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EPA-APPROVED KENTUCKY NON-REGULATORY PROVISIONS

Name of non-regulatory SIP provision	Applicable geographic or nonattainment area	State submittal date/ effective date	EPA approval date	Explanations
1997 8-Hour Ozone Second 10-Year Limited Maintenance Plan for the Kentucky portion of the bi-state Louisville Area.	Bullitt, Jefferson, and Oldham Counties.	6/3/2024	10/8/2026, 91 FR [Insert Federal Register page where the document begins].	

[FR Doc. 2026–20641 Filed 10–7–26; 8:45 am]

BILLING CODE 6560–50–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

42 CFR Part 136

RIN 0917–AA14

Removal of Obsolete Portion of Regulation Relating to Care and Treatment of Ineligible Individuals

AGENCY: Indian Health Service (IHS), HHS.

ACTION: Final rule.

SUMMARY: The Indian Health Service (IHS) of the Department of Health and Human Services (HHS or “the Department”) is issuing this final rule to remove obsolete language appearing in the Code of Federal Regulations (CFR). The language refers to an outdated process for determining what the IHS will charge for care to non-IHS-beneficiaries. Eliminating this obsolete language will not change IHS’s existing practices or authorities.

DATES: This rule is effective on December 7, 2026.

FOR FURTHER INFORMATION CONTACT: Carl Mitchell, Director, Division of Regulatory and Policy Coordination, Office of Management Services, Indian Health Service, 301–651–0489 (This is not a toll-free number), *Carl.Mitchell@ihs.gov*.

SUPPLEMENTARY INFORMATION: HHS published a notice of proposed rulemaking in the **Federal Register** on June 15, 2020 (85 FR 36182), with a sixty-day comment period, which closed on August 14, 2020. HHS did not receive any public comments.

HHS will remove outdated language appearing in the CFR at 42 CFR 136.14(b). The regulations in this part established general principles and program requirements for carrying out

Indian health programs. Regarding the provision of IHS services to ineligible individuals, § 136.14(b) provides that such individuals should be charged “rates approved by the Assistant Secretary for Health and Surgeon General published in the **Federal Register**.” The Assistant Secretary for Health and the Surgeon General no longer approve or publish such rates. The Agency therefore will remove this unnecessary language. When the outdated language of § 136.14(b) is removed, § 136.14 in its entirety will read: “(a) In case of an emergency, as an act of humanity, individuals not eligible under § 136.12 may be provided temporary care and treatment in Service facilities; (b) Charging ineligible individuals. Where the Service Unit Director determines that an ineligible individual is able to defray the cost of care and treatment, the individual shall be charged. Reimbursement from third-party payors may be arranged by the patient or by the Service on behalf of the patient.” For complete access to background documents or information, go to <http://www.regulations.gov> and search for Docket ID number IHS–FRDOC–0001.

Executive Orders 12866, 13563, and 14192

Executive Orders 12866 and 13563 direct agencies to assess all costs and benefits of available regulatory alternatives. Section 3(f) of Executive Order 12866 defines a “significant regulatory action” as an action that is likely to result in a rule: (1) Having an annual effect on the economy of \$100 million or more in any 1 year, or adversely and materially affecting a sector of the economy, productivity, competition, jobs, the environment, public health or safety, or state, local or Tribal governments or communities (also referred to as “economically significant”); (2) creating a serious inconsistency or otherwise interfering with an action taken or planned by another agency; (3) materially altering the budgetary impacts of entitlement

grants, user fees, or loan programs or the rights and obligations of recipients thereof; or (4) raising novel legal or policy issues arising out of legal mandates, the President’s priorities, or the principles set forth in the Executive Order. A regulatory impact analysis must be prepared for major rules with economically significant effects (\$100 million or more in any 1 year). The HHS submits that this final rule is not “economically significant” as measured by the \$100 million threshold, and hence not a major rule under the Congressional Review Act. This rule has not been designated as a “significant regulatory action” under Executive Order 12866. Accordingly, this rule has not been reviewed by the Office of Management and Budget (OMB). Executive Order 14192 requires that any new incremental costs associated with significant new regulations “shall, to the extent permitted by law, be offset by the elimination of existing costs associated with at least ten prior regulations.” This final rule is expected to be an Executive Order 14192 deregulatory action.

Regulatory Flexibility Act

This action will not have a significant economic impact on small entities such as Indian health programs. Therefore, the regulatory flexibility analysis provided for under the Regulatory Flexibility Act is not required.

Paperwork Reduction Act

This action does not affect any information collections.

List of Subjects in 42 CFR Part 136

Care and treatment of ineligible individuals.

For the reasons set forth in the preamble, the Department amends 42 CFR part 136 as follows:

PART 136—INDIAN HEALTH

■ 1. The authority citation for part 136 continues to read as follows:

Authority: 42 U.S.C. 2001 and 2003; 25 U.S.C. 13; and 25 U.S.C. 1621a.

■ 2. Amend § 136.14 by revising paragraph (b) to read as follows:

§ 136.14 Care and treatment of ineligible individuals.

* * * * *

(b) Charging ineligible individuals. Where the Service Unit Director determines that an ineligible individual is able to defray the cost of care and treatment, the individual shall be charged. Reimbursement from third-party payors may be arranged by the patient or by the Service on behalf of the patient.

