Presidential Documents

Title 3—THE PRESIDENT

Executive Order 11028

TRANSFERRING LANDS BETWEEN THE CLARK AND MARK TWAIN NATIONAL FORESTS (MISSOURI) AND ADDING CERTAIN LANDS TO THE HIAWATHA NATIONAL FOREST (MICHIGAN)

By virtue of the authority vested in me by section 24 of the Act of March 3, 1891 (26 Stat. 1103; 16 U.S.C. 471), the Act of June 4, 1897 (30 Stat. 34, 36; 16 U.S.C. 473), and as President of the United States, and upon the recommendation of the Secretary of Agriculture, it is ordered as follows:

1. That part of the Clark National Forest lying in townships 23 north to 27 north, inclusive, and ranges 1 and 2 east and 1 to 5 west, inclusive, Fifth Principal Meridian, Missouri, as proclaimed by Proclamation No. 2363 of September 11, 1939 (54 Stat. 2657), as modified by Executive Order No. 10932 of April 7, 1961 (26 F.R. 3051), is hereby transferred to and made a part of the Mark Twain National Forest.

2. That part of the Mark Twain National Forest lying in townships 31 north to 37 north, inclusive, and ranges 9 west to 13 west, inclusive, Fifth Principal Meridian, Missouri, as proclaimed by Proclamation No. 2362 of September 11, 1939 (54 Stat. 2655), as modified by Executive Order No. 10932 of April 7, 1961 (26 F.R. 3051), is hereby transferred to and made a part of the Clark National Forest.

3. Lot 1, section 25, township 40 north, range 3 west, Michigan Meridian (Round Island) is hereby added to and made a part of the Hiawatha National Forest (Michigan) as proclaimed by Proclamation of January 16, 1931 (46 Stat. 3043), as modified by Proclamation No. 2318 of January 3, 1939 (53 Stat. 2518), Executive Order No. 10932 of April 7, 1961 (26 F.R. 3051), and Executive Order No. 10993 of February 9, 1962 (27 F.R. 1312).

This order shall become effective on July 1, 1962.

JOHN F. KENNEDY

THE WHITE HOUSE,
June 9, 1962.

[F.R. Doc. 62-5833; Filed, June 12, 1962; 10:03 a.m.]

Rules and Regulations

Title 32—NATIONAL DEFENSE

Chapter I—Office of the Secretary of Defense

SUBCHAPTER B—PERSONNEL; MILITARY AND CIVILIAN

PART 70—MEDICAL CARE FOR DEPENDENTS OF MEMBERS OF THE UNIFORMED SERVICES

The Secretary of Defense and the Secretary of Health, Education, and Welfare approved the following revised Part 70 on April 25, 1962.

Subpart A—General Information

Sec.

Subpart B—Determination of Eligibility and Identification of Dependents

Subpart C—Determination of Sources From Which Eligible Dependents Receive Medical Care

Subpart D—Medical Care for Dependents at Medical Facilities of the Uniformed Services

Subpart E—Medical Care in Civilian Facilities

Subpart F—Medical Care in Medical Facilities Not Otherwise Provided for

Sec.

Subpart G—Medical Care for Members of the Uniformed Services

Subpart H—Medical Care for Retired Members of the Uniformed Services

Subpart I—Budgeting and Accounting for Medical and Dental Care Furnished in Facilities of the Uniformed Services

Subpart J—Implementation

AUTHORITY: §§ 70.101 to 70.1001 issued under 10 U.S.C. 1071–1085.

Subpart A—General Information

§ 70.101 Purpose.

The purpose of this part is to prescribe policy for administering Chapter 55, Title 10, United States Code.

§ 70.102 Scope.

This part is applicable to the uniformed services.

§ 70.103 Definition of terms used in this part.

(a) "Uniformed services" means the Army, the Navy, the Air Force, the Marine Corps, the Coast Guard, the Commissioned Corps of the Coast and Geodetic Survey, and the Commissioned Corps of the Public Health Service.

(b) "Member of a uniformed service" means a person appointed, enlisted, inducted or called, ordered or conscripted in a uniformed service who is serving on active duty or active duty for training pursuant to a call or order that does not specify a period of thirty days or less.

(c) "Retired member of a uniformed service" means a member or former member of a uniformed service who is entitled to retired, retirement, or retainer or equivalent pay as a result of service in a uniformed service, other than a member or former member entitled to retired or retirement pay under Title III of the Army and Air Force Vitalization and Retirement Equalization Act of 1948 who has served less than eight years on full-time duty in active military service other than active duty for training.

(d) "Dependent" means any person who bears to a member or retired member of a uniformed service, or to a person who died while a member or retired member of a uniformed service, any of the following relationships:

(1) The lawful wife;

(2) The unremarried widow;

(3) The lawful husband, if he is in fact dependent on the member or retired member for over one-half of his support;

(4) The unremarried widower, if he was in fact dependent upon the member or retired member at the time of her death for over one-half of his support because of a mental or physical incapacity;

(5) An unmarried legitimate child (including an adopted child or stepchild), if such child has not passed his twenty-first birthday;

(6) A parent or parent-in-law, if the said parent or parent-in-law is, or was, at the time of the member's or retired member's death, in fact dependent on said member or retired member for over one-half of his support and is, or was, at the time of the member's or retired member's death, actually residing in the household of said member or retired member. For the purposes of this part, the requirement of actually residing in the household shall be fulfilled when the parent or parent-in-law actually resides, or was residing at the time of death of a member or retired member, in a dwelling place provided or maintained by said member or retired member; or

(7) An unmarried legitimate child (including an adopted child or stepchild) who (i) has passed his twenty-first birthday if the child is incapable of self-support because of a mental or physical incapacity that existed prior to his reaching the age of twenty-one and is, or was at the time of the member's or retired member's death, in fact dependent on him for over one-half of his support, or (ii) has not passed his twenty-third birthday and is enrolled in a full-time course of study in an institution of higher learning as approved by the Secretary of Defense or Secretary of Health, Education, and Welfare and is, or was at the time of the member's or the retired member's death, in fact dependent on him for over one-half of his support.

(e) "Dependents eligible for civilian medical care" means the lawful wife or the dependent lawful husband (spouses) and children who are dependents of members of the uniformed services.

(f) "Secretary of a uniformed service" means the Secretary of the Army, Navy (for the Navy and Marine Corps), or Air Force, or for the other uniformed services (Coast Guard, Public Health Service, Coast and Geodetic Survey), the Secretary of Health, Education, and Welfare. The latter may delegate his duties and responsibilities in relation to dependent medical care to The Surgeon General of the Public Health Service.

(g) "The United States" means all of the States and the District of Columbia.

(h) "Executive agent" means the party who acts for the uniformed services in negotiating and administering contracts for medical (physicians) and

hospital services under the policy guidance of the Department of Defense.

(i) "Contractor" means the legal entity with which the Government enters into a contract for the purpose of implementing Chapter 55, Title 10, United States Code, such as a State medical society, an insurance company, Blue Shield, or Blue Cross.

(j) Miscellaneous medical and technical terminology:

(1) *Diagnosis.* A determination of the existence and nature, or absence, of disease or injury by history with physical and mental findings, including physical examinations and the utilization of medically accepted diagnostic procedures, e.g., laboratory tests and pathology and X-ray examinations.

(2) *Outpatient care.* The medical services which are normally performed in locations such as the home, a physician's office, or the outpatient department of a hospital, clinic, or dispensary.

(3) *Maternity and infant care.* Medical and surgical care for the mother incident to pregnancy including prenatal care, delivery, postnatal care, including care of the infant, and treatment of complications of pregnancy.

(4) *Domiciliary care.* Care which is normally given in a nursing home, convalescent home, or similar institution to a patient who requires personal care rather than active and definitive treatment in a hospital for an acute medical or surgical condition. It includes but is not limited to nursing care required as a result of old age or chronic disease.

(5) *Chronic disease.* This term shall be construed to include nonacute conditions and disabilities in which the prognosis indicates long continued duration of the ailment.

(6) *Nervous and mental disorders.* This term means those conditions classified as neuroses, psychoneuroses, psychopathies, or psychoses.

(7) *Dental care as a necessary adjunct to medical or surgical treatment.* Dental care determined by the cognizant physician and dentist to be required for the proper treatment of a medical or surgical condition.

(8) *Adjuncts to medical care.* Prosthetic devices such as artificial limbs, artificial eyes, hearing aids, orthopedic footwear, spectacles, and similar medical supports or aids.

(9) *Adjuncts to dental care.* Removable or fixed prosthetic or fixed prosthodontic restorations and similar dental supports or aids.

§ 70.104 Administration.

(a) The Secretary of Defense has jurisdiction over the Army, Navy, Air Force, Marine Corps, and the Coast Guard when operating as a service with the Navy.

(b) The Secretary of Health, Education, and Welfare has jurisdiction over the Public Health Service and for medical care purposes over the Coast and Geodetic Survey, and the Coast Guard when not in service with the Navy.

Subpart B—Determination of Eligibility and Identification of Dependents

§ 70.201 Determination of dependents' eligibility.

(a) The uniformed services will require dependents (or their sponsors) who request medical care to furnish proof of their eligibility for such care. In order to develop uniformity in the criteria utilized by the uniformed services to determine dependents eligible for medical care, the uniformed services will utilize DD Form 1172, "Application for Uniformed Services Identification and Privilege Card". Modifications of DD Forms 1172 and 1173 [1] may be made subject to the approval of the Secretary of Defense.

(1) *Medicare eligibility date.* Each DD Form 1173, "Uniformed Services Identification and Privilege Card", issued will show the date on which a dependent became eligible to receive civilian medical and hospital care at Government expense. This eligibility date will be determined in accordance with Department of Defense Instruction No. 1000.7, Subject: "Uniformed Services Identification and Privilege Card".

(b) The Secretaries of the uniformed services and their designees are hereby authorized to make determinations of dependency for purposes of this part.

§ 70.202 Identification of dependents.

(a) Upon an affirmative determination by the Secretary of a uniformed service or his designee that a dependent is eligible for medical care, such dependent will be issued a "Uniformed Services Identification and Privilege Card", DD Form 1173. The DD Form 1173 will serve as the primary means of identifying dependents eligible for medical care.

(b) The administrative provisions governing the application for the DD Form 1173 and its issuance to dependents of members and dependents of retired members of the uniformed services and dependents of a person who died while a member or a retired member of a uniformed service, will be as prescribed by the Secretary of the uniformed service concerned. However, such regulations for active duty members with dependents will include but not be limited to provisions for the following:

(1) *Issuance.* Application for, and issuance of, DD Form 1173 will be accomplished at the following times:

(i) Upon entry on active duty for a period in excess of 30 days.

(ii) Upon re-enlistment.

(iii) Upon change in dependency status stated on current authorization card.

(iv) Upon certification of loss.

(v) Upon retirement or death.

(2) *Surrender.* The DD Form 1173 shall be surrendered:

(i) Whenever a new card is issued except to replace loss.

(ii) Upon expiration date.

(iii) Whenever the cardholder becomes ineligible.

(iv) Upon death, retirement, or release of member to inactive duty.

(3) *Expiration date.* The DD Form 1173 shall be effective for the contracted period of service of the sponsor upon whom the entitlement is based in the case of dependents of the uniformed services, or in the case of minors the twenty-first birthday if it occurs prior to the termination of the service of the sponsor, except that for entitlement to medical care, the provisions of § 70.103 (d) (7) will apply. The departments will insure that sponsors are directed to notify the appropriate authority immediately upon any change in status that would terminate or modify the right to any of the benefits for which the card may be used.

(4) *Dependents listed.* Each dependent, ten years or over, entitled to medical care, will be issued DD Form 1173. Certification of minor dependents, under ten years of age, for eligibility for medcal care will be the respsonsibility of the dependent, accompanying parent, member, or acting guardian.

(5) *Entitlement to care in civilian facilities.* All DD Forms 1173 will contain an appropriate notation as to those dependents who have entitlement to medcal care at both medical facilities of the uniformed services and civilian medical facilities. Thus, each card covering a dependent eligible for civilian medical care (see § 70.103(e)) will have a notation thereon showing that care in civilian facilities is authorized even though the situations in which such care may be obtained at Government expense are limited. For example, such a dependent residing with the sponsor, or living in an area to which the sponsor is assigned, and whose right of election has been restricted pursuant to § 70.302. shall be entitled to receive medical care in civilian facilities at Government expense only in the case of an emergency and under other circumstances outlined in this part or in the Joint Regulations.

(c) The issuance and use of the DD Form 1173 will be accomplished by all the uniformed services.

Subpart C—Determination of Sources From Which Eligible Dependents Receive Medical Care

§ 70.301 Among uniformed services facilities.

Normally, a dependent requesting care at a uniformed services facility will be expected to use the facilities servicing the area in which the dependent resides.

§ 70.302 Between civilian medical facilities and uniformed services facilities within the United States and Puerto Rico.

(a) Dependents eligible for civilian medical care who are not residing with their sponsors, or in an area to which

[1] Filed as part of the original document.

their sponsor is assigned, shall have right of election between uniformed services medical facilities and civilian medical facilities.

(b) Outpatient medical care at Government expense for dependents eligible for civilian medical care is not authorized from civilian sources, except that certain specified treatment for such dependents who are not hospitalized, will be authorized when in accordance with §§ 70.502(f); 70.503(d) (1), (2), and (3); or 70.506(i).

(c) Dependents eligible for civilian medical care who reside with their sponsors, or in an area to which their sponsor is assigned, shall have right of election between uniformed services medical facilities and civilian medical facilities except that the Secretary of a uniformed service with the approval of the Secretary of Defense or the Secretary of Health, Education, and Welfare, as appropriate, may require such dependents in a prescribed area to seek medical care in a uniformed services medical facility if he finds that:

(1) The uniformed services medical facility is adequate to care for the dependents of members assigned to that area; and

(2) The use of civilian medical facilities by the dependents in that area has affected adversely the optimum economic utilization of the uniformed services medical facility.

(d) When necessary restrictions on right of election for a particular medical facility are imposed, the Secretary of a uniformed service may prescribe a local geographic area which the medical facility concerned shall serve normally. In determining the boundaries of the geographic area, consideration shall be given to normal commuting time, distance, and usual geographic and transportation factors such as toll bridges or ferries which would increase unreasonably the time and expense of travel. It shall be the responsibility of the Secretary of a uniformed service, when imposing restrictions upon the right of election of a dependent, to insure liaison and coordination among all uniformed services and civilian medical facilities in and adjacent to the geographical area in which restrictions have been imposed. When any restrictions on right of election have been imposed or removed, the Executive Agent shall be so advised.

(e) In lieu of the restrictions described in paragraphs (c) and (d) of this section, the Secretary of Defense may specify a date as of which the restrictions described below will be effective. On and after the specified date, a restriction on right of election shall be effective as to dependents in the United States and Puerto Rico, who are eligible for civilian medical care, who reside with their sponsors, or in an area to which their sponsor is assigned, who require care authorized under this part from civilian sources but have not commenced receiving such care from civilian sources on the aforesaid specified date (or, in the case of a maternity patient, whose care by her civilian physician on that date has not reached the second trimester), and who reside in an area where adequate medical facilities of a uniformed service are available for such dependents. No restriction on right of election will be imposed on such dependents residing in areas where adequate medical facilities of a uniformed service are not available. However, in order that the restriction may be appropriately administered, each dependent who resides with the sponsor, or in an area to which the sponsor is assigned, and who requires care authorized under this part from civilian sources but has not commenced receiving such care from civilian sources on the specified date (or, in the case of a maternity patient, whose care by her civilian physician on that date has not reached the second trimester), will be required to contact a uniformed services installation. For those residing in areas where an adequate medical facility of a uniformed service is not available, DD Form 1251, "Nonavailability Statement",[1] authorizing care from civilian sources at Government expense will be issued. Such a statement may also be issued to a dependent residing with the sponsor, or residing in an area to which the sponsor is assigned, when the capability does not exist in the medical facility (or facilities) of the uniformed services in the area to provide the required care because of lack of necessary staff, facilities, or space. The DD Form 1251, issued in the manner described above, shall be evidence of entitlement of the dependent to care authorized under this part from civilian sources at Government expense. In determining whether a dependent covered under this § 70.302(e) is residing in an area where adequate medical facilities of a uniformed service are available, the criteria outlined in paragraphs (c) and (d) of this section shall apply. Detailed procedures concerning the format of the DD Form 1251 and the manner in which it is to be issued may be set forth in the Joint Regulations. Spouses and children are considered to be residing with their sponsor if they reside in the area to which the sponsor is assigned, in the area of his permanent duty station, or the home port or home yard of a ship, even though the sponsor may be temporarily away, by reason of temporary duty with his unit or ship, from the area to which he is assigned, the permanent duty station or his home port or home yard respectively, or by reason of the sponsor's absence on individual temporary duty or temporary additional duty order.

§ 70.303 Exceptions; emergency care and other circumstances.

(a) Any restrictions on right of election and the requirement for the DD Form 1251 described in § 70.302(e) shall be waived:

(1) When circumstances indicate that it was necessary for the eligible dependent to obtain authorized medical care from civilian facilities due to a bona fide emergency, e.g. serious injury following an accident or illness of sudden onset requiring immediate treatment authorized to be obtained from civilian sources at the nearest available medical facility to preserve life, health, or to prevent undue suffering.

(2) During the period of absence on a trip of the eligible dependent from the area to which the sponsor is assigned. This exception is not to be used to circumvent the restrictions imposed on right of election.

(3) When an eligible dependent wife, whose husband dies while on active duty, is pregnant at the time of his death. (See § 70.505(d).)

(b) Additionally, the restrictions initially imposed by the Secretary of Defense on a specified date pursuant to § 70.302(e) and the requirement for a DD Form 1251 described therein shall be waived with regard to any eligible dependent who has commenced receiving care authorized under this part from civilian sources prior to that specified date (except that, for maternity patients, care in the second trimester by her civilian physician on that date must have commenced prior thereto). The dependent involved will be entitled to complete any care which was authorized under this part prior to the date specified by the Secretary of Defense and which has been commenced in accordance with the preceding sentence.

§ 70.304 Between civilian medical facilities and uniformed services facilities outside the United States and Puerto Rico.

Dependents eligible for civilian medical care who are not residing with their sponsors, or in an area to which their sponsor is assigned, shall have right of election between uniformed services medical facilities and professionally acceptable local civilian sources. Where medical facilities of the uniformed services are available within the area and are capable of providing the required care, spouses and children outside the United States and Puerto Rico who are residing with their sponsors, or in an area to which their sponsor is assigned, will utilize these facilities for such care. In areas where medical facilities of the uniformed services are nonexistent or incapable of providing adequate medical care, spouses and children who are residing with their sponsors, or in an area to which their sponsor is assigned, may be authorized civilian medical care from professionally acceptable local sources in accordance with this part.

Subpart D—Medical Care for Dependents at Medical Facilities of the Uniformed Services

§ 70.401 Authority for providing medical care to dependents.

Whenever requested, medical care shall be given dependents of members and dependents of retired members of the uniformed services, and dependents of a person who died while a member or a retired member of a uniformed service, in medical facilities of the uniformed services subject to the availability of space and facilities, and the capabilities of the professional staff. Determinations made by the medical officer in charge of the medical facility, or by his designee, as to availability of space, facilities, and the capabilities of the professional staff,

[1] Filed as part of the original document.

shall be conclusive. The furnishing of medical care to dependents shall not interfere with the primary mission of those facilities.

§ 70.402 Facilities available.

In making the determination of the availability of medical facilities at a specific location, the following criteria shall be applied:

(a) Mission of the uniformed services medical facility.

(b) Adequacy of professional care available for diagnosis and treatment.

(c) Maximum number of patients who can be treated without sacrificing high professional medical standards.

(d) Optimum utilization of facilities of the uniformed services.

§ 70.403 Medical care authorized.

(a) Medical care of dependents in the facilities of the uniformed services shall be limited to the following:

(1) Diagnosis.

(2) Treatment of acute medical conditions, including acute exacerbations or acute complications of chronic diseases.

(3) Treatment of surgical conditions.

(4) Treatment of contagious diseases.

(5) Immunization.

(6) Obstetrical and infant care.

(b) Treatment may be provided for acute emergencies of any nature which are a threat to the life, health, or well-being of the patient including acute emotional disorders. Hospitalization is authorized at Government expense for such emergencies only pending completion of arrangements for care elsewhere unless the illness or condition also qualifies for care under paragraph (a) (1), (2), (3), (4), or (6) of this section. With special exceptions as authorized by the Surgeon General of a uniformed service, additional care in a hospital of the uniformed services on a space available basis may be provided in accordance with § 70.404 (b).

(c) When a hospitalized dependent patient requires care beyond the capabilities of the medical facility, the commanding officer or officer-in-charge of the facility is authorized to:

(1) Transfer the patient to the nearest medical facility of the uniformed services where the required treatment is available. Government transportation may be utilized to effect such transfer; or

(2) Procure from civilian sources the necessary suplemental material and professional and personal services required for the proper care and treatment of the patient in his facility.

The authorization provided by this § 70.403(c) is applicable after admission of the patient when the patient's condition so requires.

§ 70.404 Medical care not authorized.

Dependents shall not be provided:

(a) Hospitalization at medical facilities of the uniformed services for the following:

(1) Chronic diseases. (See §§ 70.103 (j) (5) and 70.403(a) (2).)

(2) Nervous and mental disorders. (See § 70.103(j) (6).)

(3) Medical or surgical care that is desired or requested by the patient which, in the opinion of cognizant medical authority, is not medically indicated; e.g. surgery solely for cosmetic purposes.

(4) Domiciliary care. (See § 70.103(j) (4).)

(b) However, in special and unusual cases, exceptions may be made by a Surgeon General of the uniformed services and hospitalization may be provided for such disorders or diseases as set forth in paragraph (a) (1) and (2) of this section. In no instance may the period of hospitalization exceed 12 months.

(c) Artificial limbs, artificial eyes, hearing aids, orthopedic footwear and spectacles, except that outside the United States and at remote stations within the United States, as designated by the Secretary of the uniformed service concerned and approved by the Secretary of Defense, or designated by the Surgeon General, U.S. Public Health Service, and approved by the Secretary of Health, Education, and Welfare, where adequate civilian facilities are not available, those items, if available from Government stocks, may be provided to dependents at invoice cost to the Government.

(d) Ambulance service, except in acute emergency as determined by the medical officer in charge.

(e) Home calls, except in special cases where it is determined by the cognizant medical authority to be medically necessary.

§ 70.405 Dental care.

(a) Dental care for dependents is not authorized except:

(1) Emergency dental care to relieve pain and suffering but not to include any permanent restorative dentistry or dental prosthesis.

(2) Dental care as a necessary adjunct to medical or surgical treatment. (See § 70.103(j) (7).)

(3) Outside the United States, and in remote areas within the United States as designated by the Secretary of the Army, Navy, or Air Force and approved by the Secretary of Defense where adequate civilian dental facilities are not available to personnel at or near military installations; or as designated by the Surgeon General, U.S. Public Health Service, and approved by the Secretary of Health, Education, and Welfare for those facilities over which jurisdiction is provided in § 70.104(b).

§ 70.406 Admission of dependents for medical care.

(a) As indicated in §§ 70.201 and 70.202, the DD Form 1173 will serve as the primary means of identifying dependents eligible for medical care.

(b) Procedures for admission of dependents requesting medical care at uniformed services medical facilities will be as follows:

(1) Identification will be by means of a DD Form 1173. Uniformed services medical facilities may prescribe such additional local procedures as necessary. However, these procedures should not complicate, delay or preclude treatment of an eligible dependent nor discriminate against the dependent of members of other services.

(2) Under emergency conditions and similar circumstances, the admitting authority may waive the requirement of producing DD Form 1173. However, in each such instance at uniformed services medical facilities, certification will be required attesting to the dependent's eligibility for medical care. This certification will be executed by either the dependent, the member, retired member, parent or guardian as appropriate.

§ 70.407 Cross-utilization of service medical facilities.

To provide effective cross-utilization of medical facilities of the uniformed services, eligible dependents, regardless of service affiliation, shall be given equal opportunity for medical care. Such dependents may request and be furnished medical care at the medical facility of the uniformed service serving the area in which they reside or in the medical facility of the sponsor's own uniformed service depending upon the capability of the medical facilities concerned. In areas where medical facilities of two or more uniformed services are available, the appropriate officials of each service, with due consideration for the relative size and capabilities of the medical facilities, shall participate jointly in determining the capabilities and establishing areas of medical responsibility. Delineation of such areas shall be published jointly and will include zones in which dependents are permitted to use either the facilities of the sponsor's own service or the facilities which have medical responsibility for the area in which the dependent resides. In addition, commanders of uniformed services hospitals will establish necessary liaison and coordination with the representatives of the local medical society and the civilian hospital facilities as appropriate, to insure, to the maximum extent possible, the smooth referral of excess dependent patient loads to civilian medical facilities when such referrals appear desirable.

§ 70.408 Charges for dependent medical care.

When medical care is provided dependents in facilities of the uniformed services, the patient shall pay the following charges:

(a) *Inpatient care.* The per diem rate of charge for inpatient care provided dependents is $1.75 which includes cost of subsistence.

(b) *Outpatient care.* As a restraint on excessive demands for medical care, uniform minimal charges may be imposed for outpatient care only after a special finding by the Secretary of Defense after consultation with the Secretary of Health, Education, and Welfare that such charges are necessary. The Secretaries of the uniformed services shall have continuing responsibility for determining the nature and extent of possible abuses of outpatient care in uniformed services medical facilities and shall so advise the Secretary of Defense when their findings are in the affirmative.

§ 70.409 Transportation of patients.

Commercial or civilian transportation to move dependent patients to medical

facilities of the uniformed services, between medical facilities of the uniformed services, or from a civilian medical facility to a medical facility of the uniformed services is not authorized at Government expense.

Subpart E—Medical Care in Civilian Facilities

§ 70.501 Eligibility for civilian medical care.

Under the provisions of this subpart, wives, dependent husbands and children who are dependents of members of the uniformed services are eligible to receive at Government expense specified medical or dental care from civilian sources. A full payment concept is followed in operating the Dependents' Medical Care Program. Under this concept the participating civilian physician and other sources of civilian care agree to accept the amounts allowable under the program as full payment for their services. Eligible dependents should ascertain that the civilian sources of medical care desire to participate in the Medicare Program. Following acceptance of the patient under the Medicare Program by the civilian source of care, the patient and his sponsor are not responsible for the payment of any amount for authorized care except as specified in § 70.506.

§ 70.502 Medical and hospital care authorized from civilian sources.

Medical and surgical care from civilian sources is authorized for spouses and children who are dependents of members of the uniformed services for the following:

(a) Treatment of acute medical conditions, including acute exacerbations or acute complications of chronic diseases only during hospitalization except as otherwise provided in this part.

(b) Treatment of surgical conditions only during hospitalization except as otherwise provided in this part. (See § 70.504(c).

(c) Treatment of contagious diseases during hospitalization.

(d) Complete obstetrical and maternity care.

(e) Three hundred sixty-five days' hospitalization in semiprivate accommodations for each admission, including all necessary services and supplies furnished by the hospital during hospitalization.

(f) Services required of a physician or surgeon prior to and following hospitallization for a bodily injury or surgical operation.

(g) Treatment in a hospital for an acute emotional disorder is authorized provided that such disorder is considered to constitute an emergency which is a threat to the life or health of a patient. In general, care will be provided for an acute emotional disorder under this subpart only until the disorder subsides, until arrangements are made for care elsewhere, or until the end of 21 days of hospitalization, whichever occurs earliest. Under procedures to be established by the Executive Agent, or his representative, within the United States and Puerto Rico, and by the Secretaries of the uniformed services, or their representatives, outside the United States and Puerto Rico, extension beyond 21 days may be granted on a case-by-case basis where the member or the dependent, or the representative of either, shows that, due to absence (e.g., overseas assignment when dependent is in the United States), the member was unable to make arrangements for care elsewhere within the 21-day period. With special exceptions, as authorized by the Surgeon General of a uniformed service, additional care for an acute emotional disorder in a hospital of the uniformed services on a space available basis may be provided in accordance with § 70.404(b). The commanding officer of a uniformed services hospital, or the Surgeon General of a uniformed service having jurisdiction over a hospital, may authorize transfer of any patient, hospitalized in a civilian hospital under any of the above subparagraphs, to that uniformed services medical facility on the basis of space, facility, and personnel availability. (See §§ 70.402 and 70.403.) In cases covered by the two preceding sentences, Government transportation may be utilized to effect transfer to a uniformed services hospital.

(h) Diagnostic tests and procedures including laboratory tests and pathology and X-ray examinations, when ordered by the attending physician, only during hospitalization, except as otherwise provided in this part.

(i) Dental care which is a necessary adjunct to medical or surgical treatment rendered in a hospital to a dependent who is a hospital inpatient. Such dental care shall not include removable or fixed prosthodontic restorations, orthodontia, restorative dentistry, and prolonged periodontal treatment.

(j) Notwithstanding those other provisions of this part with reference to dental care and to the care of chronic conditions, patients suffering from recurrently progressive debilitating diseases may be hospitalized to receive inpatient surgical care, legitimately performed by a dentist, which has been determined by the cognizant physician and dentist to be a necessary adjunct to, and required for, the proper treatment of such conditions.

§ 70.503 Terms of reference and rules for the provision of authorized medical care from civilian sources.

(a) *Applicable terms.*

NOTE: These terms are primarily for use in the United States and Puerto Rico and may be modified in other areas.

(1) *Hospital.* The word "hospital" shall mean only an institution which is operated in accordance with the laws of the jurisdiction in which it is located pertaining to institutions identified as hospitals, is primarily engaged in providing diagnostic and therapeutic facilities for surgical and medical diagnosis, treatment and care of injured and sick persons by or under the supervision of staff physicians or surgeons, and continuously provides 24-hour nursing service by registered graduate nurses. It shall specifically exclude any institution which is primarily a place of rest, a place for the aged, a place for the treatment of drug addiction or alcoholism, a nursing home, a convalescent home, or a facility operated by the Federal Government or any agency thereof, except Freedmen's Hospital, Washington, D.C. If the experience of the Executive Agent indicates that the care provided in a hospital is substandard, or charges of a hospital are excessive, Government approval of its use in the future may be withdrawn and payment of charges by the Government denied for patients admitted subsequent to the withdrawal of approval unless the case is certified as an emergency by the attending physician or surgeon.

(2) *Semiprivate accommodations.* The term "semiprivate accommodations" signifies the presence of 2, 3, or 4 beds in a room in which a patient is hospitalized. "Private accommodations" means one bed in a room.

(3) *Ward accommodations.* The term "ward accommodations" signifies the presence of 5 or more beds in a room in which the patient is hospitalized. Where ward accommodations are furnished under the circumstances described herein, a portion of the cost will be borne by the Government in accordance with § 70.506(a). Ward facilities may be used for pediatric cases whenever this is the normal medical practice. Further, when the attending physician admits his patient to a hospital in which all semiprivate accommodations are occupied, care furnished therein shall be considered authorized care, but the patient should be transferred to a semiprivate accommodation as soon as possible. Finally, when the patient is admitted to an otherwise eligible institution which furnishes only ward accommodations, care furnished therein shall be considered authorized care.

(4) *Necessary services and supplies.* Those services and supplies ordered by the attending physician which are customarily provided and charged for by the hospital.

(5) *Physician or surgeon.* A person who is legally qualified to prescribe and administer all drugs and to perform all surgical procedures.

(6) *Dentist.* A person who is legally qualified to prescribe and administer all drugs and perform all procedures related to the teeth, jaws, and to structure contiguous to one or the other.

(7) *Local schedule of allowances.* The allowances for payment of physicians' services applicable to a local area negotiated with the physicians' representatives and approved by the Executive Agent for the Department of Defense and Department of Health, Education, and Welfare.

(b) *Hospital care.* (1) Hospital care under this section is defined as inpatient care for 18 consecutive hours or more, except for shorter periods of hospitalization for surgical procedures, treatment of fractures or other bodily injuries, or in instances in which death occurs in a lesser period of time.

(2) Hospital care shall include board and room and necessary services and supplies up to a maximum of 365 days for each admission.

(c) *Nursing care.* If, while receiving authorized hospital care, private-duty nursing care is required for proper care and treatment, and if the patient's attending physician certifies to such a requirement, a portion of the cost will be borne by the Government in accordance with § 70.506(e).

(d) *Professional services*—(1) *Professional services related to hospitalization.* (i) Payment to physicians, including necessary consultants, in accordance with local Schedules of Allowances, for treatment of medical and surgical conditions during a period of hospitalization, is authorized.

(ii) All diagnostic and therapeutic tests and procedures authorized by the attending physician and accomplished during a period of hospitalization are authorized for payment by the Government. In those instances during the period of hospitalization when treatment by the use of X-ray, radium or radioisotopes is prescribed, such treatment may be continued or carried out on an outpatient status.

(iii) The approved local schedules of allowances payable to a physician or surgeon for treatment in a hospital of a bodily injury or for a surgical procedure shall include prehospitalization care and normal after-care following a period of hospitalization.

(iv) Those surgical procedures that are legitimately cared for by a dentist (e.g. cleft lip, cleft palate, etc.) may be treated by a dentist who is a member of the staff of a hospital and normally performs these surgical procedures in that hospital. The removal of teeth, gingivectomies, and alveolectomies are not authorized surgical procedures under the Program unless they meet the criteria of adjunctive dental care as defined in this part. When authorized surgical treatment is performed by a dentist, other procedures, diagnostic tests, services, and supplies authorized or ordered by him may be paid to the same extent as if a physician or surgeon authorized or ordered them under this part.

(v) Although Chapter 55, Title 10, United States Code provides primarily for professional services during hospitalization and does not permit medical care normally considered to be outpatient care at Government expense, certain limited benefits are authorized as indicated elsewhere in this subpart, and below:

(*a*) Payment is authorized in an amount not to exceed $75.00 at Government expense for necessary diagnostic tests and procedures performed or authorized by the attending physician prior to hospitalization for the same bodily injury or surgical procedure for which hospitalized.

(*b*) Payment is authorized in an amount not to exceed $50.00 at Government expense for necessary tests and procedures performed or authorized by the attending physician for proper aftercare of the same bodily injury or surgical procedure for which hospitalized.

(*c*) The monetary limitations in (*a*) and (*b*) of this subdivision are intended only to define the liability of the Government under the stated conditions and in no way modify, alter, or affect the fees for individual procedures contained in the local schedules of allowances; and also, they do not restrict the physician in the performance or authorization of necessary tests or procedures.

(*d*) The monetary limitations in (*a*) and (*b*) of this subdivision may be exceeded only in special and extraordinary cases provided that the physician authorizing the tests and procedures, for which charges exceed the amounts specified above, submits a special report which shall be reviewed by a contractor's physician review board. This board will make appropriate recommendations to the Executive Agent who may authorize such additional payments.

(2) *Obstetrical and maternity services.* (i) Complete obstetrical and maternity services shall include prenatal care, delivery, and postnatal care in a hospital, office, or home. Payments for prenatal care, delivery, and postpartum care shall be made to the physician performing the respective service in accordance with the local schedules of allowances. Allowances are authorized for laboratory tests, pathology or radiology examinations, and other procedures performed or authorized by the attending physician in the management of the pregnancy. In instances of home or office confinements, payments are not authorized for the purchase or rental of beds, bassinets, or similar equipment, or for services of private-duty nurses. (See § 70.506(f).)

(ii) Where a consultant's services are required for proper care and treatment of the patient, such care is authorized.

(iii) Necessary or required infant care shall be provided during the period of hospitalization following delivery. If the infant requires further hospitalization following delivery, such care is authorized as a continuation of the original admission. Also, in the case of a home or office delivery, necessary or required infant care may be provided on an outpatient basis for a period not to exceed 10 days following the date of delivery.

(iv) Under procedures established by the Executive Agent, or his representative, within the United States and Puerto Rico, and by the Secretaries of the uniformed services, or their representatives, outside the United States and Puerto Rico, required in-hospital care can be furnished to obstetrical and maternity patients who develop acute emotional disorders complicating pregnancy or constituting postpartum psychosis occurring within the six weeks postpartum period authorized for maternity care.

(3) *Other professional services.* The authorized payments for the treatment of bodily injuries when a patient is not hospitalized, including diagnostic and therapeutic tests and procedures authorized by the attending physician, are limited to treatment of fractures, dislocations, lacerations, and other wounds as prescribed in the local schedules of allowances. Treatment of fractures, dislocations, lacerations, and other wounds that are legitimately cared for by dentists, including related diagnostic and therapeutic tests and procedures authorized by the attending dentist, may also be paid for hereunder. (See § 70.506(i).)

(e) *Supporting services.* Wherever the attending physician authorizes the services of a physical therapist or of an anesthetist who is other than a physician in rendering authorized care to an eligible dependent, and certifies as to the necessity therefor, the services may be paid for hereunder.

§ 70.504 Medical care not authorized.

Medical care specified in this subpart shall not be authorized for any of the following:

(a) Chronic diseases. (See §§ 70.103(j)(5) and 70.502(a).)

(b) Nervous and mental disorders (see § 70.103(j)(6)), including acute emotional disorders except that (1) care of this type may be furnished to a dependent requiring same during the period of hospitalization of that dependent for a condition that does qualify as authorized care under § 70.502 (a) through (f); (2) care for acute emotional disorders may be furnished in connection with obstetrical and maternity services in accordance with § 70.503(d)(2)(iv); and (3) care for acute emotional disorders may be furnished in accordance with § 70.502(g).

(c) Services of a surgical nature desired or requested by the patient which are not medically indicated. The opinion of the cognizant medical authority (charge physician) will determine whether the services are medically indicated and therefore payable under this part, except that the types of surgery described in subparagraph (1) of this paragraph are not authorized for payment under this part under any circumstances; and the types of surgery described in subparagraph (2) of this paragraph are authorized only under the conditions stipulated therein.

(1) *Examples of types of surgical care not authorized.* (i) Cosmetic surgery—any surgery for improvement or change of appearance or for psychological reasons.

(ii) Ears—reconstruction and/or revision of the external ear; surgery based on psychological reasons.

(iii) Congenital defects of skeletal and/or central nervous system which are readily identifiable as representing chronic long-term conditions and characteristically respond poorly to surgical intervention.

(iv) Sterilization procedures for multiparity and/or socioeconomic reasons. (See subparagraph (2)(xi) of this paragraph.)

(v) Procedures designed to correct a state of infertility or sterility.

(vi) Removal of tattoos.

(2) *Examples of types of inpatient surgical care authorized for payment only if certain conditions prevail.* (i) Ears—surgery for restoration or improvement of hearing is allowable.

(ii) Eyes—surgery for glaucoma, cataracts, strabismus (squint) or other conditions to aid or improve vision of the affected eye(s) is allowable.

(iii) Harelip and/or cleft palate—surgery for initial repairs, including sur-

gery for subsequent repair known and established as a requirement at the time of original surgery is authorized. Subsequent revisions are not authorized.

(iv) Rhinoplasties—authorized only for improvement of nasal respiratory physiology.

(v) Skeletal defects (e.g. club foot, congenital dislocated hip)—surgical treatment is authorized only when treatment is required as an "in-hospital" patient to improve function. Care normally provided on an outpatient basis and not requiring hospitalization is not authorized.

(vi) Surgical treatment for removal of supernumerary digits or for correction of syndactylism is authorized only for improvement of function.

(vii) Scars—surgical treatment is authorized only when a scar is ulcerated, shows clinical evidence of malignancy, or when a contracture impairing anatomical function is present.

(viii) Surgical treatment for removal of nevi, hemangiomas and/or telangiectatic lesions is authorized only if they are bleeding, ulcerated, painful, or show clinical evidence of malignancy, or if size and location produce functional impairment.

(ix) Surgical treatment for removal of plantar warts, verrucae, sebaceous cysts, condylomata or moles is authorized only if they are bleeding, ulcerated, painful, or show clinical evidence of malignancy, or if size and location produce functional impairment.

(x) Mammoplasty is authorized only when severe pain or marked disability is present.

(xi) Tubal ligation or other sterilization procedures—surgical procedure is authorized only when, in the opinion of the charge physician and consulting physician(s), the procedure is a necessary requirement in the proper management of a medical or surgical condition for which treatment is authorized under this part.

(d) Non-acute medical conditions (see § 70.502(a)). Examples of types of care not authorized are set forth below:

(1) Procedures designed to determine state of infertility or sterility.

(2) Pseudocyesis (false pregnancy) or pregnancy suspected but not proven.

(3) Tests to determine pregnancy, except when patient is in fact pregnant and when tests are required for proper conduct of maternity or postpartum care (hydatid mole).

(4) Diagnostic evaluation and hospital admissions in connection therewith when patients are not acutely ill or when diagnostic surveys are not followed by surgery.

(5) Rehabilitation procedures for persons with congenital defects, cerebral palsy, or poliomyelitis (except when related to "in-hospital" care of surgical procedure performed for improvement or restoration of function).

(6) Treatment for tuberculosis—inactive (non-acute) when determined by clinical tests. Treatment is authorized only for the active (acute) phase as determined by acceptable medical standards (positive sputa: positive gastric washings; or positive chest or other X-rays).

(7) Tests and procedures such as the following:

(i) Psychological, psychometric, or intelligence measuring tests.

(ii) Speech and/or hearing therapy, remedial reading, or orthoptic training.

(iii) Child guidance therapy.

(e) Domiciliary care. (See § 70.103(j)(4).)

(f) Treatment or procedures normally considered to be outpatient care.

(g) Ambulance service, or other civilian transportation used for movement of spouses or children to or between civilian medical facilities or from a civilian medical facility to a medical facility of the uniformed services.

(h) Adjuncts to medical care. (See § 70.103(j)(8).)

§ 70.505 Admission of dependents for medical care to civilian sources.

Dependents requesting medical care from civilian sources will be required to observe the following procedures:

(a) Identification will be established by DD Form 1173 and such other means of identification provided by the uniformed services. In addition, dependents or their parent, sponsor, or guardian, as appropriate, will be required to execute a certification form to be prescribed by the Executive Agent and made available to the source of medical care. This form will serve the purpose of assisting both in the identification of dependents and the ultimate billing made by civilian physicians, surgeons, and civilian medical facilities. In developing this form, the Executive Agent will insure that it will include appropriate provision for:

(1) Identification of the patient.

(2) Identification of sponsoring member of uniformed service on active duty.

(3) Certification of the dependent, accompanying parent, member or acting guardian as to the eligibility of the dependent for care under Chapter 55, Title 10, United States Code.

(4) Diagnosis, medical services furnished and charges.

(5) Certification by the source of medical care that services were provided in accordance with Chapter 55, Title 10, United States Code.

(6) Under emergency conditions and similar circumstances, the admitting authority may waive the requirement of producing a DD Form 1173. However, in each instance of this nature, the form prescribed by the Executive Agent and referred to in this § 70.505(a) will be executed.

(b) On and after the effective date specified by the Secretary of Defense pursuant to § 70.302(e), an eligible dependent who is residing with the sponsor, or in the area to which the sponsor is assigned, and who has not commenced receiving care from civilian sources prior to that date (or, in the case of a maternity patient, whose care from her civilian physician on that date has not reached the second trimester), in addition to complying with § 70.505 (a) and (b), will be required to present a DD Form 1251, "Nonavailability Statement," to the attending physician and the hospital, when both are involved, and to the appropriate party when only one is involved, for attachment to the claim form. Sources of civilian care other than the hospital or the attending physician may, in lieu of attaching a DD Form 1251 to the claim form, accept a statement from the person signing the certification in accordance with § 70.505 (a) that a DD Form 1251 has been furnished to the attending physician (identifying him by name) or to the hospital (identifying it by name). The DD Form 1251 shall be obtained from uniformed services installations and shall cover only care authorized to be obtained from civilian sources under this part. A statement by the person signing the certification in accordance with § 70.505(a) that the patient is not residing with the sponsor, or in the area to which the sponsor is assigned, may be accepted by the source of care unless that source has actual knowledge to the contrary. The requirement for the DD Form 1251 shall be waived in the case of an emergency, and in other circumstances outlined in § 70.303. A statement from the attending physician on the claim form that the case is an emergency (see § 70.303(a)(1)) will be sufficient to justify an exception. Also, a statement by the person signing the certification in accordance with § 70.505(a) that the patient is away on a trip from the area to which the sponsor is assigned will be sufficient to justify an exception, unless the source of care has actual knowledge to the contrary. Where representations are made by the source of civilian medical care that it was not aware of the requirements contained in this § 70.505 (b) and that it furnished care authorized under this part to a person claiming to be a spouse or child eligible for civilian medical care, and possessing a valid DD Form 1173, then the matter will be brought to the attention of the uniformed service concerned for determination whether a Nonavailability Statement can be issued. If it is determined by the uniformed service concerned that the DD Form 1251 cannot be furnished, then the matter will be brought to the attention of the member concerned as an unpaid debt. In special circumstances, and where the source of civilian care shows that collection has not been possible, then the Executive Agent or his designee may authorize payment to be made to that source, provided the claim covers care authorized under this part and was otherwise executed in accordance with all requirements except those set forth above concerning the Nonavailability Statement.

(c) In cases of spouses and children receiving treatment in a civilian medical facility at Government expense at the time entitlement to receive medical care from civilian sources ceases (by reason of release from active duty, or otherwise), the Government's responsibility ceases, insofar as the source of civilian care is concerned, as of the date of receipt of knowledge by the source of care that the dependent's entitlement to medical care

from civilian sources has terminated or the normal expiration date on the DD Form 1173, whichever is earlier. In any case, the Government's responsibility ceases, insofar as the dependent or member is concerned, as of the date the dependent ceases to be entitled to receive care (by reason of release of the member from active duty, or otherwise) from civilian sources at Government expense. (See § 70.202(b)(5).) Notwithstanding the foregoing, the Government will be responsible for paying for care rendered to patients covered by § 70.505(b), only if the conditions set forth in that section are met.

(d) Exceptions to the policy in § 70.505 (c) are authorized under the following circumstances:

(1) Spouses and children of members of uniformed services receiving treatment in a civilian medical facility at Government expense at the time of death of the member, or such spouses and children requiring care in a civilian facility as a result of being in the same accident or the same episode which proved fatal to the member, if continued hospitalization is required, shall be transferred to a uniformed services medical facility as soon as the physical condition of the patient permits, subject to space, facilities, and personnel availability. Government transportation may be utilized to effect transfer to a uniformed services hospital. The cost of medical and hospital care authorized from civilian sources (see § 70.502) which was furnished to the dependent during the period of hospitalization in the civilian facility shall be borne by the Government subject to the charges provided in § 70.506, but not after the date on which feasible arrangements for transfer have been made.

(2) Additionally, a dependent wife who is eligible for civilian medical care (see § 70.103(e)), whose husband dies while on active duty and who is pregnant at the time of his death, may be provided from civilian sources at Government expense the obstetrical and maternity care authorized under this part to include, where applicable, prenatal care, delivery, and postpartum care. Neonatal care authorized elsewhere in this part is authorized for a child born under these circumstances. This special provision is applicable only to those maternity cases in which delivery occurs on or after 28 July 1959. Dependents covered in this § 70.505(d)(2) may elect to receive the authorized care described above either in uniformed services medical facilities or from civilian sources.

§ 70.506 Charges.

(a) When the entire period of hospitalization has been in other than private accommodations, the patient shall pay to the hospital the greater of subparagraph (1) or (2) of this paragraph:

(1) The first twenty-five dollars ($25.00) of the expense incurred.

(2) An amount determined by multiplying the number of days of hospitalization by the per diem rate established in § 70.408(a).

(b) If hospital care in a private room is obtained by the patient because it is required for the proper care and treatment, and if the patient's attending physician so certifies, the amount of private room charge less the patient's payment set forth below will be paid by the Government. The patient will be required to pay to the hospital the greater of subparagraph (1) or (2) in addition to (3) of this paragraph:

(1) The first twenty-five dollars ($25.00) of the expense incurred.

(2) An amount determined by multiplying the number of days of hospitalization by the per diem rate established in § 70.408(a).

(3) Twenty-five per cent (25%) of the difference between private room charges and weighted average cost of semiprivate room charges, when private room charges are more costly.

NOTE: For hospitals having only private rooms, the term "weighted average cost of semiprivate room charges" is defined as 90 per cent of the daily hospital charges for the room furnished the dependent or $15.00 per day, whichever is lesser.

(c) If hospital care in a private room is provided at the specific request or desire of the patient or of the sponsor, the patient will be required to pay to the hospital the greater of subparagraph (1) or (2), and in addition (3) of this paragraph:

(1) The first twenty-five dollars ($25.00) of the expense incurred.

(2) An amount determined by multiplying the number of days of hospitalization by the established per diem rate.

(3) The difference between private room charges and weighted average cost of semiprivate room charges, when private room charges are more costly.

(d) Except as provided in paragraph (b)(3) of this section, if hospital care in a private room is provided in a hospital which has only private rooms, the Government will pay 90 per cent of the daily hospital charges for the room provided the dependent, or $15.00 per day, whichever is the lesser. The patient will be required to pay the hospital the greater of subparagraph (1) or (2), and in addition (3) of this paragraph:

(1) The first twenty-five dollars ($25.00) of the expense incurred.

(2) An amount determined by multiplying the number of days of hospitalization by the established per diem rate. (See § 70.408(a).)

(3) Ten per cent (10%) of the daily hospital charges for the private room provided the dependent or the total daily hospital charges for such room, less $15.00 per day, whichever is the greater.

(e) If, while receiving authorized hospital care, private-duty nursing care is required for proper care and treatment, and if the patient's attending physician so certifies, 75 per cent of the charges in excess of $100.00 for such private-duty nursing care will be paid by the Government.

(f) All admissions to a hospital of an obstetrical patient as an inpatient for care required in direct connection with the pregnancy, including admissions for direct complications thereof, during the period of pregnancy up to and including delivery, and those for postpartum inpatient care for complications of pregnancy where the complication arises within the authorized six weeks postpartum period and where treatment is commenced by the attending physician within that period, shall be considered as one admission for the purpose of determining charges to the dependent. Admission for a non-obstetrical diagnosis in the course of but not connected with a pregnancy would require the patient to pay the charges for a separate admission. Patients who are delivered in a home or office shall pay the first $15.00 of charges in connection with the delivery, if not hospitalized in direct connection with the pregnancy.

(g) Patients who previously were admitted to a hospital for authorized care, who paid at least $25.00 of the hospital charges for that admission and who are readmitted to a civilian hospital within 14 days following discharge from the previous admission for authorized treatment of the original condition for which initially hospitalized, or direct complications thereof, will not be required to pay the first twenty-five dollars ($25.00) of subsequent hospitalizations, but will be required to pay an amount determined by multiplying the number of days of the current hospitalization by the established per diem rate (see § 70.408(a)), plus any additional charges that might be specified elsewhere herein. Hospitals will be responsible for obtaining from the patient, physician, sponsor, or other hospital(s) satisfactory evidence that the patient is entitled to the lesser charge.

(h) When a patient who in an inpatient status is transferred to another hospital to obtain as an inpatient necessary treatment not available in the first hospital and no break in hospitalization occurs except for the time in transit, it shall be considered one admission for the purpose of payment of charges by the patient in accordance with this section.

(i) When a patient is treated for injury other than as an inpatient in a hospital in accordance with § 70.503(d)(3), the payments made shall be in accordance with the local schedules of allowances. Payments not to exceed a maximum of $75.00, except as provided for under § 70.503(d)(1)(v)(*d*), are also authorized for laboratory tests, pathology and radiology examinations provided they are procedures performed by or authorized by the attending physician or surgeon. Payment of charges is also authorized for use of hospital outpatient facilities required for the treatment of the injury, e.g., a cast room. The patient shall pay the first $15.00 of the physician's charges for each different cause or accident for which treatment and services are rendered, except that multiple injuries to the same person resulting from a single accident shall be considered as one injury for payment of the maximum required fee ($15.00) by the patient. The Government shall pay for all costs in excess of $15.00 as authorized in the local schedules of allowances. However, payment by the Government for laboratory tests and pathology and radiology examinations shall not exceed

the $75.00 maximum except as provided for under § 70.503(d)(1)(v)(*d*).

§ 70.507 **Administration.**

(a) The Secretary of the Army, acting as Executive Agent for the Secretary of Defense, shall contract for medical care under the full payment concept within the United States and Puerto Rico in accordance with the Armed Services Procurement Regulations with authority to redelegate such responsibilities within the Department of the Army. The Department of the Army personnel authorization and funds will be increased by the Secretary of Defense, upon justification, to provide for the personnel required for the Dependents' Medical Care Program and to carry out the responsibilities of the Executive Agent. The Secretary of the Army shall be responsible for the provision of personnel, space, equipment, facilities and supplies, including related budgeting, funding, administrative control of funds, facility control, training, manpower control and utilization, personnel administration, security administration, and other administrative provisions and services necessary to carry out assigned missions as Executive Agent. The Executive Agent's authority does not extend to the conduct of the medical care program in medical facilities of the uniformed services.

(b) The Executive Agent shall be responsible within the United States and Puerto Rico for the following:

(1) Preparation of the terms and placement of the contract or contracts to be established to include but not limited to:

(i) Local schedules of allowances to be used in full payment of bills presented by physicians and surgeons.

(ii) A provision for review and, if necessary, an adjustment of administrative payments not later than 120 days after the first year the plan or plans have been in effect and each year thereafter.

(iii) Determination of administrative responsibilities of the contractors and methods of determining administrative costs.

(iv) Adequate procedures for paying claims for authorized care provided to eligible dependents by physicians, treatment facilities, dentists, private-duty nurses, physical therapists and anesthetists.

NOTE: Claims may be paid under a contract or by appropriate arrangements such as direct billings between the Government and claimants. Detailed procedures may be covered in the Joint Regulations or in contracts.

(2) *Administration of the contract.*

(i) Liaison activities with the contractor.

(ii) Payment of bills.

(iii) The development of any budgetary information required by the uniformed services as prescribed by the Joint Regulations.

(iv) Audit.

(v) Preparation of such statistical information as may be necessary including that for the annual report of the Secretary of Defense to Congress.

(vi) The Executive Agent's responsibility shall not include as a matter of routine a detailed supervision of civilian medical procedures or a detailed inspection of civilian medical facilities.

(vii) The Executive Agent shall be responsible for the processing of complaints with reference to civilian medical care and hospitalization.

(viii) Contractors shall have detailed responsibility for resolving medical disputes through local grievance committees composed of civilian physicians.

(3) Reimbursement to dependents or sponsors for authorized care obtained by dependents at personal expense in accordance with the procedures set forth in the Joint Regulations subject to the proviso that such reimbursement will not exceed that portion of the charge which the Government would have paid had contract facilities or services been utilized.

(c) *Care in civilian facilities outside the United States and Puerto Rico.* The Secretary of a uniformed service is authorized, with authority to redelegate such responsibilities as appropriate, to contract or provide for payment for authorized civilian medical care for spouses and children outside the United States and Puerto Rico. (See § 70.304.) The responsibilities of the uniformed services, where appropriate, shall be the same as those listed for the Executive Agent in § 70.507(b).

(d) *Responsibility of a Secretary of a uniformed service.* A Secretary of a uniformed service shall be responsible for the following:

(1) Initial eligibility determinations and means of identification of the dependent for medical care as prescribed in this part in §§ 70.201 and 70.202.

(2) Budgeting and funding for that portion of the total cost including administrative expenses which is properly attributable to his service.

(3) Reimbursement in accordance with cross-servicing agreements for care contracted by one service for dependents of another service. Any amounts received through such reimbursement shall be deposited to the credit of the appropriation supporting such contracts for medical care.

(4) Furnishing such information as required by the Executive Agent for the performance of his duties, including such data as the Executive Agent may require on dependents' medical care from sources overseas other than uniformed services facilities.

§ 70.508 **Hospitalization beyond period of 365 days.**

When a spouse or child, who is a dependent, requires a period of hospitalization in excess of 365 days, the hospital shall notify the contractor who shall forward a copy of this notification to the Executive Agent or his representative. This notification normally will be submitted not later than 300 days after admission of the patient. Advance notice will permit arrangements to be made for proper transfer of the patient to a hospital of the uniformed services if this is determined to be feasible. Government transportation may be utilized to effect transfer to a uniformed services hospital. When transfer is not feasible, continuation of care in the civilian hospital at the expense of the Government may be authorized subject to the Joint Regulations.

§ 70.509 **Government liability for payment of civilian medical care costs.**

As prescribed in Subpart B of this part, the uniformed services shall provide dependents with means of identification. When spouses and children of members of the uniformed services are provided civilian medical care, it is expected that the attending physician and medical facility will use reasonable care and precaution in identifying them. When medical care has been provided in good faith by the attending physician and medical facility and it is subsequently determined that the persons concerned were not in fact entitled to medical care at Government expense under Chapter 55, Title 10, United States Code, collection and other legal action shall be taken only against the sponsor or individual who was not entitled to the medical care. Where fraud is involved, the matter may be referred to the Attorney General of the United States with recommendation for prosecution. Notwithstanding the foregoing, the Government will be responsible for paying for care rendered to patients covered by § 70.505(b), only if the conditions set forth in that section are met.

§ 70.510 **Administration of changes to this part effective 1 January 1960.**

(a) The changes to this part made effective on January 1, 1960 (referred to in this § 70.510 as the "effective date") restored certain types of care to the Medicare Program. On and after that date certain additional treatment specified in those changes constitutes authorized care which was not authorized on the preceding day. That additional treatment is referred to generally in this § 70.510 as care of a type restored to the Program. The following rules are promulgated governing administration of treatment of certain patients who commenced receiving that type of care before the effective date.

(1) *Hospitalized patients.* Where a patient is admitted to a hospital before the effective date for a type of care restored to the Program and is still in the hospital on that date receiving that care, payment may be made to the sources furnishing that care for the current uninterrupted period of hospitalization. Where a period of hospitalization commencing prior to that day is payable, then payment for pre- and post-hospitalization diagnostic tests and procedures which were considered necessary by the attending physician or dentist and were performed by or authorized by him are payable in accordance with § 70.503(d)(1)(v).

(2) *Outpatient injury cases.* Section 70.503(d)(3) covers care of this type that has been restored to the Program. Payment is authorized for care covered by that section furnished to a patient by an authorized civilian source only in those cases where the injury occurred prior to the effective date but subsequent to 1 December 1959 and where the patient is still under the care of a physi-

cian on or after the effective date, for the same injury, from the date of commencement of care. Payment is also authorized, in cases covered by the preceding sentence, for necessary laboratory tests, pathology and radiology examinations if the procedures are performed by or authorized by the attending physician or dentist. (See §§ 70.503(d)(3) and 70.506(i).)

(b) Nothing in this § 70.510 shall waive the restrictions on right of election set forth in § 70.302(e) nor the requirement for payment by the patient of the charges specified in § 70.506.

Subpart F—Medical Care in Medical Facilities Not Otherwise Provided for

§ 70.601 Medical care in medical facilities not otherwise provided for.

(a) When dependents eligible for civilian medical care receive medical care authorized by this part, on an emergency basis, in a medical facility which is not included in the definition of a hospital as provided for in § 70.503(a)(1) or is not a uniformed services medical facility, the dependent will pay the charges listed in § 70.506, and the Government will pay the difference between the amount payable by the dependent and the reimbursable cost. Payments by the Government for such care rendered in Federal medical facilities other than those of a uniformed service will be on a reimbursable basis between the Executive Agent and the department or agency concerned. This section does not apply to paragraph (c) of this section.

(b) When dependents receive medical care authorized by this part in the governmental facilities of a foreign Government (not civilian), the dependent will pay the charges listed in § 70.506 and the difference between the total cost and the amount paid by the dependent will be paid by the United States Government. In instances where a reciprocal agreement between a foreign Government and the United States is in effect, which provides for no charge or a lesser charge to the dependent than those listed in § 70.506, such charges, if any, under the reciprocal agreement shall prevail.

(c) This part does not affect dependents' medical care furnished under the provisions of section 105 of Public Law 153, 83d Congress, as amended by section 107 of Public Law 453, 83d Congress, which authorizes medical and dental care for eligible dependents of military personnel in Canal Zone Government medical facilities.

Subpart G—Medical Care for Members of the Uniformed Services

§ 70.701 Medical care for members of the uniformed services.

Persons in the uniformed services on active duty or active duty for training are entitled to and shall be provided medical and dental care and adjuncts thereto. Under ordinary circumstances, such members will receive medical care at the medical facility of the uniformed service which serves the organization to which the member is assigned. A member who is away from his duty station or is on duty where there is no medical facility of his own service available, may receive care at the nearest available medical facility of the uniformed services. Commissioned officers and warrant officers on active duty or active duty for training shall pay an amount equal to the portion of the charge established under § 70.408(a) that is attributable to subsistence when hospitalized in a medical facility of the uniformed services. Nothing in this part shall affect the existing provision for providing medical care to members of the uniformed services through civilian or other sources.

Subpart H—Medical Care for Retired Members of the Uniformed Services

§ 70.801 Retired members eligible for care.

Retired members shall be furnished required medical and dental care and adjuncts thereto to the same extent as provided for active duty members in any medical facility of a uniformed service, subject to mission requirements and the availability of space, facilities, and capabilities of the medical staff as determined by the cognizant medical authority in charge of the medical facility. Nothing in this part is intended to change or modify the provisions of Executive Order 10122, 14 April 1950, as amended by Executive Order 10400, 27 September 1952.

§ 70.802 Ration allowance for retired enlisted members.

Retired enlisted personnel, including members of the Fleet Reserve and the Fleet Marine Corps Reserve, shall not be charged for subsistence when hospitalized in a medical facility of a uniformed service.

§ 70.803 Charge for officers' subsistence.

Retired commissioned officers and retired warrant officers shall pay an amount equal to the portion of the charge established under § 70.408(a) that is attributable to subsistence when hospitalized in a medical facility of the uniformed services.

Subpart I—Budgeting and Accounting for Medical and Dental Care Furnished in Facilities of the Uniformed Services

§ 70.901 Budgeting and accounting.

The Secretaries of the uniformed services shall budget for supporting the maintenance and operation and/or subsistence of their service medical facilities for the medical and dental care of their members, retired members and dependents furnished in the medical facilities of their respective service. The Secretaries of the uniformed services shall also budget for reimbursement for the medical and dental care of their members, retired members, and dependents receiving inpatient care in facilities of another uniformed service. Reimbursement shall be made between departments (Army, Navy, Air Force, and U.S. Public Health Service) for inpatient care furnished by one service for members, retired members, and dependents of another service at rates to be prescribed by the Bureau of the Budget to reflect the average cost of providing such care. Any amounts received through reimbursement or through local collection for subsistence and/or medical care in facilities of the uniformed services shall be deposited to the credit of the appropriation(s) supporting the operation and maintenance of the service medical facility furnishing care.

Subpart J—Implementation

§ 70.1001 Implementation.

Joint implementation in accordance with this part, covering care of dependents, shall be accomplished as appropriate by the uniformed services.

Effective date. This part is effective immediately.

MAURICE W. ROCHE,
Administrative Secretary,
Office of the Secretary of Defense.

[F.R. Doc. 62-5693; Filed, June 12, 1962; 8:45 a.m.]

Title 5—ADMINISTRATIVE PERSONNEL

Chapter I—Civil Service Commission

PART 6—EXCEPTIONS FROM THE COMPETITIVE SERVICE

Office of Civil and Defense Mobilization and Office of Emergency Planning

§ 6.363 [Amendment]

1. Effective upon publication in the FEDERAL REGISTER, paragraphs (a), (b), (m), (n), (o), and (p) of § 6.363 are revoked.

2. Effective upon publication in the FEDERAL REGISTER, a new § 6.321 is added as set forth below.

§ 6.321 Office of Emergency Planning.

(a) *Office of the Director.* (1) Two Administrative Assistants to the Director.

(2) One Courier.

(3) One Receptionist.

(4) One Special Assistant to the Director.

(b) *Office of the Deputy Director.* (1) One Special Assistant to the Deputy Director.

(2) Two Confidential Administrative Assistants to the Deputy Director.

(c) *Office of the Assistant Director for Telecommunications Management.* (1) One Confidential Administrative Assistant to the Assistant Director.

(d) *Office of the Assistant Director for Federal-State Relations.* (1) One Confidential Administrative Assistant to the Assistant Director.

(e) *Office of the Assistant Director for Resources and Economic Affairs.* (1)

One Confidential Administrative Assistant to the Assistant Director.

(R.S. 1753, sec. 2, 22 Stat. 403, as amended; 5 U.S.C. 631, 633)

UNITED STATES CIVIL SERVICE COMMISSION,
[SEAL] MARY V. WENZEL,
Executive Assistant to the Commissioners.

[F.R. Doc. 62-5760; Filed, June 12, 1962; 8:49 a.m.]

PART 6—EXCEPTIONS FROM THE COMPETITIVE SERVICE

Peace Corps

Effective upon publication in the FEDERAL REGISTER, paragraph (r) is added to § 6.368 as set out below.

§ 6.368 **Peace Corps.**

* * * * *

(r) Chief, Division of Training.

(R.S. 1753, sec. 2, 22 Stat. 403, as amended; 5 U.S.C. 631, 633)

UNITED STATES CIVIL SERVICE COMMISSION,
[SEAL] MARY V. WENZEL,
Executive Assistant to the Commissioners.

[F.R. Doc. 62-5761; Filed, June 12, 1962; 8:49 a.m.]

Title 7—AGRICULTURE

Chapter X—Agricultural Stabilization and Conservation Service (Marketing Agreements and Orders), Department of Agriculture

[Milk Order 39]

PART 1039—MILK IN MILWAUKEE, WIS., MARKETING AREA

Order Suspending Certain Provision

Pursuant to the provisions of the Agricultural Marketing Agreement Act of 1937, as amended (7 U.S.C. 601 et seq.), and of the order regulating the handling of milk in the Milwaukee, Wisconsin, marketing area (7 CFR Part 1039), it is hereby found and determined that:

(a) The following provision of the order does not tend to effectuate the declared policy of the Act for June, July, and August 1962: That portion of § 1039.44(d), which reads, "located within the State of Wisconsin or not more than 150 miles by the shortest highway distance as determined by the market administrator, from the City Hall of Milwaukee, Wisconsin."

(b) Notice of proposed rule making, public procedure thereon and 30 days notice of effective date hereof are impractical, unnecessary and contrary to the public interest in that:

(1) This suspension order does not require of persons affected substantial or extensive preparation prior to the effective date.

(2) This suspension order is necessary to reflect current marketing conditions and to maintain orderly marketing conditions in the marketing area.

(3) This suspension action is requested by cooperative associations representing approximately 80 percent of producers and handlers of more than 70 percent of the milk in the market because increased production is making it necessary to transfer and divert milk to distant nonpool plants for manufacturing purposes.

(4) The suspension will provide for transfer and diversion of milk excess to fluid bottling requirements to nonpool plants at distant locations for Class II use during the remaining heavy production months.

Therefore, good cause exists for making this order effective June 1, 1962.

It is therefore ordered, That the aforesaid provision of the order is hereby suspended for the months of June, July and August 1962.

(Secs. 1–19, 48 Stat. 31, as amended; 7 U.S.C. 601–674)

Effective date: June 1, 1962.

Signed at Washington, D.C., on June 7, 1962.

JOHN P. DUNCAN, Jr.,
Assistant Secretary.

[F.R. Doc. 62-5775; Filed, June 12, 1962; 8:51 a.m.]

Title 9—ANIMALS AND ANIMAL PRODUCTS

Chapter I—Agricultural Research Service, Department of Agriculture

SUBCHAPTER D—EXPORTATION AND IMPORTATION OF ANIMALS AND ANIMAL PRODUCTS

PART 92—IMPORTATION OF CERTAIN ANIMALS AND POULTRY AND CERTAIN ANIMAL AND POULTRY PRODUCTS

Miscellaneous Amendments

On December 28, 1961, and January 13, 1962, there were published in the FEDERAL REGISTER notices of proposed amendments of the regulations in Part 92, Title 9, Code of Federal Regulations, relating to the importation of animals and animal products.

After due consideration of all relevant material submitted in connection with such notices and pursuant to provisions of sections 6, 7, 8, and 10 of the Act of August 30, 1890, as amended (21 U.S.C. 102–105), section 2 of the Act of February 2, 1903, as amended (21 U.S.C. 111), and section 306 of the Act June 17, 1930, as amended (19 U.S.C. 1306), Part 92, Code of Federal Regulations, is amended in the following respects:

§ 92.4 [Amendment]

1. Section 92.4 is amended by changing paragraphs (a) and (b) to read as follows:

(a) *Application for permit.* (1) For ruminants, swine, poultry, and animal semen intended for importation from any part of the world, except as otherwise provided in §§ 92.19, 92.27, and 92.31, the importer shall first apply for and obtain from the Division an import permit. The application shall specify the name and address of the importer, the species, breed, number or quantity, purpose of importation, the country of origin, the port of embarkation in the foreign country, the mode of transportation, route of travel, the port of entry in the United States, and the proposed date of arrival of the animals or animal semen to be imported, and the name of the person to whom the animals or animal semen will be delivered and the location of the place in the United States to which delivery will be made from the port of entry. Additional information may be required in the form of certificates concerning specific diseases to which the animals are susceptible, as well as vaccinations or other precautionary treatments to which the animals or animal semen have been subjected. Notice of any such requirement will be given to the applicant in each case.

(2) An application for permit to import will be denied for domestic ruminants or swine, or semen from ruminants or swine, from any country where it has been declared, under section 306 of the Act of June 17, 1930, that foot-and-mouth disease or rinderpest has been determined to exist.

(3) An application for permit to import ruminants, swine, poultry, or animal semen may also be denied because of: Communicable disease conditions in the area or country of origin, or in a country where the shipment has been or will be held or through which the shipment has been or will be transported; deficiencies in the regulatory programs for the control or eradication of animal diseases and the unavailability of veterinary services in the above mentioned countries; the importer's failure to provide satisfactory evidence concerning the origin, history, and health status of the animals or animal semen; the lack of satisfactory information necessary to determine that the importation will not be likely to transmit any communicable disease to livestock or poultry of the United States; or any other circumstances which the Director believes require such denial to prevent the dissemination of any communicable disease of livestock or poultry into the United States.

(b) *Permit.* When a permit is issued, the original and two copies will be sent to the importer. It shall be the responsibility of the importer to forward the original permit and one copy to the shipper in the country of origin, and it shall also be the responsibility of the importer to insure that the shipper presents the copy of the permit to the carrier and makes proper arrangements for the original permit to accompany the shipment to the specified U.S. port of entry for presentation to the collector of customs. Animals and animal semen for which a permit has been issued will be received at the specified port of entry within the 14-day period prescribed in the permit, after which time the permit shall be void. Ruminants, swine, poultry, and animal semen for which a permit is required by these regulations will not be eligible for entry if a permit has not been issued; if shipment is from any port other than the one designated in

the permit; if arrival in the United States is at any port other than the one designated in the permit; or if the animals or semen are not handled as outlined in the application for the permit and as specified in the permit issued.

2. Section 92.7 is amended to read:

§ 92.7 Declaration and other documents for animals and animal semen.

(a) The certificates, declarations, and affidavits required by the regulations in this part shall be presented by the importer or his agent to the collector of customs at the port of entry, upon arrival of animals or animal semen at such port, for the use of the veterinary inspector at the port of entry.

(b) For all animals and animal semen offered for importation, the importer or his agent shall first present two copies of a declaration which shall list the port of entry, the name and address of the importer, the name and address of the broker, the origin of the animals or animal semen, the number, breed, species, and purpose of the importation, the name of the person to whom the animals or animal semen will be delivered, and the location of the place to which such delivery will be made.

3. Section 92.19 is amended to read:

§ 92.19 Import permit and declaration for animals and animal semen.

(a) For ruminants, swine, poultry, and animal semen intended for importation from Canada, the importer shall first apply for and obtain from the Division an import permit as provided in § 92.4: *Provided,* That an import permit is not required for poultry offered for entry at a land border port designated in § 92.3 (b); and *Provided further,* That an import permit is not required for a ruminant or swine offered for entry at a land border port designated in § 92.3(b) if such animal: (1) Was born in Canada or the United States, and (2) has been in no country other than Canada or the United States, and (3) has not, during the preceding 60 days, been corralled, pastured, or held with, or bred by, or inseminated with semen from, any ruminants or swine for which a permit would be required under this part, and (4) is not pregnant as a result of having been bred by, or artificially inseminated with semen from, a ruminant or swine for which a permit would be required under this part.

(b) For all animals and animal semen offered for importation from Canada, the importer or his agent shall present two copies of a declaration as provided in § 92.7.

4. Section 92.27 is amended to read:

§ 92.27 Import permit and declaration for animals and animal semen.

(a) For ruminants, swine, poultry, and animal semen intended for importation from countries of Central America or of the West Indies, the importer shall first apply for and obtain from the Division an import permit as provided in § 92.4: *Provided,* That the Director of the Division, when he finds that such action may be taken without endangering the livestock or poultry industry of the United States, may, upon request by any person, authorize the importation by such person, without such application or permit, from the British Virgin Islands into the Virgin Islands of the United States, of animals consigned for immediate slaughter, and such authorization may be limited to a particular shipment or extend to all shipments under this paragraph by such person during a specified period of time. The importation of cattle from any area infested with cattle fever ticks is prohibited except as provided in paragraph (c) of § 92.28.

(b) For all animals and animal semen offered for importation from countries of Central America or of the West Indies, the importer or his agent shall present two copies of a declaration as provided in § 92.7.

5. Section 92.31 is amended to read:

§ 92.31 Import permit and application for inspection for animals and animal semen.

(a) For ruminants, swine, poultry, and animal semen intended for importation from Mexico, the importer shall first apply for and obtain from the Division an import permit as provided in § 92.4: *Provided,* That an import permit is not required for a ruminant or swine offered for entry at a land border port designated in § 92.3(c) if such animal: (1) Was born in the Mexican States of Tamaulipas, Nuevo Leon, Coahuila, Chihuahua, Sonora, Durango, or Baja California, or the United States, and (2) has been in no country other than the United States or Mexico, and in no Mexican State other than those specified above, and (3) has not, during the preceding 60 days, been corralled, pastured, or held with, or bred by, or inseminated with semen from, any ruminants or swine for which a permit would be required under this part, and (4) is not pregnant as a result of having been bred by, or artificially inseminated with semen from, a ruminant or swine for which a permit would be required under this part.

(b) For ruminants, swine, horses, and poultry potentially eligible for importation into the United States from Mexico, the importer or his agent shall deliver to the veterinary inspector at the port of entry an application, in writing, for inspection, so that the veterinary inspector and customs representatives may make mutually satisfactory arrangements for the orderly inspection of the animals. The veterinary inspector at the port of entry will provide the importer or his agent with a written statement assigning a date when the animals may be presented for import inspection.

6. Section 92.32 is amended to read:

§ 92.32 Declaration for animals and animal semen.

For all animals and animal semen offered for importation from Mexico, the importer or his agent shall present two copies of a declaration as provided in § 92.7.

(Secs. 6, 7, 8, 10, 26 Stat. 416, as amended, 417, sec. 2, 32 Stat. 792, as amended, sec. 306, 46 Stat. 689, as amended; 21 U.S.C. 102–105, 111; 19 U.S.C. 1306; 19 F.R. 74, as amended)

Effective date. The foregoing amendments shall become effective 30 days after publication in the FEDERAL REGISTER.

The amendments impose certain restrictions necessary to prevent the introduction and dissemination of diseases into the United States, provide procedures for more effective distribution of information concerning provisions of the individual import permits to carriers and other interested persons, and clarify certain provisions of the regulations. Certain amendments proposed in the notices of rulemaking published December 28, 1961, and January 13, 1962, were not adopted.

NOTE: The reporting requirements contained herein have been approved by the Bureau of the Budget in accordance with the Federal Reports Act of 1942.

Done at Washington, D.C., this 7th day of June 1962.

M. R. CLARKSON,
Acting Administrator,
Agricultural Research Service.

[F.R. Doc. 62-5774; Filed, June 12, 1962; 8:51 a.m.]

Title 10—ATOMIC ENERGY

Chapter I—Atomic Energy Commission

PART 112—DOMINIC NUCLEAR TEST SERIES, 1962

Johnston Island; Danger Area

On June 9, 1962, Joint Task Force-8 issued public notice of an extension of the danger area surrounding Johnston Island effective June 12, 1962, in connection with the DOMINIC nuclear test series now being conducted in the Pacific.

To avoid any unnecessary delay or interruption of that test activity, and to protect the health and safety of the public, the Atomic Energy Commission has amended Part 112 of its regulations. This amendment which increases the danger area encompassing Johnston Island will be effective upon filing with the FEDERAL REGISTER.

In view of the importance of these tests to the national defense, the potential hazard to the health and safety of individuals who enter the danger area as amended, and the early date planned for tests within the area surrounding Johnston Island, the Atomic Energy Commission has found that general notice of proposed rule-making and the public procedure thereon would be contrary to the public interest; and that good cause exists why this amendment should be made effective without the customary period of notice.

Pursuant to the Administrative Procedure Act, Public Law 404, 79th Congress, 2d Session, the following rules are published as a document subject to codification, to be effective upon filing with the FEDERAL REGISTER:

Section 112.3(a)(3) is deleted and the following new § 112.3(a)(3) is added:

(3) That area established, effective June 12, 1962, until a date to be announced, consisting of a zone encompassing Johnston Island and which is a circle of 530 nautical miles radius at the surface gradually extending to a circle of 570 nautical miles radius at an altitude of 5,000 feet, then gradually extending to a circle of 650 nautical miles radius at an altitude of 10,000 feet, then gradually extending to a circle of 860 nautical miles radius at an altitude of 20,000 feet, then gradually extending to a circle of 990 nautical miles radius at an altitude of 30,000 feet, then gradually extending to a circle of 1,050 nautical miles radius at an altitude of 40,000 feet and above, centered at the following geographic coordinates:

16°45′ N., and 169°31′ W.

(Secs. 161 p., 72 Stat. 337; 42 U.S.C. 2201(p). Interpret or apply secs. 2, 3, 91, 68 Stat. 921, as amended, 922, 936; 42 U.S.C. 2012, 2013, 2121)

Dated at Germantown, Md., this 11th day of June 1962.

For the Atomic Energy Commission.

WOODFORD B. MCCOOL,
Secretary.

[F.R. Doc. 62-5822; Filed, June 12, 1962; 8:51 a.m.]

Title 14—AERONAUTICS AND SPACE

Chapter III—Federal Aviation Agency

SUBCHAPTER E—AIR NAVIGATION REGULATIONS

[Airspace Docket No. 60-NY-104]

PART 601—DESIGNATION OF CONTROLLED AIRSPACE, REPORTING POINTS, POSITIVE CONTROL ROUTE SEGMENTS, AND POSITIVE CONTROL AREAS

Revocation and Designation of Control Zones; Modification of Amendment

On April 21, 1962, there was published in the FEDERAL REGISTER (27 F.R. 3845) an amendment to § 601.2267 of the regulations of the Administrator. This amendment redesignated the Baltimore, Md., control zone.

Upon publication of the FEDERAL REGISTER on April 21, 1962, it was noted that the control zone extension based on the Baltimore VORTAC 088° True radial was described as extending from the 5-mile radius zone to 6 miles east. To correctly define the intended extent of this control zone extension, action is taken herein to describe the extension as terminating 6 miles east of the VORTAC.

Since this amendment is editorial in nature and imposes no additional burden on any person, the effective date of the final rule as initially adopted may be retained.

In consideration of the foregoing, and pursuant to the authority delegated to me by the Administrator (25 F.R. 12582), effective immediately, Airspace Docket No. 60-NY-104 (27 F.R. 3845) is hereby modified as follows:

In the text of § 601.2267 (27 F.R. 3845) "within 2 miles either side of the Baltimore VORTAC 088° radial extending from the 5-mile radius zone to 6 miles E;" is deleted and "within 2 miles either side of the Baltimore VORTAC 088° radial extending from the 5-mile radius zone to 6 miles E of the VORTAC;" is substituted therefor.

(Sec. 307(a), 72 Stat. 749; 49 U.S.C. 1348)

Issued in Washington, D.C., on June 6, 1962.

LEE E. WARREN,
Acting Director, Air Traffic Service.

[F.R. Doc. 62-5723; Filed, June 12, 1962; 8:45 a.m.]

[Airspace Docket No. 62-WA-63]

PART 602—DESIGNATION OF JET ROUTES, JET ADVISORY AREAS AND HIGH ALTITUDE NAVIGATIONAL AIDS

Change in Extent of Jet Advisory Areas

The purpose of this amendment to § 602.50 is to eliminate dual designation of airspace. Jet advisory areas which are designated within positive control airspace are without effect since positive control pre-empts advisory service. The action taken herein will exclude airspace designated as jet advisory area when such area is within positive control airspace. This action will also serve to clarify operational procedures and to facilitate aeronautical charting.

Since this amendment imposes no additional burden on any person, notice and public procedure hereon are unnecessary, and it may be made effective immediately.

In consideration of the foregoing, and pursuant to the authority delegated to me by the Administrator (25 F.R. 12582), the following action is taken:

In § 602.50 (14 CFR 602.50) *Extent of jet advisory areas,* the last sentence is amended to read: "Jet advisory areas exclude the airspace within positive control areas, prohibited areas and restricted areas except those restricted areas specified in Subpart H of Part 601 of this title."

This amendment shall become effective upon the date of publication in the FEDERAL REGISTER.

(Sec. 307(a), 72 Stat. 749; 49 U.S.C. 1348)

Issued in Washington, D.C., on June 6, 1962.

LEE E. WARREN,
Acting Director, Air Traffic Service.

[F.R. Doc. 62-5724; Filed, June 12, 1962; 8:45 a.m.]

[Reg. Docket No. 1014; Amdt. 88]

PART 610—MINIMUM EN ROUTE IFR ALTITUDES

Subpart D—Designated Mountainous Areas

CORRECTION

Amendment 88 to Part 610 of the regulations of the Administrator published in the FEDERAL REGISTER May 8, 1962, (27 F.R. 4356) is hereby corrected as follows:

In § 610.8(e) the coordinates that read "thence to latitude 18°05′ N., longitude 65°57′ W" should read "thence to latitude 18°05′ N., longitude 66°57′ W".

(Secs. 307(c), 313(a), 601; 72 Stat. 749, 752, 775; 49 U.S.C. 1348, 1354, 1421)

Issued in Washington, D.C., on June 6, 1962.

G. S. MOORE,
Acting Director,
Flight Standards Service.

[F.R. Doc. 62-5725; Filed, June 12, 1962; 8:45 a.m.]

Title 16—COMMERCIAL PRACTICES

Chapter I—Federal Trade Commission

[Docket C-55]

PART 13—PROHIBITED TRADE PRACTICES

Tucker Furs, Inc., and Morris Tucker

Subpart—Invoicing products falsely: § 13.1108 *Invoicing products falsely:* § 13.1108-45 *Fur Products Labeling Act.* Subpart—Neglecting, unfairly or deceptively, to make material disclosure: § 13.1845 *Composition:* § 13.1845-30 *Fur Products Labeling Act;* § 13.1852 *Formal regulatory and statutory requirements:* § 13.1852-35 *Fur Products Labeling Act;* § 13.1865 *Manufacture or preparation:* § 13.1865-40 *Fur Products Labeling Act;* § 13.1900 *Source or origin:* § 13.1900-40 *Fur Products Labeling Act:* § 13.1900-40 (b) *Place.*

(Sec. 6, 38 Stat. 721; 15 U.S.C. 46. Interpret or apply sec. 5, 38 Stat. 719, as amended; sec. 8, 65 Stat. 179; 15 U.S.C. 45, 69f) [Cease and desist order, Tucker Furs, Inc., et al., Chicago, Ill., Docket C-55, Dec. 27, 1961.]

In the Matter of Tucker Furs, Inc., a Corporation, and Morris Tucker, Individually and as an Officer of Said Corporation

Consent order requiring Chicago furriers to cease violating the Fur Products Labeling Act by failing to show on invoices the true animal name of the fur used in a fur product and the country of origin of imported furs, and to disclose when fur was artificially colored; and failing to maintain adequate records as a basis for price and value claims made in connection with their Incentive Award Programs whereby they advertised cer-

tain fur products for use by business firms as incentive awards to employees.

The order to cease and desist, including further order requiring report of compliance therewith, is as follows:

It is ordered, That Tucker Furs, Inc., a corporation, and Morris Tucker, individually and as an officer of said corporation, and respondents' representatives, agents and employees, directly or through any corporate or other device, in connection with the introduction, or manufacture for introduction, into commerce, or the sale, advertising or offering for sale, in commerce, or the transportation or distribution in commerce of fur products, or in connection with the sale, manufacture for sale, advertising, offering for sale, transportation or distribution of fur products which have been made in whole or in part of fur which has been shipped and received in commerce as "commerce", "fur" and "fur product" are defined in the Fur Products Labeling Act do forthwith cease and desist from:

1. Falsely or deceptively invoicing fur products by:

A. Failing to furnish invoices to purchasers of fur products showing in words and figures plainly legible all the information required to be disclosed by each of the subsections of section 5(b)(1) of the Fur Products Labeling Act.

B. Setting forth information required under section 5(b)(1) of the Fur Products Labeling Act and the rules and regulations promulgated thereunder in abbreviated form.

2. Making claims and representations of the types covered by subsections (a), (b), (c), and (d) of Rule 44 of the rules and regulations promulgated under the Fur Products Labeling Act unless there are maintained by respondents full and adequate records disclosing the facts upon which such claims and representations are based.

It is further ordered, That the respondents herein shall, within sixty (60) days after service upon them of this order, file with the Commission a report in writing setting forth in detail the manner and form in which they have complied with this order.

Issued: December 27, 1961.

By the Commission.

[SEAL] JOSEPH W. SHEA, *Secretary.*

[F.R. Doc. 62-5737; Filed, June 12, 1962; 8:46 a.m.]

[Docket 7736 o.]

PART 13—PROHIBITED TRADE PRACTICES

Colgate-Palmolive Co. and Ted Bates & Co.

Subpart—Advertising falsely or misleadingly: § 13.190 *Results.* Subpart—Offering unfair, improper and deceptive inducements to purchase or deal: § 13.2075 *Television "mock ups", etc.*[1]

[1] New.

(Sec. 6, 38 Stat. 721; 15 U.S.C. 46. Interpret or apply sec. 5, 38 Stat. 719, as amended; 15 U.S.C. 45) [Cease and desist order, Colgate-Palmolive Company et al., New York, N.Y., Docket 7736, Dec. 29, 1961]

In the Matter of Colgate-Palmolive Company, a Corporation, and Ted Bates & Company, Inc., a Corporation

Order requiring a well-known manufacturer of shaving cream, among other products, and its advertising agency, to cease representing falsely in television advertising of its "Palmolive Rapid Shave"—by use of a "mock up" composed of glass or plexiglass to which sand had been applied so as to simulate sandpaper—that the "moisturizing" action of its said shaving cream was such as to make it possible to apply it to coarse sandpaper and forthwith shave off the rough surface, and that such demonstration proved the "moisturizing" properties of the product.

The order to cease and desist, including further order requiring report of compliance therewith, is as follows:

It is ordered, That respondents Colgate-Palmolive Company, a corporation, and its officers, and Ted Bates & Company, Inc., a corporation, and its officers, and the agents, representatives, and employees of respondents, directly or through any corporate or other device, in the advertising, offering for sale, sale, or distribution of shaving cream or any other product, in commerce, as "commerce" is defined in the Federal Trade Commission Act, do forthwith cease and desist from:

Representing, directly or by implication, in describing, explaining, or purporting to prove the quality or merits of any product, that pictures, depictions, or demonstrations, either alone or accompanied by oral or written statements, are genuine or accurate representations, depictions, or demonstrations of, or prove the quality or merits of, any product, when such pictures, depictions, or demonstrations are not in fact genuine or accurate representations, depictions, or demonstrations of, or do not prove the quality or merits of, any such product.

And further, in the advertising, offering for sale, sale, or distribution of "Palmolive Rapid Shave," or any other shaving cream, in commerce, as "commerce" is defined in the Federal Trade Commission Act, from:

Misrepresenting, in any manner, directly or by implication, the quality or merits of any such product.

It is further ordered, That respondents, Colgate-Palmolive Company and Ted Bates & Company, Inc., shall, within sixty (60) days after service upon them of this order, file with the Commission a report, in writing, setting forth in detail the manner and form in which they have complied with the order to cease and desist.

Issued: December 29, 1961.

By the Commission.

[SEAL] JOSEPH W. SHEA, *Secretary.*

[F.R. Doc. 62-5738; Filed, June 12, 1962; 8:46 a.m.]

[Docket 8064]

PART 13—PROHIBITED TRADE PRACTICES

William Buehl Eidson et al.

Subpart—Discriminating in price under section 2, Clayton Act—payment or acceptance of commission, brokerage or other compensation under 2(c): § 13.820 *Direct buyers;* § 13.822 *Lowered price to buyers.*

(Sec. 6, 38 Stat. 721; 15 U.S.C. 46. Interpret or apply sec. 2, 49 Stat. 1527; 15 U.S.C. 13) [Cease and desist order, William Buehl Eidson et al. doing business as Eidson Produce Company, Birmingham, Ala., Docket 8064, Jan. 3, 1962]

In the Matter of William Buehl Eidson, Annie Katherine Eidson, Marie Ponder, William C. Howard, Jr., and Bennie E. Crowe, Individually and as Copartners Doing Business as Eidson Produce Company

Order requiring wholesale distributors of food products, including citrus fruits, vegetables, and produce, in Birmingham, Ala., to cease receiving from suppliers a commission on substantial purchases of food products for their own account for resale, such as a discount, usually at the rate of 10 cents per 1⅗ bushel box of citrus fruit from a number of Florida packers.

The order to cease and desist is as follows:

It is ordered, That respondents William Buehl Eidson, Annie Katherine Eidson, Marie Ponder, William C. Howard, Jr., and Bennie E. Crowe, individually and as copartners, doing business as Eidson Produce Company, and respondents' agents, representatives and employees, directly or through any corporate, partnership, sole proprietorship, or other device, in connection with the purchase of citrus fruit or any other food products, in commerce, as "commerce" is defined in the amended Clayton Act, do forthwith cease and desist from:

Receiving or accepting, directly or indirectly, from any seller, anything of value as a commission, brokerage, or other compensation, or any allowance or discount in lieu thereof, upon or in connection with any purchase of citrus fruit or any other food products for respondents' own account, or where respondents are the agents, representatives, or other intermediaries acting for or in behalf, or are subject to the direct or indirect control, of any buyer.

By "Decision of the Commission", etc., report of compliance was required as follows:

It is further ordered, That respondents, William Buehl Eidson, Annie Katherine Eidson, Marie Ponder, William C. Howard, Jr., and Bennie E. Crowe, shall, within sixty (60) days after service upon them of this order, file with the Commission a report, in writing, setting forth in detail the manner and form in which they have complied with the order to

cease and desist contained in the initial decision.

Issued: January 3, 1962.

By the Commission.

[SEAL] JOSEPH W. SHEA, *Secretary.*

[F.R. Doc. 62-5739; Filed, June 12, 1962; 8:46 a.m.]

[Docket 8197 c.o.]

PART 13—PROHIBITED TRADE PRACTICES

A. J. Hollander & Co., Inc., et al.

Subpart—Claiming or using indorsements or testimonials falsely or misleadingly: § 13.330 *Claiming or using indorsements or testimonials falsely or misleadingly:* § 13.330-69 *Prominent persons.* Subpart—Misbranding or mislabeling: § 13.1235 *Indorsements, approval, or awards.*

(Sec. 6, 38 Stat. 721; 15 U.S.C. 46. Interpret or apply sec. 5, 38 Stat. 719, as amended; 15 U.S.C. 45) [Cease and desist order, A. J. Hollander & Co., Inc., et al., New York, N.Y., Docket 8197, Jan. 3, 1962]

In the Matter of A. J. Hollander & Co., Inc., a Corporation, and Martin Blumenthal, Sidney Weingarten, Myron M. Schwarzschild, and Frank J. Offenbacher, Individually and as Officers of Said Corporation; Olympic Sporting Goods Company, Inc., a Corporation, and Herman N. Ullman and Allen D. Ullman, Individually and as Officers of the Said Corporation; Cambridge Sporting Goods Corp., a Corporation, and Joseph Greenberg, individually and as an Officer of Said Corporation

Consent order requiring an importer and two distributors of Japanese baseball gloves, all of New York City, to cease representing falsely that prominent baseball players used or endorsed their gloves by imprinting thereon in block letters the names of well-known players, such as "Tony Kubek Model", "Elston Howard Model", etc.

The order to cease and desist, including further order requiring report of compliance therewith, is as follows:

It is ordered, That A. J. Hollander & Co., Inc., a corporation, its officers and Martin Blumenthal, individually and as an officer of said corporation, and Sidney Weingarten, Myron M. Schwarzschild and Frank J. Offenbacher, as officers of said corporation, Olympic Sporting Goods Company, Inc., a corporation, its officers, and Herman N. Ullman and Allen D. Ullman, individually and as officers of said corporation, and Cambridge Sporting Goods Corp., a corporation, its officers, and Joseph Greenberg, individually and as an officer of said corporation, and respondents' agents, representatives and employees, directly or through any corporate or other device, in connection with the offering for sale, sale and distribution of baseball gloves or any other product in commerce, as "commerce" is defined in the Federal Trade Commission Act, do forthwith cease and desist from:

1. Offering for sale, selling or distributing baseball gloves upon which the names of prominent or well known baseball players are printed, either accompanied or unaccompanied by the words "Model" or "User Approved," or any other words of the same import, when in fact, such baseball gloves have not been used, approved or endorsed by such persons.

2. Representing, in any manner, directly or by implication, that a person has used, approved, or endorsed a product, when such is not the fact.

3. Placing in the hands of others any means or instrumentality by or through which they may mislead the public as to any of the matters and things set out in paragraphs 1 and 2 above.

It is further ordered, That the complaint insofar as it relates to the respondents, Sidney Weingarten, Myron M. Schwarzschild and Frank J. Offenbacher, in their individual capacities, be, and the same hereby is, dismissed.

It is further ordered, That the respondents herein shall, within sixty (60) days after service upon them of this order, file with the Commission a report in writing setting forth in detail the manner and form in which they have complied with this order.

Issued: January 3, 1962.

By the Commission.

[SEAL] JOSEPH W. SHEA, *Secretary.*

[F.R. Doc. 62-5740; Filed, June 12, 1962; 8:47 a.m.]

[Docket 8337 c.o.]

PART 13—PROHIBITED TRADE PRACTICES

Pressing Supply Co. et al.

Subpart—Furnishing means and instrumentalities of misrepresentation or deception: § 13.1055-50 *Preticketing merchandise misleadingly.* Subpart—Misbranding or mislabeling: § 13.1280 *Price.* Subpart—Misrepresenting oneself and goods—PRICES: § 13.1811 *Fictitious preticketing.*

(Sec. 6, 38 Stat. 721; 15 U.S.C. 46. Interpret or apply sec. 5, 38 Stat. 719, as amended; 15 U.S.C. 45) [Cease and desist order, Sanford A. Specht and Annette Specht doing business as S. A. Specht Associates, New York, N.Y., Docket 8337, Jan. 3, 1962]

In the Matter of Pressing Supply Company, a Corporation, Ironfast Products Company, a Corporation, and Jerome Silk and Sidney Cozen, Individually and as Officers of Said Corporations; and Sanford A. Specht and Annett Specht, Doing Business Under the Name of S. A. Specht Associates

Consent order requiring the New York City sales representative of two affiliated Philadelphia concerns—who themselves agreed to a similar order on July 25, 1961 (26 F.R. 7771, Aug. 19, 1961)—to cease imprinting on the containers of their ironing board covers fictitiously high prices represented thereby as the usual retail prices.

The order to cease and desist is as follows:

It is ordered, That Respondents Sanford A. Specht and Annette Specht, individually and as copartners doing business under the name of S. A. Specht Associates, or under any other name or names, and Respondents' agents, representatives and employees, directly or through any corporate or other device, in connection with the offering for sale, sale and distribution of ironing board covers or other merchandise in commerce, as "commerce" is defined in the Federal Trade Commission Act, do forthwith cease and desist from:

1. Representing, directly or by implication, in any manner, that any amount is the usual and regular retail price of merchandise when such amount is in excess of the price at which such merchandise is usually and regularly sold at retail in the trade area or areas where the representation is made;

2. Putting any plan into operation whereby retailers or others may misrepresent the regular and usual retail prices of merchandise.

By "Decision of the Commission", etc., report of compliance was required as follows:

It is ordered, That Respondents Sanford A. Specht and Annette Specht, doing business under the name of S. A. Specht Associates, shall, within sixty (60) days after service upon them of this order, file with the Commission a report in writing, setting forth in detail the manner and form in which they have complied with the order to cease and desist.

Issued: January 3, 1962.

By the Commission.

[SEAL] JOSEPH W. SHEA, *Secretary.*

[F.R. Doc. 62-5741; Filed, June 12, 1962; 8:47 a.m.]

Title 18—CONSERVATION OF POWER

Chapter I—Federal Power Commission

[Docket No. R-217; Order 248]

PART 1—RULES OF PRACTICE AND PROCEDURE

Custody, Authentication and Certification of Documents

JUNE 7, 1962.

This order amends §§ 1.2(a) and 1.14 (b), respectively, of the Commission's rules of practice and procedure so as to reflect certain procedures previously established by administrative order.

The Commission finds:

(1) The adoption of appropriate amendments will correlate pertinent sections of the rules of practice and procedure with Administrative Order No. 89.

(2) The promulgation and adoption of the following amendments are necessary for the purposes of administration of both the Federal Power Act and the Natural Gas Act.

(3) Since the amendments herein adopted involve matters of practice and procedure, notice or hearing under section 4(a) of the Administrative Procedure Act is not required.

The Commission, acting pursuant to authority granted by the Federal Power Act, particularly sections 308 and 309 thereof (49 Stat. 858; 16 U.S.C. 825g, 825h), and the Natural Gas Act, as amended, particularly sections 15 and 16 thereof (52 Stat. 829, 830; 15 U.S.C. 717n, 717o), orders:

(A) Part 1, Rules of Practice and Procedure, of Subchapter A, General Rules, Chapter I of Title 18 of the Code of Federal Regulations, is amended as follows:

1. In § 1.2 *The Secretary,* paragraph (a) is amended to read as follows:

(a) *Official records.* (1) The Secretary shall have custody of the Commission's seal, the minutes of all action taken by the Commission, its rules and regulations and its administrative orders.

(2) The Records Officer shall have custody of all records of the Commission except those designated in subparagraph (1) of this paragraph.

2. In § 1.14 *Filings; docket; hearing calendar,* paragraph (b) *Docket* is amended by changing "Secretary" to read "Records Officer". As amended, paragraph (b) reads as follows:

(b) *Docket.* The Records Officer shall maintain a docket of all proceedings, and each proceeding as initiated shall be assigned an appropriate designation. The docket shall be available for inspection and copying by the public during the office hours of the Commission insofar as consistent with the proper discharge of the Commission's duties.

(Secs. 308, 309, 49 Stat. 858, secs. 15, 16, 59 Stat. 829, 830; 16 U.S.C. 825g, 825h; 15 U.S.C. 717n, 717o)

(B) These amendments shall become effective upon issuance of this order.

(C) The Secretary shall cause publication of this order to be made in the FEDERAL REGISTER.

By the Commission.

[SEAL] JOSEPH H. GUTRIDE, *Secretary.*

[F.R. Doc. 62-5735; Filed, June 12, 1962; 8:46 a.m.]

[Docket No. R-216; Order 247]

PART 2—GENERAL POLICY AND INTERPRETATIONS

Gas Purchase Facilities; Budget-Type Certificate Applications; Pipeline Companies

JUNE 7, 1962.

The Commission has before it for consideration the issuance of a statement of general policy by the addition of a new § 2.58 to Part 2, Subchapter A, General Rules, Chapter I of Title 18, Code of Federal Regulations.

After considering certain suggestions made in a rulemaking proceeding, Docket No. R-145, then pending before it, the Commission issued its Order No. 185 on February 8, 1956 (15 FPC 793; 21 F.R. 1485) stating therein that

> • • • the Commission advises any interested natural gas company, subject to the Natural Gas Act, that it may file under Section 157.6 of the Rules, a single certificate application covering in general outline along the lines of a budget estimate the proposed routine construction intended to be undertaken by it during the current or ensuing fiscal year, listing the facilities proposed, the estimated cost of each item, the capacity, purpose and time of intended construction, customers affected by each facility proposed, effect of proposals upon gas supply and deliverability, rates, service and other pertinent information. A hearing could then be held on such a proposal and certificate issued in accordance with the general application. At the end of the period, a statement shall be filed, showing the action taken under the certificate and any authority thereunder which was not exercised. (Id. at 794.).

Pursuant to our suggestion in that order, natural gas pipeline companies have filed applications for budget authority to construct and operate gas purchase facilities. Authorizations have been issued during the past several years on a case-by-case basis. It is believed that the industry should now be informed as to the factors we will consider in the issuance of such budgetary authorizations based upon our experience in disposing of such applications. Accordingly, we are issuing the statement adopted herein.

The Commission finds:

(1) The amendment to Part 2 of the Commission's rules herein adopted represents matters of policy and procedure which do not require notice or hearing under section 4(a) of the Administrative Procedure Act.

(2) Adoption and promulgation of the proposed amendment is necessary and appropriate for the purpose of administration of the Natural Gas Act.

The Commission, acting pursuant to the authority granted by the Natural Gas Act, as amended, particularly sections 7 and 16 thereof (52 Stat. 824, 830; 56 Stat. 83; 15 U.S.C. 717f, 717o), orders:

(A) Part 2, Subchapter A, General Rules, Chapter I of Title 18 of the Code of Federal Regulations is amended by adding a new § 2.58 to read as set out below.

(B) The statement and amendment herein prescribed shall become effective upon the issuance of this order.

(C) The Secretary shall cause prompt publication of this order to be made in the FEDERAL REGISTER.

By the Commission.

[SEAL] JOSEPH H. GUTRIDE, *Secretary.*

§ 2.58 Budget-type certificate applications—gas purchase facilities.

In accordance with the Commission's advice in Order No. 185, issued February 8, 1956 (15 FPC 793 at 794) and unless prevented by other factors, such as interventions in opposition, we will issue budget-type authorizations to natural gas pipeline companies covering the construction and operation of gas purchase facilities, after hearing under the abridged procedure, upon applications for certificates of public convenience and necessity, filed under § 157.6 of this chapter, provided that:

(a) The total estimated cost of the facilities to be installed in a given twelve-month period does not exceed 1½ percent of the applicant company's plant account or $5,000,000 whichever is the lesser.

(b) The total cost of any single project facilities to be installed during the authorization period does not exceed 25 percent of the total budget amount or $500,000, whichever is the lesser.

(c) The applicant agrees to file with the Commission, within sixty days after expiration of the authorization, a statement showing for each individual project:

(1) Description of facilities installed, i.e., miles and size of pipelines, compressor horsepower, metering facilities.

(2) Location of facilities.

(3) Actual installed cost of facilities subdivided by size of pipe, compressing, metering and appurtenant facilities.

(4) Estimated recoverable gas reserves in Mcf at 14.73 psia made available to applicant by means of the facilities.

(5) Names of fields connected.

(6) The names of the independent producers from whom the gas is being purchased together with the respective dates of the gas sales contracts and the docket number of the related seller.

(d) "Gas purchase facilities" means those facilities necessary to connect the applicant's system with the facilities of a seller authorized by this Commission to make a sale for resale in interstate commerce to the applicant.

(Sec. 7, 56 Stat. 83; sec. 16, 52 Stat. 830; 15 U.S.C. 717f, 717o)

[F.R. Doc. 62-5736; Filed, June 12, 1962; 8:46 a.m.]

[Docket No. R-211; Order 249]

PART 260—STATEMENTS AND REPORTS (SCHEDULES)

Order Promulgating a Revised Annual Report Form for Class C and Class D Natural Gas Companies

JUNE 6, 1962.

Revision of Annual Report Form Prescribed for Class C and Class D Natural Gas Companies Subject to the Natural Gas Act, F.P.C. Form No. 2-A, Docket No. R-211.

The Commission has under consideration in this proceeding the revision of its F.P.C. Form No. 2-A, Annual Report Form Prescribed for Class C and Class D Natural Gas Companies[1] Subject to the Provisions of the Natural Gas Act and § 260.2, Part 260, Subchapter G, Approved Forms, Natural Gas Act, Chapter I, Title 18, Code of Federal Regulations (CFR), prescribing F.P.C. Form No. 2-A. That Report Form, as revised,

[1] Commission Order No. 231 issued December 21, 1960 (25 F.R. 13882, December 29, 1960), prescribed F.P.C. Form Nos. 301-A and 301-B as the annual financial report for independent producers of natural gas.