are reminded of the disclosure obligations promulgated by the CFTC.

List of Subjects in 17 CFR Parts 231 and 241

Reporting and record keeping requirements, securities.

Parts 231 and 241 of Title 17, Chapter II of the Code of Federal Regulations are amended by adding this Release No. 33–6815, and 34–26508 (February 1, 1989) to the list of interpretive releases.

By the Commission.

Jonathan G. Katz,

Secretary.

Dated: February 1, 1989.

[FR Doc. 89–2659 Filed 2–3–89; 8:45 am]

BILLING CODE 8010–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Social Security Administration

20 CFR Part 404

[Regulation No. 4]

Federal Old-Age, Survivors, and Disability Insurance; Reduction Because of Entitlement to Other Benefits

AGENCY: Social Security Administration, HHS.

ACTION: Final rule.

SUMMARY: We are revising our rules in the case of a deceased insured individual who is simultaneously entitled to retirement and disability benefits. Specifically, this rule delineates those persons who may elect the type of benefit that will be the basis for monthly payments due to the insured before the insured's death. This rule corrects an anomaly which can result in a less advantageous entitlement or even an overpayment in certain instances.

DATE: These regulations are effective February 6, 1989.

FOR FURTHER INFORMATION CONTACT: Lawrence V. Dudar, Legal Assistant, Office of Regulations, Social Security Administration, 6401 Security Boulevard, Baltimore, MD 21235, (301) 965–1795.

SUPPLEMENTARY INFORMATION: We published these regulations as a Notice of Proposed Rulemaking (NPRM) on June 9, 1988 (see 53 FR 21687) with a 60-day period for public comment. No comments were received. As a result, we did not change any of the NPRM provisions for this final rule.

Section 404.407(c) of the regulations provides that in cases of simultaneous entitlement to retirement and disability insurance benefits (RIB/DIB), the insured individual will receive the larger benefit unless he or she elects to receive the smaller. An insured individual age 62 to 65 may be entitled to a higher benefit if he or she receives the DIB. However, because of the way the maximum family benefits are computed, the auxiliaries who are entitled on the record may share a smaller maximum family benefit. Thus, an individual entitled to both RIB and DIB may elect the smaller of the two benefits in order to maximize total family benefits.

Generally, an individual must be alive when an application for benefits is filed. However, in the case of a deceased insured individual, an application for DIB may be filed by someone other than the insured individual within 3 months after the month of the insured individual's death.

In this regard, the regulations at § 404.612(d) provide that a person qualified to receive benefits due the deceased can file the application for DIB after the death of the insured individual. However, strict interpretation had been made of § 404.407(c) so that no one other than the insured individual (or proper applicant on behalf of a living insured individual) could make the election described in § 404.407(c). This could result in an overpayment if the insured individual was entitled to RIB during his or her lifetime, but died before his or her DIB claim was filed or adjudicated. Under current policy, overpayments in family maximum cases are created because even though the DIB monthly benefit is higher than the RIB monthly benefit, the RIB family maximum is higher than the DIB family maximum. The regulations do not currently provide for anyone other than the insured individual to exercise the § 404.407(c) election. A favorable adjudication of a DIB claim subsequent to the death of an insured individual who was receiving RIB payments could result in an overpayment for the period during which the insured was simultaneously entitled to both benefits. An overpayment can occur if the family maximum is lowered as a result of the DIB and no one is authorized to elect the RIB on behalf of the deceased insured.

We are amending § 404.407(c) to state that a person defined in § 404.612(a) (if the claimant is competent), (c) (if the claimant is incompetent), or (d) (if the insured individual is deceased) may make the election described in § 404.407(c).

Regulatory Procedures

Executive Order 12291

These regulations have been reviewed under Executive Order 12291 and the Secretary has determined that this is not a major rule. Therefore, a regulatory impact analysis is not required. These provisions are not expected to have a cost impact on the economy of $100 million or more in one year.

Paperwork Reduction Act

These final regulations impose no recordkeeping or reporting requirements requiring Office of Management and Budget clearance.

