

List of Subjects in 39 CFR Part 10.

Accordingly, the Postal Service states that it intends to begin International Express Mail Service with Barbados on October 1, 1984 at the rates indicated in the table below.

Foreign relations, Postal service.

BARBADOS: EXPRESS MAIL INTERNATIONAL SERVICE

| Custom designed service: ¹ Up to and including | | On demand service: ² Up to and including | |
|---|---------|---|---------|
| Pounds | Rate | Pounds | Rate |
| 1 | \$27.00 | 1 | \$19.00 |
| 2 | 29.90 | 2 | 21.90 |
| 3 | 32.80 | 3 | 24.80 |
| 4 | 35.70 | 4 | 27.70 |
| 5 | 38.60 | 5 | 30.60 |
| 6 | 41.50 | 6 | 33.50 |
| 7 | 44.40 | 7 | 36.40 |
| 8 | 47.30 | 8 | 39.30 |
| 9 | 50.20 | 9 | 42.20 |
| 10 | 53.10 | 10 | 45.10 |
| 11 | 56.00 | 11 | 48.00 |
| 12 | 58.90 | 12 | 50.90 |
| 13 | 61.80 | 13 | 53.80 |
| 14 | 64.70 | 14 | 56.70 |
| 15 | 67.60 | 15 | 59.60 |
| 16 | 70.50 | 16 | 62.50 |
| 17 | 73.40 | 17 | 65.40 |
| 18 | 76.30 | 18 | 68.30 |
| 19 | 79.20 | 19 | 71.20 |
| 20 | 82.10 | 20 | 74.10 |
| 21 | 85.00 | 21 | 77.00 |
| 22 | 87.90 | 22 | 79.90 |
| 23 | 90.80 | 23 | 82.80 |
| 24 | 93.70 | 24 | 85.70 |
| 25 | 96.60 | 25 | 88.60 |
| 26 | 99.50 | 26 | 91.50 |
| 27 | 102.40 | 27 | 94.40 |
| 28 | 105.30 | 28 | 97.30 |
| 29 | 108.20 | 29 | 100.20 |
| 30 | 111.10 | 30 | 103.10 |
| 31 | 114.00 | 31 | 106.00 |
| 32 | 116.90 | 32 | 108.90 |
| 33 | 119.80 | 33 | 111.80 |
| 34 | 122.70 | 34 | 114.70 |
| 35 | 125.60 | 35 | 117.60 |
| 36 | 128.50 | 36 | 120.50 |
| 37 | 131.40 | 37 | 123.40 |
| 38 | 134.30 | 38 | 126.30 |
| 39 | 137.20 | 39 | 129.20 |
| 40 | 140.10 | 40 | 132.10 |
| 41 | 143.00 | 41 | 135.00 |
| 42 | 145.90 | 42 | 137.90 |
| 43 | 148.80 | 43 | 140.80 |
| 44 | 151.70 | 44 | 143.70 |

¹Rates in this table are applicable to each piece of International Custom Designed Express Mail shipped under a Service Agreement providing for tender by the customer at a designated Post Office.

²Pickup is available under a Service Agreement for an added charge of \$5.60 for each pickup stop, regardless of the number of pieces picked up. Domestic and International Express Mail picked up together under the same Service Agreement incurs only one pickup charge.

A transmittal letter making these changes in the pages of the International Mail Manual will be published in the Federal Register as provided in 39 CFR 10.3 and will be transmitted to subscribers automatically.

(39 U.S.C. 401, 404, 407)

W. Allen Sanders,

Associate General Counsel, Office of General Law and Administration.

[FR Doc. 84-22018 Filed 8-17-84; 8:45 am]

BILLING CODE 7710-12-M

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 81

[OAR-FRL-2643-3]

Air Programs; Designation of Areas for Air Quality Planning Purposes; Correction

AGENCY: Environmental Protection Agency.

ACTION: Final rule.

SUMMARY: This document corrects an error in a chart listing the designations of air quality for total suspended particulates (TSP) in areas of Vermont. The chart was published February 19, 1980 (45 FR 10782) and is located at 40 CFR 81.346.

EFFECTIVE DATE: February 12, 1980.

