

**SUPPORTING STATEMENT FOR PAPERWORK REDUCTION ACT 1995:
NATIONAL MEDICAL SUPPORT NOTICE— PART B**

This ICR seeks approval for an extension of an existing control number.

Note to Reviewer: We have updated Part B of the National Medical Support notices (NMSN), in response to Executive Order 14168, *Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government*. This Executive Order requires the use of the term “sex” rather than “gender” in all applicable Federal policies and documents. The NSMN Part B notice asked for the “gender” of the child. Therefore, we have changed the term “gender” to “sex” in NMSN notices. The change was “de minimis,” so forms were not uploaded into ROCIS at that time. Those updated forms have now been uploaded into ROCIS as part of the renewal.

A. JUSTIFICATION

1. Explain the circumstances that make the collection of information necessary. Identify any legal or administrative requirements that necessitate the collection. Attach a copy of the appropriate section of each statute and regulation mandating or authorizing the collection of information.

Section 609(a) of the Employee Retirement Income Security Act of 1974, as amended (ERISA), requires group health plans to provide benefits pursuant to a “qualified medical child support order” (QMCSO). To help determine whether an order for support is a QMCSO, Congress enacted section 401 of the Child Support Performance and Incentive Act of 1998 (CSPIA). Section 401 of the CSPIA amended ERISA and the Social Security Act (SSA) imposed new requirements on both administrators of group health plans (Plan Administrators). It also imposed new requirements on the State agencies that enforce the programs under the Child Support Enforcement Program (Title IV-D of the SSA), which is administered by the Federal Office of Child Support Enforcement (OCSE) in the Department of Health and Human Services (HHS).

Pursuant to Section 401(a) of the CSPIA, the Department of Labor (the Department) and HHS jointly promulgated the National Medical Support Notice Final Rule on December 27, 2000 (65 FR 82128) (NMSN Regulation). The NMSN Regulation simplifies the issuance and processing of medical child support orders; standardizes communication between state agencies, employers, and Plan Administrators; and creates a uniform and streamlined process for enforcement of medical child support to ensure that all eligible children receive the health care coverage to which they are entitled.

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The NMSN Regulation, codified at 29 CFR 2590.609-2, includes a model National Medical Support Notice (NMSN) that is comprised of two parts: Part A is a notice from the state agency to the employer, entitled: “Notice to Withhold for Health Care Coverage;” and Part B is a notice from the employer to the Plan Administrator, entitled: “Medical Support Notice to Plan Administrator.” Both Parts have detailed instructions informing the recipient to whom responses are due depending on varying circumstances. This ICR addresses the Plan Administrator’s responsibilities under NMSN Regulation to complete Part B of the NMSN, the “Plan Administrator Response,” pursuant to the CSPIA and section 609(a)(5)(C) of Title I of ERISA.

In 2022, the Department revised Part B of the NMSN. The Department required that the addendum to Part B of the NMSN, previously only for those using e-NMSN, be included for all Part B notices.¹ The changes to the form itself are generally formatting changes and additional spaces, which were intended to facilitate completion of the notice and conform to similar changes made to Part A. Specific changes included check boxes added to the Plan Administrator Response, expanded space on the Form to allow for the identification of up to eight children, and minor text edits for clarity. An addendum provides additional space to identify insurance provider information and to list the children that are no longer eligible for coverage because they are above the age at which dependents are eligible for coverage under the plan. Spaces were also added for email contact information for both the issuing agency and the plan administrator. Finally, the Department added an instruction that the Plan Administrator Response must be returned to the child support agency that issued the Form, so as to avoid parties inadvertently providing the response to the Department of Labor.

2. Indicate how, by whom, and for what purpose the information is to be used. Except for a new collection, indicate the actual use the agency has made of the information received from the current collection.

State agencies issue the NMSN as a means of enforcing the health care coverage provisions in a child support order. The NMSN is a third-party disclosure that affects group health plans, employers who sponsor the group health plans, participants or employees who could be participants in the plans, children of such participants or employees (and, indirectly, their parent or guardian who is not the participant or employee), and state agencies that administer child support enforcement programs.

