

included in written warranties including: what the warrantor will not pay for or provide, where necessary for clarification; a step-by-step explanation of the procedure that the consumer should follow in order to obtain performance of any warranty obligation; a notice that its warranty exclusion of incidental and consequential damages does not apply to consumers in states that prohibit such exclusions; and that a consumer may have other rights that vary from state to state. In addition, the complaint alleges that Tiger Direct violated the Warranty Act by failing to clearly and conspicuously designate its written warranty as "full" or "limited" and by disclaiming all implied warranties, which the Warranty Act prohibits.

The proposed consent order contains provisions designed to remedy the violations charged and to prevent Tiger Direct from engaging in similar deceptive acts and practices in the future.

Part I of the proposed order prohibits Tiger Direct from representing that it provides on-site service unless it discloses all limitations and conditions that apply to obtaining on-site service clearly, prominently and in close proximity to the on-site service representation.

Part II of the proposed order provides that Tiger Direct shall provide warranty service within a reasonable period of time after receiving notice from a consumer of a problem. The order defines a reasonable period of time as the time period specified in respondent's promotional materials and advertisements, or if no time period is specified in respondent's promotional materials and advertisements, a period no longer than thirty (30) days after respondent receives notice from a consumer of a computer problem.

Part III of the proposed order contains provisions designed to remedy respondent's violations of the Warranty Act, the Disclosure Rule and the Pre-Sale Availability Rule. It prohibits respondent from failing to make the text of a warranty readily available; failing to disclose a statement of what the warrantor will not pay for or provide; failing to disclose a step-by-step explanation of the procedure the consumer should follow to obtain warranty service; failing to make the necessary disclosures regarding a consumer's rights under state law; failing to properly designate its warranty as full or limited; and disclaiming any implied warranty except as permitted.

Parts IV and V of the proposed order require Tiger Direct to distribute copies

of the order and written instructions regarding its responsibilities and duties under the order and the Warranty Act, including the Disclosure Rule and the Pre-Sale Availability Rule, to certain current and future personnel. Part VI of the proposed order requires Tiger Direct to maintain copies of all such written instructions, as well as copies of warranties and advertising exemplars. Part VII of the proposed order requires Tiger Direct to notify the Commission of any changes in its corporate structure that might affect compliance with the order. Part VIII of the order requires Tiger Direct to file with the Commission one or more reports detailing compliance with the order.

Lastly, Part IX of the proposed order provides for termination of the order after twenty (20) years under certain circumstances.

The purpose of this analysis is to facilitate public comment on the proposed order, and it is not intended to constitute an official interpretation of the agreement and proposed order, or to modify any of their terms.

By Direction of the Commission.

Donald S. Clark,

Secretary.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Health Care Policy and Research

Request for Expressions of Interest ("RFEI")

A. Background

In January, 1999, the Agency for Health Care Policy and Research (AHCPR) published a request for applications (RFA: HS-99-003, Translating Evidence into Practice [TRIP]) to conduct research related to implementing evidence-based tools and information in diverse health care settings among practitioners caring for diverse populations. Applications were sought for studies that applied innovative strategies for implementing evidence-based tools and information and would be able to demonstrate improved clinical practice and sustained practitioner behavior change.

In fiscal year 2000, AHCPR plans to publish a second research solicitation focused on translating research into practice (TRIP-II). The aim of this solicitation will be to encourage partnerships between health care systems (e.g., integrated health service

delivery systems, academic health systems, managed care programs including HMOs, practice networks, etc.) and researchers to evaluate the effectiveness of different strategies for improving the quality of care. To concentrate the TRIP-II effort, we will ask partners to address at least one of the following priorities:

- The six focus areas selected by the Department of Health and Human Services in which racial and ethnic minorities experience serious disparities in health access and outcomes:

- (a) Infant Mortality
- (b) Cancer Screening and Management
- (c) Cardiovascular Disease
- (d) Diabetes
- (e) HIV Infection/AIDS
- (f) Immunizations
- Pediatric Asthma
- Medical Errors and Patient Safety

AHCPR has a particular interest in health systems that utilize the strengths of information systems for implementing strategies for quality improvement.

B. Purpose

The purpose of this **Federal Register** Notice is to identify health care systems which have begun or plan to develop programs in the above referenced areas and would be willing to partner with a research team in response to the TRIP-II solicitation. When the TRIP-II solicitation (request for applications or RFA) is published, health care systems interested in exploring partnerships with researchers will be listed in the RFA. Health care systems which have already established relationships with researchers—either internally or in academic settings—and who do not wish to be listed in the RFA itself will be eligible to apply. Health care systems which do not have existing relationships with researchers and choose not to respond to this RFEI are not precluded from responding with appropriate research partners to the TRIP-II RFA. The benefit of responding to this RFEI, however, will be helpful in facilitating the development of those relationships.

Along with a letter expressing interest in partnerships, we would also appreciate suggestions and ideas regarding how AHCPR can encourage meaningful partnerships between researchers and health care systems. Suggestions and ideas are welcome independent of letters expressing interest.

