ADDITIONAL INFORMATION: The Sabula Railroad Drawbridge must be kept in the closed-navigation position while a bent shaft and damaged gear assembly are replaced.

DATES: This deviation is effective from 7 a.m., February 11, 2013, to 7 a.m., February 25, 2013.

ADDRESSES: Documents mentioned in this preamble are part of docket USC–2013–0043. The docket for this notice, USC–2013–0043, is available online at www.regulations.gov by typing the docket number in the “SEARCH” box and clicking “SEARCH.” Next, click on Open Docket Folder on the line associated with this notice. You may also visit the Docket Management Facility in Room W12–140 on the ground floor of the Department of Transportation West Building, 1200 New Jersey Avenue SE, Washington, DC 20590, between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays.

FOR FURTHER INFORMATION CONTACT: If you have questions on this temporary deviation, call or email Eric A. Washburn, Bridge Administrator, Western Rivers, Coast Guard 314–269–2378, email Eric.Washburn@uscg.mil. If you have questions on viewing the docket, call Barbara Hairston, Program Manager, Docket Operations, telephone 202–366–9826.

SUPPLEMENTARY INFORMATION: The Canadian Pacific Railway requested a temporary deviation for the Sabula Railroad Drawbridge, across the Upper Mississippi River, mile 535.0, at Sabula, Iowa to remain in the closed-to-navigation position while a bent shaft and damaged gear assembly are replaced. The closure period will start at 7 a.m., February 11, 2013, and last until 7 a.m., February 25, 2013.

Once the bent shaft and gear assembly are removed, the swing span will not be able to open, even for emergencies, until the replacement of the shaft and gear assembly is installed.

The Sabula Railroad Drawbridge currently operates in accordance with 33 CFR 117.5, which states the general requirement that drawbridges shall open promptly and fully for the passage of vessels when a request to open is given in accordance with the subpart. In order to facilitate the needed bridge work, the drawbridge must be kept in the closed-to-navigation position.

There are no alternate routes for vessels transiting this section of the Upper Mississippi River.

The Sabula Railroad Drawbridge, in the closed-to-navigation position, provides a vertical clearance of 18.1 feet above water. Navigation on the waterway consists primarily of commercial tows and recreational watercraft. This temporary deviation has been coordinated with the waterway users. No objections were received.

In accordance with 33 CFR 117.35(e), the drawbridge must return to its regular operating schedule immediately at the end of the effective period of this temporary deviation. This deviation from the operating regulations is authorized under 33 CFR 117.35.


Eric A. Washburn, Bridge Administrator, Western Rivers.

[FR Doc. 2013–02961 Filed 2–8–13; 8:45 am]

BILLING CODE 9110–04–P

DEPARTMENT OF VETERANS AFFAIRS

38 CFR Part 1

RIN 2900–AO45

Disclosures To Participate in State Prescription Drug Monitoring Programs

AGENCY: Department of Veterans Affairs.

ACTION: Interim final rule.

SUMMARY: The Department of Veterans Affairs (VA) amends its regulations concerning the sharing of certain patient information in order to implement VA’s authority to participate in State Prescription Monitoring Programs (PDMPs). Participation in PDMPs will allow the VA patient population to benefit from the reduction in negative health outcomes.

DATES: Effective Date: This rule is effective on February 11, 2013.

Comment Date: Comments must be received on or before April 12, 2013.

ADDRESSES: Written comments may be submitted by email through http://www.regulations.gov; by mail or hand-delivery to Director, Regulations Management (02REG), Department of Veterans Affairs, 810 Vermont Avenue NW., Room 1068, Washington, DC 20420; or by fax to (202) 273–9026.

Comments should indicate that they are comments submitted in response to “RIN 2900–AO45, Disclosures to Participate in State Drug Monitoring Programs.” Copies of comments received will be available for public inspection in the Office of Regulation Policy and Management, Room 1063B, between the hours of 8:00 a.m. and 4:30 p.m., Monday through Friday (except holidays). Please call (202) 461–4902 for an appointment. (This is not a toll-free number.) In addition, during the comment period, comments may be viewed online through the Federal Docket Management System (FDMS) at http://www.regulations.gov.

