minors not otherwise able to provide informed consent, will be deemed to lack decision-making capacity for the purposes of this section. If the patient is considered a minor in the state where the VA facility is located and cannot consent to medical treatment, consent must be obtained from the patient's parent or legal guardian. The surrogate generally assumes the same rights and responsibilities as the patient in the informed consent process. The surrogate's decision must be based on his or her knowledge *of what the patient would have wanted, i.e., substituted judgment.* If the patient's wishes are unknown, the decision must be based on the *patient's best interest.* The following persons are authorized to consent on behalf of patients who lack decision-making capacity in the following order of priority:

(1) Health-care agent;

(2) Legal guardian or special guardian;

(3) Next-of-kin: a close relative of the patient eighteen years of age or older, in the following priority: spouse, child, parent, sibling, grandparent, or grandchild; or

(4) Close friend.

(f) *Consent for patients without surrogates:*

(1) If none of the surrogates listed in paragraph (e) of this section are available, the practitioner may request Regional Counsel assistance to obtain a special guardian for health care or follow the procedures outlined in this paragraph (f).

(2) Facilities may use the following process to make treatment decisions for patients who lack decision-making capacity and have no surrogate. For treatments or procedures that involve minimal risk, the practitioner must verify that no authorized surrogate can be located. The practitioner must attempt to explain the nature and purpose of the proposed treatment to the patient and enter this information in the medical record. For procedures that require signature consent, the practitioner must certify that the patient has no surrogate. The attending physician and the Chief of Service (or his or her designee) must indicate their approval of the treatment decision in writing. Any decision to withhold or withdraw life-sustaining treatment for such patients must be reviewed by a multi-disciplinary committee appointed by the facility Director. The committee functions as the patient's advocate and may not include members of the treatment team. The committee must submit its findings and recommendations in a written report to the Chief of Staff who must note his or her approval of the report in writing. After reviewing the record, the facility Director may concur with the decision to withhold or withdraw life support or request further review by Regional Counsel.

(g) *Special consent situations:* In addition to the other requirements of this section additional protections are required in the following situations.

(1) No patient will undergo any unusual or extremely hazardous treatment or procedure, e.g., that which might result in irreversible brain damage or sterilization, except as provided in this paragraph (g). Before treatment is initiated, the patient or surrogate must be given adequate opportunity to consult with independent specialists, legal counsel or other interested parties of his or her choosing. The patient's or surrogate's signature on a VA-authorized consent form must be witnessed by someone who is not affiliated with the VA health-care facility, *e.g.,* spouse, legal guardian, or patient advocate. If a surrogate makes the treatment decision, a multi-disciplinary committee, appointed by the facility Director, must review that decision to ensure it is consistent with the patient's wishes or best interest. The committee functions as the patient's advocate and may not include members of the treatment team. The committee must submit its findings and recommendations in a written report to the facility Director. The Director may authorize treatment consistent with the surrogate's decision or request that a special guardian for health care be appointed to make the treatment decision.

(2) Administration of psychotropic medication to an involuntarily committed patient against his or her will must meet the following requirements. The patient or surrogate must be allowed to consult with independent specialists, legal counsel or other interested parties concerning the treatment with psychotropic medication. Any recommendation to administer or continue medication against the patient's will must be reviewed by a multi-disciplinary committee appointed by the facility Director for this purpose. The facility Director must concur with the committee's recommendation to administer psychotropic medications contrary to the patient's wishes. Continued therapy with psychotropic medication must be reviewed every 90 days. The patient (or a representative on the patient's behalf) may appeal the treatment decision to a court of appropriate jurisdiction.

(3) If a proposed course of treatment or procedure involves approved medical research in whole or in part, the patient or representative shall be advised of this. Informed consent shall be obtained specifically for the administration or performance of that aspect of the treatment or procedure that involves research. Such consent shall be in addition to that obtained for the administration or performance of the nonresearch aspect of the treatment or procedure and must meet the requirements for informed consent set forth in 38 CFR Part 16, Protection of Human Subjects.

