Dated: May 18, 2017.

Michael L. Goodis,

Director, Registration Division, Office of Pesticide Programs.

Therefore, 40 CFR chapter I is amended as follows:

PART 180—[AMENDED]

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

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

■ 2. In § 180.511, add alphabetically the commodity ''Rice, grain'' to the table in paragraph (a); redesignate footnote 1 to the table as footnote 2; and add a new footnote 1 to the table to read as follows:

§ 180.511 Buprofezin; tolerances for residues.

(a) * * *

Commodity	Parts per million
* * * * *	
Rice, grain [1]	1.5
* * * * *	

[1] There are no U.S. registrations as of July 10, 2017 for use on rice.

* * * * *

[FR Doc. 2017–14085 Filed 7–7–17; 8:45 am]

BILLING CODE 6560–50–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

42 CFR Part 71

[Docket No. CDC–2016–0068]

RIN 0920–AA63

Control of Communicable Diseases; Correction

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Final rule; correcting amendments.

SUMMARY: The Centers for Disease Control and Prevention (CDC) in the Department of Health and Human Services (HHS) announces technical corrections to the final rule (82 FR 6890) published on January 19, 2017. These technical corrections remove grammatical errors, remove a reference to reports of deaths or illness by ''radio,'' change regulatory text to match previously updated and approved language, and amend a reporting date for a retrospective review so that the date does not coincide with a Federal holiday.

DATES: These correcting amendments are effective July 10, 2017.

FOR FURTHER INFORMATION CONTACT: Jennifer Buigut, Division of Global Migration and Quarantine, Centers for Disease Control and Prevention, 1600 Clifton Road NE., MS–E03, Atlanta, Georgia 30329. Telephone: (404) 498–1600.

SUPPLEMENTARY INFORMATION: On January 19, 2017, HHS/CDC published a final rule that included some technical errors (82 FR 6890). HHS/CDC is correcting those technical errors in this document. A summary of those corrections follows below.

Section 553(b)(B) of the Administrative Procedure Act (APA), 5 U.S.C. 553(b)(B), provides that, when an agency for good cause finds that notice and public procedure are impracticable, unnecessary, or contrary to the public interest, the agency may issue a rule without providing notice and an opportunity for public comment. We have determined that it is unnecessary to provide prior notice and the opportunity for public comment because the technical corrections being made, as discussed below, address only minor publication errors that do not substantially change agency actions taken in the final rule. For the same reasons we find good cause to make these corrections effective on publication.

Summary of Technical Corrections to 42 CFR 71 Foreign Quarantine

The final rule contains two sections, respectively, relating to the transmission of passenger and crew information for airlines and vessels, sections 71.4 and 71.5. Section 71.4 is titled, ''Requirements relating transmission of airline passenger, crew and flight information for public health purposes.'' Section 71.5 is titled, ''Requirements relating transmission of vessel passenger, crew, and voyage information for public health purposes.'' We are changing the title of 71.4 by adding ''to the'' in between ''relating'' and ''transmission'' and by adding a comma after ''crew.'' We are changing the title of 71.5 by adding ''to the'' in between ''relating'' and ''transmission.''

The final rule lists two different dates for a retrospective review report evaluating the burden of transmission of passenger and crew information for airlines and vessels. Section 71.4 lists February 18, 2019 while Section 71.5 lists February 21, 2019. Since February 18, 2019 is President's Day, a Federal holiday, and the **Federal Register** is not published on Federal holidays, we are changing the date of the report in Section 71.4 to February 21, 2019.

In the preamble of both the proposed rule (81 FR 54230) and the final rule (82 FR 6890), HHS/CDC discussed deleting the term ''radio'' from Section 71.21 because the term is antiquated, but failed to make the change in the regulatory text. The term ''radio'' still appears in the regulatory text and in the Table of Contents. This technical correction deletes this term.

Finally, also in Section 71.21, HHS/CDC is changing the term ''diarrhea'' to ''acute gastroenteritis (AGE).'' This change was discussed in the final rule and is consistent with the language found in CDC's Vessel Sanitation Program Manual. *See https://www.cdc.gov/nceh/vsp/pub/pub.htm.*

List of Subjects in 42 CFR Part 71

Apprehension, CDC, Communicable diseases, Conditional release, Director, Ill person, Isolation, Non-invasive, Public health emergency, Public health prevention measures, Quarantine, Quarantinable communicable diseases.

PART 71—FOREIGN QUARANTINE

■ 1. The authority citation for part 71 continues to read as follows:

Authority: Secs. 215 and 311 of Public Health Service (PHS) Act. as amended (42 U.S.C. 216, 243); secs. 361–369, PHS Act, as amended (42 U.S.C. 264–272).

■ 2. In § 71.4, amend the section heading and paragraph (c) to read as follows:

§ 71.4 Requirements relating to the transmission of airline passenger, crew, and flight information for public health purposes.

* * * * *

(c) No later than February 21, 2019, the Secretary or Director will publish and seek comment on a report evaluating the burden of this section on affected entities and duplication of activities in relation to mandatory passenger data submissions to DHS/CBP. The report will specifically recommend actions that streamline and facilitate use and transmission of any duplicate information collected.

■ 3. In § 71.5, revise the section heading to read as follows:

§ 71.5 Requirements relating to the transmission of vessel passenger, crew, and flight information for public health purposes.

* * * * *

■ 4. In § 71.21, revise the section heading to read as follows:

§ 71.21 Report of death or illness.

■ 5. In 71.21, revise paragraph (c) to read as follows:

§ 71.21 Report of death or illness.

