(NEPA) is not required because the proposed rule is covered by a
categorical exclusion. The NPS has
determined the proposed rule is
categorically excluded under NPS NEPA
Handbook 2015 Section 3.3(A)(8)
because this proposed rule revises
existing regulations for the Lakeshore in
a manner that would not (i) increase
public use to the extent of
compromising the nature and character
of the area or causing physical damage
to it; (ii) introduce noncompatible uses
that might compromise the nature and
characteristics of the area or cause
physical damage to it; (iii) conflict with
adjacent ownerships or land uses; or (iv)
cause a nuisance to adjacent owners or
occupants. The NPS has also
determined that the proposed rule does
not involve any of the extraordinary
circumstances listed in 43 CFR 46.215
that would require further analysis
under NEPA.

Effects on the Energy Supply (Executive
Order 13211)

This proposed rule is not a significant
energy action under the definition in
Executive Order 13211. A Statement of
Energy Effects is not required.

Clarity of This Rule

We are required by Executive Orders
12866 (section 1(b)(12)) and 12988
(section 3(b)(1)(B)), and 13563 (section
1), and by the Presidential
Memorandum of June 1, 1998, to write
all rules in plain language. This means
that each rule we publish must:
(a) Be logically organized;
(b) Use the active voice to address
readers directly;
(c) Use common, everyday words and
clear language rather than jargon;
(d) Be divided into short sections and
sentences; and
(e) Use lists and tables wherever
possible.

If you feel that we have not met these
requirements, send us comments by one
of the methods listed in the ADDRESSES
section of this
document.

Public Availability of Comments

Before including your address, phone
number, email address, or other
personal identifying information in your
comment, you should be aware that
your entire comment—including your
personal identifying information—may
be made publicly available at any time.
While you can ask us in your comment
to withhold your personal identifying
information from public review, we
cannot guarantee that we will be able to
do so.

List of Subjects in 36 CFR Part 7

District of Columbia, National Parks,
Reporting and recordkeeping
requirements.

In consideration of the foregoing, the
National Park Service proposes to
amend 36 CFR part 7 as follows:

PART 7—SPECIAL REGULATIONS,
AREAS OF THE NATIONAL PARK
SYSTEM

1. The authority for part 7 continues to
read as follows:

Authority: 54 U.S.C. 100101, 100751,
320102; Sec. 7.96 also issued under D.C.

2. Amend §7.32 by:
(a) Revising the introductory text of
paragraph (a)(1).
(b) Revising paragraphs (a)(1)(v),
(a)(1)(viii), and (a)(1)(ix).
(c) Redesignating paragraph (a)(1)(x) as
paragraph (a)(1)(xvi).
(d) Adding paragraphs (a)(1)(x) through
(a)(1)(xv).
(e) Revising newly redesignated
paragraph (a)(1)(xvi).
(f) Revising paragraph (a)(3).
(g) Adding paragraph (a)(4).

The revisions and additions to read as
follows:

§7.32 Pictured Rocks National Lakeshore.

(a) * * *
(1) Snowmobiles are allowed on the
following routes and water surfaces
within Pictured Rocks National
Lakeshore:
* * * * *
(v) The road from County Road H–58
at the park boundary to the Little Beaver
Lake Campground.
* * * * *
(viii) The road from County Road H–58
to the Log Slide parking area.
(ix) The section of Michigan Dimension
Road from the park
boundary to the Log Slide parking area.
(x) The South Grand Sable Lake Road,
starting at Twelvemile (T49N, R14W,
Sections 14 and 23), heading south in
and out of the fee zone area.
(xi) Portions of County Road H–58
that are within park boundaries between
Twelvemile Beach and Log Slide scenic
overlook (T49N, R15W, Sections 9, 10,
11, 13, 14, and 16 and T49, 14W,
Section 18).
(xii) Portions of County Road H–58
that are within park boundaries between
Log Slide Scenic Overlook and the
Grand Sable Visitor Center (T49N,
R14W, Sections 10, 11, 15, 16, and 17).
(xiii) County Road H–58 between
Grand Sable Visitor Center to the
eastern extent of the park boundary
(T49N, R14W, Sections 1, 11, and 12).
(xiv) Portions of Lowder Road that are
within park boundaries from M77 to
Grand Sable Lake Boat Ramp (T48N,
R16W, Sections 21 and 29).
(xv) Portions of Beaver Basin
Overlook Road from County Road H–58
to the Beaver Basin Overlook (T49N,
R14W, Sections 11, and 12).
(xvi) The frozen water surfaces of
Lake Superior and Grand Sable Lake.