The “Plan Administrator Response” in Part B of the NMSN requires the Plan Administrator to provide information verifying whether the child is or will be receiving health care coverage from the group health plan. If enrollment has already occurred or

¹ The Health and Human Services e-NMSN system is available for use to transmit NMSN orders electronically between employers, plan administrators, and states.

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can begin immediately, the Plan Administrator's response in Part B serves as notice to the state agency, the participant (parent), the child (and their non-participant parent or guardian) and the employer that the child is or will begin receiving dependent health care coverage pursuant to the group health plan. When the child is eligible for more than one coverage option, the Administrator must first send the Part B response to the state agency so that the agency may choose one option. The Plan Administrator must also use the Part B response to notify all of the above-affected persons of any waiting period before enrollment of the child can occur.

When appropriate, the Plan Administrator must indicate on the notice why the NMSN is not a QMCSO, and notify all of the above-affected parties, except the employer, of the reasons for the determination. Because the regulation specifies that the NMSN is deemed a "Medical Child Support Order," the Plan Administrator is limited to a finding of "not qualified" due to any one of the following: the notice lacks identification of the child or participant; unavailability of the employee or participant, or of their mailing address; or that a child named in the NMSN is over the age for dependent coverage.

3. Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses, and the basis for the decision for adopting this means of collection. Also describe any consideration for using information technology to reduce burden.

The use of electronic methods of compliance is neither required nor precluded in this information collection. Nothing in the statute or regulation prescribes how communication of information should take place, leaving the parties free to determine whether or not to use electronic means of communication, consistent with their capabilities, business practices, and mutual agreements.

The Health and Human Services e-NMSN system is available for use to transmit NMSN orders electronically between employers, plan administrators, and states. Its use is not required, but its use reduces costs, increases efficiency, and reduces paperwork.

In addition to the extent that the information collection is a third-party disclosure, respondents may use electronic methods of communication pursuant to the standards established in the Department's regulation at 29 C.F.R. § 2520.104b-1(c) concerning plans' use of electronic communication media to satisfy ERISA disclosure requirements. That regulation provides that plan sponsors and administrators may distribute notices to employees who have access to e-mail at the place of business. In addition, notices may be distributed electronically to employees or their family members who are beneficiaries if they have electronic access at their homes and give prior approval to this type of

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distribution. Part B of the “Instructions to the Plan Administrator” have been modified to clarify that the plan administrator may provide electronic notices to the custodial parent, child, and/or participant that are required pursuant to the NMSN, provided that the administrator complies with the Department’s electronic disclosure regulations, at 29 CFR 2520.104b-1(c).

4. Describe efforts to identify duplication. Show specifically why any similar information already available cannot be used or modified for use for the purposes described in Item 2 above.

This information collection standardizes an exchange of information that had already been taking place, before promulgation of the NMSN Regulation, in accordance with private agreements, federal and state statutes governing the inclusion of health care coverage in child support agreements, and ERISA, but which had frequently not functioned as intended prior to the implementation of this uniform process. As such, the collection of information pursuant to the NMSN constitutes a modification and improvement of information already available, but which had not been easily collected and distributed to interested persons.

5. If the collection of information impacts small businesses or other small entities describe any methods used to minimize burden.

The NMSN regulation creates a standardized process to replace the varying processes that were already in place in 50 states and four protectorates. This information collection does not affect small businesses differently from large ones, except to the extent that the employer’s size affects the probability of receiving a notice and the likelihood that an employer will offer a group health plan. The NMSN regulation simplifies, standardizes, and streamlines pre-existing processes and therefore reduces the burden of compliance for all affected parties, including small business or other small entities.

6. Describe the consequence to Federal program or policy activities if the collection is not conducted or is conducted less frequently, as well as any technical or legal obstacles to reducing burden.

