FOR FURTHER INFORMATION CONTACT: Elizabeth Karzon, (202) 622–3880 (not a toll-free number).

## SUPPLEMENTARY INFORMATION:

#### Background

The temporary regulations that are subject to these corrections are under section 894 of the Internal Revenue Code.

#### **Need for Correction**

As published, the temporary regulations (TD 8722) contain errors that may prove to be misleading and are in need of clarification.

#### **Correction of Publication**

Accordingly, the publication of the temporary regulations (TD 8722) which are the subject of FR Doc. 97–17467 is corrected as follows:

1. On page 35673, column 1, in the preamble in the caption FOR FURTHER INFORMATION CONTACT, line 2, the language "Elizabeth Karzon, (202) 622–3860 (not a" is corrected to read "Elizabeth Karzon, (202) 622–3880 (not a".

#### §1.894-1T [Corrected]

- 2. On page 35676, column 3,  $\S$  1.894–1T, paragraph (d)(1), line 5 from the bottom of the column, the language "a resident of the jurisdiction only to the" is corrected to read "a resident of the jurisdiction to the".
- 3. On page 35677, column 1, § 1.894–1T, paragraph (d)(1), line 9, the language "a resident of such jurisdiction only if" is corrected to read "a resident of such jurisdiction if".
- 4. On page 35679, column 2, § 1.894–1T, paragraph (d)(6), paragraph (i) of *Example 11.*, line 16, the language "holder, is a corporation organized in Country" is corrected to read "holder, is a business organization organized in Country".
- 5. On page 35679, column 3, § 1.894–1T, paragraph (d)(6), paragraph (ii) of *Example 11.*, line 15, the language "jurisdiction. F, however, may claim the" is corrected to read "jurisdiction. F, however, is entitled to the".
- 5. On page 35679, column 3, § 1.894–1T, paragraph (d)(6), paragraph (ii) of *Example 11.*, line 20, the language "of X, because X qualifies as a resident of X" is corrected to read "of X, because F qualifies as a resident of X".

# Cynthia E. Grigsby,

Chief, Regulations Unit, Assistant Chief Counsel (Corporate).

[FR Doc. 97–23645 Filed 9–4–97; 8:45 am] BILLING CODE 4830–01–U

#### **DEPARTMENT OF THE TREASURY**

Internal Revenue Service

26 CFR Part 1

[TD 8656]

RIN 1545-AS24

Section 6662—Imposition of the Accuracy-Related Penalty; Correction

**AGENCY:** Internal Revenue Service (IRS), Treasury.

**ACTION:** Correcting amendment.

SUMMARY: This document contains a correction to final regulations (TD 8656) in the Code of Federal Regulations, which were published in the **Federal Register** on Friday, February 9, 1996 (61 FR 4876). The final regulations provide guidance on the imposition of the accuracy related penalty.

**EFFECTIVE DATE:** February 9, 1996.

FOR FURTHER INFORMATION CONTACT: Lisa G. Sams (202) 622–3880 (not a toll-free number).

#### SUPPLEMENTARY INFORMATION:

## **Background**

The final regulations that are the subject of these corrections are under section 6662 of the Internal Revenue Code.

## **Need for Correction**

As published, TD 8656 contains an error that may prove to be misleading and is in need of clarification.

# List of Subjects in 26 CFR Part 1

Income taxes, Reporting and recordkeeping requirements.

Accordingly, 26 CFR part 1 is corrected by making the following correcting amendment:

# PART 1—INCOME TAXES

**Paragraph 1.** The authority citation for part 1 continues to read in part as follows:

**Authority:** 26 U.S.C. 7805 \* \* \*

## §1.6662-6 [Corrected]

**Par. 2.** In § 1.6662–6, paragraph (d)(2)(ii)(E) is amended by removing the language "§ 1.482–1(e)(2)(ii)(B)" from the last sentence and adding the language "§ 1.482–1(e)(2)(iii)(B)" in its place.

## Cynthia E. Grigsby,

Chief, Regulations Unit, Assistant Chief Counsel (Corporate).

