competition, employment, investment, productivity, innovation, or on the ability of U.S.-based companies to compete with foreign based companies in domestic and export markets. However, pursuant to the CRA, the DEA has submitted a copy of this interim final rule to both Houses of Congress and to the Comptroller General.

List of Subjects in 21 CFR Part 1308

Administrative practice and procedure, Drug traffic control, Reporting and recordkeeping requirements.

For the reasons set out above, the DEA amends 21 CFR part 1308 as follows:

PART 1308—SCHEDULES OF CONTROLLED SUBSTANCES

1. The authority citation for 21 CFR part 1308 continues to read as follows:

Authority: 21 U.S.C. 811, 812, 871(b), unless otherwise noted.

(2) Dronabinol [(-)-delta-9-tetrahydrocannabinol] in an oral solution in a drug product approved for marketing by the U.S. Food and Drug Administration ...........

* * * *


Chuck Rosenberg,
Acting Administrator.

[FR Doc. 2017–05809 Filed 3–22–17; 8:45 am]
BILLING CODE 4410–09–P
FOR FURTHER INFORMATION CONTACT:  
Stephania H. Griffin, Director,  
Information Access and Privacy Office  
10P2C, Department of Veterans Affairs,  
810 Vermont Avenue NW., Washington,  
DC 20420; (704) 245–2492. (This is not  
a toll-free number.)

SUPPLEMENTARY INFORMATION: In a  
document published in the Federal  
Register on August 5, 2016, VA  
proposed to revise its regulations that  
govern the release of VA medical  
records, specifically eliminating the  
restriction on protecting a negative test  
result for HIV and sickle cell anemia.  
81 FR 51836. VA provided a 60-day  
comment period, which ended on  
October 4, 2016. We received 5  
comments on the proposed rule.  

Section 7332 of 38 United States Code  
(U.S.C.) states that records of the  
identity, diagnosis, prognosis, or  
treatment of any patient or subject  
which are maintained in connection  
with the performance of any program  
or activity (including education, training,  
treatment, rehabilitation, or research)  
of any patient or subject relating to drug  
abuse, alcoholism or alcohol abuse,  
infection with the human  
immunodeficiency virus (HIV), or sickle  
cell anemia shall only be disclosed  
under certain circumstances. The intent  
of section 7332 is to protect the medical  
records of those veterans who are  
undergoing treatment or have a positive  
diagnosis for the conditions stated in  
this section. Due to the stigma that was  
associated with HIV and HIV testing at  
the time the regulation was first  
published, VA determined that the  
results of HIV testing should be  
protected regardless of the outcome of  
the test. Currently, HIV testing is  
considered part of routine health care  
under VA policy, similar to other types  
of diagnostic laboratory testing, and  
while oral informed consent is still  
required, no pre-testing counseling is  
required.

The continued protection of negative  
HIV tests has posed significant obstacles  
for the sharing of medical information  
between VA and non-VA medical  
providers, and also places an undue  
burden on veterans. If VA conducts an  
HIV test on a veteran, VA is prevented  
from electronically disclosing the  
veteran’s medical information to the  
veteran’s non-VA medical provider,  
even if the test result is negative, unless  
VA first obtains a specific written  
authorization that meets title 38  
regulatory requirements from the  
veteran to share the medical  
information to. Medical information  
sharing is crucial to treating a veteran  
who has outside medical providers and  
is significant in making certain that a  
veteran is not prescribed a medication  
that may negatively interact with other  
medications. Under section 7332,  
information about sickle cell anemia is  
also considered protected medical  
information. As with negative HIV test  
results, the prohibition on sharing  
negative test results for sickle cell  
anemia has posed challenges for the  
timely provision of medical care. This  
rulemaking eliminates the current  
restrictions on sharing with community  
providers negative test results of  
veterans for HIV and sickle cell anemia  
and is in line with the intent of the  
statute. As for positive HIV or sickle cell  
anemia test results, VA will continue to  
require a qualifying written  
authorization from the veteran prior to  
disclosure of such information.

