

This new information collection is being submitted pursuant to 5 C.F.R. § 1320.13 to obtain emergency processing from the Office of Management and Budget (OMB) for new information collection requirements due to recent legislation and a Federal Communications Commission (Commission or FCC) order, as explained below.

SUPPORTING STATEMENT

This new collection establishes information collection requirements for the COVID-19 Telehealth Program, as established in the Commission’s Report and Order, in order to obtain information from applicants that will be used by the Wireline Competition Bureau (Bureau) to evaluate and select applications to receive funding under the COVID-19 Telehealth Program, and ensure compliance with the recent legislation. *See In the Matter of Promoting Telehealth for Low-Income Consumers; COVID-19 Telehealth Program* (WC Docket No. 18-213, WC Docket No. 20-89, FCC 20-44, Adopted Mar. 31, 2020).

A. Justification:

1. ***Circumstances that make the collection of information necessary.*** Section 254(h)(1)(A) of the Telecommunications Act of 1996 (1996 Act), 47 U.S.C. § 254(h)(1)(A), 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 Rural Health Care (RHC) Program which supports health care providers’ access to communications services. However, there are developments in telehealth, including the increased use of connected care services, that the Commission has not yet fully explored.

- In August 2018, the Commission released a Notice of Inquiry (*Connected Care Notice of Inquiry* or *Notice of Inquiry (NOI)*), 33 FCC Rcd 7825, seeking information on how the Commission can help advance and support the movement towards connected care everywhere and improve access to life-saving broadband-enabled telehealth services.
- In July 2019, the Commission adopted a Notice of Proposed Rulemaking (*Connected Care Notice*), 34 FCC Rcd 5620, that proposed and sought comment on a Pilot Program that would help defray health care provider costs of providing connected care services to low-income Americans and veterans.

In the Report and Order, given the growing evidence of the benefits of connected care services provided through broadband connections, the Commission established a Pilot Program, as proposed in the *Connected Care Notice*, to explore whether and how the Universal Service Fund (USF) can help defray health care providers’ costs of providing connected care services, particularly to low-income Americans and veterans. Additionally, due to the ongoing novel Coronavirus 2019 disease (COVID-19) pandemic, the Commission also established the COVID-19 Telehealth Program, funded through a \$200 million Congressional appropriation under the under the Coronavirus Aid, Relief, and Economic

Security (CARES) Act,¹ to immediately support health care providers responding to the pandemic by providing funding for telecommunications services, information services, and devices necessary to provide critical connected care services whether for treatment of COVID-19 disease or other health conditions during the COVID-19 pandemic. The Commission expects that the COVID-19 Telehealth Program will provide immediate assistance to help health care providers provide connected care services in response to the COVID-19 pandemic.

Specifically, the COVID-19 Telehealth Program is open to eligible health care providers, whether located in rural or non-rural areas. Consistent with the 1996 Act and the CARES Act, the Commission limits the COVID-19 Telehealth Program to nonprofit and public eligible health care providers that fall within the categories of health care providers in section 254(h)(7)(B) of the 1996 Act: (1) post-secondary educational institutions offering health care instruction, teaching hospitals, and medical schools; (2) community health centers or health centers providing health care to migrants; (3) local health departments or agencies; (4) community mental health centers; (5) not-for-profit hospitals; (6) rural health clinics; (7) skilled nursing facilities; or (8) consortia of health care providers consisting of one or more entities falling into the first seven categories. The COVID-19 Telehealth Program will provide selected applicants full funding for eligible services and devices. The COVID-19 Telehealth Program has a Congressionally appropriated \$200 million budget, and these funds will be available until they are expended or until the current pandemic ends.

In order to receive funding under the COVID-19 Telehealth Program, applicants must submit an application to the Commission for review. The Wireline Competition Bureau (Bureau) will evaluate the COVID-19 Telehealth Program applications and will approve funding under the program. The goal is to select applications that target areas that have been hardest hit by the novel Coronavirus 2019 disease and where the support will have the most impact on addressing the health care needs. In order to receive funding under the COVID-19 Telehealth Program, health care providers that do not already have an eligibility determination from the Universal Service Administrative Company (USAC), the Administrator of the Universal Service Fund programs, must obtain one by completing the FCC Form 460, including supporting documentation. The form and instructions are attached to this submission and can be found at <https://www.fcc.gov/licensing-databases/forms>. The approval for the information collection associated with FCC Form 460 can be found in OMB Control No. 3060-0804.

Upon receipt of service and/or connected devices, approved health care providers must submit requests for reimbursement to the Commission. Additionally, there are reporting requirements under the CARES Act for recipients of COVID-19 Telehealth Program funds who receive more than \$150,000. This information collection is necessary so that the Bureau can evaluate applications and select applicants to receive funding under the COVID-19 Telehealth Program, make disbursements to selected health care providers, and ensure compliance with the CARES Act.

¹ CARES Act, Pub. L. No 116-136, 134 Stat. 281 (2020). The CARES Act appropriates \$200 million to the Commission “to support efforts of health care providers to address coronavirus by providing telecommunications services, information services, and devices necessary to enable the provision of telehealth services” during the pendency of the COVID-19 pandemic. *Id.*

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

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, and DIVISION B of the Coronavirus Aid, Relief, and Economic Security Act, Pub. L. No 116-136, 134 Stat. 281.

COVID-19 TELEHEALTH PROGRAM

The following are the proposed new information collection requirements associated with the COVID-19 Telehealth Program:

- a. FCC Form 460 – Eligibility Determination and Consortium Information. Applicants that do not already have an eligibility determination from USAC are required to file an FCC Form 460 (See Attachment, FCC Form 460 – Description of Eligibility and Registration) and Letter of Agency (LOA) which is currently used to determine eligibility under the Healthcare Connect Fund Program, with USAC in order to certify that they are eligible to receive funding through the COVID-19 Telehealth Program.² Applicants are required to provide basic information about the individual health care provider (such as address and contact information, etc.), the eligible health care provider type, and a brief explanation as to why the health care provider is eligible under the Act. The FCC Form 460 also requires applicants to make various certifications under penalty of perjury to the accuracy of the information provided on the FCC Form 460. These certifications also apply to the COVID-19 Telehealth Program except that applicants under the COVID-19 Telehealth Program are only required to maintain documentation for a period of three years and there is no requirement that the health care provider be located in a rural area or be a member of a consortium if located in a non-rural area.

Applicants 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). 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. Applicants that are interested in the COVID-19 Telehealth Program but do not yet have an eligibility determination can still file their applications (see below) with the Commission for the COVID-19 Telehealth Program while their FCC Form 460 is pending with USAC.

- 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

² The Commission received OMB approval of the FCC Form 460 as part of the Rural Health Care Program information collection requirements under OMB 3060-0804. The Commission is currently proposing revisions to this collection and has sought public comment on the proposed revision. Any OMB approved revisions to FCC Form 460 will also apply to the COVID-19 Telehealth Program except the certification requirements as outlined above.

Form 460. The purpose of the LOA is to provide authority for the Consortium Leader to submit the FCC Form 460 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.

- c. Application and Request for Funding. In order to receive funding under the COVID-19 Telehealth Program, eligible health care providers must submit an application to the Bureau electronically with sufficient information that will allow the Bureau to make selections and funding amount determinations. Specifically, to be considered for participation in the COVID-19 Telehealth Program, interested eligible health care providers must submit applications that, at a minimum, contain the following required information:
- Names, addresses, county, and health care provider numbers (HCP No.) (if available), including the lead health care provider for applications involving multiple health care providers.
 - Applicant FCC Registration Number (FRN)
 - Federal Employer Identification Number (EIN/Tax ID)
 - Dun and Bradstreet Number (DUNS)
 - Business Type (from Data Accountability and Transparency (DATA) Act³ Business Types (provide up to three business types)
 - Contact information and position title for the individual that will be responsible for the application (telephone number, mailing address, and email address)
 - Service Location (enter name of state(s) or “nationwide”)
 - Description of the anticipated connected care services to be provided, the conditions to be treated, and the goals and objectives. This should include a brief description of how COVID-19 has impacted your area, your patient population, and the approximate number of patients that could be treated by the health care provider’s connected care services during the COVID-19 pandemic. If you intend to use the COVID-19 Telehealth Program funding to treat patients without COVID-19, describe how this would free up your resources that will be used to treat COVID-19 and/or how this would otherwise prevent, prepare for, or respond to the disease by, for example, facilitating social distancing.
 - Estimated number of patients to be treated.
 - Description of the telecommunications services, information services, or devices requested, the total amount of funding requested, as well as the total monthly amount of funding requested for each eligible item. If requesting funding for devices, description of all types of devices for which funding is requested, how the devices are integral to patient care, and whether the devices are for patient use or for the health care provider’s use. Monitoring devices (e.g., pulse-ox, BP monitoring devices) will only be funded if they are themselves connected.
 - Supporting documentation for the costs indicated in the application, such as a vendor or service provider quote, invoice, or similar information.
 - A timeline for deployment of the proposed service(s) and a summary of the factors the applicant intends to track that can help measure the real impact of supported services and devices.

