Trans No.	Acquiring	Acquired	Entities
20000098	Select Medical Corporation	NovaCare, Inc	CMC Center Corporation, Industrial Health Care Company, Inc., NovaCare Occupational Health Services, NovaMark, Inc., RehabClinics, Inc.
20000103	Liberty Mutual Insurance Company	ACE Limited	ACE Limited.
20000109	Texas Industments Incorporated	Power Trends, Inc	Power Trends, Inc.
20000130	Marmon Holdings, Inc	Harold R. Rubin	Stevens-Lee Company.
TRANSACTIONS GRANTED EARLY TERMINATION—10/22/1999			
19992220	El Paso Energy Corporation	Sonat Inc	Sonat Inc.
19993582	Suez Lyonnaise des Eaux	Nalco Chemical Company	Nalco Chemical Company.
19994199	VNU N.V	Nielson Media Research, Inc	Nielsen Media Research, Inc.
19994702	Roll-Royce plc	Vickers plc	Vickers plc.
20000085	Baker Communications Fund, L.P	Akamai Technologies, Inc	Akamai Technologies, Inc.
20000128	Paul G. Allen	Jay Walker	Priceline WebHouse Club, Inc., Vulcan Ventures, Inc.

FOR FURTHER INFORMATION CONTACT: Sandra M. Peay or Parcellena P. Fielding, Contact Representatives, Federal Trade Commission, Premerger Notification Office, Bureau of Competition, Room 303, Washington, D.C. 20580, (202) 326–3100.

By direction of the Commission.

Donald S. Clark,

Secretary.

[FR Doc. 99–32390 Filed 12–14–99; 8:45 am]

BILLING CODE 6750–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Call for Comments on Draft Standards on Culturally and Linguistically Appropriate Health Care and Announcement of Regional Informational Meetings on Draft Standards

AGENCY: Office Secretary OS/Office of Public Health and Science, Office of Minority Health, DHHS.

ACTION: Notice.

SUMMARY: The DHHS Office of Minority Health announces the publication of an solicitation of public comments on draft national standards on culturally and linguistically appropriate health care. The 120-day comment period, beginning January 1, 2000, will include three regional meetings on the draft standards. Individuals and organizations are encouraged to submit their views on the 14 draft standards and the accompanying commentary. The national standards, as revised according to comments received, will be published in a final version in the fall of 2000.

DATES: The comment and submission period is January 1 through April 30, 2000.

ADDRESS: (1) By mail, comments postmarked no later than April 30, 2000, can be submitted to: CLAS Standards, c/o HHS Office of Minority Health, Rockwall II, 5515 Security Lane, #1000, Rockville, MD 20852. Comments sent by courier will be accepted until 5 PM EST on April 30. Comments may also be submitted electronically by email to: OMHRC__Standards@IQSolutions.com or through the Office of Minority Health Resource Center WebPages at www.omhrc.gov/clas.

(2) Individuals may register for one of the regional meetings by using the online registration form at www.omhrc.gov/clas. To request a registration form by mail, write to: CLAS Standards meeting, c/o IQ Solutions, 11300 Rockville Pike, Suite 801, Rockville, MD 20852.

A reading room will be made available Monday through Friday from 9:00 a.m. B 5:00 p.m., at HHS Office of Minority Health, Rockwall II, 5515 Security Lane, #1000, Rockville, MD 20852. The reading room will contain all pertinent material related to the CLAS standards and regional meetings.

FOR FURTHER INFORMATION CONTACT: Guadalupe Pacheco, Office of Minority Health, 5515 Security Lane, Suite–1000, Rockville, MD 20852, Attn: CLAS, Office: (301) 443–5084, FAX: (301) 594–0767, EMAIL: gpacheco@osophs.dhhs.gov.

SUPPLEMENTARY INFORMATION:

Background

Cultural and linguistic competence suggests and ability by health care providers and health care organizations to understand and respond effectively to the cultural and linguistic needs brought by patients to the health care encounter. As health providers begin to treat a more diverse clientele as a result of demographic shifts and changes in participation in insurance programs, interest in designing culturally and linguistically appropriate services that lead to improved outcomes, efficiency and satisfaction is increasing. The provision of linguistically and culturally appropriate services is in the interest of providers, policymakers, accreditation and credentialing agencies, purchasers, patients, advocates, educators, and the general health care community.

