

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

U.S. Office of Consumer Affairs; Statement of Organization, Functions, and Delegations of Authority

Introduction. Part A, Chapter AW, U.S. Office of Consumer Affairs (USOCA), of the Statement of Organization, Functions and Delegations of Authority of the Department of Health and Human Services, as last amended at 59 FR 41763, August 15, 1994, is being amended to reflect a reorganization of USOCA. The reorganization will enable realignment of functions assigned to USOCA subunits, thus enabling more efficient management of staff and financial resources in the conduct of USOCA programs. The revised Chapter reads as follows:

Section AW.00 Mission. The U.S. Office of Consumer Affairs executes the functions assigned by Executive Order 11583 of February 24, 1971 (as amended by Executive Order 11595 of May 26, 1971, and Executive Order 11702 of January 25, 1973) and Executive Order 11566 of October 26, 1970, advises the President on consumer affairs, and coordinates consumer functions in the Federal government. In accordance with Executive Order 12160 of September 26, 1979, the staff also provides assistance to the Chairperson of the Consumer Affairs Council.

Section AW.10 Organization. A. The Director of the U.S. Office of Consumer Affairs reports directly to the President and directs and coordinates the activities of the U.S. Office of Consumer Affairs.

B. The U.S. Office of Consumer Affairs consists of the following components:

Office of the Director
Division of Policy Development
Division of Internal Operations
Division of External Liaison

Section AW.20 Functions. A. U.S. Office of Consumer Affairs. (1) Works to ensure appropriate consideration of the consumer perspective in policy development at the White House and Federal agencies. The Director also coordinates Federal consumer policy through the Consumer Affairs Council, composed of all Federal agencies providing consumer programs, under authority of Executive Order 12160. (2) Produces consumer education materials and other documents. These publications advise individuals how to avoid market place problems and how to resolve questions or complaints if

they do arise. (3) Promotes cooperation between international, Federal, state, local, nonprofit, and private sector entities involved in the marketplace, emphasizing the need for ethical business practices, regulation and legislation where needed and appropriate, and voluntary efforts to promote consumer interests through education, dispute resolution and policy coordination. The Director chairs the delegation from the United States to the Committee on Consumer Policy of the Organization for Economic Cooperation and Development, at which international marketplace principles are harmonized. (4) Promotes improved consumer skills through education programs which emphasize practical application of skills learned in elementary, secondary and post-secondary schools, as well as public and private sector programs which target specific consumer issues to be addressed by media information campaigns, workshops, facts sheets and other publications. (5) Identifies, analyzes and focuses attention on needs, interests and marketplace problems of consumers by conducting surveys, conferences, and working groups, both independently and in conjunction with other government agencies, nonprofit organizations, and the private sector.

B. Office of the Director. Directs and coordinates the activities of the U.S. Office of Consumer Affairs.

C. Division of Policy Development. Participates in the design and enactment of the President's consumer legislative program through preparation of congressional testimony and serving as Congressional liaison; prepares comments on proposed Federal regulations; and prepares, reviews, and makes presentations of materials to Federal department and agencies. Monitors ongoing programs and emerging issues in Federal agencies affecting consumers, with a view to determining the effectiveness of current and proposed programs. Maintains government relations on the international level involving state and local efforts. Researches, develops, and prepare "White Papers" on policy matters for the Director; and provides support for the Director in role as a member of the White House policy staff.

D. Division of Internal Operations. Responsible for USOCA relations with the media through distribution of internally produced educational materials, newsletters, articles, other consumer information and education materials, and programs for both print and electronic media. Responsible for administrative policy and procedures for USOCA in the areas of financial

management, procurement, personnel management, training, and record keeping.

E. Division of External Liaison. Serves as focal point for liaison with individual consumers and with national, state and local voluntary organizations which represent consumers and citizens. Maintains liaison with trade associations and industry as necessary. Encourages private industry to voluntarily develop self-regulatory programs and to adopt competitive policies and programs. Responsible for development and coordination of conferences and meetings on consumer matters.

Section AW.30 Order of Succession. In the absences or incapacity of the Director, the Division Director for Policy Development shall act as Director, USOCA.

Section AW.40 Delegation of Authority. The exercise of authority and duties of the Director, USOCA are set forth in the Executive Orders cited in Section AW.00, above. Authority is exercised under Executive Order 11583 through the staff of the U.S. Office of Consumer Affairs and under Executive Order 12160 through the Consumer Affairs Council comprised of representatives of Federal departments and agencies.

Dated: May 21, 1997.

Leslie L. Byrne,

Special Assistant to the President, Director of the U.S. Office of Consumer Affairs.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Health Care Policy and Research

National Advisory Council for Health Care Policy, Research, and Evaluation: Request for Nominations for Public Members

AGENCY: Agency for Health Care Policy and Research, HHS.

ACTION: Request for nominations for public members.

