

§ 271.101 [Amended]

2. Section 271.101(a) is amended by adding the maximum lawful prices for May, June, and July, 1989 in Tables I and II.

TABLE II.—NATURAL GAS CEILING PRICES:
NGPA §§ 104 AND 106(a) (SUBPART D,
PART 271)

Category of natural gas and type of sale or contract	May 1989	June 1989	July 1989
Maximum lawful price per MMBtu for deliveries made in:			
Post-1974 gas: ² All producers.....	\$2.833	\$2.842	\$2.852
1973-1974 Biennium gas:			
Small producer.....	2.392	2.400	2.408
Large producer.....	1.831	1.837	1.843
Interstate Rollover gas: All producers.....	1.052	1.056	1.060
Replacement contract gas or recompletion gas:			
Small producer.....	1.344	1.349	1.354
Large producer.....	1.030	1.033	1.036
Flowing gas:			
Small producer.....	.679	.681	.683
Large producer.....	.573	.575	.577
Certain Permian Basin gas:			
Small producer.....	.802	.805	.808
Large producer.....	.708	.710	.712
Certain Rocky Mountain gas:			
Small producer.....	.802	.805	.808
Large producer.....	.679	.681	.683
Certain Appalachian Basin gas:			
North subarea contracts dated after 10-7-69.....	.645	.647	.649
Other contracts.....	.597	.599	.601
Minimum rate gas: All producers ¹	.353	.354	.355

¹ Prices for minimum rate gas are expressed in terms of dollars per Mcf, rather than MMBtu.

² This price may also be applicable to other categories of gas (see § 271.402 and 271.602).

§ 271.102 [Amended]

3. Section 271.102(c) is amended by adding the inflation adjustment for the month of May, June, and July, 1989 in Table III.

Table III.—Inflation Adjustment

Month of Delivery 1989—	Factor ¹
May.....	1.00335
June.....	1.00335
July.....	1.00335

¹ Factor by which price in preceding month is multiplied.

[FR Doc. 89-10623 Filed 5-3-89; 8:45 am]

BILLING CODE 6717-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Social Security Administration

20 CFR Part 416

[Regulations No. 16]

RIN 0960-AC54

Public Emergency Shelters for the Homeless, Exclusion of Underpayments, Increase in Benefit Rate for Individuals in Medical Care Facilities

AGENCY: Social Security Administration, HHS.

ACTION: Interim Rules with request for comments.

SUMMARY: These interim rules reflect sections 9113, 9114, and 9119 of Public Law (Pub. L.) 100-203, the Omnibus Budget Reconciliation Act of 1987, signed into law on December 22, 1987. They affect applicants for and recipients of Supplemental Security Income (SSI) payments. These regulations increase the number of months an individual who resides in a public emergency shelter for the homeless may be eligible for SSI payments, extend the time period during which certain retroactive benefit payments made under the Federal Old-Age, Survivors, and Disability Insurance (OASDI) or SSI programs will be excluded from resources, and increase the SSI Federal benefit rate for individuals in certain medical institutions where Medicaid pays more than half the cost of their care. These interim rules also provide that States making an optional supplementary payment to residents in these medical institutions on or after October 1, 1987, and before July 1, 1988, are required to continue making such payments. Thus, the increase in the Federal payment for individuals in these medical institutions is passed along to the recipients.

DATES: These rules are effective on May 4, 1989. We will consider any comments we receive by July 3, 1989.

ADDRESSES: Comments should be submitted in writing to the Commissioner of Social Security, Department of Health and Human Services, P.O. Box 1585, Baltimore, MD 21235, or delivered to the Office of Regulations, Social Security Administration, 3-B-4 Operations Building, 6401 Security Boulevard, Baltimore, MD 21235, between 8:00 a.m. and 4:30 p.m. on regular business days. Comments received may be inspected

during these same hours by making arrangements with the contact person shown below.

FOR FURTHER INFORMATION CONTACT:

Henry Lerner, Office of Regulations, Social Security Administration, 6401 Security Blvd., Baltimore, MD 21235, (301) 965-1756.

