

## PART 302–11—ALLOWANCES FOR EXPENSES INCURRED IN CONNECTION WITH RESIDENCE TRANSACTIONS

■ 9. The authority citation for 41 CFR part 302–11 continues to read as follows:

**Authority:** 5 U.S.C. 5738 and 20 U.S.C. 905(c).

■ 10. Amend § 302–11.200 by revising paragraph (f)(1) to read as follows:

### § 302–11.200 What residence transaction expenses will my agency pay?

\* \* \* \* \*

(f) \* \* \*

(1) Federal Housing Administration (FHA) or VA fees for the loan application;

\* \* \* \* \*

[FR Doc. 2018–13866 Filed 6–26–18; 8:45 am]

BILLING CODE 6820–14–P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### 42 CFR Part 5a

RIN 0906–AB17

### Removing Outmoded Regulations Regarding the Rural Physician Training Grant Program, Definition of “Underserved Rural Community”

**AGENCY:** Health Resources and Services Administration (HRSA), HHS.

**ACTION:** Final rule.

**SUMMARY:** This action removes the outmoded regulations for the Rural Physician Training Grant Program, Definition of “Underserved Rural Community.” Funding was authorized at section 749B(i) Public Health Service Act for fiscal years 2010–2013, but never appropriated for the Rural Physician Training Grant Program, and the program was not implemented. Therefore, this regulation is no longer relevant, and HRSA suggested the regulations defining underserved rural communities for the Rural Physician Training Grant Program be removed.

**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](mailto:smaheshwari@hrsa.gov).

**SUPPLEMENTARY INFORMATION:** In response to Executive Order 13563, Section 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 5a. 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)(B). The action is non-controversial, as it merely removes an obsolete provision from the CFR. This rule poses no new substantive requirements on the public. Thus, we view notice and comment as unnecessary.

### Background

The Rural Physician Training Grant Program (Program), Definition of “Underserved Rural Community” regulation was issued via an interim final rule with request for comment on May 26, 2010 pursuant to Section 749B(f) of the Public Health Service Act (42 U.S.C. 293m(f)). The regulation has not been updated since it was issued.

Funding was authorized at section 749B(i) (42 U.S.C. 293m(i)) for fiscal years 2010–2013, but was never appropriated for the Program; therefore, it was not implemented. This rule defines “underserved rural communities,” including census tract information, Health Professions Shortage Areas (HPSAs), and Medically Underserved Areas (MUAs) for Program purposes. If the Program were to be funded, HRSA would be able to define underserved rural communities for the purpose of the program through policy documents.

### 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.

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 5a

Health care, Health care professionals,  
Public health, Rural health.

#### PART 5a—[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 5a.

[FR Doc. 2018-13835 Filed 6-26-18; 8:45 am]

BILLING CODE 4165-15-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### 42 CFR Part 23

RIN 0906-AB15

#### Removing Outmoded Regulations Regarding the National Health Service Corps Program

**AGENCY:** Health Resources and Services  
Administration (HRSA), HHS.

**ACTION:** Final rule.

**SUMMARY:** This action removes  
outmoded regulations for the National  
Health Service Corps (NHSC) Program.  
The regulations were promulgated to  
implement Section 338G of the Public  
Health Service (PHS) Act, relating to  
private practice loans. The regulations  
have not been updated since they were  
issued in 1986. The regulations are no  
longer relevant or needed as the NHSC  
has not made private practice loan  
opportunities available since the 1980s,  
and does not plan to do so in the  
foreseeable future. The removal of these  
regulations will not create any  
challenges for other programs, as the  
law and regulations apply solely to  
NHSC clinicians.

**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](mailto:smaheshwari@hrsa.gov).

**SUPPLEMENTARY INFORMATION:** In  
response to Executive Order 13777 and  
Executive Order 13563, Sec. 6(a), which  
direct agencies to repeal existing

regulations that are “outmoded” from  
the Code of Federal Regulations (CFR),  
HHS is removing 42 CFR part 23,  
subpart B (§§ 23.21 through 23.35) and  
subpart C (§ 23.41). Furthermore, HHS  
has determined that there is good cause  
to bypass notice and comment and  
proceed to a final rule, pursuant to 5  
U.S.C. 553(b)(B). The action is non-  
controversial, as it merely removes  
certain provisions from the CFR that are  
obsolete. Given the length of time  
(approximately 30 years) since the  
private practice loan provision has been  
utilized, it is HHS’s assessment that the  
agency is unlikely to receive any  
comments opposing the repeal of these  
regulations. Thus, a comment period  
prior to finalization of this rule is  
unnecessary. This rule poses no new  
substantive requirements or burdens on  
the public.

#### Background

In 1986, HHS issued implementing  
regulations, as directed in Section 338G  
of the PHS Act, specifying the interest  
rate and loan repayment terms for  
private practice special loans to former  
Corps members and interest rate and  
loan repayment terms for private  
practice start-up loans to NHSC  
scholarship recipients.

The provision for Special Loans for  
Former Corps Members to Enter Private  
Practice authorized the Secretary to  
make a one-time loan up to \$25,000 to  
a Corps member. In exchange, the Corps  
member reciprocated by committing to  
serve as a full-time private practice  
provider in a Health Professional  
Shortage Area (HPSA) for a minimum of  
two years. The intent of these  
regulations was to retain Corps members  
in HPSAs after the completion of their  
service obligation. The regulation is no  
longer relevant as the NHSC has not  
made such loan opportunities available  
since the 1980s and, therefore, no longer  
needs to set repayment terms for private  
practice start-up loans. HRSA does not  
intend to restart this loan program, as  
the NHSC program currently has a  
retention rate of 88%, making additional  
incentives unnecessary.

Section 338G also authorizes Private  
Start-Up Loans. At the time the statute  
was enacted, only the NHSC  
Scholarship Program existed. Scholars  
were able to apply for up to \$25,000 to  
purchase or lease the equipment and  
supplies needed for providing health  
services in their private practices. The  
intention of the program was to offer  
further incentives to recruit health  
professions students into the program.  
The regulation is no longer relevant  
since the NHSC has not made such loan  
opportunities available since the 1980s

and, therefore, no longer has need to set  
repayment terms for private practice  
start-up loans. Furthermore, the NHSC  
Scholarship Program is significantly  
oversubscribed, and no further  
incentives are necessary to recruit  
health professions students.

Removing these regulations will not  
have an impact on the NHSC program.  
There is no specific appropriations  
authority to support Section 338G of the  
PHS Act; the authorization of  
appropriation at 338H supports all the  
activities under Subpart III (which  
includes the NHSC Loan Repayment  
and Scholarship Programs). The repeal  
of these regulations will not create any  
challenges for other programs, as the  
law and regulations apply solely to  
NHSC clinicians.

#### 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  
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