Division (H-7505C), Office of Pesticide Programs, Environmental Protection Agency, 401 M St., SW., Washington, DC 20460. Office location and telephone number: Rm. 716, CM#2, 1921 Jefferson Davis Hwy., Arlington, VA 22202 (703)-557-2226.

**SUPPLEMENTARY INFORMATION:** EPA issued a proposed rule, published in the **Federal Register** of May 9, 1990 (OPP-300210 at 55 FR 19281), which proposed the revocation of tolerances under the Federal Food, Drug, and Cosmetic Act (FFDCA) for residues of oryzalin in or on peppermint hay, spearmint hay, and sweet potatoes.

EPA also issued a second proposed rule, published in the same issue of the **Federal Register** (OPP-300211 at 55 FR 19283), which proposed the revocation of the food additive regulations under the FFDCA regulations listed in 40 CFR 185.4550 for residues of oryzalin in or on peppermint oil and spearmint oil, resulting from carryover and concentration of residues in these processed foods when present as a result of application to growing peppermint and spearmint crops. This final rule consolidates the two proposals into one final rule document.

No public comments on either proposal or requests for referral to an advisory committee on OPP-300210 were received in response to the notices of proposed rulemaking.

Therefore, based on the information considered by the Agency and discussed in detail in the May 9, 1990 proposal and in this final rule, the Agency is hereby (1) revoking the tolerances listed in 40 CFR 180.304 for residues of oryzalin in or on peppermint hay, spearmint hay, and sweet potatoes, and (2) revoking the food additive tolerances listed in 40 CFR 185.4550 for residues of oryzalin in or on peppermint oil and spearmint oil.

Any person adversely affected by this regulation may, within 30 days after publication of this document in the **Federal Register**, file written objections and/or a request for a hearing with the Hearing Clerk, at the address given above. The objections submitted must specify the provisions of the regulation deemed objectionable and the grounds for the objections. If a hearing is requested, the objections must include a statement of the factual issue(s) on which a hearing is requested and the requestor's contentions on each such issue. A request for a hearing will be granted if the Administrator determines that the material submitted shows the following: There is a genuine and substantial issue of fact; there is a reasonable possibility that available evidence identified by the requestor would, if established, resolve one or more of such issues in favor of the requestor, taking into account uncontested claims or facts to the contrary; and resolution of the factual issue(s) in the manner sought by the requestor would be adequate to justify the action requested.

This document has been reviewed by the Office of Management and Budget as required by section 3 of Executive Order 12291.

**Executive Order 12291**

As explained in the proposals published May 9, 1990 (55 FR 19281, 19283), the Agency has determined, pursuant to the requirements of Executive Order 12291, that the removal of these tolerances will not cause adverse economic impact on significant portions of U.S. enterprises.

**Regulatory Flexibility Act**

This rulemaking has been reviewed under the Regulatory Flexibility Act of 1980 (Pub. L. 96-354, 94 Stat. 1164, 5 U.S.C. 601 et seq.), and it has been determined that it will not have a significant economic impact on a substantial number of small businesses, small governments, or small organizations. The reasons for this conclusion are discussed in the May 9, 1990 proposals.

**List of Subjects in 40 CFR Parts 180 and 185**

Administrative practice and procedure, Agricultural commodities, Pesticides and pests, Feed additives, Reporting and recordkeeping requirements.

Dated: June 5, 1991.

**Victor J. Kimm,**

*Acting Assistant Administrator for Pesticides and Toxic Substances.*

Therefore, 40 CFR parts 180 and 185 are amended as follows:

## PART 180—[AMENDED]

1. In part 180:

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

**Authority:** 21 U.S.C. 346a and 371.

**§ 180.304 [Amended]**

b. Section 180.304 *Oryzalin; tolerances for residues* is amended by removing the entries "Peppermint hay," "Spearmint hay," and "Sweet potatoes."

## PART 185—[AMENDED]

2. In part 185:

a. The authority citation for part 185 continues to read as follows:

Authority: 21 U.S.C. 348.

**§ 185.4550 [Removed]**

b. Section 185.4550 *Oryzalin* is removed.

