

Dated: March 10, 2022.

**Charles Smith,**

*Director, Biopesticides and Pollution Prevention Division, Office of Pesticide Programs.*

Therefore, for the reasons stated in the preamble, EPA is amending 40 CFR chapter I as follows:

## **PART 180—TOLERANCES AND EXEMPTIONS FOR PESTICIDE CHEMICAL RESIDUES IN FOOD**

■ 1. The authority citation for part 180 continues to read as follows:

**Authority:** 21 U.S.C. 321(q), 346a and 371.

■ 2. Revise § 180.1327 to read as follows:

### **§ 180.1327 Tetraacetylenediamine (TAED) and its metabolite Diacetylenediamine (DAED); Exemption from the Requirement of a Tolerance.**

An exemption from the requirement of a tolerance is established for residues of the pesticide, tetraacetylenediamine (TAED), and its metabolite diacetylenediamine (DAED), in or on all food commodities, when used as a fungicide and bactericide in accordance with label directions and good agricultural practices.

[FR Doc. 2022–05530 Filed 3–16–22; 8:45 am]

**BILLING CODE 6560–50–P**

## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **45 CFR Part 102**

**RIN 0991–AC33**

### **Annual Civil Monetary Penalties Inflation Adjustment**

**AGENCY:** Office of the Assistant Secretary for Financial Resources, Department of Health and Human Services (HHS).

**ACTION:** Final rule.

**SUMMARY:** The Department of Health and Human Services is updating its regulations to reflect required annual inflation-related increases to the civil monetary penalty amounts in its regulations, under the Federal Civil Penalties Inflation Adjustment Act Improvements Act of 2015; adding references to new penalty authorities; and making technical changes to correct errors in the regulation.

#### **DATES:**

**Effective date:** This final rule is effective March 17, 2022.

**Applicability date:** The adjusted civil monetary penalty amounts apply to

penalties assessed on March 17, 2022, or if the violation occurred on or after November 2, 2015.

#### **FOR FURTHER INFORMATION CONTACT:**

Katrina Brisbon, Acting Deputy Assistant Secretary, Office of Acquisitions, Office of the Assistant Secretary for Financial Resources, Room 536–H, Hubert Humphrey Building, 200 Independence Avenue SW, Washington, DC 20201; (202) 260–6677.

#### **SUPPLEMENTARY INFORMATION:**

#### **I. Background**

The Federal Civil Penalties Inflation Adjustment Act Improvements Act of 2015 (section 701 of Pub. L. 114–74) (the “2015 Act”) amended the Federal Civil Penalties Inflation Adjustment Act of 1990 (Pub. L. 101–410, 104 Stat. 890 (1990)), which is intended to improve the effectiveness of civil monetary penalties (CMPs) and to maintain the deterrent effect of such penalties, requires agencies to adjust the CMPs for inflation annually.

The Department of Health and Human Services (HHS) lists the CMP authorities and the amounts administered by all of its agencies in tabular form in 45 CFR 102.3, which was issued in an interim final rule published in the September 6, 2016, **Federal Register** (81 FR 61538). Annual adjustments were subsequently published on February 3, 2017 (82 FR 9175), October 11, 2018 (83 FR 51369), November 5, 2019 (84 FR 59549), January 17, 2020 (85 FR 2869), and November 15, 2021 (86 FR 62928).

#### **II. Calculation of Annual Inflation Adjustment**

The annual inflation adjustment for each applicable CMP is determined using the percent increase in the Consumer Price Index for all Urban Consumers (CPI-U) for the month of October of the year in which the amount of each CMP was most recently established or modified. In the December 15, 2021, Office of Management and Budget (OMB) Memorandum for the Heads of Executive Agencies and Departments, M–22–07, “Implementation of Penalty Inflation Adjustments for 2022, Pursuant to the Federal Civil Penalties Inflation Adjustment Act Improvements Act of 2015,” OMB published the multiplier for the required annual adjustment. The cost-of-living adjustment multiplier for 2022, based on the CPI-U for the month of October 2021, not seasonally adjusted, is 1.06222. The multiplier is applied to each applicable penalty amount that was updated and published for fiscal year (FY) 2021 and is rounded to the nearest dollar.

#### **III. Other Revisions**

In addition to the inflation adjustments for 2022, this final rule updates the table in 45 CFR 102.3 to add references to new, applicable civil money penalty authorities that were established or implemented since the publication of the November 15, 2021 update and that are being updated in this rule. The rule also corrects several technical errors to regulatory citations in the table and updates descriptions for clarification and accuracy. The following technical errors were identified and are corrected in the table at 45 CFR 102.3:

- The citation to, and description of, 42 U.S.C. 299c–3(d) are revised for accuracy.
- The regulatory reference of 42 CFR 1003.210(a)(5) implementing 42 U.S.C. 1395cc(g) which was inadvertently omitted from the regulation and is added.
- The description of the CMP at 42 U.S.C. 1320a–7a(o) is revised for accuracy.
- The regulatory reference to 45 CFR 155.206(i)<sup>1</sup> implementing 42 U.S.C. 18041(c)(2)<sup>2</sup> which was inadvertently omitted from the regulation is added. Additionally, the amount for this CMP was not included in the 2021 inflation adjustment rule. 86 FR 62928, 62943 (Nov. 15, 2021). Thus, we are updating the inflation amount at this time.
- The first description tied to 42 U.S.C. 1395mm(i)(6)(B)(i) is revised from “is such plan” to “if such plan”.
- The regulatory reference to 85 FR 71142 (Nov. 6, 2020) implementing CARES Act, Pub. L. 116–136, section 3202(b)(2), is revised to read 45 CFR 182.70.

++ The 2022 adjusted amount is calculated by applying the 2021 multiplier to 1.06222 percent and this adjusted amount is reflected in the table of the regulation at 45 CFR 102.3.

<sup>1</sup> The Department recently proposed a technical correction to 45 CFR 155.206(i) to add language that would cross-reference to the authority to implement annual inflation-related increases to CMPs pursuant to the 2015 Act. See Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2023; Proposed Rule, 87 FR 584 at 640–641, 721 (Jan. 5, 2022). To date, no CMPs have been imposed under this authority, but any that are would reflect the current inflationary adjusted amount as required by the 2015 Act and would be calculated in accordance with applicable OMB guidance to all Executive Departments on the implementation of the 2015 Act.

<sup>2</sup> See, e.g., the Patient Protection and Affordable Care Act; Exchange and Insurance Market Standards for 2015 and Beyond; Final Rule, 79 FR 30239 at 30262–30270 (May 27, 2014).

#### IV. Statutory and Executive Order Reviews and Waiver of Proposed Rulemaking

The 2015 Act requires Federal agencies to publish annual penalty inflation adjustments notwithstanding section 553 of the Administrative Procedure Act (APA). Section 4(a) of the 2015 Act directs Federal agencies to publish annual adjustments no later than January 15th of each year thereafter. In accordance with section 553 of the APA, most rules are subject to notice and comment and are effective no earlier than 30 days after publication in the **Federal Register**. However, section 4(b)(2) of the 2015 Act provides that each agency shall make the annual inflation adjustments “notwithstanding section 553” of the APA. According to OMB’s Memorandum M–21–10, the phrase “notwithstanding section 553” in section 4(b)(2) of the 2015 Act means that “the public procedure the APA generally requires (that is, notice, an opportunity for comment, and a delay in effective date) is not required for agencies to issue regulations implementing the annual adjustment.”

Consistent with the language of the 2015 Act and OMB’s implementation guidance, the inflation adjustments set out in this rule are not subject to notice

and an opportunity for public comment and will be effective immediately upon publication. Additionally, HHS finds that notice and comment procedures would be impracticable and unnecessary under the APA for making the statutorily required inflation updates to newly established penalty amounts and for the ministerial and technical changes in this rule. In addition, HHS is waiving notice and comment for the non-substantive technical corrections set out in this final rule. HHS finds good cause for issuing these changes as a final rule without prior notice and comment because these changes only update the regulation to add the new CMP authorities that will be adjusted in accordance with the 2015 Act which were implemented since the last update.

Pursuant to OMB Memorandum M–21–10, HHS has determined that the annual inflation adjustment to the civil monetary penalties in its regulations does not trigger any requirements under procedural statutes and Executive Orders that govern rulemaking procedures.

#### V. Effective and Applicability Dates

This rule is effective on the date specified in the **DATES** section of this

final rule. The adjusted civil monetary penalty amounts apply to penalties assessed on or after date specified in the **DATES** section of this final rule, if the violation occurred on or after November 2, 2015. If the violation occurred before November 2, 2015, or a penalty was assessed before September 6, 2016, the pre-adjustment civil penalty amounts in effect before September 6, 2016, will apply.

#### List of Subjects in 45 CFR Part 102

Administrative practice and procedure, Penalties.

