(i) In the case of a Camp Lejeune family member who resided at Camp Lejeune between January 1, 1957, and December 31, 1987, for hospital care and medical services received prior to the date an application for benefits is filed per paragraph (c) of this section, the hospital care and medical services must have been provided on or after March 26, 2013, but no more than 2 years prior to the date that VA receives the application. The claim for payment or reimbursement must be received by VA no more than 60 days after VA approves the application;

(ii) In the case of a Camp Lejeune family member who resided at Camp Lejeune between August 1, 1953, and December 31, 1956, for hospital care and medical services received prior to the date an application for benefits is filed per paragraph (c) of this section, the hospital care and medical services must have been provided on or after December 16, 2014, but no more than 2 years prior to the date that VA receives the application. The claim for payment or reimbursement must be received by VA no more than 60 days after VA approves the application;

(iii) For hospital care and medical services provided on or after the date an application for benefits is filed per paragraph (c) of this section, the claim for payment or reimbursement must be received by VA no more than 60 days after VA approves the application;

(2) The Camp Lejeune family member’s treating physician certifies that the claimed hospital care or medical services were provided for a covered illness or condition as defined in § 17.400(b), and provides information about any co-morbidities, risk factors, or other exposures that may have contributed to the illness or condition;

(3) VA makes the clinical finding, under VA clinical practice guidelines, that the illness or condition did not result from a cause other than the residence of the family member at Camp Lejeune;

(4) VA would be authorized to provide the claimed hospital care or medical services to a veteran under VA’s medical benefits package in § 17.38;

(5) The Camp Lejeune family member or hospital care or medical service provider has exhausted without success all claims and remedies reasonably available to the family member or provider against a third party, including health-plan contracts; and

(6) Funds were appropriated to implement 38 U.S.C. 1787 in a sufficient amount to permit payment or reimbursement.

(e) Payment or reimbursement amounts. Payments or reimbursements under this section will be in amounts determined in accordance with this paragraph (e).

(1) If a third party is partially liable for the claimed hospital care or medical services, then VA will pay or reimburse the lesser of the amount for which the Camp Lejeune family member remains personally liable or the amount for which VA would pay for such care under §§ 17.55 and 17.56.

(2) If VA is the sole payer for hospital care and medical services, then VA will pay or reimburse in accordance with §§ 17.55 and 17.56, as applicable.

(3) VA pays or reimburses the lesser of the amount to permit payment or reimbursement.

(4) If VA is the third party, the lesser of the amount for which VA would pay for such care under §§ 17.55 and 17.56.

(5) VA is the sole payer for hospital care and medical services, then VA will pay or reimburse in accordance with §§ 17.55 and 17.56, as applicable.

(6) VA pays or reimburses the lesser of the amount to permit payment or reimbursement.

(7) The lesser of the amount for which VA would pay for such care under §§ 17.55 and 17.56.

(8) VA pays or reimburses the lesser of the amount to permit payment or reimbursement.

(9) The lesser of the amount for which VA would pay for such care under §§ 17.55 and 17.56.

(10) VA pays or reimburses the lesser of the amount to permit payment or reimbursement.

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(12) VA pays or reimburses the lesser of the amount to permit payment or reimbursement.

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(33) The lesser of the amount for which VA would pay for such care under §§ 17.55 and 17.56.

(34) VA pays or reimburses the lesser of the amount to permit payment or reimbursement.

(35) The lesser of the amount for which VA would pay for such care under §§ 17.55 and 17.56.
NEW HAMPSHIRE NON REGULATORY

<table>
<thead>
<tr>
<th>Name of nonregulatory SIP provision</th>
<th>Applicable geographic or nonattainment area</th>
<th>State submittal date/effective date</th>
<th>EPA approved date</th>
<th>Explanations</th>
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</thead>
<tbody>
<tr>
<td>Infrastructure SIP for the 2010 SO₂ NAAQS.</td>
<td>Statewide</td>
<td>9/13/2013</td>
<td>7/8/2016, 81 FR 44553</td>
<td>Approved submittal, except for certain aspects relating to PSD which were conditionally approved. See 52.1519.</td>
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In order to determine the EPA effective date for a specific provision listed in this table, consult the Federal Register notice cited in this column for the particular provision.