Regulatory Flexibility Act

The Secretary certifies that these final regulations will not have a significant economic impact on a substantial number of small entities because they affect only individuals. Therefore, a regulatory flexibility analysis as provided in Pub. L. 96–354, the Regulatory Flexibility Act, is not required.

(Catalog of Federal Domestic Assistance Programs No. 13.803, Social Security—Retirement Insurance.)

List of Subjects in 20 CFR Part 404

Administrative practice and procedure, Death benefits, Disability benefits, Old-Age, Survivors, and Disability Insurance.

Dated: December 13, 1988.

Dorcas R. Hardy,

Commissioner of Social Security.

Approved: December 30, 1988.

Otis R. Bowen,

Secretary of Health and Human Services.

Subpart E of Part 404 of Chapter III of Title 20 of the Code of Federal Regulations is amended as follows:

PART 404—[AMENDED]

1. The authority citation for Subpart E continues to read as follows:

Authority: Secs. 202, 203, 204 (a) and (e), 205(a), 222(b), 223(e), 224, 227, and 1102 of the Social Security Act; 42 U.S.C. 402, 403, 404 (a) and (e), 405(a), 422(b), 423(e), 424, 427, and 1302.

2. In § 404.407 paragraph (c) is revised to read as follows:

§ 404.407 Reduction because of entitlement to other benefits.

* * * * *

(c) *Entitlement to old-age insurance benefit and disability insurance benefit.* Any individual who is entitled for any month after August 1965 to both an old-age insurance benefit and a disability insurance benefit shall be entitled to only the larger of such benefits for such month, except that where the individual so elects, he or she shall instead be entitled to only the smaller of such

benefits for such month. Only a person defined in § 404.612 (a), (c), or (d) may make the above described election.

* * * * *

[FR Doc. 89-2638 Filed 2-3-89; 8:45 am]

BILLING CODE 4190-11-M

Food and Drug Administration

21 CFR Part 178

[Docket No. 88F-0054]

Indirect Food Additives; Polymers

AGENCY: Food and Drug Administration.

ACTION: Final rule.

SUMMARY: The Food and Drug Administration (FDA) is amending the food additive regulations to provide for the safe use of hydrogen peroxide solution to sterilize food-contact surfaces prepared from poly-l-butene resins and butene/ethylene copolymers. This action is in response to a petition filed by Shell Oil Company.

DATES: Effective February 6, 1989; written objections and requests for a hearing by March 8, 1989.

ADDRESS: Written objections to the Dockets Management Branch (HFA-305), Food and Drug Administration, Rm. 4-62, 5600 Fishers Lane, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: Edward J. Machuga, Center for Food Safety and Applied Nutrition (HFF-335), Food and Drug Administration, 200 C Street SW., Washington, DC 20204, 202-472-5690.

SUPPLEMENTARY INFORMATION: In a notice published in the **Federal Register** of March 21, 1988 (53 FR 9145), FDA announced that a food additive petition (FAP 8B4062) had been filed by Shell Oil Co., Houston, TX 77210, proposing that § 178.1005 *Hydrogen peroxide solution* (21 CFR 178.1005) be amended to provide for the safe use of hydrogen peroxide solution to sterilize food-contact surfaces prepared from poly-l-butene resins and butene/ethylene copolymers complying with § 177.1570.

FDA has evaluated the data in the petition and other relevant material and concludes that the proposed food additive use is safe, and that 21 CFR 178.1005(e)(1) should be amended as set forth below.

In accordance with § 171.1(h) (21 CFR 171.1(h)), the petition and the documents that FDA considered and relied upon in reaching its decision to approve the petition are available for inspection at the Center for Food Safety and Applied Nutrition by appointment with the information contact person listed above. As provided in 21 CFR 171.1(h), the agency will delete from the documents any materials that are not available for public disclosure before making the documents available for inspection.