[FR Doc. 91-13953 Filed 6-11-91; 8:45 am]

BILLING CODE 6560-50-F

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Care Financing Administration

### 42 CFR Part 418

[BPD-691-FC]

RIN: 0938-AE82

### Medicare Program; Payment for Hospice Care

**AGENCY:** Health Care Financing Administration (HCFA), HHS.

**ACTION:** Final rule with comment period.

**SUMMARY:** This final rule with comment period provides for new methodology to update the hospice daily payment rates and for an updated annual payment cap amount for hospice care under the Medicare program. The new methodology for calculating the daily hospice payment rate increase is set forth in section 1814(i) of the Social Security Act as amended by sections 6005 (a) and (c) of the Omnibus Budget Reconciliation Act of 1989.

**DATES:** Effective Dates: July 12, 1991. These updated hospice payment rates apply to daily payments made for care and services furnished from January 1, 1990 through September 30, 1991. The updated annual hospice cap amount applies to payments made for care and services furnished from November 1, 1989 through October 31, 1990.

Comment date: Comments will be considered if we receive them at the appropriate address, as provided below, by 5 p.m. on August 12, 1991.

**ADDRESSES:** Mail comments to the following address: Health Care Financing Administration, Department of Health and Human Services, attention: BPD-691-FC, P.O. Box 26676, Baltimore, Maryland 21207.

If you prefer, you may deliver your comments to one of the following addresses:

Room 309-G, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC.

Room 132, East High Rise Building, 6325 Security Boulevard, Baltimore, Maryland.

Due to staffing and resource limitations, we cannot accept facsimile (FAX) copies of comments.

In commenting, please refer to file code BPD–691–FC. Comments received timely will be available for public inspection as they are received, beginning approximately three weeks after publication of this document, in room 309–G of the Department's offices at 200 Independence Avenue, SW., Washington, DC, on Monday through Friday of each week from 8:30 a.m. to 5 p.m. (phone: 202–245–7890).

**FOR FURTHER INFORMATION CONTACT:** Randal Ricktor (301) 966–4586.

**SUPPLEMENTARY INFORMATION:**

## I. Background

Section 1812(a)(4) of the Social Security Act (the Act) provides the conditions for Medicare coverage for hospice care of terminally ill beneficiaries. Under the authority of section 1814(i) of the Act, hospices are paid on the basis of one of four prospectively determined rates for each day in which a qualified Medicare beneficiary is under the care of the hospice. The four categories of payment rates are routine home care, continuous home care, inpatient respite care, and general inpatient care, as described in regulations at 42 CFR 418.302.

The payment rates are periodically updated as required by section 1814(i)(1)(C)(ii) of the Act, and Medicare intermediaries adjust the rates to reflect local differences in wages, as set forth in § 418.306.

Section 1814(i)(2) of the Act specifies that Medicare payment to a hospice for care furnished over the period of a year is limited by a payment cap amount. Each individual hospice's cap amount is calculated by multiplying the yearly cap amount by the number of Medicare beneficiaries who elected to receive and did receive hospice care from the hospice during the cap period (November 1 through October 31).

## II. Provisions of this Final Rule With Comment Period

### *A. Hospice Payment Rates*

Section 6005(a) of the Omnibus Budget Reconciliation Act of 1989 (Pub. L. 101–239) amended section 1814(i)(1)(C) of the Act to provide for the following two changes in methodology concerning updating the daily payment rates:

- Effective January 1, 1990, the daily payment rates for routine home care and other services included in hospice care will be 120 percent of the rates in effect on September 30, 1989.
- For Federal fiscal years beginning on or after October 1, 1990, the daily payment rate for routine home care and other services included in hospice care will be the payment rates in effect during the previous Federal fiscal year, increased by the hospital market basket percentage increase (as defined in section 1886(b)(3)(B)(iii)) otherwise applicable to discharges occurring in the fiscal year.

