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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Public Health Service



MATERNAL AND CHILD HEALTH AND CRIPPLED CHILDREN'S SERVICES PROGRAMS

Proposed Rules

DEPARTMENT OF HEALTH,
EDUCATION, AND WELFARE

Public Health Service

[42 CFR Parts 51a, 203]

MATERNAL AND CHILD HEALTH AND
CRIPPLED CHILDREN'S SERVICES PRO-
GRAMS OF PROJECTS

Notice of Proposed Rulemaking

Notice is hereby given that the Assistant Secretary for Health of the Department of Health, Education, and Welfare, with the approval of the Secretary of Health, Education, and Welfare, proposes to amend Subpart A of Part 51a of Title 42, Code of Federal Regulations, by the insertion therein of five new sections. The purpose of the new sections is to implement sections 505(a) (8), (9), and (10) of the Social Security Act. Those provisions require that, effective July 1, 1974, each State, in order to be entitled to payments from allotments under section 503, must include in its State plan for maternal and child health services and services for crippled children "program[s] (carried out directly or through grants or contracts) of projects described in" sections 508, 509, and 510 of the Act. The new sections are intended to implement this requirement with respect to the five types of projects "described in" sections 508, 509, and 510:

1. Projects for maternity and infant care (section 508(a) (1)).
2. Projects for intensive infant care (section 508(a) (2)).
3. Projects for family planning services (section 508(a) (3)).
4. Projects for health of children and youth (section 509(a)).
5. Projects for dental health of children (section 510(a)).

The provisions of the proposed new sections in the form of proposed guidelines have been widely disseminated to the respective State maternal and child health agencies and to projects formerly supported by grants under sections 508, 509, and 510, and have been the subject of considerable discussion and consultation between such agencies and organizations, as well as other groups to whom the guidelines have been made available, and Federal program administrators. Accordingly, and in view of the need to promulgate final regulations at an early date to assist States in developing their final fiscal year 1975 maternal and child health State plans, it is requested that interested persons forward their comments to the address set forth below on or before April 24, 1975.

One point that should be emphasized is that the proposed regulations, in carrying out the Congressional intent expressed in sections 505(a) (8), (9), and (10), in no way change the goal of Title V of the Social Security Act: to provide quality health services for prospective mothers, infants, and children, particularly in urban and/or low-income areas where access to quality care is otherwise limited. And, although these proposed regulations contain provisions describing the method by which projects may be reduced in terms of areas or popula-

tions served if funds are limited (see, e.g., § 51a.124(c) (9)), it is the intention of the Secretary that existing projects should be maintained at their current strength whenever possible, by whatever means are consistent with the policies of, and funds available to, the States. It should also be noted that nothing in such regulatory provisions affects the requirement imposed by section 516(a) (2) of the Act that, in order to be eligible for a supplementary allotment under sec. 516, a State must have in effect arrangements which the Secretary finds will provide for the continuation of appropriate services to population groups previously receiving services from funds under sections 508, 509, 510 (whether or not a State has designated its existing project(s) among its programs of projects).

Further, the proposed regulations, in line with sections 505(a) (8), (9), and (10) of the Act, require the inclusion of programs of projects carried out by the State agency directly or through grants and contracts, without reference to the source of funds for the support of such projects. As a matter of program policy, therefore, it has been concluded that such programs may include projects supported in whole or in part by funds appropriated under Federal statutes other than Title V of the Social Security Act. Such inclusion is of course conditioned upon such projects meeting the applicable requirements of Title V and these regulations; and no such other Federal support, or any non-Federal expenditures required as a condition of such support, may be counted toward the non-Federal financial participation required pursuant to Title V. Specifically, family planning services projects supported by grants to State maternal and child health agencies under Title X of the Public Health Service Act are in general suitable for inclusion in the program of projects for family planning services required by § 51a.125 of the proposed regulations. Other projects will be evaluated against the applicable regulations on a case-by-case basis.

Interested persons are invited to submit written comments, suggestions, or objections concerning the proposed amendments to Part 51a, Subpart A, to the Director, Division of Policy Development, Bureau of Community Health Services, Health Services Administration, Room 6-17, 5600 Fishers Lane, Rockville, Md. 20852, on or before April 24, 1975. All comments received in response to this notice will be available for public inspection in the above-named office during regular business hours.