SUPPLEMENTARY INFORMATION: Section 9113 of Pub. L. 100-203 extends from up to 3 months in any 12-month period to up to 6 months in any 9-month period the length of time throughout which an individual residing in a public emergency shelter for the homeless may be eligible to receive SSI payments. This change is effective January 1, 1988. Section 1611(e)(1)(A) of the Social Security Act (the Act) provides that, with certain limited exceptions, no otherwise eligible individual may be eligible for SSI benefits for any months throughout which he or she is a resident of a public institution. Sections 1611(e)(1)(B) and (C) provide exceptions for residents of certain medical institutions which receive payments for the cost of an individual's care from Medicaid and for residents of publicly operated community residences having 16 or fewer residents. Section 1611(e)(1)(D), added by section 403 of Pub. L. 98-21, provides another exception to the general limitation on SSI eligibility for residents of public institutions. Section 1611(e)(1)(D), before it was amended by Pub. L. 100-203, provided that an aged, blind, or disabled individual who is a resident of a public emergency shelter for the homeless throughout a month could be eligible for SSI benefits for up to 3 months of such residence in any 12-month period. This is reflected in our regulations at § 416.211(d). As amended by section 9113 of Pub. L. 100-203, effective January 1, 1988, section 1611(e)(1)(D) now provides eligibility for benefits to such residents of public emergency shelters for the homeless for up to 6 months in any 9-month period. Section 9113 further provides that months before January 1988 in which an individual was eligible under section 1611(e)(1)(D) are not to be taken into account in determining this eligibility. The regulations at § 416.211(d) are being changed to so provide.

These interim regulations also amend § 416.201 to define "any 9-month period," delete the definition of "any 12-month period," and provide that January 1988 is the earliest possible month in any 9-month period.

Section 9114 of Pub. L. 100-203 amended section 1613(a)(7) of the Act to extend temporarily by 3 months the

period during which any retroactive benefit payments made under the OASDI or SSI programs are excluded from an individual's resources for SSI eligibility purposes. Prior to this amendment, section 1613(a)(7) provided that any such payments be excluded from resources for the first 6 months following the month of receipt of the retroactive benefits. As now amended, any such retroactive benefits received by an individual during the period beginning October 1, 1987, and ending September 30, 1989, are excluded from resources for the first 9 months following the month of their receipt. These interim regulations add language to § 416.1233 of our regulations to reflect this temporary increase in the length of time within which such retroactive benefits are excluded from consideration as a resource.

Section 9119(a) of Pub. L. 100-203 amended section 1611(e)(1)(B) of the Act to increase the benefit rate of SSI recipients in certain medical institutions which receive payments for the cost of their care from Medicaid. This benefit rate, which is applicable to persons residing in medical care facilities where more than 50 percent of the cost of their care is paid by Medicaid, was increased from \$25 to \$30 a month for an individual and from \$50 to \$60 a month for a couple if both are in such a hospital, home, or facility. This increase was effective July 1, 1988. As under prior law, the SSI benefit rate is reduced by the amount of any income not specifically excluded from consideration as income by section 1612(b) of the Act or other Federal laws. These interim regulations make the changes necessary to §§ 416.414(b), 416.432 (a) and (b), 416.1160(b)(2)(ii), 416.1163(f)(5), and 416.1165(g)(6) to describe this increased benefit rate.

Section 9119(b) amended section 1618 of the Act to require those States that make supplementary payments to individuals in certain medical institutions which receive payments for the cost of the individual's care from Medicaid to "passalong" the increase by maintaining their supplementary payment levels in effect October 1, 1987 (or if a State first makes the payments after October 1, 1987, but before July 1, 1988, the level for the first month payments are made). This provision is also effective July 1, 1988. The requirement will be reflected in the revised regulations. These interim regulations provide that "passalong" applies to certain State supplementary payments received by residents of Medicaid facilities, as defined in § 416.2096(d). The legislation specifically

mentions that the combined Federal/State payment amount must be increased by \$5/\$10 (individual/couple) effective July 1, 1988. If a State was not making a payment to a resident of a Medicaid facility on June 30, 1988, there was no combined amount to increase. If a State began a supplementary payment after June 30, 1988, the \$5/\$10 increase was already reflected in the Federal benefit rate (\$30/\$60). Therefore, this passalong requirement is not applicable to State supplementary payments begun after June 30, 1988. The changes to §§ 416.2095 through 416.2099 made by these interim regulations describe the passalong requirements a State must meet to maintain its supplementary payment level. States which elect to comply with the passalong requirements of section 1618(g) of the Act by the maintenance of the payment levels method are required to maintain the combined Federal/State payment level payable to residents of Medicaid facilities increased by the \$5/\$10 increase in the Federal benefit rate payable to such residents effective July 1, 1988. States which elect to comply with section 1618(g) of the Act by the total expenditures method are also required to maintain the combined Federal/State payment level payable to residents of Medicaid facilities. Such States, in effect, comply partly under the total expenditures method and partly under the payment levels method.

