

Congressional Review Act. This rule has not been designated as a “significant regulatory action” under Executive Order 12866. Accordingly, this rule has not been reviewed by the Office of Management and Budget (OMB).

Executive Order 13771, titled “Reducing Regulation and Controlling Regulatory Costs,” was issued on January 30, 2017. HHS identifies this final rule as a deregulatory action (removing an obsolete rule from the Code of Federal Regulations). For the purposes of Executive Order 13771, this final rule is not a substantive rule; rather it is administrative in nature and provides no cost savings.

Executive Order 13777, titled “Enforcing the Regulatory Reform Agenda,” was issued on February 24, 2017. As required by Section 3 of this Executive Order, HHS established a Regulatory Reform Task Force (HHS Task Force). Pursuant to Section 3(d)(ii), the HHS Task Force evaluated this rulemaking and determined that these regulations are “outdated, unnecessary, or ineffective.” Following this finding, the HHS Task Force advised the HRSA Administrator to initiate this rulemaking to remove the obsolete regulations from the Code of Federal Regulations.

Regulatory Flexibility Act

This action will not have a significant economic impact on a substantial number of small entities. Therefore, the regulatory flexibility analysis provided for under the Regulatory Flexibility Act is not required.

Paperwork Reduction Act

This action does not affect any information collections.

Dated: June 4, 2018.

George Sigounas,

Administrator, Health Resources and Services Administration.

Approved: June 21, 2018.

Alex M. Azar II,

Secretary, Department of Health and Human Services.

List of Subjects in 42 CFR Part 23

Health, Health professions.

For reasons set out in the preamble, and under the authority at 5 U.S.C. 301, HHS amends 42 CFR part 23 as follows:

PART 23—NATIONAL HEALTH SERVICE CORPS

■ 1. The authority citation for part 23 continues to read as follows:

Authority: Secs. 333, 338E(c), and 338C(e)(1), Public Health Service Act. 90 Stat. 2272, as amended, 95 Stat. 905, 97 Stat.

1345 (42 U.S.C. 254f *et seq.*), 95 Stat. 912 (42 U.S.C. 254p(c)), 95 Stat. 910 (42 U.S.C. 254n(e)(1)).

Subparts B and C [Removed]

■ 2. Remove subpart B, consisting of §§ 23.21 through 23.35, and subpart C, consisting of § 23.41.

[FR Doc. 2018–13837 Filed 6–26–18; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

42 CFR Part 130

RIN 0906–AB13

Removing Outmoded Regulations Regarding the Ricky Ray Hemophilia Relief Fund Program

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Final rule.

SUMMARY: This action removes the outmoded regulations for the Ricky Ray Hemophilia Relief Fund Program. The program and its implementing regulation have been rendered obsolete by the statutory language in the authorizing legislation stating that the Fund should terminate on the expiration of the 5-year period beginning on the date of the enactment of the Act. The statute was enacted on November 12, 1998; thus, the fund expired on November 12, 2003.

DATES: This action is effective July 27, 2018.

FOR FURTHER INFORMATION CONTACT:

Sweta Maheshwari J.D., Legislative Analyst, Division of Policy and Shortage Designation, Bureau of Health Workforce, HRSA, 5600 Fishers Lane, Room 11W21A, Rockville, MD 20857, by phone at (301) 945–3527, or by email at smaheshwari@hrsa.gov.

SUPPLEMENTARY INFORMATION:

In response to Executive Order 13563, Sec. 6(a), which urges agencies to repeal existing regulations that are outmoded from the Code of Federal Regulations (CFR), HHS is removing 42 CFR part 130. HHS believes that there is good cause to bypass notice and comment and proceed to a final rule, pursuant to 5 U.S.C. 553(b)(3)(B). The action is non-controversial, as it merely removes a provision from the CFR that is obsolete. This rule poses no new substantive requirements on the public.

Background

The Ricky Ray Hemophilia Relief Fund Act of 1998 (Pub. L. 105–369) established the Ricky Ray Hemophilia

Relief Fund Program designed to provide payments to individuals with blood-clotting disorders, such as hemophilia, who contracted HIV through the use of antihemophilic factor administered between July 1, 1982, and December 31, 1987. The Act also provided for payments to certain persons who contracted HIV from an individual as described above and certain specified survivors.

HHS promulgated 42 CFR part 130 to establish the proper regulatory framework for program implementation. The regulation can be conceptualized as four parts: The process for payment, the documentation required to prove eligibility, the petition process, and the reconsideration process. The Ricky Ray Hemophilia Relief Fund was authorized with a directive to pay \$100,000 in compensation to eligible individuals. At that time, however, no funds were appropriated to implement this statute. In FY 2000, Congress appropriated \$75 million and, in FY 2001, Congress appropriated \$580 million, for a total of \$655 million. The appropriated amounts provided sufficient funding to make compassionate payments on all eligible petitions received by the program. The program received over 6,000 petitions resulting in approved payments over \$550 million.

The statutory language in the authorizing legislation stated that the “Fund shall terminate upon the expiration of the 5-year period beginning on the date of the enactment of this Act.” The statute was enacted on November 12, 1998; thus, the fund expired on November 12, 2003. The program is no longer in effect or funded. The repeal of this regulation should not create any challenges for other programs, as the regulation was strictly for the implementation of the Ricky Ray Hemophilia Relief Fund program, which has not been in operation for almost 14 years.

Executive Orders 12866, 13563, 13771, and 13777

Executive Orders 12866 and 13563 direct agencies to assess all costs and benefits of available regulatory alternatives and, if regulation is necessary, to select regulatory approaches that maximize net benefits (including potential economic, environmental, public health and safety effects, distributive impacts, and equity). Executive Order 13771 directs agencies to categorize all impacts which generate or alleviate costs associated with regulatory burden and to determine the actions net incremental effect.