SUMMARY: 42 U.S.C. 299c, section 921 of the Public Health Service (PHS Act, as amended by section 6103(c) of the Omnibus Budget Reconciliation Act of 1989, established a National Advisory Council for Health Care Policy, Research, and Evaluation (the Council). The Council is to advise the Secretary and the Administrator, Agency for Health Care Policy and Research (AHCPR), on matters related to actions

of the Agency to enhance the quality, appropriateness, and effectiveness of health care services, and access to such services through scientific research, the promotion of improvements in clinical practice and in the organization, financing, and delivery of health care services. Six current members' terms will expire in 1997 and there is one vacancy for a term expiring in 1998. Nominations to fill these vacancies should be received on or before June 20. All nominations for membership should be submitted to Ms. Pat Longus, AHCP, 2101 East Jefferson Street, Suite 603, Rockville, Maryland 20852. Nominations also may be faxed to (301) 443-0251.

FOR FURTHER INFORMATION CONTACT: Ms. Nancy Foster, AHCP, at (301) 594-1349.

SUPPLEMENTARY INFORMATION: 42 U.S.C. 299c, section 921 of the PHS Act, provides that the National Advisory Council for Health Care Policy, Research, and Evaluation shall consist of 17 appropriately qualified representatives of the public appointed by the Secretary of Health and Human Services and five ex officio representatives from Federal agencies conducting or supporting health care research. The Council meets in the Washington, D.C., metropolitan area approximately three times a year to provide broad guidance to the Secretary and AHCP's Administrator on the direction and programs of the Agency.

To ensure broad representation, individuals serving on AHCP's Advisory Council reflect a variety of disciplines and perspectives. The seven positions for which nominations are being sought require representatives with expertise in health services research (two members); and in law, ethics, economics or public policy or business (two members); and representatives of the practice of medicine (one member); other health professions (one member); and the interests of health care consumers (one member).

Members generally serve 3-year terms. Appointments are staggered to permit an orderly rotation of membership. Individuals selected by the Secretary to serve on the Council will be expected to attend their first meeting in the fall of this year.

Interested persons may nominate one or more qualified persons for membership on the Council. Nominations shall include a copy of the nominee's resume or curriculum vitae, and state that the nominee is willing to serve as a member of the Council. Potential candidates will be asked to

provide detailed information concerning their financial interests, consultant positions, and research grants and contracts, to permit evaluation of possible sources of conflict of interest.

The Department is seeking a broad geographic representation and has special interest in assuring that women, minority groups, and the physically handicapped are adequately represented on advisory bodies and, therefore, extends particular encouragement to nominations for appropriately qualified female, minority, and/or physically handicapped candidates.

Dated: May 23, 1997.

John M. Eisenberg,
Administrator.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Announcement 754]

National Institute for Occupational Safety and Health; Development of Graduate Training Programs in Occupational Health Psychology

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1997 funds for a cooperative agreement to oversee the development and implementation of graduate-level training programs in university settings in the area of work organization, stress and health.

CDC is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority area of Occupational Safety and Health. (For ordering Healthy People 2000, see section Where to Obtain Additional Information.)

Authority

This program is authorized under Sections 20(a) and 22(e)(7) of the Occupational Safety and Health Act of 1970 [29 U.S.C. 669(a) and 671(e)(7)].

Smoke-Free Workplace

CDC strongly encourages all grant recipients to provide a smoke-free workplace and promote the nonuse of all tobacco products, and Public Law 103-227, the Pro-Children Act of 1994,

prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, and early childhood development services are provided to children.

Eligible Applicants

Applications may be submitted by public and private, non-profit organizations, associations or groups representing relevant behavioral/social science professions, or universities, colleges, and training institutions offering professional (postdoctoral) development programs in cogent areas and in a position to affect the leadership, coordination, and other actions needed to implement the requirements of the cooperative agreement.

Note: Public Law 104-65, dated December 19, 1995, prohibits an organization described in section 501(c)(4) of the IRS Code of 1986, that engages in lobbying activities to influence the Federal Government, from receiving Federal funds.

Availability of Funds

Approximately \$100,000 will be available in Fiscal Year 1997 to fund one cooperative agreement. This award is expected to begin on or about September 30, 1997, for a 12-month budget period within a project period not to exceed 5 years.

Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds. Funding estimates are subject to change.

Student or faculty research, except for training and research methods, is not covered under this announcement.

Use of Funds

Restrictions on Lobbying

Applicants should be aware of restrictions on the use of HHS funds for lobbying of Federal or State legislative bodies. Under the provisions of 31 U.S.C. Section 1352 (which has been in effect since December 23, 1989), recipients (and their sub-tier contractors) are prohibited from using appropriated Federal funds (other than profits from a Federal contract) for lobbying Congress or any Federal agency in connection with the award of a particular contract, grant, cooperative agreement, or loan. This includes grants/cooperative agreements that, in whole or in part, involve conferences for which Federal funds cannot be used directly or indirectly to encourage participants to lobby or to instruct participants on how to lobby.

In addition, the FY 1997 HHS Appropriations Act, which became effective October 1, 1996, expressly