Robert F. Kennedy, Jr.

Secretary, Department of Health and Human Services.

[FR Doc. 2026–20685 Filed 10–7–26; 8:45 am]

BILLING CODE 4166–14–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

42 CFR Part 136a

RIN 0917–AA13

Removal of Obsolete/Suspended Regulations

AGENCY: Indian Health Service (IHS), HHS.

ACTION: Final rule.

SUMMARY: The Indian Health Service (IHS) of the Department of Health and Human Services (HHS or “the Department”) is issuing this final rule to remove regulations appearing in the Code of Federal Regulations (CFR). The regulations duplicate other regulations in the CFR, and have never been implemented by the IHS, and were referred to as “suspended” in a 1999 Federal Register Notice. Removing these regulations will not change the IHS’s existing practices or authorities.

DATES: This final rule is effective on December 7, 2026.

FOR FURTHER INFORMATION CONTACT: Carl Mitchell, Director, Division of Regulatory and Policy Coordination, Office of Management Services, Indian Health Service, 301–651–0489 (This is not a toll-free number), *Carl.Mitchell@ihs.gov*.

SUPPLEMENTARY INFORMATION: HHS published a notice of proposed rulemaking in the **Federal Register** on June 22, 2020 (85 FR 37414), with a sixty-day comment period, which closed on August 21, 2020. HHS did not receive any public comments.

HHS will remove the regulations appearing at 42 CFR part 136a. These

regulations were promulgated as a final rule in 1987 and were intended to replace the regulations appearing in the CFR at 42 CFR part 136. The new regulations, however, were never implemented and have since been referred to as “suspended” in the **Federal Register**. In the intervening years, the IHS has continued to follow the regulations appearing at 42 CFR part 136, and the IHS does not propose to alter this practice. Instead, this final rule will remove the duplicative regulations at 42 CFR part 136a from the CFR. Given how much time has passed since these regulations were initially promulgated; the concern on the part of Congress regarding implementation of the regulations; and the confusion caused by having two sets of regulations addressing the same issue published in the CFR, the Agency will suspend the regulations at 42 CFR part 136a and will be deleted in their entirety. For access to background documents or posted comments, go to <https://www.regulations.gov> and search for Docket ID number IHS–FRDOC–0001.

Executive Orders 12866, 13563, and 14192

Executive Orders 12866 and 13563 direct agencies to assess all costs and benefits of available regulatory alternatives. Section 3(f) of Executive Order 12866 defines a “significant regulatory action” as an action that is likely to result in a rule: (1) Having an annual effect on the economy of \$100 million or more in any 1 year, or adversely and materially affecting a sector of the economy, productivity, competition, jobs, the environment, public health or safety, or State, local, or Tribal governments or communities (also referred to as “economically significant”); (2) creating a serious inconsistency or otherwise interfering with an action taken or planned by another agency; (3) materially altering the budgetary impacts of entitlement grants, user fees, or loan programs or the rights and obligations of recipients thereof; or (4) raising novel legal or policy issues arising out of legal mandates, the President’s priorities, or the principles set forth in the Executive order. A regulatory impact analysis (RIA) must be prepared for major rules with economically significant effects (\$100 million or more in any 1 year).

HHS submits that this final rule is not “economically significant” as measured by the \$100 million threshold, and hence not a major rule under the Congressional Review Act. This rule has not been designated as a “significant regulatory action” under Executive Order 12866. Accordingly, this rule has

not been reviewed by the Office of Management and Budget (OMB). Executive Order 14192 requires that any new incremental costs associated with significant new regulations “shall, to the extent permitted by law, be offset by the elimination of existing costs associated with at least ten prior regulations.” This final rule is expected to be an Executive Order 14192 deregulatory action.

Regulatory Flexibility Act

This action will not have a significant economic impact on small entities such as Indian health programs. Therefore, the regulatory flexibility analysis provided for under the Regulatory Flexibility Act is not required.

Paperwork Reduction Act

This action does not affect any information collections.

List of Subjects in 42 CFR Part 136a

Government procurement, Government programs—education, Grant programs—education, Grant programs—health, Grant programs—Indians, Health care, Health professions, Indians, Penalties, Reporting and recordkeeping requirements, Scholarships and fellowships, Student aid.

Final Rule

PART 136a [Removed]

■ For the reasons set forth above, and under the authority of the Snyder Act (25 U.S.C. 13) and the Transfer Act (42 U.S.C. 2001 *et seq.*), the Department of Health and Human Services removes 42 CFR Part 136a.

Robert F. Kennedy, Jr.,

Secretary, Department of Health and Human Services.

[FR Doc. 2026–20684 Filed 10–7–26; 8:45 am]

BILLING CODE 4166–14–P

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

50 CFR Part 635

[Docket No. 260813–0186; RTID 0648–XG086]

Atlantic Highly Migratory Species; Atlantic Bluefin Tuna Fisheries; General Category October Through November Quota Transfer and Adjustment

AGENCY: National Marine Fisheries Service (NMFS), National Oceanic and Atmospheric Administration (NOAA), Commerce.