

forwarded to the Department of Justice as the basis for litigation.

Section 1 of the Form is used to collect general information, such as name, address and telephone numbers about the military sponsor and the injured beneficiary.

Section 2 of the Form allows the injured beneficiary to explain in his or her own words how the injury occurred. This allows the beneficiary to explain that he or she was not injured in an accident or that no third party was responsible. If either of these conditions exist, the beneficiary does not have to complete the rest of the form.

Section 3 of the Form is used to collect information about accidents that do not involve motor vehicles. Information such as location, time, date, property owner's name and address and the names and addresses of persons involved or witnesses is collected in this section of the form. Other information relating to police investigations, other injured family members, whether the accident was work related and insurance coverage is also collected.

Section 4 of the Form is used to collect information about motor vehicle accidents. Most of the investigations for possible third party liability involve motor vehicle accidents. A beneficiary must attach a copy of the official police report to the form. Additional information not usually included in police reports is entered in Section 4, including information about insurance coverage of the parties, and whether the accident was work related is collected.

Section 5 of the Form is used for miscellaneous information such as possible medical treatment in a Government hospital, the name and address of the beneficiary's attorney, and information regarding any possible releases or settlements with another party to the accident.

Section 6 of the Form contains the certification, date and signature of the beneficiary (or a designee).

Dated: November 6, 1998.

L.M. Bynum,

Alternate OSD Federal Register Liaison Officer, Department of Defense.

[FR Doc. 98-30310 Filed 11-12-98; 8:45 am]

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DEPARTMENT OF DEFENSE

Office of the Secretary

Proposed Collection; Comment Request

AGENCY: Office of the Under Secretary of Defense (Health Affairs/ TRI CARE Management Office), DoD.

ACTION: Notice.

In compliance with Section 3506(c)(2)(a) of the Paperwork Reduction Act of 1995, the Office of the Under Secretary of Defense (Health Affairs) announces the following proposed new collection for the DD Forms, "Loan Verification Form," a public information collection and seeks public comment for the provisions thereof. Comments are invited on: (a) whether the proposed collection of information is necessary for the proper performance of the functions to the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of burden of the proposed information collection; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the information collection on respondents, including through the use of automated collection techniques or other forms of information technology.

DATES: Consideration will be given to all comments received by December 30, 1998.

ADDRESSES: Written comments and recommendations on the proposed information collection should be sent to the Office of the Under Secretary of Defense (Health Affairs), ATTN: Lieutenant Commander Steven Griffiths, Tri Care Management Activity, 555 Leesburg Pike, Falls Church, Virginia 220441.

FOR FURTHER INFORMATION CONTACT: To request more information on this proposed information collection or to obtain a copy of the proposal and associated collection instruments, please write to the above address or call at (703) 681-1740.

Title, Associated Form, and OMB Number: "Loan Information and Verification Form," DD Form, OMB Control Number:

Needs and Uses: Title 10, USC, requires applicants to submit this form, to their Service representative, prior to participation in the Health Loan Repayment Program (HPLR). Lenders will verify the data submitted and respond back to the Service Representative. All loans must meet federal standards and be approved by the

Department Finance and Accounting office prior to disbursement of funds.

Affected Public: City, County, State and Federal lending Agencies, Banks, and other financial lending agencies. Normally, this form would be completed by the applicant and submitted to the Service for financial disbursement of funds under the Health Loan Repayment Program.

Annual Burden Hours: 175.

Number of Respondents: 700.

Responses per Respondent: 1.

Average Burden per Response: 15 min.

Frequency: On application for the Health Professional Loan Repayment Program.

SUPPLEMENTARY INFORMATION:

Summary of Information Collection

This information collected provides the Armed Services with the exact loan debits and the loan agency. The DD Form is the method of collecting and verifying outstanding loans for applicant's within the Health Loan Repayment Program. This DoD Form will be considered the official request for obtaining loans data on HPLR applicants.

Dated: November 6, 1998.

L.M. Bynum,

Alternate OSD Federal Register Liaison Officer, Department of Defense.

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DEPARTMENT OF DEFENSE

Office of the Secretary

Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)

AGENCY: Office of the Secretary, DoD.

ACTION: Notice of extension of cancer treatment clinical trials demonstration project.

SUMMARY: This notice is to advise interested parties of a one-year extension of a demonstration project in which the DoD provides CHAMPUS reimbursement for eligible beneficiaries who receive cancer treatment under approved National Institutes of Health, National Cancer Institute (NCI) clinical trials. Participation in these clinical trials will improve access to promising cancer therapies for CHAMPUS eligible beneficiaries when their conditions meet protocol eligibility criteria. DoD financing of these procedures will assist in meeting clinical trial goals and arrival at conclusions regarding the safety and efficacy of emerging therapies in the treatment of cancer. At this time, there

is insufficient demonstration data for a full evaluation of costs associated with enrollment in clinical trials. Extending the demonstration for an additional year will allow sufficient time for patient accrual to clinical trials and collection of data which allows for comprehensive economic analysis. This demonstration also affects TRICARE, the managed health care program that includes CHAMPUS. This demonstration project, which is under the authority of 10 U.S.C., section 1092, will expire December 31, 1999.

