for that pollutant by the statutory attainment date. At the request of the Allegheny Health Department, EPA is reopening the comment period through December 20, 1995. (The comment period had been previously extended through November 20, 1995 (60 FR 53729).) All comments received on or before December 20, including those received between the close of the comment period on November 20 and the publication of this document, will be entered into the public record and considered by EPA before taking final action on the proposed rule.

DATES: Comments must be received on or before December 20, 1995.

ADDRESSES: Comments may be mailed to Marcia L. Spink, Associate Director, Air Programs, Mailcode 3AT00, U.S. Environmental Protection Agency, Region III, 841 Chestnut Building, Philadelphia, Pennsylvania 19107.

FOR FURTHER INFORMATION CONTACT: Thomas A. Casey, U.S. EPA Region III, (215) 597–2746.

Dated: December 1, 1995.

William Wisniewski,

Acting Regional Administrator, Region III.

[FR Doc. 95–29713 Filed 12–4–95; 8:45 am]

BILLING CODE 6560–50–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

42 CFR Part 413

[BPD–788–P]

RIN 0938–AH12

Medicare Program; Uniform Electronic Cost Reporting for Skilled Nursing Facilities and Home Health Agencies

AGENCY: Health Care Financing Administration (HCFA), HHS.

ACTION: Proposed rule.

SUMMARY: This proposed rule would add the requirement that, for cost reporting periods beginning on or after October 1, 1995, all skilled nursing facilities and home health agencies must submit cost reports currently required under the Medicare regulations in a standardized electronic format. This proposed rule would also allow a delay or waiver of this requirement where implementation would result in financial hardship for a provider. The proposed provisions would allow for more accurate preparation and more efficient processing of cost reports.

DATES: Comments will be considered if we receive them at the appropriate address, as provided below, no later than 5 p.m. on February 5, 1996.

ADDRESSES: Mail written comments (one original and three copies) to the following address: Health Care Financing Administration, Department of Health and Human Services, Attention: BPD–788–P, P.O. Box 7517, Baltimore, MD 21207–0517.

If you prefer, you may deliver your written comments (one original and three copies) to one of the following addresses:

Room 309–G, Hubert H. Humphrey Building, 200 Independence Avenue, SW, Washington, DC 20201, or

Room C5–11–17, 7500 Security Boulevard, Baltimore, MD 21244–1850.

Because of staffing and resource limitations, we cannot accept comments by facsimile (FAX) transmission. In commenting, please refer to file code BPD–788–P. Comments received timely will be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, in Room 309–G of the Department's offices at 200 Independence Avenue, SW, Washington, DC, on Monday through Friday of each week from 8:30 a.m. to 5 p.m. (phone: (202) 690–7890).

For comments that relate to information collection requirements, mail a copy of comments to: Office of Information and Regulatory Affairs, Office of Management and Budget, Room 10235, New Executive Office Building, Washington, DC 20503, Attn: Allison Herron Eydt, HCFA Desk Officer.

FOR FURTHER INFORMATION CONTACT: Tom Talbott, (410) 786–4592.

SUPPLEMENTARY INFORMATION:

I. Background

Generally, under the Medicare program, skilled nursing facilities (SNFs) and home health agencies (HHAs) are paid for the reasonable costs of the covered items and services they furnish to Medicare beneficiaries. Sections 1815(a) and 1833(e) of the Social Security Act (the Act) provide that no payments will be made to a provider unless it has furnished the information, requested by the Secretary, needed to determine the amount of payments due the provider. In general, providers submit this information through cost reports that cover a 12-month period. Rules governing the submission of cost reports are set forth at 42 CFR 413.20 and 42 CFR 413.24.

Under § 413.20(a), all providers participating in the Medicare program are required to maintain sufficient financial records and statistical data for proper determination of costs payable under the program. In addition, providers must use standardized definitions and follow accounting, statistical, and reporting practices that are widely accepted in the health care industry and related fields. Under §§ 413.20(b) and 413.24(f), providers are required to submit cost reports annually, with the reporting period based on the provider's accounting year. Additionally, under § 412.52, all hospitals participating in the prospective payment system must meet cost reporting requirements set forth at §§ 413.20 and 413.24.