Hospice payment rates in effect on September 30, 1989 are as follows:

| | |
|---|---|
| Routine home care | $63.17 |
| Continuous home care | 368.67 |
| Inpatient respite care | 65.33 |
| General inpatient care | 281.00 |

Thus, hospice payment rates, effective January 1, 1990 through the remainder of Federal fiscal year (FY) 1990, that is, through September 30, 1990, are as follows:

| | |
|---|---|
| Routine home care | $75.80 |
| Continuous home care: | |
| Full rate for 24 hours of care | 442.40 |
| Hourly rate | 18.43 |
| Inpatient respite care | 78.40 |
| General inpatient care | 337.20 |

Consistent with prior rates, these rates are subject to adjustment by a wage index. The amount of each of the FY 1990 rates subject to adjustment by the wage index is as follows:

| Category of payment | National rate | Wage component (subject to index) | Non-wage component |
|---|---|---|---|
| Routine home care | $75.80 | $52.08 | $23.72 |
| Continuous home care | 442.40 | 303.97 | 138.43 |
| Inpatient respite care | 78.40 | 42.43 | 35.97 |
| General inpatient care | 337.20 | 215.86 | 121.34 |

The hospital market basket percentage increase referred to above, which measures the estimated percentage by which the cost of a representative mix of inpatient hospital goods and services increases from FY 1990 to FY 1991, is 5.2 percent.

However, section 4007(a)(1) of the Omnibus Budget Reconciliation Act of 1990 (Pub. L. 101–508) established a freeze in the amount of payment for hospice care and services furnished under part A by deeming the market basket percentage increase (described in section 1886(b)(3)(B)(iii) of the Act) to be 0.0 percent for discharges occurring for the period beginning on October 21, 1990, and ending on December 31, 1990.

Therefore, the hospice payment rates for the period beginning on October 21, 1990 and ending on December 31, 1990 are the same as the FY 1990 rates set forth above.

New hospice payment rates for the remainder of FY 1991, that is, October 1, 1990 through October 20, 1990, and January 1, 1991 through September 30, 1991, are the product of the FY 1990 rates and the market basket increase of 5.2 percent. Accordingly, hospice payment rates for care and services furnished in FY 1991 are as follows:

| | |
|---|---|
| Routine home care | $79.74 |
| Continuous home care: | |
| Full rate for 24 hours of care | 465.40 |
| Hourly rate | 19.39 |
| Inpatient respite care | 82.48 |
| General inpatient care | 354.73 |

The amount of each of the new FY 1991 rates subject to adjustment by the wage index is as follows:

| Category of payment | National rate | Wage component (subject to index) | Non-wage component |
|---|---|---|---|
| Routine home care | $79.74 | $54.79 | $24.95 |
| Continuous home care | 465.40 | 319.78 | 145.62 |
| Inpatient respite care | 82.48 | 44.65 | 37.83 |
| General inpatient care | 354.73 | 227.06 | 127.67 |

The wage index used by HCFA to adjust FY 1990 and FY 1991 Medicare hospice payment rates to reflect local differences in wages remains unchanged. Any proposal to change the wage index used to adjust Medicare hospice payment rates will be published as a notice in the **Federal Register.**

We are implementing this methodology for these changes in payment rates in § 418.306. In addition, several editorial changes have been made in §§ 418.301, 418.302, and 418.405.

Since future annual hospice rate updates will merely reflect the results of the mechanical application of an inflation update required by statute and not any change to the methodology for determining the rates, beginning in FY 1992, the hospice rate update notification will be made through the HCFA Program Instructions Issuances System. Any proposal to change the methodology for determining hospice rates will be published as a notice in the **Federal Register.**

*B. Hospice Cap Amount*

Section 1814(i)(2)(B) of the Act and § 418.309(a) of the regulations set the initial hospice cap amount for the period November 1, 1983 to October 31, 1984 at $6,500 and specify the manner in which the cap amount is adjusted for accounting years that end after October 1, 1984. The initial cap amount of $6,500 is adjusted for inflation or deflation for cap years that end after October 1, 1984 by using the percentage change in the medical care expenditure category of the Consumer Price Index (CPI–U) for urban consumers, which is published by the Bureau of Labor Statistics (BLS). This adjustment is made using the change in the CPI–U from March 1984 to the fifth month of the cap year. The hospice cap amount for the period November 1, 1988 through October 31, 1989 was $9,010, which reflected the original hospice cap amount of $6,500 increased for inflation from March 1984 to the fifth month of the cap year (March 1989).

For purposes of the cap year that runs from November 1, 1989 through October 31, 1990, an index is needed to measure inflation (or deflation) from March 1984 to March 1990 (the fifth month of the cap year). Since this calculation is not made until after the month of March in each cap year, we cannot, as a practical matter, publish the hospice cap amount before the beginning of the period to which the cap applies.

