requirements on request for waiver of the new eligibility requirement for provider. This requirement aims to allow potential providers to apply for waiver of the new requirement so that these providers may continue to provide VRS on an interim basis until the new certification process becomes effective. Potential VRS providers wishing to receive a temporary waiver shall provide, in writing, a description of the specific requirement(s) for which it is seeking a waiver, along with documentation demonstrating the applicant’s plan and ability to come into compliance with all of these requirements (other than the certification requirement) within a specified period of time, which shall not exceed three months from the date on which the rules become effective. Evidence of the applicant’s plan and ability to come into compliance with the new rules shall include the applicant’s detailed plan for modifying its business structure and operations in order to meet the new requirements, along with submission of the following relevant documentation to support the waiver request:

• A copy of each deed or lease for each call center operated by the applicant;
• A list of individuals or entities that hold at least a 10 percent ownership share in the applicant’s business and a description of the applicant’s organizational structure, including the names of its executives, officers, partners, and board of directors;
• A list of all of the names of applicant’s full-time and part-time employees;
• Proofs of purchase or license agreements for use of all equipment and/or technologies, including hardware and software, used by the applicant for its call center functions, including but not limited to, automatic call distribution (ACD) routing, call setup, mapping, call features, billing for compensation from the TRS fund, and registration;
• Copies of employment agreements for all of the provider’s executives and CAs;
• A list of all financing arrangements pertaining to the provision of Internet-based relay service, including documentation on loans for equipment, inventory, property, promissory notes, and liens;
• Copies of all other agreements associated with the provision of Internet-based relay service; and
• A list of all sponsorship arrangements (e.g., those providing financial support or in-kind interpreting or personnel service for social activities in exchange for brand marketing), including any associated agreements.

Federal Communications Commission.

Marlene H. Dortch,
Secretary, Office of the Secretary, Office of Managing Director.

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FEDERAL TRADE COMMISSION

Department of Justice

Antitrust Division

Proposed Statement of Antitrust Enforcement Policy Regarding Accountable Care Organizations Participating in the Medicare Shared Savings Program

AGENCY: FTC; Antitrust Division, DOJ.

ACTION: Notice with comment period.

SUMMARY: The FTC and DOJ (the “Agencies”) are proposing an enforcement policy regarding the application of the antitrust laws to health care collaborations among otherwise independent providers and provider groups, formed after March 23, 2010, the date on which the Patient Protection and Affordable Care Act was enacted, that seek to participate, or have otherwise been approved to participate, as accountable care organizations (ACOs) under the Medicare Shared Savings Program, Section 3022 of the Affordable Care Act (Patient Protection and Affordable Care Act, Public Law 111–48 (2010) and the Health Care and Education Reconciliation Act of 2010, Public Law 111–52 (2010)).

DATES: Public comments must be received on or before May 31, 2011.

ADDRESSES: Interested parties are invited to submit written comments electronically or in paper form, by following the instructions in the Request for Comment part of the SUPPLEMENTARY INFORMATION section below.

FOR FURTHER INFORMATION CONTACT: Daniel Gilman, (202) 326–3136 (FTC) or Gail Kursh, (202) 307–5799 (DOJ).

SUPPLEMENTARY INFORMATION:

Proposed Statement of Antitrust Enforcement Policy Regarding Accountable Care Organizations Participating in the Medicare Shared Savings Program

I. Introduction

The Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 (collectively, the “Affordable Care Act”) seek to improve the quality and reduce the costs of health care services in the United States by, among other things, encouraging physicians, hospitals, and other health care providers to become accountable for a patient population through integrated health care delivery systems. 1

1 One delivery system reform is