delete a chemical to or from the list described in subsection (c) of section 313 of Title III on the basis of the criteria in subparagraph (A), (B), or (C) of subsection (d)(2) of section 313 of Title III. Within 180 days after receipt of a petition, the Administrator shall take one of the following actions:

(i) Initiate a rulemaking to add or delete the chemical to or from the list, in accordance with subsection (d)(2) or (d)(3) of section 313 of Title III.

(ii) Publish an explanation of why the petition is denied.

(2) State and Tribal petitions. A State Governor, or a Tribal chairperson or equivalent elected official, may petition the Administrator to add or delete a chemical to or from the list described in subsection (c) of section 313 of Title III on the basis of the criteria in subparagraph (A), (B), or (C) of subsection (d)(2) of section 313 of Title III. In the case of such a petition from a State Governor, or a Tribal Chairperson or equivalent elected official, to delete a chemical, the petition shall be treated in the same manner as a petition received under paragraph (b)(1) of this section. In the case of such a petition from a State Governor, or a Tribal Chairperson or equivalent elected official, to add a chemical, the chemical will be added to the list within 180 days after receipt of the petition, unless the Administrator:

(i) Initiates a rulemaking to add the chemical to the list, in accordance with section (d)(2) of section 313 of Title III, or

(ii) Publishes an explanation of why the Administrator believes the petition does not meet the requirement of subsection (d)(2) of section 313 of Title III for adding a chemical to the list.

4. In §372.27, paragraph (d) is revised to read as follows:

§372.30 Reporting requirements and schedule for reporting.

(a) For each toxic chemical known by the owner or operator of a facility to be manufactured (including imported), processed, or otherwise used in excess of an applicable threshold quantity in §372.25, §372.27, or §372.28 at its covered facility described in §372.22 for a calendar year, the owner or operator must submit to EPA and to the State in which the facility is located a completed EPA Form R (EPA Form 9350–1), EPA Form A (EPA Form 9350–2), and, for the dioxin and dioxin-like compounds category, EPA Form R Schedule 1 (EPA Form 9350–3) in accordance with the instructions referred to in subpart E of this part. If the covered facility is located in Indian country, the facility shall submit (to the extent applicable) a completed EPA Form R, Form A, and Form R Schedule 1 as described above to EPA and to the official designated by the Tribal Chairperson or equivalent elected official of the relevant Indian Tribe, instead of to the State.

§372.27 Alternate threshold and certification.

(d) Each certification statement under this section for activities involving a toxic chemical that occurred during a calendar year at a facility must be submitted to EPA and to the State in which the facility is located on or before July 1 of the next year. If the covered facility is located in Indian country, the facility shall submit the certification statement as described above to EPA and to the official designated by the Tribal Chairperson or equivalent elected official of the relevant Indian Tribe, instead of to the State.

5. In §372.30(a), paragraph (a) is revised to read as follows:

DEPARTMENT OF HEALTH AND HUMAN SERVICES
45 CFR Parts 153, 155 and 156
[CMS–9989–N2]

Patient Protection and Affordable Care Act; Establishment of Exchanges and Qualified Health Plans, and Standards Related to Reinsurance, Risk Corridors and Risk Adjustment; Extension of Comment Period

AGENCY: Department of Health and Human Services.

ACTION: Proposed rule; extension of comment period.

SUMMARY: This document extends the comment period for two proposed rules published in the Federal Register on July 15, 2011. One proposed rule would implement the new Affordable Insurance Exchanges (“Exchanges”), consistent with Title I of the Patient Protection and Affordable Care Act of 2010 as amended by the Health Care and Education Reconciliation Act of 2010, referred to collectively as the Affordable Care Act. The other proposed rule would implement standards for States related to reinsurance and risk adjustment, and for health insurance issuers related to reinsurance, risk corridors, and risk adjustment consistent with Title I of the Affordable Care Act. The comment period for both proposed rules, which would have ended on September 28, 2011, is extended to October 31, 2011.

DATES: The comment period for two proposed rules published in the Federal Register on July 15, 2011 (76 FR 41866 and 76 FR 41930, respectively), is extended from 5 p.m. Eastern Standard Time on September 28, 2011, to 5 p.m. Eastern Standard Time on October 31, 2011.

ADDRESSES: In commenting, please refer to file code CMS–9989–N2. Because of staff and resource limitations, we cannot accept comments by facsimile (FAX) transmission.

