

were considered: (1) Nature and extent of chemicals at the Site, (2) the pathways through which human and ecological receptors are or may be exposed to those chemicals at the Site, and (3) potential toxic effects of those chemicals.

Cancer risks are expressed as numbers reflecting the increased chance that a person will develop cancer, if he/she is directly exposed (e.g., through working at the Site) to the chemicals found in the groundwater and soil at the Site over a period of time. For example, EPA's acceptable risk range for Superfund sites is  $1 \times 10^{-4}$  to  $1 \times 10^{-6}$ , meaning there is one additional chance in ten thousand ( $1 \times 10^{-4}$ ) to one additional chance in one million ( $1 \times 10^{-6}$ ) that a person will develop cancer if exposed to a Superfund site. The risk associated with developing other health effects is expressed as a HI, which is the ratio of the existing level of exposure to contaminants at a site to an acceptable level of exposure. Below a HI of 1, adverse effects are not expected. A HI is also used to evaluate ecological risks.

An isolated detection of 2-amino-4,6-dinitrotoluene was observed at 0.522 µg/l in well MW3-2. This compound, an explosive's degradation product, was detected at lower depths (Arundel Confining Layer) during one of two sampling rounds. This isolated detection resulted in an HI less than 1 for commercial/industrial use scenarios. 4-amino-2,6-dinitrotoluene was detected in both sampling rounds in well MW3-2. The average sample concentration is 28.6 µg/l resulting in a HI of 2 (EPA Region 3 risk-based screening concentration = 2.2 µg/l; Hazard Quotient of 1). The area-wide evaluation of groundwater concluded that the contamination was not originating from an identifiable source area within the Site, but was the result of past activities at Fort George Meade. There is no known carcinogenic risk associated with 4-amino-2,6-dinitrotoluene. The aminodinitrotoluenes (particularly 4-A-2,6-DNT) are associated with HIs greater than 1 for groundwater use by workers or residents. Because of the land use restrictions already in effect, it has been determined that no exposure pathways to the public exist due to this class of contaminants, provided that the land use restrictions are maintained. This is also true of metals, bis(2-ethylhexyl)phthalate, and acetophenone, which could contribute further to risks (both carcinogenic and noncarcinogenic) if residential receptors were ever exposed to the groundwater. In addition, a study of groundwater migration does not indicate expected migration of these chemicals to off-post

residential wells above unacceptable concentrations. Given the relatively low concentrations of the aminodinitrotoluenes, the lack of a known carcinogenic risk relating to this class of contaminants, the lack of an identifiable source of these contaminants within the Site, and the lack of an exposure route, it has been determined that no active groundwater remediation is required.

Because of the RI findings, the Army and EPA determined that every two years after the date of the June 1999 ROD, groundwater will be sampled from certain wells. Monitoring results will be provided to EPA, MDE, and the Army. In addition, the Tipton area will be inspected to assure compliance with the land use restrictions. A review every 5 years will be conducted to evaluate the frequency and need for continued monitoring. This is to ensure that the remedies continue to provide adequate protection to human health and the environment. The five year reviews will be conducted pursuant to OSWER Directive 9355.7-02. "Structure and Components of Five-Year Reviews," and/or other applicable guidance.

The remedies selected for this Site will be implemented in accordance with the two Records of Decision. Human health threats and potential environmental impacts have been reduced to acceptable levels. EPA and the MDE, therefore, find that the remedies implemented will provide adequate protection to human health and the environment.

EPA, with the concurrence of MDE, believes that the criteria for deletion of the Tipton Army Airfield portion of the Fort George Meade Site have been met. Therefore, EPA is proposing deletion of the Tipton Army Airfield portion of the Fort George Meade Site from the NPL.

Dated: September 10, 1999.

**Thomas Voltaggio,**

*Acting Regional Administrator, Region III.*

[FR Doc. 99-24280 Filed 9-16-99; 8:45 am]

BILLING CODE 6560-50-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Care Financing Administration

#### 42 CFR Part 405

[HCFA-1086-N]

#### Medicare Program; Meetings of the Negotiated Rulemaking Committee on the Ambulance Fee Schedule

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

**ACTION:** Notice of meetings.

**SUMMARY:** In accordance with section 10(a) of the Federal Advisory Committee Act, this notice announces the dates and locations for the sixth and seventh meetings of the Negotiated Rulemaking Committee on the Ambulance Fee Schedule. This meeting is open to the public.

The purpose of this committee is to develop a proposed rule that would establish a fee schedule for the payment of ambulance services under the Medicare program through negotiated rulemaking, as mandated by section 4531(b) of the Balanced Budget Act (BBA '97) of 1997.

**DATES:** The sixth meeting is scheduled for October 4, 1999 from 9:00 a.m. until 5 p.m. and October 5, 1999 from 8:30 a.m. until 4 p.m. E.S.T. The seventh meeting is scheduled for December 6, 1999 from 9 a.m. until 5 p.m., December 7, 1999 from 9 a.m. until 5 p.m., and December 8, 1999 from 8:30 a.m. until 4 p.m.