* * * * *

(c) In addition to paragraph (a) of this section, the master of a ship carrying 13 or more passengers must report 24 hours before arrival the number of cases (including zero) of acute gastroenteritis (AGE) in passengers and crew recorded in the ship's medical log during the current cruise. All cases of acute gastroenteritis (AGE) that occur after the 24 hour report must also be reported not less than 4 hours before arrival.

* * * * *

Dated: June 30, 2017.

Thomas E. Price,

Secretary, Department of Health and Human Services.

[FR Doc. 2017–14393 Filed 7–7–17; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 409, 410, 418, 440, 484, 485 and 488

[CMS–3819–F2]

RIN 0938–AG81

Medicare and Medicaid Programs; Conditions of Participation for Home Health Agencies; Delay of Effective Date

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

ACTION: Final rule; delay of effective date.

SUMMARY: This final rule delays the effective date for the final rule entitled ''Medicare and Medicaid Programs: Conditions of Participation for Home Health Agencies'' published in the **Federal Register** on January 13, 2017 (82 FR 4504). The published effective date for the final rule was July 13, 2017, and this rule delays the effective date for an additional 6 months until January 13, 2018. This final rule also includes two conforming changes to dates that are included in the regulations text.

DATES: The effective date of the final rule published on January 13, 2017 (82 FR 4504) is delayed until January 13, 2018. Additionally, the conforming amendments (to § 484.65 and § 484.115) in this rule are effective January 13, 2018.

FOR FURTHER INFORMATION CONTACT: Danielle Shearer (410) 786–6617, Mary Rossi-Coajou (410) 786–6051, or Maria Hammel (410) 786–1775.

SUPPLEMENTARY INFORMATION:

I. Background

On October 9, 2014, we published the proposed rule ''Medicare and Medicaid Programs: Conditions of Participation for Home Health Agencies'' (hereinafter ''October 2014 HHA CoPs proposed rule'') in the **Federal Register** (79 FR 61164) and provided a 60 day comment period. On December 1, 2014, in response to public comments requesting additional time to respond to the proposed rule, we published a notice of extension of the comment period (79 FR 71081), which extended the public comment period for the October 2014 HHA CoPs proposed rule an additional 30 days, from December 8, 2014 to January 7, 2015. The vast majority of commenters on the October 2014 HHA CoPs proposed rule made suggestions related to the effective date of the final rule (''Medicare and Medicaid Programs; Conditions of Participation for Home Health Agencies'', January 13, 2017, (82 FR 4504), hereinafter ''January 2017 HHA CoPs final rule''). Commenters strongly expressed a need for a significant period of time to prepare for implementation of the new rules, noting that HHAs would need to adjust resource allocation, staffing, and potentially even infrastructure. Recommended effective date time frames ranged from 6 months after publication of the final rule to 5 years after publication of the final rule. The most frequent recommendation received was to finalize an effective date that was 1 year after the publication of the final rule. We agreed with commenters that it was appropriate to allow additional time for HHAs to prepare for the changes being set forth in the HHA CoPs final rule. Therefore, when we published the January 2017 HHA CoPs final rule in the **Federal Register** on January 13, 2017, we finalized an effective date of July 13, 2017 (that is, 6 months after the final rule was published in the **Federal Register**).

The January 2017 HHA CoPs final rule revised the CoPs that HHAs must meet in order to participate in the Medicare and Medicaid programs. The requirements focus on the care delivered to patients by HHAs, reflect an interdisciplinary view of patient care, allow HHAs greater flexibility in meeting quality care standards, and eliminate unnecessary procedural requirements. These changes are an integral part of our overall effort to achieve broad-based, measurable improvements in the quality of care furnished through the Medicare and Medicaid programs, while at the same time eliminating unnecessary procedural burdens on providers. We believe that the overall approach of the CoPs provides HHAs with greatly enhanced flexibility. At the same time, we believe the new requirements help HHAs achieve needed and desired outcomes for patients, increasing patient satisfaction with the services provided.

II. Provisions of the Proposed Regulations

Following publication of the January 2017 HHA CoPs final rule, we received inquiries that represented a large number of HHAs requesting that the agency delay the effective date for the new HHA CoPs. The inquiries asserted that HHAs were not able to effectively implement the new CoPs until CMS issued its revised Interpretive Guidelines (State Operations Manual, CMS Pub. 100–07, Appendix B). In addition, one of the inquiries stated that HHAs were unable to effectively implement the new CoPs until CMS issued further sub-regulatory guidance related to converting subunits to branches or independent HHAs, which would impact 216 HHAs nationwide. One of the inquiries cited the estimated $300 million cost to implement the new requirements as a reason for delaying the effective date.

We believe that the concerns expressed in the inquiries have merit, so in response to the concerns summarized above, we published a proposed rule on April 3, 2017 (82 FR 16150) entitled ''Medicare and Medicaid Programs; Conditions of Participation for Home Health Agencies; Delay of Effective Date'' to delay the effective date of the January 2017 HHA CoPs final rule for an additional 6 months. The effective date for the January 2017 HHA CoPs final rule, which is currently set to become effective on July 13, 2017, would be delayed until January 13, 2018.

We also proposed to make two conforming changes to dates that appear in the regulations text of the January 2017 HHA CoPs final rule. First, we included a phase-in date for the requirements at § 484.65(d)—''Standard: Performance improvement projects.'' This phase-in date allowed HHAs an additional 6 months after the January 2017 HHA CoPs final rule became effective to collect data before implementing data-driven performance improvement projects. We continue to believe that it is appropriate to phase-in the performance improvement project requirement 6 months after the