

## 1SUPPORTING STATEMENT

This submission is being made pursuant to 44 U.S.C. § 3507 of the Paperwork Reduction Act of 1995 (PRA) to obtain the Office of Management and Budget (OMB)'s approval to revise the existing collection 3060-0804 as a result of a recent order explained below.

**A. Justification:**

1. ***Circumstances that make the collection of information necessary.*** Section 254(h)(A)(1) of the Telecommunications Act of 1996 (1996 Act), 47 U.S.C. § 254(h)(A)(1), mandates that telecommunications carriers provide telecommunications services for health care purposes to eligible rural public or non-profit health care providers at rates that are “reasonably comparable” to rates in urban areas. In addition, section 254(h)(2)(A) of the 1996 Act, 47 U.S.C. § 254(h)(2)(A), directs the Federal Communications Commission (Commission) to establish competitively neutral rules to enhance, to the extent technically feasible and economically reasonable, access to “advanced telecommunications and information services” for public and non-profit health care providers.

Based on this legislative mandate, the Commission established the two components of the Rural Health Care (RHC) Program—the Telecommunications (Telecom) Program and the Healthcare Connect Fund Program.

- **Telecom Program.** This program, established in 1997, ensures that eligible rural health care providers pay no more than their urban counterparts for telecommunications services. Specifically, an eligible health care provider's program support is based on the difference between the rate charged for telecommunications services in rural areas in a state and the rate charged for similar telecommunications services in urban areas in the same state. The eligible rural health care provider pays only the urban rate for the telecommunications service, and the Universal Service Fund (USF) pays the difference between the urban and rural rate for the service to the service provider – in effect, providing a discount to the health care provider in the amount of the “rural-urban differential.” See *Federal-State Joint Board on Universal Service*, CC Docket No. 96-45, Report and Order, 12 FCC Rcd 8776, 9093-9161, paras. 608-749 (1997) (*Universal Service First Report and Order*) (subsequent history omitted); 47 U.S.C. § 254(h)(1)(A).
- **Healthcare Connect Fund Program.** This program, established in 2012, provides a flat 65% discount on an array of communications services to both individual rural health care providers and consortia, which can include non-rural health care providers (if the consortium has a majority of rural sites). These services include Internet access, dark fiber, business data, traditional digital subscriber line, and private carriage services. The Healthcare Connect Fund Program is intended to promote the use of broadband services and facilitate the formation of health care provider consortia, recognizing the increasing need for rural health care providers to have access to specialists who are often located in urban areas, as well as the advent of certain communications-based trends in healthcare delivery, such as the move towards electronic health records. In contrast to the Telecom Program, participants in the Healthcare Connect Fund Program may obtain multi-year funding commitments. Consortia may also obtain support for upfront charges, which may include support for service provider deployment of new or upgraded facilities or for health care provider-owned network facilities, if shown to be the most cost-effective option. See *Rural Health Care Support Mechanism*, WC Docket No. 02-60, Report and Order, 27 FCC Rcd 16678 (2012) (*Healthcare Connect Fund Order*); 47 U.S.C. § 254(h)(2)(A).

The funding year for the RHC Program runs from July 1 through June 30 of the subsequent year (e.g., funding year 2019 runs from July 1, 2019-8 - June 30, 2020). Prior to funding year 2017, the RHC Program was capped at \$400 million per funding year. In funding year 2017, the RHC Program was capped at \$571 million per funding year, and, beginning in funding year 2018, has been adjusted annually for inflation. As of funding year 2019, the inflation-adjusted program cap is approximately \$594 million. The RHC Program is administered by the USF administrator, the Universal Service Administrative Company (USAC).

On December 18, 2017, the Commission released the *2017 Promoting Telehealth Notice and Order* (WC Docket No. 17-310; FCC 17-164; 83 FR 303, January 3, 2018) seeking comment on various proposals to reform the RHC Program. Specifically, the Commission sought comment on whether and how to reform the calculation of urban and rural rates used to determine the amount of support available to health care providers under the Telecom Program. The Commission also sought comment on whether and how to prioritize RHC Program funding when demand exceeds the cap to ensure limited support is better targeted to rural and Tribal health care providers. Additionally, the Commission sought comment on the rules concerning the appropriate percentage of rural versus non-rural health care providers in Healthcare Connect Fund Program consortia; various actions to prevent waste, fraud, and abuse in the RHC Program; and how to better align procedures between the Telecom and Healthcare Connect Fund Programs. On August 20, 2019, the Commission released the *2019 Promoting Telehealth Report and Order* (WC Docket No. 17-310; FCC 19-78; 84 FR 54952, October 11, 2019) adopting many of the proposals made in the *2017 Promoting Telehealth Notice and Order*. Specifically, the Commission reformed the RHC Program by promoting transparency and predictability, and furthering the efficient allocation of limited program resources while guarding against waste, fraud, and abuse.

The Commission seeks to revise OMB 3060-0804 to conform this information collection with reforms adopted in the *2019 Promoting Telehealth Report and Order*. These changes generally include:

- Reforming the distribution of RHC Program funding to promote efficiency and reduce incentives in the Telecom Program rules that encourage waste, fraud, and abuse;
- Targeting funding to those rural areas in the most need of health care services and ensuring that eligible rural health care providers continue to benefit from RHC Program funding;
- Strengthening the competitive bidding requirements to ensure that program participants comply with the RHC Program rules and procedures, and improving uniformity and transparency across both RHC programs;
- Simplifying the application process for program participants and providing more clarity regarding the RHC Program procedures, and to the extent possible, conforming the procedures and rules to those adopted for the E-Rate Program in order to establish consistency in the administration of the Universal Service Fund programs; and
- Directing USAC to take a variety of actions to: (1) simplify the RHC Program’s application process, (2) increase transparency in the RHC Program, and (3) ensure that all applicants receive complete and timely information to help them make informed decisions regarding RHC eligible services and purchases.

Collection of this information is necessary so that the Commission and USAC will have sufficient information to determine if entities are eligible for funding pursuant to the RHC universal service support mechanism, to determine if entities are complying with the Commission's rules, and to prevent waste, fraud, and abuse. This information is also necessary in order to allow the Commission to evaluate the extent to which the RHC Program is meeting the statutory objectives specified in section 254(h) of the 1996 Act, and the Commission's performance goals for the RHC Program. This information collection, as described in more detail below, is being revised to: (1) extend some of the existing information collection requirements for the Healthcare Connect Fund and Telecom Programs; (2) revise some of the information collection requirements for the Healthcare Connect Fund and Telecom Programs; and (3) add some new information collection requirements applicable to both the Healthcare Connect Fund Program and the Telecom Program as a result of the *2019 Promoting Telehealth Report and Order*. This submission is organized by program indicating which information collection requirements are being extended, revised, or are new for each RHC program.

As part of this information collection, the Commission is also revising the FCC Form templates for both programs, reformatting and revising the Telecommunications Program Invoice Template (Attachment 2), and creating a new Post-Commitment Request Form (Attachment 1) consistent with the changes adopted in the *2019 Promoting Telehealth Report and Order* and to promote transparency into the RHC Program procedures and requirements. The Healthcare Connect Fund Program currently includes FCC Forms 460, 461, 462, and 463 and the Telecom Program currently includes FCC Forms 465, 466, and 467. The revisions to these FCC Form templates, where applicable, are intended to make the RHC Program information requests consistent between the programs, to the extent possible, and help to ensure and verify that RHC Program participants are not engaging in fraudulent conduct or otherwise violating the Commission's rules. Some of the changes to the FCC Form templates have different effective dates. Therefore, for administrative ease, we have indicated the applicable funding year of the FCC Form template, and where a specific form includes changes applicable to funding year 2020 and others to funding year 2021, we have provided separate forms applicable to each funding year. In the *2019 Promoting Telehealth Report and Order*, the Commission directed USAC to streamline the data collection requirements and consolidate the program forms to the extent possible. Such streamlining and consolidation will not affect the underlying information collected as part of this information collection, but may change the format in which it may be collected. The information on the FCC Form templates is a representative description of the information to be collected via an online portal and is not intended to be a visual representation of what each applicant or service provider will see, the order in which they will see information, or the exact wording or directions used to collect the information. Where possible, information already provided by applicants from previous filing years or that was pre-filed in the system portal will be carried forward and auto-generated into the form to simplify the information collection for applicants.

The new and revised rules impacted by this submission are listed below with a brief description of each rule.

Statutory authority for this collection of information is contained in sections 1-4, 201-205, 214, 254, 303(r), and 403 of the Communications Act of 1934, as amended, 47 U.S.C. §§ 151-154, 201-205, 214, 254, 303(r), and 403.

Privacy Act: This information collection does not affect individuals or households. Therefore, there is no impact under the Privacy Act.

**HEALTHCARE CONNECT FUND PROGRAM**

In order to seek funding under the Healthcare Connect Fund Program, eligible health care providers or a consortium of eligible health care providers must submit an FCC Form 460 (Description of Eligibility) to USAC to obtain an eligibility determination from USAC for each health care provider site. Once evaluation criteria and supporting documentation have been prepared, the next step is to file the FCC Form 461 (Request for Services). After the FCC Form 461 has been posted on the USAC website for a minimum of 28 days, the applicant must evaluate all bids received to determine which service provider can provide the most cost-effective services that meet the applicant’s requirements. Once a service provider is selected, the next step is for the applicant to submit the FCC Form 462 (Request for Funding), to provide information about the services selected and certify that those services were the most cost-effective option of the offers received. The FCC Form 463 (Request for Funding Disbursement) is the last form that is submitted to USAC by the service provider to complete this process and receive payment for the services provided.

This submission seeks to extend a number of the existing information collection requirements for the Healthcare Connect Fund Program by updating the number of respondents and revise a number of the existing information collection requirements to require additional information. The updated data is based on the unique number of applicants in all funding years specific to the program unless otherwise noted. The Commission also seeks to add some new information collection requirements for the Healthcare Connect Fund Program to conform this information collection with the changes adopted in the *2019 Promoting Telehealth Report and Order*. All filings under the Healthcare Connect Fund Program will continue to be submitted through an online interface. Each of the requirements is briefly described below.

**Requirements Being Extended:**

The following information collection requirements associated with the Healthcare Connect Fund Program are proposed to be extended with updates to the number of respondents, where applicable:

- a. FCC Form 460 – Eligibility Determination and Consortium Information. All applicants subject to the eligibility requirements of the Healthcare Connect Fund Program, are required to file an FCC Form 460 (and Letter of Agency (LOA)), as applicable, in order to certify that they are eligible to receive universal service fund support. Applicants are required to provide basic information about the individual health care provider (such as address and contact information, etc.) in addition to identifying the eligible health care provider type, providing an address for each physical location that will receive supported connectivity, providing a brief explanation as to why the health care provider is eligible under the Act and the Commission’s rules and orders, and certifying to the accuracy of this information under penalty of perjury. They may also be required to provide a unique health care provider identifying number, such as a National Provider Identifier code and/or taxonomy code. Consortium applicants may file an FCC Form 460 on behalf of member health care providers if they have a LOA (discussed below). Applicants must also register off-site administrative offices and off-site data centers for which they are receiving support. The FCC Form 460 is also used to provide certain basic information about consortia to USAC: (1) the lead entity (“Consortium Leader”); (2) the individual contact person within the lead entity (the “Project Coordinator”); and (3) health care provider sites that will participate in a consortium, including sites ineligible to receive support. Each applicant must submit an FCC Form 460 even if it has been deemed eligible to participate in another component of the RHC Program. The FCC Form 460 may be submitted at any time during the funding year, needs to be filed once to establish eligibility, and must be filed prior to filing FCC Forms 461, 462, or 463. If any information on the FCC Form 460 changes, a new FCC Form 460 must be filed within 30 days.