FOR FURTHER INFORMATION CONTACT: Stephania Griffin, Director, Information Access and Privacy Office (10P2C1), Veterans Health Administration, 810 Vermont Avenue NW., Washington, DC 20420, 704–249–2492. (This is not a toll-free number.)

SUPPLEMENTARY INFORMATION: On December 23, 2011, the President signed into law the Consolidated Appropriations Act, 2012 (the Act), Public Law 112–74. Section 230 of the Act amended 38 U.S.C. 5701, which governs the confidential nature of VA claims and information of present and former members of the Armed Forces and their dependents in VA’s possession, by adding a new subsection (l), which reads as follows:

Under regulations the Secretary of Veterans Affairs shall prescribe, the Secretary may disclose information about a veteran or the dependent of a veteran to a State controlled substance monitoring program, including a program approved by the Secretary of Health and Human Services under section 399O of the Public Health Service Act (42 U.S.C. 280g–3), to the extent necessary to prevent misuse and diversion of prescription medicines.

Section 230 of the Act similarly amended 38 U.S.C. 7332, which governs the confidentiality of VA records relating to drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus, or sickle cell anemia, by adding a subparagraph (G) to subsection (b)(2), which sets forth exceptions to section 7332’s privacy protections. Subparagraph (G) authorizes VA to release this protected information:

[to a State controlled substance monitoring program, including a program approved by the Secretary of Health and Human Services under section 399O of the Public Health Service Act (42 U.S.C. 280g–3), to the extent necessary to prevent misuse and diversion of prescription medicines.

State controlled substance monitoring programs, as named in the Act, are commonly referred to as State prescription drug monitoring programs or PDMPs. States implement and maintain the PDMP databases on controlled substances prescribed and filled by pharmacies within their borders to achieve public health and law enforcement objectives.

Sections 5701 and 7332 are VA statutes that afford privacy protections to the information of veterans and their dependents, as well as active-duty servicemembers under section 5701, and to VA patients with certain medical conditions. The Act authorizes new
exceptions to the limitations on disclosures in sections 5701 and 7332 that permit VA to disclose information to PDMPs on veterans and their dependents about prescriptions of controlled substances.

The two statutory exceptions created in the Act do not by themselves authorize VA to disclose information to PDMPs. In addition to sections 5701 and 7332, VA’s authority to disclose information to PDMPs is subject to the Privacy Act of 1974 (5 U.S.C. 552a) and the Standards for Privacy of Individually Identifiable Health Information (HIPAA Privacy Rule, 45 CFR Parts 160 and 164). Before releasing information to PDMPs, under the Privacy Act, VA must publish a Federal Register notice establishing a routine use for the relevant system of records from which the information will be disclosed. VA will publish the required notice separate from this rulemaking.

VA’s authority to disclose the information to PDMPs under the HIPAA Privacy Rule is contained in 45 CFR 164.512, which allows disclosures to an agency or authority responsible for public health matters as part of its official mandate. The combination of these four authorities allows VA to disclose information pertaining to the prescriptions for controlled substances to veterans and their dependents.

VA will participate in PDMPs by both disclosing and obtaining information from States about VA patients. By contributing to and reviewing PDMP databases, VA health care providers will be able to identify at-risk individuals and trends that will assist in the prevention of the accidental or intentional misuse of prescribed medication by veterans and their dependents. By both disclosing information to and acquiring information from PDMPs, VA would improve the public health benefits already realized by PDMPs and obtain vital information that will reduce the number of emergency room visits and overdoses attributable to prescription drug misuse and identify patients at risk of negative health outcomes associated with the misuse of prescribed controlled substances. Episodes of care associated with the abuse or misuse of controlled substances can be costly and VA anticipates a significant aggregate benefit by providing data to States with PDMPs. Controlled substances, when used appropriately, have proven to significantly improve the overall health of patients. However, these substances present serious health risks when they are not used strictly in accordance with prescribed instructions or when used along with other contraindicated prescription drugs. Although patients have the right to control their health information, and respecting this right is at the heart of professional ethics and patient-centered care, overriding the confidentiality of certain health information can be ethically justified to protect the health and safety of the public. Sharing the necessary information to participate in PDMPs supports this ethical justification.

Although the Act provides authority in 38 U.S.C. 5701 and 7332 for VA to disclose information to PDMPs, it requires VA to promulgate regulations to implement the authority only under section 5701. However, we are promulgating regulations to implement the authority under both sections 5701 and 7332 for clarity. VA implements sections 5701 and 7332 through separate bodies of regulations dedicated to each statute.