You may submit comments in one of four ways (please choose only one of the ways listed):

1. Electronically. You may submit electronic comments on this regulation to http://www.regulations.gov. Follow the instructions under the “More Search Options” tab.

2. By regular mail. You may mail written comments to the following address ONLY: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS–9989–N2, P.O. Box 8010, Baltimore, MD 21244–8010.

Please allow sufficient time for mailed comments to be received before the close of the comment period.

3. By express or overnight mail. You may send written comments to the following address ONLY: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS–9989–N2, Mail Stop C4–26–05, 7500 Security Boulevard, Baltimore, MD 21244–1850.

4. By hand or courier. If you prefer, you may deliver (by hand or courier) your written comments before the close of the comment period to either of the following addresses:


   (Because access to the interior of the Hubert H. Humphrey Building is not readily available to persons without Federal government identification, commenters are encouraged to leave their comments in the CMS drop slots located in the main lobby of the building. A stamp-in clock is available for persons wishing to retain a proof of filing by stamping in and retaining an extra copy of the comments being filed.)

   b. For delivery in Baltimore, MD—Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS–9989–N2, P.O. Box 8010, Baltimore, MD 21244–8010.

       Please allow sufficient time for delivered comments to be received before the close of the comment period.
Services, Department of Health and
Human Services, 7500 Security
Boulevard, Baltimore, MD 21244–1850.

If you intend to deliver your
comments to the Baltimore address,
please call telephone number (410) 786–
9994 in advance to schedule your
arrival with one of our staff members.

Comments mailed to the addresses
indicated as appropriate for hand or
courier delivery may be delayed and
received after the comment period.

FOR FURTHER INFORMATION CONTACT:
Sharon Arnold, (301) 492–4415 for
general information and matters
related to reinsurance, risk
adjustment, and risk corridors.
Laurie McWright, (301) 492–4372 for
general information and matters
related to Exchanges and qualified
health plans.
Alissa DeBoy, (301) 492–4428 for
general information and matters
related to Exchanges and qualified
health plans.

SUPPLEMENTARY INFORMATION: On July
15, 2011, we published two proposed
rules in the Federal Register (76 FR
41866 through 41927 and 76 FR 41930
through 41956, respectively).

The first rule would implement the
new Affordable Insurance Exchanges
("Exchanges"), consistent with Title I of
the Patient Protection and Affordable
Care Act of 2010 (Pub. L. 111–148) as
amended by the Health Care and
Education Reconciliation Act of 2010
(Pub. L. 111–152), referred to
collectively as the Affordable Care Act.
The Exchanges would provide
competitive marketplaces for
individuals and small employers to
directly compare available private
health insurance options on the basis of
price, quality, and other factors. The
Exchanges, which would become
operational by January 1, 2014, would
help enhance competition in the health
insurance market, improve choice of
affordable health insurance, and give
small businesses the same purchasing
clout as large businesses. This proposed
rule, "Patient Protection and Affordable
Care Act: Establishment of Exchanges
and Qualified Health Plans," is
significant in that it proposes—(1)
Federal requirements that States must
meet if they elect to establish and
operate an Exchange; (2) minimum
requirements that health insurance
issuers must meet to participate in an
Exchange and offer qualified health
plans (QHPs); and (3) basic standards
that employers must meet to participate
in the Small Business Health Options
Program (SHOP).
The second proposed rule would
implement standards for States related
to reinsurance and risk adjustment, and
for health insurance issuers related to
reinsurance, risk adjustment, and risk
corridors consistent with Title I of the
Affordable Care Act. Collectively, these
programs would mitigate the impact of
potential adverse selection and stabilize
premiums in the individual and small
group markets as insurance reforms and
the Exchanges are implemented. These
programs are significant in that—(1) The
transitional reinsurance program would
serve to reduce uncertainty of insurance
risk in the individual market by making
payments to health plan issuers for
high-cost cases; (2) the temporary risk
corridor program would serve to protect
gainst uncertainty by limiting the
extent of health plan issuer losses and
;

Marilyn Jones, marilyn.jones@fcc.gov
or Melissa Kirkel, melissa.kirkel@fcc.gov,
of the Competition Policy Division,
Wireline Competition Bureau, at (202)
418–1580.

SUPPLEMENTARY INFORMATION: This is a
summary of the Commission’s Public
Notice, DA 11–1588, released
September 15, 2011. The full text of this
document is available for public