Section 1886(f)(1)(B)(I) of the Act required the Secretary to place into effect a standardized electronic cost reporting system for all hospitals participating in the Medicare program. This provision was effective for hospital cost reporting periods beginning on or after October 1, 1989. On May 25, 1994, we published a final rule with comment period implementing the electronic cost reporting requirement for hospitals (59 FR 26960). On June 27, 1995, we published a final rule that responded to comments on the May 25, 1994 final rule with comment period (60 FR 33123).

II. Provisions of the Proposed Regulations

Currently, § 413.24(f)(4) provides that for cost reporting periods beginning on or after October 1, 1989, all hospitals must submit cost reports in a standardized electronic format. While the existing regulations do not require any other provider types to file their cost reports electronically, more than 75 percent of SNFs and HHAs currently submit a hard copy of an electronically prepared cost report rather than a manually prepared cost report. HCFA's fiscal intermediaries then review the information from these cost reports for completeness and manually enter the data into their automated data reporting systems. This process takes substantially longer than processing cost reports submitted in a standardized electronic format that allows data to be automatically entered into the intermediary's system.

This proposed rule would revise existing § 413.24(f)(4) to require SNFs and HHAs to submit cost reports in a standardized electronic format for cost reporting periods beginning on or after October 1, 1995. We note that the electronic cost reports would not be due until 5 months after the end of the provider's cost reporting period. Thus, for a provider with a 12-month cost reporting period beginning October 1,

1995, the first electronic cost report would be due February 28, 1997.

The use of electronically prepared cost reports would be beneficial for SNFs and HHAs because the cost reporting software for these reports would virtually eliminate computational errors and substantially reduce preparation time. Preparation time would be decreased because providers would no longer have to perform mathematical computations to complete the cost report. Instead, the provider would only need to enter the correct costs and statistics, and the software would determine the appropriate amount of Medicare payment due the provider based on these figures. We note that the costs and statistics that would be entered into the electronic software are the same as those that are currently required for Medicare cost reports. This proposed rule would not require the reporting of any additional information.

The use of cost reporting software would also save time when the provider discovers that it needs to change individual entries in the cost report. Rather than recalculating the entire cost report, the provider would merely enter the new figures, and the software would generate a new cost report that would reflect all necessary recalculations. The use of cost reporting software would also eliminate the need for several administrative tasks associated with filing a cost report. Specifically, the provider would no longer be required to photocopy, collate, and mail a hard copy of the cost report, which is a relatively large, cumbersome document. Instead, the completed cost report would be electronically filed with the fiscal intermediary. That is, the provider would submit a disk containing the required cost report data to the fiscal intermediary.

In all, we estimate that the use of electronically prepared cost reports would result in an average of 4 to 5 hours less preparation time for an HHA and 8 to 10 hours less time for an SNF. We recognize that, initially, the preparation time saved may not be as great as we have estimated for providers that need time to become familiar with the cost reporting software. However, we believe that once providers overcome this small ''learning curve,'' the accuracy of cost reports would increase and the preparation time would decrease in line with this estimate. We welcome comments on our estimate of time savings as well as on other advantages or disadvantages of electronic cost reporting.

We propose that the provider's software must be able to produce a standardized output file in American Standard Code for Information Interchange (ASCII) format. All intermediaries have the ability to read this standardized file and produce an accurate cost report. SNFs and HHAs would be required to use HCFA-approved software to submit cost reports to the intermediary. HCFA's approval process requires each vendor to submit for review a hard copy cost report produced from their software. The purpose of this review process is to establish that the commercial vendor's software can produce a completed cost report in accordance with the Medicare rules and instructions.

