

4. Section 4.116, Note 2 is amended by removing "one or more creative organs," and adding, in its place, "one or more creative organs or anatomical loss of one or both breasts,".

5. Diagnostic code 7626 in 38 CFR 4.116 is revised to read as follows:

§ 4.116 Schedule of ratings—gynecological conditions and disorders of the breast.

Table with 5 columns: Rating, and 4 asterisks. Rows include: 7626 Breast, surgery of: Following radical mastectomy: Both (180), One (150); Following modified radical mastectomy: Both (160), One (140); Following simple mastectomy or wide local excision with significant alteration of size or form: Both (150), One (130); Following wide local excision without significant alteration of size or form: Both or one (0).

Note: For VA purposes:

1 Radical mastectomy means removal of the entire breast, underlying pectoral muscles, and regional lymph nodes up to the coracoclavicular ligament.

2 Modified radical mastectomy means removal of the entire breast and axillary lymph nodes (in continuity with the breast). Pectoral muscles are left intact.

3 Simple (or total) mastectomy means removal of all of the breast tissue, nipple, and a small portion of the overlying skin, but lymph nodes and muscles are left intact.

4 Wide local excision (including partial mastectomy, lumpectomy, tylectomy, segmentectomy, and quadrantectomy) means removal of a portion of the breast tissue.

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DEPARTMENT OF VETERANS AFFAIRS

38 CFR Part 17

RIN 2900-AK89

Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA)

AGENCY: Department of Veterans Affairs

ACTION: Interim final rule; Correction.

SUMMARY: In a document published in the Federal Register on January 30, 2002 (67 FR 4357), VA amended its medical regulations concerning the "Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA)" That interim final rule implemented the provisions of the Floyd D. Spence National Defense Authorization Act for Fiscal Year 2001 and the Veterans' Survivor Benefits

Improvements Act of 2001. This document makes a correction in § 17.274(c)(ii) by changing the reference to the effective date of the reduced cost-sharing catastrophic cap from January 1, 2001 to January 1, 2002 to reflect the correct date established by statute.

EFFECTIVE DATE: This document is effective on February 14, 2002.

FOR FURTHER INFORMATION CONTACT:

Susan Schmetzer, Chief, Policy & Compliance Division, VA Health Administration Center, P.O. Box 65020, Denver, CO 80206-9020, telephone (303) 331-7552.

In rule FR Doc. 02-2206 published on January 30, 2002 (67 FR 4357), make the following correction: on page 4359, in paragraph (c)(ii), third column, "January 1, 2001" is amended to read "January 1, 2002".

Approved: February 7, 2002.

Thomas O. Gessel,

Director, Office of Regulations Management, Office of General Counsel, Department of Veterans Affairs.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

42 CFR Part 82

RIN 0920-ZA00

Methods for Radiation Dose Reconstruction Under the Energy Employees Occupational Illness Compensation Act of 2000

AGENCY: Department of Health and Human Services.

ACTION: Interim Final Rule; Reopening of Comment Period.

SUMMARY: The Department of Health and Human Services (DHHS), is reopening the comment period for the interim final rule for dose reconstruction for certain claims for cancer under the Energy Employees Occupational Illness Program Act (EEOICPA) that was published in the Federal Register on Friday, October 5, 2001. After considering these comments, comments previously received, and comments from the Advisory Board on Radiation and Worker Health (ABRWH) DHHS will publish a final rule.

DATES: Public written comments must be received on or before Friday, March 1, 2002.

ADDRESSES: Submit written comments to: Attention—Dose Reconstruction Comments, Department of Health and Human Services, National Institute for

Occupational Safety and Health (NIOSH), Robert A. Taft Laboratories, MS-C34, 4676 Columbia Parkway, Cincinnati, OH 45226, Telephone: (513) 533-8450, Fax: (513) 533-8285, email: NIOCINOCKET@CDC.GOV.

FOR FURTHER INFORMATION CONTACT:

Larry Elliott, Director, Office of Compensation Analysis and Support, National Institute for Occupational Safety and Health, 4676 Columbia Parkway, Cincinnati, OH 45226, Telephone (513) 841-4498 (this is not a toll free number). Information requests may also be submitted by e-mail to OCAS@CDC.GOV.

SUPPLEMENTARY INFORMATION: On

October 5, 2001, HHS published an interim final rule establishing methods for radiation dose reconstruction to be conducted for certain cancer claims filed under EEOICPA, Public Law 106-398 [See FR Vol. 66, No. 194, 50978]. The notice included a public comment period that ended November 5, 2001. However, DHHS requested the ABRWH to conduct a review of its dose reconstruction methods.

The ABRWH held its first meeting in Washington, DC on January 22-23, 2002. Due to the ABRWH's intensive work on the statutorily required technical review of the proposed probability of causation rule, the ABRWH was unable to complete the requested review of the interim final rule. Public comments, both written and oral, were accepted for inclusion in the docket on both the interim final rule and proposed rulemaking prior to and during the ABRWH meeting. The public comment period closed on the last day of the ABRWH meeting, January 23, 2002.

To allow the ABRWH ample opportunity to complete their review of and comments on the interim final rule, the public comment period for the interim final rule on dose reconstruction will be re-opened until Friday, March 1, 2002. This will allow the ABRWH to have at least one more meeting to prepare their comments on the interim final rule, and to accept further written and oral comments from the general public at its next meeting.

All written comments on the interim final rule for dose reconstruction must be received at the Docket Office on or before Friday, March 1, 2002. Written and oral comments made during the meeting(s) of the ABRWH prior to Friday, March 1, 2002 will also be included in the docket for the interim final rule.