any comments addressing the 60-Day Notice.

Burden Statement: The respondent burden for this collection is estimated to average 1.05 hours per response. These estimates include the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information; processing and maintaining information and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to a collection of information; and transmit or otherwise disclose the information.

Respondents/Affected Entities: 34.

Estimated number of responses: 506.

Estimated total annual burden on respondents: 529 hours.

Frequency of collection: On occasion.

There are no capital costs or operating and maintenance costs associated with this collection.

[Authority: 44 U.S.C. 3501 et seq.]


Robert Sidman,
Deputy Secretary of the Commission.

[FR Doc. 2020–23833 Filed 10–27–20; 8:45 am]
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DEPARTMENT OF DEFENSE
Office of the Secretary

Defense Advisory Committee on Women in the Services; Notice of Federal Advisory Committee Meeting

AGENCY: Under Secretary of Defense for Personnel and Readiness, Department of Defense (DoD).

ACTION: Notice of Federal Advisory Committee meeting.

SUMMARY: The DoD is publishing this notice to announce that the following Federal Advisory Committee meeting of the Defense Advisory Committee on Women in the Services (DACOWITS) will take place.

DATES:
Day 1—Open to the public Tuesday, December 8, 2020 from 8:30 a.m. to 12:00 p.m.

Day 2—Open to the public Wednesday, December 9, 2020 from 8:30 a.m. to 12:00 p.m.

ADDRESSES: The meeting will be held by videoconference. Participant access information will be provided after registering. (Pre-meeting registration is required. See guidance in SUPPLEMENTARY INFORMATION, “Meeting Accessibility”.

FOR FURTHER INFORMATION CONTACT:
Colonel Elaine Freeman, U.S. Army, (703) 609–2122 (Voice), 703–614–6233 (Facsimile), roelene.e.freeman.mil@mail.mil (Email). Mailing address is 4800 Mark Center Drive, Suite 0425–01, Alexandria, VA 22350. website: http://dacowits.defense.gov. The most up-to-date changes to the meeting agenda can be found on the website.

SUPPLEMENTARY INFORMATION: This meeting is being held under the provisions of the Federal Advisory Committee Act (FACA) of 1972 (5 U.S.C., Appendix, as amended), the Government in the Sunshine Act of 1976 (5 U.S.C. 552b, as amended), and 41 CFR 102–3.140 and 102–3.150. Availability of Materials for the Meeting: Additional information, including the agenda or any updates to the agenda, is available at the DACOWITS website, https://dacowits.defense.gov/. Materials presented in the meeting may also be obtained on the DACOWITS website.

Purpose of the Meeting: The purpose of the meeting is for the DACOWITS to receive written information and briefings on topics related to the recruitment, retention, employment, integration, well-being, and treatment of women in the Armed Forces of the United States.

Agenda: Tuesday, December 8, 2020, from 8:30 a.m. to 12:00 p.m.—Welcome, Introductions, and Announcements; Request for Information Status Update; and Briefings and DACOWITS discussion. Wednesday, December 9, 2020, from 8:30 a.m. to 12:00 p.m.—Welcome, Introductions, and Announcements; and Briefings and DACOWITS discussion.

Meeting Accessibility: Pursuant to 5 U.S.C. 552b and 41 CFR 102–3.140 through 102–3.165, this meeting is open to the public from 8:30 a.m. to 12:00 p.m. on December 8, 2020 and 8:30 a.m. to 12:00 p.m. on December 9, 2020. The meeting will be held by videoconference. The number of participants is limited and is on a first-come basis. All members of the public who wish to participate must register by contacting DACOWITS at osd.pentagon.ousd-p-r.mbx.dacowits@mail.mil or by contacting Mr. Robert Bowling at (703) 380–0116 no later than Monday, November 30, 2020. Once registered, the web address and/or audio number will be provided.

Special Accommodations: Individuals requiring special accommodations to access the public meeting should contact Mr. Robert Bowling no later than Monday, November 30, 2020 so that appropriate arrangements can be made.

