

patient when the patient is admitted to care when critically ill and loss of capacity may be imminent *and* the patient is not physically able to sign an advance directive form, or the appropriate form is not readily available.

The proposed rule asserts that a patient's specific instructions must be followed unless contrary to VA policy. The proposed rule also states that a patient who has decision-making capacity may revoke an Advance Directive or instructions in a critical situation at any time by using any means expressing the intent to revoke.

The Secretary hereby certifies that this proposed rule will not have a significant economic impact on a substantial number of small entities as they are defined in the Regulatory Flexibility Act, 5 U.S.C. 601-612. The rule will affect only individuals and will not directly affect any small entities. Therefore, pursuant to 5 U.S.C. 605(b), this rule is exempt from the initial and final regulatory flexibility analysis requirements of sections 603 and 604.

There are no applicable Catalog of Federal Domestic Assistance program numbers.

#### List of Subjects in 38 CFR Part 17

Administrative practice and procedure, Alcohol abuse, Alcoholism, Claims, Day care, Dental health, Drug abuse, Foreign relations, Government contracts, Grant programs-health, Grant programs-veterans, Health care, Health facilities, Health professions, Health records, Homeless, Medical and dental schools, Medical devices, Medical research, Mental health programs, Nursing homes, Philippines, Reporting and recordkeeping requirements, Scholarships and fellowships, Travel and transportation expenses, Veterans.

Approved: June 17, 1998.

**Togo D. West, Jr.,**  
Secretary.

In consideration of the foregoing, 38 CFR part 17 is proposed to be amended as set forth below:

#### PART 17—MEDICAL

1. The authority citation for part 17 continues to read as follows:

**Authority:** 38 U.S.C. 501, 1721, unless otherwise noted.

2. In § 17.32, the section heading is revised, paragraph (a) is amended by adding a new definition, and paragraph (h) is added immediately following paragraph (g)(4), to read as follows:

#### § 17.32 Informed consent and advance healthcare planning.

(a) \* \* \*

*Advance directive.* Specific written statements made by a patient who has decision-making capacity regarding future healthcare decisions in one of the following:

(i) *VA Living Will.* A written statement made by a patient on an authorized VA form which sets forth the patient's wishes regarding the patient's healthcare treatment preferences including the withholding and withdrawal of life-sustaining treatment.

(ii) *VA Durable Power of Attorney for Health Care.* A written instruction on a VA form which designates the patient's choice of health care agent.

(iii) *State-Authorized Advance Directive.* A *Non-VA Living Will*, *Durable Power of Attorney for Health Care*, or other advance healthcare planning document, the validity of which is determined pursuant to the applicable state law.

\* \* \* \* \*

(h) *Advance healthcare planning.* Subject to the provisions of paragraphs (h)(1) through (h)(4) of this section, VA will follow the wishes of a patient expressed in an Advance Directive when the attending physician determines and documents in the patient's medical record that the patient lacks decision-making capacity and is not expected to regain it.

(1) *Witnesses.* A VA Living Will or A VA Durable Power of Attorney for Health Care must be signed by the patient in the presence of two witnesses. Neither witness may be entitled to, or a claimant against, any portion of the patient's estate; or be financially responsible for the patient's care. Also, neither witness may be employed by the VA facility in which the patient is being treated; except that when other witnesses are not reasonably available, employees of the Chaplain Service, Psychology Service, Social Work Service, or nonclinical employees (e.g., Medical Administration Service, Voluntary Service, or Environmental Management Service) may serve as witnesses. Witnesses are attesting only to the fact that they saw the patient sign the form.

(2) *Instructions in critical situations.* VA will follow the verbal or non-verbal instructions of a patient when the patient is admitted to care when critically ill and loss of capacity may be imminent *and* the patient is not physically able to sign an advance directive form, or the appropriate form is not readily available. The patient's instructions must have been expressed

to at least two members of the healthcare team. The substance of the patient's instructions must be recorded in a progress note in the patient's medical record and must be co-signed by both members of the healthcare team who were present and can attest to the wishes expressed by the patient. These instructions will be given effect only if the patient loses decision-making capacity during the presenting situation. If the patient regains decision-making capacity, these instructions will not be given effect for future treatment decisions.

(3) *Revocation.* A patient who has decision-making capacity may revoke an Advance Directive or instructions in a critical situation at any time by using any means expressing the intent to revoke.

(4) *VA Policy and Disputes.* Neither the treatment team nor surrogate may override a patient's specific instructions in an Advance Directive or in instructions in critical situations; except that those portions of an Advance Directive or instructions given in a critical situation that are not consistent with VA policy will not be given effect.

\* \* \* \* \*

[FR Doc. 98-29247 Filed 10-30-98; 8:45 am]

BILLING CODE 8320-01-P

#### ENVIRONMENTAL PROTECTION AGENCY

#### 40 CFR Parts 52 and 81

[CT051-7209b; A-1-FRL-6182-1]

**Approval and Promulgation of Air Quality Implementation Plans and Designations of Areas for Air Quality Planning Purposes; State of Connecticut; Approval of Maintenance Plan, Carbon Monoxide Redesignation Plan and Emissions Inventory for the Connecticut Portion of the New York—N. New Jersey—Long Island Area**

**AGENCY:** Environmental Protection Agency (EPA).

**ACTION:** Proposed rule.

**SUMMARY:** EPA is proposing to approve a redesignation request, maintenance plan, and emissions inventory submitted by the State of Connecticut to redesignate the Connecticut portion of the New York—N. New Jersey—Long Island Area carbon monoxide nonattainment area (hereinafter the southwest Connecticut nonattainment area) to attainment for carbon monoxide (CO). Under the Clean Air Act amendments of 1990 (CAA), designations can be revised if sufficient

air quality data is available to warrant such revisions. This revision proposes to establish the area as attainment for carbon monoxide and require the state to implement their 10 year maintenance plan. In addition, EPA is proposing to approve the 1993 periodic emissions inventory for CO emissions. In the final rules portion of this **Federal Register**, EPA is approving the redesignation request as direct final rule without prior proposal because the Agency views this as a noncontroversial revision and anticipates no adverse comments. A detailed rationale for the approval is set forth in the direct final rule. If no adverse comments are received in response to that direct final rule, no further activity is contemplated in relation to this proposal. If EPA receives adverse comments, the direct final rule will be withdrawn in a timely manner and all public comments received will be addressed in a subsequent final rule based on this proposal. EPA will not institute a second comment period on this rule. Any parties interested in commenting on this rule should do so at this time.

**DATES:** Comments must be received on or before December 2, 1998.

**ADDRESSES:** Comments may be mailed to Susan Studlien, Deputy Director, Office of Ecosystem Protection (mail code CAA), U.S. Environmental Protection Agency, Region I, JFK Federal Bldg., Boston, MA 02203-2211. Copies of the State submittal and EPA's technical support document are available for public inspection during normal business hours, by appointment at the Office of Ecosystem Protection, U.S. Environmental Protection Agency, Region I, One Congress Street, 11th floor, Boston, MA and the Bureau of Air Management, Department of Environmental Protection, State Office Building, 79 Elm Street, Hartford, CT 06106-1630.

**FOR FURTHER INFORMATION CONTACT:** Jeffrey S. Butensky, Environmental Planner, Air Quality Planning Unit of the Office of Ecosystem Protection (mail code CAQ), U.S. Environmental Protection Agency, Region I, JFK Federal Bldg., Boston, MA 02203-2211, (617) 565-3583.

**SUPPLEMENTARY INFORMATION:** For additional information, see the direct final rule which is located in the appropriate Section of this **Federal Register**.

**Authority:** 42 U.S.C. 7401-7671q.

Dated: October 21, 1998.

**John P. DeVillars,**

*Regional Administrator, Region I.*

[FR Doc. 98-29305 Filed 10-30-98; 8:45 am]

BILLING CODE 6560-50-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### 42CFR Parts 5 and 51c

**RIM 0906-AA44**

#### Designation of Medically Underserved Populations and Health Professional Shortage Areas

**AGENCY:** Health Resources and Services Administration, DHHS.

**ACTION:** Proposed rules; extension of public comment period.

**SUMMARY:** This action extends for 60 days the period for public comment on the proposed rules published in the **Federal Register** (63 FR 46538-46555) on September 1, 1998, which would revise the methodology and procedures for designating medically underserved populations and health professional shortage areas. All other information remains unchanged. Because these designations affect numerous areas and providers and because the potential impact of the proposed rules is difficult to ascertain in some cases due to the technical nature of the calculations involved, the agency has decided to extend the period for public comment to enable commenters to provide more thorough and helpful comments.

**DATES:** Comments on these proposed rules are invited, and, to be considered, must be submitted on or before January 4, 1999.

**ADDRESSES:** Comments should be submitted in writing to: Office of Program and Policy Development, Bureau of Primary Health Care, 7th Floor, 4350 East-West Highway, Bethesda, MD 20814.

**FOR FURTHER INFORMATION CONTACT:** Richard Lee, 301-594-4280.

(**Authority:** 42 U.S.C. 254c and 42 U.S.C. 2543.)

Dated: October 22, 1998.

**Claude Earl Fox,**

*Administrator, Health Resources and Services Administration.*

Approved: October 27, 1998.

**Donna E. Shalala,**

*Secretary, Department of Health and Human Services.*

[FR Doc. 98-29273 Filed 10-30-98; 8:45 am]

BILLING CODE 4160-15-M

## DEPARTMENT OF TRANSPORTATION

### Coast Guard

#### 46 CFR Part 45

[USCG 1998-4623]

RIN 2115-AF38

#### Limited Service Domestic Voyage Load Lines for River Barges on Lake Michigan

**AGENCY:** Coast Guard, DOT.

**ACTION:** Notice of proposed rulemaking.

**SUMMARY:** The Coast Guard proposes to allow certain unmanned dry cargo river barges to be exempt from the normal Great Lakes load line requirements to operate on Lake Michigan. Instead, these river barges would need to obtain a limited domestic service load line for two specific routes (between Chicago, Illinois and Milwaukee, Wisconsin; and between Chicago and Muskegon, Michigan). This proposed rule will allow certain non-hazardous cargoes originating at inland river ports to be directly transported as far as Milwaukee and Muskegon by river barge, thereby realizing the benefits of the relatively low cost-per-ton-mile of river barge transportation.

**DATES:** Comments must reach the Coast Guard on or before January 4, 1999.

**ADDRESSES:** You may mail comments to the Docket Management Facility, (USCG 1998-4623), U.S. Department of Transportation, Room PL-401, 400 Seventh Street SW, Washington, DC 20593-001, or deliver them to room PL-401, on the Plaza Level of the Nassif Building at the same address, between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays. The telephone number is 202-267-1477.

The Docket Management Facility maintains the public docket for this rulemaking. Comments and documents, as indicated in this preamble, will become part of this docket and will be available for inspection or copying at room PL-401 on the Plaza Level of the Nassif Building at the same address between 9 a.m. and 5 p.m., Monday through Friday, except Federal holidays. You may also access this docket on the Internet at <http://dms.dot.gov>.

**FOR FURTHER INFORMATION CONTACT:** For questions on this proposed rule, contact Mr. Thomas Jordan, Office of Marine Safety and Environmental Protection (G-MSE-2), U.S. Coast Guard Headquarters, Room 1308, telephone 202-267-0142. For questions on viewing or submitting material to the docket, contact Dorothy Walker, Chief,