3. Snowmobile use outside
designated routes and frozen water
surfaces is prohibited. Snowmobiles are
restricted to the road shoulders of routes
that are plowed. The prohibitions in this
paragraph do not apply to emergency
administrative travel by employees of
the National Park Service or law
enforcement agencies.

(4) The Superintendent may open or
close these routes and water surfaces, or
portions thereof, to snowmobile travel
after taking into consideration the
location of wintering wildlife,
appropriate snow cover, public safety,
and other factors. The Superintendent
will provide notice of such opening or
closing by one or more of the methods
listed in §1.7(a) of this chapter.

George Wallace,
Assistant Secretary for Fish and Wildlife and
Parks.

[FR Doc. 2020–24545 Filed 11–5–20; 8:45 am]
BILLING CODE 4312–52–P

DEPARTMENT OF VETERANS
AFFAIRS

38 CFR Part 17
RIN 2900–AQ31

Elimination of Copayment for Opioid
Antagonists and Education on Use of
Opioid Antagonists

AGENCY: Department of Veterans Affairs.

ACTION: Proposed rule.

SUMMARY: The Department of Veterans
Affairs (VA) is proposing to amend its
medical regulations that govern copayments to conform with recent statutory requirements. VA would be eliminating the copayment requirement for opioid antagonists furnished to veterans who are at high risk of overdose of a specific medication or substance in order to reverse the effect of such an overdose. VA would also clarify that no copayment would be required for the provision of education on the use of opioid antagonists. This proposed rule would be an essential part of VA’s attempts to help veterans at high risk of overdose.

DATES: Comments must be received on or before January 5, 2021.

ADDRESSES: Comments may be submitted through www.Regulations.gov. Comments received will be available at regulations.gov for public viewing, inspection or copies.

FOR FURTHER INFORMATION CONTACT: Joseph Duran, Director of Policy and Planning, 3773 Cherry Creek North Drive, Denver, CO 80209. (303) 370–1637. (This is not a toll-free number.)

SUPPLEMENTARY INFORMATION: In an effort to reduce the incidence of overdose among the veteran population, Congress, in two separate statutes, has required that VA must exempt from copayment (1) opioid antagonists furnished under chapter 17 to a veteran who is at high risk for overdose of a specific medication or substance in order to reverse the effect of such an overdose, and (2) education on the use of opioid antagonists to reverse the effects of overdoses of specific medications or substances. See Public Law 114–198, sec. 915 (July 22, 2016) and Public Law 114–223, sec. 243 (Sept. 29, 2016). These provisions were effective upon enactment and have already been implemented. These provisions assist veterans by eliminating copayments for life-saving medication and education on the use of such medication, with the goal of reducing the incidence of overdose deaths among the veteran population. This proposed rule would amend two of VA’s copayment regulations, 38 CFR 17.108 and 17.110, to accurately implement these changes in law. This proposed rule would also add an explanation of how VA would identify a veteran at high risk for overdose under the new provisions.