It is therefore proposed to amend Subpart A of Part 51a of Title 42 as set forth below.

Dated: March 17, 1975.

THEODORE COOPER,
Acting Assistant
Secretary for Health.

Approved: March 19, 1975.

CASPAR W. WEINBERGER,
Secretary.

1. Part 203 and Subparts B and C of Part 51a are revoked.

2. Subpart A of Part 51a is amended by redesignating §§ 51a.123-132 thereof as §§ 51a.128-137, respectively, and adding thereto the following new sections:

§ 51a.123 Program of projects for maternity and infant care.

(a) The State plan shall incorporate by reference documents providing for a program of projects (carried out by the State agency directly or through grants and contracts) described in section 508 (a) (1) of the Act, particularly in areas with concentrations of low-income families, which offers reasonable assurance of satisfactorily helping to reduce (1) the incidence of mental retardation and other handicapping conditions caused by complications associated with childbearing and (2) infant and maternal morbidity and mortality, through provision of necessary health care to prospective mothers (including, after childbirth, health care to mothers and their infants) who have or are likely to have conditions associated with childbearing or who are in circumstances which increase the hazards to the health of mothers or their infants (including those which may cause physical or mental defects in the infants).

(b) The Secretary, in determining whether the program of projects described in the documents incorporated by reference offers reasonable assurance of achieving the above-stated objectives, will take into consideration the degree to which such program of projects provides for:

(1) Appropriate diagnostic, preventive, prenatal, and postnatal health care and services, including hospital care and delivery services, and family planning services, for women and infants within the area served by the program of projects.

(2) The prompt delivery of care and services.

(3) Procedures to insure coordination and continuation of care and services, including active follow-up of cases.

(4) Income standards for determining eligibility for treatment services, which are to be applied flexibly with due regard to family size and income and the family's other financial responsibilities in relation to the cost of required care.

(5) Staff and/or consultants in the State maternal and child health program, or in each project, that will insure adequacy of services.

(6) Arrangements for the provision of services to those women and infants within the area served by the program of projects for whom the program of projects cannot provide care.

(7) The coordination of health care and services provided under the program with, and utilization (to the extent feasible) of, other health and welfare resources.

(8) Other medical care as defined in § 51a.101(d) of these regulations.

(c) The State plan shall contain the following assurances:

(1) That the program of projects will provide services particularly in areas with concentrations of low-income families, with priority given to the areas having the greatest need for such services, whether urban or rural.

(2) That diagnostic and preventive prenatal and postnatal services will be available without charge to all women, and diagnostic and preventive services will be available without charge to all infants, within the area served by the program of projects.

(3) That treatment services (including labor and delivery services and correction of defects) will be available only to women and infants who would not otherwise receive them because they are from low-income families or for other reasons beyond their control.

(4) That services will be available to patients from outside the area served by each project only if it is determined by the project director that provision of such services will best promote the purposes of the program of projects under this section.

(5) That treatment will be provided to women and infants who are not from low-income families but who would not otherwise receive such services for reasons beyond their control only if such treatment does not reduce the delivery of necessary services to women and infants from low-income families. In those instances where charges are made for treatment services provided to women and infants who are not from low-income families, such charges shall be applied flexibly with due regard to family size and income and the family's other financial responsibilities in relation to the cost of required care. Full disclosure of such payment scales and the factors by which they are applied shall be made available to the payors and providers as well as to the patients and their families. The established basic payment schedule shall not exceed actual costs. Every reasonable effort will be made to collect from third-party payment sources (including Government agencies) which are authorized or under legal obligation to make such payments. Where the cost of care and services furnished by or through the program of projects is to be reimbursed by a Government agency, a written agreement with that agency is required. Reimbursement may be made either to the project or directly to the provider, in accordance with such agreement.

(6) That the program of projects will be administered by the State maternal and child health program unit, either directly or through grants or contracts, and that each project within such program of projects will be under the direction of a single director, responsible for the overall direction of the project, who will be a full-time employee of that project: *Provided*, That the State agency may, in particular cases, approve the appointment of a project director who is employed less than full time where the State agency finds that such appointment is consistent with the purposes of the program.

(7) That medical care and services provided by each project will be under the direction and responsibility of a physician with appropriate training and experience.