³ Digital Accountability and Transparency Act of 2014 (DATA Act), Pub. L. No. 113-101, 128 Stat. 1146 (2014).

Additionally, applicants will also be required, at the time of submission of their applications, to make various certifications to ensure program integrity and compliance with all applicable COVID-19 Telehealth Program rules, requirements, and procedures, the CARES Act, and all applicable federal and state laws. These certifications must be made/signed by the authorized person (primary contact for the application) who is making the certifications. These certifications include:

- Certification under penalty of perjury of authorization to submit the request on behalf of the health care provider(s) listed in the application.
- Certification under penalty of perjury to the best of the person's knowledge, information, and belief, all information contained in this application, and in any attachments, is true and correct.
- Certification of understanding that, if selected, the health care provider(s) in the application must comply with all applicable program requirements and procedures, and all applicable federal and state laws, including the False Claims Act, the Anti-Kickback Statute, and the Civil Monetary Penalties Law, as waived or modified in connection with the COVID-19 pandemic, and the CARES Act.
- Certification of understanding that, if selected, the health care providers in the application will comply with the Health Insurance Portability and Accountability Act (HIPAA) and other applicable privacy and reimbursement laws and regulations, and applicable medical licensing laws, as waived or modified in connection with the COVID-19 pandemic.
- Certification of understanding that all documentation associated with this application must be retained for a period of at least three years after the last date of delivery of the supported-services provided through the COVID-19 Telehealth Program to demonstrate compliance with COVID-19 Telehealth Program rules and requirements, subject to audit.
- Certification under penalty of perjury that the health care provider(s) listed in the application, to the best of the person's knowledge, is not already receiving or expecting to receive other federal funding for the exact same services eligible for support under the COVID-19 Telehealth Program.
- Certification of understanding that all requested goods and services funded under the COVID-19 Telehealth Program must be used for their intended purposes.

d. Request for Reimbursement. Service providers will bill health care providers directly for the eligible services and/or connected devices that they have provided to participating health care providers under the COVID-19 Telehealth Program. Upon receipt of a service provider's bill, each approved health care provider or Consortium Leader must submit reimbursement information for each health care provider, on a monthly basis. Each approved health care provider or Consortium Leader must submit sufficient information and supporting documentation to process the reimbursement request and ensure that all reimbursements issued comply with any federal laws applicable to payments issued through the COVID-19 Telehealth Program. The types of information applicants will be required to provide about the purchased services and devices for which they are seeking reimbursement include, but are not limited to, the information listed below:

- Contact information (name, address and phone number of health care provider, and HCP No.(s))
- Contact information and position title for the individual that will be responsible for the request (telephone number, mailing address, and email address)
- Applicant National Provider Identifier (NPI) (unique health care provider identifier)

- Service Provider/Vendor Name
- Banking information (bank name and mailing address, account name, routing number, account type (checking/savings))
- Billing period start and end date
- Description of service and/ or connected devices purchased
- Delivery date and service location
- Service period for recurring services
- Quantities of devices and services purchased and per unit cost
- Total cost for each line item
- Total amount paid
- Supporting documentation sufficient to identify the eligible services or connected devices purchased and received and price paid (e.g., invoices, vendor and service provider quotes, or other similar information).

As part of the reimbursement process, health care providers will be required to make various certifications to ensure program integrity and compliance with COVID-19 Telehealth Program rules, requirements and procedures, the CARES Act, and any other applicable federal and state laws. These certifications must be made/signed by the authorized person (primary contact for the application) who is making the certifications. These certifications include:

- Certification under penalty of perjury that the health care provider or consortium's representative is authorized to submit this request on behalf of the health care provider(s) in this request.
- Certification under penalty of perjury that the health care provider(s) listed in this request have received the COVID-19 Telehealth Program-supported services and devices listed herein.
- Certification under penalty of perjury that the above costs were incurred in accordance with COVID-19 Telehealth Program rules and procedures, and that the relevant supporting documents are attached.
- Certification under the penalty of perjury that the authorized person has examined this request and attachments and, to the best of my knowledge, information, and belief, all information contained therein is true and correct.
- Certification of understanding that the COVID-19 Telehealth Program funds are to be used for their intended purpose.
- Certification of understanding that all documentation associated with this request, including all billing records for services and/or devices received, must be retained for a period of at least three years after the last date of delivery of the supported-services provided through the COVID-19 Telehealth Program to demonstrate compliance with COVID-19 Telehealth Program rules and requirements, subject to audit.
- Certification under penalty of perjury that the health care provider(s) listed, to the best of the authorized person's knowledge, is not receiving or expecting to receive other federal or state funding for the exact same services eligible for support under the COVID-19 Telehealth Program.