17.108 Copayments for Inpatient Hospital Care and Outpatient Medical Care

Section 17.108 establishes the copayment amounts for inpatient hospital care and outpatient medical care. Paragraph (e) lists the types of services that are exempt from the inpatient hospital care and outpatient medical care copayment. We are proposing to add a new paragraph (e)(18) to implement the laws described above. Under paragraph (e)(18), we clarify that VA will not charge a copayment for an outpatient medical care visit that is solely for education on the use of opioid antagonists to reverse the effects of overdoses of specific medications or substances. We note that while VA is not currently charging copayments for education on the use of opioid antagonists (in accordance with Pub. L. 114–198), codifying this in regulation will help ensure this policy continues to be followed. We also propose two minor conforming technical amendments to paragraphs (e)(16) and (e)(17) in section 17.108.

17.110 Copayments for Medication

Section 17.110 establishes the copayment amount for medications. Paragraph (c) lists medications that are not subject to the copayment requirement. To implement section 915 of the Public Law 114–198, we propose adding a new paragraph (c)(12) to state that VA will not charge a copayment for opioid antagonists furnished to a veteran who is at high risk for overdose of a specific medication or substance in order to reverse the effect of such an overdose. In paragraph (c)(12), we would also incorporate a definition of a high risk veteran for overdose for the purposes of this proposed rule. The proposed definition specifies that VA considers a high risk veteran for overdose to be a veteran who is prescribed or using opioids or has an opioid use history, and who is at increased risk for opioid overdose as determined by VA or whose provider deems, based on their clinical judgment, that the veteran may benefit from ready availability of an opioid antagonist. We would also provide the following examples of a veteran who is at high risk for overdose of a specific medication or substance in order to reverse the effect of such an overdose: A veteran with an opioid or substance use disorder diagnosis; a veteran receiving treatment for an opioid or substance use disorder diagnosis, such as receiving opioid agonist therapy or inpatient, residential, or outpatient treatment for such diagnosis, or attending a support group for such diagnosis; a veteran with a history of prescription opioid misuse or injection opioid use; a veteran with a history of previous exposure to a veteran who is taking an extended-release or long-acting prescription opioid; a veteran with household or community access to opioids who is at increased risk for overdose (e.g., psychiatric disorder or high risk for suicide) as determined by VA; a veteran predicted to be at high risk for overdose based on standardized assessments or predictive models (e.g., Risk Index for Overdose or Serious Opioid-induced Respiratory Depression [RIO]) (STRONG); S. and a veteran in any of the aforementioned groups with a period of abstinence from opioids (e.g., due to treatment, detoxification, incarceration) as loss of tolerance can increase risk for overdose. This definition is necessary for VA to implement Public Laws 114–198 and 114–223. Public Laws 114–198 and 114–223 do not define a veteran who is at high risk for overdose of a specific medication or substance in order to reverse the effect of such an overdose; however, providing a definition will facilitate the identification of such veterans. Early identification of these veterans can facilitate provision of life-saving opioid antagonist medication.

Paperwork Reduction Act

This proposed 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 this proposed rule would 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. 601–612. The adoption of the rule would not directly affect any small entities. There are no small entities involved with VA’s process and/or adjustment of Veterans copayments for medications/services. The provisions of this rulemaking only apply to the internal operations of VA. Therefore, pursuant to 5 U.S.C. 605(b), the initial and final regulatory flexibility analysis requirements of 5 U.S.C. 603 and 604 do not apply.

Executive Orders 12866, 13563, and 13771

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 Executive Order 13563 (Improving Regulation and Regulatory Review)
emphasizes the importance of quantifying both costs and benefits, reducing costs, harmonizing rules, and promoting flexibility. The Office of Information and Regulatory Affairs has determined that this rule is not a significant regulatory action under Executive Order 12866.

VA’s impact analysis can be found as a supporting document at http://www.regulations.gov, usually within 48 hours after the rulemaking document is published. Additionally, a copy of the rulemaking and its impact analysis are available on VA’s website at http://www.va.gov/orpm/, by following the link for “VA Regulations Published From FY 2004 Through Fiscal Year to Date.”