The development of a standardized notice was required by CSPIA. The NMSN only includes the information specified in the statute and considered necessary to implement coverage as intended. If this information collection were not conducted, previously existing inefficiencies in communications about child medical support orders between and among states, parents, employers, and group health plans would have likely continued. Specifically, children required under a divorce settlement agreement or a

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state-issued support order to be covered by the employer-sponsored health plan of a working parent would not be provided with coverage.

7. **Explain any special circumstances that would cause an information collection to be conducted in a manner:**
- **requiring respondents to report information to the agency more often than quarterly;**
 - **requiring respondents to prepare a written response to a collection of information in fewer than 30 days after receipt of it;**
 - **requiring respondents to submit more than an original and two copies of any document;**
 - **requiring respondents to retain records, other than health, medical, government contract, grant-in-aid, or tax records for more than three years;**
 - **in connection with a statistical survey, that is not designed to produce valid and reliable results that can be generalized to the universe of study;**
 - **requiring the use of a statistical data classification that has not been reviewed and approved by OMB;**
 - **that includes a pledge of confidentiality that is not supported by authority established in statute or regulation, that is not supported by disclosure and data security policies that are consistent with the pledge, or which unnecessarily impedes sharing of data with other agencies for compatible confidential use; or**
 - **requiring respondents to submit proprietary trade secret, or other confidential information unless the agency can demonstrate that it has instituted procedures to protect the information's confidentiality to the extent permitted by law.**

There are no special circumstances that require the collection to be conducted in a manner inconsistent with the guidelines in 5 CFR 1320.5.

8. **If applicable, provide a copy and identify the date and page number of publication in the Federal Register of the agency's notice, required by 5 CFR 1320.8(d), soliciting comments on the information collection prior to submission to OMB. Summarize public comments received in response to that notice and describe actions taken by the agency in response to these comments. Specifically address comments received on cost and hour burden.**

Describe efforts to consult with persons outside the agency to obtain their views on the availability of data, frequency of collection, the clarity of instructions and recordkeeping, disclosure, or reporting format (if any), and on the data elements to be recorded, disclosed, or reported.

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Consultation with representatives of those from whom information is to be obtained or those who must compile records should occur at least once every 3 years -- even if the collection of information activity is the same as in prior periods. There may be circumstances that may preclude consultation in a specific situation. These circumstances should be explained.

The Department's notice soliciting public comment and providing 60 days for that purpose as required by 5 CFR 1320.8(d) was published in the Federal Register on January 6, 2025 (90 FR 671). One comment on this ICR was received. Below is the comment and the Departments response.

Barrier: Medical child support enforcement is often delayed due to paper-based processes and lack of coordination between state agencies, employers, and insurers.

Proposed Improvements:

- Electronic submission and tracking system: Require NMSN submissions to be handled via a secure federal portal that allows employers, insurers, and state agencies to track the status of a child's enrollment in real time.
- Pre-populated forms: Reduce administrative burdens by allowing employers to submit NMSN through an integrated payroll system, rather than manually processing paper forms.
- Escalation process for disputes: Establish a dedicated escalation channel for cases where an employer, insurer, or state agency fails to process the notice within a defined time frame.

These changes would modernize NMSN enforcement in line with the real-time interoperability goals of the 21st Century Cures Act.

Response to Comment:

EBSA understands that Health and Human Service's Office of Child Support Services makes available an electronic National Medical Support Notice (e-NMSN) which allows child support agencies to electronically exchange NMSNs between state child support agencies and employers, third-party providers, plan administrators, and unions. <https://acf.gov/css/employers/e-nmsn>). The e-NMSN process is new and participation is voluntary, and at this time not all states have implemented the process; the HHS website is updated to reflect participation. <https://acf.gov/css/outreach-material/states-using-e-nmsn>. EBSA is not aware of a statutory framework that would allow us to establish or oversee an escalation process between employers, insurers, and state agencies, as

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suggested. However, EBSA Benefits Advisors are available to provide assistance to participants and beneficiaries with general questions regarding NMSN.

9. Explain any decision to provide any payment or gift to respondents, other than remuneration of contractors or grantees.

No payments or gifts were provided to respondent.

10. Describe any assurance of confidentiality provided to respondents and the basis for the assurance in statute, regulation, or agency policy.