We are at this time also correcting an erroneous reference in § 416.1124(a) resulting from earlier changes to this section published at 50 FR 48574, November 26, 1985. The reference should be to paragraph (c)(12) rather than (c)(10).

Justification for Dispensing With Rulemaking Procedures

We are publishing these amendments to the regulations implementing sections 9113, 9114, and 9119 of Pub. L. 100-203 as interim rules instead of proposed rules.

The Department, even when not required by statute, as a matter of policy, generally follows the Administrative Procedure Act (APA) notice of proposed rulemaking and public comment procedures specified in 5 U.S.C. 553 in the development of its regulations. The APA provides exceptions to its notice and comment procedures when an agency finds there is good cause for dispensing with such procedures. Section 553(b)(3)(B) of the APA exempts application of notice and comment rulemaking procedures "when the agency for good cause finds * * * that notice and public procedures thereon are impracticable, unnecessary, or contrary to the public interest." We

find good cause to dispense with Notice of Proposed Rulemaking in the case of these rules because we find that such rulemaking is "unnecessary" since the statutory provisions upon which the regulations are based are self-executing, and these regulations do not require any exercise of discretion.

Regulatory Procedures

Executive Order No. 12291

The Secretary has determined that this is not a major rule under Executive Order 12291, since the program and administrative costs of each of the three provisions discussed in these interim rules are expected to be less than \$100 million and the threshold criteria for a major rule are not otherwise met. Therefore, a regulatory impact analysis is not required.

Paper Work Reduction Act

These interim rules impose no additional reporting and recordkeeping requirements subject to Office of Management and Budget clearance.

Regulatory Flexibility Act

We certify that these interim rules will not have a significant economic impact on a substantial number of small entities since these rules affect only individuals and States. Therefore, a regulatory flexibility analysis as provided in Pub. L. 96-354, the Regulatory Flexibility Act, is not required.

(Catalog of Federal Domestic Assistance Program No. 13-807, Supplemental Security Income Program)

List of Subjects in 20 CFR Part 416

Administrative practice and procedure, Aged, Blind, Disability benefits, Public assistance programs, Supplemental Security Income.

Dated: January 6, 1989.

Dorcas R. Hardy,

Commissioner of Social Security.

Approved: April 3, 1989.

Louis W. Sullivan,

Secretary of Health and Human Services.

Part 416 of Chapter III of Title 20 of the Code of Federal Regulations is amended to read as follows:

PART 416—[AMENDED]

1. The authority citation for Subpart B of Part 416 continues to read as follows:

Authority: Secs. 1102, 1110(b), 1602, 1611, 1614, 1615(c), 1619(a), 1631, and 1634 of the Social Security Act; 42 U.S.C. 1302, 1310(b), 1381a, 1382, 1382c, 1382d(c), 1382h(a), 1383, and 1383c; secs. 211 and 212 of Pub. L. 93-66, 87 Stat. 154 and 155; sec. 502(a) of Pub. L. 94-

241, 90 Stat. 268; and sec. 2 of Pub. L. 99-643, 100 Stat. 3574.

2. Section 416.201 is amended by revising the first paragraph to read as follows:

§ 416.201 General definitions and terms used in this subpart.

"Any 9-month period" means any period of 9 full calendar months ending with any full calendar month throughout which (as defined in § 416.211) an individual is residing in a public emergency shelter for the homeless (as defined in this section) and including the immediately preceding 8 consecutive full calendar months. January 1988 is the earliest possible month in any 9-month period.

3. Section 416.211 is amended by revising paragraph (d) and the example which follows paragraph (d) to read as follows:

§ 416.211 You are a resident of a public institution.