(4) Testing for Human Immunodeficiency Virus (HIV) must be voluntary and must be conducted only with the prior informed and signature (written) consent of the patient or surrogate. Patients who consent to testing for HIV must sign VA form 10–012, ''Consent for HIV Antibody Testing.'' This form must be filed in the patient's medical record. Testing must be accompanied by pre-test and post-test counseling.

(Authority: 38 U.S.C. 7331, 7332, 7333)

[FR Doc. 96–19907 Filed 8–6–96; 8:45 am]

BILLING CODE 8320–01–P

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Parts 260, 261, 262, 264, 268, 269 and 271

[FRL–5548–3]

Requirements for Management of Hazardous Contaminated Media (HWIR-media); Proposed Rule—Correction Notice and Notice of Data Availability

AGENCY: Environmental Protection Agency (EPA).

ACTION: Proposed rule; Correction and notice of data availability.

SUMMARY: Since publication of the proposed rule ''Requirements for Management of Hazardous Contaminated Media (HWIR-media)'' (61 FR 18780 (April 29, 1996)), the Agency has become aware of four areas that should be clarified in the proposed rule. First, in the Appendices to Part 269, EPA is correcting the equations used to calculate the soil screening levels for inhalation of soil contaminants that are presented on page 18855 of the notice. These equations, as printed in the proposal, included a volatilization factor term that is not necessary. Second, also in the Appendices to Part 269, Exhibits 1, 2 and 3 appearing on pages 18855 and 18859 were mis-formatted. As a result,

the acronyms, spelled out words, and the values associated with both were not lined up properly. Some commenters have stated that this has made it difficult to determine what assumptions were used in the equations to set the proposed Bright Line concentrations. Third, EPA is clarifying the sources for the assumptions listed in Exhibits 1, 2, and 3. Fourth and finally, commenters observed that EPA did not explain how the groundwater Bright Line concentrations for dioxins and furans were developed. EPA stated in the proposal that the Bright Line concentrations were developed by using the risk values in IRIS or HEAST for each constituent; however, not all the dioxins and furans which had proposed Bright Line values for groundwater have risk values in IRIS or HEAST.[1] EPA is providing the information in today's notice to help commenters to better understand this proposal.

DATES: The comment period on the proposed rule for Requirements for Management of Hazardous Contaminated Media (61 FR 18780) ends on August 28, 1996.

ADDRESSES: Commenters on the HWIR-media proposal must send an original and two copies of their comments referencing Docket Number F–96–MHWP–FFFFF to: (1) If using regular US Postal Service mail: RCRA Docket Information Center, Office of Solid Waste (5305W), U.S. Environmental Protection Agency Headquarters (EPA, HQ), 401 M Street, SW., Washington, DC 20460, or (2) if using special delivery, such as overnight express service: RCRA Docket Information Center (RIC), Crystal Gateway One, 1235 Jefferson Davis Highway, First Floor, Arlington, VA 22202. For other information regarding submitting comments electronically or viewing the comments received and supporting information, please refer to the proposed rule (61 FR 17870 (April 29, 1996)). The RCRA Information Center is located at Crystal Gateway One, 1235 Jefferson Davis Highway, First Floor, Arlington Virginia and is open for public inspection and copying of supporting information for RCRA rules from 9 am to 4 pm Monday through Friday, except for Federal holidays. The public must make an appointment to view docket materials by calling (703) 603–9230. The public may copy a maximum of 100 pages from any regulatory document at no cost. Additional copies cost $0.15 per page.

FOR FURTHER INFORMATION: For general information, call the RCRA Hotline at 1–800–424–9346 or TDD 1–800–553–7672 (hearing impaired). Callers within the Washington Metropolitan Area must dial 703–412–9810 or TDD 703–412–3323 (hearing impaired). The RCRA Hotline is open Monday–Friday, 9 a.m. to 6 p.m., Eastern Standard Time. For more detailed information on specific aspects of the HWIR-media rulemaking, contact Carolyn L. Hoskinson, Office of Solid Waste (5303W), U.S. Environmental Protection Agency, 401 M Street, S.W., Washington, DC 20460, phone (703) 308–8626.

