to incorporate by reference certain materials in the regulation. We expect to issue this rule shortly.

This rule makes several minor changes to 36 CFR Part 1228, Disposition of Federal Records, and one substantive change. The title of General Records Schedule 24 is corrected and General Records Schedule 25, Inspector General Records, is added to the list of current general records schedules in 36 CFR 1228.22. Section 1228.162(a) is revised to remove the reference to purchasing Standard Form 180, Request Pertaining to Military Records, from the Superintendent of Documents since the Superintendent of Documents no longer stocks the form for sale.

Section 1228.74 is modified to allow contractor employees to witness the destruction of restricted records when the agency which created the records authorizes such an action. One agency submitted comments in response to the notice of proposed rulemaking which addressed this section. The agency recommended that the reference to disposal of restricted records be modified to provide guidance relating to safeguarding of records subject to the Privacy Act prior to their disposal. In addition to the Privacy Act, there are other laws concerning unauthorized disclosure of information such as sections 7213 and 7431 of the Internal Revenue Code. We believe that agencies should include the specific guidance and safeguards in the sales contracts or agreements, citing the appropriate civil and criminal provisions of applicable laws. As suggested in the comments, we have clarified the definition of records other than paper and the prohibition on resale of records for use as records or documents.

References in Part 1228 to the General Services Administration regulations on approval of interagency reports have been revised to reflect those regulations' new location in 41 CFR Part 201–45. In 36 CFR 1236.8, a reference to the Federal records center in Mechanicsburg, PA, which has been closed, is deleted.

36 CFR Part 1239, Preservation of Records by War Contractors, is removed since this regulation is obsolete and a revised regulation is not needed.

This rule is not a major rule for the purposes of Executive Order 12291 of February 17, 1981. As required by the Regulatory Flexibility Act, it is hereby certified that this rule will not have a significant impact on small business entities.

List of Subjects

36 CFR Parts 1228, and 1236

Archives and records.

36 CFR Part 1239

Archives and records, Government property management, Reporting and recordkeeping requirements.

For the reasons set forth in the preamble, Title 36 of the Code of Federal Regulations is amended as follows:

PART 1228—DISPOSITION OF FEDERAL RECORDS

1. The authority citation for Part 1228 continues to read as follows:

Authority: 44 U.S.C. 2104(a).

2. Section 1228.22(b) is amended by revising General Records Schedule 24 and adding General Records Schedule 25 to read as follows:

§ 1228.22 General Records Schedules.

Schedule Number and Type of Records Governed:

24. Temporary Commissions, Committees, and Boards Records

25. Inspector General Records.

3. Section 1228.74 is amended by revising paragraph (b) to read as follows:

§ 1228.74 Methods of disposal.

* * * * *

(b) *Sale or salvage.* Paper records to be disposed of normally must be sold as wastepaper. If the records are defense classified, their disposal is governed by Executive Order 12356. If the records are restricted; that is, if laws or regulations forbid their use by the public, the wastepaper contractor must be required to pulp, macerate, or shred the records, and their destruction must be witnesses either by a Federal employee or, if authorized by the agency that created the records, by a contractor employee. The contract for sale must prohibit the resale of all other paper records for use as records or documents. Records other than paper records (audio, visual, and data tapes, disks, and diskettes) may be salvaged and sold in the same manner and under the same conditions as paper records. All sales must be in accordance with the established procedures for the sale of surplus personal property. (See 41 CFR Part 101–45, Sale, Abandonment, or Destruction of Personal Property.)

* * * * *

4. Section 1228.92 is amended by revising paragraph (e) to read as follows:

§ 1228.92 Menaces to human life or health or to property.

* * * * *

(e) This report has been cleared in accordance with 41 CFR Part 201–45 and assigned Interagency Report Control Number 1095–NAR–AR.

5. Section 1228.104 is amended by revising paragraph (b) to read as follows:

§ 1228.104 Reporting.

* * * * *

(b) This report has been cleared in accordance with 41 CFR Part 201–45 and assigned Interagency Report Control Number 0285–NAR–AR.

* * * * *

6. Section 1228.162 is amended by revising paragraph (a) to read as follows:

§ 1228.162 Use of records in Federal records centers.

* * * * *

(a) Standard Form 180, Request Pertaining to Military Records, shall be used by Federal agencies to obtain information from military service records in the National Personnel Records Center (Military Personnel Records). Agencies may furnish copies of that form to the public to aid in inquiries.

* * * * *

PART 1236—VITAL RECORDS DURING AN EMERGENCY

7. The authority citation for Part 1236 continues to read as follows:

Authority: 44 U.S.C. 2104(a).