There are approximately 17 commercial software vendors servicing HHAs and SNFs that have developed HCFA-approved software programs capable of producing an electronic cost report. In addition, HCFA has developed a software package that will enable SNFs and HHAs to file an electronic data set to the fiscal intermediary in order to generate an electronic cost report. Providers would be able to use either these existing commercial software packages or HCFA's free software to comply with the requirements in this proposed rule. To receive the free software, providers may contact their intermediaries or send a written request to the following address: Health Care Financing Administration, Division of Cost Principles and Reporting, Room C5–02–23, Central Building, 7500 Security Blvd., Baltimore, Maryland 21244–1850.

We also propose that if a SNF or HHA believes that implementation of the electronic submission requirement would cause a financial hardship, it may submit a written request for a waiver or a delay of these requirements. This request, including supporting documentation, would have to be submitted to a provider's intermediary at least 120 days before the end of the provider's cost reporting period. The intermediary would review the request and forward it, with a recommendation for approval or denial, to the HCFA central office within 30 days of such request. HCFA central office would either approve or deny the request by response to the intermediary within 60 days of receipt of the request. Each delay or waiver would be considered on a case-by-case basis.

We considered proposing set criteria (possibly based on a provider's bed size or capacity, for example) under which a SNF or HHA could be exempted automatically from the electronic cost reporting requirement. However, we have not done so because we do not believe that a characteristic such as a provider's size is necessarily a reliable indicator that electronic cost reporting would impose a financial hardship, since even the smallest SNFs and HHAs are quite likely to already be using computer equipment. We welcome comments on the process for obtaining a waiver, whether set criteria for obtaining a waiver would be beneficial, as well as on the number of providers that may request a waiver.

We note that the electronic cost reporting provision would only apply to those providers that are required to file a full Medicare cost report. Those providers that are not required to file a full cost report (for example, a SNF that furnishes fewer than 1500 Medicare covered days in a cost reporting period) would not be subject to the electronic cost reporting requirement, and therefore would not have to request a waiver.

If a SNF or HHA (not granted a hardship exemption) does not submit its cost report electronically, Medicare payments to that provider may be suspended under the provisions of sections 1815(a) and 1833(e) of the Act. These sections of the Act provide that no Medicare payments will be made to a provider unless it has furnished the information, requested by the Secretary, that is needed to determine the amount of payments due the provider under the Medicare program. Section 405.371(d) provides for suspension of Medicare payments to a provider by the intermediary if the provider fails to submit information requested by the intermediary that is needed to determine the amount due the provider under the Medicare program.

The general procedures that are followed when Medicare payment to a provider is suspended for failure to submit information needed by the intermediary to determine Medicare payment are located in section 2231 of the Medicare Intermediary Manual (HCFA Pub. 13). Those procedures include timeframes for ''demand letters'' to providers. Demand letters remind providers to file timely and complete cost reports and explain possible adjustments of Medicare payments to a provider and the right to request a 30-day extension of the due date.

Under this proposed rule, we essentially would apply the current hospital reporting requirements to SNFs and HHAs. In our final rule with comment period published May 25, 1994, we required that, in accordance with section 1886(f)(1)(B)(I) of the Act, all hospitals must submit cost reports in a uniform electronic format for cost reporting periods beginning on or after October 1, 1989 (59 FR 26960). All

hospital cost reports must be electronically transmitted to the intermediary in ASCII format. In addition to the electronic file, existing § 413.24(f)(4)(iii) requires hospitals to submit a hard copy of a settlement summary, a statement of certain worksheet totals found in the electronic file, and a statement signed by the hospital's administrator or chief financial officer certifying the accuracy of the electronic file.

Further, to preserve the integrity of the electronic file, we implemented provisions regarding the processing of the electronic cost report once submitted to the intermediary. Specifically, existing § 413.24(f)(4)(ii) provides that the intermediary may not alter the cost report once it has been filed by the provider. That is, the intermediary must maintain an unaltered copy of the provider's electronic cost report. This provision is not intended to prohibit the intermediary from making audit adjustments to the provider's cost report. Additionally, this section provides that the intermediary must reject a cost report that does not pass all specified edits. Finally, the provider's electronic program must be able to disclose that changes have been made to the provider's filed cost report. Again, we would apply these same provisions to SNFs and HHAs.