EFFECTIVE DATE: January 1, 1999.

FOR FURTHER INFORMATION CONTACT: Kathleen K. Larkin, Office of the Assistant Secretary of Defense (Health Affairs), TRICARE Management Activity, (703) 681-1745.

SUPPLEMENTARY INFORMATION:

A. Background

On January 24, 1996, the Department provided notice in the **Federal Register** (61 FR 1899) of an expansion of an existing demonstration for breast cancer treatment clinical trials to include all cancer treatment clinical trials under approved National Cancer Institute (NCI) clinical trials. The demonstration purpose is to improve beneficiary access to promising new therapies, assist in meeting the National Cancer Institute's clinical trial goals, and arrival at conclusions regarding the safety and efficacy of emerging therapies in the treatment of cancer. The January 24, 1996, notice anticipated the possibility of extending the demonstration.

The NCI trails program is the principal means by which the oncology community has developed clinical evidence for the efficacy of various treatment approaches in cancer therapy. Participating institutions include NCI's network of comprehensive and clinical cancer centers, university and community hospitals and practices, and military treatment facilities. Despite this extensive network which includes the nation's premier medical centers, cure rates for most types of cancer remain disappointing, highlighting the significant effort still required for improvement. The principal means by which advances in therapy will be realized is through application of research to victims of cancer. In support of NCI's efforts to further the science of cancer treatment, the Department expanded its breast cancer demonstration to include all NCI-sponsored phase II and phase III clinical trials. This expanded demonstration will enhance current NCI efforts to determine safety and efficacy of promising cancer therapies by

expanding the patient population available for entry into clinical trials and stabilizing the referral base for these clinical activities. While this demonstration provides an exception to current CHAMPUS benefit limitations, the Department hypothesizes that this increased access to innovative cancer therapies will occur at a cost comparable to that which the Department has experienced in paying for conventional therapies under the standard CHAMPUS program. Results of this demonstration will provide a framework for determining the scope of DoD's continued participation in the NCI's research efforts.

Dated: November 6, 1998.

L.M. Bynum,

Alternate OSD Federal Register Liaison Officer, Department of Defense.

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DEPARTMENT OF DEFENSE

Office of the Secretary

MacDill 65 Demonstration of Military Managed Care

AGENCY: Department of Defense, Health Affairs.

ACTION: Notice of demonstration project.

SUMMARY: This notice is to advise interested parties of a demonstration project in which DoD will enroll up to 2,000 Medicare-eligible military retirees at MacDill Air Force Base to primary care managers. The MacDill 65 demonstration project seeks to show that a DoD-operated program can provide primary health care services to beneficiaries eligible for both military health care and Medicare more effectively and efficiently than under the current DoD-operated system. In this project, DoD will grant enrollees in the program priority access to primary health care at MacDill in exchange for their agreement to receive all of their primary health care from MacDill AFB. Additional services, available at the military treatment facility at MacDill AFB, will be granted to these enrollees at a higher priority than that granted to other retirees and their family members not enrolled in TRICARE Prime. Funding for the demonstration for care provided will come from an additional \$2 million per year over the current level of DoD expenditures on care provided to the MacDill AFB Medicare-eligible population. Claims for care provided to enrollees outside the MTF will be submitted to Medicare on a fee-for-service basis by the civilian

provider. At the end of the project, DoD will conduct an analysis of the benefits and costs of the program. DoD will conduct the demonstration over three years, from October 1, 1998, to September 30, 2001. This demonstration project is being conducted under the authority of 10 USC 1092.

EFFECTIVE DATE: October 1, 1998.

FOR FURTHER INFORMATION CONTACT: Steve Lillie, TRICARE Management Activity (703) 681-1745.

SUPPLEMENTARY INFORMATION:

A. Background

DoD-provided health care for Medicare-eligible military retirees has always been available at MTFs on a space-available basis. Federal law (10 U.S.C. 1086(d)) excludes Medicare-eligible military retirees, survivors, and family members (with the exception of those eligible for Medicare because of a disability or end-stage renal disease) from participation in the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), the DoD-sponsored health care benefit for military dependents and retirees. When DoD began the transition to the TRICARE program in 1995, the Department again determined it was necessary to exclude Medicare beneficiaries from enrollment in TRICARE Prime, DoD's HMO-like program, based on their exclusion from CHAMPUS and the statutory requirement that TRICARE Prime not increase costs.

In the past, many Medicare beneficiaries have obtained substantial amounts of health care at MTFs. However, because of military budget cutbacks, a series of military base closures, and increased demand for MTF resources from a growing retiree population, Medicare-eligible beneficiaries are finding it increasingly difficult to obtain care at MTFs in many locations.

Also contributing to the reduction of space-available care for Medicare-eligible beneficiaries is the establishment of a priority system for access to MTF care. As mandated by 10 U.S.C. 1097(c), first priority is granted to active duty personnel. Active duty dependents enrolled in TRICARE Prime are assured of second priority over enrolled military retirees and their dependents, who enjoy third priority. Active duty dependents who are not enrolled in Prime are accorded fourth priority. Medicare-eligible beneficiaries are in the fifth and lowest priority group, along with other non-enrolled retirees.