

currently approximately \$140M. This proposed rule will not mandate any requirements for state, local, or tribal governments or the private sector.

Public Law 96–511, “Paperwork Reduction Act” (44 U.S.C. Chapter 35)

This rulemaking does not contain a “collection of information” requirement, and will not impose additional information collection requirements on the public under Public Law 96–511, “Paperwork Reduction Act” (44 U.S.C. chapter 35).

Executive Order 13132, “Federalism”

This proposed rule has been examined for its impact under Executive Order 13132, and it does not contain policies that have federalism implications that would have substantial direct effects on the States, on the relationship between the national Government and the States, or on the distribution of powers and responsibilities among the various levels of Government. Therefore, consultation with State and local officials is not required.

List of Subjects in 32 CFR Part 199

Claims, Dental health, Health care, Health insurance, Individuals with disabilities, Military personnel.

Accordingly, 32 CFR part 199 is proposed to be amended as follows:

PART 199—[AMENDED]

■ 1. The authority citation for part 199 continues to read as follows:

Authority: 5 U.S.C. 301; 10 U.S.C. Chapter 55.

■ 2. Section 199.4 is amended by revising paragraph (c)(3)(x)(A) to read as follows:

§ 199.4 Basic program benefits.

* * * * *

(c) * * *
(3) * * *
(x) * * *

(A) The services are prescribed and monitored by a physician or other TRICARE authorized allied health professional acting within the scope of their license.

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■ 3. Section 199.6 is amended by revising paragraph (c)(3)(iii)(K)(2) to read as follows:

§ 199.6 TRICARE-authorized providers.

* * * * *

(c) * * *
(3) * * *
(iii) * * *
(K) * * *

(2) The services of the following individual professional providers of

care, to be considered for benefits on a fee-for-service basis, may be provided only if the beneficiary is referred by a physician or other TRICARE authorized Allied Health Professional acting within the scope of their license and a physician or other TRICARE authorized Allied Health Professional acting within the scope of their license must also provide continuing and ongoing oversight and supervision of the program or episode of treatment provided by these individual paramedical providers.

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Dated: April 2, 2019.

Aaron T. Siegel,

Alternate OSD Federal Register Liaison Officer, Department of Defense.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Part 493

[CMS–3355–N]

RIN 0938–AT55

Clinical Laboratory Improvement Amendments of 1988 (CLIA) Proficiency Testing Regulations Related to Analytes and Acceptable Performance; Extension of Comment Period

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS; Centers for Disease Control and Prevention (CDC), HHS.

ACTION: Proposed rule; extension of comment period.

SUMMARY: This document extends the comment period for the notice of proposed rulemaking with comment entitled “Clinical Laboratory Improvement Amendments of 1988 (CLIA) Proficiency Testing Regulations Related to Analytes and Acceptable Performance” that appeared in the February 4, 2019 **Federal Register**. The comment period for the proposed rule, which would end on April 5, 2019, is extended 60 days.

DATES: The comment period for the proposed rule published February 4, 2019, at 84 FR 1536, is extended to 5 p.m., eastern daylight time, on June 4, 2019.

ADDRESSES: You may submit comments as outlined in the February 4, 2019

proposed rule (84 FR 1536). Please choose only one method listed.

FOR FURTHER INFORMATION CONTACT: Sarah Bennett, CMS, (410) 786–3531; or Nancy Anderson, CDC, (404) 498–2741.

SUPPLEMENTARY INFORMATION:

In the “Clinical Laboratory Improvement Amendments of 1988 (CLIA) Proficiency Testing Regulations Related to Analytes and Acceptable Performance” proposed rule that appeared in the February 4, 2019 **Federal Register** (84 FR 1536), we solicited public comments on proposed changes to current proficiency testing (PT) analytes, including acceptance limits, in addition to technical changes to the PT referral regulations to more closely align them with the CLIA statute.

We received an inquiry from several PT programs regarding the 60-day comment period for the proposed rule. The commenters stated that providing all stakeholders additional time to review and comment would allow them to conduct a more comprehensive review in order to develop detailed responses to the technical aspects of this proposed rule given that it would represent the first comprehensive change to the PT regulations since the implementation of CLIA in 1992.

In order to maximize the opportunity for the public to provide meaningful input to CMS and CDC, we believe that it is important to allow additional time for the public to prepare comments on the proposed rule. In addition, we believe that granting an extension to the public comment period in this instance would further our overall objective to obtain public input on the potential changes related to PT that we are considering. Therefore, we are extending the comment period for the proposed rule for an additional 60 days.

Dated: March 29, 2019.

Seema Verma,

Administrator, Centers for Medicare & Medicaid Services.

Dated: April 1, 2019.

Robert Redfield,

Director, Centers for Disease Control and Prevention and Administrator, Agency for Toxic Substances and Disease Registry.

[FR Doc. 2019–06819 Filed 4–4–19; 8:45 am]

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