(8) That determinations of eligibility for services under each project will be made by the project director or a member of the project staff designated by him, and will be in accordance with the Act, these regulations, and the policies and procedures promulgated thereunder, and in accordance with the approved State plan.

(9) That to the extent that funds are inadequate for the provision of necessary health care, the program of projects will be curtailed in terms of areas or population served, or similar factors, and not in terms of the care and services provided under the program.

§ 51a.124 Program of projects for intensive infant care.

(a) The State plan shall incorporate by reference documents providing for a program of projects (carried out by the State agency directly or through grants and contracts) described in section 508

(a) (2) of the Act, particularly in areas with concentrations of low-income families, which offer reasonable assurance of satisfactorily helping to reduce (1) the incidence of mental retardation and other handicapping conditions caused by complications associated with child-bearing and (2) infant and maternal morbidity and mortality, through the provision of necessary health care to infants, during the first year of life, who have any conditions or who are in circumstances which increase the hazards to their health.

(b) The Secretary, in determining whether the program of projects described in the documents incorporated by reference offers reasonable assurance of achieving the above-stated objectives, will take into consideration the degree to which the program of projects provides for:

(1) Appropriate services for intensive care of infants, including surgical and specialized consultative services, and for follow-up care of the infant during the first year of life.

(2) The prompt delivery of care and services.

(3) Transportation for the infant and parent, as appropriate.

(4) Procedures to insure coordination and continuation of care and services, including active follow-up of cases.

(5) Income standards for determining eligibility for treatment services, which are to be applied flexibly with due regard to family size and income and the family's other financial responsibilities in relation to the cost of required care.

(6) Staff and/or consultants in the State maternal and child health program, or in each project, that will insure adequacy of services.

(7) Arrangements for the provision of services to those infants within the area served by the program of projects for whom the program of projects cannot provide services.

(8) Coordination of necessary health care and services provided under the program with, and utilization (to the extent feasible) of, other health and welfare resources.

(9) Other medical care as defined in § 51a.101(d) of these regulations.

(c) The State plan shall contain the following assurances:

(1) That the program of projects will provide services particularly in areas with concentrations of low-income families, with priority given to the areas having the greatest need for such services, whether urban or rural.

(2) That services will be available only to infants who would otherwise not receive them because they are from low-income families or for other reasons beyond their control.

(3) That services will be available to infants from outside the area served by each project only if it is determined by the project director that provision of such services will best promote the purposes of the program of projects under this section.

(4) That services will be provided to infants who are not from low-income families but who would not otherwise receive such services for reasons beyond their control only if such treatment does not reduce the delivery of necessary services to infants from low-income families. In those instances where charges are made for services provided to infants who are not from low-income families, such charges shall be applied flexibly with due regard to family size and income and the family's other financial responsibilities in relation to the cost of required care. Full disclosure of such payment scales and the factors by which they are applied shall be made available to the payors and providers as well as to the patients and their families. The established basic payment schedule shall not exceed actual costs. Every reasonable effort will be made to collect from third-party payment sources (including Government agencies) which are authorized or under legal obligation to make such payments. Where the cost of care and services furnished by or through the program of projects is to be reimbursed by a Government agency, a written agreement with that agency is required. Reimbursement may be made either to the project or directly to the provider, in accordance with such agreement.

(5) That the program of projects will be administered by the State maternal and child health program unit, either directly or through grants or contracts, and that each project within such program of projects will be under the direction of a single director, responsible for the overall direction of the project, who will be a full-time employee of that project: *Provided*, That the State agency may, in particular cases, approve the appointment of a project director who is employed less than full time where the State agency finds that such appointment is consistent with the purposes of the program.

(6) That medical care and services provided by each project will be under

the direction and responsibility of a physician with appropriate training and experience.

(7) That determinations of eligibility for services under each project will be made by the project director or a member of the project staff designated by him, and will be in accordance with the Act, these regulations, and the policies and procedures promulgated thereunder, and in accordance with the approved State plan.

(8) That to the extent that funds are inadequate for the provision of necessary health care, the program of projects will be curtailed in terms of areas or population served, or similar factors, and not in terms of the care and services provided under the program.

§ 51a.125 Program of projects for family planning services.