The body of regulations for section 5701 is published in part 1 under the undesignated center heading “Release of Information Concerning Veterans Affairs Claimant Records.” We are establishing a new section, 38 CFR 1.515, under the heading “Disclosure of information to participate in state prescription drug monitoring programs.” We note that current § 1.515 is titled “To commanding officers of State soldiers’ homes.” This rulemaking reassigns that section to reserved § 1.523. This new § 1.515 implements the authority created under 38 U.S.C. 5701(l) and explains the extent to which VA will disclose information to PDMPs. We are adding a reference to new § 1.515 in the regulation that implements the authority created under 38 U.S.C. 7332(b)(2). We are adding an authority citation to the end of § 1.515 that reflects the statutory authorities relied upon in this rulemaking. These authorities are discussed throughout the preamble.

The body of regulations for section 7332 is published in part 1 under the undesignated center heading “Release of Information from Department of Veterans Affairs (VA) Records Relating to Drug Abuse, Alcoholism or Alcohol Abuse, Infection with the Human Immunodeficiency Virus (HIV), or Sickle Cell Anemia.” Under that heading, this rulemaking creates a new § 1.483 under the undesignated center subheading “Disclosures Without Patient Consent.” The new section cross-references new § 1.515.

This rulemaking creates new § 1.515 to implement VA’s authority to disclose information contained in a claimant’s records to PDMPs and the information that will be provided to PDMPs under all statutory and regulatory authorities. In new § 1.515(b), we define a “[c]ontrolled substance” as a substance identified by United States Drug Enforcement Administration (DEA) regulations (21 CFR part 1308) as a Schedule II, III, IV, or V controlled substance. We note that the Act only authorizes the specific disclosure of information pertaining to what is commonly understood within the medical profession to be controlled substances. Although some States occasionally expand their definition of which substances may be considered controlled substances, the DEA regulatory list is the most universally accepted list of such substances. DEA is the recognized authority for establishing the list of controlled substances and updates the list as necessary. VA will rely on DEA’s expertise in choosing to use these schedules to define the controlled substances that we will report to PDMPs.

We specifically exclude Schedule I substances under 21 CFR part 1308 because these substances are not dispensed by VA due to their lack of medical value. Therefore, VA has no data to share regarding these substances.

In paragraph (b), we define a PDMP as “a State controlled substance monitoring program, including a program approved by the Secretary of Health and Human Services under section 399O of the Public Health Service Act (42 U.S.C. 280g–3).” This definition encompasses all existing PDMPs and will allow for VA to share information with any States that develop PDMPs in the future. This definition is derived directly from the Act.

In paragraph (c), we state that VA may disclose to PDMP’s information that falls under specified categories of information.

Paragraphs (c)(1) through (3) describe the three categories of information that will be disclosed to PDMPs under the regulation and provide examples of these categories of information. The Act does not require, nor can VA at this time provide, a definitive list of the individual data elements within each category that will be shared with PDMPs by VA due to variances in the requirements of PDMPs. Based on VA’s review of PDMP requirements, we believe that the information VA must provide to participate with the PDMPs will fall into one of these general categories of information, and the examples provided represent the specific information that will be shared with the majority of PDMPs.

The examples provided under paragraphs (c)(1) through (c)(3) are derived from section 399O of the Public Health Service Act (42 U.S.C. 280g–3). This section authorizes the specific disclosure of information pertaining to what is commonly understood within the medical profession to be controlled substances. Although some States occasionally expand their definition of which substances may be considered controlled substances, the DEA regulatory list is the most universally accepted list of such substances. DEA is the recognized authority for establishing the list of controlled substances and updates the list as necessary. VA will rely on DEA’s expertise in choosing to use these schedules to define the controlled substances that we will report to PDMPs.

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identifies where an individual is
receiving care and the identity of the
provider, which may facilitate
communication between providers
when necessary to prevent negative
health outcomes. Such information
is also required by PDMPs in order
to regulate the quality of contributions
to their databases and prevent fraudulent
or erroneous reporting.