This proposed rule is not expected to be an E.O. 13771 regulatory action because this proposed rule is not significant under E.O. 12866.

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, of $100 million or more (adjusted annually for inflation) in any one year. This proposed rule would have no such effect on State, local, and tribal governments, or on the private sector.

Catalog of Federal Domestic Assistance

The Catalog of Federal Domestic Assistance program number and title for this proposed rule are as follows:

- 64.009, Veterans Medical Care Benefits
- 64.012, Veterans Prescription Service
- 64.019, Veterans Rehabilitation Alcohol and Drug Dependence
- 64.041, VHA Outpatient Specialty Care
- 64.045, VHA Outpatient Ancillary Services
- 64.047, VHA Primary Care
- 64.048, VHA Mental Health Clinics

List of Subjects in 38 CFR Part 17

Administrative practice and procedure, Alcohol abuse, Alcoholism, Claims, Day care, Dental health, Drug abuse, Government contracts, Grant programs—health, Grant programs—veterans, Health care, Health facilities, Health professions, Health records, Homeless, Medical and Dental schools, Medical devices, Medical research, Mental health programs, Nursing homes, Reporting and recordkeeping requirements, Travel and transportation expenses, Veterans.

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. Brooks D. Tucker, Assistant Secretary for Congressional and Legislative Affairs, Performing the Delegable Duties of the Chief of Staff, Department of Veterans Affairs, approved this document on October 29, 2020, for publication.

Consuela Benjamin,
Regulations Development Coordinator, Office of Regulation Policy & Management, Office of the Secretary, Department of Veterans Affairs.

For the reasons set forth in the preamble, the Department of Veterans Affairs proposes to amend 38 CFR part 17 as set forth below:

PART 17—MEDICAL

1. The authority citation for part 17 continues to read as follows:

Authority: 38 U.S.C. 501, and as noted in specific sections.

2. Amend §17.108 by revising paragraphs (e)(16) and (17) and adding (e)(18) to read as follows:

§17.108 Copayments for inpatient hospital care and outpatient medical care.

(e) * * * * *  
(16) In-home video telehealth care; and  
(17) Mental health peer support services; and  
(18) An outpatient care visit solely for education on the use of opioid antagonists to reverse the effects of overdoses of specific medications or substances.

3. Amend §17.110 by adding a new paragraph (c)(12) to read as follows:

§17.110 Copayments for medication.

(c) * * * *  
(12) Opioid antagonists furnished to a veteran who is at high risk for overdose of a specific medication or substance in order to reverse the effect of such an overdose.

(i) For purposes of this paragraph (c)(12), a veteran who is at high risk for overdose of a specific medication or substance in order to reverse the effect of such an overdose is a veteran:  
(A) Who is prescribed or using opioids, or has an opioid use history, and who is at increased risk for opioid overdose as determined by VA; or  
(B) Whose provider deems, based on their clinical judgment, that the veteran may benefit from ready availability of an opioid antagonist.

Note 1 to paragraph (c)(12). The examples in §17.110(c)(12)(ii)(A) through (G) apply even if the veteran has had a period of abstinence from opioids (e.g., due to treatment, detoxification, incarceration) because loss of tolerance can increase the risk for an overdose.

Note 2 to paragraph (c)(12). The examples in §17.110(c)(12)(ii)(A) through (G) apply even if the veteran has had a period of abstinence from opioids (e.g., due to treatment, detoxification, incarceration) because loss of tolerance can increase the risk for an overdose.  
* * * * *  
[FR Doc. 2020–24370 Filed 11–5–20; 8:45 am]

BILLING CODE 8320–01–P

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 52


Air Plan Approval; Michigan; Partial Approval and Partial Disapproval of the Detroit SO2 Nonattainment Area Plan

AGENCY: Environmental Protection Agency (EPA).

ACTION: Proposed rule; reopening of the comment period.