[FR Doc. 97–23646 Filed 9–4–97; 8:45 am] BILLING CODE 4830–01–U

#### **DEPARTMENT OF DEFENSE**

Office of the Secretary

32 CFR Part 199

[DoD 6010.8-R]

RIN 0720-AA33

Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); Health Promotion and Disease Prevention Visits and Immunizations

**AGENCY:** Office of the Secretary, DoD.

**ACTION:** Final rule.

SUMMARY: This final rule expands well-baby visits and immunizations to dependents under the age of six and improves access to preventive benefits for dependents age six and above to include health promotion and disease prevention visits in connection with immunizations, Pap smears, mammograms, and colon and prostate cancer screenings.

**DATES:** This final rule is effective October 6, 1997.

ADDRESSES: Office of Health Services Financing Policy, Department of Defense, Room 1B657 Pentagon, Washington, DC 20301–1200.

**FOR FURTHER INFORMATION CONTACT:** Cynthia P. Speight, Office of the Assistant Secretary of Defense (Health Affairs), (703) 697–8975.

## SUPPLEMENTARY INFORMATION:

## A. Provisions of Proposed Rule

On February 10, 1996, Pub.L. 104-106 was signed into law. Section 701 of that law extends coverage of "well-baby visits" and immunizations for an additional three years, from up to two years of age to under six years of age. Section 701 also provides for additional preventive care services under the Basic CHAMPUS Program (see § 199.4) for dependents six years of age or older. This rule implements provisions of Pub.L. 104-106 by changing "well-baby care" to "well-child care" and by providing for additional preventive care services for dependents six years of age or older. This rule improves availability of immunizations and other preventive services, particularly for children. While these services have previously been available in military hospitals and clinics, access has depended on proximity to military medical treatment facilities with available space and services. Access, therefore, has not been uniformly attainable for all beneficiaries. This rule improves access by authorizing coverage of these services by all TRICARE benefit options,

subject to their respective copay requirements. This rule also implements provisions of P.L. 104–201 by expanding preventive health care services covered by TRICARE/CHAMPUS to include colon and prostate cancer screening.

These preventive services and immunizations are based on recommendations of the U.S. Preventive Services Task Force which participated in setting national health goals in the report Healthy People 2000. Broad goals set by Health People 2000 included an increase in the span of healthy life for Americans, reduction in health disparities among Americans, and access to preventive services for all Americans. This rule strengthens existing programs within the Department and contributes significantly to national efforts toward meeting these goals.

## **B. Public Comments**

The proposed rule was published on November 5, 1996 (61 FR 56929–56930). We received one public comment. We thank the commenter; significant items raised by the commenter and our analysis of the comments are summarized below in the appropriate sections of the preamble.

1. Screening Mammography. We received a comment expressing confusion regarding the provision relating to screening mammography for asymptomatic women 40 years of age and older and its correlation with the TRICARE/CHAMPUS Policy Manual. The commenter maintains that a baseline screening mammogram should be obtained by a woman at 35 years.

Response: We agree that high risk women, especially those with family history of breast cancer in a first degree relative, should receive a baseline mammogram at 35, and have included this language. For asymptomatic women routine screening at age 40 is consistent with nationally recognized guidelines. The TRICARE/CHAMPUS policy manual has been modified to reflect this policy.

2. Screening Mammography. The commenter pointed out that since October 1, 1994, the Mammography Quality Standards Act of 1992 (P.L. 102–539) has required mammography facilities to be certified by the Secretary of the Department of Health and Human Services rather than the American College of Radiology.

Response: We appreciate the comment and this change will be made in TRICARE/CHAMPUS policy manual.

3. Cancer Screening Papanicolaou Test—Diagnostic Pap Smear Coverage. The commenter expressed concern that diagnostic Pap smear coverage would not be applicable to women under the age of 18.

Response: All diagnostic Pap smears are covered regardless of age.

4. Cancer Screening Papanicolaou Test—Women at Risk. Another comment we received recommended expanding the list of risk factors that increase the chances that a women will develop cervical cancer and necessitate close monitoring of her health status with an annual Pap smear.

Response: We agree with this recommendation and have modified the final rule to expand coverage of Pap smears to include women who are at risk for sexually transmissible disease, women who have or have had multiple sexual partners (or if their partner has or has multiple sexual partners), and women who smoke cigarettes.

5. Cancer Screening Papanicolaou— Test—Copayment. We received a comment expressing opposition to requiring beneficiaries to make copayments to obtain Pap smears.

Response: For those who enroll in TRICARE Prime, there is no copayment for Pap smears. Sections 1079(b) and 1086(b) of Title 10, U.S.C. prevent the Department from waiving copayments for those who participate in TRICARE Extra or TRICARE Standard.

#### C. Provisions of Final Rule

This final rule expands well-baby visits and immunizations to dependents under the age of six and improves access to preventive benefits for dependents age six and above to include health promotion and disease prevention visits in connection with immunizations, Pap smears, mammograms, and colon and prostate cancer screenings. Minor administrative changes have been made as a result of interagency comments.

We modified the final rule to include physician assistants and family nurse practitioners in the group of providers who can receive reimbursement for preventive services as part of the wellchild care program. In addition, we modified the provision pertaining to periodic health supervision visits under the well-child care program. Specifically, we defined "periodic" according to American Academy of Pediatrics (AAP) guidelines and included mental health assessment, risk assessment for lead exposure, and breastfeeding and nutrition counseling to the services covered under the periodic health supervision visits.

# **D. Regulatory Procedures**

Executive Order 12866 requires that a regulatory impact analysis be performed

on any significant regulatory action, defined as one which would have an annual effect on the economy of \$100 million or more, or have other significant effects.

The Regulatory Flexibility Act requires that each federal agency prepare a regulatory flexibility analysis when the agency issues regulations which would have a significant impact on a substantial number of small entities. This final rule is not a significant regulatory action under E.O. 12866, nor would it have a significant impact on small entities. In addition, this final rule does not impose new information collection requirements for purposes of the Paperwork Reduction Act of 1980 (44 U.S.C. 3501–3511).

## List of Subjects in 32 CFR Part 199

Claims, Handicapped, Health insurance, Military personnel.

## PART 199—[AMENDED]

According, 32 CFR part 199 is amended as follows:

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

Authority: 5 U.S.C. 301; and 10 U.S.C. Chapter 55.

2. Section 199.2(b) is amended by removing the definition for "well-baby care" and adding the definition for "well-child care" in alphabetical order as follows:

## § 199.2 Definitions.

\* \* \* \* (b) \* \* \*

Well-child care. A specific program of periodic health screening, developmental assessment, and routine immunization for dependents under six years of age.

3. Section 199.4 is amended by revising the heading of (c)(2), and revising paragraphs (c)(2)(xiii), (c)(2)(xvi), (c)(3)(xi), (g)(37), and (g)(47) to read as follows:

## § 199.4 Basic program benefits.

(c) \* \* \* \* \* \*

(2) Covered services of physicians and other authorized profession providers.

(xiii) Well-child care.

(xvi) Routine eye examinations.

Coverage for routine eye examinations is limited to dependents of active duty members, to one examination per calendar year per person, and to services rendered on or after October 1, 1984, except as provided under

paragraph (c)(3)(xi) of this section.

- (3) \* \* :
- (xi) Well-child care. Benefits routinely are covered for well-child care from birth to under six years of age. These periodic health examinations are designed for prevention, early detection and treatment of disease and consist of screening procedures, immunizations and risk counseling.
- (A) The following services are covered when required as a part of the specific well-child care program and when rendered by the attending pediatrician, family physician, certified nurse practitioner, or certified physician assistant.
- (1) Newborn examination, heredity and metabolic screening, and newborn circumcision.
- (2) Periodic health supervision visits, in accordance with American Academy of Pediatrics (AAP) guidelines, intended to promote the optimal health for infants and children to include the following services:
- (i) History and physical examination and mental health assessment.
- (ii) Vision, hearing, and dental screening.
- (*iii*) Developmental appraisal to include body measurement.
- (*iv*) Immunizations as recommenced by the Centers for Disease Control (CDC).
- (v) Pediatric risk assessment for lead exposure and blood lead level test.
  - (vi) Tuberculosis screening.
  - (vii) Blood pressure screening.
- (viii) Measurement of hemoglobin and hematocrit for anemia.
  - (ix) Urinalysis.
- (x) Health guidance and counseling, including breastfeeding and nutrition counseling.
- (B) Additional services or visits required because of specific findings or because the particular circumstances of the individual case are covered if medically necessary and otherwise authorized for benefits under CHAMPUS
- (C) The Deputy Assistant Secretary of Defense, Health Services Financing, will determine when such services are separately reimbursable apart from the health supervision visit.
- \* \* \* \* (g) \* \* \*
- (37) Preventive care. Preventive care, such as routine, annual, or employment-requested physical examinations; routine screening procedures; except that the following are not excluded:
  - (i) Well-child care.
- (ii) Immunizations for individuals age six and older, as recommended by the CDC.
  - (iii) Rabies shots.