As a technical matter, we note that
one section previously reserved by VA
in the CFR is no longer reserved. Title
38 of the CFR currently contains a
specific reservation for §§ 1.480 through
1.483. This rulemaking creates new
§ 1.483 and intends for this section to be
published under the undesignated
center subheading “Disclosures Without
Patient Consent.” The CFR should be
updated to correctly reserve §§ 1.480
through 1.482.

Effect of Rulemaking

Title 38 of the CFR, as revised by this
interim final rulemaking, represents
VA’s implementation of its legal
authority on this subject. Other than
future amendments to this regulation or
governing statutes, no contrary guidance
or procedures on this subject are
authorized. All VA guidance must be
read to conform with this rulemaking if
possible or, if not possible, such
guidance is superseded by this
rulemaking.

Administrative Procedure Act

In accordance with 5 U.S.C. 553(b)(B),
the Secretary of Veterans Affairs finds
good cause to issue this interim final
rule without prior notice and comment.
This interim final rule implements VA’s
authorized participation in State PDMPs
to identify and prevent potential misuse
of prescription drugs and assist in
avoiding negative health outcomes for
VA patients, including emergency
treatment and accidental overdose. As
increasing numbers of veterans return
from active duty with complex
catastrophic injuries for which pain
must be controlled in part by the use of
controlled substance medications, VA
clinicians require the most complete
patient information available. The
misuse of prescription medication has
reached epidemic levels nationwide,
and the veteran population is at a
heightened risk for negative health
outcomes associated with the improper
use of controlled substances. Veterans
are subject to unique risk factors
involving the misuse of prescribed
controlled substances. Karen H. Seal et
al., “Association of Mental Health
Disorders With Prescription Opioids and
High-Risk Opioid Use in US Veterans of
Iraq and Afghanistan,” 307 JAMA 940
(2012). The conflicts in Iraq and
Afghanistan have led to a sharp
increase in the number of
servicemembers and veterans returning
with serious injuries that present
symptoms associated with severe pain.
Recent studies indicate that almost half
of veterans who served in Operation
Enduring Freedom and/or Operation
Iraqi Freedom, and entered VA health
care from 2005 through 2008 received at
least one pain-related diagnosis, and of
those who received such diagnosis, 66
percent received more than one pain
diagnosis. Other risk factors present in
the veteran population such as
increased rates of homelessness, suicide
attempts, and alcohol and other
substance-abuse disorders increase the
likelihood that an individual will
misuse prescribed controlled substances
and suffer negative health outcomes.

Karen H. Seal et al., “Association of
Mental Health Disorders With
Prescription Opioids and High-Risk
Opioid Use in US Veterans of Iraq and
In addition to promoting the health
and safety of VA’s patient population,
there are exigent public health reasons
not to delay implementation of this rule.
The abuse of prescription drugs is
growing rapidly throughout the United
States. Controlled substances prescribed
for pain are misused by patients and
often result in negative health outcomes
including emergency hospital
visitations and overdose. The U.S.
Department of Health and Human
Services estimates that in 2009 more
than 1 million emergency department
visits nationwide involved the non-
medical use of pharmaceuticals, more
than doubling in number compared to
2004. Substance Abuse & Mental Health
Servs. Admin., U.S. Dep’t of Health &
Human Servs., Drug Abuse Warning
Network, 2009: Nat’l Estimates of Drug-
Related Emergency Dep’t Visits (2011).
In 2009 alone, more than 37,000
Americans died from drug overdoses,
with 15,500 deaths being attributable to
opioids. Ctrs. for Disease Control &
Prevention, U.S. Dep’t of Health &
Human Servs., Underlying Cause of
Death 1999–2009, CDC WONDER
Database (2012). Pain-relief
medications, including controlled
substances, are the most frequent form
of medication used in suicide attempts
via overdose.

