EPA—APPROVED IOWA REGULATIONS—Continued

Iowa citation	Title	State effective date	EPA approval date	Explanation
*	*	*	*	*
		Polk County		
CHAPTER V	Polk County Board of Health Rules and Regulations Air Pollution Chapter V.	08/06/09	07/06/10 [*insert FR page number where the document begins*].	Article I, Section 5–2, definition of "variance"; Article VI, Sections 5–16(n), (o) and (p); Article VIII; Article IX, Sections 5–27(3) and (4); Article X, Section 5–28, subsections (a) through (c); Article XIII and Article XVI, Section 5–75 are not a part of the SIP.

* * * * *

[FR Doc. 2010–16235 Filed 7–2–10; 8:45 am]

BILLING CODE 6560–50–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 447 and 457

[CMS–2244–CN]

RIN 0938–AP73

Medicaid Program; Premiums and Cost Sharing; Correction

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS

ACTION: Correction of final rule with comment period.

SUMMARY: This document corrects technical errors that appeared in the final rule with comment period published in the **Federal Register** on May 28, 2010 entitled "Medicaid Program; Premiums and Cost Sharing." The May 28, 2010, final rule revised a November 25, 2008, final rule entitled, "Medicaid Programs; Premiums and Cost Sharing" which addressed public comments received during reopened comment periods, and reflected relevant statutory changes made in the American Recovery and Reinvestment Act of 2009. The November 2008 document revised final rule implemented and interpreted section 1916A of the Social Security Act.

DATES: *Effective Date:* This correction document is effective July 1, 2010.

FOR FURTHER INFORMATION CONTACT: Christine Gerhardt, (410) 786–0693.

SUPPLEMENTARY INFORMATION:

I. Background

In FR Doc. 2010–12954 of May 28, 2010 (75 FR 30244), there were two technical errors that are identified and corrected in the "Correction of Errors" section below. The provisions in this correction notice are effective as if they had been included in the document published May 28, 2010. Accordingly, the corrections are effective July 1, 2010.

II. Summary of Errors

On page 30255, in the preamble under Section III, "Provisions of the Revised Final Rule," we set forth the definition of "Indian health care provider." On page 30256, we specify that the definition is added to a new paragraph (b) under § 447.50. However, on page 30261, we inadvertently omitted the definition of "Indian health care provider" from § 447.50 (b) of the regulations text.

On page 30264, we inadvertently omitted a statutory exception to the policy specified in the amended paragraph (b) under § 447.74 of the regulations text. According to section 1916A(e)(2) of the Social Security Act (the Act), the limitation to 20 percent of the State Medicaid agency's payment for alternative cost sharing imposed on individuals with family income more than 150 percent of the Federal poverty level (FPL) does not apply to non-emergency services furnished in a hospital emergency department.

III. Waiver of Proposed Rulemaking

We ordinarily publish a notice of proposed rulemaking in the **Federal Register** to provide a period for public comment before the provisions of a rule take effect in accordance with section 553(b) of the Administrative Procedure Act (APA) (5 U.S.C. 553(b)). However, we can waive this notice and comment procedure if the Secretary finds, for good cause, that the notice and comment process is impracticable, unnecessary, or contrary to the public interest, and incorporates a statement of the finding and the reasons therefore in the notice.

Section 553(d) of the APA ordinarily requires a 30-day delay in effective date of final rules after the date of their publication in the **Federal Register**. This 30-day delay in effective date can be waived, however, if an agency finds for good cause that the delay is impracticable, unnecessary, or contrary to the public interest, and the agency incorporates a statement of the findings and its reasons in the rule issued.

With respect to our proposal to add a definition of "Indian health care provider" as a new paragraph (b)(2) in § 447.50 of the regulations text, we inadvertently omitted this definition from the revised final rule. In the preamble under Section III, Provisions of the Revised Final Rule, we gave the new definition on page 30255. Also, on page 30256, we mentioned that the definition of "Indian health care provider" is added to a new paragraph (b) under § 447.50. Because the intended content of the regulation is clear when the document is read as a whole, we believe further process is unnecessary. We further believe that correction of the error is in the public interest because it would avoid confusion. Therefore, we find good cause to waive a notice of proposed rulemaking and delayed effective date.

With respect to our proposal to add an exception to the policy specified in the amended paragraph (b) under § 447.74, section 1916A(e)(2) of the Act makes clear that the limitation to 20 percent of the State Medicaid agency's payment for alternative cost sharing imposed on individuals with family income more than 150 percent of the Federal poverty level (FPL) does not apply to non-emergency services furnished in a hospital emergency department. Since this change is necessary to accurately reflect the statutory requirements, we believe that correction of this error is in the public interest because it will prevent confusion as to those

requirements. Therefore, we find good cause to waive a notice of proposed rulemaking and delayed effective date in order to comply with the statutory exemption of this service from the requirements specified in § 447.74(b).