(d) *Exception for residents of public emergency shelters for the homeless.* For months after December 1987, if you are a resident of a public emergency shelter for the homeless (defined in § 416.201) you may be eligible for SSI benefits for any 6 months throughout which you reside in a shelter in any 9-month period (defined in § 416.201). The 6 months do not need to be consecutive and we will not count as part of the 6 months any prior months throughout which you lived in the shelter but did not receive SSI benefits. We will also not count any months throughout which you lived in the shelter and received SSI benefits prior to January 1988.

Example: You are receiving SSI benefits when you lose your home and enter a public emergency shelter for the homeless on March 10, 1988. You remain a resident of a shelter until October 10, 1988. Since you were not in the shelter throughout the month of March, you are eligible to receive your benefit for March without having this month count towards the 6-month period. The last full month throughout which you reside in the shelter is September 1988. Therefore, if you meet all eligibility requirements, you will also be paid benefits for April through September (6 months during the 9-month period September 1988 back through January 1989). If you are otherwise eligible, you will receive your SSI benefit for October when you left the shelter, since you were not a resident of the shelter throughout that month.

4. The authority citation for Subpart D of Part 416 continues to read as follows:

Authority: Secs. 1102, 1611 (a), (b), (c), and (e), 1612, 1617, and 1631 of the Social Security

Act; 42 U.S.C. 1302, 1382 (a), (b), (c), and (e), 1382a, 1382f, and 1383.

5. Section 416.414 is amended by revising paragraphs (b)(1), (b)(2), and (b)(3)(i) to read as follows:

§ 416.414 Amount of benefits; eligible individual or eligible couple in a medical care facility.

(b) *The benefit rates are—*(1) *Eligible individual.* For months after June 1988, the benefit rate for an eligible individual with no eligible spouse is \$30 per month. The benefit payment is figured by subtracting the eligible individual's countable income (see Subpart K) from the benefit rate as explained in § 416.420.

(2) *Eligible couple both in medical care facilities.* For months after June 1988, the benefit rate for a couple is \$60 a month. The benefit payment is figured by subtracting the couple's countable income (see Subpart K) from the benefit rate as explained in § 416.420.

(3) *Eligible couple with one spouse in a medical care facility.* The couple's benefit rate equals:

(i) For months after June 1988, \$30 per month for the spouse in the medical care facility; plus

§ 416.432 [Amended]

6. Section 416.432 is amended by revising "\$25" to "\$30" wherever it appears in paragraphs (a) and (b).

7. The authority citation for Subpart K continues to read as follows:

Authority: Secs. 1102, 1602, 1611, 1612, 1613, 1614(f), 1621, and 1631 of the Social Security Act; 42 U.S.C. 1302, 1381a, 1382, 1382a, 1382b, 1382c(f), 1382j, and 1383; sec. 211 of Pub. L. 93-66, 87 Stat. 154; sec. 2639 of Pub. L. 98-369, 98 Stat. 1144.

§ 416.1124 [Amended]

8. Section 416.1124 is amended by revising the internal reference in the last sentence of paragraph (a) from "(c)(10)" to "(c)(12)".

§ 416.1160 [Amended]

9. Section 416.1160 is amended by revising "\$25" to "\$30" in the last sentence of paragraph (b)(2)(ii).

§ 416.1163 [Amended]

10. Section 416.1163 is amended by revising "\$25" to "\$30" wherever it appears throughout paragraph (f)(5).

§ 416.1165 [Amended]

11. Section 416.1165 is amended by revising "\$25" to "\$30" in title of paragraph (g)(6) and wherever else it appears in paragraph (g)(6).

12. The authority citation for Subpart L continues to read as follows:

Authority: Secs. 1102, 1602, 1611, 1612, 1613, 1614(f), 1621, and 1631 of the Social Security Act; 42 U.S.C. 1302, 1381a, 1382, 1382b, 1382c(f), 1382j, and 1383; sec. 211 of Pub. L. 93-66, 87 Stat. 154.

13. Section 416.1233 is amended by revising paragraphs (a), (c), and (e) to read as follows:

§ 416.1233 Exclusion of certain underpayments from resources.