Consistent with the methodology used in setting last year's cap, we have calculated the increase to the hospice cap amount for the period of November 1, 1989 through October 31, 1990 by dividing the price level in the medical care expenditure category of the CPI–U for March 1990 by the level in the medical care expenditure category of the CPI–U for March 1984 and then multiplying that result by the initial cap amount.

BLS released figures that indicate a March 1990 price level in the medical care expenditure category of the CPI–U of 158.7. This figure divided by the March 1984 price level of 105.4 yields an index of 1.5057 (rounded). The new hospice cap is the product of $6,500 and 1.5057, that is, $9,787. This cap amount applies to hospices for care and services furnished from November 1, 1989 through October 31, 1990.

Beginning November 1, 1990 through October 31, 1991, the annual cap update notification will be made through the HCFA Program Instructions Issuances System.

**III. Regulatory Impact Statement**

*A. Regulatory Impact Analysis*

Executive Order (E.O.) 12291 requires us to prepare and publish a regulatory impact analysis for any final rule that meets one of the E.O. 12291 criteria for a "major rule;" that is, a final rule that will likely result in—

- An annual effect on the economy of $100 million or more;
- A major increase in costs or prices for consumers, individual industries, Federal, State, or local government agencies, or geographic regions; or
- Significant adverse effects on competition, employment, investment, productivity, innovation, or on the ability of United States-based enterprises to compete with foreign-based enterprises in domestic or export markets.

The provisions of this final rule with comment period implement statutory requirements. The provisions to increase the hospice payment rates by 20 percent for the period extending from January 1, 1990 through September 30, 1990 and to update the payment rates annually under section 1814(i)(1)(C) of the Act are self-implementing and HCFA has been making payment for hospice care under the new rates since January 1, 1990. The implementation of these provisions will result in additional program costs; however, these additional program costs will not exceed $100 million.

This final rule with comment period also announces the hospice cap amount as required by section 1814(i)(2)(B) of the Act and § 418.309(a) of the regulations and contains no change in the methodology used to formulate it. Furthermore, it does not alter any existing regulation or policy relating to the hospice cap.

Since the provisions of this final rule with comment period do not exceed any of the E.O. 12291 threshold criteria, we do not consider this rule to be a "major" rule and a regulatory impact analysis is not required.

*B. Regulatory Flexibility Act*

We generally prepare a regulatory flexibility analysis that is consistent with the Regulatory Flexibility Act (RFA) (5 U.S.C. 601 through 612) unless the Secretary certifies that a final rule will not have a significant economic impact on a substantial number of small entities. For purposes of the RFA, we consider all hospices to be small entities.

We expect that the 20 percent increase in the daily payment rates for the period extending from January 1, 1990 through September 30, 1990 and updating the payment rates annually by use of the hospital market basket increase should accomplish the following—

- Ensure that hospices are receiving adequate Medicare payment for services furnished.
- Ensure that Medicare payment is adequately adjusted to keep up with the rate of inflation.
- Encourage more hospices to participate in the Medicare program, making the benefit more widely available to beneficiaries.

As mentioned above, the provisions to increase payment amounts and to raise the payment cap for hospices will be beneficial to both hospices and beneficiaries. Therefore, we have determined, and the Secretary certifies, that a regulatory flexibility analysis is not required.

*C. Section 1102(b) of the Act*

Section 1102(b) of the Act requires the Secretary to prepare a regulatory impact analysis if a final rule may have a significant impact on the operations of a substantial number of small rural hospitals. Since this rule applies only to hospices, we have determined, and the Secretary certifies, that this rule will not have a significant impact on the operations of a substantial number of small rural hospitals.

**IV Other Required Information**

*A. Waiver of Notice of Proposed Rulemaking and 30-Day Delay in the Effective Date*

In adopting substantive rules, we ordinarily publish a notice of proposed rulemaking in the **Federal Register** with a 60-day period for public comment as required under section 1871(b)(1) of the Act. The notice of proposed rulemaking identifies the legal authority or the administrative necessity for the proposed rule. It also discusses the substance and the reasons for the particular provisions being proposed. Under section 1871(b)(2)(C) of the Act, this procedure can be waived when an agency finds that it is impracticable, unnecessary or contrary to the public interest, and incorporates in a final rule a finding of good cause for waiver.