§ 1236.8 [Amended]

8. Section 1236.8 is amended by removing in paragraph (a) the words "(except the FRC in Mechanicsburg, PA)".

PART 1239—PRESERVATION OF RECORDS BY WAR CONTRACTORS [REMOVED AND RESERVED]

9. Part 1239 is removed and reserved.

Dated: June 18, 1986.

Frank G. Burke,

Acting Archivist of the United States.

[FR Doc. 86–14583 Filed 6–27–86; 8:45 am]

BILLING CODE 7515–01–M

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 721

[OPTS–50555]

Toxic Substances; Significant New Use Rule; Technical Amendment; Change of Address

AGENCY: Environmental Protection Agency (EPA).

ACTION: Final rule; technical amendment.

SUMMARY: This document announces a change of address for persons submitting *bona fide* request information under 40 CFR 721.6. This is a non-substantive change that does not require public comment.

DATE: This final rule is effective June 30, 1986.

FOR FURTHER INFORMATION CONTACT: Edward A. Klein, Director, TSCA Assistance Office (TS–799), Office of Toxic Substances, Environmental Protection Agency, Rm. E–543, 401 M St., SW., Washington, DC, Toll free: (800–424–9065), In Washington, DC (554–1404), Outside the USA: (Operator–202–554–1404).

Dated: June 23, 1986.

Edwin F. Tinsworth,

Acting Director, Office of Toxic Substances.

PART 721—[AMENDED]

Therefore, 40 CFR Part 721 is amended to read as follows:

1. The authority citation continues to read as follows:

Authority: 15 U.S.C. 2604 and 2607.

2. In § 721.6 by revising the introductory text of paragraph (b) to read as follows:

§ 721.6 Applicability determination when the specific chemical identity is confidential.

* * * * *

(b) To establish a *bona fide* intent to manufacture, import, or process a chemical substance, the person who intends to manufacture, import, or process the chemical substance must submit the following in writing to the Office of Toxic Substances, Document Control Officer, Rm. E–201, TS–790, 401 M St., SW., Washington, DC 20460:

* * * * *

[FR Doc. 86–14746 Filed 6–27–86; 8:45 am]

BILLING CODE 6560–50–M

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40 CFR Part 721

[OPTS–50503B]

Toxic Substances; Significant New Use Rule; Isopropylamine and Ethylamine Distillation Residues; Correction

AGENCY: Environmental Protection Agency (EPA).

ACTION: Final rule; Correction.

SUMMARY: This document corrects a rule on isopropylamine distillation residues and ethylamine distillation residues that published in the **Federal Register** of November 26, 1984 (49 FR 46373). This action is necessary to change the section number that was assigned to the above chemicals.

EFFECTIVE DATE: This rule becomes effective on June 30, 1986.

FOR FURTHER INFORMATION CONTACT: John A. Richards, Federal Register Staff (TS–788), Office of Pesticides and Toxic Substances, Rm. 603, Environmental Protection Agency, 401 M St., SW., Washington, DC 20460, (202–382–3517).

SUPPLEMENTARY INFORMATION: Section 721.170 is redesignated as § 721.370.

Dated: June 23, 1986.

Edwin F. Tinsworth,

Acting Director, Office of Toxic Substances.

[FR Doc. 86–14745 Filed 6–27–86; 8:45 am]

BILLING CODE 6560–50–M

GENERAL SERVICES ADMINISTRATION

41 CFR Part 101-40

[FPMR Temporary Regulation A–24, Supp. 2]

Use of Travel Agents and Travel Management Centers (TMC's) by Federal Executive Agencies

AGENCY: Federal Supply Service, GSA.

ACTION: Temporary regulation.

SUMMARY: This supplement extends the expiration date of FPMR Temporary Regulation A–24 and its supplement 1 to May 25, 1987.

DATES: Effective date: May 25, 1986. Expiration date: May 25, 1987.

FOR FURTHER INFORMATION CONTACT: Charles T. Angelo, Director, Travel and Transportation Management Division (FTS 557–1261/(703) 557–1261.

SUPPLEMENTARY INFORMATION: GSA has determined that this rule is not a major rule for the purposes of Executive Order 12291 of February 17, 1981, because it is not likely to result in an annual effect on the economy of $100 million or more; a major increase in costs to consumers or others; or significant adverse effects. GSA has based all administrative decisions underlying this rule on adequate information concerning the need for, and consequences of, this rule; has determined that the potential benefits to society from this rule outweigh the potential costs and has maximized the net benefits; and has chosen the alternative approach involving the least net cost to society.