(a) *General.* In determining the resources of an eligible individual (and spouse, if any), we will exclude, for 6 months following the month of receipt, the unspent portion of any title II or title XVI retroactive payment received on or after October 1, 1984. *Exception:* We will exclude for 9 months following the month of receipt the unspent portion of any title II of title XVI retroactive payment received during the period beginning October 1, 1987, and ending September 30, 1989. This exclusion also applies to such payments received by any other person whose resources are subject to deeming under this subpart.

(c) *Limitation on exclusion.* This exclusion applies only to any unspent portion of retroactive payments made under title II or XVI. Once the money from the retroactive payment is spent, this exclusion does not apply to items purchased with the money, even if the 6-month or 9-month period, whichever is applicable (see paragraph (a) of this section), has not expired. However, other exclusions may be applicable. As long as the funds from the retroactive payment are not spent, they are excluded for the full 6-month or 9-month period, whichever is applicable.

(e) *Written notice.* We will give each recipient a written notice of the exclusion limitation when we make the retroactive payment.

14. The authority citation for Subpart T of Part 416 continues to read as follows:

Authority: Secs. 1102, 1616, 1618, and 1631 of the Social Security Act; 42 U.S.C. 1302, 1382e, 1382g, and 1383; sec. 212 of Pub. L. 93-66, 87 Stat. 155; sec. 401 of Pub. L. 92-603, 86 Stat. 1485; sec. 8 of Pub. L. 93-233, 87 Stat. 956; secs. 1 and 2 of Pub. L. 93-335, 88 Stat. 291.

15. Section 416.2095 is amended by revising the last sentence in paragraph (a)(2) to read as follows:

§ 416.2095 Passalong of Federal benefit increases.

(a) * * *

(2) * * * Except for the supplementary payment level made to residents of Medicaid facilities (see § 416.2096(d)), a State can decrease one or more of its payment levels if it meets an annual total expenditures test.

16. Section 416.2096 is amended by revising paragraph (a), introductory text of (b) and (c), and by adding a new paragraph (d) to read as follows:

§ 416.2096 Basic passalong rules.

(a) *State agreements to maintain supplementary payment levels.* (1) In order to be eligible to receive Medicaid reimbursement, any State that makes supplementary payments, other than payments to residents of Medicaid facilities where Medicaid pays more than 50 percent of the cost of their care (see paragraph (d) of this section for definition of Medicaid facility and § 416.414 for discussion of the reduced SSI benefit amount payable to residents of Medicaid facilities), on or after June 30, 1977, must have in effect an agreement with the Secretary. In this agreement—

(b) *Meeting the passalong requirements—supplementary payment levels.* The provisions of this paragraph do not apply to the supplementary payment level for residents of Medicaid facilities (see paragraph (d) of this section).

(c) *Meeting the passalong requirement—total expenditures.* *Exception.*—The provisions of this paragraph do not apply to the supplementary payment level for residents of Medicaid facilities (see paragraph (d) of this section).

(d) *Payments to residents to Medicaid facilities.* A Medicaid facility is a medical care facility where Medicaid pays more than 50 percent of the cost of a person's care. In order to be eligible to receive Medicaid reimbursement, any State that has a supplementary payment level for residents of Medicaid facilities on or after October 1, 1987, must have in effect an agreement with the Secretary to maintain such supplementary payment level at least equal to the October 1987 level (or if a State first makes such supplementary payments after October 1, 1987, but before July 1, 1988, the level for the first month the State makes such supplementary payments).

17. Section 416.2097 is amended by revising the introductory text in

paragraph (a) and by adding a new paragraph (d) to read as follows:

§ 416.2097 Combined supplementary/SSI payment levels.

(a) Other than the level for residents of Medicaid facilities (see paragraph (d) of this section), the combined supplementary/SSI payment level for each payment category that must be provided in any month after March 1983 (or if a State first made supplementary payments after March 1983, the combined supplementary SSI payment levels in effect the first month the State made supplementary payments) in order for a State to meet the requirement of the first sentence of § 416.2096(b) is the sum of—

(d) The combined supplementary/SSI payment level which must be maintained for residents of Medicaid facilities is the State supplement payment on October 1, 1987, or if no such payments were made on October 1, 1987, the supplementary payment amount made in the first month that a supplementary payment was made after October 1987 but before July 1, 1988, plus the Federal benefit rate in effect in October 1987 increased by \$5 for an individual/\$10 for a couple effective July 1, 1988.