(a) The State plan shall incorporate by reference documents providing for a program of projects (carried out by the State agency directly or through grants and contracts), described in section 508 (a) (3) of the Act, particularly in areas with concentrations of low-income families, which offers reasonable assurance of satisfactorily helping to reduce (1) the incidence of mental retardation and other handicapping conditions caused by complications associated with child-bearing, and (2) infant and maternal morbidity and mortality, through the provision of family planning services.

(b) The Secretary, in determining whether the program of projects described in the documents incorporated by reference offers reasonable assurance of achieving the above-stated objectives, will take into consideration the degree to which the program of projects provides for:

(1) Counseling and interpretation to individuals of the services offered by the project, and public education and information services.

(2) Medical services that include a medical examination under the direction of a physician with special training and experience in family planning, and the services of allied health personnel.

(3) Comprehensiveness and continuity in the health management and supervision of patients receiving family planning services.

(4) The prompt delivery of family planning services.

(5) Income standards for determining eligibility for family planning services, which are to be applied flexibly with due regard to family size and income and the family's other financial responsibilities in relation to the cost of such services.

(6) Staff and/or consultants in the State maternal and child health program, or in each project, that will insure adequacy of services.

(7) Arrangements for the provision of services for those women within the area served by the program of projects for whom the program of projects cannot provide care.

(8) The coordination of health care and services provided under the program with, and the utilization (to the extent feasible) of, other health and welfare resources.

(c) The State plan also shall contain the following assurances:

(1) That the program of projects will provide services particularly in areas with concentrations of low-income families with priority given to the areas having the greatest need for such services, whether urban or rural.

(2) That a variety of medically approved methods of family planning, including the rhythm method, will be available and supplied to all persons within the area served by the program of projects.

(3) That family planning services and supplies include at least physician's consultation, examination, and continuing supervision, necessary laboratory examinations and tests; medically approved contraception through chemical, mechanical, or other means; surgical procedures for voluntary sterilization; and evaluation of women for infertility and referral to other appropriate resources when services are not provided by the project.

(4) That treatment services will be available only to women who otherwise would not receive them because they are from low-income families or for other reasons beyond their control.

(5) That services will be provided without regard to age or marital status.

(6) That services will be available to women from outside the area served by each project only if it is determined by the project director that provision of such services will best promote the purposes of the program of projects under this section.

(7) That services will be provided to women who are not from low-income families but who would not otherwise receive such services for reasons beyond their control only if the provision of such services does not reduce the delivery of services to persons from low-income families. In those instances where charges are made for services provided to persons who are not from low-income families, such charges shall be applied flexibly, with due regard to family size and income and the family's other financial responsibilities in relation to the cost of such services. Full disclosure of such payment scales and the factors by which they are applied shall be made available to the payors and providers as well as to the patients and their families. The established basic payment schedule shall not exceed actual costs. Every reasonable effort will be made to collect from third-party payment sources (including Government agencies) which are authorized or under legal obligation to make such payments. Where the cost of care and services furnished by or through the program of projects is to be reimbursed by a Government agency, a written agreement with that agency is required. Reimbursement may be made either to the

project or directly to the provider, in accordance with such agreement.

(8) That the program of projects will be administered by the State maternal and child health program unit, either directly or through grants or contracts. However, where there is a separate unit of the State agency with specific responsibility for family planning services, the program of projects may be conducted in that unit subject to the requirements of § 51a.104(a). Each project within such program of projects will be under the direction of a single director, responsible for the overall direction of the project, who will be a full-time employee of that project: *Provided*, That the State agency may, in particular cases, approve the appointment of a project director who is employed less than full time where the State agency finds that such appointment is consistent with the purposes of the program.

(9) That family planning medical services provided by the project will be under the direction and responsibility of a physician with appropriate training and experience.

(10) That determinations of eligibility for services under each project will be made by the project director or a member of the project staff designated by him, and will be in accordance with the Act, these regulations and the policies and procedures promulgated thereunder, and in accordance with the approved State plan.

(11) That the program of projects will be in addition to the demonstration services referred to in § 51a.117.

(12) That to the extent that funds are inadequate for the provision of necessary family planning services, the program of projects will be curtailed in terms of areas or population served, or similar factors, and not in terms of the care and services provided under the program.

