

iron in iron-containing products will decrease the risk of pediatric poisonings, while providing desirable iron nutrition to those who need iron supplementation, and on whether an exemption for products that contain elemental iron from any packaging and labeling requirements that result from the underlying rulemaking is appropriate.

Interested persons may on or before April 20, 1995, submit to the Dockets Management Branch (address above) comments on the workshop. Additional written comments may be submitted for 30 days after the date of this workshop. Two copies of any comments are to be submitted, except that individuals may submit one copy. Written comments and submitted documents are to be identified with the docket numbers found in brackets in the heading of this document. Received comments and the transcript of the discussion identified with the same docket numbers may be seen in the office above between 9 a.m. and 4 p.m., Monday through Friday.

Dated: March 16, 1995.

**William B. Schultz,**

*Deputy Commissioner for Policy.*

[FR Doc. 95-6919 Filed 3-20-95; 8:45 am]

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## DEPARTMENT OF DEFENSE

### Office of the Secretary

#### 32 CFR Part 199

[DoD 6010.8-R]

RIN 0720-AA26

### Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); Six Separate Changes

AGENCY: Office of the Secretary, DoD.

ACTION: Proposed rule.

**SUMMARY:** This proposed rule addresses six separate changes to comply with new statutory provisions affecting CHAMPUS. These changes will update this part to include as a benefit, a screen to check for the level of lead in the blood of an infant; eliminate the implied statement that ambulance services are covered only to and from hospitals; include other forms of prescribed contraceptives by eliminating the reference that limits prescribed contraceptives only to those taken orally; recognize chemical aversion therapy as a treatment modality for alcoholism by eliminating the exclusionary language in the current regulation; identify three additional Gulf Conflict groups eligible for the

delay in the increased deductible; and to establish lower limits on the fiscal year catastrophic cap from \$10,000 to \$7,500 for all eligibles except dependents of active duty personnel, whose limit remains at \$1,000.

**DATES:** Written comments, whether from the general public or from other governmental agencies, must be received on or before May 22, 1995.

**ADDRESSES:** Office of the Civilian Health and Medical Program of the Uniformed Services (OCHAMPUS), Program Development Branch, Aurora, CO 80045-6900.

**FOR FURTHER INFORMATION CONTACT:** Mr. A. Chris Armijo, Program Development Branch, OCHAMPUS, telephone (303) 361-1120.

**SUPPLEMENTARY INFORMATION:** 32 CFR 199.4 lists Basic Program benefits including exclusions and limitations. Paragraph (c) defines, in general terms, the scope of reimbursable services provided by physicians and other authorized individual professional providers; paragraph (e) extends benefits under certain circumstances, to conditions and limitations that are subject to applicable definitions, conditions, or exclusions that are set forth in this or other sections of this regulation; paragraph (f) identifies the liabilities, in the form of cost-shares and deductibles, to be paid by beneficiaries or sponsors.

**Well-Baby Care:** Paragraph (c)(3)(xi), provides for certain well-baby care services for infants up to the age of two years. A paragraph (6) will be added under paragraph (xi)(A) to list blood lead level screening for infants as a benefit.

**Ambulance Service:** Ambulance services are covered between points deemed to be medically necessary for the covered medical condition, therefore, the restrictive language, "to, from, and between hospitals" will be removed from paragraph (d)(3)(v).

**Family Planning:** Paragraph (e)(3) provides for a family planning benefit. Paragraph (e)(3)(i)(A)(3) of this Section allows benefits for prescribed oral contraceptives. With the development of new methods of contraception, prescribed contraceptives are no longer limited to those taken orally. We are, therefore, amending that paragraph by removing the word "oral" to expand the coverage accordingly.

**Treatment for Alcoholism:** Paragraph (e)(4)(iii)(A) of § 199.4, has historically excluded benefits for aversion therapy as a treatment modality for alcoholism. At the request of OCHAMPUS, the Office of Health Technology Assessment (OHTA) of the Public Health Service

(PHS) conducted an assessment of the safety and efficacy of chemical aversion conditioning for the treatment of alcoholism. On the basis of the OHTA assessment, it was determined that chemical aversion conditioning is no less effective than other therapies for alcoholism when it is provided following the failure of less intrusive therapies. This rule proposes to remove paragraph (e)(4)(iii)(A) in its entirety to remove exclusionary language, to reserve that paragraph for future use, and to revise paragraph (4)(ii), to include coverage of chemical aversion therapy as a treatment modality.