There is no assurance of confidentiality provided to respondents.

11. Provide additional justification for any questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private. This justification should include the reasons why the agency considers the questions necessary, the specific uses to be made of the information, the explanation to be given to persons from whom the information is requested, and any steps to be taken to obtain their consent.

There are no questions of a sensitive nature.

12. Provide estimates of the hour burden of the collection of information. The statement should:

- Indicate the number of respondents, frequency of response, annual hour burden, and an explanation of how the burden was estimated. Unless directed to do so, agencies should not conduct special surveys to obtain information on which to base hour burden estimates. Consultation with a sample (fewer than 10) of potential respondents is desirable. If the hour burden on respondents is expected to vary widely because of differences in activity, size, or complexity, show the range of estimated hour burden, and explain the reasons for the variance. Generally, estimates should not include burden hours for customary and usual business practices.
- If this request for approval covers more than one form, provide separate hour burden estimates for each form and aggregate the hour burdens in Item 13.
- Provide estimates of annualized cost to respondents for the hour burdens for collections of information, identifying and using appropriate wage rate categories. The cost of contracting out or paying outside parties for information collection activities should not be included here. Instead, this cost should be included in Item 14.

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The Department has developed estimates of the number of NMSNs that will require responses from Plan Administrators under the NMSN Regulation, the number of responses, and the time required to respond, as described below. For purposes of this analysis, the Department has assumed that all NMSN responses will be prepared and distributed by Plan Administrators using their own resources. The burden of time spent in these activities is therefore accounted for as hour burden in this item 12. Additional costs are described in item 13, below.

The assumptions for this analysis are described in Table 1. The Department uses the assumptions in Table 1 to calculate the total number of unique notices that will be sent, and the costs associated with these notices. The Department's methodology for calculating the number of notices is displayed in Table 2 below. The burden associated with these notices are displayed in Tables 3 and 4 below.

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Table 1.-- General Assumptions

Description	Assumption	Source
Annual NMSNs	4,870,460	Estimate Provided by the Department of Health and Human Services Office of Child Support Enforcement
Share of Workers in Private Sector	85.2%	BLS Table B-1, Private Sector Non-Farm Employment divided by Total Non-Farm Employment
Share of Individuals Changing Employer Annually	46.5%	Departmental Calculation Based on Total Separations for Jan 2024-December 2024, provided by JOLTS, Divided by the Total Nonfarm Payroll Level in December 2024, provided by Table B-1 of the December 2024 Employment Situation Release
Share of Employees at Offering Firms	84.9%	Departmental Calculations Based on MEPS-IC Table I.B.2
Share of Employees Eligible for Insurance at Offering Firms	80.8%	Departmental Calculations Based on MEPS-IC Table I.B.2.A
Share of Firms Offering Insurance that offer Family Coverage	97.5%	Departmental Calculations Based on MEPS-IC Exhibit 1.9
Share of Employers Offering Insurance that have Waiting Periods	80.9%	Departmental Calculations Based on MEPS-IC Table I.A.2.F
Hourly Cost for a Legal Professional	\$181.06	Departmental Calculation ¹
Hourly Cost for a Clerical Professional	\$70.29	Departmental Calculation
Number of Mailings per Response	4	Departmental Assumption
Electronic Disclosure Rate	52.5%	Departmental Assumption based on both parents receiving a paper mailing, while all agencies and 90 percent of employers receive electronic disclosure
Per-piece Average Cost to Prepare and Send Mailed Statements	\$1.00	Departmental Assumption ²
Printing Cost Per Page	\$0.05	Departmental Assumption

¹ For information on how the Department estimates labor cost see:

<https://www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/rules-and-regulations/technical-appendices/labor-cost-inputs-used-in-ebsa-opr-ria-and-pra-burden-calculations-june-2019.pdf>

² The Department based this assumption on an analysis of schedule C data for standalone mass-mailing service providers. These costs were assessed on a per-participant basis. This data was then compared to the publicly offered rates for private-sector mass mailing services, as well as the US Post office to construct this estimate.