- (iv) Tetanus shot following an accidental injury.
  - (v) Rh immune globulin.
- (vi) Genetic tests as specified in paragraph (e)(3)(ii) of this section.
- (vii) Immunizations and physical examinations provided when required in the case of dependents of active duty military personnel who are traveling outside the United States as a result of an active duty member's assignment and such travel is being performed under orders issued by a Uniformed Service.
- (viii) Screening mammography for asymptomatic women 40 years of age and older, and for high risk women 35 years of age and older, when provided under the terms and conditions contained in the guidelines adopted by the Deputy Assistant Secretary of Defense, Health Services Financing.
- (ix) Cancer screening Papanicolaou (PAP) test for women who are at risk for sexually transmissible diseases, women who have or have had multiple sexual partners (or if their partner has or has had multiple sexual partners), women who smoke cigarettes, and women 18 years of age and older when provided under the terms and conditions contained in the guidelines adopted by the Deputy Assistant Secretary of Defense, Health Services Financing.
- (x) Other cancer screenings authorized by 10 U.S.C. 1079.
- (xi) Health promotion and disease prevention visits (which may include all of the services provided pursuant to  $\S 199.18(b)(2)$ ) may be provided in connection with immunizations and cancer screening examinations authorized by paragraphs (g)(37)(ii) of this section or (g)(37) (viii) through (x) of this section.

\* \* \* \* \*

(47) Eye and hearing examinations. Eye and hearing examinations except as specifically provided in paragraphs (c)(2)(xvi) and (c)(3)(xi) of this section, or except when rendered in connection with medical or surgical treatment of a covered illness or injury.

Dated: August 29, 1997.

## L.M. Bynum,

Alternate OSD Federal Register Liaison Officer, Department of Defense. [FR Doc. 97–23521 Filed 9–4–97; 8:45 am] BILLING CODE 5000–04–M

## **DEPARTMENT OF TRANSPORTATION**

#### **Coast Guard**

33 CFR Part 117 [CGD08-97-032]

# Drawbridge Operations; Kelso Bayou, LA

AGENCY: Coast Guard, DOT.

**ACTION:** Notice of temporary deviation from regulations.

SUMMARY: The Commander, Eighth Coast Guard District has issued a temporary deviation from the regulation governing the operation of the SR 27 swing span drawbridge across Kelso Bayou, mile 0.7 at Hackberry, Cameron Parish, Louisiana. This deviation allows the bridge to remain closed to navigation between the hours of 3 a.m. and 11 a.m. on September 6, 1997. This closure is necessary to facilitate movement of vehicular traffic for a continuous concrete pouring operation scheduled for that day.

**DATES:** The deviation is effective from 3 a.m. until 11 a.m. on September 6, 1997. FOR FURTHER INFORMATION CONTACT: Mr. Phil Johnson, Bridge Administration Branch, Commander (ob), Eighth Coast Guard District, 501 Magazine Street, New Orleans, Louisiana 70130-3396, telephone number (504) 589-2965. SUPPLEMENTARY INFORMATION: The SR 27 swing span drawbridge across Kelso Bayou, mile 0.7 at Hackberry, Cameron Parish, Louisiana has a vertical clearance of three feet above mean high water in the closed to navigation position and unlimited clearance in the open to navigation position. Navigation on the waterway consists primarily of fishing vessels and recreational craft. The Louisiana Department of Transportation and Development has requested a temporary deviation from the normal operation of the bridge so that the contractor can conduct a continuous concrete pour operation at the U.S. Department of Energy Storage Site at Hackberry, Louisiana. This operation will require that approximately 35 cement trucks deliver pre-mixed concrete to the site on a perpetual traveling schedule. Delays to vehicular traffic due to drawbridge openings at the Kelso Bayou bridge would jeopardize this time sensitive procedure.

Presently, the draw is required to open on signal during the shrimping season, which is from about May 25 through December 22. This deviation allows the draw to remain closed to navigation between the hours of 3 a.m. and 11 a.m. on September 6, 1997.