In this particular case, we find that there is good cause to waive the 60-day notice of proposed rulemaking and opportunity for prior public comment as unnecessary because:

- The statutory amendment is so clear and specific as to leave no room for alternative interpretation.
- The editorial and technical revisions involve no substantive change.

• It is in the public interest not to delay updating the hospice daily payment rates and announcing the updated annual hospice payment cap amount.

In addition, we also normally provide a delay of 30 days in effective date for documents such as this. However, if adherence to this procedure would be impractical, unnecessary, or contrary to the public interest, we may waive the delay in the effective date (5 U.S.C. 553(b)). We find cause to waive the usual 30-day delay in this instance. The statutory amendment is so clear and specific as to leave no room for alternative interpretation, and the editorial revisions involve no substantive changes.

*B. Paperwork Reduction Act*

This final rule with comment period will not impose information collection requirements. Consequently, it need not be reviewed by OMB under the authority of the Paperwork Reduction Act of 1980 (44 U.S.C. 3501–3511).

*C. Public Comments*

Because of the large number of items of correspondence we normally receive concerning regulations, we cannot acknowledge or respond to the comments individually. However, we will respond to all comments received by the date and time specified in the "Dates" section of this preamble, and issue any necessary changes in a final rule.

List of Subjects in 42 CFR Part 418

Health facilities, Hospice care, Medicare, Reporting and recordkeeping requirements.

42 CFR part 418 is amended as set forth below:

## PART 418—HOSPICE CARE

1. The authority citation for part 418 continues to read as follows:

Authority: Secs. 1102, 1811–1814, 1815(e), 1861–1866, and 1871 of the Social Security Act (42 U.S.C. 1302, 1395c–1395f, 1395g(e), 1395x–1395cc and 1395hh).

**§ 418.301 [Amended]**

2. In § 418.301, the heading is changed from "Reimbursement for hospice care." to "Basic rules." and the table of contents is amended to reflect the change.

3. In § 418.302, paragraph (a) and the introductory language to paragraph (c) are revised to read as follows:

**§ 418.302 Payment procedures for hospice care.**

(a) HCFA establishes payment amounts for specific categories of covered hospice care.

* * * * *

(c) The payment amounts for the categories of hospice care are fixed payment rates that are established by HCFA in accordance with the procedures described in § 418.306. Payment rates are determined for the following categories:

* * * * *

4. Section 418.306 is revised to read as follows:

**§ 418.306 Determination of payment rates.**

(a) *Applicability.* HCFA establishes payment rates for each of the categories of hospice care described in § 418.302(b). The rates are established using the methodology described in section 1814(i)(1)(C) of the Act.

(b) *Payment rates.* The payment rates for routine home care and other services included in hospice care are as follows:

(1) The following rates, which are 120 percent of the rates in effect on September 30, 1989, are effective January 1, 1990 through September 30, 1990 and October 21, 1990 through December 31, 1990:

| | |
|---|---|
| Routine home care | $75.80 |
| Continuous home care: | |
| Full rate for 24 hours | 442.40 |
| Hourly rate | 18.43 |
| Inpatient respite care | 78.40 |
| General inpatient care | 337.20 |

(2) Except for the period beginning October 21, 1990 through December 31, 1990, for Federal fiscal years that begin on or after October 1, 1990, the payment rates for routine home care and other services included in hospice care will be the payment rates in effect under this paragraph during the previous fiscal year increased by the market basket percentage increase as defined in section 1886(b)(3)(B)(iii) of the Act, otherwise applicable to discharges occurring in the fiscal year. The payment rates for the period beginning October 21, 1990 through December 31, 1990 will be the same as those shown in paragraph (b)(1) of this section.

(c) *Adjustment by intermediary.* The payment rates established by HCFA are adjusted by the intermediary to reflect local differences in wages.

(d) *Federal Register notices.* HCFA publishes as a notice in the Federal Register any proposal to change the methodology for determining the payment rates.