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The Office of Child Support Enforcement (CSE) in the Department of Health and Human Services (HHS) reports an estimated 4.9 million National Medical Support Notices (NMSNs) were sent. Based on Bureau of Labor Statistics (BLS) estimates, 4.1 million of these NMSNs would be sent to the private sector. Assuming that 53.5 percent of the individuals named in those NMSNs (the parent who is named as an employee of the employer) are no longer employed by the named employer, only 2.2 million NMSNs will relate to current employees of the employers to whom they were sent. Calculations based off the 2022 Medical Expenditures Panel Survey, Insurance Component (MEPS-IC) further suggest that, given insurance offer and eligibility rates of firms that offer family health plans to their employees, only 67 percent of the 2 million NMSNs that relate to current employees, or 1.4 million NMSNs will be forwarded to 399,269 group health plans, whose Plan Administrators would then be required to make a Part B determination and respond as required in the Part B instructions.

It is assumed that all NMSNs sent to Plan Administrators will require four responses, that is, one response to each of the following parties: the issuing state agency, the employer, the non-employee/parent, and the employee/parent. However, certain NMSNs may require additional responses because the affected group health plan may offer multiple coverage options or impose a waiting period before coverage becomes effective. In either of those cases, the NMSN Regulation requires all parties must be separately notified. Based on the 2022 MEPS-IC, 72 percent of the annually issued NMSNs are expected to be sent to plans with multiple options and 81 percent are expected to be sent to plans with waiting periods. The Department assumes that a Plan Administrator will send only one additional response to a NMSN even if the group health plan has both a waiting period and multiple plan options, and so it is assumed that only 81 percent of the NMSNs will be affected by this requirement, increasing the annual number of Part B Plan administrator's responses by approximately 1.2 million to 2.6 million total.

These calculations are summarized in Table 2 below.

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Table 2.-- Notice Calculation

4,870,460 Annual NMSNs
x 85.2% Share of Workers in Private Sector
= 4,150,576
x 46.5% Share of Individuals Changing Employer Annually
= 2,222,245
x 84.9% Share of Employees at Offering Firms
= 1,886,696
x 80.8% Share of Employees Eligible for Insurance at Offering Firms
= 1,524,000
x 97.5% Share of Firms Offering Insurance that offer Family Coverage
= 1,486,507 Notices Sent from Employers to Plans
x 80.9% Share of Employers Offering Insurance that have Waiting Periods
= 1,201,921 Notices Returned for More Information

1,486,507 Notices Sent from Employers to Plans
+
1,201,921 Notices Returned for More Information
=
2,688,427 Total Unique Notices

Since preparing the response requires only filling out a form, photocopying said form, preparing envelopes and mailing the responses to the issuing agency, employer, employee/parent and non-employee/parent, it is believed those tasks will require 20

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minutes of an administrative assistant’s time per response, at a wage rate of \$70.29.² Finally, it is assumed that all parties perform the necessary tasks themselves, rather than by paying fees for services. The burden associated with these notices are displayed in Tables 3 and 4 below.

Table 3.—Hour Burden for Response Preparation

Description	Affected Entities	Hours per Entity	Hourly Wage	Total Hours	Equivalent Cost
	(A)	(B)	(C)	(A x B)	(A x B x C)
Clerical Professional prepares response	2,688,427 Notices	20/60	\$70.29	896,142	\$62,989,845

Table 4.-- Estimated Annualized Respondent Hour Burden and Hour Equivalent Cost

Activity	Number of Respondents	Number of Responses per Respondent	Total Responses	Average Burden (Hours)	Total Burden (Hours)	Hourly Labor Rate	Equivalent Cost
Notice	399,269	6.73	2,688,427	0.33	896,142	\$70.29	\$62,989,845
Total	399,269	-	10,753,708*	-	896,142	-	\$62,989,845

Note: The total number of responses to NSMNs is 10,753,708 (2,688,427 notices x 4 copies).