Accordingly, the Department of Health and Human Services amends 45 CFR part 102 as follows:

#### PART 102—ADJUSTMENT OF CIVIL MONETARY PENALTIES FOR INFLATION

- 1. The authority citation for part 102 is revised to read as follows:

**Authority:** Pub. L. 101–410, Sec. 701 of Pub. L. 114–74, 31 U.S.C. 3801–3812.

- 2. Amend § 102.3 by revising table 1 to read as follows:

#### § 102.3 Penalty adjustment and table.

\* \* \* \* \*

BILLING CODE 4150–24–P

**TABLE 1 TO §102.3 -- CIVIL MONETARY PENALTY AUTHORITIES ADMINISTERED BY HHS**

U.S.C. Section(s)	CFR <sup>1</sup>	HHS Agency	Description <sup>2</sup>	Date of Last Penalty Figure or Adjustment <sup>3</sup>	2021 Maximum adjusted penalty (\$)	2022 Maximum adjusted penalty (\$) <sup>4</sup>
21 U.S.C.:						
333(b)(2)(A)		FDA	Penalty for violations related to drug samples resulting in a conviction of any representative of manufacturer or distributor in any 10-year period	2021	108,315	115,054
333(b)(2)(B)		FDA	Penalty for violation related to drug samples resulting in a conviction of any representative of manufacturer or distributor after the second conviction in any 10-yr period	2021	2,166,279	2,301,065
333(b)(3)		FDA	Penalty for failure to make a report required by 21 U.S.C. 353(d)(3)(E) relating to drug samples	2021	216,628	230,107
333(f)(1)(A)		FDA	Penalty for any person who violates a requirement related to devices for each such violation	2021	29,256	31,076
		FDA	Penalty for aggregate of all violations related to devices in a single proceeding	2021	1,950,461	2,071,819
333(f)(2)(A)		FDA	Penalty for any individual who introduces or delivers for introduction into interstate commerce food that is adulterated per 21 U.S.C. 342(a)(2)(B) or any individual who does not comply with a recall order under 21 U.S.C. 350i	2021	82,245	87,362
		FDA	Penalty in the case of any other person (other than an individual) for such introduction or delivery of adulterated food	2021	411,223	436,809
		FDA	Penalty for aggregate of all such violations related to adulterated food adjudicated in a single proceeding	2021	822,445	873,618
333(f)(3)(A)		FDA	Penalty for all violations adjudicated in a single proceeding for any person who violates 21 U.S.C. 331(jj) by failing to submit the certification required by 42 U.S.C. 282(j)(5)(B) or knowingly submitting a false certification; by failing to submit clinical trial information under 42 U.S.C. 282(j); or by submitting clinical trial information under 42 U.S.C. 282(j) that is false or misleading in any particular under 42 U.S.C. 282(j)(5)(D)	2021	12,462	13,237
333(f)(3)(B)		FDA	Penalty for each day any above violation is not corrected after a 30-day period following notification until the violation is corrected	2021	12,462	13,237
333(f)(4)(A)(i)		FDA	Penalty for any responsible person that violates a requirement of 21 U.S.C. 355(o) (post-marketing studies, clinical trials, labeling), 21 U.S.C. 355(p) (risk evaluation and mitigation (REMS)), or 21 U.S.C. 355-1 (REMS)	2021	311,563	330,948
		FDA	Penalty for aggregate of all such above violations in a single proceeding	2021	1,246,249	1,323,791

333(f)(4)(A)(ii)		FDA	Penalty for REMS violation that continues after written notice to the responsible person for the first 30-day period (or any portion thereof) the responsible person continues to be in violation	2021	311,563	330,948
		FDA	Penalty for REMS violation that continues after written notice to responsible person doubles for every 30-day period thereafter the violation continues, but may not exceed penalty amount for any 30-day period	2021	1,246,249	1,323,791
		FDA	Penalty for aggregate of all such above violations adjudicated in a single proceeding	2021	12,462,49 <sub>4</sub>	13,237,910
333(f)(9)(A)		FDA	Penalty for any person who violates a requirement which relates to tobacco products for each such violation	2021	18,068	19,192
		FDA	Penalty for aggregate of all such violations of tobacco product requirement adjudicated in a single proceeding.	2021	1,204,504	1,279,448
333(f)(9)(B)(i)(I)		FDA	Penalty per violation related to violations of tobacco requirements	2021	301,127	319,863
		FDA	Penalty for aggregate of all such violations of tobacco product requirements adjudicated in a single proceeding.	2021	1,204,504	1,279,448
333(f)(9)(B)(i)(II)		FDA	Penalty in the case of a violation of tobacco product requirements that continues after written notice to such person, for the first 30-day period (or any portion thereof) the person continues to be in violation	2021	301,127	319,863
		FDA	Penalty for violation of tobacco product requirements that continues after written notice to such person shall double for every 30-day period thereafter the violation continues, but may not exceed penalty amount for any 30-day period.	2021	1,204,504	1,279,448
		FDA	Penalty for aggregate of all such violations related to tobacco product requirements adjudicated in a single proceeding.	2021	12,045,04 <sub>4</sub>	12,794,487
333(f)(9)(B)(ii)(I)		FDA	Penalty for any person who either does not conduct post-market surveillance and studies to determine impact of a modified risk tobacco product for which the HHS Secretary has provided them an order to sell, or who does not submit a protocol to the HHS Secretary after being notified of a requirement to conduct post-market surveillance of such tobacco products	2021	301,127	319,863
		FDA	Penalty for aggregate of for all such above violations adjudicated in a single proceeding.	2021	1,204,504	1,279,448
333(f)(9)(B)(ii)(II)		FDA	Penalty for violation of modified risk tobacco product post-market surveillance that continues after written notice to such person for the first 30-day period (or any portion thereof) that the person continues to be in violation	2021	301,127	319,863
		FDA	Penalty for post-notice violation of modified risk tobacco product post-market surveillance shall double for every 30-day period thereafter that the tobacco product requirement violation continues for any 30-day period, but may not exceed penalty amount for any 30-day period.	2021	1,204,504	1,279,448
			Penalty for aggregate above tobacco product requirement violations adjudicated in a single proceeding.	2021	12,045,04 <sub>4</sub>	12,794,487
333(g)(1)		FDA	Penalty for any person who disseminates or causes another party to disseminate a direct-to-consumer advertisement that is false or misleading for the first such violation in any 3-year period	2021	311,563	330,948
			Penalty for each subsequent above violation in any 3-year period.	2021	623,125	661,896
333 note		FDA	Penalty to be applied for violations of 21 U.S.C. § 387f(d)(5) or of violations of restrictions on the sale or distribution of tobacco products promulgated under 21 U.S.C. 387f(d) (e.g., violations of regulations in 21 CFR part 1140) with respect to a retailer with an approved	2021	301	320

			training program in the case of a second regulation violation within a 12-month period.			
		FDA	Penalty in the case of a third violation of 21 U.S.C. § 387f(d)(5) or of the tobacco product regulations within a 24-month period.	2021	601	638
		FDA	Penalty in the case of a fourth violation of 21 U.S.C. § 387f(d)(5) or of the tobacco product regulations within a 24-month period.	2021	2,409	2,559
		FDA	Penalty in the case of a fifth violation of 21 U.S.C. § 387f(d)(5) or of the tobacco product regulations within a 36-month period.	2021	6,022	6,397
		FDA	Penalty in the case of a sixth or subsequent violation of 21 U.S.C. § 387f(d)(5) or of the tobacco product regulations within a 48-month period as determined on a case-by-case basis.	2021	12,045	12,794
		FDA	Penalty to be applied for violations of 21 U.S.C. § 387f(d)(5) or of violations of restrictions on the sale or distribution of tobacco products promulgated under 21 U.S.C. 387f(d) (e.g., violations of regulations in 21 CFR part 1140) with respect to a retailer that does not have an approved training program in the case of the first regulation violation.	2021	301	320
		FDA	Penalty in the case of a second violation of 21 U.S.C. § 387f(d)(5) or of the tobacco product regulations within a 12-month period.	2021	601	638
		FDA	Penalty in the case of a third violation of 21 U.S.C. § 387f(d)(5) or of the tobacco product regulations within a 24-month period.	2021	1,205	1,280
		FDA	Penalty in the case of a fourth violation of 21 U.S.C. § 387f(d)(5) or of the tobacco product regulations within a 24-month period.	2021	2,409	2,559
		FDA	Penalty in the case of a fifth violation of 21 U.S.C. § 387f(d)(5) or of the tobacco product regulations within a 36-month period.	2021	6,022	6,397
		FDA	Penalty in the case of a sixth or subsequent violation of 21 U.S.C. § 387f(d)(5) or of the tobacco product regulations within a 48-month period as determined on a case-by-case basis.	2021	12,045	12,794
335b(a)		FDA	Penalty for each violation for any individual who made a false statement or misrepresentation of a material fact, bribed, destroyed, altered, removed, or secreted, or procured the destruction, alteration, removal, or secretion of, any material document, failed to disclose a material fact, obstructed an investigation, employed a consultant who was debarred, debarred individual provided consultant services	2021	459,074	487,638
		FDA	Penalty in the case of any other person (other than an individual) per above violation.	2021	1,836,294	1,950,548
360pp(b)(1)		FDA	Penalty for any person who violates any such requirements for electronic products, with each unlawful act or omission constituting a separate violation	2021	3,011	3,198
		FDA	Penalty imposed for any related series of violations of requirements relating to electronic products.	2021	1,026,380	1,090,241
42 U.S.C.				2021		-
262(d)		FDA	Penalty per day for violation of order of recall of biological product presenting imminent or substantial hazard	2021	236,071	250,759
263b(h)(3)		FDA	Penalty for failure to obtain a mammography certificate as required	2021	18,364	19,507
300aa-28(b)(1)		FDA	Penalty per occurrence for any vaccine manufacturer that intentionally destroys, alters, falsifies, or conceals any record or report required	2021	236,071	250,759

256b(d)(1)(B)(vi)		HRSA	Penalty for each instance of overcharging a 340B covered entity	2021	5,953	6,323
299c-3(d)		AHRQ	Penalty for using or disclosing identifiable information obtained in the course of activities undertaken pursuant to Title IX of the Public Health Service Act, for a purpose other than that for which the information was supplied, without consent to do so.	2021	15,480	16,443
653(l)(2)	45 CFR 303.21(f)	ACF	Penalty for Misuse of Information in the National Directory of New Hires	2021	1,588	1,687
262a(i)(1)	42 CFR 1003.910	OIG	Penalty for each individual who violates safety and security procedures related to handling dangerous biological agents and toxins	2021	359,053	381,393
		OIG	Penalty for any other person who violates safety and security procedures related to handling dangerous biological agents and toxins.	2021	718,109	762,790
300jj-51		OIG	Penalty per violation for committing information blocking	2021	1,094,805	1,162,924
1320a-7a(a)	42 CFR 1003.210(a)(1)	OIG	Penalty for knowingly presenting or causing to be presented to an officer, employee, or agent of the United States a false claim	2021	21,113	22,427
		OIG	Penalty for knowingly presenting or causing to be presented a request for payment which violates the terms of an assignment, agreement, or PPS agreement	2021	21,113	22,427
	42 CFR 1003.210(a)(2)	OIG	Penalty for knowingly giving or causing to be presented to a participating provider or supplier false or misleading information that could reasonably be expected to influence a discharge decision.	2021	31,670	33,641
	42 CFR 1003.210(a)(3)	OIG	Penalty for an excluded party retaining ownership or control interest in a participating entity.	2021	21,113	22,427
	42 CFR 1003.1010	OIG	Penalty for remuneration offered to induce program beneficiaries to use particular providers, practitioners, or suppliers.	2021	21,113	22,427
	42 CFR 1003.210(a)(4)	OIG	Penalty for employing or contracting with an excluded individual.	2021	21,113	22,427
	42 CFR 1003.310(a)(3)	OIG	Penalty for knowing and willful solicitation, receipt, offer, or payment of remuneration for referring an individual for a service or for purchasing, leasing, or ordering an item to be paid for by a Federal health care program.	2021	105,563	112,131
	42 CFR 1003.210(a)(1)	OIG	Penalty for ordering or prescribing medical or other item or service during a period in which the person was excluded.	2021	21,113	22,427
	42 CFR 1003.210(a)(6)	OIG	Penalty for knowingly making or causing to be made a false statement, omission or misrepresentation of a material fact in any application, bid, or contract to participate or enroll as a provider or supplier.	2021	105,563	112,131
	42 CFR 1003.210(a)(8)	OIG	Penalty for knowing of an overpayment and failing to report and return.	2021	21,113	22,427
	42 CFR 1003.210(a)(7)	OIG	Penalty for making or using a false record or statement that is material to a false or fraudulent claim.	2021	59,527	63,231
	42 CFR 1003.210(a)(9)	OIG	Penalty for failure to grant timely access to HHS OIG for audits, investigations, evaluations, and other statutory functions of HHS OIG.	2021	31,670	33,641
		OIG	Penalty for payments by a hospital or critical access hospital to induce a physician to reduce or limit services to individuals under direct care of physician or who are entitled to certain medical assistance benefits	2021	5,278	5,606
1320a-7a(b)		OIG	Penalty for physicians who knowingly receive payments from a hospital or critical access hospital to induce such physician to reduce or limit services to individuals under direct care of physician or who are entitled to certain medical assistance benefits.	2021	5,278	5,606

	42 CFR 1003.21 0(a)(10)	OIG	Penalty for a physician who executes a document that falsely certifies home health needs for Medicare beneficiaries.	2021	10,556	11,213
		OIG	Penalty for knowingly presenting or causing to be presented a false or fraudulent specified claim under a grant, contract, or other agreement for which the Secretary provides funding.	2021	10,296	10,937
1320a-7a(o)		OIG	Penalty for knowingly making, using, or causing to be made or used any false statement, omission, or misrepresentation of a material fact in any application, proposal, bid, progress report, or other document required to directly or indirectly receive or retain funds provided pursuant to grant, contract, or other agreement.	2021	51,483	54,686
		OIG	Penalty for Knowingly making, using, or causing to be made or used, a false record or statement material to a false or fraudulent specified claim under grant, contract, or other agreement.	2021	51,483	54,686
		OIG	Penalty for knowingly making, using, or causing to be made or used, a false record or statement material to an obligation to pay or transmit funds or property with respect to grant, contract, or other agreement, or knowingly conceals or improperly avoids or decreases any such obligation.	2021	53,772 each false record or statement, 10,754 per day	53,772 each false record or statement, 10,754 per day
		OIG	Penalty for failure to grant timely access, upon reasonable request, to the I.G. for purposes of audits, investigations, evaluations, or other statutory functions of I.G. in matters involving grants, contracts, or other agreements.	2021	15,445	16,406
1320a-7e(b)(6)(A)	42 CFR 1003.81 0	OIG	Penalty for failure to report any final adverse action taken against a health care provider, supplier, or practitioner	2021	40,282	42,788
1320b-10(b)(1)	42 CFR 1003.61 0(a)	OIG	Penalty for the misuse of words, symbols, or emblems in communications in a manner in which a person could falsely construe that such item is approved, endorsed, or authorized by HHS	2021	10,832	11,506
1320b-10(b)(2)	42 CFR 1003.61 0(a)	OIG	Penalty for the misuse of words, symbols, or emblems in a broadcast or telecast in a manner in which a person could falsely construe that such item is approved, endorsed, or authorized by HHS	2021	54,157	57,527
1395i-3(b)(3)(B)(ii)(1)	42 CFR 1003.21 0(a)(11)	OIG	Penalty for certification of a false statement in assessment of functional capacity of a Skilled Nursing Facility resident assessment	2021	2,259	2,400
1395i-3(b)(3)(B)(ii)(2)	42 CFR 1003.21 0(a)(11)	OIG	Penalty for causing another to certify or make a false statement in assessment of functional capacity of a Skilled Nursing Facility resident assessment	2021	11,292	11,995
1395i-3(g)(2)(A)	42 CFR 1003.13 10	OIG	Penalty for any individual who notifies or causes to be notified a Skilled Nursing Facility of the time or date on which a survey is to be conducted	2021	4,518	4,799
1395w-27(g)(2)(A)	42 CFR 1003.41 0	OIG	Penalty for a Medicare Advantage organization that substantially fails to provide medically necessary, required items and services	2021	41,120	43,678
		OIG	Penalty for a Medicare Advantage organization that charges excessive premiums.	2021	40,282	42,788
		OIG	Penalty for a Medicare Advantage organization that improperly expels or refuses to reenroll a beneficiary.	2021	40,282	42,788
		OIG	Penalty for a Medicare Advantage organization that engages in practice that would reasonably be expected to have the effect of denying or discouraging enrollment.	2021	161,130	171,156
		OIG	Penalty per individual who does not enroll as a result of a Medicare Advantage organization's practice that would reasonably be expected to have the effect of denying or discouraging enrollment.	2021	24,169	25,673
		OIG	Penalty for a Medicare Advantage organization misrepresenting or falsifying information to Secretary.	2021	161,130	171,156

		OIG	Penalty for a Medicare Advantage organization misrepresenting or falsifying information to individual or other entity.	2021	40,282	42,788
		OIG	Penalty for Medicare Advantage organization interfering with provider's advice to enrollee and non-MCO affiliated providers that balance bill enrollees.	2021	40,282	42,788
		OIG	Penalty for a Medicare Advantage organization that employs or contracts with excluded individual or entity.	2021	40,282	42,788
		OIG	Penalty for a Medicare Advantage organization enrolling an individual in without prior written consent.	2021	40,282	42,788
		OIG	Penalty for a Medicare Advantage organization transferring an enrollee to another plan without consent or solely for the purpose of earning a commission.	2021	40,282	42,788
		OIG	Penalty for a Medicare Advantage organization failing to comply with marketing restrictions or applicable implementing regulations or guidance.	2021	40,282	42,788
		OIG	Penalty for a Medicare Advantage organization employing or contracting with an individual or entity who violates 1395w-27(g)(1)(A)-(J).	2021	40,282	42,788
1395w-141(i)(3)		OIG	Penalty for a prescription drug card sponsor that falsifies or misrepresents marketing materials, overcharges program enrollees, or misuse transitional assistance funds	2021	14,074	14,950
1395cc(g)	42 CFR 1003.21 0(a)(5)	OIG	Penalty for improper billing by Hospitals, Critical Access Hospitals, or Skilled Nursing Facilities	2021	5,475	5,816
1395dd(d)(1)	42 CFR 1003.51 0	OIG	Penalty for a hospital with 100 beds or more or responsible physician dumping patients needing emergency medical care.	2021	112,916	119,942
			Penalty for a hospital with less than 100 beds dumping patients needing emergency medical care.	2021	56,460	59,973
1395mm(i)(6)(B)(i)	42 CFR 1003.41 0	OIG	Penalty for a HMO or competitive medical plan if such plan substantially fails to provide medically necessary, required items or services	2021	56,460	59,973
		OIG	Penalty for HMOs/competitive medical plans that charge premiums in excess of permitted amounts.	2021	56,460	59,973
		OIG	Penalty for a HMO or competitive medical plan that expels or refuses to reenroll an individual per prescribed conditions.	2021	56,460	59,973
		OIG	Penalty for a HMO or competitive medical plan that implements practices to discourage enrollment of individuals needing services in future.	2021	225,834	239,885
		OIG	Penalty per individual not enrolled in a plan as a result of a HMO or competitive medical plan that implements practices to discourage enrollment of individuals needing services in the future.	2021	32,495	34,517
		OIG	Penalty for a HMO or competitive medical plan that misrepresents or falsifies information to the Secretary.	2021	225,834	239,885
		OIG	Penalty for a HMO or competitive medical plan that misrepresents or falsifies information to an individual or any other entity.	2021	56,460	59,973
		OIG	Penalty for failure by HMO or competitive medical plan to assure prompt payment of Medicare risk sharing contracts or incentive plan provisions.	2021	56,460	59,973
		OIG	Penalty for HMO that employs or contracts with excluded individual or entity.	2021	51,827	55,052
1395nn(g)(3)	42 CFR 1003.31 0	OIG	Penalty for submitting or causing to be submitted claims in violation of the Stark Law's restrictions on physician self-referrals	2021	26,125	27,750
1395nn(g)(4)	42 CFR 1003.31 0	OIG	Penalty for circumvention schemes in violation of the Stark Law's restrictions on physician self-referrals	2021	174,172	185,009
1395ss(d)(1)	42 CFR 1003.11 10	OIG	Penalty for a material misrepresentation regarding Medigap compliance policies	2021	10,832	11,506