List of Subjects in 41 CFR Part 101–40

Freight, Government property management, Moving of household goods, Office relocation, Transportation.

Authority: Sec. 205(c), 63 Stat. 390; 40 U.S.C. 486(c).

In 41 CFR Chapter 101, the following temporary regulation is added to the appendix at the end of Subchapter A to read as follows:

Federal Property Management Regulations—Temporary Regulation A–24; Supplement 2

To: Heads of Federal agencies.

Subject: Use of travel agents and travel management centers (TMC's) by Federal executive agencies.

1. *Purpose.* This supplement extends the expiration date of FPMR Temporary Regulation A–24 and supplement 1 thereto.

2. *Effective date.* This regulation is effective May 25, 1986.

3. *Expiration date.* This regulation expires May 25, 1987, unless sooner canceled or revised.

4. *Explanation of changes.* The expiration dates in paragraph 3 of FPMR Temporary Regulation A–24 and supplement 1 thereto are revised to May 25, 1987.

T.C. Golden,

Administrator of General Services.

May 25, 1986.

[FR Doc. 86–14665 Filed 6–27–86; 8:45 am]

BILLING CODE 6820–24–M

DEPARTMENT OF THE INTERIOR

41 CFR Part 114–50

Uniform Relocation Assistance and Real Property Acquisition; Final Rule; Correction

AGENCY: Department of the Interior.

ACTION: Final rule; correction.

SUMMARY: This document corrects a final rule on relocation assistance and real property acquisition which appeared at page 7000 in the **Federal Register** of Thursday, February 27, 1986, (51 FR 7000).

EFFECTIVE DATE: May 28, 1986.

FOR FURTHER INFORMATION CONTACT: Billy Lee Hart, Chief, Division of Real Property Management, Office of Acquisition and Property Management, Room 5517, Department of the Interior, Washington, DC 20240, (FTS or 202) 343–3336.

SUPPLEMENTARY INFORMATION: The following correction is made in 41 CFR Part 114–50, on page 7019, first column, the amendment to Appendix A in paragraph i, line 3, change §§ 114–50.31 to §§ 114.50.311.

Gerald R. Riso,

Assistant Secretary.

[FR Doc. 86–14656 Filed 6–27–86; 8:45 am]

BILLING CODE 4310–10–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

42 CFR Part 36

Reimbursement Rates for Health Care Services Authorized Under the Indian Health Service Contract Health Service Regulations

AGENCY: Public Health Service, Health Resources and Services Administration (HHS).

ACTION: Issuance of statement of policy.

SUMMARY: The Indian Health Service (IHS) is issuing this Statement of Policy to inform the public that the IHS will contract to purchase health services for Indian beneficiaries only with those hospitals, physicians and other health care providers which agree to accept, as payment in full, reimbursement at rates no higher than the prevailing Medicare allowable rates (including deductibles and co-payments). This encompasses those rates established for hospitals designated by the Health Care Financing Administration as "sole community providers" or "regional referral centers." Reimbursement rates for services not covered by Medicare allowable rates will be negotiated. In addition, the IHS will refer patients and/or arrange for the transfer of patients to IHS facilities or contract providers, so that non-contract providers will be used only in two situations: (1) In emergency situations for services necessary to stabilize a patient prior to transfer to an IHS facility or to a contract provider, and (2) in situations when the patient's health requires that the services be rendered by a particular provider which may not have a contract with the IHS.

The IHS will phase this policy into the administration of its contract health services programs. We may, upon further consideration and after consultation with tribal contractors, extend this policy to tribally administered contract health services programs. While tribal contractors are encouraged to adopt cost containment measures, this policy will apply only to contract health services programs administered by the IHS.

EFFECTIVE DATE: June 27, 1986.

FOR FURTHER INFORMATION CONTACT: Jim Mitchell, Acting Director, Division of Health Support Activities, Room 6–22, 5600 Fishers Lane, Rockville, Md. 20857 (301) 443–2694 (This is not a toll free number).

SUPPLEMENTARY INFORMATION: The IHS contract health services program is administered under regulations at 42 CFR 36.21 *et seq.* Under the program the IHS purchases health services from hospitals, physicians and other health care providers to supplement the IHS direct delivery system. The regulations at 42 CFR 36.24 require that contract health services must be authorized by the IHS or no payment will be made. Non-emergency services must be pre-authorized and emergency services will only be authorized if the IHS is notified within 72 hours of the patient's admission for emergency treatment. As part of the authorization process, the IHS both refers patients and arranges for patient transfers to particular providers.

Although the IHS has obtained discounts from some providers through competitive contracting processes, generally the IHS has had to pay full billed charges for contract health services. The billed charges which IHS pays substantially exceed allowable Medicare rates for the same services. This diminishes the purchasing power of the IHS contract health services dollar. In order to stay within limited program budgets, the IHS has been forced to rely upon stringent medical priorities for use of contract health services funds. As a result, the IHS must ignore or postpone legitimate needs of Indian beneficiaries for services in part because the IHS is paying for contract health services at rates which exceed the allowable reimbursement rates paid by other agencies within this Department.

As explained above, under current regulations at 42 CFR § 36.24, the IHS may refer patients and arrange for the transfer of patients to particular providers as part of the process for authorizing contract health services. Under the policy published in this notice, the IHS will refer patients and/or arrange for the transfer of patients to IHS facilities or contract providers, so that non-contract providers will be used only in two situations:

(1) In emergency situations for services necessary to stabilize the patient prior to transfer to an IHS facility or contract provider. In order for contract health services to be authorized an IHS physician designated by the IHS service unit director must determine, on a case by case basis, that use of the non-contract provider an the services rendered were appropriate and reasonable under the circumstances.

(2) In situations when the individual patient's health requires that the services be rendered by a particular provider which may not have a contract with the IHS. In order for contract health services to be authorized, an IHS physician designated by the IHS Service Unit Director must document and recommend to the Service Unit Director that services from the particular non-contract provider are justified under the circumstances. The physician's recommendation must identify the cost of the services and must be approved by the IHS Service Unit Director.

In these two situations, the IHS will pay non-contract providers pursuant to individual purchase orders. All other requirements applicable to authorization of contract health services under the regulations at 42 CFR 36.21 et seq. must also be met.

The IHS will contract only with those hospitals, physicians and other health care providers which agree to accept, as payment in full, reimbursement at rates no higher than the prevailing Medicare allowable rates (including deductibles and co-payments). This encompasses those rates established for hospitals designated by the Health Care Financing Administration as "sole community providers" or "regional referral centers." Reimbursement rates for services not covered by Medicare allowable rates will be negotiated. The IHS will phase this policy into the administration of its contract health services programs.

The term "Medicare allowable rate" in this notice means one hundred percent (100%) of the Medicare allowable rate for that service (including deductibles and co-payments) determined in accordance with Medicare methodologies in effect at the time the services were performed.

We emphasize that any contract entered into by the IHS would be premised upon IHS payment being accepted by the provider *as payment in full.* We do not intend to leave Indian beneficiaries liable for any difference between the Medicare allowable rates (including deductibles and co-payments) and the provider's billed charges.

We also emphasize that under this policy, the IHS will contract *at or below* the Medicare rate. We believe that the IHS should pay no more than other Federal agencies for the same services. Therefore, we have adopted the Medicare allowable rate as a ceiling on what the IHS will contract to pay for services covered by Medicare rates. The IHS will use competitive processes to negotiate the most favorable rates available within that ceiling. This policy is not intended to restrict the IHS to Medicare rates when more favorable rates may be negotiated.

We note that this policy will apply only to contract health services programs administered by the IHS, and will not apply to services rendered by traditional Indian medicine men and

women under the Indian Religion Freedom Act, Pub. L. 95–341.

Dated: May 28, 1986.

John Kelso,

Acting Administrator, Health Resources and Services Administration.

[FR Doc. 86–14630 Filed 6–27–86; 8:45 am]

BILLING CODE 4160–15–M

Health Care Financing Administration

42 CFR Parts 405, 409, and 442

[BERC–197–F]

Medicare and Medicaid; Miscellaneous Medicare and Medicaid Amendments

AGENCY: Health Care Financing Administration (HCFA), HHS.

ACTION: Confirmation and amendment of interim final rules.

SUMMARY: These rules confirm interim final rules published in October 1982, and make the following changes:

1. Provide that a physician who serves without compensation as an officer or director of any home health agency (HHA) is not, for that reason alone, considered to have a significant financial or contractual relationship with the HHA and therefore is not prohibited from certifying the need for home health services and establishing and reviewing a plan of treatment for services to be furnished by that HHA.

2. Remove the provision that a physician who is a partner in an HHA organized as a partnership is, for that reason alone, considered to have a significant ownership interest in the HHA. Under the revised rule, a partner is not prohibited from certifying the need for home health services and establishing and reviewing a plan of treatment for services to be furnished by that HHA, unless he or she has an ownership interest of 5 percent or more.

3. Provide that, effective July 18, 1984, the "significant ownership interest in, or significant financial or contractual relationship with" prohibition does not apply to an HHA that is a sole community HHA, and set forth conditions and procedures for classification as a sole community HHA.

4. Clarify that salaries employment (as well as a contract for services) is a business transaction subject to the $25,000 or 5 percent limitation.

5. Reflect two amendments made by section 952 of the Omnibus Reconciliation Act of 1980 (Pub. L. 96–499). Those amendments provide that a doctor of podiatric medicine (as well as a doctor of medicine or osteopathy) may, if specified conditions are met—

- Establish a plan of treatment for home health services; and
- Be considered a physician for fulfilling the requirement that home health services be furnished while the beneficiary is "under the care of a physician". A conforming change was required in § 409.52(b) of the Medicare rule. A conforming change was required in § 409.42(b)(2) of the Medicare rules.

6. Restore provisions that pertain to the timing and signature of certification of need for home health services. Those provisions were contained in previous rules and were unintentionally omitted in the October 1982 revisions.

7. Clarify that—

- A plan of treatment for speech pathology services may be established only by a physician or by the speech pathologist who will furnish the services to the particular individual;
- A physician must review a plan established by a speech pathologist; and
- It is not the intent to require that the plan be established or reviewed by a particular physician.

The first and third changes are required to implement recent statutory amendments which provide exemptions from the prohibitions enacted by the Omnibus Reconciliation Act of 1980. The second change removes the provision that a physician be considered to have a significant ownership interest merely because he or she is a partner in the HHA. A partner would be subject to the limitation if his or her share in the HHA meets the criteria for "significant ownership interest". The changes are also responsive to public comments which had convinced us that—

- The definitions of "significant ownership interest" and "significant financial or contractual relationship" that we published in October 1982 were not required to comply with the statutory intent—to prevent conflict of interest in the performance of certification and plan of treatment functions—and were unnecessarily restrictive; and
- The plan of treatment and certification provisions required clarification and correction.

The purpose of the changes is to ensure (1) that the limitations will not create problems in areas where only one HHA is available to furnish services, (2) that physicians are not penalized for uncompensated services to HHAs, and (3) that there is clear understanding of the certification and plan of treatment requirements for HHA services and for outpatient physicial therapy and speech pathology services.

DATES: 1. These amendments are effective on July 30, 1986.

2. Comments on classification as a sole community HHA, § 409.1633(e), are due by August 29, 1986.

ADDRESS: Address comments in writing to: Health Care Financing Administration, Department of Health and Human Services, Attention: BERC–197–F, P.O. Box 26676, Baltimore, Maryland 21207.

If you prefer, you may deliver your comments to Room 309–G Hubert H. Humphrey Building, 200 Independence Avenue SW., Washington, DC, or to Room 132, East High Rise Building, 6325 Security Boulevard, Baltimore, Maryland. In commenting, please refer to BERC–197–F.

Comments will be available for public inspection as they are received, beginning approximately three weeks after today in Room 309–G of the Department's offices at 200 Independence Avenue SW., Washington, DC 20201, on Monday through Friday of each week from 8:30 a.m. to 5:00 p.m. (202–245–7890).

FOR FURTHER INFORMATION CONTACT:

Stefan Miller, (301) 597–6394 (Speech pathology services)

Mayer D. Zimmerman, (301) 594–3314 (Fire safety)

Thomas E. Hoyer, (301) 594–9446 ("Significant interest" and "significant relationship").

SUPPLEMENTARY INFORMATION:

Background

Interim final regulations published on October 26, 1982 (47 FR 47388) modified the rules pertaining to compliance with a Life Safety Code, participation of proprietary HHAs in Medicare, and the establishment and review of plans of treatment for home health services and outpatient speech pathology services, as required by several provisions of the Omnibus Reconciliation Act of 1980 (Pub. L. 96–499). The intent of the changes was (1) to eliminate outdated Life Safety Code requirements imposed on skilled nursing facilities (SNFs); (2) to make it easier for providers of outpatient speech pathology services to meet the plan of treatment requirement; (3) to expand the sources of home health services and foster competition; and (4) to make it easier for HHAs to meet the certification and plan of treatment requirements, while guarding against conflict of interest in the performance of those functions.

Most of the amendments required by the Omnibus Reconciliation Act of 1980, as discussed above, were self-executing. We therefore made the regulations effective on the statutory effective dates. However, one provision could not be