5. Section 418.405 is revised to read as follows:

**§ 418.405 Effect of coinsurance liability on Medicare payment.**

The Medicare payment rates established by HCFA in accordance with § 418.306 are not reduced when the individual is liable for coinsurance payments. Instead, when establishing the payment rates, HCFA offsets the estimated cost of services by an estimate of average coinsurance amounts hospices collect.

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance)

Dated: November 11, 1991.

**Gail R. Wilensky,**

*Administrator, Health Care Financing Administration.*

Approved: February 8, 1991.

**Louis W. Sullivan,**

*Secretary.*

[FR Doc. 91–13880 Filed 6–11–91; 8:45 am]

BILLING CODE 4120–01–M

## FEDERAL COMMUNICATIONS COMMISSION

### 47 CFR Part 73

**[MM Docket No. 87–483; RM–5995, RM–6227 and RM–6228]**

### Radio Broadcasting Services; Willmar, Princeton and Olivia, MN

**AGENCY:** Federal Communications Commission.

**ACTION:** Final rule.

**SUMMARY:** This document allots FM Channel 237C2 to Willmar, Minnesota, as that community's second FM service, in response to a petition filed by Kandi Broadcasting Company (RM–5995). See 52 FR 43208, November 10, 1987. The coordinates for Channel 237C2 at Willmar are 45–01–20 and 95–18–14. There is a site restriction 22.9 kilometers (14.2 miles) southwest of the community.

In response to a counterproposal filed by PM Broadcasting Company (RM–6227), we substitute Channel 291C2 for Channel 292A at Princeton, Minnesota, and modify the license for Station WQPM to specify operation on Channel 291C2. The coordinates for Channel 291C2 are 45–22–19 and 93–51–18.

The counterproposal filed by Olivia Broadcasting Company (RM–6228) to substitute Channel 291C2 for Channel 269A at Olivia, Minnesota, is denied.

**EFFECTIVE DATE:** July 22, 1991. The window period for filing applications for Channel 237C2 at Willmar will open on

July 23, 1991, and close on August 22, 1991.

**FOR FURTHER INFORMATION CONTACT:** Kathleen Scheuerle, Mass Media Bureau (202) 634–6530.

**SUPPLEMENTARY INFORMATION:** This is a synopsis of the Commission's Report and Order, MM Docket No. 87–483, adopted May 22, 1991, and released June 7, 1991. The full text of this Commission decision is available for inspection and copying during normal business hours in the FCC Dockets Branch (room 230), 1919 M Street, NW., Washington, DC. The complete text of this decision may also be purchased from the Commission's copy contractors, Downtown Copy Center, 1714 21st Street, NW., Washington, DC 20036 (202) 452–1422.

**List of Subjects in 47 CFR Part 73**

Radio broadcasting.

**PART 73—[AMENDED]**

1. The authority citation for part 73 continues to read as follows:

**Authority:** 47 U.S.C. 154, 303.

**§ 73.202 [Amended]**

2. Section 73.202(b), the table of FM Allotments under Minnesota, is amended by adding Channel 237C2 at Willmar and by removing Channel 292A and adding Channel 291C2 at Princeton.

Federal Communications Commission.

**Andrew J. Rhodes,**

*Chief, Allocations Branch, Policy and Rules Division, Mass Media Bureau.*

[FR Doc. 91–13991 Filed 6–11–91; 8:45 am]

**BILLING CODE 6712–01–M**

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**47 CFR Part 73**

**[MM Docket No. 90–282; RM–7169]**

## Radio Broadcasting Services; McComb, MS, and Kentwood, LA

**AGENCY:** Federal Communications Commission.

**ACTION:** Final rule.

**SUMMARY:** This document reallots Channel 231C1 from McComb, Mississippi, to Kentwood, Louisiana, and modifies the license of Station WXLT(FM) to specify operation on Channel 231C1 in the new community. Channel 231C1 can be allotted to Kentwood in compliance with the Commission's minimum distance separation requirements at Station WXLT(FM)'s present transmitter site. See 5 FCC Rcd 3311 (1990). The coordinates for Channel 231C1 at Kentwood are North Latitude 30–51–18 and West Longitude 90–39–59. With this action, this proceeding is terminated.