1395ss(d)(2)	42 CFR 1003.11 10	OIG	Penalty for selling Medigap policy under false pretense	2021	10,832	11,506
1395ss(d)(3)(A)(ii)	42 CFR 1003.11 10	OIG	Penalty for an issuer that sells health insurance policy that duplicates benefits	2021	48,762	51,796
		OIG	Penalty for someone other than issuer that sells health insurance that duplicates benefits.	2021	29,256	31,076
1395ss(d)(4)(A)	42 CFR 1003.11 10	OIG	Penalty for using mail to sell a non-approved Medigap insurance policy	2021	10,832	11,506
1396b(m)(5)(B)(i)	42 CFR 1003.41 0	OIG	Penalty for a Medicaid MCO that substantially fails to provide medically necessary, required items or services	2021	54,157	57,527
		OIG	Penalty for a Medicaid MCO that charges excessive premiums.	2021	54,157	57,527
		OIG	Penalty for a Medicaid MCO that improperly expels or refuses to reenroll a beneficiary.	2021	216,628	230,107
		OIG	Penalty per individual who does not enroll as a result of a Medicaid MCO's practice that would reasonably be expected to have the effect of denying or discouraging enrollment.	2021	32,495	34,517
		OIG	Penalty for a Medicaid MCO misrepresenting or falsifying information to the Secretary.	2021	216,628	230,107
		OIG	Penalty for a Medicaid MCO misrepresenting or falsifying information to an individual or another entity.	2021	54,157	57,527
		OIG	Penalty for a Medicaid MCO that fails to comply with contract requirements with respect to physician incentive plans.	2021	48,762	51,796
1396r(b)(3)(B)(ii)(l)	42 CFR 1003.21 0(a)(11)	OIG	Penalty for willfully and knowingly certifying a material and false statement in a Skilled Nursing Facility resident assessment	2021	2,259	2,400
1396r(b)(3)(B)(ii)(l)	42 CFR 1003.21 0(a)(11)	OIG	Penalty for willfully and knowingly causing another individual to certify a material and false statement in a Skilled Nursing Facility resident assessment	2021	11,292	11,995
1396r(g)(2)(A)(i)	42 CFR 1003.13 10	OIG	Penalty for notifying or causing to be notified a Skilled Nursing Facility of the time or date on which a survey is to be conducted	2021	4,518	4,799
1396r-8(b)(3)(B)	42 CFR 1003.12 10	OIG	Penalty for the knowing provision of false information or refusing to provide information about charges or prices of a covered outpatient drug	2021	195,047	207,183
1396r-8(b)(3)(C)(i)	42 CFR 1003.12 10	OIG	Penalty per day for failure to timely provide information by drug manufacturer with rebate agreement	2021	19,505	20,719
1396r-8(b)(3)(C)(ii)	42 CFR 1003.12 10	OIG	Penalty for knowing provision of false information by drug manufacturer with rebate agreement	2021	195,047	207,183
1396t(i)(3)(A)	42 CFR 1003.13 10	OIG	Penalty for notifying home and community-based providers or settings of survey	2021	3,901	4,144
11131(c)	42 CFR 1003.81 0	OIG	Penalty for failing to report a medical malpractice claim to National Practitioner Data Bank	2021	23,607	25,076
11137(b)(2)	42 CFR 1003.81 0	OIG	Penalty for breaching confidentiality of information reported to National Practitioner Data Bank	2021	23,607	25,076
299b-22(f)(1)	42 CFR 3.404	OCR	Penalty for violation of confidentiality provision of the Patient Safety and Quality Improvement Act	2021	13,072	13,885
	45 CFR 160.404 (b)(1)(i), (ii)	OCR	Penalty for each pre-February 18, 2009 violation of the HIPAA administrative simplification provisions	2021	164	174
			Calendar Year Cap	2021	41,120	43,678

1320(d)-5(a)	45 CFR 160.404 (b)(2)(i)(A), (B)	OCR	Penalty for each February 18, 2009 or later violation of a HIPAA administrative simplification provision in which it is established that the covered entity or business associate did not know and by exercising reasonable diligence, would not have known that the covered entity or business associate violated such a provision:	2021		0
			Minimum	2021	120	127
			Maximum	2021	60,226	63,973
			Calendar Year Cap	2021	1,806,757	1,919,173
	45 CFR 160.404 (b)(2)(ii)(A), (B)	OCR	Penalty for each February 18, 2009 or later violation of a HIPAA administrative simplification provision in which it is established that the violation was due to reasonable cause and not to willful neglect:	2021		0
			Minimum	2021	1,205	1,280
			Maximum	2021	60,226	63,973
			Calendar Year Cap	2021	1,806,757	1,919,173
	45 CFR 160.404 (b)(2)(iii)(A), (B)	OCR	Penalty for each February 18, 2009 or later violation of a HIPAA administrative simplification provision in which it is established that the violation was due to willful neglect and was corrected during the 30-day period beginning on the first date the covered entity or business associate knew, or, by exercising reasonable diligence, would have known that the violation occurred:	2021		
			Minimum	2021	12,045	12,794
			Maximum	2021	60,226	63,973
			Calendar Year Cap	2021	1,806,757	1,919,173
	45 CFR 160.404 (b)(2)(iv)(A), (B)	OCR	Penalty for each February 18, 2009 or later violation of a HIPAA administrative simplification provision in which it is established that the violation was due to willful neglect and was not corrected during the 30-day period beginning on the first date the covered entity or business associate knew, or by exercising reasonable diligence, would have known that the violation occurred:	2021		
			Minimum	2021	60,226	63,973
			Maximum	2021	1,806,757	1,919,173
			Calendar Year Cap	2021	1,806,757	1,919,173
42 U.S.C. 300gg-18, 42 U.S.C. 1302	45 CFR 180.90	CMS	Penalty for a hospital's non-compliance with making public standard charges for hospital items and services	2021	304	300 per day
			Per Day (Maximum)	2021	304	5500 per day
CARES Act, P.L. 116-136, section 3202(b)(2)	45 CFR 182.70	CMS	Penalty for a provider's non-compliance with price transparency requirements regarding diagnostic tests for COVID-19	2021		-
			Per Day (Maximum)	2021		\$300 per day

263a(h)(2)(B) & 1395w-2(b)(2)(A)(ii)	42 CFR 493.183 4(d)(2)(i).	CMS	Penalty for a clinical laboratory's failure to meet participation and certification requirements and poses immediate jeopardy:	2021		
			Minimum	2021	6,607	7,018
			Maximum	2021	21,663	23,011
	42 CFR 493.183 4(d)(2)(i).	CMS	Penalty for a clinical laboratory's failure to meet participation and certification requirements and the failure does not pose immediate jeopardy:	2021		
			Minimum	2021	109	116
			Maximum	2021	6,498	6,902
	42 CFR 493.183 4(d)(2)(i) ii)	CMS	Penalty for a clinical laboratory's failure to meet SARS-CoV-2 test reporting requirements:	2021		
			First day of noncompliance	2021		
			Each additional day of noncompliance	2021		
300gg-15(f)	45 CFR 147.200 (e)	CMS	Failure to provide the Summary of Benefits and Coverage	2021	1,190	1,264
300gg-18	45 CFR 158.606	CMS	Penalty for violations of regulations related to the medical loss ratio reporting and rebating	2021	119	126
	45 CFR 180.90	CMS	Price against hospital identified by CMS as noncompliant according to §182.50 with respect to price transparency requirements regarding diagnostic tests for COVID-19.	2021		
42 USC 300gg-118 note, 300gg-134		CMS	Penalties for failure to comply with No Surprises Act requirements on providers, facilities, providers of air ambulance services.	2021	10,000	10,622
1320a-7h(b)(1)	42 CFR 402.105 (d)(5), 42 CFR 403.912 (a) & (c)	CMS	Penalty for manufacturer or group purchasing organization failing to report information required under 42 U.S.C. 1320a-7h(a), relating to physician ownership or investment interests:	2021		
			Minimum	2021	1,190	1,264
			Maximum	2021	11,905	12,646
			Calendar Year Cap	2021	178,581	189,692
1320a-7h(b)(2)	42 CFR 402.105 (h), 42 CFR 403.912 (b) & (c)	CMS	Penalty for manufacturer or group purchasing organization knowingly failing to report information required under 42 U.S.C. 1320a-7h(a), relating to physician ownership or investment interests:	2021		
			Minimum	2021	11,905	12,646
			Maximum	2021	119,055	126,463
			Calendar Year Cap	2021	1,190,546	1,264,622
		CMS	Penalty for an administrator of a facility that fails to comply with notice requirements for the closure of a facility	2021	119,055	126,463
1320a-7j(h)(3)(A)	42 CFR 488.446 (a)(1), (2), & (3)	CMS	Minimum penalty for the first offense of an administrator who fails to provide notice of facility closure	2021	595	632