C. Dates

We are requesting that letters of interest be submitted no later than August 4, 1999. These letters should

include names, addresses, telephone numbers and e-mail addresses of key contacts in the health care system and/or the academic setting if identified and potential research topic. The letter of interest is not binding and does not enter into the consideration of any subsequent application. The letter should also clearly state willingness to be listed in the RFA or a preference not to be listed.

D. Address

Letters of interest should be addressed to: Carolyn M. Clancy, MD, Director, Center for Outcomes and Effectiveness Research, Agency for Health Care Policy and Research, 6010 Executive Boulevard, Suite 300, Rockville, MD 20852, E-mail: cclancy@ahcpr.gov.

Dated: June 17, 1999.

John M. Eisenberg,
Administrator.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Health Care Policy and Research

Contract Review Meeting

In accordance with section 10(a) of the Federal Advisory Committee Act as amended (5 U.S.C., Appendix 2), announcement is made of an Agency for Health Care Policy and Research (AHCPR) Technical Review Committee (TRC) meeting. This TRC's charge is to provide review of contract proposals and recommendations to the Administrator, AHCPR, regarding the technical merit of proposals submitted in response to a Request for Proposals (RFPs) regarding "Automated Data Processing Support Services for Agency for Health Care Policy and Research". The RFP was published in the Commerce Business Daily on March 8, 1999.

The upcoming TRC meeting will be closed to the public in accordance with the Federal Advisory Committee Act (FACA), section 10(d) of 5 U.S.C., Appendix 2, implementing regulations, and procurement regulations, 41 CFR 101-6.1023 and 48 CFR section 315.604(d). The discussions at this meeting of contract proposals submitted in response to the above-referenced RFP are likely to reveal proprietary and personal information concerning individuals associated with the proposals. Such information is exempt from disclosure under the above-cited FACA provision that protects the free

exchange of candid views, and under the procurement rules that prevent undue interference with Committee and Department operations.

Name of TRC: The Agency for Health Care Policy and Research—"Automated Data Processing Support Services for Agency for Health Care Policy and Research".

Date: July 8, 1999 (Closed to the public).

Place: Agency for Health Care Policy and Research, 2101 East Jefferson Street, 5th Floor Conference Room, Rockville, Maryland 20852.

Contact Person: Anyone wishing to obtain information regarding this meeting should contact William Yu, Center for Cost and Financing Studies, Agency for Health Care Policy and Research, 2101 Executive Boulevard, Suite 500, Rockville, Maryland, 20852, 301-594-1069.

Dated: June 15, 1999.

John M. Eisenberg,
Administrator.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 99091]

Community-Based HIV Prevention Services and Capacity-Building Assistance to Organizations Serving Gay Men of Color at Risk for HIV Infection; Notice of Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of Fiscal Year (FY) 1999 funds for cooperative agreement programs with non-governmental minority organizations to support: (1) Community-based organizations (CBOs) to develop and implement effective community-based HIV prevention programs for gay men of color (Category A); and (2) non-governmental minority organizations to provide regionally structured and focused capacity-building assistance to CBOs that serve the HIV prevention needs of gay men of color at risk for HIV infection (Category B).

This program addresses the "Healthy People 2000" priority areas of Educational and Community-Based Programs, Human Immuno-deficiency Virus (HIV) Infection, and Sexually Transmitted Diseases (STDs).

The goals for program Category A—Community-Based HIV Prevention Services are to:

1. Provide financial and technical assistance to CBOs so they can provide HIV prevention services to populations of gay men of color for which gaps in services are demonstrated;

2. Support HIV prevention programs that are consistent with the HIV prevention priorities outlined in the jurisdiction's comprehensive HIV prevention plan or adequately justify addressing other priorities; and
3. Promote collaboration and coordination of HIV prevention efforts among CBOs; HIV prevention community planning groups; and other local, State, Federal and privately funded programs.

The goals for program Category B—Capacity-Building Assistance Program are to:

1. Improve the capacity of CBOs serving gay men of color to mobilize their communities to increase their awareness, leadership, participation and support for HIV prevention; and

2. Enhance the capacity of CBOs serving gay men of color to effectively participate in, and improve the responsiveness of the HIV prevention community planning process to the HIV prevention needs of gay men of color.

Refer to Section M, "Where to Obtain Additional Information", for dates and times of audio-conferences.

B. Eligible Applicants

Note: Applicants that meet the eligibility requirements for both Categories A and B may apply for both under separate applications. For Category B, applicants may only apply to provide capacity-building assistance to a single racial or ethnic group (that is, African American, Latino, Asian/Pacific Islander, or American Indian/Alaskan Native). For example, if an organization applies to provide capacity-building assistance for African American gay men, that organization may not also apply to provide assistance for Latino gay men.

1. Category A—Community-Based HIV Prevention Services

Eligible applicants for Category A are African American, Latino, Asian/Pacific Islander, and American Indian/Alaskan Native CBOs that provide services to gay men, and that meet the following criteria (also see Proof of Eligibility section):

- a. Have been granted tax-exempt status under Section 501(c)(3), as evidenced by an Internal Revenue Service (IRS) determination letter.
- b. Have a board or governing body composed of greater than 50 percent of the racial/ethnic minority population to be served.