Supporting Statement A
Black Lung Clinics Program Performance Measures
OMB Control No. 0915-0292
Revision

Terms of Clearance: Yes. In 2024, OMB added a term of clearance "Approved consistent with the understanding that the next revision or extension for this information collection shall (no later than December 2027) address the following: 1) enhanced data publication of Black Lung Clinic Program data (in line with HRSA's forthcoming data governance policy guidance) to further advance compliance with the OPEN Government Data Act (OGDA, Title II of the Foundations for Evidence-Based Policymaking Act of 2018, P.L.115-435); 2) updates to the race/ethnicity question to comply with the updated SPD 15 (effective as of March 28, 2024)." Additional information about publication of Black Lung Clinic Program data can be found in question 16. Issues around SPD-15 compliance have been overtaken by events.

A. Justification

1. Circumstances Making the Collection of Information Necessary

The Black Lung Clinics Program (BLCP) is authorized by Sec. 427(a) of the Federal Mine Safety and Health Act of 1977, as amended, (30 U.S.C. 937). The BLCP supports projects that demonstrate a clear community need and provision of services such as primary care, patient and family education, benefits counseling, outreach, patient care coordination (including individual care plans for patients), and other treatments that may relieve symptoms of pulmonary and respiratory diseases.

HRSA currently collects information about the BLCP grants using an OMB-approved set of performance measures. These measures last received OMB review and approval under OMB Number 0914-0292 and have a current expiration date of 12/31/2027. HRSA seeks to revise that approved collection.

These updates were made to streamline data collection and improve usability. The proposed changes include the following:

- Clinical diagnosis fields will be consolidated into a single datapoint, replacing separate fields for primary, secondary, and other diagnoses. Filling out three separate questions about diagnoses was burdensome for clinics.
- Additionally, COVID-related data fields are removed due to decreased relevance, further reducing the reporting burden on awardees.
- A new cardiology diagnosis field is added to better capture conditions closely linked to pulmonary disease and assist HRSA in tracking population needs and

making relevant programmatic updates based on those needs.

- Benefits counseling measures are also enhanced to collect filing dates and case status details. This update will help HRSA track case timelines, which translates to better monitoring of implementation of benefits counseling services.

These changes strengthen HRSA's monitoring and assessment of the impact of the BLCP program and ensure that funds are effectively used to provide services that meet the target population's needs. The estimated average burden per response remains the same.

2. Purpose and Use of Information Collection

FORHP conducts an annual data collection for the BLCP. The purpose of this data collection is to provide HRSA with information on how well each recipient is meeting the needs of active and retired miners in their communities.

Data from the annual report provides quantitative information about BLCP clinics, specifically: (a) the characteristics of the patients they serve; (b) the characteristics of services provided; and (c) the number of patients served. It also ensures that funds are effectively used to provide services that meet the target population needs.

HRSA provides Comma-Separated Value (CSV) spreadsheets for clinics to export data from their Electronic Medical Record (EMR) into the appropriate format. The spreadsheets are converted into a JavaScript Object Notation (JSON) file using the Rural Health Data Tool (RHDT), software developed and provided for free by HRSA. This software de-identifies the data that the clinics then upload into HRSA's Data Collection Platform, a platform that offers grants management services to grantees and HRSA staff. The de-identified data is then accessed by HRSA staff for programmatic review in HRSA's Data Collection Platform.

FORHP has developed an annual program goal related to performance indicators. The program measures provide data for this performance indicator. The measures support HRSA's Strategic Plan goal to improve access to quality health care and services by strengthening health systems to support the delivery of quality health services to care and expanding the capacity of the health care safety net. The indicators for this program goal are:

- Total number of miners served each year; and
- Total number of miners screened each year

The database is capable of identifying and responding to the needs of the black lung community. The database:

- Yields trends on patient characteristics in an area that lacks sufficient national and state data; and

- Facilitates the electronic transmission of data by the recipients, through use of standard formats and definitions.