			Minimum penalty for the second offense of an administrator who fails to provide notice of facility closure.	2021	1,787	1,898
			Minimum penalty for the third and subsequent offenses of an administrator who fails to provide notice of facility closure.	2021	3,571	3,793
1320a-8(a)(1)		CMS	Penalty for an entity knowingly making a false statement or representation of material fact in the determination of the amount of benefits or payments related to old-age, survivors, and disability insurance benefits, special benefits for certain World War II veterans, or supplemental security income for the aged, blind, and disabled	2021	8,708	9,250
			Penalty for violation of 42 U.S.C. 1320a-8(a)(1) if the violator is a person who receives a fee or other income for services performed in connection with determination of the benefit amount or the person is a physician or other health care provider who submits evidence in connection with such a determination.	2021	8,212	8,723
1320a-8(a)(3)		CMS	Penalty for a representative payee (under 42 U.S.C. 405(j), 1007, or 1383(a)(2)) converting any part of a received payment from the benefit programs described in the previous civil monetary penalty to a use other than for the benefit of the beneficiary	2021	6,820	7,244
1320b-25(c)(1)(A)		CMS	Penalty for failure of covered individuals to report to the Secretary and 1 or more law enforcement officials any reasonable suspicion of a crime against a resident, or individual receiving care, from a long-term care facility	2021	238,110	252,925
1320b-25(c)(2)(A)		CMS	Penalty for failure of covered individuals to report to the Secretary and 1 or more law enforcement officials any reasonable suspicion of a crime against a resident, or individual receiving care, from a long-term care facility if such failure exacerbates the harm to the victim of the crime or results in the harm to another individual	2021	357,163	379,386
1320b-25(d)(2)		CMS	Penalty for a long-term care facility that retaliates against any employee because of lawful acts done by the employee, or files a complaint or report with the State professional disciplinary agency against an employee or nurse for lawful acts done by the employee or nurse	2021	238,110	252,925
1395b-7(b)(2)(B)	42 CFR 402.105 (g)	CMS	Penalty for any person who knowingly and willfully fails to furnish a beneficiary with an itemized statement of items or services within 30 days of the beneficiary's request	2021	161	171
1395i-3(h)(2)(B)(ii)(I)	42 CFR 488.408 (d)(1)(iii)	CMS	Penalty per day for a Skilled Nursing Facility that has a Category 2 violation of certification requirements:	2021		
			Minimum	2021	113	120
			Maximum	2021	6,774	7,195
	42 CFR 488.408 (d)(1)(iv)	CMS	Penalty per instance of Category 2 noncompliance by a Skilled Nursing Facility:	2021		
			Minimum	2021	2,259	2,400
			Maximum	2021	22,584	23,989
	42 CFR 488.408 (e)(1)(iii)	CMS	Penalty per day for a Skilled Nursing Facility that has a Category 3 violation of certification requirements:	2021		
			Minimum	2021	6,888	7,317
			Maximum	2021	22,584	23,989
	42 CFR 488.408	CMS	Penalty per instance of Category 3 noncompliance by a Skilled Nursing Facility:	2021		

	(e)(1)(iv)					
			Minimum	2021	2,259	2,400
			Maximum	2021	22,584	23,989
	42 CFR 488.408 (e)(2)(ii)	CMS	Penalty per day and per instance for a Skilled Nursing Facility that has Category 3 noncompliance with Immediate Jeopardy:	2021		
			Per Day (Minimum)	2021	6,888	7,317
			Per Day (Maximum)	2021	22,584	23,989
			Per Instance (Minimum)	2021	2,259	2,400
			Per Instance (Maximum)	2021	22,584	23,989
	42 CFR 488.438 (a)(1)(i)	CMS	Penalty per day of a Skilled Nursing Facility that fails to meet certification requirements. These amounts represent the upper range per day:	2021		
			Minimum	2021	6,888	7,317
			Maximum	2021	22,584	23,989
	42 CFR 488.438 (a)(1)(ii)	CMS	Penalty per day of a Skilled Nursing Facility that fails to meet certification requirements. These amounts represent the lower range per day:	2021		
			Minimum	2021	113	120
			Maximum	2021	6,774	7,195
	42 CFR 488.438 (a)(2)	CMS	Penalty per instance of a Skilled Nursing Facility that fails to meet certification requirements:	2021		
			Minimum	2021	2,259	2,400
			Maximum	2021	22,584	23,989
	42 CFR 488.447	CMS	Penalty imposed for failure to comply with infection control weekly reporting requirements at 42 CFR 483.80(g)(1) and (2)	2021		
			First occurrence	2021	1,012	1,075
			Incremental increases for each subsequent occurrences	2021	506	537
1395l(h)(5)(D)	42 CFR 402.105 (d)(2)(i)	CMS	Penalty for knowingly, willfully, and repeatedly billing for a clinical diagnostic laboratory test other than on an assignment-related basis. (Penalties are assessed in the same manner as 42 U.S.C. 1395u(j)(2)(B), which is assessed according to 1320a-7a(a))	2021	16,449	17,472
1395l(i)(6)		CMS	Penalty for knowingly and willfully presenting or causing to be presented a bill or request for payment for an intraocular lens inserted during or after cataract surgery for which the Medicare payment rate includes the cost of acquiring the class of lens involved	2021	4,333	4,603
1395l(q)(2)(B)(i)	42 CFR 402.105 (a)	CMS	Penalty for knowingly and willfully failing to provide information about a referring physician when seeking payment on an unassigned basis	2021	4,146	4,404
1395m(a)(11)(A)	42 CFR 402.1(c) (4), 402.105 (d)(2)(ii)	CMS	Penalty for any durable medical equipment supplier that knowingly and willfully charges for a covered service that is furnished on a rental basis after the rental payments may no longer be made. (Penalties are assessed in the same manner as 42 U.S.C. 1395u(j)(2)(B), which is assessed according to 1320a-7a(a))	2021	16,449	17,472
1395m(a)(18)(B)	42 CFR 402.1(c) (5), 402.105	CMS	Penalty for any nonparticipating durable medical equipment supplier that knowingly and willfully fails to make a refund to Medicare beneficiaries for a covered service for which payment is precluded due to an unsolicited telephone contact from the supplier.	2021	16,449	17,472

	(d)(2)(iii)		(Penalties are assessed in the same manner as 42 U.S.C. 1395u(j)(2)(B), which is assessed according to 1320a-7a(a))			
1395m(b)(5)(C)	42 CFR 402.1(c)(6), 402.105(d)(2)(iv)	CMS	Penalty for any nonparticipating physician or supplier that knowingly and willfully charges a Medicare beneficiary more than the limiting charge for radiologist services. (Penalties are assessed in the same manner as 42 U.S.C. 1395u(j)(2)(B), which is assessed according to 1320a-7a(a))	2021	16,449	17,472
1395m(h)(3)	42 CFR 402.1(c)(8), 402.105(d)(2)(vi)	CMS	Penalty for any supplier of prosthetic devices, orthotics, and prosthetics that knowing and willfully charges for a covered prosthetic device, orthotic, or prosthetic that is furnished on a rental basis after the rental payment may no longer be made. (Penalties are assessed in the same manner as 42 U.S.C. 1395m(a)(11)(A), that is in the same manner as 1395u(j)(2)(B), which is assessed according to 1320a-7a(a))	2021	16,449	17,472
1395m(j)(2)(A)(iii)		CMS	Penalty for any supplier of durable medical equipment including a supplier of prosthetic devices, prosthetics, orthotics, or supplies that knowingly and willfully distributes a certificate of medical necessity in violation of Section 1834(j)(2)(A)(i) of the Act or fails to provide the information required under Section 1834(j)(2)(A)(ii) of the Act	2021	1,742	1,850
1395m(j)(4)	42 CFR 402.1(c)(10), 402.105(d)(2)(vi)	CMS	Penalty for any supplier of durable medical equipment, including a supplier of prosthetic devices, prosthetics, orthotics, or supplies that knowingly and willfully fails to make refunds in a timely manner to Medicare beneficiaries for series billed other than on an assignment-related basis under certain conditions. (Penalties are assessed in the same manner as 42 U.S.C. 1395m(j)(4) and 1395u(j)(2)(B), which is assessed according to 1320a-7a(a))	2021	16,449	17,472
1395m-1(a)	42 C.F.R. § 414.504(e)	CMS	Penalty for an applicable entity that has failed to report or made a misrepresentation or omission in reporting applicable information with respect to a clinical diagnostic laboratory test.	2021	10,967	11,649

	42 CFR 402.1(c)(31), 402.105(d)(3)	CMS	Penalty for any person or entity who knowingly and willfully bills or collects for any outpatient therapy services or comprehensive outpatient rehabilitation services on other than an assignment-related basis. (Penalties are assessed in the same manner as 42 U.S.C. 1395m(k)(6) and 1395u(j)(2)(B), which is assessed according to 1320a-7a(a))	2021	16,449	17,472
1395m(l)(6)	42 CFR 402.1(c)(32), 402.105(d)(4)	CMS	Penalty for any supplier of ambulance services who knowingly and willfully bills or collects for any services on other than an assignment-related basis. (Penalties are assessed in the same manner as 42 U.S.C. 1395u(b)(18)(B), which is assessed according to 1320a-7a(a))	2021	16,449	17,472
1395u(b)(18)(B)	42 CFR 402.1(c)(11), 402.105(d)(2)(vi ii)	CMS	Penalty for any practitioner specified in Section 1842(b)(18)(C) of the Act or other person that knowingly and willfully bills or collects for any services by the practitioners on other than an assignment-related basis. (Penalties are assessed in the same manner as 42 U.S.C. 1395u(j)(2)(B), which is assessed according to 1320a-7a(a))	2021	16,449	17,472
1395u(j)(2)(B)	42 CFR 402.1(c)	CMS	Penalty for any physician who charges more than 125% for a non-participating referral. (Penalties are assessed in the same manner as 42 U.S.C. 1320a-7a(a))	2021	16,449	17,472
1395u(k)	42 CFR 402.1(c)(12), 402.105(d)(2)(ix), 1834A(a)(9) and 42 C.F.R. § 414.504 €	CMS	Penalty for any physician who knowingly and willfully presents or causes to be presented a claim for bill for an assistant at a cataract surgery performed on or after March 1, 1987, for which payment may not be made because of section 1862(a)(15). (Penalties are assessed in the same manner as 42 U.S.C. 1395u(j)(2)(B), which is assessed according to 1320a-7a(a))	2021	16,449	17,472
1395u(l)(3)	42 CFR 402.1(c)(13), 402.105(d)(2)(x)	CMS	Penalty for any nonparticipating physician who does not accept payment on an assignment-related basis and who knowingly and willfully fails to refund on a timely basis any amounts collected for services that are not reasonable or medically necessary or are of poor quality under 1842(l)(1)(A). (Penalties are assessed in the same manner as 42 U.S.C. 1395u(j)(2)(B), which is assessed according to 1320a-7a(a))	2021	16,449	17,472
1395u(m)(3)	42 CFR 402.1(c)(14), 402.105(d)(2)(xi)	CMS	Penalty for any nonparticipating physician charging more than \$500 who does not accept payment for an elective surgical procedure on an assignment related basis and who knowingly and willfully fails to disclose the required information regarding charges and coinsurance amounts and fails to refund on a timely basis any amount collected for the procedure in excess of the charges recognized and approved by the Medicare program. (Penalties are assessed in the same manner as 42 U.S.C. 1395u(j)(2)(B), which is assessed according to 1320a-7a(a))	2021	16,449	17,472
1395u(n)(3)	42 CFR 402.1(c)(15), 402.105(d)(2)(xi i)	CMS	Penalty for any physician who knowingly, willfully, and repeatedly bills one or more beneficiaries for purchased diagnostic tests any amount other than the payment amount specified by the Act. (Penalties are assessed in the same manner as 42 U.S.C.	2021	16,449	17,472