The agency has carefully considered the potential environmental effects of this action. FDA has concluded that the action will not have a significant impact on the human environment, and that an environmental impact statement is not required. The agency's finding of no significant impact and the evidence supporting that finding, contained in an environmental assessment, may be seen in the Dockets Management Branch (address above) between 9 a.m. and 4 p.m., Monday through Friday.

Any person who will be adversely affected by this regulation may at any time on or before March 8, 1989, file with the Dockets Management Branch (address above) written objections thereto. Each objection shall be separately numbered, and each numbered objection shall specify with particularity the provisions of the regulation to which objection is made and the grounds for the objection. Each numbered objection on which a hearing is requested shall specifically so state. Failure to request a hearing for any particular objection shall constitute a waiver of the right to a hearing on that objection. Each numbered objection for which a hearing is requested shall include a detailed description and analysis of the specific factual information intended to be presented in support of the objection in the event that a hearing is held. Failure to include such a description and analysis for any particular objection shall constitute a waiver of the right to a hearing on the objection. Three copies of all documents shall be submitted and shall be identified with the docket number found in brackets in the heading of this document. Any objections received in response to the regulation may be seen in the Dockets Management Branch between 9 a.m. and 4 p.m., Monday through Friday.

List of Subjects in 21 CFR Part 178

Food additives, Food packaging, Sanitizing solutions.

Therefore, under the Federal Food, Drug, and Cosmetic Act and under authority delegated to the Commissioner of Food and Drugs and redelegated to the Director, Center for Food Safety and Applied Nutrition, Part 178 is amended as follows:

PART 178—INDIRECT FOOD ADDITIVES, ADJUVANTS, PRODUCTION AIDS, AND SANITIZERS

1. The authority citation for 21 CFR Part 178 continues to read as follows:

Authority: Secs. 201(s), 409, 72 Stat. 1784-1788 as amended (21 U.S.C. 321(s), 348); 21 CFR 5.10 and 5.61.

2. Section 178.1005 is amended in paragraph (e)(1) by alphabetically adding a new entry in the table to read as follows:

§ 178.1005 Hydrogen peroxide solution.

* * * * *

(e) * * *

(1) * * *

Substances	Limitations
* * * * *	
Poly-l-butene resins and butene/ethylene copolymers.	Complying with § 177.1570 of this chapter.
* * * * *	

* * * * *

Dated: January 27, 1989.

Richard J. Ronk,

Acting Director, Center for Food Safety and Applied Nutrition.

[FR Doc. 89-2668 Filed 2-3-89; 8:45 am]

BILLING CODE 4160-01-M

DEPARTMENT OF DEFENSE

Office of the Secretary

32 CFR Part 199

[DoD 6010.8-R Amdt. No. 19]

Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); CHAMPUS Coverage for Biofeedback

AGENCY: Office of the Secretary, DoD.

ACTION: Final amendment of rule.

SUMMARY: This final rule amends DoD 6010.8-R (32 CFR Part 199) by extending benefits for biofeedback therapy. This amendment provides coverage for biofeedback therapy when used as a treatment modality for certain medical conditions. This amendment offers coverage for services now specifically excluded from CHAMPUS cost-sharing.

EFFECTIVE DATE: February 6, 1989.

FOR FURTHER INFORMATION CONTACT: Judith A. Carroll, Office of Program Development, OCHAMPUS, telephone (303) 361-3521.

SUPPLEMENTARY INFORMATION: In FR Doc. 77-7834, appearing in the **Federal Register** on April 4, 1977 (42 FR 17972),

the Office of the Secretary of Defense published its regulation, DoD 6010.8–R, "Implementation of the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)," as Part 199 of this title. 32 CFR Part 199 (DoD 6010.8–R) was reissued in the **Federal Register** on July 1, 1986 (51 FR 24008).

In FR Doc. 87–18575 appearing in the **Federal Register** on August 14, 1987 (52 FR 30391), the Office of the Secretary of Defense published for public comment a notice of proposed rulemaking regarding coverage for biofeedback therapy. The following summarizes the comments received and the actions we have taken based on these comments.

Discussion of Comments

The comments received in response to the proposed rule to offer benefits for biofeedback therapy were generally supportive of the decision to expand coverage to include benefits for biofeedback therapy as proposed. A summary of the comments and our responses to them are listed below.

A. Provider Requirements

Comment: Several commentors recommended that the requirement for physician referral be deleted, while other commentors supported this requirement.

Response: We feel that physician referral is essential for the diagnoses listed as coverable to ensure that a patient be adequately evaluated, diagnosed and treated before initiation of biofeedback therapy.

Comment: Several commentors recommended that the requirement for physician supervision be deleted or clarified to read as follows "a physician must continue to be involved in the care of and medically responsible for the patient," or "treatment should be reviewed periodically by a physician to assure maximum patient benefit."

Response: We accept the commentors arguments for deletion and have deleted this requirement in the final rule.

Comments: Several commentors recommended that only individuals who have some form of recognized biofeedback certification be approved as authorized providers of biofeedback services.

Response: We do not find the arguments for this requirement persuasive. We have determined that those individuals practicing within the scope of their licensure and meeting the CHAMPUS criteria of authorized provider are qualified to provide otherwise covered biofeedback therapy.

B. Benefits Provided

Comment: Several commentors objected to the expansion of benefits to include coverage for biofeedback services since it would result in an increase in program expenditures.

Response: While we do agree that the addition of biofeedback as a benefit may initially increase program expenditure, we feel that the initial increase may be offset to a degree by a decrease in other program areas such as prescription drugs, physical therapy, etc. We feel program expenditures are further kept to a minimum since cost-sharing is limited to specific diagnoses, and a maximum yearly limit of 20 sessions.

Comment: Several commentors felt the requirement for documentation that other forms of conventional treatment have been unsuccessful prior to the initiation of biofeedback therapy was too restrictive and could easily be misinterpreted to exclude coverage for biofeedback used in combination with other medical treatment modalities. The commentors recommended this requirement be clarified to read as follows "that other forms of conventional treatment are or have been insufficient, or their omission in a treatment program can be adequately justified."

Response: We agree clarification is needed since it is not our intent to exclude biofeedback therapy when used as an adjunctive treatment with conventional medical treatment. However, considering our list of covered diagnoses, we do feel that other forms of conventional treatment should be attempted and not omitted prior to the initiation of biofeedback therapy. Therefore, the following compromising language has been included in the final rule, "documentation that their present condition is not responding to or no longer responds to other forms of conventional treatment."

Comment: Several commentors objected to the exclusion of all psychosomatic disorders on the basis that all diagnoses have psychosomatic aspects and, therefore, would be excluded from coverage.

Response: We do not agree. The term psychosomatic is defined as having bodily symptoms of psychic, emotional, or mental origin. By using this term, we are clearly indicating our intent to prohibit cost-sharing of biofeedback therapy as treatment of conditions associated solely with mental or emotional origin.

Comment: Several commentors felt that the list of covered diagnoses was too limiting and should be expanded.

Response: We did not find their arguments persuasive. Our benefit design allows far more comprehensive coverage than currently offered by other major third party payors.

As part of the rulemaking process, CHAMPUS is required by law to consult with specific government agencies who have categories of beneficiaries eligible to receive CHAMPUS benefits. Comments received from these government agencies during this coordination process are given serious consideration in forming the design of the final CHAMPUS rule. During this coordination on the proposed rule on biofeedback, the Department of Health and Human Services (DHHS) objected to some of the diagnoses proposed for coverage. Specifically, DHHS felt that biofeedback was safe and efficacious as adjunctive treatment for Raynauds Syndrome and certain spastic motor conditions. However, they felt that medical literature was not conclusive in establishing the efficacy of biofeedback therapy for vascular and tension headaches and mild hypertension. Additionally, as further clarification, the Office of Health Technology Assessment within DHHS indicated that the current Medicare coverage policy on biofeedback was well supported by medical literature. Wishing to assure safety and efficacy for those CHAMPUS beneficiaries who may require biofeedback treatment, we have modified the final rule to incorporate the recommendations of DHHS. Adoption of the current Medicare coverage policy and DHHS's recommendations will provide coverage for several of the specific conditions listed in the proposed rule (e.g., stroke, fecal incontinence, and torticollis) and will exclude coverage for those conditions not supported by medical literature (e.g., vascular and tension headaches and mild hypertension).