As stated above, the electronic cost reporting requirement for hospitals has been a statutory requirement for over 5 years. Our experience with the process of hospitals submitting cost reports to the intermediary in ASCII format has been uniformly positive. These cost reports are processed more expeditiously and efficiently than manually prepared cost reports or hard copies of electronically prepared cost reports. In fact, based on comments from hospitals, we amended § 413.24(f)(4) in our June 27, 1995 final rule to eliminate the requirement that hospitals submit a hard copy of the cost report in addition to the electronic file (60 FR 33123). In conclusion, based on our experience with the submission of electronic cost reports by hospitals, we believe that electronic filing would reduce the administrative burden on most SNFs and HHAs, with a waiver available in financial hardship cases. Therefore, we propose to amend § 413.24 accordingly:

- Add a new paragraph (f)(4)(i) to define the word ''provider'' as a hospital, SNF, or HHA;
- Redesignate existing paragraphs (f)(4)(i) through (f)(4)(iv) as (f)(4)(ii) through (f)(4)(v);
- Revise redesignated paragraph (f)(4)(ii) to state that SNFs and HHAs must submit cost reports in a standardized electronic format for cost reporting periods beginning on or after October 1, 1995; and
- In redesignated paragraphs (f)(4)(iii) through (f)(4)(v), replace the word ''hospital'' wherever it appears with the word ''provider.''

III. Impact Statement

We generally prepare a regulatory flexibility analysis that is consistent with the Regulatory Flexibility Act (RFA) (5 U.S.C. 601 through 612) unless we certify that a proposed rule such as this would not have a significant economic impact on a substantial number of small entities. For purposes of the RFA, all providers and small businesses that distribute cost-report software to providers are considered small entities. HCFA's intermediaries are not considered small entities for purposes of the RFA.

In addition, section 1102(b) of the Social Security Act requires us to prepare a regulatory impact analysis for any proposed rule that may have a significant impact on the operation of a substantial number of small rural hospitals. Such an analysis must conform to the provisions of section 604 of the RFA. For purposes of section 1102(b) of the Act, we define a small rural hospital as a hospital that is located outside of a Metropolitan Statistical Area and has fewer than 50 beds. We are not preparing a rural impact statement since we have determined, and certify, that this proposed rule would not have a significant impact on the operations of a substantial number of small rural hospitals.

As stated above, under §§ 413.20(b) and 413.24(f), providers are required to submit cost reports annually, with reporting periods based on the provider's accounting year. This proposed rule would require SNFs and HHAs, like hospitals, to submit their Medicare cost reports in a standardized electronic format. We anticipate that this requirement would take effect for cost reporting periods beginning on or after October 1, 1995, meaning that the first electronic cost reports would be due February 28, 1997.

Currently, approximately 75 percent of all SNFs and HHAs submit a hard copy of an electronically prepared cost report to the intermediary. We believe that the provisions of this proposed rule would have little or no effect on these providers, except to reduce the time involved in copying and collating a hard copy of the report for intermediaries. In addition to the 75 percent of providers that currently use electronic cost reporting, this rule would not affect those providers that do not file a full cost report and, as stated above, would not be required to submit cost reports electronically.

This proposed rule may have an impact on those providers who do not prepare electronic cost reports, some of whom may have to purchase computer equipment, obtain the necessary software, and train staff to use the software. However, as discussed below, we believe that the potential impact of this proposed rule on those providers who do not prepare electronic cost reports would be insignificant.

First, a small number of providers that do not submit electronic cost reports may have to purchase computer equipment to comply with the provisions of this proposed rule. However, even among the 25 percent of SNFs and HHAs that do not submit electronically prepared cost reports, we believe that most providers already have access to computer equipment, which they are now using for internal recordkeeping purposes, as well as for submitting electronically generated bills to their fiscal intermediaries, for example. Thus, we do not believe that obtaining computer equipment would be a major obstacle to electronic cost reporting for most providers. For those providers that would have to purchase computer equipment, we note that, in accordance with current regulations governing payment of provider costs, Medicare would pay for the cost of the equipment as an overhead cost.