**ADDRESSES:** The 2-day October meeting will be held at Turf Valley Hotel, 2700 Turf Road, Ellicott City, Maryland 21042; (410) 465-1500. The 3-day December meeting will be held at Doyle's Hotel, 1500 New Hampshire Avenue, N.W., Washington, D.C. 20036; (202) 483-6000.

#### FOR FURTHER INFORMATION CONTACT:

Inquiries regarding these meetings should be addressed to Bob Niemann ((410) 786-4569) or Margot Blige ((410) 786-4642) for general issues related to ambulance services or to Lynn Sylvester, ((202) 606-9140) or Elayne Tempel, ((207) 780-3408) facilitators.

**SUPPLEMENTARY INFORMATION:** Section 4531(b)(2) of the Balanced Budget Act of 1997 (BBA '97), Public Law 105-33, added a new section 1834(l) to the Social Security Act (the Act). Section 1834(l) of the Act mandates implementation, by January 1, 2000, of a national fee schedule for payment of ambulance services furnished under Medicare Part B. The fee schedule is to be established through negotiated rulemaking. Section 4531(b)(2) also provides that in establishing such fee schedule, the Secretary will—

- Establish mechanisms to control increases in expenditures for ambulance services under Part B of the program;
- Establish definitions for ambulance services that link payments to the type of services furnished;
- Consider appropriate regional and operational differences;
- Consider adjustments to payment rates to account for inflation and other relevant factors; and

- Phase in the fee schedule in an efficient and fair manner.

The Negotiated Rulemaking Committee on the Ambulance Fee Schedule has been established to provide advice and make recommendations to the Secretary with respect to the text and content of a proposed rule that would establish a fee schedule for the payment of ambulance services under Part B of the Medicare program.

The Committee held its third meeting on May 24 and 25, 1999. At this meeting, the Committee heard presentations from HCFA staff, including a data presentation. The Committee requested another presentation by HCFA's Office of the Actuary to obtain clarification about its calculation of the fee schedule payment cap. Additionally, a Medical Issues workgroup was formed.

The Committee held its fourth meeting on June 28 and 29, 1999. At this meeting a presentation was made by a HCFA Office of the Actuary staff member. The presentation clarified that budget neutrality will be evaluated by using all ambulance claims for the most current year and comparing the results of the proposed models with those paid claims. HCFA staff presented more historical Medicare hospital and supplier ambulance billing data. Consensus was reached on one possible basic structure for the fee schedule. HCFA indicated that the fee schedule must be effective as soon as

operationally possible after January 1, 2000. Subcommittees were formed to produce, by July 19, proposals for:

- (1) A rural/urban adjustment; and
- (2) a fee schedule model based on the structure agreed to at the June meeting, combined with relative values. These proposals, along with the results of the medical issues workgroup, were to serve as the basis for the Committee's next meeting.

The Committee held its fifth meeting on August 2 and 3, 1999. At this meeting the Committee heard presentations from HCFA staff on the Medicare Physician Fee Schedule's Geographic Practice Cost Index (GPCI) and hospital wage index. The Committee is considering the GPCI and hospital wage index for possible use as a geographic cost adjuster for the ambulance fee schedule. The second presenter, a member of the HCFA negotiated rulemaking team, presented additional historical Medicare hospital and ambulance supplier billing data. The Committee was advised in a letter signed by HCFA's Deputy Administrator, Michael M. Hash, that it has until February 15, 2000 to conclude its business. The Committee reached consensus on the definitions for Basic Life Support, Advanced Life Support (ALS) Level-1, ALS Level-2, and the criteria that the service must meet in order for the emergency response modifier amount to be paid. During the October meeting, the Committee will work on defining the geographic and

rural modifiers and establishing the relative values of the different levels of service.

The announced meetings are open to the public without advanced registration. Public attendance at the meeting may be limited to space available. Mail written statements to the following address: Federal Mediation and Conciliation Service, 2100 K Street, NW, Washington, D.C. 20427, Attention: Lynn Sylvester. Notice of future meetings will be published in the **Federal Register**. A summary of all proceedings will be available for public inspection in room 443-G of the Department's offices at 200 Independence Avenue, SW., Washington, D.C. on Monday through Friday of each week from 8:30 a.m. to 5 p.m. (Phone: (202) 690-7890), and can be accessed through the HCFA Internet site at <http://www.hcfa.gov/medicare/ambmain.htm>. Additional information related to the Committee will also be available on the web site.

**Authority:** Sec. 1834(l) of the Social Security Act (42 U.S.C. 1395m). (Catalog of Federal Domestic Assistance Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: September 14, 1999.

**Michael M. Hash,**

*Deputy Administrator, Health Care Financing Administration.*

[FR Doc. 99-24274 Filed 9-16-99; 8:45 am]

BILLING CODE 4120-01-P