§ 81.346 Vermont

| VERMONT—TSP | | | | |
|---|---------------------------------|-----------------------------------|----------------------|--------------------------------|
| Designated area | Does not meet primary standards | Does not meet secondary standards | Cannot be classified | Better than national standards |
| Champlain Valley Air Management Area: Consisting of townships and cities listed below: Essex Town (includes Essex Junction); Burlington City; South Burlington City; Winooski City. | | X | | |
| Central Vermont Air Management area: consisting of the city listed below: Barre City. | | X | | |
| Remainder of the State | | | | X |

List of Subjects in 40 CFR Part 81

Air pollution control, National parks, Wilderness areas.

Authority: Secs. 110(a) and 301(a) of the Clean Air Act, as amended (42 U.S.C. 7410(a) and 7601(a)).

Dated: July 13, 1984.

Paul G. Keough,

Acting Regional Administrator, Region I.

[FR Doc. 84-22023 Filed 8-17-84; 8:45 am]

BILLING CODE 6560-50-M

40 CFR Part 271

[OSWER-9-FRL-2656-7]

Hazardous Waste Management Program; Extension of Application Deadline for Interim Authorization

AGENCY: Environmental Protection Agency.

ACTION: Notice of Extension of application submittal and interim authorization period.

SUMMARY: On Wednesday, July 6, 1983, EPA granted to the States of Arizona,

FOR FURTHER INFORMATION CONTACT: Marcia L. Spink, FTS 223-4868, (617) 223-4868.

SUPPLEMENTARY INFORMATION: On February 19, 1980 EPA approved secondary TSP attainment plans for Essex Town (includes Essex Junction); Burlington City; South Burlington City; Winooski City; and Barre City. The remainder of the State of Vermont was redesignated to "Better than national standards," more commonly referred to as attainment, for TSP.

A chart was published at 40 CFR 81.346 listing the information provided above. However, the chart incorrectly listed the remainder of the State of Vermont as "Cannot be classified."

PART 81—[AMENDED]

Accordingly, 40 CFR 81.346 is amended by revising the TSP portion to read as follows:

California, and Nevada, and the Territory of Guam, an extension of the July 16, 1983 deadline for submittal of a Phase II Interim Authorization application under the Resource Conservation and Recovery Act (48 FR 31027, July 6, 1983). That Notice extended the deadline for submitting complete applications for final authorization for the States of Arizona, California, Nevada, and the Territory of Guam. None of these States has been able to complete its submittal to EPA by the extended deadline. Because the

States have made a good faith effort to complete the applications, and expect to submit them to EPA shortly. EPA is granting a further extension to allow these four States to submit their complete applications after the aforementioned deadlines.

EFFECTIVE DATE: August 20, 1984.

FOR FURTHER INFORMATION CONTACT: Chuck Flippo, Toxics & Waste Programs Branch, Environmental Protection Agency Region 9, 215 Fremont Street, San Francisco, CA 94105, Telephone (415) 874-8128.

SUPPLEMENTARY INFORMATION: 40 CFR 271.122(c)(4) [47 FR 32377, July 26, 1982] requires States with interim authorization to have applied for all components of Phase II by July 26, 1983. 40 CFR 271.137(a) [47 FR 32378, July 26, 1982] mandates that interim authorization of State program will terminate on July 26, 1983, unless the State has submitted an application for all phases and components of interim authorization by that date. However, the regulations provide Regional Administrators with the authority to extend the July 26 deadlines for submittal of applications and termination of the authorized programs. If EPA terminates a State authorization, EPA administers and enforces the Federal program in that State.

Arizona received Phase I interim authorization on August 11, 1982. Subsequently, the State chose not to apply for any of the components of the Phase II program, but rather to apply for all remaining elements of the program in its final authorization application because it lacked adequate statutory authority to receive the full Phase II interim authorization at that time. The lengthy process of developing new hazardous waste regulations in accordance with a new State hazardous waste law enacted in 1983, has delayed completion of its authorization application. The State plans to submit its complete application in August 1984.

California received Phase I interim authorization on June 4, 1981, and Phase II A interim authorization (excluding surface impoundments) on January 11, 1983. The State chose to adopt all Phase II regulations in one process, and to apply for final authorization in lieu of seeking additional components of Phase II interim authorization. Substantial revisions to its hazardous waste and ground water protection regulations and other program elements have delayed completion of California's authorization application. The State's application is expected to be submitted by September 1984.

The Territory of Guam received Phase I interim authorization on May 16, 1983. Guam chose to apply for final authorization in lieu of Phase II interim authorization. The Territory is adopting both statutory and regulatory amendments in order to be able to submit its final authorization application. Guam expects to submit its complete application in December 1984.

