (who might not be a federal employee) and the board-certified neurologist. The Department estimates that the “Patient Demographics” portion of the form will take less than a minute for the patient to complete. Although that burden is *de minimus*, the patient must be examined by a board-certified neurologist. It is not possible to know the burden associated with the claimant being seen by a physician. However, the Department proposes an estimate of 30 minutes travel time for the average claimant to consult with the neurologist in person. This yields a total burden for claimants of 50 hours (30 minutes times number of claimants).

Total burden hours for this collection: Burden for claimants + burden for neurologists = 100 hours.

(b) Hour cost burden:

Based on an average hourly wage for neurologists of \$128.68², the weighted wage hour cost burden for neurologists in this collection is \$9,651. This is based on the calculation of \$128.68 (average hourly wage) x 1.5 (weighted wage multiplier) times 50 hours.

For claimants, based on an average hourly wage of \$28.01³, the weighted wage hour cost burden for this collection is \$2,100. This is based on the calculation of \$28.01 (average hourly wage) x 1.5 (weighted wage multiplier) times 50 hours.

Total cost burden for this collection: cost burden for neurologists + cost burden for claimants = \$11,752.

13. Describe the monetary burden to respondents (out of pocket costs) needed to complete this collection.

There is no out of pocket cost for the respondents associated with submission of this collection. The claimant is responsible for the cost of the examination.

14. Describe the cost incurred by the Federal Government to complete this collection.

A team within the Department of State (the Care Coordination Team) reviews the information on the completed form. The information on the form would be combined with other information available to the Department to make a recommendation on whether payment under the HAVANA Act is appropriate. The Team is also responsible for informing claimants if there is incomplete or contradictory information, and providing any other notifications to them.

¹ Number of respondents times number of minutes, divided by 60.

² Source: Data from the U.S. Bureau of Labor Statistics, Occupational Employment and Wages, May 2021, Wage Estimates for neurologists (<https://www.bls.gov/oes/current/oes291217.htm>). Retrieved April 16, 2022.

³ Source: Data from the U.S. Bureau of Labor Statistics May 2021 National Occupational Employment and Wage Estimates for all occupations (https://www.bls.gov/oes/current/oes_nat.htm#23-0000). Retrieved April 16, 2022.

The Department estimates that, on average, it will take approximately 8 hours for the Care Coordination Team to review and process a claim to present to Department leadership. Therefore, approximately 800 hours annually will be dedicated to reviewing incoming forms. The average wage of a Team member is \$51.36 per hour. The Department estimates that this information collection will cost the Federal Government \$41,088 for fiscal year 2022.

15. *Explain any changes/adjustments to this collection since the previous submission*

This is a new collection.

16. *Specify if the data gathered by this collection will be published.*

The data gathered by this collection will not be published.

17. *If applicable, explain the reason(s) for seeking approval to not display the OMB expiration date. Otherwise, write “The Department will display the OMB expiration date.”*

The Department will display the OMB expiration date.

18. *Explain any exceptions to the OMB certification statement below. If there are no exceptions, write “The Department is not seeking exceptions to the certification statement”.*

The Department is not seeking exceptions to the certification statement.

B. COLLECTION OF INFORMATION EMPLOYING STATISTICAL METHODS

This collection does not employ statistical methods.