State PDMPs are effective in detecting
and preventing prescription medication
misuse. One of the primary risk factors
for individuals who overdose on
opioids, controlled substances generally
prescribed for pain is “doctor
shopping,” or obtaining multiple
prescriptions from different providers.
Alan G. White et al., “Analytic Models to Identify Patients at Risk for Prescription Opioid Abuse,” 15 Am J. Managed Care 897 (2009). PDMPs in States with robust monitoring programs have shown some success in curbing the rapid growth in opioid consumption occurring nationally. Leonard J. Paulozzi & Daniel D. Stier, “Prescription drug laws, drug overdoses, and drug sales in New York and Pennsylvania,” 31 J. of Pub. Health Pol'y & 422 (2010). Although many PDMPs are relatively new and data is limited, preliminary data indicates that PDMPs are associated with mitigated risks of abuse and misuse of opioids in the general population over time. Liza M. Reifler et al., “Do Prescription Monitoring Programs Impact State Trends in Opioid Abuse/Misuse?” 13 Pain Med. 434 (2012). Some states have also noted that reporting individuals to the PDMP has reduced the number of doctors and pharmacies visited. “Nevada’s Proactive PMP: The Impact of Unsolicited Reports,” Prescription Monitoring Program Ctr. of Excellence, Brandeis Univ. (Oct. 2011), http://www.pmpexcellence.org/sites/all/pdfs/nevada_nff_10_26_11.pdf. In 2002, Congress recognized their value by beginning to provide funding to support these programs and has continued to do so since. Effective PDMPs have also coincided with reductions in the rate of hospital admissions related to the misuse of controlled substances.


For these reasons, the Secretary has concluded that ordinary notice and comment procedures would be impracticable and contrary to the public interest and is accordingly issuing this rule as an interim final rule. In order to ensure timely implementation of the program established by this rule, and for the reasons stated above, the Secretary also finds, in accordance with 5 U.S.C. 553(d)(3), that there is good cause for this interim final rule to be effective immediately upon publication. For the same reasons detailed above, it is in the public’s interest to commence this program as soon as possible, and this will be facilitated by an immediate effective date.

**Unfunded Mandates**

The Unfunded Mandates Reform Act of 1995 requires, at 2 U.S.C. 1532, that agencies prepare an assessment of anticipated costs and benefits before issuing any rule that may result in the expenditure by State, local, and tribal governments, in the aggregate, or by the private sector, of $100 million or more (adjusted annually for inflation) in any given year. This interim final rule will have no such effect on State, local, and tribal governments, or on the private sector.

**Paperwork Reduction Act**

This interim final rule contains no provisions constituting a collection of information under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501–3521).

**Regulatory Flexibility Act**

The Secretary hereby certifies that this regulatory action will not have a significant economic impact on a substantial number of small entities as they are defined in the Regulatory Flexibility Act, 5 U.S.C. 601–12. This regulatory action affects only individuals and will not affect any small entities. Therefore, pursuant to 5 U.S.C. 605(b), this regulatory action is exempt from the initial and final flexibility analysis requirements of sections 603 and 604.

**Executive Orders 12866 and 13563**

Executive Orders 12866 and 13563 direct agencies to assess the costs and benefits of available regulatory alternatives and, when regulation is necessary, to select regulatory approaches that maximize net benefits (including potential economic, environmental, public health and safety effects, and other advantages; distributive impacts; and equity). Executive Order 13563 (Improving Regulation and Regulatory Review) emphasizes the importance of quantifying both costs and benefits, reducing costs, harmonizing rules, and promoting flexibility. Executive Order 12866 (Regulatory Planning and Review) defines a “significant regulatory action,” which requires review by the Office of Management and Budget (OMB), as “any regulatory action that is likely to result in a rule that may: (1) Have an annual effect on the economy of $100 million or more or adversely affect in a material way the economy, a sector of the economy, productivity, competition, jobs, the environment, public health or safety, or State, local, or tribal governments or communities; (2) Create a serious inconsistency or otherwise interfere with an action taken or planned by another agency; (3) Materially alter the budgetary impact of entitlements, grants, user fees, or loan programs or the rights and obligations of recipients thereof; or (4) Raise novel legal or policy issues arising out of legal mandates, the President’s priorities, or the principles set forth in this Executive Order.” The economic, interagency, budgetary, legal, and policy implications of this regulatory action have been examined, and it has been determined to be a significant regulatory action under Executive Order 12866.

**Catalog of Federal Domestic Assistance**

The Catalog of Federal Domestic Assistance numbers and titles for this rule are 64.012 Veterans Prescription Service and 64.019 Veterans Rehabilitation-Alcohol and Drug Dependence.

**Signing Authority**

The Secretary of Veterans Affairs, or designee, approved this document and authorized the undersigned to sign and submit the document to the Office of the Federal Register for publication electronically as an official document of the Department of Veterans Affairs. John R. Gingrich, Chief of Staff, Department of Veterans Affairs, approved this document on February 5, 2013, for publication.