As part of this submission, the Commission proposes to update the number of respondents based on the number of individual health care provider sites and consortia of health care providers who submitted FCC Forms 460 in calendar year 2018.

- b. FCC Form 460 Attachment – Letters of Agency (LOA) (Consortia Only). Each Consortium Leader must obtain a LOA from each health care provider participant that is independent of the Consortium Leader (*i.e.* health care provider sites that are not owned or otherwise controlled by the Consortium Leader). The LOA is submitted as an attachment to the FCC Form 460. The purpose of the LOA is to provide authority for the Consortium Leader to submit the FCC Forms 460, 461, and/ or 462 on behalf of the health care provider site. Consortium leaders are required to obtain supporting information and/or documents to support eligibility for each health care provider when they collect the LOA, and may be asked for this information during an audit or investigation.

As part of this submission, the Commission proposes to update the number of respondents based on the number of health care providers who submitted LOAs in calendar year 2018.

- c. FCC Form 460 Attachment – State/Non-Profit Entities that Want to Serve as Both Vendor and Consortium Leader/Consultant (Consortia Only). In general, an entity may not simultaneously: (1) provide consulting assistance to a consortium and (2) participate as a potential vendor during the competitive bidding process. State organizations, public sector entities, or non-profit entities who wish to obtain an exemption from this prohibition may make a showing to USAC that they have set up an organizational and functional separation. The exemption must be obtained before the consortium begins preparing its FCC Form 461 and associated documents.

There are no changes to this information collection requirement. There may be instances where the applicant has uploaded documentation to request an exemption, but the exemption may not apply.

- d. Agreement Regarding Legal/Financial Responsibility for Consortium Activities (Consortia Only). Consortia may allocate legal and financial responsibility for supported program activities as they see fit, except for certain responsibilities specified in the *Healthcare Connect Fund Order*, provided that this allocation is memorialized in a formal written agreement between the affected parties (*i.e.*, the Consortium Leader, and the consortium as a whole and/or its individual members). The written agreement must be submitted to USAC for approval with or prior to the submission of the FCC Form 461. The agreement should clearly identify the party(ies) responsible for repayment if USAC is required, at a later date, to recover disbursements to the consortium due to violations of RHC Program rules.

There are no changes to this information collection requirement. The respondent number is based on the number of consortia agreements currently captured by USAC in the RHC information technology system. The number of respondents could fluctuate depending upon the number of consortia opting for such agreements.

- e. FCC Form 461 Attachment – Network Planning for Consortia (Consortia Only). Consortium applicants must submit a narrative attachment with the FCC Form 461 that includes: (1) goals and objectives of the proposed network; (2) a strategy for aggregating the specific needs of HCPs (including providers that serve rural areas) within a state or region; (3) a strategy for leveraging existing technology to adopt the most efficient and cost effective means of connecting those providers; (4) how the broadband services will be used to improve or provide health care delivery; (5) any previous experience in developing and managing health information technology (including

telemedicine) programs; and (6) a project management plan outlining the project’s leadership and management structure, and a work plan, schedule, and budget.

As part of this submission, the Commission proposes to update the number of respondents based upon the current number of consortium applicants that submitted Network Plans.

- f. FCC Form 462 – Request for Funding. Once a service provider is selected, applicants must submit an FCC Form 462 and supporting documentation to provide information about the services and service providers selected, and certify, among other certifications, that the services were the most cost-effective offers received (including documentation to support its certification that it has selected the most cost-effective option). The FCC Form 462 is the means by which an applicant identifies the location(s), service(s), rates, service provider(s), and date(s) of service provider selection.

As part of this submission, the Commission proposes to update the number of respondents based on the current number of health care providers that submitted FCC Forms 462 to USAC.

- g. FCC Form 462 Attachment – Competitive Bidding Documents. Applicants must submit documentation to support their certifications that they have selected the most cost-effective option. Relevant documentation includes a copy of each bid received (winning, losing, and disqualified), the bid evaluation criteria, and any other related documents, such as bid evaluation sheets; a list of people who evaluated bids (along with their title/role/relationship to the applicant organization); memos, board minutes, or similar documents related to the vendor selection/award; copies of notices to winners; and any correspondence with service providers during the bidding/evaluation/award phase of the process. If the application is exempt from competitive bidding, the applicant should submit sufficient documentation to allow USAC to verify that the applicant is eligible for the exemption.

As part of this submission, the Commission proposes to update the number of respondents based upon the current number of individual and consortium applicants that submitted FCC Forms 462 to USAC.

- h. FCC Form 462 Attachment – Contracts or Similar Documentation. Applicants must submit a contract or other documentation that clearly identifies: (1) the service provider(s) selected and the health care provider(s) who will receive the services; (2) the service, bandwidth, and costs for which support is being requested; and (3) the term of the service agreement(s) if applicable (i.e., if services are not being provided on a month-to-month basis).

As part of this submission, the Commission proposes to update the number of respondents based upon the current number of health care providers with approved FCC Forms 462.

- i. FCC Form 462 Attachment – Cost Allocation Method for Ineligible Entities or Components. Applicants who seek to include ineligible entities within a consortium, or to obtain support for services or equipment that include both eligible and ineligible components, should submit a written description of their allocation method(s) to USAC with their funding requests. If ineligible entities participate in a network, the allocation method must be memorialized in writing, such as a formal agreement among network members, a master services contract, or for smaller consortia, a letter signed and dated by all (or each) ineligible entity and the Consortium Leader. Applicants should also submit with their funding requests any agreements that memorialize cost-sharing arrangements with ineligible entities.

As part of this submission, the Commission proposes to update the number of respondents based upon the current number of applicants utilizing the cost allocation method.

- j. FCC Form 462 Attachment – Updates to Network Planning for Consortia. Consortium applicants should submit any revisions to the project management plan, work plan, schedule, and budget previously submitted with the FCC Form 461. If not previously provided with the project management plan, applicants should also provide (or update) a narrative description of how the network will be managed, including all administrative aspects of the network (including but not limited to invoicing, contractual matters, and network operations.) If the consortium is required to provide a sustainability plan (see below), the revised budget should include the budgetary factors discussed in the sustainability plan requirements.

As part of this submission, the Commission proposes to update the number of respondents based upon the current number of consortium applicants with Network Plans attached to FCC Forms 461. The number of respondents, however, may be less where revisions are not necessary.

- k. FCC Form 462 Attachment – Network Cost Worksheet. Consortium applicants are required to provide a list of the participating health care providers (both those eligible for support and those ineligible) and all of their relevant information, including eligible (and ineligible, if applicable) cost information for each participating health care provider.

As part of this submission, the Commission proposes to update the number of respondents based on the current number of consortium applicants with network cost worksheets attached to their FCC Forms 462.

- l. FCC Form 462 Attachment – Evidence of Viable Source for 35 Percent Contribution. All consortium applicants must submit, with their funding requests, evidence of a viable source for their 35% contribution.

As part of this submission, the Commission proposes to update the number of respondents based on the current number of consortium applicants with network cost worksheets attached to their FCC Forms 462.

- m. FCC Form 462 Attachment – Sustainability Plans for Applicants Requesting Support for Long-Term Capital Expenses. Consortia who seek funding to construct and own their own facilities or obtain indefeasible rights of use (IRUs) or capital lease interests must submit a sustainability plan with their funding requests demonstrating how they intend to maintain and operate the facilities that are supported over the relevant time period. Although participants are free to include additional information to demonstrate a project’s sustainability, the sustainability plan must, at a minimum, address the following points: (1) projected sustainability period; (2) principal factors considered to demonstrate sustainability; and (3) terms of membership in the network, ownership structure for the network, sources of future support and management structure of the network. Applicants will be required to later submit revised sustainability plans if there is a material change in sources of future support or management, a change that would impact projected income or expenses by the greater of 20% or \$100,000 from the previous submission, or if the applicant submits a funding request based on a new FCC Form 461 (i.e., a new competitively bid contract).

As part of this submission, the Commission proposes to update the number of respondents based upon the current number of consortia with sustainability plans.

- n. FCC Form 463 – Invoicing. Service providers bill health care providers directly for services that they have provided. Upon receipt of a service provider’s bill, the health care provider must create and approve an invoice for USAC on the FCC Form 463 for the services it has received. On the invoice, the health care provider or Consortium Leader must certify to USAC that it has paid its 35% contribution directly to the service provider and the health care provider and service provider must certify that they have reviewed the invoice and that it is accurate. USAC will pay the service provider directly based on the invoice. For consortia, the Consortium Leader is responsible for the invoicing process, including certifying that the participant contribution has been paid and that the invoice is accurate. The invoicing form also includes service provider certifications in order to ensure compliance with program rules and procedures.

As part of this submission, the Commission proposes to update the number of respondents based upon the current number of invoices either currently approved or under review with USAC.

- o. Extension Request for Lighting Fiber. Fiber must be lit during the funding year for non-recurring charges associated with such fiber to be eligible. Applicants may receive up to a one-year extension to light fiber, however, if they provide documentation to USAC that construction was unavoidably delayed due to weather or other reasons.

As part of this submission, the Commission proposes to update the number of respondents based upon an approximate number of consortia per funding year the Commission anticipates seeking extensions to light fiber.

**Requirements Being Revised:**

The following information collection requirements associated with the Healthcare Connect Fund Program are proposed to be revised to collect additional information as part of the competitive process and with updates to the number of respondents:

- p. FCC Form 461 – Request for Services (Competitive Bidding). All health care providers, unless their funding request is subject to a competitive bidding exemption, must submit a request for services (FCC Form 461 and associated documents) for posting by USAC, wait at least 28 days before selecting a service provider, and select the most cost-effective bid. On the FCC Form 461, applicants must provide sufficient information to enable bidders to reasonably determine the needs of the applicant, such as information regarding the health care provider(s) (including contact information for potential bidders), a list of the services for which the site is requesting bids (e.g., Internet access, network equipment), competitively neutral requirements for the services for which bids are sought (e.g., bandwidth), and evaluation criteria for bids. Applicants should be able to demonstrate that price of the eligible services and products is a primary factor in their service provider selection process. Applicants are also required to submit a number of certifications demonstrating compliance with the Commission’s rules and procedures. Additionally, if applicable, applicants must submit a declaration of assistance identifying each and every consultant, vendor, or other outside expert, whether paid or unpaid, who aided in the preparation of their applications and describe the nature of their relationship with the consultant, vendor, or other outside expert providing the assistance.

