

(3) Average daily traffic (NBI item 29);  
(4) Detour length (NBI item 19); and  
(5) Truck average daily traffic (NBI item 109).

(b) These lists would be provided by the FHWA to the BIADOT for publication and notification of affected BIA area offices, Indian tribal governments (ITGs), and State and local governments.

(c) BIA area offices in consultation with ITGs, are encouraged to prioritize the design for bridges that are structurally deficient over bridges that are simply functionally obsolete, since the former is more critical structurally than the latter. Bridges that have higher average daily traffic (ADT) should be considered before those that have lower ADT. Detour length should also be a factor in selection and submittal of bridges, with those having a higher detour length being of greater concern. Lastly, bridges with higher truck ADT should take precedence over those which have lower truck ADT. Other items of note should be whether school buses use the bridge and the types of trucks that may cross the bridge and the loads imposed.

**§ 661.47 In the event of project cost over runs, how would they be funded?**

(a) Because of the critical nature of this program, BIA area road engineer (ARE) approved costs in excess of the project estimate could be funded out of this program depending on the availability of funds and subject to BIADOT/FLH project approval procedures. The ARE would request additional IRRBP funding for a specific bridge project and submit a request with appropriate justification along with an explanation as to why this additional IRRBP funding is necessary.

(b) In addition, project cost over runs may be funded out of regular IRR program funds.

**§ 661.49 Could regular IRR funds be used to fund a bridge project?**

Yes. Regular IRR construction funds can be used to fund a bridge project with the concurrence of the FHWA, BIADOT and the BIA ARE.

**§ 661.51 Could bridge maintenance be performed with these funds?**

No. Bridge maintenance repairs would not be within the scope of funding, e.g., guard rail repair, deck repairs, repair of traffic control devices, striping, cleaning scuppers, deck sweeping, snow and debris removal, etc. There are maintenance funds available through annual Department of the Interior appropriations for use on BIA owned bridges. The Department of the Interior maintenance funds would be

the appropriate funding source for bridge maintenance.

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## DEPARTMENT OF DEFENSE

### Office of the Secretary

#### 32 CFR Part 199

RIN 0720-AA36

#### Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); Extension of the Active Duty Dependents Dental Plan to Overseas Areas

AGENCY: Office of the Secretary, DoD.

ACTION: Final rule.

**SUMMARY:** This final rule implements statutory authority for the extension of the Active Duty Dependents Dental Plan to overseas areas.

**EFFECTIVE DATE:** September 1, 1997.

**ADDRESSES:** TRICARE Management Activity, 16401 East Centretch, Aurora, CO 80011.

**FOR FURTHER INFORMATION CONTACT:** Lt. Col. Brian Grassi, TRICARE Management Activity, (303) 676-3496.

#### SUPPLEMENTARY INFORMATION:

##### I. Overview of the Final Rule

On June 25, 1997, an interim final rule regarding the benefit and operational issues associated with the implementation of the extension of the Active Duty Dependents Dental Plan to overseas areas was published (62 FR 33940).

Military force reductions in Europe, the Middle East, and the Pacific have resulted in diminished medical services for many areas, particularly those areas where the active duty end strengths have fallen below levels which would support a military medical facility. Service members and their families, particularly those in remote areas, have experienced access problems in obtaining dental services at military facilities. This rule is based on section 703 of the National Defense Authorization Act for Fiscal Year 1995, Pub. L. 103-337, and section 732 of the National Defense Authorization Act for Fiscal Year 1998, Pub. L. 105-85, which amended Title 10, United States Code, section 1076a. These laws allow the Department to extend the Active Duty Dependents Dental Plan to overseas areas and waive or reduce required cost-shares to the extent the Secretary determines appropriate for the effective and efficient operation of the Plan.

Family members enrolled in the Active Duty Dependents Dental Plan will be allowed to receive dental care from host nation providers and have the dental claims processed by a dental contractor. Where applicable, host nation providers who meet accepted professional dental practice standards will be identified by the local military dental treatment facility (DTF) commander and the overseas lead agents.

Enrolled family members overseas will be eligible to obtain the same basic dental benefits offered to enrollees in the Active Duty Dependents Dental Plan (also referred to as the TRICARE Family Member Dental Plan or TFMDP) in the Continental United States subject to availability and accessibility of these services. For the purposes of this program, the Continental United States is defined as the forth-eight contiguous states, as well as Alaska, Hawaii, Guam, Puerto Rico, the District of Columbia, the U.S. Virgin Islands and Canada. Overseas is defined as those countries not previously mentioned.

In order to participate, beneficiaries must voluntarily enroll in the TFMDP and pay the standard monthly premium. In countries with a military DTF, the local military DTF commander will refer enrollees to designated host nation providers for all covered dental services. These referrals will be contingent upon the lack of availability of these dental services in the DTF and the Department's designation of qualified host nation providers.

In countries without a military DTF, enrollees can receive treatment for non-orthodontic dental care without a referral from any qualified host nation provider meeting professionally accepted standards. The Department encourages enrollees residing in these countries to first contact their respective overseas lead agent, U.S. Embassy or Consulate or other local representatives of the U.S. Government before seeking non-orthodontic care to determine if any of these agencies can assist in identifying a qualified host nation provider in their local area. For orthodontic care in these countries, the overseas lead agent will refer enrollees to designated host nation providers.