As stated in the notice of proposed rulemaking § 199.4, paragraph (g)(59) Part 199 specifically excludes biofeedback therapy from the CHAMPUS Basic Program. The basis for this exclusion was that this treatment modality was primarily experimental and not generally accepted by the professional medical community.

In the Senate Appropriations Committee Report on the Department of Defense Appropriations Act for 1979, OCHAMPUS was requested to "conduct a study and work with the Biofeedback Society of America (or other appropriate representatives of this clinical technique) to delineate the conditions under which biofeedback might be

acceptable as a health care service that can be reimbursed by CHAMPUS."

Following this directive, OCHAMPUS has numerous meetings with DoD officials, OCHAMPUS personnel, and members of the Biofeedback Society of America. The information obtained at these meetings and the input received from other professional sources, led OCHAMPUS to propose an amendment to the Regulation in 1980 which allowed limited coverage for biofeedback therapy. However, the proposed amendment was disapproved because of insufficient evidence establishing clinical efficacy for biofeedback services.

Each year, since that time, the Senate Appropriations Committee has expressed interest on OCHAMPUS' progress toward the establishment of limited biofeedback benefits. In 1983, OCHAMPUS was directed by Congress to report on when OCHAMPUS would establish biofeedback therapy as a benefit. Our response to this Congressional directive indicated that before OCHAMPUS could establish benefits for limited biofeedback therapy further examination of cost-savings was required. Additionally, we reported that we could only support the establishment of biofeedback services when there was clear evidence that it would not increase program costs. Our report further offered a solution of initiating a demonstration project to determine both clinical and cost-effectiveness of biofeedback services. Following this report, The Senate Appropriations Committee Report No. 98–636 of the DoD Appropriations Act of 1985, expressed an interest in being apprised of the results of the OCHAMPUS biofeedback demonstration project.

Acting on the expressed interest of The Senate Appropriations Committee Report, OCHAMPUS determined that an evaluation study of biofeedback by an independent contractor was needed as the first step in designing and implementing a demonstration project. In 1985, a competitive contract was awarded to evaluate the clinical and cost-effectiveness of biofeedback therapy and provide recommendations for policy options.

The results of the evaluation study indicated that biofeedback literature now supports the cost-effectiveness and efficacy of biofeedback therapy for treatment of fecal incontinence, Raynaud's syndrome, hypertension, chronic migraine, and tension headaches and neuromuscular rehabilitation under certain conditions.

The recommendations for CHAMPUS demonstration benefit policy options were: To provide coverage as a primary modality for fecal incontinence; to provide coverage as an adjunct modality for Raynaud's syndrome, hypertension, chronic migraine and tension headaches with coverage limitations on the number of visits and costs per visit and treatment for specific diagnosis. Additionally, coverage should be only for treatment administered by or under the supervision of a physician or prescribed by one. The study recommended that the demonstration test location and control location match as closely as possible with respect to medical care available from a Military Treatment Facility, CHAMPUS-eligible population demographics, and medical doctor-to-certified therapist ratio.

The study further reported that the demand for biofeedback services could not be determined because no biofeedback patient demographic, utilization and cost data were available. As a result, no reliable analysis of coverage options was possible.

Following a review of the evaluation study and all available research material, OCHAMPUS has decided not to initiate a demonstration project, since there is sufficient information which supports biofeedback as an effective treatment modality recognized by the medical community as the standard of care for certain medical conditions. Additionally, we feel the cost involved in the implementation and evaluation of a biofeedback demonstration project can better be applied to establishing biofeedback therapy as a benefit.

Our final rule incorporates the recommendations contained in the evaluation study on benefit options, public comments, and follows Medicare's current coverage policy including their exclusion of biofeedback treatment for psychosomatic disorders. Coverage is limited to the treatment of specific medical conditions for which biofeedback is found to be beneficial and cost-effective.

This final amendment offers coverage for services now specifically excluded from CHAMPUS cost-sharing. It is an enhancement of military benefits.

Section 605(b) of the Regulatory Flexibility Act of 1980 (Pub. L. 96–354) requires that each federal agency prepare and make available for public comment, a regulatory flexibility analysis when the agency issues regulations which would have a significant impact on a substantial number of small entities. The Secretary certifies, pursuant to section 605(b) of Title 5, United States Code, enacted by the Regulatory Flexibility Act (Pub. L. 96–354), that this regulation amendment will not have a significant economic impact on a substantial number of small businesses, organizations, or government jurisdictions. The final rule is expected to have the impact of enhancing the scope of CHAMPUS benefits for biofeedback services. It will not involve any significant burden on OCHAMPUS beneficiaries or providers of biofeedback services. It is not therefore, a "major rule" under Executive Order 12291.

List of Subjects in 32 CFR Part 199

Claims, Handicapped, Health insurance, Military personnel.

Accordingly, 32 CFR Part 199 is amended as follows:

PART 199—[AMENDED]

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

Authority: 10 U.S.C. 1079, 1086, 5 U.S.C. 301.

2. Section 199.4 is amended by adding a new paragraph (e)(17) and removing and reserving paragraph (g)(59):

§ 199.4 Basic program benefits.

* * * * *

(e) * * *

(17) *Biofeedback Therapy.* Biofeedback therapy is a technique by which a person is taught to exercise control over a physiologic process occurring within the body. By using modern biomedical instruments the patient learns how a specific physiologic system within his body operates and how to modify the performance of this particular system.

(i) *Benefits Provided.* CHAMPUS benefits are payable for services and supplies in connection with electrothermal, electromyograph and electrodermal biofeedback therapy when there is documentation that the patient has undergone an appropriate medical evaluation, that their present condition is not responding to or no longer responds to other forms of conventional treatment, and only when provided as treatment for the following conditions:

(A) Adjunctive treatment for Raynaud's Syndrome.

(B) Adjunctive treatment for muscle re-education of specific muscle groups or for treating pathological muscle abnormalities of spasticity, or incapacitating muscle spasm or weakness.

(ii) *Limitations.* Payable benefits include initial intake evaluation. Treatment following the initial intake evaluation is limited to a maximum of 20 inpatient and outpatient biofeedback treatments per calendar year.

(iii) *Exclusions.* Benefits are excluded for biofeedback therapy for the

treatment of ordinary muscle tension states or for psychosomatic conditions. Benefits are also excluded for the rental or purchase of biofeedback equipment.

(iv) *Provider Requirements.* A provider of biofeedback therapy must be a CHAMPUS-authorized provider. (Refer to § 199.6, "Authorized Providers). If biofeedback treatment is provided by other than a physician, the patient must be referred by a physician.

(v) *Implementation Guidelines.* The Director of OCHAMPUS shall issue guidelines as are necessary to implement the provision of this paragraph.

* * * * *

February 1, 1989.

L.M. Bynum,

Alternate OSD Federal Register Liaison Officer, Department of Defense.

[FR Doc. 89-2660 Filed 2-3-89; 8:45 am]

BILLING CODE 3810-01-M

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32 CFR Part 351

[DoD Directive 5134.3]

Authority Delegation; Director of Defense Research and Engineering (DDR&E)

AGENCY: Department of Defense.

ACTION: Final rule.

SUMMARY: The Director of Defense Research and Engineering (DDR&E), has been established pursuant to the provisions of Title 10, United States Code. The DDR&E shall perform duties as the principal staff assistant and advisor to the Under Secretary of Defense (Acquisition) for DoD scientific and technical matters, basic and applied research, and the development of weapon systems. This document conforms to current organizational arrangements within the Office of the Under Secretary of Defense (Acquisition).