As part of this submission, the Commission proposes to require additional information (e.g., identification of the services and/or equipment for which the site is requesting bids and description of the nature of the applicant’s relationship it has with any consultant or outside third party) as part of the competitive bidding process and update the number of respondents based on the current number of individual and consortium applicants with approved FCC Forms 461.



- q. FCC Form 461 Attachment – Request for Proposals (RFP). Submission of a separate RFP document with the FCC Form 461 is required for: (1) applicants who are required to issue an RFP under applicable state, Tribal, or local procurement rules or regulations; (2) consortium applications that seek more than \$100,000 in program support in a funding year; and (3) consortium applications that seek support for infrastructure (e.g., health care provider-owned facilities) as well as services. In addition, all applicants who utilize an RFP in conjunction with their competitive bidding process must submit the RFP to USAC for posting. An applicant must specify on its bid evaluation worksheet and/or scoring matrix the requested services for which it seeks bids, the information provided to bidders to allow bidders to reasonably determine the needs of the applicant and provide responsive bids, what their its minimum requirements are for each specified criteria, and also record on the bid evaluation worksheet or matrix each service provider’s proposed service levels for the established criteria. The applicant must also specify its disqualification factors, if any, that the applicant will use to remove bids or bidders from further consideration. Applicants shall also provide full details of any arrangement involving the purchasing of service/s as part of an aggregated purchase with other entities or individuals. In addition, certain additional requirements apply to RFPs if the applicant seeks support for long-term capital investments (such as health care provider-constructed infrastructure or fiber indefeasible rights-of-use); dark fiber; or services or equipment that include an ineligible component.

As part of this submission, the Commission proposes to require applicants to provide additional information (e.g., specifying disqualification factors, if any, as part of its bidding evaluation and details of any arrangement involving the purchasing of a service or services and/or equipment as part of an aggregated purchase with other entities or individuals) as part of their RFP submissions and update the number of respondents based upon the current number of individual and consortium applicants with RFPs attached to their FCC Forms 461.

- r. Annual Reporting Requirement for Healthcare Connect Fund Participants. Consortium participants in the Healthcare Connect Fund Program are required to submit annual reports to assist the Commission in measuring progress toward the three program goals for the Healthcare Connect Fund Program. Effective funding year 2021, all participants in the Healthcare Connect Fund Program, including individual health care providers, will be required to submit annual reports to assist the Commission. Much of the annual report data is already collected through the FCC Forms 460, 461, 462, and 463. In order to minimize the burden imposed by the annual report, USAC uses an electronic reporting system that integrates data collected through the application process, thereby eliminating the need to resubmit (in the annual report) any information that has been provided previously. In addition to the data already collected through FCC Forms 460, 461, 462, and 463, the Commission requires each Healthcare Connect Fund Program participant to identify all health-related functions (e.g., exchange of electronic health records, tele-radiology, etc.) it provides with RHC Program support.

Additionally, consortium applicants may request support for upfront, non-recurring charges for long-term capital investments, such as constructing their own network facilities, or obtaining an IRU or prepaid lease interest in existing network facilities such as dark fiber. In such a case, the applicant may obtain access to facilities that have a useful life extending many years after program funds have been disbursed, but would not need to submit requests for funding on an annual basis once access to the facility is obtained. In order to ensure that such facilities continue to be used for eligible purposes throughout their useful life, the Commission also requires such applicants to submit, during the useful life of the facility, additional information identifying the health care providers utilizing the network, and the services they are receiving from the supported network.

As part of this information collection, the Commission proposes to require all health care providers participants in the Healthcare Connect Fund Program to submit annual reports and update the number of respondents based on the number of consortia and individual health care provider participants that received support from the Healthcare Connect Fund for funding year 2018.

**Requirement Being Added:**

- s. Service Delivery Deadline Extension Requests. The service delivery deadline for all services under the RHC Program is June 30. Health care providers whose contract term ends prior to June 30 must obtain a contract extension and notify USAC of such extension in order to receive funding through the June 30 service delivery deadline. Effective funding year 2021, an applicant may request and receive from USAC a one-year extension of the implementation deadline for non-recurring services if it satisfies one of the following criteria: (1) applicants whose funding commitment letters are issued by USAC on or after March 1 of the funding year for which discounts are authorized; (2) applicants that receive service provider change authorizations or site and service authorizations from USAC on or after March 1 of the funding year for which discounts are authorized; (3) applicants whose service providers are unable to complete implementation for reasons beyond the service provider's control; or (4) applicants whose service providers are unwilling to complete delivery and installation because the applicant's funding request is under review by USAC for program compliance. USAC shall automatically extend the service delivery deadline in situations where criteria (1) or (2) are met. Applicants, however, must affirmatively request an extension on or before the June 30 deadline for criteria (3) and (4). Health care providers must provide a narrative and any documents to support its request. If the health care provider's funding request is under review by USAC, the health care provider may also input the funding request numbers of those requests under review with USAC to assist in review for approval. See Attachment 1 (Post-Commitment Request Form)

**TELECOMMUNICATIONS PROGRAM**

All eligible health care providers applying for discounts under the Telecom Program must file FCC Forms 465, 466, and 467. Applicants file an FCC Form 465 (Description of Eligibility and Request for Services) with USAC to make a bona fide request for bids for eligible services. After the FCC Form 465 has been posted on the USAC website for a minimum of 28 days, the applicant must evaluate all bids received to determine which service provider can provide the most cost-effective services that meet the applicant's requirements. Once a service provider is selected, the next step is for the applicant to submit the FCC Form 466 (Request for Funding) to indicate the type(s) and cost(s) of services ordered, information about the service provider, and the terms of the service agreement. Applicants must also certify on the applicable FCC Form 466 that the health care provider has selected the most cost-effective method of providing the selected service(s). The last form eligible health care providers submit is the FCC Form 467 (Connection Certification Form), which is used by the entity to notify USAC that the service provider has begun providing supported services. Invoicing is the last step of the application process. Service providers must submit an invoice along with the invoice form to receive payment for services provided.

This submission seeks to extend a number of the existing information collection requirements for the Telecom Program by updating the number of respondents and revise a number of the existing information collection requirements to require additional information. The updated data is based on the unique number of applicants in all funding years specific to the program unless otherwise noted. The Commission also seeks to revise and add some new information collection requirements for the Telecom Program to conform this information collection with the changes adopted in the *2019 Promoting*

*Telehealth Report and Order.* All filings under the Telecom Program will continue to be submitted through the online interface via USAC’s web site. Each of the requirements is briefly described below.

**Requirements Being Extended:**

The following information collection requirements associated with the Telecom Program are proposed to be extended with updates to the number of respondents, where applicable:

- t. Submission of FCC Form 467. The FCC Form 467 is used by the entity seeking funding to notify USAC that the service provider has begun providing the supported service. An entity seeking funding must submit at least one FCC Form 467 for each FCC Form 466 that the entity submitted to USAC. The FCC Form 467 is also used to notify USAC when the entity has discontinued the service or if the service was or will not be turned on during the funding year or in use for the full funding year (i.e., July 1 through June 30). FCC Form 467 also includes various applicant certifications in order to ensure that RHC Program participants comply with program rules and procedures.

As part of this submission, the Commission proposes to update the number of respondents based upon the current number of applicants that submitted FCC Forms 467.

- u. Mobile RHC Provider Submission of Sites. Mobile rural health care providers must submit to USAC the number of sites the mobile RHCP will serve during the year.

There are no changes to this information collection requirement.

- v. Mobile RHC Provider Explanation of Necessity. Mobile rural health care providers must document and explain why satellite services are necessary to achieve the health care delivery goals of the mobile telemedicine project, if the mobile rural health care provider serves less than eight different sites per year.

There are no changes to this information collection requirement.

- w. Mobile Rural Health Care Provider Certification. Mobile rural health care providers must certify that they are serving eligible rural areas.

There are no changes to this information collection requirement.

- x. Mobile RHC Provider Annual Logs. Mobile rural health care providers must retain, and make available upon request, annual logs indicating (1) the date and locations of each stop, and (2) the number of patients served at each clinic stop.

There are no changes to this information collection requirement.

- y. Mobile RHC Provider Documentation of Price – Service in One State. Mobile rural health care providers must provide to USAC documentation of the price for bandwidth equivalent wireline services in the urban area in the state to be covered by the project.

There are no changes to this information collection requirement.

- z. Mobile RHC Provider Documentation of Price – Service in Multiple States. When a telemedicine project serves locations in different states, Mobile rural health care providers must provide to

USAC documentation of the price for bandwidth equivalent wireline service in the urban area, proportional to the location served in each state.

There are no changes to this information collection requirement.

- aa. Mobile RHC Providers Must Maintain Documents About Allocation. Mobile rural health care providers must retain for five years and make available upon request documentation explaining their allocation methods.

There are no changes to this information collection requirement.

- bb. Mobile RHC Providers Must Maintain Purchase Records. Mobile rural health care providers must maintain records for purchases of supported services for at least five years.

There are no changes to this information collection requirement.

**Requirements Being Revised:**

The following information collection requirements associated with the Telecom Program are proposed to be revised to require additional information as part of the competitive bidding, application, and invoice processes:

- cc. Submission of Invoice Template/Form. Service providers must complete the invoice template to receive reimbursement for services provided. The invoice template requests vendor-specific information, as well as itemized billing information including the health care provider number, the funding request number, the billing account number, billed amount for services, and support amount to be paid by USAC. Additionally, the invoice template/form requires service providers to make a number of certifications in order to participate in the RHC Program. See “Telecommunications Program Invoice Template” (Attachment 2). The invoice form also requires service providers to disclose the name of any consultants or third parties who helped identify the applicant’s RFP or FCC Form 465, helped to connect the service provider with the health care provider participating in the program, and/or is authorized to act on the service provider’s behalf in the RHC Program.

As part of this submission, the Commission proposes to revise the template to strengthen the service provider certifications by requiring, among the things, that service providers certify to the accuracy of the rates charged to health care providers and that they charged for only eligible services, require service providers to disclose consultant or third party information, and update the number of respondents based upon the current number of service providers that submitted invoice templates.

- dd. FCC Form 465 (Competitive Bidding). The FCC Form 465 is the means by which an entity seeking funding requests bids for eligible services and certifies to USAC that the entity is eligible to benefit from the rural health care support mechanism. If the application for funding is exempt from competitive bidding, the applicant should submit sufficient documentation to allow USAC to verify that the applicant is eligible for the competitive bidding exemption. As part of this form, applicants are required to provide: basic information about the individual health care provider (such as address and contact information, etc.) in addition to identifying the eligible health care provider type; an address for each physical location that will receive supported connectivity; a list of the services for which the site is requesting bids (e.g., Internet access); competitively neutral requirements for the services for which bids are sought (e.g., bandwidth); a brief explanation as to

why the health care provider is eligible under the Act and the Commission’s rules and orders; and certify to the accuracy of this information under penalty of perjury. In addition, all applicants who utilize an RFP in conjunction with their competitive bidding process must submit the RFP to USAC for posting. The applicant must specify on their bid evaluation worksheet and/or scoring matrix the requested services for which it seeks bids, the information provided to bidders to allow bidders to reasonably determine the needs of the applicant, what its minimum requirements are for each specified criteria, and also record on the bid evaluation worksheet or matrix each service provider’s proposed service levels for the established criteria. The applicant must also specify its disqualification factors, if any, that the applicant user will use to remove bids or bidders from further consideration. The applicant shall provide sufficient information to enable bidders to reasonably determine the needs of the applicant. Applicants must provide full details of any arrangement involving the purchasing of service(s) as part of an aggregated purchase with other entities or individuals. Additionally, any program participant who self-identified as a “Community Mental Health Center” must also complete a template to support its status as a mental health center. That template is included as part of this information collection. Per this template, a program participant must provide a copy of the community mental health center’s state license or certification as well as the state license or certification number. See Attachment 3.

As part of this submission, the Commission proposes to revise this collection to allow applicants to seek an exemption from the competitive bidding requirements, require additional information as part of the competitive bidding process (e.g., whether they are using an RFP and attaching it to the FCC Form, if applicable; providing additional details regarding the services for which it is requesting bids; providing disqualification factors, if any, as part of its bidding evaluation), and update the number of respondents based upon the current number of health care providers that submitted FCC Forms 465.

- ee. FCC Form 466. The FCC Form 466 is the means by which the applicant indicates the type(s) of services requested, the amount of support requested for the service, information about the service provider selected and the health care provider who will receive the service, and the terms of the service agreement. As part of the FCC Form submission, an applicant must submit a contract or other documentation, as applicable, to support its request. Eligible entities must also certify on the FCC Form 466 that the entity has selected the most cost-effective method of providing the selected service and submit documentation to support its certification. If applicable, the applicant must also indicate if it claimed a competitive bidding exemption and a description of how costs will be allocated for ineligible entities or components, as well as any agreements that memorialize such arrangements with ineligible entities. The FCC Form 466 also includes additional applicant certifications that are required in order to submit the funding request.

Pursuant to section 254(h)(1)(A), the Telecom Program enables eligible health care providers in rural areas to purchase telecommunications services at rates no higher than the rate charged for similar services in urban areas in the same state. It does so by compensating telecommunications carriers for the difference between the higher rates provided in rural areas and the lower rates available to urban customers in the same state. To obtain program support for a telecommunications service, participating health care providers must state on the FCC Form 466 the rural rate requested by the service provider for the service and the urban rate for the service within the state. After USAC reviews the FCC Form 466 and issues a funding decision, the health care provider only pays the urban rate and the Universal Service Fund (USF or Fund) pays the difference between the urban rate and the rural rate to the telecommunications carrier. The Commission’s rules provide three methods service providers and health care providers can use to determine a rural rate: (1) averaging the rates that the service provider actually charges other non-health care provider commercial customers for the same or similar services provided in the rural

area where the health care provider applicant is located; (2) averaging tariffed and other publicly available rates charged by other service providers for the same or similar services provided over the same distance in the rural area where the health care provider applicant is located; and (3) requesting approval of a cost-based rural rate from the Commission (for interstate services) or a state commission (for intrastate services) if there are no tariffed or publicly available rates for such services in that rural area or if the carrier reasonably determines that the rural rate is unfair. Health care providers must submit supporting documentation with their FCC Form 466, including the documents substantiating the stated rural and urban rates. If an FCC Form 466 lacks the necessary documentation to support the provided rates, USAC will send a request to the health care provider, and associated service provider, to seek additional information to ensure compliance with the Commission’s rules.

Effective funding year 2021 (beginning July 1, 2021), USAC shall establish a database on its website that lists by state the eligible Telecom Program services and the related urban rate for the service within the state and the maximum rural rate for each such service for each of three tiers of rurality (or four tiers of rurality in Alaska) within which a health care provider can be situated. Effective funding year 2021, an applicant must use the urban rate for the service stated in USAC’s database and the lower of the applicable rural rate available in USAC’s database or the rural rate included in the service agreement that the health care provider enters into with the service provider when requesting funding. The rule permitting service providers to request approval of a cost-based rate from the Commission (for interstate services) or a state commission (for intrastate services) if there are no tariffed or publicly available rates for such services in that rural area or if the carrier reasonably determines that the rural rate is unfair has been eliminated.

As part of this submission, the Commission proposes to revise this collection to require applicants to document their cost-effective certifications, indicate if the applicant claimed a competitive bidding exemption, provide a cost-allocation for ineligible entities or components, and update the number of respondents based upon the current number of applicants that submitted FCC Forms 466.

**New Requirement:**

- ff. Rural Rate Waiver Requirements. Effective funding year 2021, USAC shall establish a database on its website that lists by state the eligible Telecom Program services and the related rural rate for each such service and for each rural tier. Effective funding year 2021, an applicant must use the lower of the applicable “rural rate” available in USAC’s database or the rural rate included in the service agreement that the health care provider enters into with the service provider when requesting funding. A service provider may file a petition for a waiver of the “rural rate,” as necessary, articulating specific facts that demonstrate “good cause” exists to grant the requested waiver. The Commission’s rules list the financial data and other information service providers must submit along with their waiver request.

As part of this submission, the Commission proposes to add the number of respondents based on the number of health care providers that requested cost-based rural rate determinations in funding year 2017. For purposes of calculating the burden hours as part of this information collection, the Commission uses four times the estimated burden hours of a cost-rate rural rate determination to account for the scope of the financial data and other information service providers must submit with their waiver request.

**EXTENSION OF REQUIREMENT APPLICABLE TO BOTH THE HEALTHCARE CONNECT FUND AND TELECOM PROGRAMS**

The following information collection requirement associated with the RHC Program is proposed to be extended with an update to the number of respondents for audits and recordkeeping:

gg. Audits and Recordkeeping. All participants in the RHC Program (i.e., health care providers and service providers) must maintain required documentation for five years from the end of the funding year and produce these records upon request of the Commission, any auditor appointed by USAC or the Commission, or of any other state or federal agency with jurisdiction. For a consortium, the Consortium Leader is responsible for compliance with the Commission's recordkeeping requirements. Service providers are also required to retain documentation related to the delivery of discounted services for at least five years after the last day of delivery of services. Service provider must also retain any other document that demonstrates compliance with the statutory or regulatory requirements for the rural health care mechanism. Health care providers are subject to random compliance audits to ensure that requesters are complying with the certification requirements set forth in 47 CFR § 54.623(a)(1) and are otherwise eligible to receive universal service support. See 47 CFR § 54.631.

As part of this submission, the Commission proposes to update the number of respondents based on the number of applicants and vendors required to comply with this requirement under both the Healthcare Connect Fund Program and the Telecom Program for funding year 2019.

**REVISION OF REQUIREMENT APPLICABLE TO BOTH THE HEALTHCARE CONNECT FUND AND TELECOM PROGRAMS**

The following information collection requirements associated with the RHC Program (including both the Healthcare Connect Fund and Telecom Programs) are proposed to be revised:

hh. Authorization for Third Parties to Submit FCC Forms on Behalf of HCP/Consortium. Third parties (for example, consultants) may submit FCC Forms and other documentation on behalf of eligible health care providers if USAC receives, prior to submission of the FCC forms or documentation, a written, dated, and signed authorization from the relevant officer, director, or other authorized employee stating that the health care provider or Consortium Leader accepts all potential liability from any errors, omissions, or misrepresentations on the forms and/or documents being submitted by the third party. Applicants must also submit a declaration of assistance with their request for services (FCC Form 461 or FCC Form 465) and request for funding (FCC Form 462 or FCC Form 466) identifying each and every consultant, vendor, or other outside expert, whether paid or unpaid, who aided in the preparation of their applications and, as part of this declaration, applicants must describe the nature of their relationship with the consultant, vendor, or other outside expert providing the assistance. Additionally, an individual who has been identified as the applicant's consultant or other outside expert must provide to USAC, as part of the consultant registration process, his or her name and contact information, the name and contact information of the consulting firm or company that employs him or her, and a brief description of the role he or she will undertake in assisting the applicant. Once this information is provided, USAC will issue a unique registration number to the consultant or outside expert and that number will be linked to the applicant's organization.

As part of this submission, the Commission proposes to revise this collection to require additional information on the FCC Forms concerning consultants, vendors, or other outside expert relationships and proposes to update the number of respondents to include respondents participating in both programs based on current information provided by USAC.

**NEW REQUIREMENTS APPLICABLE TO BOTH THE HEALTHCARE CONNECT FUND AND TELECOM PROGRAMS**

The following information collection requirements associated with the RHC Program (including both the Healthcare Connect Fund and Telecom Programs) are proposed to be added to this information collection:

- ii. Invoice Deadline Extension Requests. Effective funding year 2021, all invoices must be submitted to the Administrator within 120 days after the later of: (1) the service delivery deadline or (2) the date of a revised funding commitment letter issued pursuant to an approved post-commitment request made by the applicant or service provider or a successful appeal of a previously denied or reduced funding request. Before USAC may process and pay an invoice, it must receive a completed invoice from the service provider. Service providers or billed entities may request a one-time extension of the invoicing deadline by no later than the original invoice deadline. See Attachment 1 (Post-Commitment Request Form). The Administrator shall grant a 120-day extension of the invoice filing deadline, if it is timely requested.
- jj. Site and Service Substitutions. Effective funding year 2021, a consortium leader or health care provider may request a site and service substitution if: (1) the substitution is provided for in the contract, within the change clause, or constitutes a minor modification; (2) the site is an eligible health care provider and the service is an eligible service under the Telecom Program or the Healthcare Connect Fund Program; (3) the substitution does not violate any contract provision or state, Tribal or local procurement laws; and (4) the requested change is within the scope of the controlling request for services, including any applicable RFP used in the competitive bidding process. Additionally, support is restricted to qualifying site and service substitutions that do not increase the total amount of support under the applicable funding commitment. Health care providers are required to file requests for site and service substitutions with USAC by no later than the applicable service delivery deadline. Health care providers must provide a narrative and any documents to support its request. See Attachment 1 (Post-Commitment Request For

While the site and service substitution procedures are already applicable under the Healthcare Connect Fund Program, this information collection establishes this requirement as a Program-wide rule and establishes a firm deadline for health care providers to submit site and service substitution requests to USAC.

- kk. Service Provider Identification Number (SPIN) Changes. A SPIN is a unique number that USAC assigns to an eligible service provider seeking to participate in the universal service support mechanisms. When requesting funding under the RHC Program, an applicant must use the SPIN to identify its chosen service provider when filing an FCC Form 462 or an FCC Form 466. Effective funding year 2021, an applicant may change the SPIN on its FCC Form 462 or FCC Form 466 by filing the Post-Commitment Request Form. See Attachment 1 (Post-Commitment Request Form). As part of the new SPIN change procedures, a SPIN change may either be classified as a “corrective” SPIN change or an “operational” SPIN change. A “corrective” SPIN change is any “amendment to the SPIN associated with a Funding Request Number that does not involve a change to the service provider associated with that Funding Request Number.” An applicant may request a “corrective” SPIN change if the applicant is: (1) correcting data entry errors (e.g., fixing clerical errors such naming the correct service provider in the funding request but providing the incorrect SPIN); (2) updating a service provider’s SPIN that has changed due to the merger of companies or the acquisition of one company by another; or (3) effectuating a change that was not initiated by the applicant. An “operational” SPIN change is “any change to the service provider associated with a specific Funding Request Number.” An applicant may



request an “operational” SPIN change in situations where: (1) the applicant has a legitimate reason to change providers (e.g., breach of contract or the service provider is unable to perform); and (2) and the applicant’s newly selected service provider received the next highest point value in the original bid evaluation, assuming there were multiple bidders. Applicants must file requests for either a “corrective” or “operational” SPIN change by no later than the service delivery deadline. Applicants must provide a narrative and any documents to support its request. See Attachment 1 (Post-Commitment Request Form)

*New or revised rules impacting this collection:*

- **54.605(c)** of the Commission’s rules permits service providers to seek a petition for waiver of the “rural rate” rule, as necessary, and require service providers to submit financial data and other information to support the petition for waiver. This revised rule is applicable to the Telecom Program only.
- **54.618(a)-(b)** of the Commission’s rules requires all Healthcare Connect Fund Program participants, including individual participants, to file annual reports with USAC. This revised rule is applicable to the Healthcare Connect Fund Program only.
- **54.622(d)** of the Commission’s rules requires applicants to specify on their bid evaluation worksheets and/or scoring matrices the requested services for which they seek bids, the information provided to bidders to allow bidders to reasonably determine the needs of the applicants, their minimum requirements for the developed weighted evaluation criteria, each service provider’s proposed services levels for the criteria, and the disqualification factors, if any, that they will use to remove bids or bidders from further consideration.
- **54.622(e)(2)** of the Commission’s rules requires applicants to provide full details of any arrangement involving the purchasing of service or services as part of an aggregated purchase with other entities or individuals. This new rule is applicable to the Healthcare Connect Fund Program only.
- **54.622(e)(4)** of the Commission’s rules requires applicants to describe the nature of the relationship they have with any outside entity who aided in the preparation of its applications.
- **54.622(e)(5)** of the Commission’s rules provides documentation requirements for submission of an RFP. This new rule is applicable to the Telecom Program only.
- **54.623(a)(2)** of the Commission’s rules requires applicants to submit a contract or other documentation, as applicable, that clearly identifies the service provider(s) selected and the health care provider(s) who will receive the services; costs for which support is being requested; and the term of the service agreement(s) if applicable (i.e., if services are not being provided on a month-to-month basis). This new rule is applicable to the Telecom Program only.
- **54.623(a)(3)** of the Commission’s rules requires applicants to submit documentation to support their certifications that they have selected the most cost-effective option and other competitive bidding documentation. This new rule is applicable to the Telecom Program only.
- **54.623(a)(4)** of the Commission’s rules requires applicants to submit a description of how costs will be allocated for ineligible entities or components, as well as any agreements that

- memorialize such arrangements with ineligible entities. This new rule is applicable to the Telecom Program only.
- **54.624** of the Commission’s rules permits applicants to request a site or service substitution. This new rule is applicable to the Telecom Program only.
  - **54.625** of the Commission’s rules permits applicants to request a Service Provider Identification Number (SPIN) change.
  - **54.626(b)** of the Commission’s rules permits applicants to seek an extension of the service delivery deadline.
  - **54.627(b)** of the Commission’s rules permits applicants to seek an extension of the invoicing deadline.
  - **54.631(d)** of the Commission’s rules requires service providers to provide to health care providers all documents regarding supported equipment or services that are necessary for the health care provider to submit required forms or respond to Commission or USAC inquiries. This new rule is applicable to the Telecom Program only.
2. ***Use of information.*** The requirements contained herein are necessary to implement the congressional mandate for universal service. The information collected herein provides the Commission and USAC with the necessary information to administer the RHC Program, determine the amount of support entities seeking funding are eligible to receive, to determine if entities are complying with the Commission’s rules, and to prevent waste, fraud, and abuse. The information will also allow the Commission to evaluate the extent to which the RHC Program is meeting the statutory objectives specified in section 254(h) of the 1996 Act and the Commission’s performance goals for the RHC Program, and to evaluate the need and feasibility for any future revisions to RHC Program rules.
  3. ***Use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.*** In an effort to reduce any burden created by these information collection requirements, information must be submitted electronically. Applicants and service providers submit the FCC Forms and documentation associated with the Telecom and Healthcare Connect Fund Programs via a user-friendly online interface accessible via USAC’s website. Applicants are also able to upload required documentation (such as a bill) and supporting documentation, as necessary, when completing the online forms for the RHC Program. The RHC interface is designed to provide online storage of applications and related materials for health care providers, in order to ease compliance with recordkeeping requirements and possible audits. Furthermore, to the extent possible, the system is designed to carry forward information already provided by an applicant to future filings (i.e., pre-populate data), in order to further reduce the filing burden. Health care providers who lack sufficient Internet access are able to contact USAC’s help desk over the telephone to obtain assistance with meeting the filing requirements.
  4. ***Efforts to identify duplication.*** There will be no duplication of information. The information sought is unique to each applicant and similar information is not already available. The Commission does not otherwise collect information from health care providers. The data collected by the Commission regarding health care providers’ use of telecommunications, information and broadband services is, to the best of the Commission’s knowledge, not available from other sources. To the extent data can be linked based on unique identifiers; this information

will be obtained and automatically pre-populated into the FCC Forms so that applicants do not have to manually re-enter information that has not changed from previous filings.

5. **Impact on small businesses or other small entities.** Entities directly subject to the requirements of this information collection are health care providers and consortia comprised of health care providers. This information collection is designed to impose the least possible burden on the respondents while ensuring that USAC and the Commission have information necessary to administer and improve the RHC Program. Specifically, the Commission has attempted to minimize the burden by allowing health care providers to apply as consortia.
6. **Consequence if information is not collected.** Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing section 254 of the 1996 Act, and prevent health care providers from seeking RHC discounts for eligible services.
7. **Special circumstances.** There are no special circumstances associated with this information collection.
8. **Federal Register notice; efforts to consult with persons outside the Commission.** The Commission published a notice pursuant to 5 CFR § 1320.8(d), in the Federal Register to solicit public comment on the revised collection, 85 FR 5430, January 30, 2020. The notice directed interested parties to submit comments to two specific email addresses (PRA@fcc.gov and Nicole.ongele@fcc.gov) on or before March 30, 2020. One party, GCI Communications Corp. (GCI), submitted comments in response to the notice, but did not submit its comments to the required email addresses until April 1, 2020.

GCI argues that the Commission’s notice did not correctly identify every proposed information collection, claiming that a footnote in the *2019 Promoting Telehealth Report and Order* that encourages service providers to bring their available urban and rural data to USAC’s attention in order to assist in the rate-determination process is an information collection. *2019 Promoting Telehealth Report and Order*, WC Docket No. 17-310, 34 FCC Rcd 7335 n.216 (2019) (“To assist in the rate-determination process, service providers are encouraged to bring their available urban and rural rate data to the Administrator’s attention.”). GCI explains that, although the footnote invites a voluntary rather than mandatory disclosure of information, the PRA requires that even voluntary solicitations of information from 10 or more persons must be submitted to OMB for approval. According to GCI, because the notice did not identify this voluntary information collection as required, a corrected public notice is necessary before OMB approval is possible.

We disagree that the footnote GCI cites is an information collection subject to PRA. Instead, the footnote merely calls attention to an option already available to each service provider to provide rate information to USAC in a manner and at times the service provider deems appropriate. The footnote neither specifies when or how this information is to be provided nor does it pose identical questions that must be addressed or identical reporting or disclosure requirements that must be met by any party. As such, the footnote that concerns GCI does not involve a “collection of information” subject to PRA. See 5 CFR § 1320.3(c).

The Commission subsequently published a notice pursuant to 5 CFR § 1320.10(a), in the Federal Register requesting OMB approval of the revised collection, 85 FR 19475, April 7, 2020. The notice directed interested parties to submit comments to OMB ([www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain)), with copies of the comments sent to Nicole Ongele at the FCC (PRA@fcc.gov and

Nicole.Ongele@fcc.gov), on or before May 7, 2020. Three parties, GCI, Advanced Data Services, Inc. (ADS), and an anonymous commenter, submitted comments in response to the notice.

In its comments, GCI reiterates its position that the Commission’s notice did not correctly identify every proposed information collection, citing again footnote 216 in the *2019 Promoting Telehealth Report and Order* that encourages service providers to bring their available urban and rural data to USAC’s attention. GCI maintains that the “repeated requests for rate data” demonstrate that service providers’ submissions are “integral to properly functioning databases.” GCI also asserts, without support, that the purported information collection will compel service providers “to either expend substantial resources compiling and submitting standardized rate data for their service offerings across all service areas or face potentially massive market upheaval.” According to GCI, the Commission should be obligated to delay implementation of the database rules adopted in the *2019 Promoting Telehealth Report and Order* until it accounts for the alleged burdens associated with the submission of rate data.

GCI’s comments are unavailing. The footnote in the *2019 Promoting Telehealth Report and Order* that concerns GCI is not an information collection that triggers PRA protections. It is instead an unstructured, open-ended invitation to service providers to provide data to assist USAC in improving the RHC Program rate determination process. In this way, the footnote serves as a form of “general or unstructured feedback” opportunity “that might improve the program,” which is an activity excluded from the definition of “information” for purposes of PRA. See Memorandum for the Heads of Executive Departments and Agencies, and Independent Regulatory Agencies from Cass R. Sunstein, Administrator, Office of Information and Regulatory Affairs, Office of Management and Budget at 2-4 (Apr. 7, 2010). The data provided by individual service providers will not be “integral” to the functionality of the databases, as GCI incorrectly avers. While the information collected may be used, at least indirectly, to make substantive funding decisions, the provided information would be only one data point among numerous data points that USAC will consider in determining the median rate for a particular type of service and geographic area, which in turn will determine the amount of support flowing to the service provider.

In its comments, ADS requests changes to FCC Form 466 to allow an applicant to provide or revise information as it relates to site and service substitutions, evergreen<sup>1</sup> contract upgrades, and satellite service-only funding requests. ADS’s requests are already addressed, or their need negated, by changes made following the *2019 Promoting Telehealth Report and Order*. Applicants will make site and service substitutions (including upgrades to evergreen contracts) on the newly created Post-Commitment Request Form (Attachment 1). This form, which is intended to harmonize information requests between the Telecom and Healthcare Connect Fund Programs consistent with the reforms adopted in the *2019 Promoting Telehealth Report and Order*, removes the need to revise FCC Form 466 to facilitate site and service substitutions and evergreen contract upgrades. The *2019 Promoting Telehealth Report and Order* also eliminated the rule that limited satellite support in areas where there is terrestrial-based service, thereby rendering unnecessary the need to amend FCC Form 466 to identify requests for satellite service-only support.

The anonymous commenter requests that forms which require the entering of consultant contact information multiple times present the relevant information fields in the same order. The commenter did not specify which forms present this contact information out of order. We have

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<sup>1</sup> An evergreen contract is a multi-year contract that is exempt from the RHC Program’s competitive bidding requirements for the remainder of the contract term.

directed USAC to examine the RHC Program forms for instances where contact information may be presented out of order and to take appropriate steps to re-order the information in a manner that eases burdens on applicants.

9. **Payments or gifts to respondents.** The Commission does not anticipate providing any payment or gifts to respondents.
10. **Assurances of confidentiality.** There is no assurance of confidentiality provided to respondents concerning this information collection. Information submitted on FCC Forms for the RHC Program is subject to public inspection and is used by USAC to update and expand the RHC Program dataset as part of its Open Data Platform. However, respondents may request materials or information submitted to the Commission or to USAC be withheld from public inspection under 47 CFR § 0.459 of the FCC's rules.
11. **Questions of a sensitive nature.** This information collection does not address any private matters of a sensitive nature.
12. **Estimates of the hour burden of collection to respondents.**

The following represents the hour burden on the collections of information:

**HEALTHCARE CONNECT FUND PROGRAM**

***Proposed Extensions***

**a. FCC Form 460 – Eligibility Determination and Consortium Information**

**Number of Respondents:** Approximately 4,100 individual health care provider sites and consortia of health care providers. This number is based on FCC Forms 460 submitted for calendar year 2018.

**Frequency of Response:** One-time reporting requirement. Once submitted, the FCC Form 460 need not be re-submitted in subsequent years unless there is a change in the information previously provided.

**Total Number of Responses Annually:** 4,100.

**Total Annual Hourly Burden:** 4,100 hours. The Commission estimates that this requirement will take approximately 1 hour per submission. 4,100 submissions x 1 hour = 4,100 hours.

**Total Estimate of In-House Cost to the Respondents:** \$164,000 = 4,100 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

**b. FCC Form 460 Attachment – Letters of Agency (LOA) (Consortia Only)**

**Number of Respondents:** Approximately 4,304 health care providers. This number is based on health care providers who submitted LOAs in calendar year 2018.

**Frequency of Response:** One-time reporting requirement.

**Total Number of Responses Annually:** 4,304.

**Total Annual Hourly Burden:** 4,304 hours. This requirement applies to consortium applicants only. 4,304 submissions x 1 hour = 4,304 hours.

**Total Estimate of In-House Cost to the Respondents:** \$172,160 = 4,304 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

**c. FCC Form 460 Attachment – State/Non-Profit Entities that Want to Serve as Both Vendor and Consortium Leader/Consultant (Consortia Only)**

**Number of Respondents:** Approximately 37 state government or non-profit entities.

**Frequency of Response:** One-time reporting requirement.

**Total Number of Responses Annually:** 20. The Commission estimates that of the possible respondents, approximately 20 may make this submission annually.

**Total Annual Hourly Burden:** 40 hours. The Commission estimates that this requirement will take approximately 2 hours per submission. 20 submissions x 2 hours = 40 hours.

**Total Estimate of In-House Cost to the Respondents:** \$1,600 = 40 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

**d. Agreement Regarding Legal/ Financial Responsibility for Consortium Activities (Consortia Only)**

**Number of Respondents:** Approximately 16 consortia of health care providers.

**Frequency of Response:** One-time reporting requirement.

**Total Number of Responses Annually:** 16.

**Total Annual Hourly Burden:** 160. The Commission estimates that this requirement will take approximately 10 hours per submission. 16 submissions x 10 hours = 160 hours.

**Total Estimate of In-House Cost to the Respondents Costs:** \$12,480. The Commission anticipates that consortia may engage in-house counsel (attorneys) to prepare this agreement comparable in pay to the Federal government at a GS-15, Step 5, at \$78 per hour (rounded up). We acknowledge the possibility that some respondents may engage outside counsel, but do not include an estimate for use of such counsel given that we are unable to determine this information with certainty 160 hours x \$78/hour = \$12,480.

**e. FCC Form 461 Attachment – Network Planning for Consortia (Consortia Only)**

**Number of Respondents:** Approximately 413 respondents. This requirement applies to consortia only.

**Frequency of Response:** Annual requirement.

**Total Number of Responses Annually:** 413. The Commission estimates the number of respondents based upon the number of respondents submitting Network Plans with the FCC Forms 461.

**Total Annual Hourly Burden:** 4,130 hours. The Commission estimates that this requirement will take, on average, approximately 10 hours. The number of hours will vary depending upon the detail provided in the Network Plans by consortia. 413 submissions x 10 hours = 4,130 hours.

**Total Estimate of In-House Cost to the Respondents:** \$165,200 = 4,130 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

**f. FCC Form 462 – Request for Funding**

**Number of Respondents:** Approximately 7,326 individual and consortium applicants.

**Frequency of Response:** Annual requirement.

**Total Number of Responses Annually:** 7,326.

**Total Annual Hourly Burden:** 14,652 hours. The Commission estimates that this requirement will take approximately 2 hours per submission. 7,326 submissions x 2 hours = 14,652 hours.

**Total Estimate of In-House Cost to the Respondents:** \$586,080 = 14,652 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

**g. FCC Form 462 Attachment – Competitive Bidding Documents**

**Number of Respondents:** Approximately 7,326 individual and consortium applicants.

**Frequency of Response:** Annual requirement.

**Total Number of Responses Annually:** 7,326.

**Total Annual Hourly Burden:** 109,890 hours. The Commission estimates that this requirement will take, on average, approximately 15 hours for applicants. The number of burden hours will vary depending upon the size of the funding request and the competitive bidding documentation provided. 7,326 submissions x 15 hours = 109,890 hours.

**Total Estimate of In-House Cost to the Respondents:** \$4,395,600 = 109,890 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

**h. FCC Form 462 Attachment – Contracts or Similar Documentation**

**Number of Respondents:** Approximately 7,326 individual and consortium applicants.

**Frequency of Response:** Annual requirement.

**Total Number of Responses Annually:** 7,326.

**Total Annual Hourly Burden:** 7,326 hours. The Commission estimates that this requirement will take approximately 1 hour per submission. 7,326 submissions x 1 hour = 7,326 hours.

**Total Estimate of In-House Cost to the Respondents:** \$293,040 = 7,326 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

**i. FCC Form 462 Attachment – Cost Allocation Method for Ineligible Entities or Components**

**Number of Respondents:** Approximately 509 applicants.

**Frequency of Response:** Annual requirement.

**Total Number of Responses Annually:** 509.

**Total Annual Hourly Burden:** 509 hours. The Commission estimates that this requirement will take approximately 1 hour per submission. 509 submissions x 1 hour = 509 hours.

**Total Estimate of In-House Cost to the Respondents:** \$20,360 = 509 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

**j. FCC Form 462 Attachment – Updates to Network Planning for Consortia**

**Number of Respondents:** Approximately 113 respondents.

**Frequency of Response:** Annual requirement.

**Total Number of Responses Annually:** 113.

**Total Annual Hourly Burden:** 1,130 hours. The Commission estimates that this requirement will take, on average, approximately 10 hours for respondents. The number of burden hours will vary based on the extent of the updates and the detail provided. 113 submissions x 10 hours = 1,130 hours.

**Total Estimate of In-House Cost to the Respondents:** \$45,200 = 1,130 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

**k. FCC Form 462 Attachment – Network Cost Worksheet**

**Number of Respondents:** Approximately 404 respondents.



**Frequency of Response:** Annual requirement.

**Total Number of Responses Annually:** 404.

**Total Annual Hourly Burden:** 4,040 hours. The Commission estimates that this requirement will take, on average, approximately 10 hours. The number of burden hours will vary based on the size of the network and the detail provided in the cost worksheet. 404 submissions x 10 hours = 4,040 hours.

**Total Estimate of In-House Cost to the Respondents:** \$161,600 = 4,040 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

**l. FCC Form 462 Attachment – Evidence of Viable Source for 35 Percent Contribution**

**Number of Respondents:** Approximately 404 consortium applicants. This requirement applies to consortia only.

**Frequency of Response:** Annual requirement.

**Total Number of Responses Annually:** 404.

**Total Annual Hourly Burden:** 404 hours. The Commission estimates that this requirement will take approximately 1 hour per submission. 404 submissions x 1 hour = 404 hours.

**Total Estimate of In-House Cost to the Respondents:** \$16,160 = 404 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

**m. FCC Form 462 Attachment – Sustainability Plans for Applicants Requesting Support for Long-Term Capital Expenses**

**Number of Respondents:** Approximately 118 respondents.

**Frequency of Response:** One-time requirement. Once submitted, revisions are only required if there is a material change in sources of future support or management, a change that would impact projected income or expenses by the greater of 20 percent or \$100,000 from the previous submission, or if the applicant submits a funding request based on a new FCC Form 461 (i.e., a new competitively bid contract).

**Total Number of Responses Annually:** 118.

**Total Annual Hourly Burden:** 1,180 hours. The Commission estimates that this requirement will take approximately 10 hours per submission. 118 submissions x 10 hours = 1,180 hours.

**Total Estimate of In-House Cost to the Respondents:** \$47,200 = 1,180 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

**n. FCC Form 463 - Invoicing**

**Number of Respondents:** Approximately 6,158 respondents. The FCC Form 463 is completed jointly by the applicant and vendor.

**Frequency of Response:** Annual requirement.

**Total Number of Responses Annually:** 6,158.

**Total Annual Hourly Burden:** 12,316 hours. The Commission estimates that this requirement will take, on average, approximately 2 hours combined for applicants and vendors. The number of burden hours will vary based on the number of line items included in a funding request. 6,158 submission x 2 hours = 12,316 hours.

**Total Estimate of In-House Cost to the Respondents:** \$492,640 = 12,316 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

**o. Extension Request for Lighting Fiber**

**Number of Respondents:** Approximately 27 applicants.

**Frequency of Response:** One-time requirement.

**Total Number of Responses Annually:** 27.

**Total Annual Hourly Burden:** 27 hours. The Commission estimates that this requirement will take approximately 1 hour per submission. 27 submissions x 1 hour = 27 hours.

**Total Estimate of In-House Cost to the Respondents:** \$1,080 = 27 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

***Proposed Revisions:***

**p. FCC Form 461 – Request for Services (Competitive Bidding)**

**Number of Respondents:** Approximately 7,971 individual and consortium applicants.

**Frequency of Response:** Annual requirement.

**Total Number of Responses Annually:** 4,783. Applicants who can utilize a competitive bidding exemption do not need to submit an FCC Form 461 to receive support. The Commission estimates that approximately 40% of applicants on average will utilize a competitive bidding exemption, so only 60% of applicants will need to submit an FCC Form 461. 60% of 7,971 applicants = 4,783 responses.

**Total Annual Hourly Burden:** 9,566 hours. The Commission estimates that this requirement will take approximately 2 hours per submission. 4,783 submissions x 2 hours = 9,566 hours.

**Total Estimate of In-House Cost to the Respondents:**  $\$382,640 = 9,566 \text{ hours} \times \$40/\text{hour}$ . The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

**q. FCC Form 461 Attachment – Request for Proposals (RFP)**

**Number of Respondents:** Approximately 376 individual and consortium applicants.

**Frequency of Response:** Annual requirement.

**Total Number of Responses Annually:** 368. Not all applicants are required to submit an RFP. The Commission estimates that responses will come from 368 out of the 376 individual and consortium applicants.

**Total Annual Hourly Burden:** 6,256 hours. Approximately 368 respondents. The Commission estimates that this requirement will take, on average, approximately 17 hours for applicants. The number of burden hours will vary depending upon the detail provided by the applicant in the RFP.  $368 \text{ submissions} \times 17 \text{ hours} = 6,256 \text{ hours}$ .

**Total Estimate of In-House Cost to the Respondents:**  $\$250,240 = 6,256 \text{ hours} \times \$40/\text{hour}$ . The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

**r. Annual Reporting Requirement for Healthcare Connect Fund Participants**

**Number of Respondents:** 8,926. Approximately 8,926 consortium and individual health care provider participants for funding year 2019.

**Frequency of Response:** Annual requirement.

**Total Number of Responses Annually:** 8,926. The Commission estimates approximately 8,926 based on the number of consortium and individual health care provider participants for funding year 2018.

**Total Annual Hourly Burden:** 89,260 hours. The Commission estimates that this requirement will take approximately 10 hours per submission.  $8,926 \text{ submissions} \times 10 \text{ hours} = 89,260 \text{ hours}$ .

**Total Estimate of In-House Cost to the Respondents:**  $\$3,570,400 = 89,260 \text{ hours} \times \$40/\text{hour}$ . The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

***Proposed New Requirement:***

**s. Service Delivery Deadline Extension Requests**

**Number of Respondents:** 5. Because this requirement does not become effective until funding year 2021 (which begins on July 1, 2021) and only applies to applicants who request an extension, this estimate is based on the approximate number of requests for waivers of the service delivery deadline that have been submitted to the Commission.

**Frequency of Response:** On occasion reporting requirement. This obligation will only arise where the applicant must affirmatively seek a one-year extension of the service delivery deadline.

**Total Number of Responses Annually:** 5.

**Total Annual Hourly Burden:** 5 hours. The Commission estimates that this requirement will take approximately 1 hour per submission. 5 submissions x 1 hour = 5 hours.

**Total Estimate of In-House Cost to the Respondents:** \$200 = 5 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

### **TELECOMMUNICATIONS PROGRAM**

#### ***Proposed Extensions:***

**t. Submission of FCC Form 467**

**Number of Respondents:** Approximately 1,437 respondents.

**Frequency of Response:** Annual and on occasion requirement.

**Total Number of Responses Annually:** 1,437. The Commission estimates that applicants will submit approximately 1,437 FCC Forms 467 per year.

**Total Annual Hourly Burden:** 431 hours. The Commission estimates that each FCC Form 467 will take approximately 0.30 hours per submission. 1,437 submissions x 0.30 hours = 431 hours.

**Total Estimate of In-House Cost to the Respondents:** \$17,240 = 431 hours x \$40/hour. The Commission estimates that respondents will use a staff compensated at approximately \$40 per hour.

**u. Mobile RHC Provider Submission of Sites**

**Number of Respondents:** 0 mobile health clinics. Based on the lack of participation by mobile rural health care providers in past funding years, the Commission anticipates there will not be any respondents.

**Frequency of Response:** Annual reporting requirement.

**Total Number of Responses Annually:** 0. Each RHC provider seeking discounts for mobile telecommunications services must submit the estimated number of sites the mobile health clinic will serve during the year on the FCC Forms 465 and 466.

**Total Annual Hourly Burden:** 0 hours. The Commission estimates that this requirement will take approximately 3 hours per submission. 0 submissions x 3 hours = 0 hours.

**Total Estimate of In-House Cost to the Respondents:** \$0 = 0 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

v. **Mobile RHC Provider Explanation of Necessity**

**Number of Respondents:** 0 mobile health clinics. Based on the lack of participation by mobile rural health care providers in past funding years, the Commission anticipates there will not be any respondents.

**Frequency of Response:** Annual reporting requirement.

**Total Number of Responses Annually:** 0. Each RHC provider seeking discounts for mobile telecommunications services must document the cost of wireline services, if the mobile RHC provider serves less than eight different sites per year.

**Total Annual Hourly Burden:** 0 hours. The Commission estimates that this requirement will take approximately 3 hours per submission. 0 submissions x 3 hours = 0 hours.

**Total Estimate of In-House Cost to the Respondents:** \$0 = 0 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

w. **Mobile RHC Provider Certification**

**Number of Respondents:** 0 mobile health clinics. Based on the lack of participation by mobile rural health care providers in past funding years, the Commission anticipates there will not be any respondents.

**Frequency of Response:** Annual reporting requirement.

**Total Number of Responses Annually:** 0. Each RHC provider seeking discounts for mobile telecommunications services must certify that they are serving eligible rural areas on FCC Forms 465 and 466.

**Total Annual Hourly Burden:** 0 hours. The Commission estimates that this requirement will take approximately 3 hours per submission. 0 submissions x 3 hours = 0 hours.

**Total Estimate of In-House Cost to the Respondents:** \$0 = 0 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

x. **Mobile RHC Provider Annual Logs**

**Number of Respondents:** 0 mobile health clinics. Based on the lack of participation by mobile rural health care providers in past funding years, the Commission anticipates there will not be any respondents.

**Frequency of Response:** Annual recordkeeping requirement.

**Total Number of Responses Annually:** 0. Each RHC provider seeking discounts for mobile telecommunications services must retain and make available upon request logs indicating the geographic coordinates where the mobile health clinic stops and the number of patients served at each location.

**Total Annual Hourly Burden:** 0 hours. The Commission estimates that this requirement will take approximately 3 hours annually. 0 submissions x 3 hours = 0 hours.

**Total Estimate of In-House Cost to the Respondents:** \$0 = 0 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hours.

**y. Mobile RHC Provider Documentation of Price – Service in One State**

**Number of Respondents:** 0 mobile health clinics. Based on the lack of participation by mobile rural health care providers in past funding years, the Commission anticipates there will not be any respondents.

**Frequency of Response:** Annual reporting requirement.

**Total Number of Responses Annually:** 0. Each RHC provider seeking discounts for mobile telecommunications services must submit documentation of the price for bandwidth equivalent services on the FCC Forms 465 and 466.

**Total Annual Hourly Burden:** 0 hours. The Commission estimates that this requirement will take approximately 3 hours per submission. 0 submissions x 3 hours = 0 hours.

**Total Estimate of In-House Cost to the Respondents:** \$0 = 0 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

**z. Mobile RHC Provider Documentation of Price – Service in Multiple States**

**Number of Respondents:** 0 mobile health clinics. Based on the lack of participation by mobile rural health care providers in past funding years, the Commission anticipates there will not be any respondents.

**Frequency of Response:** Annual reporting requirement.

**Total Number of Responses Annually:** 0. Each RHC provider seeking discounts for mobile telecommunications services must submit documentation of the price for bandwidth equivalent services on the FCC Forms 465 and 466.

**Total Annual Hourly Burden:** 0 hours. The Commission estimates that this requirement will take approximately 3 hours per submission. 0 submissions x 3 hours = 0 hours.

**Total Estimate of In-House Cost to the Respondents:** \$0 = 0 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

**aa. Mobile RHC Providers Must Maintain Documents About Allocation**

**Number of Respondents:** 0 mobile health clinics. Based on the lack of participation by mobile rural health care providers in past funding years, the Commission anticipates there will not be any respondents.

**Frequency of Response:** Annual recordkeeping requirement.

**Total Number of Responses Annually:** 0. Each RHC provider seeking discounts for mobile telecommunications services must retain and make available upon request documentation explaining their allocation methods for five years.

**Total Annual Hourly Burden:** 0 hours. The Commission estimates that this requirement will take approximately 3 hours per submission. 0 submissions x 3 hours = 0 hours.

**Total Estimate of In-House Cost to the Respondents:** \$0 = 0 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

**bb. Mobile RHC Providers Must Maintain Purchase Records**

**Number of Respondents:** 0 mobile health clinics. Based on the lack of participation by mobile rural health care providers in past funding years, the Commission anticipates there will not be any respondents.

**Frequency of Response:** Annual recordkeeping requirement.

**Total Number of Responses Annually:** 0. Each RHC provider seeking discounts for mobile telecommunications services must maintain records for purchases of supported services for five years.

**Total Annual Hourly Burden:** 0 hours. The Commission estimates that this requirement will take approximately 3 hours per submission. 0 submissions x 3 hours = 0 hours.

**Total Estimate of In-House Cost to the Respondents:** \$0 = 0 hours x \$40/hour. The Commission estimates that respondents will use staff at approximately \$40 per hour, plus an added 30% cost attributable to administrative staff time and overhead.

***Proposed Revisions:***

**cc. Submission of Invoice Template/ Form**

**Number of Respondents:** Approximately 799 respondents.

**Frequency of Response:** Annual and on occasion requirement.

**Total Number of Responses Annually:** 16,000. The Commission estimates that 799 service providers will submit approximately 16,000 Telecom Program Invoices per year. This number is based on the number of Telecom Program invoices submitted in calendar year 2018.

**Total Annual Hourly Burden:** 4,800 hours. The Commission estimates that the Telecom Program Invoice will each take approximately 0.30 hours per submission. 16,000 submissions x 0.30 hours = 4,800 hours.

**Total Estimate of In-House Cost to the Respondents:** \$192,000 = 4,800 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

**dd. Submission of FCC Form 465 (Competitive Bidding)**

**Number of Respondents:** Approximately 2,040 respondents.

**Frequency of Response:** Annual and on occasion requirement.

**Total Number of Responses Annually:** 2,040

**Total Annual Hourly Burden:** 4,080 hours. The Commission estimates that this requirement will take approximately 1 hour per submission. 2,040 submissions x 2 hour = 4,080 hours.

**Total Estimate of In-House Cost to the Respondents:** \$163,200 = 4,080 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

**ee. Submission of FCC Form 466**

**Number of Respondents:** Approximately 1,992 respondents.

**Frequency of Response:** Annual and occasion requirement.

**Total Number of Responses Annually:** 1,992.

**Total Annual Hourly Burden:** 3,984 hours. The Commission estimates that this requirement will take approximately 2 hours per submission. 1,992 submissions x 2 hours = 3,984 hours.

**Total Estimate of In-House Cost to the Respondents:** \$159,360 = 3,984 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

***Proposed New Requirement:***

**ff. Rural Rate Waiver Requirements:**

**Number of Respondents:** Approximately 7 respondents.

**Frequency of Response:** At discretion of respondents seeking waivers.

**Total Number of Responses Annually:** 7.



**Total Annual Hourly Burden:** 84 hours. The Commission estimates that this requirement will take approximately 12 hours per submission. 7 submissions/waiver x 12 hours = 84 hours.

