that rates charged comply with the statute and regulations.

(d) Service providers. Service providers shall retain documents related to the delivery of discounted telecommunications and other supported services for at least 5 years after the last day of the delivery of discounted services. Any other document that demonstrates compliance with the statutory or regulatory requirements for the rural health care mechanism shall be retained as well.

[68 FR 74503, Dec. 24, 2003, as amended at 69 FR 12087, Mar. 15, 2004; 70 FR 6373, Feb. 7, 2005; 71 FR 13281, Mar. 15, 2006; 72 FR 54218, Sept. 24, 2007]

EFFECTIVE DATE NOTE: At 70 FR 6373, Feb. 7, 2005, §54.619 was amended by revising paragraph (a). This section contains information collection and recordkeeping requirements and will not become effective until approval has been given by the Office of Management and Budget.

§ 54.621 Access to advanced telecommunications and information services.

- (a) Twenty-five percent of the monthly cost of eligible Internet access shall be eligible for universal support. Health care providers shall certify that the Internet access selected is the most cost-effective method for their health care needs as defined in §54.615(c)(7), and that purchase of the Internet access is reasonably related to the health care needs of the rural health care provider.
- (b) Each eligible health care provider that cannot obtain toll-free access to an Internet service provider shall be entitled to receive the lesser of the toll charges incurred for 30 hours of access per month to an Internet service provider or \$180 per month in toll charge credits for toll charges imposed for connecting to an Internet service provider.
- (c) Health care providers located in States that are entirely rural shall be eligible to receive universal service support equal to 50 percent of the monthly cost of advanced telecommunications and information services reasonably related to the health care needs of the facility.

[68 FR 74503, Dec. 24, 2003, as amended at 70 FR 6373, Feb. 7, 2005]

EFFECTIVE DATE NOTES: At 68 FR 74503, Dec. 24, 2003, as corrected at 69 FR 3021, Jan. 22, 2004, §54.621 was revised, effective Jan. 23, 2004. Paragraph (a) contains information collection and recordkeeping requirements and will not become effective until approval has been given by the Office of Management and Budget.

§54.623 Cap.

- (a) Amount of the annual cap. The annual cap on federal universal service support for health care providers shall be \$400 million per funding year, with the following exceptions.
- (b) Funding year. A funding year for purposes of the health care providers cap shall be the period July 1 through June 30.
- (c) *Requests.* Funds shall be available as follows:
- (1) Generally, funds shall be available to eligible health care providers on a first-come-first-served basis, with requests accepted beginning on the first of January prior to each funding year.
 - (2) [Reserved]
 - (3) [Reserved]
- (4) The Administrator shall implement a filing period that treats all rural health care providers filing within the period as if their applications were simultaneously received.
- (d) Annual filing requirement. Health care providers shall file new funding requests for each funding year.
- (e) Long term contracts. If health care providers enter into long term contracts for eligible services, the Administrator shall only commit funds to cover the portion of such a long term contract scheduled to be delivered during the funding year for which universal service support is sought.
- (f) Pro-rata reductions. Administrator shall act in accordance with this paragraph when a filing period described in paragraph (c) of this section is in effect. When a filing period described in paragraph (c) of this section closes, Administrator shall calculate the total demand for support submitted by all applicants during the filing window. If the total demand exceeds the total support available for the funding year, Administrator shall take the following steps:
- (1) Administrator shall divide the total funds available for the funding