			1395u(j)(2)(B), which is assessed according to 1320a-7a(a))			
1395u(o)(3)(B)	42 CFR 414.707 (b)	CMS	Penalty for any practitioner specified in Section 1842(b)(18)(C) of the Act or other person that knowingly and willfully bills or collects for any services pertaining to drugs or biologics by the practitioners on other than an assignment-related basis. (Penalties are assessed in the same manner as 42 U.S.C. 1395u(b)(18)(B) and 1395u(j)(2)(B), which is assessed according to 1320a-7a(a))	2021	16,449	17,472
1395u(p)(3)(A)		CMS	Penalty for any physician or practitioner who knowingly and willfully fails promptly to provide the appropriate diagnosis codes upon CMS or Medicare administrative contractor request for payment or bill not submitted on an assignment-related basis	2021	4,333	4,603
1395w-3a(d)(4)(A)	42 CFR 414.806	CMS	Penalty for a pharmaceutical manufacturer's misrepresentation of average sales price of a drug, or biologic	2021	14,074	14,950
1395w-4(g)(1)(B)	42 CFR 402.1(c) (17), 402.105 (d)(2)(xi ii)	CMS	Penalty for any nonparticipating physician, supplier, or other person that furnishes physician services not on an assignment-related basis who either knowingly and willfully bills or collects in excess of the statutorily-defined limiting charge or fails to make a timely refund or adjustment. (Penalties are assessed in the same manner as 42 U.S.C. 1395u(j)(2)(B), which is assessed according to 1320a-7a(a))	2021	16,449	17,472
1395w-4(g)(3)(B)	42 CFR 402.1(c) (18), 402.105 (d)(2)(xi v)	CMS	Penalty for any person that knowingly and willfully bills for statutorily defined State-plan approved physicians' services on any other basis than an assignment-related basis for a Medicare/Medicaid dual eligible beneficiary. (Penalties are assessed in the same manner as 42 U.S.C. 1395u(j)(2)(B), which is assessed according to 1320a-7a(a))	2021	16,449	17,472
1395w-27(g)(3)(A); 1857(g)(3); 1860D-12(b)(3)(E)	42 CFR 422.760 (b); 42 CFR 423.760 (b)	CMS	Penalty for each termination determination the Secretary makes that is the result of actions by a Medicare Advantage organization or Part D sponsor that has adversely affected (or has the substantial likelihood of adversely affecting) an individual covered under the organization's contract	2021	40,282	42,788



1395w-27(g)(3)(B); 1857(g)(3); 1860D-12(b)(3)(E)		CMS	Penalty for each week beginning after the initiation of civil money penalty procedures by the Secretary because a Medicare Advantage organization or Part D sponsor has failed to carry out a contract, or has carried out a contract inconsistently with regulations	2021	16,113	17,116
1395w-27(g)(3)(D); 1857(g)(3); 1860D-12(b)(3)(E)		CMS	Penalty for a Medicare Advantage organization's or Part D sponsor's early termination of its contract	2021	149,637	158,947
1395y(b)(3)(C)	42 CFR 411.103 (b)	CMS	Penalty for an employer or other entity to offer any financial or other incentive for an individual entitled to benefits not to enroll under a group health plan or large group health plan which would be a primary plan	2021	9,753	10,360
1395y(b)(5)(C)(ii)	42 CFR 402.1(c) (20), 42 CFR 402.105 (b)(2)	CMS	Penalty for any non-governmental employer that, before October 1, 1998, willfully or repeatedly failed to provide timely and accurate information requested relating to an employee's group health insurance coverage	2021	1,588	1,687
1395y(b)(6)(B)	42 CFR 402.1(c) (21), 402.105 (a)	CMS	Penalty for any entity that knowingly, willfully, and repeatedly fails to complete a claim form relating to the availability of other health benefits in accordance with statute or provides inaccurate information relating to such on the claim form	2021	3,484	3,701
1395y(b)(7)(B)(i)		CMS	Penalty for any entity serving as insurer, third party administrator, or fiduciary for a group health plan that fails to provide information that identifies situations where the group health plan is or was a primary plan to Medicare to the HHS Secretary	2021	1,247	1,325
1395y(b)(8)(E)		CMS	Penalty for any non-group health plan that fails to identify claimants who are Medicare beneficiaries and provide information to the HHS Secretary to coordinate benefits and pursue any applicable recovery claim	2021	1,247	1,325
1395nn(g)(5)	42 CFR 411.361	CMS	Penalty for any person that fails to report information required by HHS under Section 1877(f) concerning ownership, investment, and compensation arrangements	2021	20,731	22,021
1395pp(h)	42 CFR 402.1(c) (23), 402.105 (d)(2)(x v)	CMS	Penalty for any durable medical equipment supplier, including a supplier of prosthetic devices, prosthetics, orthotics, or supplies, that knowingly and willfully fails to make refunds in a timely manner to Medicare beneficiaries under certain conditions. (42 U.S.C. 1395(m)(18) sanctions apply here in the same manner, which is under 1395u(j)(2) and 1320a-7a(a))	2021	16,449	17,472
1395ss(a)(2)	402.102 (f)(1)	CMS	Penalty for any person that issues a Medicare supplemental policy that has not been approved by the State regulatory program or does not meet Federal standards after a statutorily defined effective date	2021	56,459	59,972
1395ss(d)(3)(A)(vi) (II)	42 CFR 402.1(c) (25), 402.105 (e), 402. 105(f)(2 )	CMS	Penalty for someone other than issuer that sells or issues a Medicare supplemental policy to beneficiary without a disclosure statement	2021	29,256	31,076

		CMS	Penalty for an issuer that sells or issues a Medicare supplemental policy without disclosure statement.	2021	48,762	51,796
1395ss(d)(3)(B)(iv)		CMS	Penalty for someone other than issuer that sells or issues a Medicare supplemental policy without acknowledgement form	2021	29,256	31,076
		CMS	Penalty for issuer that sells or issues a Medicare supplemental policy without an acknowledgement form.	2021	48,762	51,796
1395ss(p)(8)	42 CFR 402.1(c)(25), 405402.105(e)	CMS	Penalty for someone other than issuer that sells or issues Medicare supplemental policies after a given date that fail to conform to the NAIC or Federal standards established by statute	2021	29,256	31,076
	42 CFR 402.1(c)(25), 405402.105(f)(2)	CMS	Penalty for an issuer that sells or issues Medicare supplemental policies after a given date that fail to conform to the NAIC or Federal standards established by statute	2021	48,762	51,796
1395ss(p)(9)(C)	42 CFR 402.1(c)(26), 402.105(e), 402.105(f)(3), (4)	CMS	Penalty for someone other than issuer that sells a Medicare supplemental policy and fails to make available for sale the core group of basic benefits when selling other Medicare supplemental policies with additional benefits or fails to provide the individual, before selling the policy, an outline of coverage describing benefits	2021	29,256	31,076
	402.105(f)(3),(4)	CMS	Penalty for an issuer that sells a Medicare supplemental policy and fails to make available for sale the core group of basic benefits when selling other Medicare supplemental policies with additional benefits or fails to provide the individual, before selling the policy, an outline of coverage describing benefits	2021	48,762	51,796
1395ss(q)(5)(C)	402.105(f)(5)	CMS	Penalty for any person that fails to suspend the policy of a policyholder made eligible for medical assistance or automatically reinstates the policy of a policyholder who has lost eligibility for medical assistance, under certain circumstances	2021	48,762	51,796
1395ss(r)(6)(A)	402.105(f)(6)	CMS	Penalty for any person that fails to provide refunds or credits as required by section 1882(r)(1)(B)	2021	48,762	51,796
1395ss(s)(4)	42 CFR 402.1(c)(29), 402.105(c)	CMS	Penalty for any issuer of a Medicare supplemental policy that does not waive listed time periods if they were already satisfied under a proceeding Medicare supplemental policy, or denies a policy, or conditions the issuances or effectiveness of the policy, or discriminates in the pricing of the policy base on health status or other specified criteria	2021	20,701	21,989
1395ss(t)(2)	42 CFR 402.1(c)(30), 402.105(f)(7)	CMS	Penalty for any issuer of a Medicare supplemental policy that fails to fulfill listed responsibilities	2021	48,762	51,796
1395ss(v)(4)(A)		CMS	Penalty someone other than issuer who sells, issues, or renews a medigap Rx policy to an individual who is a Part D enrollee	2021	21,112	22,426

