

**(i) Other FAA AD Provisions**

The following provisions also apply to this AD:

(1) *Alternative Methods of Compliance (AMOCs)*: The Manager, International Section, Transport Standards Branch, FAA, has the authority to approve AMOCs for this AD, if requested using the procedures found in 14 CFR 39.19. In accordance with 14 CFR 39.19, send your request to your principal inspector or local Flight Standards District Office, as appropriate. If sending information directly to the International Section, send it to the attention of the person identified in paragraph (j)(2) of this AD. Information may be emailed to: [9-ANM-116-AMOC-REQUESTS@faa.gov](mailto:9-ANM-116-AMOC-REQUESTS@faa.gov). Before using any approved AMOC, notify your appropriate principal inspector, or lacking a principal inspector, the manager of the local flight standards district office/certificate holding district office.

(2) *Contacting the Manufacturer*: For any requirement in this AD to obtain instructions from a manufacturer, the instructions must be accomplished using a method approved by the Manager, International Section, Transport Standards Branch, FAA; or EASA; or Airbus SAS's EASA Design Organization Approval (DOA). If approved by the DOA, the approval must include the DOA-authorized signature.

(3) *Required for Compliance (RC)*: For any service information referenced in EASA AD 2019-0076 that contains RC procedures and tests: Except as required by paragraph (i)(2) of this AD, RC procedures and tests must be done to comply with this AD; any procedures or tests that are not identified as RC are recommended. Those procedures and tests that are not identified as RC may be deviated from using accepted methods in accordance with the operator's maintenance or inspection program without obtaining approval of an AMOC, provided the procedures and tests identified as RC can be done and the airplane can be put back in an airworthy condition. Any substitutions or changes to procedures or tests identified as RC require approval of an AMOC.

**(j) Related Information**

(1) For information about EASA AD 2019-0076, contact the EASA, Konrad-Adenauer-Ufer 3, 50668 Cologne, Germany; telephone +49 221 89990 6017; email [ADs@easa.europa.eu](mailto:ADs@easa.europa.eu); Internet [www.easa.europa.eu](http://www.easa.europa.eu). You may find this EASA AD on the EASA website at <https://ad.easa.europa.eu>. You may view this EASA AD at the FAA, Transport Standards Branch, 2200 South 216th St., Des Moines, WA. For information on the availability of this material at the FAA, call 206-231-3195. EASA AD 2019-0076 may be found in the AD docket on the internet at <http://www.regulations.gov> by searching for and locating Docket No. FAA-2019-0609.

(2) For more information about this AD, contact Kathleen Arrigotti, Aerospace Engineer, International Section, Transport Standards Branch, FAA, 2200 South 216th St., Des Moines, WA 98198; telephone and fax 206-231-3218.

Issued in Des Moines, Washington, on August 15, 2019.

**Michael Millage,**

*Acting Director, System Oversight Division, Aircraft Certification Service.*

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**BILLING CODE 4910-13-P**

**POSTAL SERVICE****39 CFR Part 265****Procedures for Disclosure of Records Under the Freedom of Information Act**

**AGENCY:** Postal Service™.

**ACTION:** Proposed rule.

**SUMMARY:** The Postal Service proposes to amend its Freedom of Information Act ("FOIA") regulations regarding fee waivers. These changes would improve clarity and more closely align the regulations with both the relevant guidance from the Department of Justice's Office of Information Policy and the relevant statute.

**DATES:** Comments must be received on or before September 25, 2019.

**ADDRESSES:** Mail or deliver written comments to: Associate General Counsel and Chief Ethics & Compliance Officer, 475 L'Enfant Plaza SW, Room 6000, Washington, DC 20260-1135. Email and faxed comments are not accepted. You may inspect and photocopy all written comments, by appointment only, at USPS® Headquarters Library, 475 L'Enfant Plaza SW, 11th Floor North, Washington, DC 20260. These records are available for review on Monday through Friday, 9 a.m.–4 p.m., by calling 202-268-2904. All submitted comments and attachments are part of the public record and subject to disclosure. Do not enclose any material in your comments that you consider to be confidential or inappropriate for public disclosure.

**FOR FURTHER INFORMATION CONTACT:** Ruth B. Stevenson, Attorney, Federal Compliance, [ruth.b.stevenson@usps.gov](mailto:ruth.b.stevenson@usps.gov), 202-268-6627.