We recognize that a potential cost for providers that do not submit electronic cost reports would be that of training staff to use the software. Since most SNFs and HHAs currently use computers, we do not believe that training staff to use the new software would impose a large burden on providers. An additional cost would be the cost of the software offered by commercial vendors. However, providers could eliminate this cost by obtaining the free software from HCFA.

The requirement that hospitals submit cost reports in a standardized electronic format has been in place since October, 1989. Since that time, the accuracy of cost reports has increased and we have received very few requests for waivers. Additionally, we have not received any comments from the hospital industry indicating that the use of electronic cost reporting is overly burdensome. We believe that electronic cost reporting would be equally effective for SNFs and HHAs, with the benefits (such as increased accuracy and decreased

preparation time) outweighing the costs of implementation for most providers.

In conclusion, we have determined that this proposed rule would not have a significant effect on SNF and HHA costs because these providers would not be required to collect any additional data beyond that which the regulations currently specify; cost reporting software is available at no cost from HCFA to any provider that requests it; most SNFs and HHAs have some type of computer equipment through which they currently prepare electronic cost reports; and a waiver of the electronic cost reporting requirement would be available to providers for whom the requirement would impose a financial hardship. SNFs and HHAs would only be affected to the extent that, absent a waiver, all would be required to submit cost reports in a standardized electronic format to their intermediary. A provider that does not comply with the provisions of this rule, as specified in the preamble, would be subject to sections 1815(a) and 1833(e) of the Act, which provide that no payments will be made to a provider unless it has furnished the information requested by the Secretary that is needed to determine the amount of payments due the provider under Medicare.

We welcome comments on the effect of the electronic cost reporting requirement, its benefits or disadvantages, the proposed implementation date, and issues related to the waiver process.

In accordance with the provisions of Executive Order 12866, this regulation was reviewed by the Office of Management and Budget (OMB).

IV. Collection of Information Requirements

Under the Paperwork Reduction Act of 1995, agencies are required to provide 60-day notice in the Federal Register and solicit public comment before a collection of information requirement is submitted to the Office of Management and Budget (OMB) for review and approval. In order to fairly evaluate whether an information collection should be approved by OMB, section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 requires that we solicit comment on the following issues:

- Whether the information collection is necessary and useful to carry out the proper functions of the agency;
- The accuracy of the agency's estimate of the information collection burden;
- The quality, utility, and clarity of the information to be collected; and
- Recommendations to minimize the information collection burden on the affected public, including automated collection techniques.

Therefore, we are soliciting public comment on each of these issues for the information collection requirements discussed below.

As discussed in detail above, this proposed rule would require that SNFs and HHAs submit cost reports in a standardized electronic format for cost reporting periods beginning on or after October 1, 1995. That is, providers would be required to file a diskette containing the required cost report data in a standardized electronic format. We believe that this requirement would reduce the paperwork and information collection burden for those SNFs and HHAs that currently do not submit electronically prepared cost reports. Specifically, we estimate that the number of hours each provider would save by submitting an electronically prepared cost report instead of manually preparing, and photocopying, the cost report would be an average of 9 hours for each affected SNF and 4.5 hours for each affected HHA. Assuming that approximately 25 percent of all SNFs and HHAs would be affected, that is roughly 3,000 SNFs and 2,000 HHAs, we estimate that SNFs would save approximately 27,000 hours per year completing cost reports, and HHAs would save about 9,000 hours per year.

We note that the overall information collection and recordkeeping burden associated with filing SNF costs reports has been approved by OMB through January 1998 (OMB approval number 0938–0463). Additionally, OMB has approved the information collection burden for HHA cost reports through October 1997 (approval number 0938–0022). We would not require SNFs and HHAs to report any information on the electronic cost report that is not already required in the Medicare cost reports currently submitted by these providers.