**EFFECTIVE DATE:** July 22, 1991.

**FOR FURTHER INFORMATION CONTACT:** Arthur Scrutchins, Mass Media Bureau (202) 632–6302.

**SUPPLEMENTARY INFORMATION:** This is a synopsis of the Commission's Report and Order, MM Docket No. 90–282, adopted May 23, 1991, and released June 6, 1991. The full text of this Commission decision is available for inspection and copying during normal business hours in the FCC Dockets Branch (room 230), 1919 M Street, NW., Washington, DC. The complete text of this decision may also be purchased from the Commission's copy contractors, Downtown Copy Center, (202) 452–1422, 1714 21st Street, NW., Washington, DC 20036.

**List of Subjects in 47 CFR Part 73**

Radio broadcasting.

1. The authority citation for part 73 continues to read as follows:

**Authority:** 47 U.S.C. 154, 303.

**§ 73.202 [Amended]**

2. Section 73.202(b), the Table of FM Allotments under Mississippi, is amended by removing Channel 231C1 at McComb.

3. Section 73.202(b), the Table of FM Allotments under Louisiana, is amended by adding Channel 231C1, Kentwood.

Federal Communications Commission.

**Andrew J. Rhodes,**

*Chief, Allocations Branch, Policy and Rules Division, Mass Media Bureau.*

[FR Doc. 91–13846 Filed 6–11–91; 8:45 am]

**BILLING CODE 6712–01–M**

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**47 CFR Part 73**

**[MM Docket No. 89–602; RM–7154, RM–7447, RM–7448]**

## Radio Broadcasting Services; Vergennes, VT; Hague and Westport, NY

**AGENCY:** Federal Communications Commission.

**ACTION:** Final rule.

**SUMMARY:** The Commission, at the request of Thomas M. Pancoast, allots Channel 244A to Vergennes, Vermont. At the request of EFEM, Inc. the Commission allots Channel 273A to Westport, New York. In addition, at the request of Brian Dodge of Harvest Broadcasting, we allot Channel 229A to Hague, New York. See 55 FR 00885, January 10, 1990. With this action, this proceeding is terminated.

**DATES:** *Effective date:* July 22, 1991. The window period for filing applications will open on July 23, 1991, and close on August 22, 1991.

**FOR FURTHER INFORMATION CONTACT:** Pamela Blumenthal, Mass Media Bureau (202) 632–6302.

**SUPPLEMENTARY INFORMATION:** This is a synopsis of the Commission's Report and Order, MM Docket No. 89–602, adopted May 22, 1991, and released June 6, 1991. The full text of this Commission decision is available for inspection and copying during normal business hours in the FCC Dockets Branch (room 230), 1919 M Street, NW., Washington, DC. The complete text of this decision may also be purchased from the Commission's copy contractor, Downtown Copy Center (202) 452–1422, 1714 21st Street, NW., Washington, DC 20036.

Channels 229A, 273A and 244A can be allotted to Hague, and Westport, New York, and Vergennes, Vermont, respectively, in compliance with the Commission's minimum distance separation requirements. Channel 229A can be allotted to Hague, New York, with a site restriction of 12.2 kW (7.6 miles) north of the community to avoid short-spacings to Station WSCG(FM), Channel 228A, Corinth, New York, and a construction permit for Station WNYV(FM), Channel 231A, Whitehall, New York, at coordinates 43–50–51 and 73–26–43. Canadian concurrence of this allotment has been obtained. Channel 273A can be allotted to Westport, New York, with a site restriction of 0.9 kW (0.6 miles) northwest to avoid prohibitive interference to Station CBOF(FM), Channel 273C1, Ottawa, Ontario, and the operating allotment on Channel 274C1, Sherbrook, Quebec, Canada, at coordinates 44–11–24 and 73–26–35. Channel 244A can be allotted to Vergennes, Vermont, without the imposition of a site restriction at coordinates 44–10–00 and 73–15–18. The allotment to Vergennes does not meet the required mileage separation to Station CKOI(FM), Channel 245C1, Verdun, Quebec, Canada. Therefore, since the allotments to Vergennes and Westport create short-spacings to Canadian stations, we have obtained Canadian approval for these channels as specially negotiated short-spaced allotments.

**List of Subjects in 47 CFR Part 73**

Radio broadcasting.

**PART 73—[AMENDED]**

1. The authority citation for part 73 continues to read as follows: