27 CFR Part 20
Administrative practice and procedure, Advertising, Alcohol, Authority delegations (Government agencies), Chemicals, Claims, Cosmetics, Labeling, Packaging and containers, Reporting and recordkeeping requirements, Surety bonds, Transportation.

27 CFR Part 22
Administrative practice and procedure, Advertising, Alcohol, Authority delegations (Government agencies), Claims, Cosmetics, Labeling, Packaging and containers, Reporting and recordkeeping requirements, Surety bonds, Transportation.

27 CFR Part 24
Administrative practice and procedure, Authority delegations (Government agencies), Claims, Electronic funds transfers, Excise taxes, Exports, Food additives, Fruit juices, Labeling, Liquors, Packaging and containers, Reporting and recordkeeping requirements, Research, Scientific equipment, Spices and flavorings, Surety bonds, Taxpaid wine bottling house, Transportation, Vinegar, Warehouses, Wine.

27 CFR Part 25
Administrative practice and procedure, Authority delegations (Government agencies), Beer, Claims, Electronic funds transfers, Excise taxes, Exports, Food additives, Fruit juices, Labeling, Liquors, Packaging and containers, Reporting and recordkeeping requirements, Research, Surety bonds, Transportation.

27 CFR Part 27
Administrative practice and procedure, Alcohol and alcoholic beverages, Authority delegations (Government agencies), Beer, Cosmetics, Customs duties and inspection, Excise taxes, Imports, Labeling, Liquors, Packaging and containers, Perfume, Reporting and recordkeeping requirements, Transportation, Wine.

27 CFR Part 250
Administrative practice and procedure, Alcohol and alcoholic beverages, Authority delegations (Government agencies), Beer, Claims, Customs duties and inspections, Drugs, Electronic funds transfers, Excise taxes, Foods, Liquors, Packaging and containers, Reporting requirements, Spices and flavorings, Surety bonds, Transportation, U.S. Possessions, Wine.

27 CFR Part 251
Administrative practice and procedure, Alcohol and alcoholic beverages, Authority delegations, Beer, Customs duties and inspections, Excise taxes, Imports, Labeling, Liquors, Packaging and containers, Perfume, Reporting and recordkeeping requirements, Transportation, Wine.

Authority and Issuance
This notice is issued under the authority in 26 U.S.C. 5301, 7805, and 27 U.S.C. 205.


John W. Magaw,
Director.

[FR Doc. 96–28361 Filed 11–4–96; 8:45 am]

BILLING CODE 4810–31–P

DEPARTMENT OF DEFENSE
Office of the Secretary
32 CFR Part 199
[DoD 6010.8–R]
RIN–0720–AA73
Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); Health Promotion and Disease Prevention Visits and Immunizations

AGENCY: Office of the Secretary, DoD.
ACTION: Proposed rule.

SUMMARY: This proposed rule expands well-baby visits and immunizations to dependents under the age of six and improves access to preventive benefits for dependents age six and above to include health promotion and disease prevention visits in connection with immunizations, pap smears and mammograms.

DATES: Written comments will be accepted until January 6, 1997.

ADDRESSES: Forward comments to the Office of Health Services Financing Policy, Department of Defense, Room 18657 Pentagon, Washington, DC 20301–1200.

FURTHER INFORMATION CONTACT: Cynthia P. Speight, Office of Assistant Secretary of Defense (Health Affairs), (703) 697–8975.

SUPPLEMENTARY INFORMATION: On February 10, 1996, P.L. 104–106 was signed into law. Section 701 of that law extends coverage of “well-baby visits” and immunizations for an additional three years, from up to two years of age to under six years of age. Section 701 also provides for additional preventive care services under the Basic CHAMPUS Program (see § 199.4) for dependents six years of age or older. This rule implements provisions of Public Law 104–106 by changing “well-baby care” to “well-child care” and by providing for additional preventive care services for dependents six years of age or older. This rule improves availability of immunizations and other preventive services, particularly for children. While these services have previously been available in military hospitals and clinics, access has depended on proximity to military medical treatment facilities with available space and services. Access, therefore, has not been uniformly attainable for all beneficiaries.

These proposed preventive services and immunizations are based on recommendations of the U.S. Preventive Services Task Force which set national health goals in their report Healthy People 2000. Broad goals set by Healthy People 2000 included an increase in the span of healthy life for Americans, reduction in health disparities among Americans, and access to preventive services for all Americans. This rule strengthens existing programs within the Department and contributes significantly to national efforts toward meeting these goals.

Regulatory Procedures
Executive Order 12866 requires that a regulatory impact analysis be performed on any significant regulatory action, defined as one which would have an annual effect on the economy of $100 million or more, or have other significant effects.

The Regulatory Flexibility Act requires that each federal agency prepare a regulatory flexibility analysis when the agency issues regulations which would have a significant impact on a substantial number of small entities. This proposed rule is not a significant regulatory action under E.O. 12866, nor would it have a significant impact on small entities. In addition, this proposed rule does not impose new information collection requirements for purposes of the Paperwork Reduction Act of 1980 (44 U.S.C. 3501–3511). This is a proposed rule. All public comments are invited.
List of Subjects in 32 CFR Part 199
Claims, Handicapped, Health insurance, Military personnel.

PART 199—[AMENDED]

Accordingly, 32 CFR Part 199 is amended as follows:

1. The authority citation for part 199 continues to read as follows:

Authority: 5 U.S.C. 301; and 10 U.S.C. Chapter 55.

2. Section 199.2(b) is proposed to be amended by revising the definition for “well-baby care” as follows:

§ 199.2 Definitions.

(b) Well-baby care. A specific program of periodic health screening, developmental assessment, and routine immunization for children under six years of age.

3. Section 199.4 is proposed to be amended by revising the heading of paragraph (c)(2), paragraphs (c)(2)(xiii), (c)(2)(xvii), (c)(3)(xi), (g)(37), and (g)(47).

§ 199.4 Basic program benefits.

(c) * * * * *

(2) Covered services of physicians and other authorized professional providers.

(xii) Well-child care.

(xvi) Routine eye examinations.

Coverage for routine eye examinations is limited to dependents of active duty members, to one examination per calendar year per person, and to services rendered on or after October 1, 1984, except as provided under paragraph (c)(3)(xi) of this section.

(3) * * * * *

(xi) Well-child care. Benefits routinely are payable for well-child care from birth to under six years of age. These periodic health examinations are designed for prevention, early detection and treatment of disease and consist of screening procedures, immunizations and risk counseling.

(A) The following services are payable when required as a part of the specific well-child care program and when rendered by the attending pediatrician, family physician, or a pediatric nurse practitioner.

(1) New born examination, heredity and metabolic screening, and newborn circumcision.

(2) Periodic health supervision visits intended to promote the optimal health for infants and children to include the following services:

(i) History and physical examination.

(ii) Vision, hearing, and dental screening.

(iii) Developmental appraisal to include body measurement.

(iv) Immunizations as recommended by the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices.

(v) Pediatric blood lead level test.

(vi) Tuberculosis screening.

(vii) Blood pressure screening.

(viii) Measurement of hemoglobin and hematocrit for anemia.

(ix) Urinalysis.

(x) Health guidance and counseling.

(B) Additional services or visits required because of specific findings or because the particular circumstances of the individual case are covered if medically necessary and otherwise authorized for benefits under CHAMPUS.

(C) The Director, OCHAMPUS will determine when such services are separately reimbursable apart from the health supervision visit.

(37) Preventive care. Preventive care, such as routine, annual, or employment-requested physical examinations; routine screening procedures; except that the following are not excluded:

(i) Well-child care.

(ii) Immunizations for individuals age six and older, as recommended by the Centers for Disease Control and Prevention Advisory Committee on Immunization Practices.

(iii) Rabies shots.

(iv) Tetanus shot following an accidental injury.

(v) Rh immune globulin.

(vi) Genetic tests as specified in paragraph (e)(3)(ii) of this section.

(vii) Immunizations and physical examinations provided when required in the case of dependents of active duty military personnel who are traveling outside the United States as a result of an active member's duty assignment and such travel is being performed under orders issued by a Uniformed Service.

(viii) Screening mammography for asymptomatic women 40 years of age and older when provided under the terms and conditions contained in the guidelines adopted by the Director, OCHAMPUS.

(ix) Cancer screening papanicolaou (PAP) test for women who are or have been sexually active, and women 18 years of age and older when provided under the terms and conditions contained in the guidelines adopted by the Director, OCHAMPUS.

(x) Other cancer screenings authorized by 10 U.S.C. 1079.

(xi) Health promotion and disease prevention visits (which may include all of the services provided pursuant to § 199.18(b)(2) may be provided in connection with immunizations and cancer screening examinations authorized by paragraphs (g)(37)(ii) or (g)(37)(vii) through (x).

* * * * *

(47) Eye and hearing examinations. Eye and hearing examinations except as specifically provided in paragraphs (c)(2)(xvi) and (c)(3)(xi) of this section, or except when rendered in connection with medical or surgical treatment of a covered illness or injury.

* * * * *

Dated: October 30, 1996.
L.M. Bynum,
Alternate OSD Federal Register Liaison Officer, Department of Defense.

[FR Doc. 96-28301 Filed 11-4-96; 8:45 am]
BILLING CODE 5000-04-M

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 52
[Region 2 Docket NJ24-1b-158; FRL-5643-1]

Clean Air Act Attainment Extension for the New York-Northern New Jersey-Long Island Consolidated Metropolitan Statistical Carbon Monoxide Nonattainment Area

AGENCY: Environmental Protection Agency (EPA).

ACTION: Proposed rule.

SUMMARY: EPA is proposing to grant the one (1) year attainment date extension request for the New York-Northern New Jersey-Long Island Consolidated Metropolitan Statistical Carbon Monoxide nonattainment area (NYCMSA) which includes parts of two counties in southwestern Connecticut. EPA's determination to grant the extension is based on the fact that the NYCMSA has demonstrated compliance with the requirements of section 186(a)(4) of the Clean Air Act (CAA). In the Final Rules Section of this Federal Register, EPA is approving the States' request for an extension as a direct final rule without prior proposal because the Agency views this as a noncontroversial revision and anticipates no adverse comments. A detailed rationale for the approval is set forth in the direct final rule. If no adverse comments are received in response to that direct final rule no further activity is contemplated.