13. Provide an estimate of the total annual cost burden to respondents or record-keepers resulting from the collection of information. (Do not include the cost of any hour burden shown in Items 12.)

- The cost estimate should be split into two components: (a) a total capital and start up cost component (annualized over its expected useful life); and (b) a total operation and maintenance and purchase of service component. The estimates should take into account costs associated with generating, maintaining, and disclosing or providing the information. Include descriptions of methods used to estimate major cost factors including system and technology acquisition, expected useful life of capital equipment, the discount rate(s), and the time period over which costs will be incurred. Capital and

² Internal DOL calculation based on 2025 labor cost data. For a description of DOL’s methodology for calculating wage rates, see <https://www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/rules-and-regulations/technical-appendices/labor-cost-inputs-used-in-ebsa-opr-ria-and-pra-burden-calculations-june-2019.pdf>.

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start-up costs include, among other items, preparations for collecting information such as purchasing computers and software; monitoring, sampling, drilling and testing equipment; and record storage facilities.

- If cost estimates are expected to vary widely, agencies should present ranges of cost burdens and explain the reasons for the variance. The cost of purchasing or contracting out information collection services should be a part of this cost burden estimate. In developing cost burden estimates, agencies may consult with a sample of respondents (fewer than 10), utilize the 60-day pre-OMB submission public comment process and use existing economic or regulatory impact analysis associated with the rulemaking containing the information collection, as appropriate.
- Generally, estimates should not include purchases of equipment or services, or portions thereof, made: (1) prior to October 1, 1995, (2) to achieve regulatory compliance with requirements not associated with the information collection, (3) for reasons other than to provide information or keep records for the government, or (4) as part of customary and usual business or private practices.

The additional costs on both the states and the plan administrators attributable to the ICR arise from materials and mailings. The plan administrator sends the Part B notices to the state agency, the participant (parent), the child (and their non-participant parent or guardian) and the employer. Currently, six states and the District of Columbia use the e-NMSN.

For states in which the parents/child or guardian will receive a notification via paper mailing, the Department's estimates for the total annual burden for distribution of Plan The mailing costs associated with the administrator responses to the NMSNs are displayed in Table 5 below.

Table 5.—Mailing Costs for Responses

Description	Affected Entities	Pages per Disclosure	Material Costs per Page	Distribution Costs per Disclosure	Total Cost Burden
	(A)	(B)	(C)	(D)	(A x [(B x C) + D])
Mailing cost for Responses	5,645,697 = 2,688,427 Notices x 4 mailings per response x 52.5% receiving paper disclosure	1	\$0.05	\$1.00	\$5,927,982

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- 14. Provide estimates of annualized cost to the Federal government. Also, provide a description of the method used to estimate cost, which should include quantification of hours, operational expenses (such as equipment, overhead, printing, and support staff), and any other expense that would not have been incurred without this collection of information. Agencies also may aggregate cost estimates from Items 12, 13, and 14 in a single table.**

The cost of e-NMSN is accounted for by HHS.

- 15. Explain the reasons for any program changes or adjustments reporting in Items 13 or 14.**

In 2022, this information collection was revised to require an additional addendum for all states without e-NMSN. The costs to update systems to include the addendum were one-time costs. Removing this cost lowered the costs associated with this information collection. Additionally, the Department has updated the plan data, health insurance data, wage rates, and material costs. The Department has also used an updated methodology to estimate the costs associated with mailing. As a result, the number of responses decreased by 8,598,579, the hour burden decreased by 319,516 hours, and the cost burden by \$472,787.

- 16. For collections of information whose results will be published, outline plans for tabulation, and publication. Address any complex analytical techniques that will be used. Provide the time schedule for the entire project, including beginning and ending dates of the collection of information, completion of report, publication dates, and other actions.**

There are no plans to publish the results of this collection of information.

- 17. If seeking approval to not display the expiration date for OMB approval of the information collection, explain the reasons that display would be inappropriate.**

Not applicable.

- 18. Explain each exception to the certification statement.**

There are no exceptions to the certification statement.

B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS

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Not applicable. The use of statistical methods is not relevant to this collection of information.