IV. Correction of Errors

Regulations Text

■ Accordingly, CMS amends 42 CFR part 447, as amended in FR Doc. 2010–12954 of May 28, 2010 (75 FR 30244), effective July 1, 2010, by making the following corrections:

PART 447—PAYMENTS FOR SERVICES

■ 1. The authority citation for part 447 continues to read as follows:

Authority: Sec. 1102 of the Social Security Act (42 U.S.C. 1302).

■ 2. In § 447.50, a new paragraph (b)(2) is added to read as follows:

§ 447.50 Cost sharing: Basis and purpose.

* * * * *

(b) * * *

(2) *Indian health care provider* means a health care program operated by the Indian Health Service (IHS) or by an Indian Tribe, Tribal Organization, or Urban Indian Organization (otherwise known as an I/T/U) as those terms are defined in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603).

* * * * *

■ 3. In § 447.74, revise paragraph (b) to read as follows:

§ 447.74 Alternative premium and cost sharing protections for individuals with family incomes above 150 percent of the FPL.

* * * * *

(b) Cost sharing may be imposed under the State plan on individuals whose family income exceeds 150 percent of the FPL if the cost sharing does not exceed 20 percent of the payment the agency makes for the item or service (including a non-preferred drug but not including non-emergency services furnished in a hospital emergency department), with the following exception: In the case of States that do not have fee-for-service payment rates, any copayment that the State imposes for services provided by an MCO to a Medicaid beneficiary, including a child covered under a Medicaid expansion program for whom enhanced match is claimed under title XXI of the Act, may not exceed $3.40 per visit for Federal FY 2009. Thereafter, any copayment may not exceed this amount as updated each October 1 by the percentage increase in the medical care component of the CPI–U for the period of September to September ending in the preceding calendar year and then rounded to the next highest 5-cent increment.

* * * * *

(Catalog of Federal Domestic Assistance Program No. 93.778, Medical Assistance Program)

Dated: June 29, 2010.

Dawn L. Smalls,

Executive Secretary to the Department.

[FR Doc. 2010–16272 Filed 6–30–10; 4:15 pm]

BILLING CODE 4120–01–P

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

44 CFR Part 64

[Docket ID FEMA–2010–0003; Internal Agency Docket No. FEMA–8137]

Suspension of Community Eligibility

AGENCY: Federal Emergency Management Agency, DHS.

ACTION: Final rule.

SUMMARY: This rule identifies communities, where the sale of flood insurance has been authorized under the National Flood Insurance Program (NFIP), that are scheduled for suspension on the effective dates listed within this rule because of noncompliance with the floodplain management requirements of the program. If the Federal Emergency Management Agency (FEMA) receives documentation that the community has adopted the required floodplain management measures prior to the effective suspension date given in this rule, the suspension will not occur and a notice of this will be provided by publication in the **Federal Register** on a subsequent date.

DATES: *Effective Dates:* The effective date of each community's scheduled suspension is the third date ("Susp.") listed in the third column of the following tables.

FOR FURTHER INFORMATION CONTACT: If you want to determine whether a particular community was suspended on the suspension date or for further information, contact David Stearrett, Mitigation Directorate, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472, (202) 646–2953.

SUPPLEMENTARY INFORMATION: The NFIP enables property owners to purchase flood insurance which is generally not otherwise available. In return, communities agree to adopt and administer local floodplain management aimed at protecting lives and new construction from future flooding. Section 1315 of the National Flood Insurance Act of 1968, as amended, 42 U.S.C. 4022, prohibits flood insurance coverage as authorized under the NFIP, 42 U.S.C. 4001 *et seq.;* unless an appropriate public body adopts adequate floodplain management measures with effective enforcement measures. The communities listed in this document no longer meet that statutory requirement for compliance with program regulations, 44 CFR part 59. Accordingly, the communities will be suspended on the effective date in the third column. As of that date, flood insurance will no longer be available in the community. However, some of these communities may adopt and submit the required documentation of legally enforceable floodplain management measures after this rule is published but prior to the actual suspension date. These communities will not be suspended and will continue their eligibility for the sale of insurance. A notice withdrawing the suspension of the communities will be published in the **Federal Register**.

In addition, FEMA has identified the Special Flood Hazard Areas (SFHAs) in these communities by publishing a Flood Insurance Rate Map (FIRM). The date of the FIRM, if one has been published, is indicated in the fourth column of the table. No direct Federal financial assistance (except assistance pursuant to the Robert T. Stafford Disaster Relief and Emergency Assistance Act not in connection with a flood) may legally be provided for construction or acquisition of buildings in identified SFHAs for communities not participating in the NFIP and identified for more than a year, on FEMA's initial flood insurance map of the community as having flood-prone areas (section 202(a) of the Flood Disaster Protection Act of 1973, 42 U.S.C. 4106(a), as amended). This prohibition against certain types of Federal assistance becomes effective for the communities listed on the date shown in the last column. The Administrator finds that notice and public comment under 5 U.S.C. 553(b) are impracticable and unnecessary because communities listed in this final rule have been adequately notified.

Each community receives 6-month, 90-day, and 30-day notification letters addressed to the Chief Executive Officer stating that the community will be suspended unless the required floodplain management measures are met prior to the effective suspension