Nevada received interim authorization for Phases I, II A and II B on July 19, 1983. The State chose to apply for final authorization rather than apply for Phase II C interim authorization. Revisions to the State's regulations, needed to meet the requirements for final authorization, were completed in June 1984. The State plans to submit a complete authorization application in July 1984.

Decision

Considering the above circumstances, immediate reversion of the Phase I programs due to failure to meet the previous deadlines was not in the best interest of the States, this Agency, the regulated community, or the citizens of Arizona, California, Guam, and Nevada. I have found good cause to extend the application deadlines for Arizona, California, Guam, and Nevada, until January 26, 1985, the date on which the statutory time period allowed for interim authorization ends.

Executive Order 12291

The Office of Management and Budget (OMB) has exempted this rule from the requirements of section 3, Executive Order 12291.

List of Subjects in 40 CFR Part 271

Hazardous materials, Indian lands, Reporting and recordkeeping requirements, Waste treatment and disposal, Water Pollution control, Water supply, Intergovernmental relations, Penalties, Confidential business information.

Authority: This notice is issued under the authority of sections 2002(a), 3006, and 7004(b) of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act of 1976, as amended, 42 U.S.C. 6912(a), 6926, and 6974(B).

Dated: August 8, 1984.

John Wise,

Acting Regional Administrator.

[FR Doc. 84-22021 Filed 8-17-84; 8:45 am]

BILLING CODE 6580-50-M

40 CFR Part 761

[OPTS-62032A; TSH-FRL-2587-1]

Toxic Substances Control Act; Polychlorinated Biphenyls (PCBs) Manufacturing, Processing, Distribution in Commerce, and Use Prohibitions; Exclusions, Exemptions, and Use Authorizations

Correction

In FR Doc. 84-17903 beginning on page 28192 in the issue of Tuesday, July 10, 1984, make the following correction:

§ 761.185 [Corrected]

On page 28192, second column, § 761.185(c)(2)(ii)(E), "data" should read "date".

BILLING CODE 1505-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

42 CFR Part 124

Medical Facility Construction and Modernization

AGENCY: Public Health Service, HHS.

ACTION: Final rule.

SUMMARY: Sections 603(b) and 1620(2) of the Public Health Service Act require the Secretary to prescribe by regulation general standards of construction, modernization, and equipment for projects assisted under Title VI and Title XVI, respectively, of the Act. Since the Title VI and Title XVI grant and loan authority have expired, there is no need to retain the standards in regulations. Projects for which applications were approved or grants awarded under Titles VI and XVI, but for which full project reimbursement has not yet been made, will be subject to continuing compliance with the "Minimum Requirements of Construction and Equipment for Hospital and Medical Facilities" as incorporated by reference in 42 CFR Parts 53 and 124 at the time of initial approval. This Rule amends Part 124 of Title 42, CFR, by removing provisions relating to minimum standards of construction, modernization, and equipment of hospitals and other medical facilities. Similar provisions in Part 53 were deleted earlier.

EFFECTIVE DATE: August 20, 1984.

FOR FURTHER INFORMATION CONTACT: Mr. Grady Smith, Division of Facilities Conversion and Utilization, Bureau of Health Maintenance Organizations and

Resources Development, Health Resources and Services Administration, Room 11A-17, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857 (301) 443-5410.

SUPPLEMENTARY INFORMATION: In the Federal Register of December 2, 1982, the Assistant Secretary for Health, with the approval of the Secretary of Health and Human Services, proposed to delete §§ 124.200-203 of Subpart C and § 124.4(d) of Subpart A of Part 124 of Title 42, CFR.

This Final Rule removes from Part 124 requirements relating to minimum standards of construction, modernization, and equipment of hospitals and other medical facilities, and in particular the incorporation by reference of the document, "Minimum Requirements of Construction and Equipment for Hospital and Medical Facilities" (DHHS Publication No. (HRA)78-14012). That document is incorporated by reference in § 124.201. The provisions to be deleted were included in Part 124 in compliance with the requirement of section 1620(2) of the Public Health Service Act that the Secretary prescribe by regulation general standards of construction, modernization, and equipment for projects assisted under Title XVI of the Act. Since the Title XVI grant and loan authority expired at the end of 1982, there is no need to retain the standards in regulations. Moreover, removal of the incorporation by reference is consistent with efforts to decrease imposition of unnecessary requirements upon the public.