The information collection and recordkeeping requirements contained in § 413.24 are not effective until they have been approved by OMB. A notice will be published in the Federal Register when approval is obtained. Organizations and individuals that wish to submit comments on the information and recordkeeping requirements set forth in § 413.24 should direct them to the OMB official whose name appears in the **ADDRESSES** section of this preamble.

V. Response to Comments

Because of the large number of items of correspondence we normally receive on Federal Register documents published for comment, we are not able to acknowledge or respond to them individually. We will consider all comments we receive by the date and time specified in the ''DATES'' section of this preamble, and, if we proceed with a subsequent document, we will respond to the comments in the preamble to that document.

List of Subjects in 42 CFR Part 413

Health facilities, Kidney diseases, Medicare, Puerto Rico, Reporting and recordkeeping requirements.

42 CFR part 413 is amended as set forth below:

PART 413—PRINCIPLES OF REASONABLE COST REIMBURSEMENT; PAYMENT FOR END-STAGE RENAL DISEASE SERVICES

1. The authority citation for part 413 continues to read as follows:

Authority: Secs. 1102, 1861(v)(1)(A), and 1871 of the Social Security Act (42 U.S.C. 1302, 1395x(v)(1)(A), and 1395hh).

2. Section 413.24 is amended by redesignating existing paragraphs (f)(4)(i) through (f)(4)(iv) as paragraphs (f)(4)(ii) through (f)(4)(v); adding a new paragraph (f)(4)(i); and revising redesignated paragraphs (f)(4)(ii) through (f)(4)(v) to read as follows:

§ 413.24 Adequate cost data and cost finding.

* * * * *

(f) Cost reports. * * *

(4) *Electronic submission of cost reports.* (i) As used in this paragraph, *provider* means a hospital, skilled nursing facility, or home health agency.

(ii) Effective for cost reporting periods beginning on or after October 1, 1989, for hospitals and cost reporting periods beginning on or after October 1, 1995, for skilled nursing facilities and home health agencies, a provider is required to submit cost reports in a standardized electronic format. The provider's electronic program must be capable of producing the HCFA standardized output file in a form that can be read by the fiscal intermediary's automated system. This electronic file, which must contain the input data required to complete the cost report and the data required to pass specified edits, is forwarded to the fiscal intermediary for processing through its system.

(iii) The fiscal intermediary stores the provider's as-filed electronic cost report and may not alter that file for any reason. The fiscal intermediary makes a ''working copy'' of the as-filed electronic cost report to be used, as necessary, throughout the settlement process (that is, desk review, processing audit adjustments, final settlement, etc). The provider's electronic program must

be able to disclose if any changes have been made to the as-filed electronic cost report after acceptance by the intermediary. If the as-filed electronic cost report does not pass all specified edits, the fiscal intermediary rejects the cost report and returns it to the provider for correction. For purposes of the requirements in paragraph (f)(2) of this section concerning due dates, an electronic cost report is not considered to be filed until it is accepted by the intermediary.

(iv) Effective for cost reporting periods ending on or after September 30, 1994, for hospitals and cost reporting periods beginning on or after October 1, 1995, for skilled nursing facilities and home health agencies, a provider must submit a hard copy of a settlement summary, a statement of certain worksheet totals found within the electronic file, and a statement signed by its administrator or chief financial officer certifying the accuracy of the electronic file or the manually prepared cost report. The following statement must immediately precede the dated signature of the provider's administrator or chief financial officer:

I hereby certify that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet Statement of Revenue and Expenses prepared by _____ (Provider Name(s) and Number(s)) for the cost reporting period beginning _____ and ending _____ and that to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(v) A provider may request a delay or waiver of the electronic submission requirement in paragraph (f)(4)(ii) of this section if this requirement would cause a financial hardship. The provider must submit a written request for delay or waiver with necessary supporting documentation to its intermediary at least 120 days prior to the end of its cost reporting period. The intermediary reviews the request and forwards it with a recommendation for approval or denial, to HCFA central office within 30 days of receipt of the request. HCFA central office either approves or denies the request and notifies the intermediary within 60 days of receipt of the request.