§ 51a.126 Program of projects for health of children and youth.

(a) The State plan shall incorporate by reference documents providing for a program of projects (carried out by the State agency directly or through grants and contracts), described in section 509 (a) of the Act, which offers reasonable assurance of satisfactorily promoting the health of children and youth of school or preschool age, particularly in areas with concentrations of low-income families, through provision of health care and services of a comprehensive nature for children and youth of school age, or for preschool children (to help them prepare for school).

(b) The Secretary, in determining whether the program of projects described in the documents incorporated by reference offers reasonable assurance of achieving the above-stated objectives, will take into consideration the degree to which the program of projects provides for:

(1) Medical and dental care, including screening, diagnosis, preventive services, treatment, correction of defects,

and aftercare, the scope and content of which are to be in accordance with generally recognized medical standards; e.g., preventive services must include periodic check-ups and necessary immunizations; diagnosis must include thorough medical and dental examinations and indicated laboratory tests and speciality examinations; treatment must include services of medical and dental paramedical practitioners; inpatient and outpatient hospital services, and such other care and services as are medically indicated, must be provided.

(2) The prompt delivery of care and services.

(3) Procedures to insure coordination and continuation of care and services, with active follow-up of cases.

(4) Income standards for determining eligibility for treatment services, which are to be applied flexibly with due regard for family size and income, and the family's other financial responsibilities in relation to the cost of required care.

(5) Staff and/or consultants in the State maternal and child health program, or in each project, that will insure adequacy of services.

(6) Arrangements for the provision of services to those children and youth within the area served by the program of projects for whom the program of projects cannot provide care.

(7) Coordination of health care and services provided under the program with, and utilization (to the extent feasible) of other health, welfare, and education resources.

(8) Other medical care as defined in § 51a.101(i) of these regulations.

(c) The State plan shall contain the following assurances:

(1) That the program of projects will provide services particularly in areas with concentrations of low-income families, with priority given to the areas having the greatest need for such services, whether urban or rural.

(2) That screening, diagnostic, and preventive services will be available without charge to all children and youth within the area served by the program of projects.

(3) That treatment, correction of defects, and aftercare will be available only to children and youth who otherwise would not receive such services because they are from low-income families or for other reasons beyond their control.

(4) That the program of projects will provide comprehensive dental care and services including diagnostic, screening, preventive services, treatment, correction of defects, and aftercare.

(5) That services will be available to patients from outside the area served by each project only if it is determined by the project director that the provision of such services will best promote the purposes of the program of projects under this section.

(6) That treatment, correction of defects, and aftercare will be provided to children and youth who are not from low-income families but who would not otherwise receive such services for reasons beyond their control only if such

treatment does not reduce the delivery of necessary services to children and youth from low-income families. In those instances where charges are made for treatment services provided to children and youth who are not from low-income families, such charges shall be applied flexibly with due regard to family size and income and the family's other financial responsibilities in relation to the cost of required care. Full disclosure of such payment scales and the factors by which they are applied shall be made available to the providers as well as to the patients and their families. The established basic payment schedule shall not exceed actual costs. Every reasonable effort will be made to collect from third-party payment sources (including Government agencies) which are authorized or under legal obligation to make such payments. Where the cost of care and services furnished by or through the program of projects is to be reimbursed by a Government agency a written agreement with that agency is required. Reimbursement may be made either to the project or directly to the provider, in accordance with such agreement.

(7) That the program of projects will be administered by the State maternal and child health program unit, either directly or through grants or contracts, and that each project within such program of projects will be under the direction of a single director, responsible for the overall direction of the project, who will be a full-time employee of that project: *Provided*, That the State agency may in particular cases approve the appointment of a project director who is employed less than full time where the State agency finds that such appointment is consistent with the purposes of the program.

(8) That medical care and services provided by each project will be under the direction and responsibility of a physician with appropriate training and experience.

(9) That determinations of eligibility for services under each project will be made by the project director or a member of the project staff designated by him and will be in accordance with the Act, these regulations and the policies and procedures promulgated thereunder, and in accordance with the approved State plan.

(10) That to the extent that funds are inadequate for the provision of comprehensive health care, the program of projects will be curtailed in terms of areas served or age levels of children served, or similar factors, and not in terms of the care and services provided under the program.

§ 51a.127 Program of projects for dental health of children and youth.

(a) The State plan shall incorporate by reference documents providing for a program (carried out by the State agency directly or through grants and contracts) of projects, described in section 510(a) of the Act, which offers reasonable assurance of satisfactorily promoting the dental health of children and youth of school or preschool age, particularly in areas of

concentrations of low-income families, through the provision of projects of a comprehensive nature for dental care and services for children and youth of school age or preschool age.

(b) The Secretary, in determining whether the program of projects described in the documents incorporated by reference offers reasonable assurance of meeting the above-stated objectives will take into consideration the degree to which the program of projects provides for:

(1) Appropriate screening, diagnosis, preventive services, treatment, correction of defects, and aftercare.

(2) The prompt delivery of care and services.

(3) Procedures to insure coordination and continuation of care and services, including active follow-up of cases.

(4) Income standards for determining eligibility for treatment services, which are to be applied flexibly with due regard for family size and income, and the family's other financial responsibilities in relation to the cost of required care.

(5) Staff and/or consultants in the State maternal and child health program, or in each project that will insure adequacy of services.

(6) Arrangements for the provision of services to those children within the area served by the program of projects for whom the program of projects cannot provide care.

(7) The coordination of health care and services provided under the program with, and utilization (to the extent feasible) of, other health, welfare, and education resources.

(8) Appropriate referral for other medical care if needed.

(c) The State plan shall contain the following assurances:

(1) That the program of projects will provide services particularly in areas with concentrations of low-income families, with priority given to the areas having the greatest need for such services, whether urban or rural.

(2) That diagnostic, screening, and preventive services will be available without charge to all children within the area served by the program of projects.

(3) That treatment, correction of defects, or aftercare will be available only to children who otherwise would not receive such services because they are from low-income families or for other reasons beyond their control.

(4) That services will be available to children from outside the area served by each project only if it is determined by the project director that provision of such services will best promote the purposes of the program of projects under this section.

(5) That treatment, correction of defects, and aftercare will be provided to children and youth who are not from low-income families but who would not otherwise receive such services for reasons beyond their control only if such treatment does not reduce the delivery of necessary services to children from low-income families. In those instances where charges are made for treatment services provided to children who are not

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from low-income families, such charges shall be applied flexibly with due regard to family size and income and the family's other financial responsibilities in relation to the cost of required care. Full disclosure of such payment scales and the factors by which they are applied shall be made available to the providers as well as to the patients and their families. The established basic payment schedule shall not exceed actual costs. Every reasonable effort will be made to collect from third-party payment sources (including Government agencies) which are authorized or under legal obligation to make such payments. Where the cost of care and services furnished by or through the program of projects is to be reimbursed by a Government agency, a written agreement with that agency is required. Reimbursement may be made either to the project or directly to the provider, in accordance with such agreement.

(6) That the program of projects will be administered by the State maternal

and child health program unit, either directly or through grants or contracts. However, where there is a separate unit of the State agency with specific responsibility for dental health services, the program of projects may be conducted in that unit subject to the requirements of § 51a.104(a). Each project within such program of projects will be under the direction of a single director, responsible for the overall direction of the project, who will be a full-time employee of that project: *Provided*, That the State agency may, in particular cases, approve the appointment of a project director who is employed less than full time where the State agency finds that such appointment is consistent with the purposes of the program.

(7) That dental care and services provided by each project will be under the direction and responsibility of a dentist with appropriate training and experience.

(8) That determinations of eligibility for services under each project will be

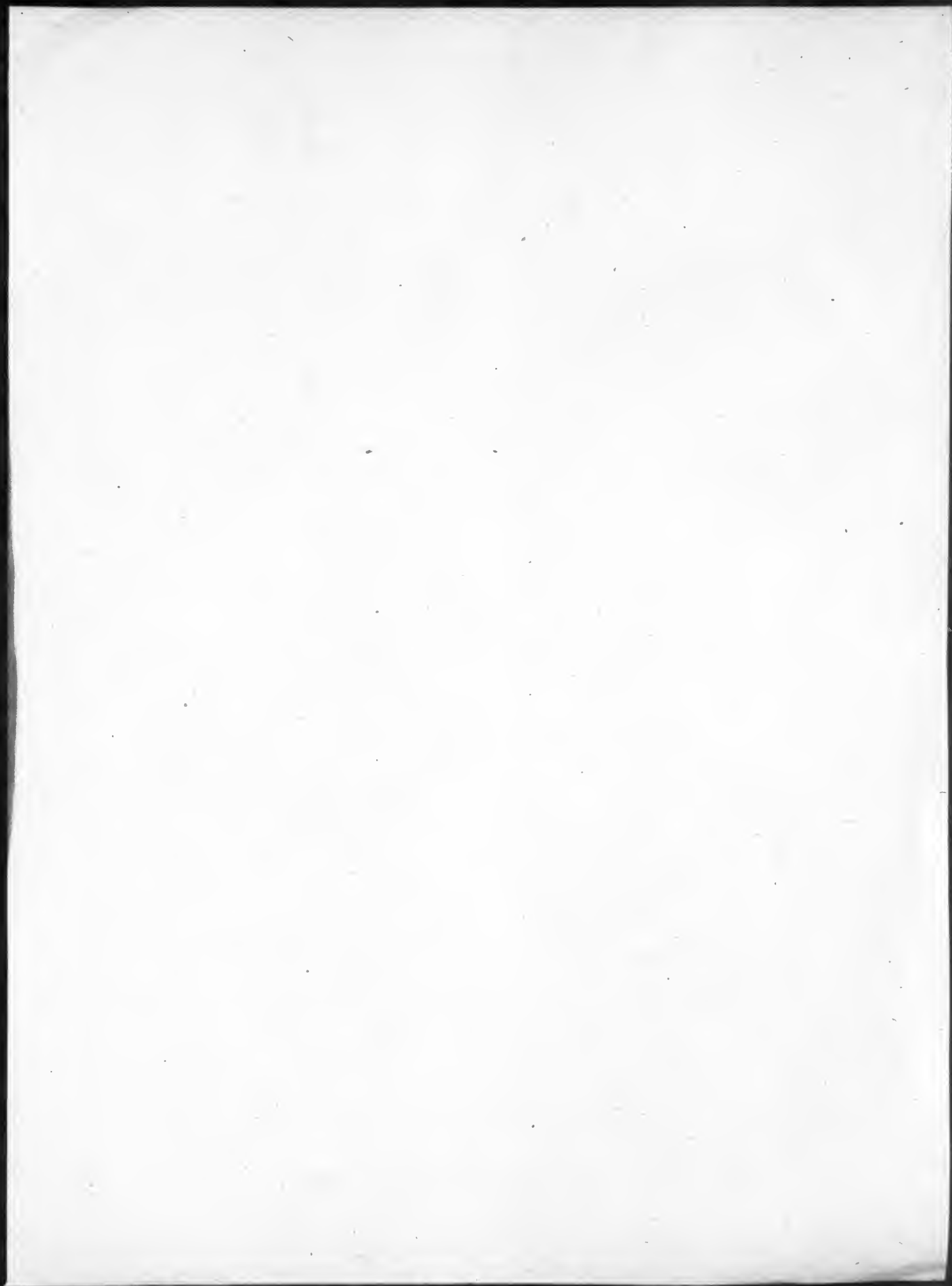
made by the project director or a member of the project staff designated by him and will be in accordance with the Act, these regulations and the policies and procedures promulgated thereunder, and in accordance with the approved State plan.

(9) That to the extent that funds are inadequate for the provision of comprehensive dental care and services, the program of projects will be curtailed in terms of areas served or age levels of children served, or similar factors, and not in terms of the care and services provided under the program.

(10) That the program of projects will be in addition to the demonstration services referred to in § 51a.117.

(d) The State plan may provide, in its program of projects, for research looking toward the development of new methods of diagnosis or treatment, or demonstration of the utilization of dental personnel with various levels of training.

[FR Doc.75-7674 Filed 3-24-75;8:45 am]



Just Released

CODE OF FEDERAL REGULATIONS

(Revised as of January 1, 1975)

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Title 7—Agriculture (Parts 900-944).....	4. 50
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[A Cumulative checklist of CFR issuances for 1975 appears in the first issue of the Federal Register each month under Title 1]

**Order from Superintendent of Documents,
United States Government Printing Office,
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