This notice of enforcement is issued under authority of 33 CFR 100.501(f) and 5 U.S.C. 552(a). In addition to this notice of enforcement in the **Federal Register**, the Coast Guard will provide notification of this enforcement period via Local Notice to Mariners and marine information broadcasts.

Dated: May 1, 2017.

Lonnie P. Harrison, Jr.,

Captain, U.S. Coast Guard, Captain of the Port Maryland-National Capital Region.

[FR Doc. 2017–09162 Filed 5–4–17; 8:45 am]

BILLING CODE 9110–04–P

DEPARTMENT OF HOMELAND SECURITY

Coast Guard

33 CFR Part 117

[Docket No. USCG–2016–1038]

Drawbridge Operation Regulation; Harlem River, New York, NY

AGENCY: Coast Guard, DHS.

ACTION: Notice of deviation from drawbridge regulation; modification.

SUMMARY: The Coast Guard has modified a temporary deviation from the operating schedule that governs the 125th Street (Triborough) Bridge across the Harlem River, mile 1.3, at New York, NY. This modified deviation extends the period the bridge may remain in the closed-to-navigation position and is necessary to facilitate rehabilitation of the mechanical and electrical components of the bridge.

DATES: This modified deviation is effective from 12:01 a.m. May 16, 2017 to 11:59 p.m. June 19, 2017.

ADDRESSES: The docket for this deviation, USCG–2016–1038 is available at *http://www.regulations.gov.* Type the docket number in the ''SEARCH'' box and click ''SEARCH''. Click on Open Docket Folder on the line associated with this deviation.

FOR FURTHER INFORMATION CONTACT: If you have questions on this temporary deviation, call or email Judy Leung-Yee, Project Officer, First Coast Guard District, telephone (212) 514–4330, email *judy.k.leung-yee@uscg.mil.*

SUPPLEMENTARY INFORMATION: On December 22, 2016, the Coast Guard published a temporary deviation entitled ''Drawbridge Operation Regulation; Harlem River, New York, New York'' in the **Federal Register** (81 FR 93820). That temporary deviation allows the bridge to be in the closed position from January 17, 2016 through May 15, 2017. The bridge owner, Triborough Bridge and Tunnel Authority (TBTA), has requested a modification of the currently published deviation to extend the bridge closure from May 15, 2017 to June 19, 2017 in order to facilitate rehabilitation of the mechanical and electrical components of the bridge.

The 125th Street Bridge, mile 1.3, across the Harlem River, has a vertical clearance in the closed position of 54 feet at mean high water and 59 feet at mean low water. The existing bridge operating regulations are found at 33 CFR 117.789(b)(1).

Although the waterway is transited by commercial tugs, barges and recreational vessels, there have been no requests for bridge openings in the past two years. The Coast Guard notified known companies of the commercial vessels that transit the area, the NYPD, and the FDNY; there were no objections to this temporary deviation modification.

Under this temporary deviation modification, the 125th Street Bridge may remain in the closed position from May 16, 2017 to June 19, 2017. Vessels able to pass under the bridge in the closed position may do so at any time. The bridge will not be able to open for emergencies and there is an alternate route for vessels to pass.

The Coast Guard will inform the users of the waterways through our Local Notice and Broadcast to Mariners of the change in operating schedule for the bridge so that vessel operations can arrange their transits to minimize any impact caused by the temporary deviation.

In accordance with 33 CFR 117.35(e), the drawbridge must return to its regular operating schedule immediately at the end of the effective period of this temporary deviation. This deviation from the operating regulations is authorized under 33 CFR 117.35.

Dated: April 20, 2017.

C.J. Bisignano,

Supervisory Bridge Management Specialist, First Coast Guard District.

[FR Doc. 2017–09159 Filed 5–4–17; 8:45 am]

BILLING CODE 9110–04–P

DEPARTMENT OF VETERANS AFFAIRS

38 CFR Part 17

RIN 2900–AP87

Extension of Pharmacy Copayments for Medications

AGENCY: Department of Veterans Affairs.

ACTION: Resolution of interim final rule.

SUMMARY: The Department of Veterans Affairs (VA) notifies the public that an interim final rule freezing medication copayments for veterans in priority groups 2 through 8, published on December 7, 2016, was superseded by a final rule amending its regulations concerning copayments that published on December 12, 2016. The interim final rule received no public comments.

DATES: *Effective Date:* This rule is effective on May 5, 2017.

FOR FURTHER INFORMATION CONTACT: Bridget Souza, Office of Community Care (10D), Veterans Health Administration, Department of Veterans Affairs, 810 Vermont Avenue NW., Washington, DC 20420, (202) 382–2537. (This is not a toll-free number.)

SUPPLEMENTARY INFORMATION: On December 7, 2016, VA published an interim final rule, RIN 2900–AP87—Copayments for Medications in 2017 (AP87), at 81 FR 88120, extending the medication copayment freeze through February 26, 2017. We did so in anticipation of publishing a separate final rule, RIN 2900–AP35—Copayments for Medications Beginning January 1, 2017 (AP35), which published December 12, 2016, at 81 FR 89390, implementing a tiered medication copayment regime with an effective date of February 27, 2017. Failure to extend the medication copayment freeze with the interim final rule would have subjected affected veterans to a short term, but significant, increase in the amount of medication copayments based on the prescription drug component of the Medical Consumer Price Index (CPI–P) per 38 CFR 17.110(b)(1)(iii). In addition, affected veterans in priority groups 2 through 6 would have been subject to an increase in the annual cap on the total amount of copayments.

The interim final rule, AP87, provided a 60-day period during which the public could submit comments. The comment period closed on February 6, 2017, and we received no comments.