Written Statements: Pursuant to 41 CFR 102–3.140, and section 10(a)(3) of the FACA, interested persons may submit a written statement to the DACOWITS. Individuals submitting a written statement must submit their statement no later than 5:00 p.m., Monday, November 30, 2020 to Mr. Robert Bowling (703) 380–0116 (voice) or to osd.pentagon.ousd-p-r.mbx.dacowits@mail.mil (email). If a statement is not received by Monday, November 30, 2020, prior to the meeting, which is the subject of this notice, then it may not be provided to or considered by the Committee during this quarterly business meeting. The Designated Federal Officer will review all timely submissions with the DACOWITS Chair and ensure they are provided to the members of the Committee.


Aaron T. Siegel,
Alternate OSD Federal Register Liaison Officer, Department of Defense.

[FR Doc. 2020–23877 Filed 10–27–20; 8:45 am]
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DEPARTMENT OF DEFENSE
Office of the Secretary

TRICARE; Notice of TRICARE Plan Program Changes for Calendar Year 2021

AGENCY: Office of the Secretary of Defense, Department of Defense (DoD).

ACTION: Notice.

SUMMARY: This notice provides a notification of TRICARE Plan program changes for calendar year 2021. Changes or improvements to the TRICARE program benefits are provided in the supplementary information section.

DATES: TRICARE health plan information in this notice is valid for services during calendar year 2021 (January 1, 2021–December 31, 2021).


FOR FURTHER INFORMATION CONTACT: Mr. Mark A. Ellis, (703) 681–0039.

SUPPLEMENTARY INFORMATION: An interim final rule published in the Federal Register (FR) on September 29, 2017 (82 FR 45438–45461) established the requirement for the Director, Defense Health Agency, to provide a public notice to TRICARE program beneficiaries with a summary of changes to the TRICARE program each calendar year in connection with the open season enrollment period.
The following changes or improvements to the TRICARE program benefits apply for calendar year 2021:

- Improving what’s covered:

  Coronavirus Disease 2019 (COVID–19) Response:
  
  ➢ The following three temporary changes were made effective May 12, 2020, for care and treatment within the United States (US) and effective March 10, 2020, for the TRICARE Overseas Program: Temporary audio-only telephonic office visits; temporary waiver of cost-shares, co-pays and deductibles for all covered in-network telehealth services (for Prime and Select beneficiaries); and temporary interstate and international licensing. These changes will expire when the President of the US declares the national emergency is terminated. Overseas termination date may vary from the US date and will be determined by the Assistant Secretary of Defense for Health Affairs.
  
  ➢ Flexibility was added for reinstatement of coverage for TRICARE Reserve Select (TRS) by expanding the three-month window to reinstate coverage for a beneficiary due to a lapse in coverage to a five-month window. This is in effect until the termination of the state of national emergency.

  Screenings:
  
  ➢ Effective January 1, 2020, Digital Breast Tomosynthesis (DBT) for Breast Cancer (BC) Screening is covered under the Provisional Coverage Program. This three-dimensional mammography DBT for BC screening may be covered annually instead of conventional two-dimensional screening mammography. It is covered for all women beginning at age 40 and covered annually beginning at age 30 for women who have a 15 percent or greater lifetime risk of breast cancer. No pre-authorization is required.
  
  ➢ Effective December 2, 2019, and covered under the TRICARE Basic Program, this change allows for the separate reimbursement of instrument-based vision screening for children age one to age six when provided by a physician other than an ophthalmologist or optometrist as part of a regular preventive office visit under the well-child care program. No pre-authorization is required.

  Mental Health:
  
  ➢ The Autism Care Demonstration is focused on ensuring TRICARE beneficiaries diagnosed with autism spectrum disorder (ASD) and their families receive high-value care and services that will help them reach their maximum potential. During the COVID–19 period, DHA has authorized the temporary use of unlimited applied behavior analysis parent/training guidance (Current Procedural Terminology Code 97156) only via telehealth to ensure Military children diagnosed with ASD and their families continue to receive support during the crisis. This exception to policy allows parents to maintain elements of the treatment plan during the crisis, which has in many cases made provision of in-person services impossible or unsafe.
  
  ➢ Effective March 5, 2019, but implemented in 2020, SpravatoTM is covered under the Basic Medical Program for treatment-resistant depression. This drug is administered intra-nasally under the supervision of a TRICARE-authorized provider during an office visit. Pre-authorization under the medical benefit is required. Off-label use of Spravato is excluded.

  Demonstrations, Programs & Pilots:
  
  ➢ The existing Laboratory Developed Test (LDT) demonstration ensuring beneficiaries continue to have access to safe and effective non-FDA approved LDTs has been extended for an additional three years. Additionally, TRICARE Overseas Program (TOP) beneficiaries may now receive tests covered under the LDT demonstration from either Clinical Laboratory Improvement Amendments of 1988-certified laboratories or laboratories otherwise approved by the TOP contractor in conjunction with specific government-directed standards.
  
  ➢ Effective January 1, 2020, TRICARE implemented a three-year Home Health Value-Based Purchasing demonstration designed to improve the quality and delivery of home health services by rewarding providers with incentive payments that give higher quality and more efficient care. This demonstration applies to home health agencies that provide services in the following nine states: Arizona, Florida, Iowa, Maryland, Massachusetts, Nebraska, North Carolina, Tennessee, and Washington.
  
  ➢ Launched on May 1, 2020, the TRICARE Select Navigator Program provides a health care assistance service to certain covered beneficiaries enrolled in TRICARE Select using purchased care to improve health outcomes and patient experience for covered beneficiaries with complex medical conditions.
  
  ➢ Humana Military continues to partner with Kaiser Permanente to offer care and coverage to TRICARE Prime eligible beneficiaries in the Atlanta, Georgia area through the TRICARE Accountable Care Pilot. The pilot began on January 1, 2020, and will continue through 2022.

  Other Significant Changes:
  
  ➢ Effective January 1, 2020, and covered under the TRICARE Basic Medical Program, Continuous Glucose Monitor Systems (CGMS) are now covered for Type 2 diabetes in addition to Type 1 diabetes. Smart phones and watches used in conjunction with CGMS are not covered.
  
  ➢ Effective November 21, 2019, and covered under the TRICARE Basic Medical Program, this benefit enhancement adds coverage for non-implantable bone conducting hearing devices for infants and toddlers who are too young (typically age 5 and younger) for implants. These devices are considered a prosthetic bridge to transplantation for patient whose skull development will not yet support an implant, and are also covered as prosthetic devices for Active Duty Family Members who meet criteria for hearing aid coverage. No preauthorization is required.
  
  ➢ Effective April 16, 2020, TRICARE reimburses for care provided by Physical Therapist Assistants (PTAs) and Occupational Therapist Assistants (OTAs) who are supervised by physical therapists and occupational therapists, increasing the provider pool available to care for TRICARE beneficiaries.
  
  ➢ A Move Away From Lower-Value-Care Interventions: (1) Vitamin D Screening for otherwise healthy/ asymptomatic individuals is excluded as the screening has no impact on health outcomes. (2) Transcutaneous Electrical Nerve Stimulators are excluded for acute, subacute and chronic low back pain because there is increasing evidence that this treatment is not effective.

- Out-of-Pocket Costs:

  Certain beneficiary out-of-pocket costs (enrollment fees, premiums, catastrophic caps, deductibles, and copayments) are annually adjusted based on federal law and regulations, most notably by the annual retiree cost of living adjustment, or Cost of Living Adjustment (COLA). Currently there is a difference in copayments between those who joined the military before January 1, 2018, (Group A), and those who joined after that date (Group B). The retiree COLA will not be announced until mid-October 2020. As of August 31, 2020, the projected COLA increase is 1.3 percent. Beneficiary out-of-pocket expenses impacted by the 2020 COLA will be posted to the tricare.mil/changes web page before the start of TRICARE Open Season.

  Pharmacy Out-of-Pocket Expenses for CY 2021 remain the same. See table below for TRICARE Pharmacy out-of-pocket expenses that take effect on January 1, 2021.
DEPARTMENT OF DEFENSE
Office of the Secretary


AGENCY: Missile Defense Agency, Department of Defense.

ACTION: Notice of availability.