**SUPPLEMENTARY INFORMATION:** The Postal Service proposes to amend 39 CFR part 265 to improve clarity and to more closely align the regulations with both the relevant guidance from the Department of Justice's Office of Information Policy and the relevant statute, 5 U.S.C. 552(a)(4)(A)(iii). The portion of the regulations being amended concerns fee waivers. Generally speaking, fees for a FOIA request will be waived "if disclosure of the information is in the public interest because it is likely to contribute

significantly to public understanding of the operations or activities of the government and is not primarily in the commercial interest of the requester." 5 U.S.C. 552(a)(4)(A)(iii). The guidance from the Department of Justice elucidates a six-factor test from this rule—two of which of which relate to the commercial interest of the requester. The amendment to 39 CFR 265.9(j)(3)(i) clarifies that the first commercial interest factor is to determine whether a commercial interest exists. The amendment to 39 CFR 265.9(j)(3)(ii) incorporates the balancing test from the statute as the second part of the commercial interest factor, along with adding a presumption concerning news media requesters.

**List of Subjects in 39 CFR Part 265**

Administrative practice and procedure, Courts, Freedom of information, Government employees.

For the reasons stated in the preamble, the Postal Service proposes to amend 39 CFR chapter I as follows:

**PART 265—[AMENDED]**

■ 1. The authority citation for part 265 continues to read as follows:

**Authority:** 5 U.S.C. 552; 5 U.S.C. App. 3; 39 U.S.C. 401, 403, 410, 1001, 2601; Pub. L. 114-185.

■ 2. Amend § 265.9 to revise paragraphs (j)(3)(i) and (ii) to read as follows:

**§ 265.9 Fees.**

\* \* \* \* \*

(j) \* \* \*

(3) \* \* \*

(i) Whether there is a commercial interest, as defined in paragraph (b)(1) of this section, that would be furthered by the requested disclosure. If so, then the requester will be given an opportunity to provide explanatory information regarding this consideration.

(ii) Whether any identified commercial interest of the requester in disclosure outweighs the public interest, as defined in paragraph (j)(1)(i) of this section, in disclosure. If so, then the disclosure is "primarily in the commercial interest of the requester." The component ordinarily shall presume that if a news media requester has satisfied the public interest standard, the public interest is the primary interest served by the requested disclosure. Disclosure to data brokers or others who merely compile and market government information for direct

economic return shall not be presumed to primarily serve the public interest.

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**Ruth Stevenson,**

*Attorney, Federal Compliance.*

[FR Doc. 2019-18326 Filed 8-23-19; 8:45 am]

**BILLING CODE 7710-12-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### 42 CFR Part 2

[SAMHSA-4162-20]

RIN 0930-AA30

### Confidentiality of Substance Use Disorder Patient Records

**AGENCY:** Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS).

**ACTION:** Notice of proposed rulemaking (NPRM).

**SUMMARY:** HHS proposes to amend its Confidentiality of Substance Use Disorder Patient Records regulation, to clarify one of the conditions under which a court may authorize disclosure of confidential communications made by a patient to a part 2 program as defined in this regulation. This change will clarify that a court may authorize disclosure of confidential communications when the disclosure is necessary in connection with investigation or prosecution of an extremely serious crime, even if the extremely serious crime was not allegedly committed by the patient.

**DATES:** To be assured consideration, comments must be received at one of the addresses provided below no later than 5 p.m. on September 25, 2019.

**ADDRESSES:** You may submit comments, identified by Regulatory Information Number (RIN) 0930-AA30, by any of the following methods. Please submit your comments in only one of these ways to minimize the receipt of duplicate submissions.

1. *Federal eRulemaking Portal:* You may submit comments electronically at <http://www.regulations.gov>. Follow the instructions for submitting comments. This is the preferred method for the submission of comments.

2. *Mail:* Written comments must be sent to the following address: Attn: Mitchell Berger, SAMHSA, 5600 Fishers Lane, Room 18E89C, Rockville, Maryland 20857; or Suzette Brann, SAMHSA, 5600 Fishers Lane, Room 13E01B, Rockville, Maryland.

Please allow sufficient time for mailed comments to be received before the close of the comment period.

*Inspection of Public Comments:* All comments received before the close of the comment period will be available to the public in their entirety including any personally identifiable and/or confidential information. Submitted comments may be inspected on <http://www.regulations.gov> or in-person, by appointment (Monday through Friday from 8:30 a.m. to 4 p.m.), at the headquarters of the SAMHSA, 5600 Fishers Lane, Rockville, Maryland 20857. To schedule an appointment to view submitted comments at SAMHSA's headquarters, contact Mitchell Berger at (240) 276-1757 or Suzette Brann at (240) 276-1252.