		CMS	Penalty for an issuer who sells, issues, or renews a Medigap Rx policy who is a Part D enrollee.	2021	35,188	37,377
1395bbb(c)(1)	42 CFR 488.725 (c)	CMS	Penalty for any individual who notifies or causes to be notified a home health agency of the time or date on which a survey of such agency is to be conducted	2021	4,518	4,799
1395bbb(f)(2)(A)(i)	42 CFR 488.845 (b)(2)(iii) ) 42 CFR 488.845 (b)(3)-(6); and 42 CFR 488.845 (d)(1)(ii)	CMS	Maximum daily penalty amount for each day a home health agency is not in compliance with statutory requirements	2021	21,663	23,011
	42 CFR 488.845 (b)(3)	CMS	Penalty per day for home health agency's noncompliance (Upper Range):	2021		
			Minimum	2021	18,413	19,559
			Maximum	2021	21,663	23,011
	42 CFR 488.845 (b)(3)(i)	CMS	Penalty for a home health agency's deficiency or deficiencies that cause immediate jeopardy and result in actual harm	2021	21,663	23,011
	42 CFR 488.845 (b)(3)(ii)	CMS	Penalty for a home health agency's deficiency or deficiencies that cause immediate jeopardy and result in potential for harm	2021	19,496	20,709
	42 CFR 488.845 (b)(3)(iii)	CMS	Penalty for an isolated incident of noncompliance in violation of established HHA policy	2021	18,413	19,559
	42 CFR 488.845 (b)(4)	CMS	Penalty for a repeat and/or condition-level deficiency that does not constitute immediate jeopardy, but is directly related to poor quality patient care outcomes (Lower Range):	2021		
			Minimum	2021	3,251	3,453
			Maximum	2021	18,413	19,559
	42 CFR 488.845 (b)(5)	CMS	Penalty for a repeat and/or condition-level deficiency that does not constitute immediate jeopardy and that is related predominately to structure or process-oriented conditions (Lower Range):	2021		
			Minimum	2021	1,084	1,151
			Maximum	2021	2,166	2,301
	42 CFR 488.845 (b)(6)	CMS	Penalty imposed for instance of noncompliance that may be assessed for one or more singular events of condition-level noncompliance that are identified and where the noncompliance was corrected during the onsite survey:	2021		
			Penalty for each day of noncompliance (Minimum).	2021	2,166	2,301
			Penalty for each day of noncompliance (Maximum).	2021	21,663	23,011
	42 CFR 488.845 (d)(1)(ii)	CMS	Penalty for each day of noncompliance (Maximum)	2021	21,663	23,011

1395eee(e)(6)(B); 1396u-4(e)(6)(B)	42 CFR 460.46	CMS	Penalty for PACE organization that discriminates in enrollment or disenrollment, or engages in any practice that would reasonably be expected to have the effect of denying or discouraging enrollment, on the basis of health status or the need for services:	2021	40,282	42,788
		CMS	For each individual not enrolled as a result of the PACE organization's discrimination in enrollment or disenrollment or practice that would deny or discourage enrollment.	2021		
			Minimum	2021	15,177	16,121
			Maximum	2021	101,182	107,478
		CMS	Penalty for a PACE organization that charges excessive premiums.	2021	40,282	42,788
		CMS	Penalty for a PACE organization misrepresenting or falsifying information to CMS or the State.	2021	161,130	171,156
		CMS	Penalty for any other violation specified in 42 C.F.R. 460.40.	2021	40,282	42,788
1396r(h)(3)(C)(ii)(l)	42 CFR 488.408 (d)(1)(iii)	CMS	Penalty per day for a nursing facility's failure to meet a Category 2 Certification:	2021		
			Minimum	2021	113	120
			Maximum	2021	6,774	7,195
	42 CFR 488.408 (d)(1)(iv)	CMS	Penalty per instance for a nursing facility's failure to meet Category 2 certification:	2021		
			Minimum	2021	2,259	2,400
			Maximum	2021	22,584	23,989
	42 CFR 488.408 (e)(1)(iii)	CMS	Penalty per day for a nursing facility's failure to meet Category 3 certification:	2021		
			Minimum	2021	6,888	7,317
			Maximum	2021	22,584	23,989
	42 CFR 488.408 (e)(1)(iv)	CMS	Penalty per instance for a nursing facility's failure to meet Category 3 certification:	2021		
			Minimum	2021	2,259	2,400
			Maximum	2021	22,584	23,989
	42 CFR 488.408 (e)(2)(ii)	CMS	Penalty per instance for a nursing facility's failure to meet Category 3 certification, which results in immediate jeopardy:	2021		
			Minimum	2021	2,259	2,400
			Maximum	2021	22,584	23,989
	42 CFR 488.438 (a)(1)(i)	CMS	Penalty per day for nursing facility's failure to meet certification (Upper Range):	2021		

			Minimum	2021	6,888	7,317
			Maximum	2021	22,584	23,989
	42 CFR 488.438 (a)(1)(ii)	CMS	Penalty per day for nursing facility's failure to meet certification (Lower Range):	2021		
			Minimum	2021	113	120
			Maximum	2021	6,774	7,195
	42 CFR 488.438 (a)(2)	CMS	Penalty per instance for nursing facility's failure to meet certification:	2021		
			Minimum	2021	2,259	2,400
			Maximum	2021	22,584	23,989
	42 CFR 488.447	CMS	Penalty imposed for failure to comply with infection control weekly reporting requirements at 42 CFR 483.80(g)(1) and (2)	2021		
			First occurrence (Minimum)	2021	1,012	1,075
			Incremental increases for each subsequent occurrence	2021	506	537
1396r(f)(2)(B)(iii)(l)(c)	42 CFR 483.151 (b)(2)(iv) and (b)(3)(iii)	CMS	Grounds to prohibit approval of Nurse Aide Training Program—if assessed a penalty in 1819(h)(2)(B)(i) or 1919(h)(2)(A)(ii) of “not less than \$5,000” [Not CMP authority, but a specific CMP amount (CMP at this level) that is the triggering condition for disapproval]	2021	11,292	11,995
1396r(h)(3)(C)(ii)(l)	42 CFR 483.151 (c)(2)	CMS	Grounds to waive disapproval of nurse aide training program—reference to disapproval based on imposition of CMP “not less than \$5,000” [Not CMP authority but CMP imposition at this level determines eligibility to seek waiver of disapproval of nurse aide training program]	2021	11,292	11,995
1396t(j)(2)(C)		CMS	Penalty for each day of noncompliance for a home or community care provider that no longer meets the minimum requirements for home and community care:	2021		
			Minimum	2021	2	2
			Maximum	2021	19,505	20,719
1396u-2(e)(2)(A)(i)	42 CFR 438.704	CMS	Penalty for a Medicaid managed care organization that fails substantially to provide medically necessary items and services	2021	40,282	42,788
		CMS	Penalty for Medicaid managed care organization that imposes premiums or charges on enrollees in excess of the premiums or charges permitted.	2021	40,282	42,788

		CMS	Penalty for a Medicaid managed care organization that misrepresents or falsifies information to another individual or entity.	2021	40,282	42,788
		CMS	Penalty for a Medicaid managed care organization that fails to comply with the applicable statutory requirements for such organizations.	2021	40,282	42,788
1396u-2(e)(2)(A)(ii)	42 CFR 438.704	CMS	Penalty for a Medicaid managed care organization that misrepresents or falsifies information to the HHS Secretary	2021	161,130	171,156
		CMS	Penalty for Medicaid managed care organization that acts to discriminate among enrollees on the basis of their health status.	2021	161,130	171,156
1396u-2(e)(2)(A)(iv)	42 CFR 438.704	CMS	Penalty for each individual that does not enroll as a result of a Medicaid managed care organization that acts to discriminate among enrollees on the basis of their health status	2021	24,169	25,673
1396u(h)(2)	42 CFR Part 441, Subpart I	CMS	Penalty for a provider not meeting one of the requirements relating to the protection of the health, safety, and welfare of individuals receiving community supported living arrangements services	2021	22,584	23,989
1396w-2(c)(1)		CMS	Penalty for disclosing information related to eligibility determinations for medical assistance programs	2021	12,045	12,794
18041(c)(2)	45 CFR 156.805 (c)	CMS	Failure to comply with ACA requirements related to risk adjustment, reinsurance, risk corridors, Exchanges (including QHP standards) and other ACA Subtitle D standards; Penalty for violations of rules or standards of behavior associated with issuer compliance with risk adjustment, reinsurance, risk corridors, Exchanges (including QHP standards) and other ACA Subtitle D standards.	2021	164	174
18081(h)(1)(A)(i)(I)	45 CFR 155.285	CMS	Penalty for providing false information on Exchange application	2021	29,764	31,616
18081(h)(1)(B)	45 CFR 155.285	CMS	Penalty for knowingly or willfully providing false information on Exchange application	2021	297,636	316,155
18081(h)(2)	45 CFR 155.260	CMS	Penalty for knowingly or willfully disclosing protected information from Exchange	2021		
		CMS	Minimum	2021	29,764	31,616
		CMS	Maximum	2021	304	323
18041(c)(2)	45 CFR 155.206 (i)	CMS	Penalties for violation of applicable Exchange standards by consumer assistance entities in Federally-facilitated Exchanges	2021	36,500	38,771
			Maximum (Per Day)	2021	101	107
31 U.S.C.				2021	304	323