SUMMARY: The Missile Defense Agency (MDA), as the lead agency, announces the availability of the Draft Environmental Impact Statement (EIS) to evaluate the potential environmental impacts associated with proposed changes in operational concept and other associated activities for the Long Range Discrimination Radar (LRDR) located at Clear Air Force Station (CAFS), Alaska. The Federal Aviation Administration (FAA) and the Department of the Air Force (DAF) are cooperating agencies to this Draft EIS. The Draft EIS was prepared in accordance with the National Environmental Policy Act (NEPA) of 1969; the Council on Environmental Quality Regulations for Implementing the Procedural Provisions of NEPA; MDA’s NEPA Implementing Procedures; DAF Environmental Impact Analysis Process; and FAA’s NEPA Policies and Procedures. The Draft EIS also supports compliance with the National Historic Preservation Act of 1966 and its implementing regulations.

DATES: The 52-day public comment period will be from October 30, 2020 to December 21, 2020. All public comments are requested by December 21, 2020. Due to recent federal and state guidance on public gatherings, MDA will hold an Online Open House and Telephone Public Meeting, in place of in-person public meetings. Notification for public involvement will be published and announced in local news media to encourage public participation and review.

ADDRESSES: Comments may be submitted by:

- Email: lrdr.info@mda.mil.
- Voice-mail: 256–450–1599.
- Mail: LRDR CAFS EIS C/O HDR 2525 C Street, Suite 500, Anchorage, AK 99503.

All comments received during the 52-day public comment period will become part of the public record and considered in the Final EIS.

FOR FURTHER INFORMATION CONTACT: Mr. Ryan Keith, MDA Public Affairs, at 256–450–1599 or by email: lrdr.info@mda.mil.

SUPPLEMENTARY INFORMATION:

Proposed Action and Alternative: In response to the Congressional mandate to deploy the LRDR, MDA completed a siting analysis for the LRDR, which selected CAFS out of 50 candidate Department of Defense installations in Alaska. In June 2016, MDA and DAF prepared an Environmental Assessment (EA), to evaluate the potential environmental impacts associated with the construction and operation of the LRDR at CAFS. The 2016 EA resulted in a Finding of No Significant Impact, and construction of the LRDR began in July 2017. Since that time, due to emerging threats, the MDA proposes to modify the LRDR operational requirements and procedures to reflect continuous operations. Due to the proposed changes to LRDR operations, airspace restrictions at CAFS are necessary to ensure that aircraft would not encounter high intensity radiation fields (HIRF) resulting from the LRDR operations that exceed FAA’s HIRF certification standards for aircraft electrical and electronic systems. The proposed airspace restrictions include expanding the existing Restricted Area (R–2206) at CAFS by adding six new Restricted Areas.

MDA has considered two alternatives to the Proposed Action: The No Action Alternative and the two-tier alternative. Under the No Action Alternative, the LRDR would be operated in a manner that would contain HIRF within existing R–2206 such that no new actions would need to be taken to limit aircraft flight. Under the two-tier alternative, the existing R–2206 would be expanded with two new Restricted Areas. The two-tier alternative was presented during the scoping process, but was eliminated from further analysis in order to minimize potential impacts on airspace.

The environmental analysis in the Draft EIS addresses the following environmental resource areas: Airspace management; air quality; biological resources; climate; hazardous materials; solid waste and pollution prevention; historical, architectural, archaeological, and cultural resources; land use; natural resources and energy supply; noise and compatible land use; safety; socioeconomic and environmental justice; subsistence; visual effects; and water resources.

This Draft EIS supports the FAA rulemaking process related to the Restricted Areas.

Comments Invited: MDA invites all interested members of the public, as well as federal, state, tribal and local agencies, to comment on the Proposed Action and to participate in the Online Open House and the Telephone Public Meeting in review of the Draft EIS. Through these public involvement opportunities, attendees can learn about findings in the Draft EIS and may provide verbal and written comments. For more information, including a downloadable copy of the Draft EIS, visit the MDA’s website at https://www.mda.mil/system/lrdr.


Aaron T. Siegel,
Alternate OSD Federal Register Liaison Officer, Department of Defense.

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