The database collects data in order to address long-term performance goals of the program.

3. Use of Improved Information Technology and Burden Reduction

This information collection is fully (100 percent) electronic. HRSA uses a web-based data collection platform to house the data collection instrument as well as allow awardees to electronically submit their data. Response data is automatically and electronically transmitted to HRSA.

Data is collected through and maintained in a web-based data collection platform managed by HRSA connected to electronic systems that all HRSA grantees are required to use. As this database is fully electronic and grantees submit the data electronically via a HRSA-managed website, burden is reduced for the grantee and for program staff. The time burden is minimal since there is no data entry element for program staff due to the electronic transmission; additionally, there is less chance of error in translating data and analysis of the data.

4. Efforts to Identify Duplication and Use of Similar Information

There is no other data source available that tracks the number of patients served by the BLCP. Due to the lack of an EMR system that links to HRSA, there is no other way to track the number of miners served, the types of services miners receive, and the characteristics of miner patients across grant recipients. This software and method is provided free of charge to grantees and helps alleviate the financial burden it would take for clinics to implement this on their own.

The Department of Labor's (DOL) Division of Coal Mine Workers' Compensation collects data on the number of applicants and benefit recipients; however, the BLCP serves many more clients than would be eligible under the definitions for DOL. The Mine Safety and Health Administration (MSHA) collects information on the number of mines, the number of active miners, and injuries/deaths related to mining. The National Institute of Occupational Safety and Health (NIOSH) within the Centers for Disease Control and Prevention (CDC) provides medical testing and surveillance for active coal miners. The BLCP recipients serve active, inactive, retired, and disabled coal miners.

5. Impact on Small Businesses or Other Small Entities

Every effort has been made to ensure the data requested are the minimum necessary to answer basic questions useful in determining whether recipient awarded goals and objectives are being met. Data requested are currently being collected by the projects or can be easily incorporated into normal project procedures. The data collection activities will not have a significant impact on small

entities.

6. Consequences of Collecting the Information Less Frequently

Data in response to these performance measures are collected on an annual basis. Grant dollars for these programs are awarded annually. This information is needed by the program, FORHP, and HRSA in order to measure effective use of grant dollars to report on progress toward strategic goals and objectives. There are no legal obstacles to reduce the burden.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

The request fully complies with the regulation.

8. Comments in Response to the Federal Register Notice/Outside Consultation

Section 8A:

A 60-day Federal Register Notice was published in the *Federal Register* on March 31, 2026, vol. 91, No. 61; pp. 16008-16009. There were no public comments.

A 30-day Federal Register Notice was published in the Federal Register on August X, 2026; vol. 91, No. X; pp. X-Y.

Section 8B:

HRSA consulted with three current BLCP awardees in 2026 to assess the burden of this data collection.

9. Explanation of any Payment/Gift to Respondents

Respondents will not receive any payments or gifts.

10. Assurance of Confidentiality Provided to Respondents

The data system does not involve the reporting of information about identifiable individuals; therefore, the Privacy Act is not applicable to this activity. The proposed performance measures will be used only in aggregate data for program activities. Data will be kept private to the extent allowed by law.

11. Justification for Sensitive Questions

There are no sensitive questions.

12. Estimates of Annualized Hour and Cost Burden

These estimates were determined by consultations with three grant recipients from the program. These recipients were asked to estimate how much time it would take to complete data submissions, including reviewing data collection instructions, searching existing data sources, gathering and maintaining the data needed, and

completing and reviewing the collection of the information. All of the consulted grant recipients had prior experience completing data collection.

The Black Lung Clinics Program measures form requires an average of seven hours; therefore the burden is displayed in the table below as the number of hours.

It should be noted that the burden is expected to vary across grant recipients. This variation is tied primarily to the type of program activities specific to the recipient's project and current data collection system.