SUPPLEMENTARY INFORMATION: On April 29, 1996, EPA proposed Requirements for Management of Hazardous Contaminated Media (HWIR-media). See 61 FR 18780. The following are corrections to the proposed rulemaking.

Appendices to Part 269

The equations presented on page 18855 to calculate the soil screening levels for inhalation of soil contaminants included a volatilization factor (VF) term that is not necessary. The corrected equations are presented here.

For cancer health effects:

$$SSL = \frac{TR \times AT \times 365\,days/yr}{URF \times 1000\,ug/mg \times EF \times ED \times \left[\frac{1}{PEF}\right]}$$

For non-cancer health effects:

$$SSL = \frac{THQ \times AT \times 365\,days/yr}{EF \times ED \times \left[\frac{1}{RfC}\right] \times \left[\frac{1}{PEF}\right]}$$

Exhibit 1 on page 18855 was mis-formatted and should have appeared as follows:

EXHIBIT 1.—EXPOSURE ASSUMPTIONS USED TO CALCULATE SOIL INHALATION SOIL SCREENING LEVELS*

	Cancer	Non-cancer
SSL = soil screening level	Calculated (mg/kg)	Calculated (mg/kg).
TR = target excess lifetime cancer risk	10^{-6}.	
THQ = target hazard quotient		1.
AT = averaging time	70 years	30 years.
URF = inhalation unit risk factor	Constituent specific $(ug/m^3)^{-1}$.	
RfC = inhalation reference concentration		Constituent specific (mg/m^3).
EF = exposure frequency	350 days/yr	350 days/yr.
ED = exposure duration	30 years	30 years.

[1] U.S. EPA. 1996. Integrated Risk Information System (IRIS). Online Office of Health and Environmental Assessment, National Center for Environmental Assessment, Cincinnati, Ohio. U.S. EPA. 1995a. Health Effects Assessment Summary Table. Annual Update with Supplements. FY–1995. Office of Research and Development, Office of Health and Environmental Assessment, National Center for Environmental Assessment, Cincinnati, Ohio. ECAO–CIN–821.

EXHIBIT 1.—EXPOSURE ASSUMPTIONS USED TO CALCULATE SOIL INHALATION SOIL SCREENING LEVELS*—Continued

	Cancer	Non-cancer
PEF = particulate emission factor	1.32×10^9 m^3/kg	1.32×10^9 m^3/kg.

*These exposure assumptions are presented in the Superfund Soil Screening Guidance: User's Guide, U.S. EPA, Office of Solid Waste and Emergency Response, 9355.4–23, EPA/540/R–96/018, April 1996; Soil Screening Guidance: Technical Background Document, U.S. EPA, Office of Solid Waste and Emergency Response, 9355.4–17A, EPA/540/R–95/128, PB96–963502, May 1996, and were originally presented in Risk Assessment Guidance for Superfund, Volume 1, Human Health Evaluation Manual, (Part A), EPA/540/1–89/002, 1989 and in the Supplemental Guidance to Volume 1: ''Standard Default Exposure Factors,'' EPA Office of Solid Waste and Emergency Response Directive 9285.6–03, National Technical Information Service (NTIS) PB91–921314.

Exhibit 2 on page 18855 was misformatted and should have appeared as follows:

EXHIBIT 2.—EXPOSURE ASSUMPTIONS USED TO CALCULATE SOIL INGESTION SOIL SCREENING LEVELS*

	Cancer	Non-cancer
SSL = soil screening level	Calculated (mg/kg)	Calculated (mg/kg).
TR=target excess lifetime cancer risk	10^{-6}.	
THQ=target hazard quotient		1.
AT=averaging time	70 years	6 years.
BW=body weight		15 kg.
SF=oral slope factor	Constituent specific $(mg/kg\text{-}day)^{-1}$.	
RfD=oral reference dose		Constituent specific (mg/kg-day).
IF=age-adjusted soil ingestion factor	114 mg-yr/kg-day.	
IR=soil ingestion rate		200 mg/day.
EF=exposure frequency	350 days	350 days/yr.
ED=exposure duration		6 years.

*These exposure assumptions are presented in the Superfund Soil Screening Guidance: User's Guide, U.S. EPA, Office of Solid Waste and Emergency Response, 9355.4–23, EPA/540/R–96/018, April 1996; Soil Screening Guidance: Technical Background Document, U.S. EPA, Office of Solid Waste and Emergency Response, 9355.4–17A, EPA/540/R–95/128, PB96–963502, May 1996, and were originally presented in Risk Assessment Guidance for Superfund, Volume 1, Human Health Evaluation Manual, (Part A), EPA/540/1–89/002, 1989 and in the Supplemental Guidance to Volume 1: ''Standard Default Exposure Factors,'' EPA Office of Solid Waste and Emergency Response Directive 9285.6–03. National Technical Information Service (NTIS) PB91–921314.

Exhibit 3 on page 18859 was misformatted and should have appeared as follows:

EXHIBIT 3.—EXPOSURE ASSUMPTIONS USED TO CALCULATE HWIR-MEDIA GROUND WATER BRIGHT LINES*

	Cancer	Non-cancer
C=constituent concentration in groundwater	Calculated (mg/l)	Calculated (mg/l).
TR=target excess lifetime cancer risk	10^{-3}.	
AT=averaging time	70 years	30 years.
BW=body weight	70 kg	70 kg.
SF=oral cancer slope factor	Constituent specific $(mg/kg/day)^{-1}$.	
RfD=oral reference dose		Constituent specific (mg/kg/day).
IR=groundwater ingestion rate	2 liters/day	2 liters/day.
EF=exposure frequency	350 days/year	350 days/year.
ED=exposure duration	30 years	30 years.

*These exposure assumptions are presented Risk Assessment Guidance for Superfund, Volume 1, Human Health Evaluation Manual, (Part A), EPA/540/1–89/002, 1989 and in the Supplemental Guidance to Volume 1: ''Standard Default Exposure Factors,'' EPA Office of Solid Waste and Emergency Response Directive 9285.6–03. National Technical Information Service (NTIS) PB91–921314.

Oral cancer slope factors and oral reference doses were taken from IRIS or HEAST.

In this notice, EPA is clarifying the assumptions used to calculate the HWIR-Media bright-line levels. The exposure assumptions are intended to represent an estimate of the reasonable maximum exposure (RME) for a particular exposure scenario. The goal of RME is to combine upper-bound and mid-range exposure factors so that the result represents an exposure scenario that is both protective and reasonable, but not the worst possible case. In general, exposure factors for ingestion rate, exposure frequency, and exposure duration are upper-bound estimates, while the body weight estimate represents an average value. A discussion of the choice of upper-bound versus mid-range exposure factor estimates is presented in Human Health Evaluation Manual, Supplemental Guidance: Standard Default Exposure Factors, EPA Office of Solid Waste and Emergency Response Directive 9285.6–03. National Technical Information Service (NTIS) PB91–921314.

Calculation of Groundwater Bright Lines for Dioxins and Furans

Polychlorinated dibenzodioxins (PCDDs) and polychlorinated dibenzofurans (PCDFs) are halogenated aromatic hydrocarbons with similar physical and chemical properties. The most widely studied of these compounds is 2,3,7,8-tetrachlorodibenzo-p-dioxin (2,3,7,8,-TCDD). In fact, among dioxins and furans, it is the only compound for which toxicity benchmarks have been established by EPA. An oral cancer slope factor of 1.6E+5 (mg/kg/day)-1 was used to calculate the groundwater Bright Line concentration for this compound.[2] Toxicity benchmarks (e.g., cancer slope factor) were developed for other dioxins and furans by applying a scaling factor to the CSF for 2,3,7,8–TCDD. These scaling factors, known as toxicity equivalency factor (TEF) values, are estimates of the toxicity of dioxin-like compounds relative to 2,3,7,8–TCDD, which is assigned a TEF of 1. The TEF procedure was developed under the auspices of the North Atlantic Treaty Organization's Committee on Challenges of Modern Society (NATO/CCMS) to promote international consistency in addressing contamination involving CDDs and CDFs.[3] EPA has adopted the TEFs as an interim procedure for assessing the risks associated with exposures to complex mixtures of CDDs and CDFs.[4] The following table presents the TEFs for dioxins and furans as well as the calculated CSFs that were used to calculate the proposed HWIR-media Bright Line concentrations.

TOXICITY EQUIVALENCY FACTORS AND CALCULATED TOXICITY BENCHMARKS

Compound CAS number	Compound name	Published CSF (from HEAST) (mg/kg-day) $^{-1}$	TEF	Calculated CSF (mg/kg–day) $^{-1}$
1746–01–6	2,3,7,8–TCDDDioxin.	1.6E+5	1	1.6E+5
51207–31–9	2,3,7,8–TCDFuran.	NA	0.1	1.6E+04
57117–31–4	2,3,4,7,8–PeCDFuran.	NA	0.5	7.8E+04
99999–01–0	2,3,7,8–PeCDdioxins.	NA	0.5	7.8E+04
99999–04–0	1,2,3,7,8–PeCDfurans.	NA	0.05	7.8E+03
99999–02–0	2,3,7,8–HxCDdioxins.	NA	0.1	1.6E+04
99999–05–0	2,3,7,8–HxCDfurans.	NA	0.1	1.6E+04
99999–03–0	2,3,7,8–HpCDdioxins.	NA	0.01	1.6E+03
99999–06–0	2,3,7,8–HpCDfurans.	NA	0.01	1.6E+03
3268–87–9	OCDDioxin	NA	0.001	1.6E+02
99999–07–0	OCDFuran	NA	0.001	1.6E+02

EPA only set Bright Line concentrations for constituents for which EPA had sufficient information to do the necessary calculations to determine the Bright Line. For constituents that do not have Bright Line values, EPA proposed that the overseeing agency would use appropriate, available information to make contained-in determinations. EPA decided to use the approach described above to calculate Bright Line concentrations for dioxins and furans even though they did not have risk values in HEAST because it is a widely accepted practice to use the TEFs.

Dated: August 1, 1996.

Elliott P. Laws,

Assistant Administrator, Office of Solid Waste and Emergency Response.

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BILLING CODE 6560–50–P

[2] This toxicity benchmark is presented in the Health Effects Assessment Summary Tables (HEAST). A slope factor of 1.6E+5 (mg/kg/day)-1 was used to calculate the groundwater Bright Line concentration level for 2,3,7,8–TCDD (and, through the TEFs, for the other dioxins and furans). However, the 1995 updates to the HEAST list a cancer slope factor of 1.5E+5 for 2,3,7,8–TCDD. See Health Effects Assessment Summary Tables, May 1995, EPA/540/R–95/036, National Technical Information Service, PB95–921199. EPA discussed on page 18801 of the proposal that ''the Agency's understanding of risk assessment * * * is always developing'' and that ''almost as soon as risk-based numbers are published, they can become outdated.'' EPA requested comment in the proposal on page 18801 on alternatives to keep the Bright line concentrations up-to-date.

[3] North Atlantic Treaty Organization, Committee on Challenges of Modern Society (NATO-CCMS) Report number 176, ''International Toxicity Equivalency Factor (I-TEF) Method of Risk Assessment for Complex Mixtures of dioxins and Related Compounds,'' and NATO/CCMS Report Number 178, ''Scientific Basis for the Development of International Toxicity Equivalency (I-TEF) Factor Method of Risk Assessment for Complex Mixtures of dioxins and Related Compounds.''

[4] See ''Interim Procedures for Establishing Risks Associated with Exposures to Mixtures of Chlorinated Dibenzo-p-dioxins and Dibenzofurans (CDDs and CDFs), and 1989 Update,'' U.S. Environmental Protection Agency, Risk Assessment Forum, EPA/625/3–89/016. National Technical Information Service, Springfield, VA, PB90–145756.

FEDERAL COMMUNICATIONS COMMISSION

47 CFR Part 73

[MM Docket No. 96–164; RM–8847]

Radio Broadcasting Services; Parker, AZ

AGENCY: Federal Communications Commission.

ACTION: Proposed rule.

SUMMARY: This document requests comments on a petition for rule making filed by Rick L. Murphy requesting the allotment of Channel 230C3 to Parker,