**FOR FURTHER INFORMATION CONTACT:** Mitchell Berger at (240) 276-1757 or Suzette Brann at (240) 276-1252 or by email at: [PrivacyRegulations@samhsa.hhs.gov](mailto:PrivacyRegulations@samhsa.hhs.gov).

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### I. Legal Authority

HHS is proposing this rule under the authority of 42 U.S.C. 290dd-2.

### II. Background and Summary

On January 18, 2017, HHS published a final rule (82 FR 6052) (2017 final rule) that made certain changes to the regulations governing the confidentiality of substance use disorder patient records at 42 CFR part 2 (part 2). The part 2 regulations apply to part 2 programs. Briefly, as stated in the 2017 final rule, SAMHSA defines a part 2 program as a federally assisted program (federally assisted as defined in § 2.12(b) and program as defined in § 2.11). See § 2.12(e)(1) for examples.<sup>1</sup>

HHS did not intend in the 2017 final rule to substantively revise the provision of part 2 governing confidential communications that appears in § 2.63. However, the phrase “allegedly committed by the patient” was erroneously added to § 2.63(a)(2) in the 2017 final rule. The fact that the preamble of the 2017 final rule did not address that change, or explain its intended reasoning, indicates that no substantive change was intended. What is more, since publication of the 2017 final rule, it has come to our attention that the erroneous addition of the phrase “allegedly committed by the patient” may hinder federal

enforcement efforts targeted at rogue doctors and pill mills that have contributed to the opioid crisis.

The prompt revision of this rule is necessary to help address one of the largest drug crises in the nation's history. HHS and the U.S. Department of Justice (DOJ) have developed extensive information concerning the nature and magnitude of the crisis.<sup>2</sup> In particular, former HHS Acting Secretary Eric Hargan declared a public health emergency on October 26, 2017, to address the national opioid crisis and, most recently, HHS Secretary Alex Azar renewed that declaration on July 23, 2018. The proposed correction of the part 2 rule would help to address this public health emergency by facilitating the prompt investigation and prosecution, if warranted, of opioid-related crimes allegedly committed by individuals other than patients. Specifically, this proposed rule would correct the error by removing the phrase “allegedly committed by the patient” from § 2.63(a)(2). SAMHSA believes that this rule, if adopted as proposed, will not have an additional impact on part 2 programs or others as section 2.63 would revert to the pre-2017 language.

### III. Proposed Rule

HHS proposes to amend § 2.63(a)(2) by deleting the phrase “allegedly committed by the patient” that was erroneously added in the 2017 final rule.

Under this proposal, the text would revert to the language that appeared in the part 2 rule since 1987.<sup>3</sup>

This proposed change is further compelled by the opioid crisis, which was declared a public health emergency by the former Acting Secretary of HHS, pursuant to section 319 of the Public

<sup>2</sup> See, e.g., Department of Health and Human Services (October 26, 2017). HHS Acting Secretary Declares Public Health Emergency to Address National Opioid Crisis. Retrieved from [www.hhs.gov/about/news/2017/10/26/hhs-acting-secretary-declares-public-health-emergency-address-national-opioid-crisis.html](http://www.hhs.gov/about/news/2017/10/26/hhs-acting-secretary-declares-public-health-emergency-address-national-opioid-crisis.html); Centers for Disease Control and Prevention (n.d.). Retrieved from [www.cdc.gov/drugoverdose/data](http://www.cdc.gov/drugoverdose/data); Centers for Disease Control and Prevention, National Center for Health Statistics (December 2017). Drug Overdose Deaths in the United States, 1999–2016. Retrieved from [www.cdc.gov/nchs/products/databriefs/db294.htm](http://www.cdc.gov/nchs/products/databriefs/db294.htm); Substance Abuse and Mental Health Services Administration (September 2017). Key Substance Use and Mental Health Indicators in the United States: Results from the 2016 National Survey on Drug Use and Health. Retrieved from [www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.pdf](http://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.pdf); National Institute on Drug Abuse (March 2018). Opioid Overdose Crisis. Retrieved from [www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis](http://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis); Drug Enforcement Administration, 2017 National Drug Threat Assessment (Oct. 2017), at v, 25–43.

<sup>3</sup> See 52 FR 21796.

<sup>1</sup> (See 82 FR 6052, 6061 (January 18, 2017)).