12A. Estimated Annualized Burden Hours

Type of Respondent	Form Name	No. of Respondents	No. Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
Black Lung Clinics Program Project Director	Black Lung Clinics Program Measures	15	1	7	105
Total		15	.....	.....	105

12B. Estimated Annualized Burden Costs

Type of Respondent	BLS Code	Total Burden Hours	Hourly Wage Rate x 2	Total Respondent Costs
Project Directors, Health Practitioners, Technical Workers, etc.	11-9111: Medical and Health Services Managers	105	$119.10	$12,505.50
Total		105		$12,505.50

Source: https://www.bls.gov/oes/current/oes119111.htm

The Bureau of Labor Statistics occupation code 11-9111, Medical and Health Service Managers, is being used to estimate respondent's hourly wage rate. This is the most applicable definition for the types of respondents that are involved as Project Directors in the Black Lung Clinics Program. The median (50%) hourly wage rate is used, as opposed to adjusting for locality, since award recipients are spread across the country. Wage has been doubled to account for overhead costs.

13. Estimates of other Total Annual Cost Burden to Respondents or Recordkeepers/Capital Costs

Other than their time, there is no cost to respondents.

14. Annualized Cost to Federal Government

The data collection platform is maintained through an information technology (IT) contract at the HRSA level. The costs are projected at $37,260 annually to support ongoing maintenance and system enhancements.

The estimated annual cost for Federal staff to perform data analysis, reporting, program monitoring, and recipient support cost of $6,302.16 per year. This cost is estimated as 72 hours of staff time per year at a GS-13 Step 1 salary level, estimated hourly wage of $58.35 (locality pay is based in the Washington-Baltimore-Arlington area) plus 50% for benefits and fringe ([$58.35 per hour + $29.18 fringe per hour] x 72 hours = $6,302.16).

The BLCP program is a five-year program. Data collection will happen annually for the next five years. The total cost to the Federal Government for this project over a five-year period is $217,810.80 with an average annual cost of $43,562.16.

15. Explanation for Program Changes or Adjustments

HRSA is proposing revisions to the currently OMB approved collection. Program changes/revisions to the data measurements collected were made to streamline data collection and to improve usability. The proposed changes include deleting five questions, adding three new questions, and changing three existing questions. As noted in Section 1, the changes include: clinical diagnosis fields will be consolidated into a single datapoint, replacing separate fields for primary, secondary, and other diagnoses. Filling out three separate questions about diagnoses was burdensome for clinics. Additionally, COVID-related data fields are removed due to decreased relevance, further reducing the reporting burden on awardees. A new cardiology diagnosis field is added to better capture conditions closely linked to pulmonary disease and assist HRSA in tracking population needs and making relevant programmatic updates based on those needs. Benefits counseling measures are also enhanced to collect filing dates and case status details. This update will help HRSA track case timelines, which translates to better monitoring of implementation of benefits counseling services. These changes strengthen HRSA's monitoring and assessment of the impact of the BLCP program and ensure that funds are effectively used to provide services that meet the target population's needs.

There is no change in the estimated average burden hours per response.

16. Plans for Tabulation, Publication, and Project Time Schedule

Regarding data collection and publication: the data collected for the Black Lung Clinics Program can be published, as appropriate, in compliance with the OPEN Government Act. HHS and HRSA are working on mechanisms that may facilitate increased data sharing. This information might be used in the FORHP Annual

Report produced internally for the agency and may also be included in presentations used for rural stakeholders. The FORHP Annual Report is produced in February, reporting the prior fiscal year's activities. Certain measures are published in the annual Budget for HRSA. Aggregate data is also used to assess the progress and success of this program. The information is accessible to the grantees as the data relates to them. Data may also be shared with federal stakeholders, per approved data-sharing agreements. This is a recurring data collection that program recipients report once a year. The next reporting period for this revised measure set is scheduled for 2027. This information collection will not use statistical methods such as sampling, imputation, or other statistical estimation techniques.

17. Reason(s) Display of OMB Expiration Date is Inappropriate

The OMB number and Expiration date will be displayed on every page of every form/instrument.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.