**Financial Liability-Deductibles:** Under paragraph (f) of section 199.4, CHAMPUS beneficiaries and sponsors have some financial responsibility when medical care is received from civilian sources. Financial liability is imposed in order to encourage use of the Uniformed Services direct medical care system whenever facilities and services are available. Beneficiaries are responsible for payment of certain deductible and cost-sharing amounts in connection with otherwise covered services and supplies. The cost-share and deductible amounts are controlled by statute and subject to change by Congressional action. Previous legislation had deferred a statutory increase in the deductible amount from April 1, 1991, to October 1, 1991, for dependents of active duty members who served in the Gulf Conflict. The National Defense Authorization Act for Fiscal Year 1993 contains language which prompts a revision of paragraph (f)(2)(i)(G) of this section to identify three new groups of Gulf Conflict beneficiaries, besides the dependents of active duty members, eligible for the delay in the increased deductibles, and to allow credit or reimbursement of excess amounts inadvertently paid by those groups subject to availability of appropriated funds.

**Catastrophic Loss:** The National Defense Authorization Act for Fiscal Years 1988 and 1989 (P.L. 100-180) amended Title 10, United States Code and established catastrophic loss protection for CHAMPUS beneficiaries on a government fiscal year basis. The law placed fiscal year limits on, catastrophic caps, on beneficiary liability for cost-shares and deductibles under the CHAMPUS Basic Program. After the fiscal year cap is met by the beneficiary, the CHAMPUS determined allowable amounts for all covered services or supplies received under the Basic Program are to be paid in full by CHAMPUS.

For dependents of active duty members, the maximum family liability

is \$1,000 for deductibles and cost-shares based on allowed charges for the Basic Program services and supplies received in a fiscal year. For all other categories of beneficiary families, the previous fiscal year cap of \$10,000 under P.L. 100-180 has been reduced under the 1993 Defense Authorization Act (P.L. 102-484) to \$7,500. This proposed rule implements the law which reduces the fiscal year catastrophic other than active duty dependents, effective for Basic Program services and supplies received on or after October 1, 1992.

**Regulatory Procedures:** OMB has determined that this is not a significant rule as defined by E.O. 12866.

The Regulatory Flexibility Act (RFA) requires that each federal agency prepare, and make available for public comment, a regulatory flexibility analysis when the agency issues a regulation which would have a significant impact on a substantial number of small entities.

This proposed rule would not have a significant impact on a substantial number of small entities. The changes set forth in this proposed rule are minor revisions to the existing regulation. This proposed rule does not impose information collection requirements on the public under the Paperwork Reduction Act of 1980 (44 U.S.C. 3501-3511). Public comments on this proposed rule are invited and will be considered. A discussion of any major issues revised as a result of public comments will be included in issuance of the final rule, anticipated approximately 60 days after the end of the comment period.

#### List of Subjects in 32 CFR Part 199

Claims, Handicapped, Health insurance, Military personnel.

Accordingly, 32 CFR part 199 is proposed to be amended as follows:

#### PART 199—[AMENDED]

1. The authority citation for part 199 is proposed to be revised as follows:

**Authority:** 5 U.S.C. 301; 10 U.S.C. chapter 55.

2. Section 199.4 is proposed to be amended in paragraph (e)(3)(i)(A)(3) by removing the word "oral"; by removing and reserving paragraph (e)(4)(iii)(A); by adding new paragraphs (c)(3)(xi)(A)(7) and (f)(10); and by revising the first sentence in paragraph (d)(3)(v), paragraph (e)(4)(ii), and paragraph (f)(2)(i)(G) to read as follows:

#### § 199.4 Basic program benefits.

\* \* \* \* \*

(c) \* \* \*

(3) \* \* \*

(xi) \* \* \*  
 (A) \* \* \*  
 (7) One screening of an infant to determine the level of lead in the blood of that infant.