We received five comments in  
support of the proposed rule. All  
commenters agreed that the electronic  
exchange of negative HIV and sickle cell  
anemia test results between medical  
providers is a critical to adequately  
address patient care. A commenter  
noted “By removing the restriction on  
disclosure of negative test result for  
HIV, this proposed rule will play a  
significant role in ensuring that all  
veterans, including LGBT veterans, have  
access to efficient care, while also  
helping combat the stigma associated  
with HIV testing.” We thank the  
commenters for their support of the  
rule.

Based on the rationale set forth in the  
Supplementary Information to the  
proposed rule and in this final rule, VA  
is adopting the proposed rule with no  
eds.

Effect of Rulemaking

Title 38 of the Code of Federal  
Regulations, as revised by this final  
rulemaking, represents VA’s  
implementation of its legal authority on  
this subject. Other than future  
amendments to this regulation or  
governing statutes, no contrary guidance  
or procedures are authorized. All  
existing or subsequent VA guidance  
must be read to conform with this  
rulemaking if possible or, if not  
possible, such guidance is superseded  
by this rulemaking.

Paperwork Reduction Act

This final rule contains no provisions  
constituting a collection of information  
under the Paperwork Reduction Act of  

Regulatory Flexibility Act

The Secretary hereby certifies that  
this final rule will not have a significant  
economic impact on a substantial  
number of small entities as they are  
defined in the Regulatory Flexibility  
Act, 5 U.S.C. 601–612. This final rule  
will impose no burden on small entities.  
Therefore, pursuant to 5 U.S.C. 605(b),  
this rulemaking would be exempt from  
the initial and final regulatory flexibility  
analysis requirements of 5 U.S.C. 603  
and 604.

Executive Order 12866 and 13563

Executive Orders 12866 and 13563  
direct agencies to assess the costs and  
benefits of available regulatory  
alternatives and, when regulation is  
necessary, to select regulatory  
approaches that maximize net benefits  
(including potential economic,  
environmental, public health and safety  
effects, and other advantages;  
distributive impacts; and equity).  
Executive Order 13563 (Improving  
Regulation and Regulatory Review)  
emphasizes the importance of  
quantifying both costs and benefits,  
reducing costs, harmonizing rules, and  
promoting flexibility. Executive Order  
12866 (Regulatory Planning and  
Review) defines a “significant  
regulatory action,” requiring review by  
the Office of Management and Budget  
(OMB), unless OMB waives such  
review, as “any regulatory action that is  
likely to result in a rule that may: (1)  
Have an annual effect on the economy  
of $100 million or more or adversely  
affect in a material way the economy, a  
sector of the economy, productivity,  
competition, jobs, the environment,  
public health or safety, or State, local,  
or tribal governments or communities;  
(2) Create a serious inconsistency or  
otherwise interfere with an action taken  
or planned by another agency; (3)  
Materially alter the budgetary impact  
of entitlements, grants, user fees, or loan  
programs or the rights and obligations  
of recipients thereof; or (4) Raise novel  
legal or policy issues arising out of legal  
mandates, the President’s priorities, or  
the principles set forth in this Executive  
Order.”

The economic, interagency,  
budgetary, legal, and policy  
implications of this regulatory action  
have been examined, and it has been  
determined not to be a significant  
regulatory action under Executive Order  
12866. VA’s impact analysis can be  
found as a supporting document at  
http://www.regulations.gov, usually  
within 48 hours after the rulemaking  
document is published. Additionally, a  
copy of the rulemaking and its impact  
analysis are available on VA’s Web site  
at http://www.va.gov/orpm/, by  
following the link for VA Regulations  
Published From FY 2004 Through Fiscal  
Year to Date.”
Unfunded Mandates

The Unfunded Mandates Reform Act of 1995 requires, at 2 U.S.C. 1532, that agencies prepare an assessment of anticipated costs and benefits before issuing any rule that may result in the expenditure by State, local, and tribal governments, in the aggregate, or by the private sector, of $100 million or more (adjusted annually for inflation) in any one year. This final rule will have no such effect on State, local, and tribal governments, or on the private sector.

Catalog of Federal Domestic Assistance

The Catalog of Federal Domestic Assistance numbers and titles for the programs affected by this document are 64.007, Blind Rehabilitation Centers; 64.008, Veterans Domiciliary Care; 64.009, Veterans Medical Care Benefits; 64.010, Veterans Nursing Home Care; 64.011, Veterans Dental Care; 64.012, Veterans Prescription Service; 64.014, Veterans State Domiciliary Care; 64.015, Veterans State Nursing Home Care; 64.018, Sharing Specialized Medical Resources; 64.019, Veterans Rehabilitation Alcohol and Drug Dependence; 64.022, Veterans Home Based Primary Care; and 64.024, VA Homeless Providers Grant and Per Diem Program.

Signing Authority

The Secretary of Veterans Affairs, or designee, approved this document and authorized the undersigned to sign and submit the document to the Office of the Federal Register for publication electronically as an official document of the Federal Register for publication in the Federal Register and to the National Archives and Records Administration.

List of Subjects in 38 CFR Part 1


For the reasons set out in the preamble, Department of Veterans Affairs is amending 38 CFR part 1 as follows:

PART 1—GENERAL PROVISIONS

§ 1.460 Definitions

The term "patient" means any individual or subject who has been given a diagnosis or treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus, or sickle cell anemia and includes any individual who, after arrest on a criminal charge, is interviewed and/or tested in connection with drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus, or sickle cell anemia in order to determine that individual’s eligibility to participate in a treatment or rehabilitation program if the result of such testing is positive. The term “patient” includes an individual who has been diagnosed or treated for alcoholism, drug abuse, HIV infection, or sickle cell anemia for purposes of participation in a VA program or activity relating to those four conditions, including a program or activity consisting of treatment, rehabilitation, education, training, evaluation, or research. For the purpose of infection with the human immunodeficiency virus or sickle cell anemia, the term “patient” includes one test positive for the disease even if no treatment is provided, offered, or requested. The term does not include a patient who has tested negative for the disease.

The term “treatment” means the management and care of a patient for drug abuse, alcoholism or alcohol abuse, or the diagnosis, management and care of a patient for infection with the human immunodeficiency virus, or sickle cell anemia, or a condition which is identified as having been caused by one or more of these conditions, in order to reduce or eliminate the adverse effects upon the patient. The term does not include negative test results for the human immunodeficiency virus, antibodies to the virus, or sickle cell anemia, or such testing of an individual where the results are negative.

§ 1.461 Applicability.

(a) * * * * *

(i) Would identify a patient as an alcohol or drug abuser, an individual who tested positive for or is infected with the human immunodeficiency virus (HIV), hereafter referred to as HIV, or an individual who tested positive for or has sickle cell anemia, either directly, by reference to other publicly available information, or through verification of such an identification by another person; and

* * * * *


Jeffrey Martin,
Office Program Manager, Office of Regulation Policy & Management, Office of the Secretary, Department of Veterans Affairs.

[FR Doc. 2017–05799 Filed 3–22–17; 8:45 am]

BILLING CODE 8320–01–P

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 52


Approval and Promulgation of Implementation Plans; Louisiana;
Volatile Organic Compounds Rule Revision and Stage II Vapor Recovery

AGENCY: Environmental Protection Agency (EPA).

ACTION: Direct final rule.

SUMMARY: Under the Federal Clean Air Act (CAA or the Act) the Environmental Protection Agency (EPA) is approving the revisions submitted by the State of Louisiana controlling emissions of volatile organic compounds (VOCs) and changes to the Stage II gasoline vapor recovery rule as part of the Louisiana State Implementation Plan (SIP).

DATES: This rule is effective on May 22, 2017 without further notice, unless the EPA receives relevant adverse comment by April 24, 2017. If the EPA receives such comment, the EPA will publish a timely withdrawal in the Federal Register informing the public that this rule will not take effect.

ADDRESSES: Submit comments, identified by Docket No. EPA–R06–