**List of Subjects in 38 CFR Part 1**


Dated: February 6, 2013.

Robert C. McFetridge,
Director of Regulation Policy and Management, Office of the General Counsel, Department of Veterans Affairs.

For the reasons set out in the preamble, VA amends 38 CFR part 1 as follows:

**PART 1—GENERAL PROVISIONS**

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

**Authority:** 38 U.S.C. 501(a), and as noted in specific sections.

2. Section 1.483 is added immediately following the designated center heading “Disclosures Without Patient Consent” to read as follows:

**§ 1.483 Disclosure of information to participate in state prescription drug monitoring programs.**

Information covered by §§ 1.460 through 1.499 of this part may be disclosed to State Prescription Drug Monitoring Programs pursuant to the
ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 52


Approval and Promulgation of Air Quality Implementation Plans; Maryland; Amendments to Maryland’s Ambient Air Quality Standards

AGENCY: Environmental Protection Agency (EPA).

ACTION: Direct final rule.

SUMMARY: EPA is taking direct final action to approve revisions to the State of Maryland State Implementation Plan (SIP). The revisions pertain to adoption through incorporation by reference of the national ambient air quality standards (NAAQS) by the State of Maryland. EPA is approving these revisions that adopt the NAAQS for ozone (O₃), sulfur dioxide (SO₂), nitrogen dioxide (NO₂), lead (Pb), particulate matter (PM) and carbon monoxide (CO) as well as the relevant reference and equivalent monitoring methods through incorporation by reference into the Code of Maryland regulations (COMAR) on an “as amended” basis which will prospectively incorporate all future revisions and additions to the NAAQS in accordance with the requirements of the Clean Air Act (CAA).

DATES: This rule is effective on April 12, 2013 without further notice, unless EPA receives adverse written comment by March 13, 2013. If EPA receives such comments, it will publish a timely withdrawal of the direct final rule in the Federal Register and inform the public that the rule will not take effect.

ADDRESSES: Submit your comments, identified by Docket ID Number EPA–R03–OAR–2012–0982 by one of the following methods:

A. www.regulations.gov. Follow the on-line instructions for submitting comments.

B. Email: Mastro.Donna@epa.gov.


D. Hand Delivery: At the previously-listed EPA Region III address. Such deliveries are only accepted during the Docket’s normal hours of operation, and special arrangements should be made for deliveries of boxed information.

Instructions: Direct your comments to Docket ID No. EPA–R03–OAR–2012–0982. EPA’s policy is that all comments received will be included in the public docket without change, and may be made available online at www.regulations.gov, including any personal information provided, unless the comment includes information claimed to be Confidential Business Information (CBI) or other information whose disclosure is restricted by statute. Do not submit information that you consider to be CBI or otherwise protected through www.regulations.gov or email. The www.regulations.gov Web site is an “anonymous access” system, which means EPA will not know your identity or contact information unless you provide it in the body of your comment. If you send an email comment directly to EPA without going through www.regulations.gov, your email address will be automatically captured and included as part of the comment that is placed in the public docket and made available on the Internet. If you submit an electronic comment, EPA recommends that you include your name and other contact information in the body of your comment and with any disk or CD-ROM you submit. If EPA cannot read your comment due to technical difficulties and cannot contact you for clarification, EPA may not be able to consider your comment. Electronic files should avoid the use of special characters, any form of encryption, and be free of any defects or viruses.

Docket: All documents in the electronic docket are listed in the www.regulations.gov index. Although listed in the index, some information is not publicly available, i.e., CBI or other information whose disclosure is restricted by statute. Certain other material, such as copyrighted material, is not placed on the Internet and will be publicly available only in hard copy form. Publicly available docket materials are available either electronically in www.regulations.gov or in hard copy during normal business hours at the Air Protection Division, U.S. Environmental Protection Agency, Region III, 1650 Arch Street, Philadelphia, Pennsylvania 19103. Copies of the State submittal are available at the Maryland Department of the Environment, 1800 Washington Boulevard, Suite 705, Baltimore, Maryland 21230.

FOR FURTHER INFORMATION CONTACT: Christopher Cripps, (215) 814–2179, or by email at Cripps.Christopher@epa.gov.

SUPPLEMENTARY INFORMATION: