

Paragraph 8. On page 13338 in amendatory instruction 23, paragraph (f)(6)(iii)(E) of § 31.303 was redesignated as paragraph (f)(6)(iii)(D) of § 31.303. Redesignated paragraph (f)(6)(iii)(D) is corrected to read as follows:

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(f) * * *

(6) * * *

(iii) * * *

(D) *Waiver maximum.* A State may receive a waiver of termination of eligibility from the Administrator under paragraph (f)(6)(iii)(C) of this section for a combined maximum of four Formula Grant Awards through Fiscal Year 1993. No additional waivers will be granted.

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John J. Wilson,

Deputy Administrator, Office of Juvenile Justice and Delinquency Prevention.

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DEPARTMENT OF DEFENSE

Department of the Army

33 CFR Part 222

Periodic Inspection and Continuing Evaluation of Completed Civil Works Structures and Inspection and Evaluation of Corps of Engineers Bridges; Rescission

AGENCY: U.S. Army Corps of Engineers, DOD.

ACTION: Rescission of regulations.

SUMMARY: This final rule rescinds regulations concerning periodic inspection and continuing evaluation of completed civil works structures and inspection and evaluation of Corps of Engineers bridges. Both regulations are no longer required to be published in the Code of Federal Regulations because they are for "in-house" guidance only. This rule renumbers the remaining regulations in part 222.

EFFECTIVE DATE: March 20, 1995.

ADDRESSES: U.S. Army Corps of Engineers, Engineering Division, Directorate of Civil Works, Washington, DC 20314-1000.

FOR FURTHER INFORMATION CONTACT: Paul D. Barber or Yung Kuo, (202) 504-4533.

SUPPLEMENTARY INFORMATION:

List of Subjects in 33 CFR Part 222

Bridges, Dams, Reservoirs. Safety, Water resources.

For the reasons set forth in the preamble, 33 CFR part 222 is amended as follows:

PART 222—ENGINEERING AND DESIGN

1. The authority citations for part 222 continues to read as follows:

Authority: 23 U.S.C. 116(d); delegation in 49 CFR 1.45(b); 33 U.S.C. 467 et seq.; 33 U.S.C. 701, 701b, and 701c-1 and specific legislative authorization Acts and Public Laws listed in appendix E of § 222.7.

2. Sections 222.2 and 222.3 are removed and §§ 222.4 through 222.8 are redesignated as §§ 222.2 through 222.6.

Gregory D. Showalter,

Army Federal Register Liaison Officer.

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DEPARTMENT OF VETERANS AFFAIRS

38 CFR Part 4

RIN 2900-AE72

Schedule for Rating Disabilities; Gynecological Conditions and Disorders of the Breast

AGENCY: Department of Veterans Affairs.
ACTION: Final regulation.

SUMMARY: This document amends the section of the Department of Veterans Affairs (VA) Schedule for Rating Disabilities on Gynecological Conditions and Disorders of the Breast. This amendment is based on a General Accounting Office (GAO) study noting that there has been no comprehensive review of the rating schedule since 1945, and recommending that such a review be conducted. The intended effect of this action is to update the gynecological and breast disorders section of the rating schedule to ensure that it uses current medical terminology, unambiguous criteria, and that it reflects medical advances which have occurred since the last review.

EFFECTIVE DATE: This amendment is effective May 22, 1995.

FOR FURTHER INFORMATION CONTACT: Carol McBride, M.D., Consultant, Regulations Staff, Compensation and Pension Service, Veterans Benefits Administration, Department of Veterans Affairs, 810 Vermont Avenue NW., Washington, DC 20420, (202) 273-7210.

SUPPLEMENTARY INFORMATION: In December 1988, the General Accounting Office (GAO) recommended that VA prepare a plan for a comprehensive review of the rating schedule and, based on the results, revise the medical criteria accordingly. As part of the process to implement these recommendations, VA published in the

Federal Register of March 26, 1992 (57 FR 10450-53) a proposal to amend 38 CFR 4.116 and 4.116a. Interested persons were invited to submit written comments, suggestions, or objections on or before April 27, 1992. We received comments from Disabled American Veterans, Veterans of Foreign Wars, Paralyzed Veterans of America, and from several VA employees.

Two commenters suggested that we revise the proposed criteria for rating endometriosis under diagnostic code (DC) 7629, placing the emphasis on pain and abnormal bleeding rather than on headaches.

Upon further review, VA concurs that symptoms such as headaches and muscle cramps are not the most appropriate criteria for evaluating endometriosis, and we have therefore modified the proposed criteria. At the 50 percent level, the proposed criteria specified endometriomas larger than 2x2 cm., ovary or tubes bound down or obstructed by adhesions, or obliteration of the cul-de-sac. These criteria have been modified to call for lesions involving the bladder or bowel confirmed by laparoscopy, pelvic pain or heavy or irregular bleeding not controlled by treatment, and bowel or bladder symptoms. The proposed 30 percent level called for several lesions or minimal adhesions with side effects such as headaches, muscle cramps, or edema despite treatment; but the schedule has been revised to require pelvic pain or heavy or irregular bleeding not controlled by treatment.

One commenter suggested that we include 10 percent and 100 percent levels for evaluation of endometriosis.

Upon further consideration we have added a 10 percent level for those cases in which pain or bleeding requires continuous treatment. However, endometriosis does not in our judgment reach the level of total disability. Some women have incapacitating symptoms, but on a cyclic basis related to their menstrual periods. Others have milder symptoms on a constant basis. Providing a 50 percent level recognizes the substantial level of disability that women may experience because of endometriosis, but we believe that, in general, the highest level of disability assigned for a condition should not exceed the evaluation for absence of the organ involved. In this case, 50 percent for removal of the uterus and both ovaries is the highest post-surgical evaluation.

One individual suggested that a convalescent period of six months at 100 percent should be provided for endometriosis following surgery or other corrective procedure.