**Total Estimate of In-House Cost to the Respondents:** \$3,360 = 84 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

**EXTENSION OF REQUIREMENT APPLICABLE TO BOTH THE HEALTHCARE CONNECT FUND AND TELECOM PROGRAMS**

**gg. Audits and Recordkeeping**

**Number of Respondents:** Approximately 11,551 respondents. The Commission estimates that 3,160 applicants and service providers in the Telecom Program and 8,391 applicants and service providers in the Healthcare Connect Fund Program will be subject to this requirement.

**Frequency of Response:** Annual recordkeeping requirement.

**Total Number of Responses Annually:** 11,551

**Total Annual Hourly Burden:** 92,408 hours. The Commission estimates that this requirement will take approximately 8 hours annually per submission. 11,551 submissions x 8 hours = 92,408 hours.

**Total Estimate of In-House Cost to the Respondents:** \$3,696,320 = 92,408 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

**REVISION OF REQUIREMENT APPLICABLE TO BOTH THE HEALTHCARE CONNECT FUND AND TELECOM PROGRAMS**

**hh. Authorization for Third Parties to Submit FCC Forms on Behalf of HCP/Consortium**

**Number of Respondents:** Approximately 7,506 individual health care providers or consortia of health care providers.

**Frequency of Response:** One-time reporting requirement. Once submitted, this authorization need not be re-submitted in subsequent years unless there is a change in the information previously provided.

**Total Number of Responses Annually:** 7,506.

**Total Annual Hourly Burden:** 7,506 hours. The Commission estimates that this requirement will take approximately 1 hour per submission. 7,506 submissions x 1 hour = 7,506 hours.

**Total Estimate of In-House Cost to the Respondents:**  $\$300,240 = 7,506 \text{ hours} \times \$40/\text{hour}$ . The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

**NEW REQUIREMENTS APPLICABLE TO BOTH THE HEALTHCARE CONNECT FUND AND TELECOM PROGRAMS**

**ii. Invoice Deadline Extension Requests**

**Number of Respondents:** 15. Because this requirement does not become effective until funding year 2021 and only applies to applicants who request an extension, this estimate is based on the approximate number of requests for waivers of the invoice deadline submitted to the Commission.

**Frequency of Response:** On occasion reporting requirement. This obligation will only arise where service providers and billed entities request a one-time 120-day extension of the invoice deadline.

**Total Number of Responses Annually:** 15.

**Total Annual Hourly Burden:** 5 hours. The Commission estimates that this requirement will take approximately 0.30 hour per submission.  $15 \text{ submissions} \times 0.30 \text{ hour} = 5 \text{ hours}$ .

**Total Estimate of In-House Cost to the Respondents:**  $\$200 = 5 \text{ hours} \times \$40/\text{hour}$ . The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

**jj. Site and Service Substitutions**

**Number of Respondents:** 117. Approximately 77 health care providers in the Healthcare Connect Fund Program and approximately 40 health care providers in the Telecom Program. Effective funding year 2021, this information collection establishes site and service substitutions as a program-wide rule and establishes a firm deadline for all health care providers under the RHC Program to submit site and service substitution requests to USAC. The estimated number of health care providers that may submit site and service substitution requests under the Telecom Program is based on the approximate number of respondents submitting site and service substitutions under the Healthcare Connect Fund Program.

**Frequency of Response:** On occasion reporting requirement. This obligation will only arise where a health care provider seeks a site or service substitution.

**Total Number of Responses Annually:** 117.

**Total Annual Hourly Burden:** 35 hours. The Commission estimates that this requirement will take approximately 0.30 hour per submission.  $117 \text{ submissions} \times 0.30 \text{ hour} = 35 \text{ hours}$ .

**Total Estimate of In-House Cost to the Respondents:**  $\$1,400 = 35 \text{ hours} \times \$40/\text{hour}$ . The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

**kk. Service Provider Identification Number (SPIN) Changes**

**Number of Respondents:** 376. Approximately 374 health care providers in the Healthcare Connect Fund Program and approximately 2 health care providers in the Telecom Program.

**Frequency of Response:** On occasion reporting requirement. This obligation will only arise where a health care provider seeks a SPIN change.

**Total Number of Responses Annually:** 376

**Total Annual Hourly Burden:** 113 hours. The Commission estimates that this requirement will take approximately 0.30 hour per submission. 376 submissions x 0.30 hour = 113 hours.

**Total Estimate of In-House Cost to the Respondents:** \$4,520 = 113 hours x \$40/hour. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

**The estimated respondents, responses, and burden hours are listed below:**

	<b>Information Collection Requirements</b>	<b>Number of Respondents</b>	<b>Total Number of Responses Annually</b>	<b>Total Annual Hourly Burden</b>	<b>Total In-House Cost to the Respondents</b>
a.	FCC Form 460 – Eligibility Determination and Consortium Information	4,100	4,100	4,100	\$164,000
b.	FCC Form 460 Attachment – Letters of Agency (LOA) (Consortia Only)	4,304	4,304	4,304	\$172,160
c.	FCC Form 460 Attachment – State / Non-Profit Entities that Want to Serve as Both Vendor and Consortium Leader / Consultant (Consortia Only)	37	20	40	\$1,600
d.	Agreement Regarding Legal/ Financial Responsibility for Consortium Activities (Consortia Only)	16	16	160	\$12,480
e.	FCC Form 461 Attachment - Network Planning for Consortia (Consortia Only)	413	413	4,130	\$165,200
f.	FCC Form 462 - Request for Funding	7,326	7,326	14,652	\$586,080
g.	FCC Form 462 Attachment – Competitive Bidding Documents	7,326	7,326	109,890	\$4,395,600
h.	FCC Form 462 Attachment – Contracts or Similar Documentation	7,326	7,326	7,326	\$293,040
i.	FCC Form 462 Attachment – Cost Allocation Method for Ineligible Entities or Components	509	509	509	\$20,360
j.	FCC Form 462 Attachment – Updates to Network Planning for Consortia	113	113	1,130	\$45,200
k.	FCC Form 462 Attachment – Network	404	404	4,040	\$161,600

Information Collection Requirements	Number of Respondents	Total Number of Responses Annually	Total Annual Hourly Burden	Total In-House Cost to the Respondents
Cost Worksheet				
l. FCC Form 462 Attachment – Evidence of Viable Source for 35 Percent Contribution	404	404	404	\$16,160
m. FCC Form 462 Attachment – Sustainability Plans for Applicants Requesting Support for Long-Term Capital Expenses	118	118	1,180	\$47,200
n. FCC Form 463 – Invoicing	6,158	6,158	12,316	\$492,640
o. Extension Request for Lighting Fiber	27	27	27	\$1,080
p. FCC Form 461 – Request for Services (Competitive Bidding)	7,971	4,783	9,566	\$382,640
q. FCC Form 461 Attachment – Request for Proposals (RFP)	376	368	6,256	\$250,240
r. Annual Reporting Requirement for Healthcare Connect Fund Participants	8,926	8,926	89,260	\$3,570,400
s. Service Delivery Deadline Extension Requests	5	5	5	\$200
t. Submission of FCC Form 467	1,437	1,437	431	\$17,240
u. Mobile RHC Provider Submission of Sites	0	0	0	0
v. Mobile RHC Provider Explanation of Necessity	0	0	0	0
w. Mobile RHC Provider Certification	0	0	0	0
x. Mobile RHC Provider Annual Logs	0	0	0	0
y. Mobile RHC Provider Documentation of Price - Service in One State	0	0	0	0
z. Mobile RHC Provider Documentation of Price - Service in Multiple States	0	0	0	0
aa. Mobile RHC Providers Must Maintain Documents About Allocation	0	0	0	0
bb. Mobile Rural Health Care Providers Must Maintain Purchase Records	0	0	0	0
cc. Submission of Invoice Template/Form	799	16,000	4,800	\$192,000
dd. FCC Form 465 (Competitive Bidding)	2,040	2,040	4,080	\$163,200
ee. FCC Form 466	1,992	1,992	3,984	\$159,360
ff. Rural Rate Waiver Requirements	7	7	84	\$3,360
gg. Audits and Recordkeeping	11,551	11,551	92,408	\$3,696,320
hh. Authorization of Third Parties to Submit FCC Forms on Behalf of HCP/Consortium	7,506	7,506	7,506	\$300,240
ii. Invoice Deadline Extension Requests	15	15	5	\$200
jj. Site and Service Substitutions	117	117	35	\$1,400
kk. Service Provider Identification Number	376	376	113	4,520

Information Collection Requirements	Number of Respondents	Total Number of Responses Annually	Total Annual Hourly Burden	Total In-House Cost to the Respondents
(SPIN) Changes				
<b>GRAND TOTAL</b>	10,494 unique respondents	93,687	382,741	\$15,315,720

Total Number of Respondents: 10,494 unique respondents  
 Total Number of Responses Annually: 93,687  
 Total Annual Hourly Burden: 382,741  
 Total Estimate of Annualized Cost: \$15,315,720

13. **Estimates for cost burden of the collection to respondents.** There are no outside contracting costs for this information collection. See the last column in the chart in Item 12 above for the total in- house cost to the respondents.
14. **Estimate of the cost burden to the Commission.** There will be few, if any, additional costs to the Commission because notice, enforcement, and policy analysis associated with the Universal Service Fund are already part of the Commission’s duties. Moreover, there will be minimal cost to the Federal government since a third party, USAC, administers the RHC Program.
15. **Program changes or adjustments.** The Commission is reporting program changes/increases to the total number of annual responses of +4,401 and to the total annual burden hours of +93,771. These program changes are due to the addition of information collection requirements applicable to both the Healthcare Connect Fund and Telecom Programs adopting the reforms in the 2019 *Promoting Telehealth Report and Order*. The Commission is also reporting adjustments/ decreases of -9,820 to the total number of unique respondents and to the total number of annual responses of -27,756, as well as an adjustment/increase to the total burden hours of +13,880. These adjustments are due to a downward correction to the number of unique respondents and updates to the number of annual responses for the Telecom and Healthcare Connect Fund Programs since the last submission.
16. **Collections of information whose results will be published.** Non-proprietary information will likely be made publicly available for the benefit of all interested parties (*e.g.*, annual reports submitted in the Healthcare Connect Fund, summary data for USAC’s quarterly Universal Service Fund demand estimates, RHC Open Data Platform or other public search tools, and summary data for the Commission’s annual Universal Service Monitoring Reports). The Commission has no plans at this time to publish other data collected for statistical use or other reports. However, the Commission may publish such data in the future, to the extent that its confidentiality is not protected under law, in the course of carrying out its policymaking responsibilities.
17. **Display the expiration date for OMB approval of the information collection.** The Commission seeks continued approval to not display the expiration date for OMB approval of this information collection. The Commission will use an edition date in lieu of the OMB expiration date. This will prevent the Commission from having to repeatedly update the expiration date on the forms each time this collection is submitted to OMB for review and approval. The Commission publishes a list of all OMB-approved information collections in 47 CFR § 0.408 of the Commission’s rules.

18. *Exception to the certification statement for Paperwork Reduction Act submissions.*

There are no other exceptions to the Certification Statement.

**B. Collections of Information Employing Statistical Methods:**

The Commission does not anticipate that the collection of information will employ statistical methods.