EFFECTIVE DATE: January 9, 1989.

FOR FURTHER INFORMATION CONTACT: Mr. R. Kennedy, Office of the Director for Administration and Management (Organizational and Management Planning), the Pentagon, Washington, DC 20301, telephone 202-697-1142.

SUPPLEMENTARY INFORMATION:

List of Subjects in 32 CFR Part 351

Organizational and function (government agencies).

Accordingly, 32 CFR Part 351 is revised as follows:

PART 351—DIRECTOR OF DEFENSE RESEARCH AND ENGINEERING (DDR&E)

Sec.

Authority: 10 U.S.C. 135.

§ 351.1 Purpose.

Pursuant to the provisions of Title 10, U.S.C. 135, this Part prescribes the responsibilities, functions, relationships, and authorities of the Director of Defense Research and Engineering (DDR&E). It also revises 32 CFR Part 351.

§ 351.2 Responsibilities.

The DDR&E is the principal staff assistant and advisor to the Under Secretary of Defense (Acquisition) (USD(A)) for DoD scientific and technical matters, basic and applied research, and the development of weapon systems. For each assigned area, the DDR&E shall:

(a) Conduct analyses, develop policies, provide advice, make recommendations, and issue guidance on DoD plans and programs.

(b) Develop systems and standards for the administration and management of approved plans and programs.

(c) Initiate programs, actions, and taskings to ensure adherence to DoD policies and national security objectives, and to ensure that programs are designed to accommodate operational requirements.

(d) Review and evaluate programs for carrying out approved policies and standards.

(e) Inform appropriate organizations and personnel of new and significant trends or initiatives.

(f) Review proposed resource programs, formulate budget estimates, recommend resource allocations, and monitor the implementation of approved programs.

(g) Participate in those planning, programming, and budgeting activities that relate to DDR&E responsibilities.

(h) Review and evaluate recommendations on requirements and priorities.

(i) Promote coordination, cooperation, and mutual understanding within the Department of Defense and between the Department of Defense and other Federal Agencies and the civilian community.

(j) Serve on boards, committees, and other groups pertaining to the DDR&E's functional areas, and represent the Secretary of Defense and the USD(A) on DDR&E matters outside the Department of Defense.

(k) Perform such other duties as the Secretary of Defense or the USD(A) may prescribe.

§ 351.3 Functions.

The DDR&E shall carry out the responsibilities in § 351.2 for the following functional areas:

(a) Basic and applied research and advanced technology, design and engineering, and the development of weapons systems.

(b) Tactical warfare programs activities related to research and development (R&D).

(c) Strategic and theater nuclear forces programs activities related to R&D.

(d) Development test and evaluation (T&E) in accordance with DoD Directive 5000.3 [1] to include ensuring that the T&E program is sufficient to support milestone decisions.

(e) Scientific and technical information.

(f) Assignment and reassignment of research and engineering responsibility for systems.

(g) Research interchange with friendly and allied nations, in conjunction with the Under Secretary of Defense (Policy) (USD(P)).

(h) Contract placement and administration for R&D programs.

(i) Oversight of Federally Funded R&D centers.

(j) Atomic energy for defense as well as chemical warfare and biological defense plans and programs.

(k) Chairmanship of the Nuclear Weapons Council.

(l) Such other areas as the Secretary of Defense or the USD(A) may prescribe.

§ 351.4 Relationships.

(a) The DDR&E shall perform duties under the direction, authority, and control of the USD(A) consistent with 32 CFR Part 382.

(b) In the performance of assigned functions and responsibilities, the DDR&E shall:

(1) Use existing facilities and services, whenever practicable, to achieve maximum efficiency and economy.

(2) Coordinate and exchange information with other DoD organizations having collateral or related functions.

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[1] Copies may be obtained if needed, from the U.S. Naval Publications and forms center, Attn: Code 1062, 5801 Tabor Avenue, Philadelphia, PA 19120.