18. Section 416.2098 is amended by revising the first sentence of paragraph (a) to read as follows:

§ 416.2098 Supplementary payment levels.

(a) *General.* For the purpose of determining the combined supplementary/SSI payment levels described in § 416.2097(a) (i.e., the levels that must be provided in any month after March 1983), the supplementary payment level, except for the level for residents of Medicaid facilities (see § 416.2097(d)), for each payment category must be no less than the total Statement payment for March 1983 for that payment category that a State provided an eligible individual (or couple) with no countable income in excess of the FRB for March 1983.

19. Section 416.2099(a) is amended by removing "and" at the end of subparagraph (3), by removing the period at the end of subparagraph (4) and replacing it with "; and" and by adding a new paragraph (a)(5) to read as follows:

§ 416.2099 Compliance with passalong.

(5) The State supplementary payment level payable to residents of Medicaid facilities (see § 416.2096(d)) on October

1, 1987 (or, if a State first makes such supplementary payments after October 1, 1987, but before July 1, 1988, the level for the month the State first makes such supplementary payments). The State shall also report all changes in such payment levels.

[FR Doc. 89-10715 Filed 5-3-89; 8:45 am]

BILLING CODE 4190-11-M

DEPARTMENT OF THE TREASURY

Internal Revenue Service

26 CFR Parts 1 and 602

[T.D. 8226]

Consolidated Return Regulations—Adjustments Reflecting a Restructuring of a Consolidated Group

AGENCY: Internal Revenue Service, Treasury.

ACTION: Correction to temporary and final regulations.

SUMMARY: This document contains a correction to temporary and final regulations that were published in the *Federal Register* for Thursday, September 8, 1988 (53 FR 34729) as Treasury Decision 8226.

FOR FURTHER INFORMATION CONTACT: Judith C. Winkler, at (202)-377-9665 (not a toll-free number).

SUPPLEMENTARY INFORMATION:

Background

The temporary and final regulations that are the subject of this correction adds new temporary regulations §§ 1.1502-31T, 1.1502-33T, and 1.1502-77T to Part 1 of title 26 of the Code of Federal Regulations and makes conforming amendments to §§ 1.1502-31, 1.1502-33, and 1.1502-77.

Need for Correction

As published, Treasury Decision 8226 contains a typographical error that, if not corrected, might cause confusion to taxpayers and practitioners.

Correction of Publication

Accordingly, the publication of Treasury Decision 8226, which was the subject of FR Doc. 88-20394, is corrected to read as follows:

Paragraph 1. On page 34731, third column, the section heading that reads "§ 1.1503-31T" is removed, and the reference is corrected to read "§ 1.1502-31T."

Note: For a Federal Register correction to this document, see the Corrections Section of this issue.

Dale D. Goode,

Chief, Regulations Unit, Assistant Chief Counsel (Corporate).

[FR Doc. 89-10604 Filed 5-3-89; 8:45 am]

BILLING CODE 4830-01-M

DEPARTMENT OF TRANSPORTATION

Coast Guard

33 CFR Part 3

[CGD 89-039]

RIN 2115-AD26

Changes to Honolulu and Guam Marine Inspection Zones and Captain of the Port Zones

AGENCY: Coast Guard DOT.

ACTION: Final rule.

SUMMARY: This rule reassigns various Coast Guard Marine Inspection and Captain of the Port Zones within the Fourteenth Coast Guard District to reflect a minor organizational change in the Coast Guard. The Coast Guard Marine Safety Office Guam will assume responsibility for Coast Guard marine safety functions in Palau from the Coast Guard Marine Safety Office Honolulu. This organizational change will not affect any Coast Guard services to the public.

EFFECTIVE DATE: May 4, 1989.

FOR FURTHER INFORMATION CONTACT: Cynthia Clark, Program Analyst, U.S. Coast Guard, Office of Marine Safety and Environmental Protection, Planning Staff, 2100 Second Street SW., Washington, DC 20593-0001. Telephone (202) 267-0784. Normal working hours are between 8:00 a.m. and 3:30 p.m., Monday through Friday, except holidays.