Section 3(f) of Executive Order 12866 defines a “significant regulatory action” as an action that is likely to result in a rule: (1) Having an annual effect on the economy of \$100 million or more in any 1 year, or adversely and materially affecting a sector of the economy, productivity, competition, jobs, the environment, public health or safety, or State, local or Tribal governments or communities (also referred to as “economically significant”); (2) creating a serious inconsistency or otherwise interfering with an action taken or planned by another agency; (3) materially altering the budgetary impacts of entitlement grants, user fees, or loan programs or the rights and obligations of recipients thereof; or (4) raising novel legal or policy issues arising out of legal mandates, the President’s priorities, or the principles set forth in the Executive Order.

A regulatory impact analysis (RIA) must be prepared for major rules with economically significant effects (\$100 million or more in any 1 year). HHS submits that this final rule is not “economically significant” as measured by the \$100 million threshold, and hence not a major rule under the Congressional Review Act. This rule has not been designated as a “significant regulatory action” under Executive Order 12866. Accordingly, this rule has not been reviewed by the Office of Management and Budget (OMB).

Executive Order 13771, titled “Reducing Regulation and Controlling Regulatory Costs,” was issued on January 30, 2017. HHS identifies this final rule as a deregulatory action (removing an obsolete rule from the Code of Federal Regulations). For the purposes of Executive Order 13771, this final rule is not a substantive rule; rather it is administrative in nature and provides no cost savings.

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Regulatory Flexibility Act

This action will not have a significant economic impact on a substantial number of small entities. Therefore, the

regulatory flexibility analysis provided for under the Regulatory Flexibility Act is not required.

Paperwork Reduction Act

This action does not affect any information collections.

Dated: June 4, 2018.

George Sigounas,

Administrator, Health Resources and Services Administration.

Approved: June 21, 2018.

Alex M. Azar II,

Secretary, Department of Health and Human Services.

List of Subjects in 42 CFR Part 130

Health care, Hemophilia, HIV/AIDS.

PART 130—[REMOVED]

■ For reasons set out in the preamble, and under the authority at 5 U.S.C. 301, HHS amends 42 CFR chapter I by removing part 130.

[FR Doc. 2018–13836 Filed 6–26–18; 8:45 am]

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FEDERAL COMMUNICATIONS COMMISSION

47 CFR Part 64

[CG Docket Nos. 13–24 and 03–123; FCC 18–79]

IP CTS Modernization and Reform

AGENCY: Federal Communications Commission.

ACTION: Final rule and clarification.

SUMMARY: In this document, the Commission alters the methodology for setting provider compensation rates for internet Protocol Captioned Telephone Service (IP CTS) and establishes interim compensation rates for Fund Years 2018–19 and 2019–20. The Commission also adopts rules that address the provision of volume control on IP CTS devices, require the accuracy of IP CTS information disseminated by providers, and prohibit the provision of service to ineligible users. Finally, the Commission declares that speech-to-text automation, without the participation of a communications assistant (CA), may be used to generate IP CTS captions.

DATES:

Effective dates: 47 CFR 64.604(c)(10) and (c)(13)(i)–(ii) are effective July 27, 2018. The Commission will publish a document in the **Federal Register** announcing the effective date of 47 CFR 64.604(c)(11)(v) and the amendments to 47 CFR 64.604(c)(5)(iii)(D)(1), (6), and (c)(13)(iii)–(iv) of the Commission’s

rules, which contain modified information collection requirements that have not yet been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (PRA), Public Law 104–13. The IP CTS compensation rate adopted for the 2018–19 Fund Year shall be effective July 1, 2018.

Applicability date: IP CTS providers must comply with the requirement to ensure that any volume control or other amplification feature can be adjusted separately and independently of the caption feature on or before December 8, 2018.

FOR FURTHER INFORMATION CONTACT:

Michael Scott, Consumer and Governmental Affairs Bureau, FCC, at (202) 418–1264, or email Michael.Scott@fcc.gov.

SUPPLEMENTARY INFORMATION: This is a summary of the Commission’s Report and Order and Declaratory Ruling in CG Docket Nos. 03–123 and 13–24; document FCC 18–79, adopted on June 7, 2018 and released on June 8, 2018. Document FCC 18–79 concerns the modernization and reform of the Commission’s rules for IP CTS. The Commission previously sought comment on these issues in *Misuse of internet Protocol (IP) Captioned Telephone Service; Telecommunications Relay Services and Speech-to-Speech Services for Individuals with Hearing and Speech Difficulties*, published at 78 FR 54201, September 3, 2013 (*2013 IP CTS Reform FNPRM*). A Further Notice of Proposed Rulemaking (Further Notice) and Notice of Inquiry are contained in document FCC 18–79 and address additional issues concerning the funding, administration, and user eligibility for this service, as well as performance goals and metrics to ensure service quality for users. The Further Notice and Notice of Inquiry will be published elsewhere in the **Federal Register**. The full text of document FCC 18–79 will be available for public inspection and copying via the Commission’s Electronic Comment Filing System (ECFS), and during regular business hours at the FCC Reference Information Center, Portals II, 445 12th Street SW, Room CY–A257, Washington, DC 20554. To request materials in accessible formats for people with disabilities (Braille, large print, electronic files, audio format), send an email to fcc504@fcc.gov, or call the Consumer and Governmental Affairs Bureau at (202) 418–0530 (voice), (844) 432–2272 (videophone), or (202) 418–0432 (TTY).