Where a referral is required, the issuing activity must complete a Non-Availability Statement (NAS) and provide this statement to the enrollee before care can be received and the claim can be processed by the dental contractor. To obtain a referral and NAS, family members are not restricted to visiting a DTF of their sponsor's branch of service, rather, they should contact their primary servicing military DTF.

Basic dental care encompasses diagnostic and preventive (exams, x-rays, cleanings, etc.), sealants, restorative (fillings, crowns, etc.), endodontics (root canals, etc.), periodontics (gum surgery, etc.), oral surgery (extractions, etc.), and prosthodontics (bridges, dentures, etc.) While the annual cap of \$1,000 and lifetime cap of \$1,200 for orthodontic care is applicable in these overseas locations, the Department will pay the enrollee's cost-share for some non-orthodontic services as well as any difference between the provider's billed charge and the dental claims processor's allowance, subject to the amount remaining on the enrollee's annual or lifetime maximum.

This final rule will allow dental claims to be paid on a "billed charge" basis. Billed charges are charges submitted by host nation dental providers for the costs of dental care in their country. These charges are not based on Diagnostic Related Groups nor are they expected to be developed based on American Dental Association current dental terminology codes.

Since publication of the interim final rule, section 732 of the National Defense Authorization Act for Fiscal Year 1998 authorized the Secretary to waive or reduce cost-shares in overseas areas. Therefore, the Department has implemented procedures to waive the cost shares for certain non-orthodontic benefits as long as the enrollee has not exceeded their annual maximum. The previous procedures for waivers to the annual and lifetime maximums are no longer applicable.

Additionally, the interim final rule stated that enrollees in remote locations would not be required to obtain an NAS to receive dental services. The Department has changed that provision so that enrollees in remote locations will be required to obtain an NAS from their respective overseas lead agent prior to receiving orthodontic care. This change provides an opportunity for the overseas lead agent to make referrals to designated host nation orthodontists, monitor and approve treatment plans and advise enrollees of other options. It also provides appropriate oversight in a benefit area where only a one-time lifetime benefit is available.

Finally, the interim final rule limited the benefit to family members accompanying their active duty sponsors while overseas. That provision has been deleted because the overseas extension was designated to be portable and available to enrolled family members traveling or residing overseas with or without their sponsor.

## II. Public Comments

The interim final rule was published on July 25, 1997 (62 FR 33940). We did not receive any public comments.

## III. Rulemaking Procedures

Executive Order 12866 requires certain regulatory assessments for any "significant regulatory action," defined as one which would result in an annual effect on the economy of \$100 million or more, or have other substantial impacts.

The Regulatory Flexibility Act (RFA) requires that each Federal Agency prepare, and make available for public comment, a regulatory flexibility analysis when the agency issues a regulation which would have a significant impact on a substantial number of small entities.

This is not a significant regulatory action under the provisions of Executive Order 12866, and it would not have a significant impact on a substantial number of small entities.

The final rule will not impose additional information collection requirements on the public under the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 55).

### List of Subjects in 32 CFR Part 199

Claims, Health insurance, Individuals with disabilities and 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:** 5 U.S.C. 301, 10 U.S.C. Chapter 55.

2. Section 199.13 is amended by revising paragraph (i) to read as follows:

#### § 199.13 Active duty dependents dental plan.

\* \* \* \* \*

(i) *Extension of the Active Duty Dependents Dental Plan to areas outside the United States.* The Assistant Secretary of Defense (Health Affairs) (ASD(HA)) may, under the authority of 10 U.S.C. 1076a(h), extend the Active Duty Dependents Dental Plan to areas other than those areas specified in paragraph (a)(2)(i) of this section for the eligible beneficiaries of members of the Uniformed Services. In extending the program outside the Continental United States, the ASD(HA), or designee, is authorized to establish program elements, methods of administration and payment rates and procedures to providers that are different from those in effect under this section in the Continental United States to the extent

the ASD(HA), or designee, determines necessary for the effective and efficient operation of the plan outside the Continental United States. This includes provisions for preauthorization of care if the needed services are not available in a Uniformed Service overseas dental treatment facility and payment by the Department of certain cost-shares and other portions of a provider's billed charges. Other differences may occur based on limitations in the availability and capabilities of the Uniformed Services overseas dental treatment facility and a particular nation's civilian sector providers in certain areas. Otherwise, rules pertaining to services covered under the plan and quality of care standards for providers shall be comparable to those in effect under this section in the Continental United States and available military guidelines. In addition, all provisions of 10 U.S.C. 1076a shall remain in effect.

Dated: July 13, 1999.

**L.M. Bynum,**

*Alternate OSD Federal Register Liaison Officer, Department of Defense.*

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## DEPARTMENT OF VETERANS AFFAIRS

### 38 CFR Part 21

RIN 2900-AJ39

### Veterans Education: Effective Date for Reducing Educational Assistance

**AGENCY:** Department of Veterans Affairs.  
**ACTION:** Final rule.

**SUMMARY:** This document amends the Department of Veterans Affairs (VA) regulations pertaining to the effective dates of reductions or discontinuances of monthly payments of educational assistance under the Montgomery GI Bill—Active Duty. Pursuant to statutory authorization, VA requires veterans or servicemembers to certify their continued pursuit of a program of education before they may receive such monthly payments. VA further provides for reductions in the rates of educational assistance in the event the veteran or servicemember reduces the rate of training by withdrawing from part of a course. By statute, the effective date of an adjustment of benefits made on the basis of a monthly certification by a veteran or person is the date of the change. This document revises the regulations to reflect the statutory effective date.

**DATES:** Effective Date: July 19, 1999.