As previously mentioned, on December 12, 2016, VA published a final rule, AP35, at 81 FR 89390. This final rule established a tiered

medication copayment system, effective February 27, 2017. Under AP35, the new regulatory formula, focuses on the type of medication being prescribed and removes the automatic escalator provision, meaning that changes in copayments would only occur through subsequent rulemakings. Veterans exempt by law from copayments under 38 U.S.C. 1722A(a)(3) continue to be exempt. Three classes of medications were established for copayment purposes: Tier 1 medications, Tier 2 medications, and Tier 3 medications. Tiers 1 and 2 includes multi-source medications, a term that is defined in § 17.110(b)(1)(iv). Tier 3 includes medications that retain patent protection and exclusivity and are not multi-source medications. Copayment amounts vary depending upon the Tier in which the medication is classified. A 30-day or less supply of Tier 1 medications has a copayment of $5. For Tier 2 medications, the copayment is $8, and for Tier 3 medications, the copayment is $11. The rule also changed the annual cap for medication copayments, lowering the cap to $700 for all veterans who are required to pay medication copayments.

Paperwork Reduction Act

This resolution contains no provisions constituting a collection of information under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501–3521).

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 Department of Veterans Affairs. Gina S. Farrisee, Deputy Chief of Staff, Department of Veterans Affairs, approved this document on April 28, 2017, for publication.

Dated: May 2, 2017.

Janet Coleman,

Chief, Office of Regulation Policy & Management, Office of the Secretary, Department of Veterans Affairs.

[FR Doc. 2017–09081 Filed 5–4–17; 8:45 am]

BILLING CODE 8320–01–P

DEPARTMENT OF VETERANS AFFAIRS

38 CFR Part 17

RIN 2900–AO79

Payment or Reimbursement for Certain Medical Expenses for Camp Lejeune Family Members

AGENCY: Department of Veterans Affairs.

ACTION: Final rule.

SUMMARY: The Department of Veterans Affairs (VA) adopts as final an interim final rule addressing payment or reimbursement of certain medical expenses for family members of Camp Lejeune veterans. Under this rule, VA reimburses family members, or pays providers, for medical expenses incurred as a result of certain illnesses and conditions that may be associated with contaminants present in the base water supply at U.S. Marine Corps Base Camp Lejeune (Camp Lejeune), North Carolina, from August 1, 1953, to December 31, 1987. Payment or reimbursement is made within the limitations set forth in statute and Camp Lejeune family members receive hospital care and medical services that are consistent with the manner in which we provide hospital care and medical services to Camp Lejeune veterans. The statutory authority has since been amended to also include certain veterans' family members who resided at Camp Lejeune, North Carolina, for no less than 30 days (consecutive or nonconsecutive) between August 1, 1953, and December 31, 1987. This final rule will reflect that statutory change and will address public comments received in response to the interim final rule.

DATES: *Effective Date:* This final rule is effective May 5, 2017.

FOR FURTHER INFORMATION CONTACT: Karyn Barrett, Director, Program Administration Directorate, Chief Business Office Purchased Care (10NB3), Veterans Health Administration, Department of Veterans Affairs, 810 Vermont Ave. NW., Washington, DC 20420, (303) 331–7500. (This is not a toll-free number.)

SUPPLEMENTARY INFORMATION: On September 24, 2014, VA published an interim final rule to implement 38 U.S.C. 1787, which was created by section 102 of the Honoring America's Veterans and Caring for Camp Lejeune Families Act of 2012, Public Law 112–154 (the Act). 79 FR 57415–57421, Sept. 24, 2014. The Act requires VA to reimburse family members of Camp Lejeune veterans, or pay providers, when they have exhausted all claims and remedies against a third party for payment of medical care for any of the 15 specified illnesses and conditions. We received a total of 14 comments. One commenter fully supported the interim final rule and did not suggest any changes to it. Several comments related to provisions of 38 CFR 17.400, the regulation governing hospital care and medical services for Camp Lejeune veterans and coverage for certain illnesses or conditions. That regulation was the subject of a separate rulemaking. See 81 FR 46603–46606 (July 18, 2016). Three comments expressed general dissatisfaction with the interim final rule but neither opposed a specific provision of the regulation nor suggested how the regulation should be changed. As a result, these comments do not address any matter to which VA can respond and so will not be addressed here.

All of the issues raised by other commenters that criticized at least one portion of the rule can be grouped together by similar topic, and we have organized our discussion of the comments accordingly.

Concerns Over Covered Illnesses or Conditions

Several commenters referenced medical conditions that are not listed in the definition of covered illness or condition in 38 CFR 17.400(b). One commenter suggested that the reimbursement provisions of § 17.410 should apply to all illnesses or defects that science has shown were caused by exposure to the chemicals in the Camp Lejeune water supply. However, 38 U.S.C. 1787 limits payment or reimbursement for hospital care and medical services for Camp Lejeune family members to the 15 covered illnesses and conditions specified in 38 U.S.C. 1710(e)(1)(F). VA does not have the authority to expand the payment or reimbursement provisions of 38 U.S.C. 1787 beyond those specified in the statute. We therefore make no changes in the final rule.

One commenter expressed concern that the regulation identified the 15 statutory covered illnesses and conditions but also noted the reference, found in the preamble to the interim final rule, 79 FR at 57417, to VA's intent to consider any newly available science. The comment suggests that newly available science might identify other illnesses or conditions caused by exposure to the contaminated water at Camp Lejeune and thus expand the list of covered illnesses and conditions. However, as stated in the interim final rule, 79 FR at 57417, any such science