\* \* \* \* \*

(d) \* \* \*  
 (3) \* \* \*

(v) *Ambulance.* Civilian ambulance service is covered when medically necessary in connection with otherwise covered services and supplies and a covered medical condition. \* \* \*

\* \* \* \* \*

(e) \* \* \*  
 (4) \* \* \*

(ii) *Authorized substance use disorder treatment.* Only those services provided by CHAMPUS-authorized institutional providers are covered. Such a provider must be either an authorized hospital, or an organized substance use disorder treatment program in an authorized free-standing or hospital-based substance use disorder rehabilitation facility. Covered services consist of any or all of the services listed below, including chemical aversion therapy for alcoholism. A qualified mental health provider (physician, clinical psychologist, clinical social worker, psychiatric nurse specialist, (see paragraph (c)(3)(i) of this section) shall prescribe the particular level of treatment. Each CHAMPUS beneficiary is entitled to three substance use disorder treatment benefit periods in his or her lifetime, unless this limit is waived pursuant to paragraph (e)(4)(v) of this section. Unless clinically contraindicated, the programmed use of chemical aversion therapy is limited to the third lifetime alcoholism benefit period. (A benefit period begins with the first date of covered treatment and ends 365 days later, regardless of the total services actually used within the benefit period. Unused benefits cannot be carried over to subsequent benefit periods. Emergency and inpatient hospital services (as described in paragraph (e)(4)(i) of this section do not constitute substance abuse treatment for purposes of establishing the beginning of a benefit period.)

\* \* \* \* \*

(f) \* \* \*  
 (2) \* \* \*  
 (i) \* \* \*

(G) Notwithstanding the dates specified in paragraphs (f)(2)(i) (A) and (B) of this section, in the case of dependents of active duty members of rank E-5 or above with Persian Gulf Conflict service, dependents of service members who were killed in the Gulf, who died subsequent to Gulf service, and of members who retired prior to

October 1, 1991, after having served in the Gulf War, the deductible shall be the amount specified in paragraph (f)(2)(i)(A) of this section for care rendered prior to October 1, 1991, and the amount specified in paragraph (f)(2)(i)(B) of this section for care rendered after October 1, 1991.

\* \* \* \* \*

(10) *Catastrophic loss protection for basic program benefits.* Fiscal year limits, or catastrophic caps, on the amounts beneficiaries are required to pay are established as follows:

(i) *Dependents of active duty members.* The maximum family liability is \$1,000 for deductibles and cost-shares based on allowable charges for Basic Program services and supplies received in a fiscal year.

(ii) *All other beneficiaries.* For all other categories of beneficiary families (including those eligible under CHAMPVA), the fiscal year cap is \$10,000.

(iii) *Payment after cap is met.* After a family has paid the maximum cost-share and deductible amounts (dependents of active duty members \$1,000 and all others \$10,000), for a fiscal year, CHAMPUS will pay allowable amounts for remaining covered services through the end of that fiscal year.

Note to paragraph (f)(2)(i)(G)(10): Under the Defense Authorization Act for fiscal year 1993, the cap for beneficiaries other than dependents of active duty members was reduced from \$10,000 to \$7,500 on October 1, 1992. The cap remains at \$1,000 for dependents of active duty members.

\* \* \* \* \*

Dated: March 14, 1995.

**L.M. Bynum,**

*Alternate, OSD Federal Register Liaison Officer, Department of Defense.*

[FR Doc. 95-6670 Filed 3-20-95; 8:45 am]

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#### ENVIRONMENTAL PROTECTION AGENCY

#### 40 CFR Part 52

[IL79-2-6616B; FRL-5167-8]

#### Approval and Promulgation of Implementation Plans; Illinois

**AGENCY:** Environmental Protection Agency (USEPA).

**ACTION:** Proposed rule.

**SUMMARY:** The USEPA proposes to approve requested revisions to the Chicago ozone Federal Implementation Plan as it pertains to the following sources: General Motors Corporation,