Similar provisions that related to assistance provided under Title VI of the Public Health Service Act, and which also incorporated by reference the "Minimum Requirements" document, were for similar reasons removed from Part 53 of Title 42 on August 6, 1979 (44 FR 45946). Section 124.4(d), which is also to be deleted by this rule, refers to one of those former Part 53 provisions and is, therefore, obsolete.

It is emphasized that projects with respect to which applications were approved or grants awarded under Titles VI and XVI, but for which full project reimbursement has not yet been made, will be subject to continuing compliance with the "Minimum Requirements of Construction and Equipment for Hospital and Medical Facilities" as incorporated by reference in Parts 53 and 124 of Title 42 at the time of the initial approval.

The Public Health Service (PHS) has published an updated edition entitled

"Guidelines for Construction and Equipment of Hospital and Medical Facilities." This document is being issued as technical assistance guidelines which States and others have the option to adopt. Copies of the "Guidelines" are available from the Division of Facilities Conversion and Utilization, Bureau of Health Maintenance Organizations and Resources Development, Health Resources and Services Administration, Room 11A-19, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857. A group of expert public and private representatives of the health industry has guided the development of this updated edition. A public meeting was held in Washington, D.C., in September 1982, to obtain comments from other concerned individuals and organizations. These comments have been considered in further refinement of the document. The PHS does not plan to republish this document in the future.

Public or private organizations interested in the continued availability of such guidance are strongly encouraged to assume responsibility for publication of the document in the future. To assist in this effort, the PHS will, on a continuing basis, make available its files, as well as the expertise of its staff.

In the preamble to the proposed rule, the Department indicated that it would continue to revise and publish these standards as technical guidance material. After further review of this issue, however, we have concluded that it is not an appropriate role for the Department as the Department has not regulated hospital construction for the past few years. The standards should thus no longer be a part of Departmental regulations, and their further publication should be undertaken by other public or private organizations.

Responses to Public Comment

Interested persons were invited to submit comments on the proposed regulation on or before January 31, 1983. Twenty-one comments were received. The comments and the Department's response to the comments are set forth below.

Five major areas of concern were expressed in the comments received: (1) impact on State functions, (2) impact on public input, (3) national uniformity, (4) impact on quality of construction, health care delivery, and construction and maintenance costs, and (5) impact on the review and processing of applications for Department of Housing

and Urban Development and Department of Agriculture loans. The following is a synthesis of comments and the Department's responses to each.

(1) *Concern: Impact on State Functions*

Eight responders noted that the "Minimum Requirements" are widely referenced in State codes for licensure of health facilities by architects and engineers for uniformity. Some felt that State functions in the areas of licensing and inspection of health facilities would be disrupted by the change.

These responders believed that reference to Federal regulations adds credibility and legitimacy to State regulations and enhances State enforcement of codes. The responders explained that the proposed change would weaken States' ability to enforce requirements in the construction and modernization of health facilities. Moreover, elimination of the regulations would place upon States the responsibility of developing and updating standards. States have limited resources to undertake the research required to develop standards and continually modify them as the state-of-the-art changes. One State requested that implementation be deferred until States have time to modify the standards in their statutes, codes, rules, and ordinances.

Response

The Department is aware that the regulations have been recognized and used in various ways by State and local governments. As stated in the NPRM, the use of the "Minimum Requirements" by governmental and private entities is not dependent on their regulatory status. It is, therefore, the Department's view that such standards may be adopted by States and local governments even if they are issued as technical guidance.

(2) *Concern: Impact on Public Input*

Six commenters believed that public input is necessary to assure accuracy, fairness, and appropriateness of standards. Guidelines can be changed with no prior notification and, therefore, do not assure public input from affected parties. Five commenters suggested that if the document were removed from regulation, there should be provisions for continuing to update the document and provide the public with an opportunity to comment. Another comment centered around the difficulties trade associations would have if they attempted to comment on 50 different sets of requirements to be developed by 50 States.

Response

The Department's action is not intended to eliminate the open process which has been used to date in the development and modification of the "Minimum Requirements." The final rule encourages other organizations to assume responsibility for the publication of the document, including its development with broad public input. A revised edition has been published concurrently with the issuance of this final rule.

(3) Concern: National Uniformity

Eight commenters stated that the "Minimum Requirements" have provided a uniform base for health facilities design which is well accepted and recognized as the sole national standard. Elimination from regulation would result in the plethora of potentially conflicting requirements across the United States. This would present difficulties for parties who must work across State boundaries, such as designers and reviewers of loan applications. The possibility of 50 different sets of regulations would complicate the review process. One commenter foresaw increased litigation resulting from omissions or errors made in the review process. Moreover, two associations pointed out that State authorities could change the requirements which may not only result in inconsistent standards but also place unrealistic demands upon manufacturers.

