

DEPARTMENT OF HOMELAND SECURITY

Coast Guard

33 CFR Chapter I

[USCG–2004–19615]

Exclusion Zones for Marine LNG Spills

AGENCY: Coast Guard, Department of Homeland Security.

ACTION: Notice.

SUMMARY: The Coast Guard announces the availability of its response to a petition for rulemaking requesting issuance of regulations establishing thermal and vapor dispersion exclusion zones for marine spills of liquefied natural gas (LNG), by the City of Fall River, MA. The Coast Guard has determined that such a rulemaking project is unnecessary.

FOR FURTHER INFORMATION CONTACT: If you have questions regarding this notice, call Commander John Cushing, U.S. Coast Guard, telephone 202–267–1043 or via e-mail at jcushing@comdt.uscg.mil. If you have questions on viewing the docket, call Renee V. Wright, Program Manager, Docket Operations, telephone 202–493–0402.

SUPPLEMENTARY INFORMATION: The Coast Guard previously published three documents with requests for comments regarding the petition for a rulemaking by the City of Fall River, MA, on the subject of thermal and vapor dispersion exclusion zones for marine spills of LNG [see 69 FR 63979, Nov. 3, 2004; 70 FR 11912, March 10, 2005; 70 FR 36363, June 23, 2005]. Supplementary information was posted and made available in the docket (see “Viewing the Notice”). We received and reviewed 91 comments. After reviewing the comments and reaching a decision, we wrote a letter back to the petitioner denying the petition (also available in the docket).

The comments in support of establishing exclusion zones around transiting LNG ships focused on the consequences of a major LNG spill in close proximity to a densely populated urban area, particularly Fall River, MA.

The comments in opposition to the establishment of the aforementioned exclusion zones cited the proven safety record of the LNG industry, the robust safety features designed into LNG ships, and the effective safety and security procedures that have already been established by regulation and industry best practices and guidelines.

Taking into account the proven safety record of the LNG ships, we determined

exclusion zone regulations are not needed because we already implemented policy (on June 14, 2005) through our Navigation and Vessel Inspection Circular (NVIC) 05–05, Guidance on Assessing the Suitability of a Waterway for Liquefied Natural Gas (LNG) Marine Traffic. This NVIC established a comprehensive process for a Waterway Suitability Assessment (WSA) to be completed and then reviewed and validated by the Coast Guard, in consultation with stakeholders at the port, to ensure all safety and security issues relating to the marine transportation of LNG for a proposed waterfront LNG facility are addressed.

Viewing the Notice: To view the notice and related documents, go to <http://dms.dot.gov> at any time, click on “Simple Search,” enter the last five digits of the docket number for this notice (19615), and click on “Search.” You may also visit the Docket Management Facility in room PL–401 on the Plaza level of the Nassif Building, 400 Seventh Street, SW., Washington, DC, between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays.

Dated: January 23, 2006.

Howard L. Hime,

Acting Director of Standards, Office of Prevention.

[FR Doc. 06–920 Filed 1–31–06; 8:45 am]

BILLING CODE 4910–15–P

DEPARTMENT OF VETERANS AFFAIRS

38 CFR Part 17

RIN 2900–AM21

Medical: Informed Consent—Designate Health Care Professionals To Obtain Informed Consent

AGENCY: Department of Veterans Affairs.

ACTION: Proposed rule.

SUMMARY: This document would amend U.S. Department of Veterans Affairs (VA) medical regulations on informed consent. The proposed rule authorizes VA to designate additional categories of health care professionals to obtain informed consent and sign the consent form.

DATES: Comments must be received on or before: April 3, 2006.

ADDRESSES: Written comments may be submitted by mail or hand delivery to: Director, Regulations Management (OOREG1), Department of Veterans Affairs, 810 Vermont Ave., NW., Room 1068, Washington, DC 20420; fax comments to (202) 273–9026; or e-mail

comments through <http://www.Regulations.gov>. Comments should indicate that they are submitted in response to “RIN 2900–AM21”. All comments received will be available for public inspection in the Office of Regulation Policy and Management, Room 1063B, between the hours of 8 a.m. and 4:30 p.m., Monday through Friday (except holidays). Please call (202) 273–9515 for an appointment.

FOR FURTHER INFORMATION CONTACT: Ruth Cecire, PhD, Policy Analyst, Ethics Policy Service, National Center for Ethics in Health Care (10E), Veterans Health Administration, Department of Veterans Affairs, 810 Vermont Avenue, NW., Washington, DC 20420; 202–501–2012 (this is not a toll-free number).

SUPPLEMENTARY INFORMATION: Section 7331 of title 38, United States Code (U.S.C.), directs the Secretary of Veterans Affairs to promulgate regulations to ensure that, to the maximum extent practicable all patient care carried out under the authority of title 38 is accomplished with the informed consent of the patient or the patient’s surrogate. These VA medical regulations, set forth at 38 CFR 17.32 and titled “Informed Consent”, were published in the **Federal Register** as a final rule on October 2, 1997 (62 FR 53961).

The proposed rule would amend VA medical regulations on informed consent and bring VA practice in line with broader community standards of care. Specifically, it would allow VA to designate appropriately trained health care professionals, (e.g. advance practice nurses and physician assistants) to conduct the informed consent discussion and sign the consent form. These changes will be documented in a revision to VHA Handbook 1004.1, Informed Consent for Clinical Treatments and Procedures. Any future expansion of the categories of designated health care professionals will be communicated to the field by the Under Secretary for Health’s Office.

In the years since the informed consent regulation was first published, the way in which VA delivers health care to veterans has changed dramatically. In the past most VA health care was provided primarily in an inpatient setting and the informed consent discussion was conducted by the physician treating the patient. Today there is more of a team approach to clinical care. Other highly trained health care professionals work with the treating practitioner to educate patients and respond to their questions about the potential risks and benefits of and