SUPPLEMENTARY INFORMATION: A notice of proposed rulemaking was not prepared for this regulation. These amendments are matters relating to agency organization and are exempt from the notice and comment requirements of 5 U.S.C. 553(b). Since this rule reflects current organizational changes being placed in effect and has no substantive effect, good cause exists to make it effective in less than 30 days after publication under 5 U.S.C. 553(d). The rulemaking merely changes Marine Inspection and Captain of the Port Zones to conform with changes in the Coast Guard's internal organization. There will be no adverse effect on the public since Fourteenth Coast Guard District units will continue to perform all

functions affecting the public that were previously performed.

Drafting Information

The principal persons involved in drafting this rulemaking are Commander M.W. Mastenbrook, Project Manager, Fourteenth Coast Guard District Marine Safety Division; and Commander M.J. Williams, Project Counsel, Fourteenth Coast Guard District Legal Office.

Discussion

A Marine Safety Office is a consolidation of the Marine Inspection Office and the Captain of the Port Office. On June 1, 1988, the Coast Guard established Marine Safety Office Guam. The Coast Guard Marine Safety Office in Guam assumed responsibility for the discharge of Coast Guard marine safety functions for Guam and the Commonwealth of Northern Mariana Islands from the Marine Safety Office in Honolulu. However, the responsibility for marine safety functions for Palau remained with the Marine Safety Office in Honolulu with an assumption that Palau would shortly become independent under a compact of free association like that with Federated States of Micronesia and the Republic of the Marshall Islands. Since Palau's independence has been delayed, the Coast Guard will shift its responsibilities for Palau to the closer Marine Safety Office in Guam. While enabling more efficient internal management and enhancing performance of missions, this organization change will not affect any Coast Guard services to the public.

Regulatory Evaluation

This final rule is exempt from the provisions of Executive Order 12291 since it pertains to matters of agency organization as provided for in section 1(a)(3) of the Order. It is considered to be non-significant under DOT regulatory policies and procedures (44 FR 11034; February 26, 1979). The economic impact of this final rule has been found to be minimal and further evaluation is unnecessary. This final rule places no requirements on any sector of the public. The rule reflects a change in internal Coast Guard organization and a streamlining of logistics and support functions. In accomplishing this, some functions, and personnel, will be transferred from one location to another. Since the impact of the final rule is minimal, the Coast Guard certifies that it will not have a significant adverse economic impact on a substantial number of small entities.

Federalism

This action has been analyzed in accordance with the principles and criteria contained in Executive Order 12612, and it has been determined that this final rule does not have sufficient federalism implications to warrant the preparation of a Federalism Assessment.

List of Subjects in 33 CFR Part 3

Organization and functions (Government agencies).

In consideration of the foregoing, Part 3 Title 33 of the Code of Federal Regulations is amended as set forth below.

PART 3—[AMENDED]

1. The authority citation for Part 3 continues to read as follows:

Authority: 14 U.S.C. 633; 49 CFR 1.45, 1.46.

2. In § 3.70-10, paragraph (b) is revised to read as follows:

§ 3.70-10 Honolulu Marine Inspection Zone and Captain of the Port Zone.

(b) The Honolulu Marine Inspection Zone and the Honolulu Captain of the Port Zone boundaries are the boundaries of the Fourteenth Coast Guard District, except for the Territory of Guam, the Commonwealth of the Northern Mariana Islands and Palau.

3. Section 3.70-15, paragraph (b) is revised to read as follows:

§ 3.70-15 Guam Marine Inspection Zone and Captain of the Port Zone.

(b) The Guam Marine Inspection Zone and the Guam Captain of the Port Zone are comprised of the area of the Territory of Guam, the Commonwealth of the Northern Mariana Islands and Palau.

Dated: April 21, 1989.

M.J. Schiro,

Captain, U.S. Coast Guard, Acting Chief, Office of Marine Safety, Security and Environmental Protection.

[FR Doc. 89-10615 Filed 5-3-89; 8:45 am]

BILLING CODE 4910-14-M

33 CFR Part 100

[CGD13-89-02]

RIN 2115-AC 84

Marine Parade: Seattle Yacht Club, Opening Day

AGENCY: Coast Guard, DOT.

ACTION: Final rule.