Response

The "Minimum Requirements" document has served as a basis upon which many individual States develop their own standards. However, national consistency does not now exist with regard to hospital construction standards. Although a number of States adopt the minimum standards, many merely use the Federal standards as a basis for development of their own standards, while others do not make use of the standards at all. Finally, the adoption of such standards by a State is not precluded regardless of whether the standards are incorporated by reference in the CFR.

(4) Concern: Impact on the Quality of Construction, Delivery of Health Care, and Construction and Maintenance Costs

Five commenters were concerned about lowering the quality of construction, safety and health care services delivered. Building standards, it was noted, can be lowered if each State is able to develop its own standards.

One of these respondents argued that without the Federal presence the hospitals would be controlled by designers and constructors. Substandard facilities would be built to hold down initial construction costs. One commenter stated that the "Minimum Requirements" has served as an important safeguard for nursing home residents.

Two industry associations commented that uniformity of standards has allowed them to minimize production costs which resulted in lower product costs. Unrealistic demands by various regional, State, and local entities could affect costs. One respondent commented that given a free hand, State and local governments would adopt more stringent codes which would increase construction costs. On the other hand, other commenters argued that substandard facilities would be built to hold down initial costs, but long-term maintenance and renovation costs would be increased. A capital financial consultant agreed with this last point.

Response

Removal from regulation would not preclude the continued use or adoption of the "Guidelines for Construction and Equipment of Hospital and Medical Facilities" by States. The minimum standards do not currently have a statutory purpose since the Title XVI medical facilities construction grant and loan authority expired at the end of FY 1982. Since their use by facilities other than recipients of Title XVI loans at this time is strictly voluntary, deregulation would have minimal impact on the industry.

(5) Concern: Impact on the Review and Processing of Applications for the Department of Housing and Urban Development and the Department of Agriculture

Four commenters stated that if the regulation were eliminated, the reviews of these applications would not be possible. The capital financial consultant felt that elimination of national standards would jeopardize hospitals' ability to finance projects under section 242 of the National Housing Act (12 U.S.C. 1715b, 1715z) because of lack of assurance of adequate construction standards. The difficulty in reviewing project applications using various standards was addressed in concern #3.

Response

Loan applications under section 242 of the National Housing Act would be reviewed using the "Guidelines for

Construction and Equipment for Hospital and Medical Facilities" in accordance with the Memorandum of Agreement (MOA). These criteria, however, need not be included in HHS regulations in order to be applied to loans under section 242.

Impact Analysis**Executive Order 12291**

Implementation of this final rule will incur no costs or benefits to the Public. Since the Title VI and XVI grant and loan authority have expired, references in regulation to the "Minimum Requirements of Construction and Equipment for Hospital and Medical Facilities" are now obsolete. Therefore, the Secretary has determined that this regulation is not a major rule under Executive Order 12291. Further, because this rule does not have a significant economic impact on a substantial number of small entities, a regulatory flexibility analysis under the Regulatory Flexibility Act of 1980 is not required.

List of Subjects in 42 CFR Part 124

Grant programs—Health, Health facilities, Low income persons, Minimum requirements for construction.

Accordingly, 42 CFR Part 124, Subpart A, § 124.4(d) and Subpart C, § 124.200–203 are removed as set forth below:

Authority: Secs. 215, 1602, 1625, Public Health Service Act (42 U.S.C. 216, 3000–1, 3005) unless otherwise noted.

Dated: March 2, 1984.

Edward N. Brandt, Jr.,
Assistant Secretary for Health.

Approved: July 19, 1984.

Margaret M. Heckler,
Secretary.

PART 124—MEDICAL FACILITY CONSTRUCTION AND MODERNIZATION**Subpart A—Amended****§ 124.4 [Amended]**

1. Remove and reserve paragraph (d) of § 124.4 in its entirety.

§§ 124.200—124.203 [Removed]**Subpart C—[Reserved]**

2. Remove and reserve Subpart C (§§ 124.200—124.203) in its entirety. The reference in the Table of Contents to Part 124, Subpart C is changed accordingly.

[FR Doc. 84-22002 Filed 8-17-84; 8:45 am]

BILLING CODE 4160-16-M