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FEDERAL COMMUNICATIONS COMMISSION

47 CFR Part 73

[MB Docket No. 13–236; FCC 17–40]

National Television Multiple Ownership Rule

AGENCY: Federal Communications Commission.

ACTION: Final rule.

SUMMARY: An Order on Reconsideration reinstates the UHF discount, which allows commercial broadcast television station owners to discount the audience reach of their UHF stations when calculating compliance with the national television ownership rule. With the reinstatement of the discount, the Commission will commence a proceeding later this year to consider whether the national television audience reach cap, including the UHF discount, remains in the public interest. The Order on Reconsideration finds that the UHF discount is inextricably linked to the national cap, and when the Commission voted previously to eliminate the discount, it failed to consider whether this de facto tightening of the national cap was in the public interest and justified by current marketplace conditions. The Order on Reconsideration grants in part the Petition for Reconsideration (Petition) filed by ION Media Networks and Trinity Christian Center of Santa Ana, Inc. (Petitioners), and dismisses as moot requests to reconsider the grandfathering provisions applicable to broadcast station combinations affected by elimination of the discount and the decision to forego a VHF discount.


FOR FURTHER INFORMATION CONTACT: Brendan Holland, Industry Analysis Division, Media Bureau, Brendan.Holland@fcc.gov (202) 418–2757.

SUPPLEMENTARY INFORMATION: This is a summary of the Commission’s Order on Reconsideration in MB Docket No. 13–236, FCC 17–40, adopted April 20, 2017, and released April 21, 2017. The full text of this document is available for public inspection during regular business hours in the FCC Reference Center, 445 12th Street SW., Room CY–A257, Washington, DC 20554, or online at https://www.fcc.gov/ecfs/filing/0426267477284. To request this document in accessible formats for people with disabilities (e.g. braille, large print, electronic files, audio format, etc.) or to request reasonable accommodations (e.g. accessible format documents, sign language interpreters, CART, etc.), send an email to fcc504@fcc.gov or call the FCC’s Consumer and Governmental Affairs Bureau at (202) 418–0530 (voice), (202) 418–0432 (TTY).

Synopsis

1. Background. In 1985, when the Commission revised the national television multiple ownership rule to prohibit a single entity from owning television stations that collectively exceeded 25 percent of the total nationwide audience, it also adopted a 50 percent UHF discount to reflect the coverage limitations faced by analog UHF stations. The discount was intended to mitigate the competitive disadvantage that UHF stations suffered in comparison to VHF stations, as UHF stations were technically inferior, producing weaker over-the-air signals, reaching smaller audiences, and costing more to build and operate. This technical inferiority, inherent in analog television broadcasting, was significant in 1985 because the vast majority of viewers received programming from broadcast television stations via over-the-air signals.

2. Eleven years later, in the Telecommunications Act of 1996, Congress directed the Commission to increase the national audience reach cap from 25 percent to 35 percent. Subsequently, the Commission reaffirmed the 35 percent national cap in its 1998 Biennial Review Order. The United States Court of Appeals for the District of Columbia later remanded the 1998 Biennial Review Order after finding that the decision to retain the national cap was arbitrary and capricious. In addition, the court found that the Commission failed to demonstrate that the national cap advanced competition, diversity, or localism. In the 2002 Biennial Review Order, the Commission determined the cap should be raised to 45 percent. In both of these Orders, the Commission also considered and retained the UHF discount.

3. Following adoption of the 2002 Biennial Review Order and while an appeal of that order was pending, Congress revised the cap by including a provision in the 2004 Consolidated Appropriations Act (CAA) directing the Commission to modify its rules to set the cap at 39 percent of national television households. The CAA further amended Section 202(h) of the 1996 Act to require a quadrennial review of the Commission’s broadcast ownership rules, rather than the previously mandated biennial review. In doing so, Congress excluded consideration of any rules relating to the 39 percent national audience reach limitation from the quadrennial review requirement.

4. Prior to the enactment of the CAA, several parties had appealed the Commission’s 2002 Biennial Review Order to the U.S. Court of Appeals for the Third Circuit (Third Circuit). In June 2004, the Third Circuit found that the challenges to the Commission’s actions with respect to the national audience reach cap and the UHF discount were moot as a result of Congress’s action. Specifically, the court held that the CAA rendered moot the challenges to...