that a proposed transmission facility is in the public convenience and necessity when considering whether the costs of that transmission facility may be recovered through a formula rate? Should the Commission prohibit the recovery of transmission project costs through a formula rate if those projects have not been subject to a robust state CPCN process? Why or why not? Should the Commission accept as self-proving an attestation from state regulators that such a robust CPCN process is used in their state? If yes, are there specific factors or features of a state regulator's CPCN process that indicate whether a potential transmission facility has been robustly evaluated for need and cost? If not, are there other indicators (*e.g.,* other regulatory determinations, third-party analyses, legislative reports, etc.) that demonstrate that the need for and costs of a potential transmission facility have been robustly reviewed? What are the advantages and disadvantages of this approach?

c. If formula rate treatment is not permitted, how should costs related to the new transmission project or transmission facility be separated out for recovery in a stated rate proceeding (*e.g.,* should all costs related to the transmission facility be excluded from formula rate recovery, or only capital costs)? How could the timing of the state regulatory proceeding impact a public utility transmission provider's ability to file for cost recovery of proposed transmission facilities subject to CPCN review? How, if at all, would the inability to recover the costs of certain transmission facilities through a public utility transmission provider's formula rate impact its annual formula rate proceedings?

d. If the Commission determines that a potential transmission facility has not been robustly evaluated at the state level for need and cost, are there other regulatory requirements that the Commission could impose short of requiring a transmission facility's costs to be recovered through stated rates rather than formula rates? If so, what options are available and what are the pros and cons of those options?

Other Questions

12. Some panelists argued that the timing of cost management or oversight mechanisms is relevant to ensuring cost effectiveness, contending that cost scrutiny must be applied to decisions during the local or regional transmission planning phase in order to influence those decisions. Do you agree, and if so why or why not? What are the possibilities for facilitating timely cost management before money is spent on transmission projects (aside from planning costs)?

[FR Doc. 2022–28454 Filed 12–29–22; 8:45 am]

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ENVIRONMENTAL PROTECTION AGENCY

[FRL OP–OFA–050]

Environmental Impact Statements; Notice of Availability

Responsible Agency: Office of Federal Activities, General Information 202–564–5632 or *https://www.epa.gov/nepa.*

Weekly receipt of Environmental Impact Statements (EIS) Filed December 19, 2022 10 a.m. EST Through December 23, 2022 10 a.m. EST Pursuant to 40 CFR 1506.9.

Notice

Section 309(a) of the Clean Air Act requires that EPA make public its comments on EISs issued by other Federal agencies. EPA's comment letters on EISs are available at: *https://cdxapps.epa.gov/cdx-enepa-II/public/action/eis/search.*

EIS No. 20220193, Final, FEMA, NJ, ADOPTION—Rebuild by Design—Hudson River (RBD–HR), Review Period Ends: 01/30/2023, Contact: John McKee 202–704–7160.

The Federal Emergency Management Agency (FEMA) has adopted the Department of Housing and Urban Development's Final EIS No. 20170101, filed 6/8/2017 with the Environmental Protection Agency. The FEMA was not a cooperating agency on this project. Therefore, republication of the document is necessary under Section 1506.3(c) of the CEQ regulations.

Amended Notice

EIS No. 20220175, Draft, BIA, DOI, OR, Coquille Indian Tribe Fee to Trust Gaming Facility Project, Comment Period Ends: 02/23/2023, Contact: Tobiah Mogavero 435–210–0509.

Revision to FR Notice Published 11/25/2022; Extending the Comment Period from 01/09/2023 to 02/23/2023.

Dated: December 23, 2022.

Cindy S. Barger,

Director, NEPA Compliance Division, Office of Federal Activities.

[FR Doc. 2022–28438 Filed 12–29–22; 8:45 am]

BILLING CODE 6560–50–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Patient Safety Organizations: Voluntary Relinquishment for the Zephcare PSO

AGENCY: Agency for Healthcare Research and Quality (AHRQ), Department of Health and Human Services (HHS).

ACTION: Notice of delisting.

SUMMARY: The Patient Safety and Quality Improvement Final Rule (Patient Safety Rule) authorizes AHRQ, on behalf of the Secretary of HHS, to list as a patient safety organization (PSO) an entity that attests that it meets the statutory and regulatory requirements for listing. A PSO can be ''delisted'' by the Secretary if it is found to no longer meet the requirements of the Patient Safety and Quality Improvement Act of 2005 (Patient Safety Act) and Patient Safety Rule, when a PSO chooses to voluntarily relinquish its status as a PSO for any reason, or when a PSO's listing expires. AHRQ accepted a notification of proposed voluntary relinquishment from the Zephcare PSO, PSO number P0200, of its status as a PSO, and has delisted the PSO accordingly.

DATES: The delisting was effective at 12:00 Midnight ET (2400) on December 8, 2022.

ADDRESSES: The directories for both listed and delisted PSOs are ongoing and reviewed weekly by AHRQ. Both directories can be accessed electronically at the following HHS website: *https://www.pso.ahrq.gov/listed.*

FOR FURTHER INFORMATION CONTACT: Cathryn Bach, Center for Quality Improvement and Patient Safety, AHRQ, 5600 Fishers Lane, MS 06N100B, Rockville, MD 20857; Telephone (toll free): (866) 403–3697; Telephone (local): (301) 427–1111; TTY (toll free): (866) 438–7231; TTY (local): (301) 427–1130; Email: *pso@ahrq.hhs.gov.*

SUPPLEMENTARY INFORMATION:

Background

The Patient Safety Act, 42 U.S.C. 299b–21 to 299b–26, and the related Patient Safety Rule, 42 CFR part 3, published in the **Federal Register** on November 21, 2008 (73 FR 70732–70814), establish a framework by which individuals and entities that meet the definition of provider in the Patient Safety Rule may voluntarily report information to PSOs listed by AHRQ, on