* * * * *

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: June 21, 1995.

Bruce C. Vladeck,

Administrator, Health Care Financing Administration.

[FR Doc. 95–29542 Filed 12–4–95; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

50 CFR Part 642

[I.D. 110795H]

Gulf of Mexico Fishery Management Council; Public Hearings

AGENCY: National Marine Fisheries Service (NMFS), National Oceanic and Atmospheric Administration (NOAA), Commerce.

ACTION: Public hearings; requests for comments.

SUMMARY: The Gulf of Mexico Fishery Management Council (Gulf Council) will convene nine public hearings on Draft Amendment 8 to the Fishery Management Plan for Coastal Migratory Pelagic Resources of the Gulf of Mexico and South Atlantic (FMP) and its draft supplemental environmental impact statement (draft SEIS).

DATES: Written comments will be accepted until January 5, 1996. The hearings will be held from December 11 to December 14, 1995. See **SUPPLEMENTARY INFORMATION** for specific dates and times.

ADDRESSES: Written comments should be sent to and copies of the draft amendment are available from Mr. Wayne E. Swingle, Executive Director, Gulf of Mexico Council, 5401 West Kennedy Boulevard, Tampa, FL 33609.

The hearings will be held in AL, FL, LA, MS and TX. See **SUPPLEMENTARY INFORMATION** for locations of the hearings and special accommodations.

FOR FURTHER INFORMATION CONTACT: Wayne E. Swingle, 813–228–2815; Fax: 813–225–7015.

SUPPLEMENTARY INFORMATION:

Background

The Gulf and South Atlantic Fishery Management Councils will be holding public hearings on Draft Amendment 8 to the FMP and its draft SEIS. Amendment 8 proposes management measures for the fisheries for king and Spanish mackerel, cobia and dolphin (fish). Amendment 8 proposes some measures that (1) apply only to the South Atlantic Council's jurisdiction, (2) apply only to the Gulf Council's jurisdiction, or (3) apply to both Councils' jurisdictions. Proposed actions that would affect only the stocks and area under the jurisdiction of the Gulf of Mexico Council are as follows: Allow Gulf group king mackerel that can be taken only by hook-and-line (including longline) and run-around gill nets to be possessed on vessels with other gear aboard; require commercial dealer permits to buy and sell coastal pelagic fish managed under the FMP and require that dealers keep and make available records of purchase by vessel; establish a 5-year moratorium, beginning on October 16, 1995, on the issuance of both commercial vessel permits with a king mackerel endorsement and charter vessel permits; provide for transfer of vessel permits to other vessels; require that anyone applying for a commercial vessel permit demonstrate that 25 percent of annual income, or $5,000, be from commercial fishing; and require, that, as a condition for a Federal commercial or charter vessel permit, the applicant agrees to comply with the more restrictive of state or Federal rules when fishing in state waters. Amendment 8 also includes the following measures that apply to both Councils' jurisdictions: Recreational bag and commercial trip limit alternatives for cobia and dolphin (fish); retention of king mackerel damaged by barracuda bites by vessels under commercial trip limits; alternatives for Atlantic king mackerel commercial trip limits off Monroe County, FL of either 50 fish or 125 fish; changes to the procedure used to set total allowable catch; and changes to definitions of overfishing and optimum yield. Proposed measures in Amendment 8 applying only to the area and stocks under the jurisdiction of the South Atlantic Council will be summarized in news releases for public hearings to be held in the South Atlantic area during January 1996.

The hearings are scheduled from 7 p.m. to 10 p.m. as follows:

1. Monday, December 11, 1995, Larose—Larose Regional Park, 2001 East 5th Street, Larose, LA 70373

2. Monday, December 11, 1995, Port Aransas—Visitor's Center Auditorium, University of Texas, 750 Channel View Drive, Port Aransas, TX 78373

3. Monday, December 11, 1995, Key West—Lions Club, 2405 North Roosevelt Boulevard, Key West, FL 33040

4. Tuesday, December 12, 1995, Biloxi—J.L. Scott Marine Education