1352	45 CFR 93.400(e)	HHS	Penalty for the first time an individual makes an expenditure prohibited by regulations regarding lobbying disclosure, absent aggravating circumstances	2021	20,731	22,021
			Penalty for second and subsequent offenses by individuals who make an expenditure prohibited by regulations regarding lobbying disclosure:	2021		
			Minimum	2021	20,731	22,021
			Maximum	2021	207,314	220,213
		HHS	Penalty for the first time an individual fails to file or amend a lobbying disclosure form, absent aggravating circumstances	2021	20,731	22,021
			Penalty for second and subsequent offenses by individuals who fail to file or amend a lobbying disclosure form, absent aggravating circumstances:	2021		
			Minimum	2021	20,731	22,021
			Maximum	2021	207,314	220,213
	45 CFR Part 93, Appendix A	HHS	Penalty for failure to provide certification regarding lobbying in the award documents for all sub-awards of all tiers:	2021		
			Minimum	2021	20,731	22,021
			Maximum	2021	207,314	220,213
		HHS	Penalty for failure to provide statement regarding lobbying for loan guarantee and loan insurance transactions:	2021		
			Minimum	2021	20,731	22,021
			Maximum	2021	207,314	220,213
3801-3812	45 CFR 79.3(a)(1)(iv)	HHS	Penalty against any individual who—with knowledge or reason to know—makes, presents or submits a false, fictitious or fraudulent claim to the Department	2021	10,833	11,507
	45 CFR 79.3(b)(1)(ii)	HHS	Penalty against any individual who—with knowledge or reason to know—makes, presents or submits a false, fictitious or fraudulent claim to the Department	2021	10,833	11,507

<sup>1</sup> Some HHS components have not promulgated regulations regarding their civil monetary penalty-specific statutory authorities.

<sup>2</sup> The description is not intended to be a comprehensive explanation of the underlying violation; the statute and corresponding regulation, if applicable, should be consulted.

<sup>3</sup> Statutory or Inflation Act Adjustment.

<sup>4</sup> OMB Memorandum M-16-06, Implementation of the Federal Civil Penalties Inflation Adjustment Act Improvements Act of 2015, published February 24, 2016, guided agencies on initial "catch-up" adjustment requirements, and M-17-11, Implementation of the 2017 annual adjustment pursuant to the Federal Civil Penalties Inflation Adjustment Act Improvements Act of 2015, published December 16, 2016; M-18-03, Implementation of Penalty Inflation Adjustments for 2018 pursuant to the Federal Civil Penalties Inflation Adjustment Act Improvements Act of 2015, published December 15, 2017; M-19-04, Implementation of Penalty Inflation Adjustments for 2019 pursuant to the Federal Civil Penalties Inflation Adjustment Act Improvements Act of 2015, published December 14, 2018; M-20-05, Implementation of Penalty Inflation Adjustments for 2020 pursuant to the Federal Civil Penalties Inflation Adjustment Act Improvements Act of 2015, published December 16, 2019; M-21-10, Implementation of Penalty Inflation Adjustments for 2021 pursuant to the Federal Civil Penalties Inflation Adjustment Act Improvements Act of 2015, published December 23, 2020; M-22-07, Implementation of Penalty Inflation Adjustments for 2022, Pursuant to the Federal Civil Penalties Inflation Adjustment Act Improvements Act of 2015, published December 15, 2021, guided agencies on annual adjustment requirements.

<sup>5</sup> OMB Circular A-136, Financial Reporting Requirements, Section II.4.9, directs that agencies must make annual inflation adjustments to civil monetary penalties and report on the adjustments in the Agency Financial Report (AFR) or Performance and Accountability Report (PAR).

<sup>6</sup> Federal Civil Penalties Inflation Adjustment Act Improvements Act of 2015, § 701(b)(1)(A) (codified as amended at 28 U.S.C. § 2461 note).

<sup>7</sup> Annual inflation adjustments are based on the percent change between each published October's CPI-U. In this case, October 2021 CPI-U (276.589) / October 2020 CPI-U (260.388) = 1.06222.

Xavier Becerra,

Secretary, Department of Health and Human Services.

[FR Doc. 2022-05648 Filed 3-16-22; 8:45 am]

BILLING CODE 4150-24-C

## FEDERAL MARITIME COMMISSION

### 46 CFR Part 525

[Docket No. 21-06]

RIN 3072-AC87

#### Marine Terminal Operator Schedules

**AGENCY:** Federal Maritime Commission.

**ACTION:** Final rule.

**SUMMARY:** This final rule adopts without substantive change the proposed rule. The Federal Maritime Commission (FMC or Commission) seeks to update outdated references to Commission offices, modernize references to technology, and clarify existing requirements associated with the filing of marine terminal operator (MTO) schedules.

**DATES:** This final rule is effective: April 18, 2022.

**FOR FURTHER INFORMATION CONTACT:** For technical questions, contact Kristen Monaco, Director, Bureau of Trade Analysis, Federal Maritime Commission, 800 North Capitol Street NW, Washington, DC 20573-0001. *Phone:* (202) 523-5796. *Email:* [tradeanalysis@fmc.gov](mailto:tradeanalysis@fmc.gov). For legal questions, contact Steven Andersen, General Counsel, Federal Maritime Commission, 800 North Capitol Street NW, Washington, DC 20573-0001. *Phone:* (202) 523-5738. *Email:* [GeneralCounsel@fmc.gov](mailto:GeneralCounsel@fmc.gov).

#### SUPPLEMENTARY INFORMATION:

##### I. Introduction

Pursuant to 46 U.S.C. 40501(f), MTOs may make public a schedule of rates, regulations, and practice. Additionally, Congress directs the Commission to prescribe the form and manner in which MTO schedules shall be published. 46 U.S.C. 40501(g)(3). The Commission's regulations regarding MTO schedules are outlined in 46 CFR part 525. Consistent with the language in 46 U.S.C. 40501(f), part 525 states that an MTO, at its discretion, may make available to the public a schedule of its rates, regulations, and practices. Part 525 also discusses the requirements when an MTO decides to make terminal schedules available to the public.

##### II. Summary of Proposed Changes

In Fiscal Year 2021, the Commission reviewed its regulations regarding MTO

schedules found in 46 CFR part 525. On September 22, 2021, the Commission issued a notice of proposed rulemaking that proposed several changes to part 525 that are neither substantive nor policy related. 86 FR 52627. The proposed revisions updated references to a Commission bureau and deleted references to outdated technology. Additionally, the FMC clarified definitions or revised them to be consistent with other parts of the Commission's regulations. The Commission requested comments on these proposed amendments.

##### III. Summary of Comments

One shipper filed comments in this docket. However, these comments, which relate to per diem charges, detention and demurrage fees, and dual transaction requirements at specific terminals, do not address the proposed revisions to part 525. The commenter neither expressed support nor opposition to the proposed part 525 revisions. Because the issues raised by the commenter are outside the scope of the proposed amendments and the rulemaking, the FMC is not making changes to the final rule based on these comments. The FMC now adopts all of the proposed amendments without substantive change in this final rule.

##### IV. Final Rule

The proposed rule contained revisions that were not policy related and the Commission's intent was limited to modernizing outdated requirements, clarifying existing requirements and definitions, and making the existing requirements and definitions consistent with other parts of the Commission's regulations. For the reasons stated in the NPRM and described below, the Commission is adopting the revisions in the proposed rule with non-substantive changes.

###### 1. Section 525.1.

The proposed rule revises references to the Shipping Act of 1984 (the Act) to remove specific cites to the Ocean Shipping Reform Act of 1998 and the Coast Guard Authorization Act of 1998 because several other laws also amend the Shipping Act of 1984. *See* An Act to Complete the Codification of Title 46, United States Code, "Shipping," as Positive Law, Public Law 109-304, 120 Stat. 1485 (2006); Frank LoBiondo Coast Guard Authorization Act of 2018, Public Law 115-282, 132 Stat. 4192 (2018). These revisions affect section 525.1(a) and (c)(1). The proposed rule added clarifying language to the definition of "bulk cargo" to explain that bulk "containerized cargo tendered by the

shipper" is subject to mark and count and is, therefore, subject to the requirements of this part. The proposed rule amended the definition of "forest products" to correct a typographical error.

In addition, the proposed rule revised the definition of "marine terminal operator" to mean "a person engaged in the United States in the business of providing wharfage, dock, warehouse, or other terminal facilities in connection with a common carrier[.]" This language is consistent with the statutory definition of an MTO. *See* 46 U.S.C. 40102(15). The proposed rule also added language to clarify that shippers or consignees who exclusively provide their own marine terminal facilities in connection with providing marine terminal services are not MTOs.

The proposed rule amended the definition of "terminal facilities" by adding "docks, berths, piers, [and] aprons" to the list of structures comprising a terminal unit. In addition, the proposed language replaces the term "water carriers" with "ocean common carriers." As a result of these revisions, the definition of "terminal facilities" is consistent with the definition of "marine terminal facilities" in 46 CFR part 535.

The proposed rule also introduced a definition for the "United States" that is consistent with the definition found in 46 U.S.C. 114. To accommodate the new paragraph, the proposed rule renumbered paragraphs 525.1(c)(21) to (23) to be paragraphs 525.1(c)(22) to (24). Additionally, the proposed rule revised the definition of an MTO to delete "or a commonwealth, territory, or possession thereof," because those entities are now included in the definition of "United States."

The comments received do not address these proposed revisions.

The final rule adopts the revisions described above without change.

###### A. Section 525.2

The proposed rule did not propose revisions to section 525.2. The comments do not address section 525.2. Thus, the final rule does not revise section 525.2.

###### B. Section 525.3

With respect to section 525.3, Availability of marine terminal operator schedules, the proposed rule removed outdated and unnecessary language relating to accessing electronically published MTO schedules. The proposed rule deleted the terms "personal computer (PC)," "dial-up connection," "the internet," "Web browser," "Telnet session," "modem,"