insurance, his/her eligibility for continued RMA would not be affected. If an employed RMA recipient obtains private health insurance which covers self only, the remaining family members, if they were RMA recipients, could continue to receive RMA for the full time-eligibility period. Unearned income or excess resources would only be a factor in determining initial eligibility for RMA; once a refugee becomes an RMA recipient, however, he/she would be eligible for continued RMA regardless of whether he/she began receiving unearned income or acquired excess resources.

After considering the commenters' recommendation, we have revised the rule to allow an RMA recipient who becomes employed to continue to receive RMA for the full time-eligibility period, regardless of whether the recipient obtains private medical coverage. However, we have revised this provision to require in cases where a refugee obtains private medical coverage, that RMA payment must take into consideration any third party payments. This policy is similar to Medicaid policy set forth in Medicaid regulations at 42 CFR 433.139.

§ 400.106: *Comment:* One commenter asked for clarification as follows: The preamble states that ''* * * additional services under § 400.106 *may not* (emphasis added) be provided to refugee Medicaid recipients with refugee funding as long as appropriated funds continue to be insufficient to enable ORR reimbursements to States for these costs,'' while the actual proposed regulation states that ''the State *may* (emphasis added) provide to refugees who are determined eligible under §§ 400.94, only to the extent that sufficient funds are appropriated, or 400.100 of this part the same services through public facilities.''

Response: The meaning is the same; the main point is that appropriated funds have not been sufficient to enable ORR reimbursement for refugees eligible under § 400.94 (Medicaid) since FY 1991, thus additional medical services to refugee Medicaid recipients under § 400.106 may not be provided with ORR funding.

§ 400.107: *Comment:* Four commenters recommended the continued use of the term ''health assessment'' instead of the term ''medical screening'', while one commenter supported the change of wording. One commenter felt it was unclear whether the change in terms implied a change in definition. Two commenters stated that the use of the term ''medical screening'' implies that health assessments can only be done by physicians when in practice non-physician health care providers are the primary resource used for conducting health assessments. One commenter expressed concern that the term ''medical screening'' may blur the distinction between initial assessment and actual provision of medical care. The commenter felt that the term implied a more comprehensive service than will be provided and that it is important to distinguish that a public health setting is not a comprehensive care delivery setting. Two other commenters felt that the word ''screening'' is inaccurate to describe the set of health services needed in domestic resettlement. A screening should be understood as one component of a more comprehensive set of services. One commenter requested that ORR provide a definition of medical screening which would allow current practices to continue.

Finally, one commenter indicated that a review of the Immigration and Nationality Act did not reveal the use of the term ''medical screening'' in relation to domestic health assessments.

Response: We have chosen to use the term ''medical screening'' in place of the term ''health assessment'' simply to be consistent with the language of the INA. Section 412(b)(5) of the INA authorizes the Director ''to make grants to, and enter into contracts with, State and local health agencies for payments to meet their costs of providing medical screening and initial medical treatment to refugees.'' The use of the term ''medical screening'' is in no way intended to suggest that ORR believes that health assessments/medical screenings must be performed by physicians instead of non-physician health care personnel.

We have been working with State refugee health coordinators and the Centers for Disease Control and Prevention during the past year to develop a medical screening protocol, as required under § 400.107(a)(1), that clearly defines what are allowable services under medical screening. We intend to issue this protocol later this fiscal year.

Comments on Subpart I

§§ 400.141, 400.152, and 400.153: *Comment:* One commenter felt that the elimination of title XX services as allowable for refugee program funding would be damaging to the community. One commenter recommended that references to title XX be retained in ORR regulations to enable refugees to access services which they might not otherwise to able to access because of the absence of bilingual staff and limited resources. Another commenter supported the elimination of title XX services. One commenter assumed that the elimination of title XX services from the list of allowable services was intended to increase State and local flexibility in the provision of services. The commenter questioned whether flexibility would, in fact, be increased or whether the elimination would serve as an impediment to flexibility. Another commenter questioned what title XX services ORR considers inappropriate.

Response: As we indicated in the NPRM, the purpose of eliminating title XX services from the list of allowable services that may be provided with ORR funding is to limit the scope of refugee program services to those services that are most in keeping with the goals and priorities of the refugee program. Our intention is to sharpen the focus of refugee funding, not necessarily to increase State flexibility. We do not believe that the full range of allowable services under the title XX program is consonant with the major priorities of the refugee program. We have included in our list of allowable refugee social services those title XX services which we believe fit with the goals and purpose of the refugee program. However, there are other title XX services that we believe go beyond ORR priorities. For example, ORR does not believe that title XX services such as preparation and delivery of meals and day care services for adults fall within the main priorities of employment and economic self-sufficiency in the refugee program. While we believe there are refugees who may need these services, we believe these services should be accessed through the State's title XX program instead of through the refugee program. At the same time we agree with the commenter that refugees often have difficulty accessing mainstream services because of the lack of culturally and linguistically appropriate services. ORR intends to work with other Federal programs over the next few years to increase refugee access to these services. We strongly encourage States to do the same at the State level.

§ 400.145: *Comment:* Six commenters wrote in support of requiring States to insure that women have the same opportunities as men to participate in training and instruction, as required in the Immigration and Nationality Act. One commenter, however, wondered why equal opportunity for employment placement was not included. The commenter also expressed concern that unless child care and transportation are provided for women, equal opportunity for services would be moot. Another commenter, while supporting the