- e. Recordkeeping, Reporting, and Audits. All health care providers in the COVID-19 Telehealth Program must maintain required documentation for at least three years from the last date of delivery of the supported services and produce these records upon request of the Commission, any auditor appointed by the Commission, or of any other state or federal agency with jurisdiction. Additionally, pursuant to the CARES Act, not later than 10 days after the end of

each calendar quarter, each entity recipient that receives COVID-19 Telehealth Program funds of more than \$150,000 must submit to the FCC and the Pandemic Response Accountability Committee (Committee) a report that contains—(A) the total amount of large covered funds received from the agency; (B) the amount of large covered funds received that were expended or obligated for each project or activity; (C) a detailed list of all projects or activities for which large covered funds were expended or obligated, including—(i) the name of the project or activity; (ii) a description of the project or activity; and (iii) the estimated number of jobs created or retained by the project or activity, where applicable; and (D) detailed information on any level of subcontracts or subgrants awarded by the covered recipient or its subcontractors or subgrantees, to include the data elements required to comply with the Federal Funding Accountability and Transparency Act of 2006⁴ (31 U.S.C. 6101 note) allowing aggregate reporting on awards below \$50,000 or to individuals, as prescribed by the Director of the Office of Management and Budget. (3) Not later than 30 days after the end of each calendar quarter, the Committee, in consultation with the agency that made large covered funds available to any covered recipient shall make the information in reports submitted under paragraph (2) publicly available by posting the information on the website established under section 15010(g). For a consortium, the Consortium Leader is responsible for compliance with the recordkeeping requirements. Health care providers may also be subject to compliance audits to ensure that participants are complying with the COVID-19 Telehealth Program certification requirements.

2. **Use of information.** The information collected is designed to obtain information from applicants that will be used by the Bureau to evaluate the applications and select applications to receive funding under the COVID-19 Telehealth Program, make funding determinations and disburse funding in compliance with applicable federal laws for payments made through the COVID-19 Telehealth Program. The Commission has limited the information to be collected from applicants to the minimum amount of information necessary to select participants under the COVID-19 Telehealth Program, make funding decisions and disburse funding. In selecting participants for the COVID-19 Telehealth Program, this information is necessary to select applications that target areas hardest hit by COVID-19 where the support will have the most impact on addressing immediate health care needs. The Commission will begin accepting applications to participate in the COVID-19 Telehealth Program after publication of its Report and Order and notice of OMB approval of the COVID-19 Telehealth Program rules in the Federal Register. As applications are received, the Commission will review the applications, make selections and decide applicant funding amounts on a rolling basis until all funding is exhausted or until the current pandemic has ended. The Name, Address, DUNS Number and Business Type will be disclosed in accordance with the FFATA/DATA Act reporting requirements. Award and disbursements amounts will also be publicly available.
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, respondents will be required to submit their applications electronically. The filing process will be announced in a public notice.

⁴ Federal Funding Accountability and Transparency Act of 2006 (FFATA), Pub. L. No 109-282, 120 Stat. 1186-1190 (2006), as amended by the Digital Accountability and Transparency Act of 2014 (DATA Act), Pub. L. No. 113-101, 128 Stat. 1146 (2014).

4. **Efforts to identify duplication.** There will be no duplication of information. The information sought is unique to each respondent and similar information is not already available. The Commission does not otherwise collect this information from health care providers.
5. **Impact on small businesses or other small entities.** Entities directly subject to the requirements of this information collection are eligible health care providers and consortia comprised of eligible health care providers. This information collection is designed to impose the least possible burden on the respondents while ensuring that the Commission has the information necessary to select applicants for funding and issue disbursements under the COVID-19 Telehealth Program. Specifically, the Commission has limited the information requirements to those necessary for the purposes for which the information will be used.
6. **Consequence if information is not collected.** The information collected will be used to evaluate applications, make selections and issue funding awards, and issue disbursements under the COVID-19 Telehealth Program. These requirements are necessary to ensure that the public funds intended to provide relief from the COVID-19 pandemic are used in compliance with the CARES Act and other applicable requirements. Without the requested information, the Commission will not be able to assess the applicant eligibility and the extent to which funds are properly used.
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.** Emergency processing is being sought for this information collection requirements, and the Commission seeks waiver of all notice requirements due to the emergency nature of this request under 5 C.F.R. § 1320.8(d). The Commission will conduct all the regular OMB clearance processes and procedures upon approval of the emergency request. The Commission will publish the necessary notice(s) in the Federal Register when seeking regular OMB approval.
9. **Payments or gifts to respondents.** The Commission does not anticipate providing any payment or gifts to respondents.
10. **Assurances of confidentiality.** The Name, Address, DUNS Number and Business Type will be disclosed in accordance with the FFATA/DATA Act reporting requirements. Award and disbursement amounts will also be made public. We intend to keep other information private to the extent permitted by law. Further, respondents may request materials or information submitted to the Commission to be withheld from public inspection under 47 CFR § 0.459 of the Commission'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 collection of information:

COVID-19 TELEHEALTH PROGRAM

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.

Frequency of Response: One-time reporting requirement, as necessary.

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. $4,100 \text{ submissions} \times 1 \text{ hour} = 4,100 \text{ hours}$.

Total Estimate of In-House Cost to the Respondents: $\$164,000 = 4,100 \text{ hours} \times \$40/\text{hour}$. 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.

Frequency of Response: One-time reporting requirement, as necessary.

Total Number of Responses Annually: 4,304.

Total Annual Hourly Burden: 4,304 hours. This requirement applies to consortium applicants only. $4,304 \text{ submissions} \times 1 \text{ hour} = 4,304 \text{ hours}$.

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

c. Application and Request for Funding

Number of Respondents: Approximately 7,300 applicants.

Frequency of Response: Occasional requirement.

Total Number of Responses Annually: 7,300.

Total Annual Hourly Burden: 109,500 hours. The Commission estimates that this requirement will take approximately 15 hours per submission. $7,300 \text{ submissions} \times 15 \text{ hours} = 109,500 \text{ hours}$.

Total Estimate of In-House Cost to the Respondents: $\$4,380,000 = 109,500 \text{ hours} \times \$40/\text{hour}$. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

d. Request for Reimbursement

Number of Respondents: Approximately 6,158 respondents.

Frequency of Response: Occasional requirement.

Total Number of Responses Annually: 6,158.

Total Annual Hourly Burden: 6,158 hours. The Commission estimates that this requirement will take, on average, approximately 1 hour for applicants per submission. The number of burden hours will vary based on the number of line items included in a funding request. $6,158 \text{ submission} \times 1 \text{ hour} = 6,158 \text{ hours}$.

Total Estimate of In-House Cost to the Respondents: $\$246,320 = 6,158 \text{ hours} \times \$40/\text{hour}$. The Commission estimates that respondents will use a staff person compensated at approximately \$40 per hour.

e. Recordkeeping, Reporting, and Audits

Number of Respondents: Approximately 6,158 respondents.

Frequency of Response: Occasional requirement.

Total Number of Responses Annually: 6,158

Total Annual Hourly Burden: 49,264 hours. The Commission estimates that this requirement will take approximately 8 hours annually per submission. 6,158 submissions x 8 hours = 49,264 hours.

Total Estimate of In-House Cost to the Respondents: \$1,970,560 = 49,264 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:

Information Collection Requirements	Number of Respondents	Total Number of Responses Annually	Total Annual Hourly Burden	Total In-House Cost to the Respondents
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. Application and Request for Funding	7,300	7,300	109,500	\$4,380,000
d. Request for Reimbursement	6,158	6,158	6,158	\$246,320
e. Recordkeeping, Reporting, and Audits	6,158	6,158	49,264	\$1,970,560
GRAND TOTAL	7,300 unique respondents	28,020	173,326	\$6,933,040

Total Number of Respondents: 7,300 unique respondents

Total Number of Responses Annually: 28,020

Total Annual Hourly Burden: 173,326

Total Estimate of Annualized Cost: \$6,933,040

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, costs to the Commission because reviewing requests and handling financial obligations are already part of Commission duties.
15. **Program changes or adjustments.** The Commission is reporting program changes/increases to this new information collection. These increases to the total number of respondents of 7,300 and total annual responses of 28,020 and total annual burden hours of 173,326 will be added to OMB’s Active Inventory.
16. **Collections of information whose results will be published.** 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 the data’s confidentiality is not protected under law, in the course of carrying out the Commission’s policymaking responsibilities.
17. **Display the expiration date for OMB approval of the information collection.** The Commission seeks approval to not display the expiration date for OMB approval of this information collection.

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 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.