Many health care providers do not have clear guidance on how to prepare for or respond to culturally sensitive situations. Until now, no comprehensive nationally recognized standards of cultural or linguistic competence in health care service delivery have been developed. Instead, Federal health agencies, state policymakers, and national organizations have independently developed their own standards and practices. Some have developed definitions of cultural competence while others mandate providing language services to limited English speakers. Some specify collection of language, race, and ethnicity data. Many approaches attempt to be comprehensive, while others target only a specific issue, geographic area, or subfield of health care, such as mental health. The result is a wide spectrum of ideas about what constitutes culturally competent health services, including significant differences with respect to target population, scope, and quality of services. Although limited in their jurisdiction, many excellent policies do exist, and the increasing numbers of model programs and practices prove that culturally competent health

services are viable, beneficial, and important to health care consumers.

In 1997, the U.S. Department of Health and Human Services' Office of Minority Health (OMH) asked Resources for Cross Cultural Health Care and the Center for the Advancement of Health to review and compare existing cultural and linguistic competence standards and measures in a national context, propose draft national standard language where appropriate, assess the information or research needed to relate these guidelines to outcomes, and develop an agenda for future work in this area. The result of this effort was a two-part report submitted to OMH in May, 1999 entitled Assuring Cultural Competence in Health Care: Recommendations for National Standards and an Outcomes-Focused Research Agenda.

The first part of this report recommends national standards for culturally and linguistically appropriate services (CLAS) in health care. Based on an analytical review of key laws, regulations, contracts, and standards currently in use by Federal and State agencies and other national organizations, these recommended standards were developed with input from a national project advisory committee of policymakers, health care providers, and researchers. Each standard is accompanied by commentary that addresses the proposed guideline's relationship to existing laws and standards, and offers recommendations for implemented and oversight to providers, policymakers, and advocates.

Public Comment Period and Regional Informational Meetings

The Office of Minority Health has determined that the appropriate next step is for the draft CLAS Standards to undergo a national process of public comment that will result in a broader awareness of HHS interest in CLAS, significant input from stakeholder groups on the draft standards, and a final revision of the standards and accompanying commentary supported by the expertise of a national project advisory committee. The final revisions will be published in the **Federal Register** as recommended national standards for adoption or adaptation by stakeholder organizations and agencies.

The publication of the CLAS standards in the **Federal Register**, and publicizing the availability of the complete report with commentary on the Internet and through local, regional, and national organizations will facilitate reaching as wide an audience of stakeholders as possible. This period of dissemination and awareness-raising will include three regional meetings to gather and solicit detailed input from interested individuals and organizations that will complement and enhance the public comments received by HHS through written and electronic means.

The 14 recommended standards are published below and, along with Part One of the full report, are also available online at *www.omhrc.gov/clas.* Individuals and organizations desiring to comment on the standards are encouraged to read the full report and to send comments during the public comment period, which will run from January 1, 2000 to April 30, 2000. Individuals may use one of the following methods for submitting comments: by mail to: CLAS Standards, c/o HHS Office of Minority Health, Rockwall, II, 5515 Security Lane, #1000, Rockville, MD 20852, by email to: OMHRC__Standards@IQSolutions.com or through the Website comment form at *www.omhrc.gov/clas,* or by participating in one of the regional meetings. Individuals sending comments are requested to include the following information: name, position, organization, mail, and email addresses; and to identify specifically those portions of their comments that pertain to: the overall report, the wording or content of individual standards, or the commentary on individual standards contained in the full report (indicate the appropriate standard number for each comment).

Individuals will also have an opportunity to participate in one of three regional meetings on the CLAS standards. The purpose of these 1-day meetings is to present information on the standards development process and for participants to discuss and provide comments on the standards themselves or their implementation. Due to space constraints, participation will be limited to the first 150 individuals who register. Registration will be accepted starting on December 15, 1999.

The dates and locations of the meetings are as follows:

January 21, 2000 meeting to be held in San Francisco, CA;

March 10, 2000 meeting to be held in Baltimore, MD;

April 5, 2000 meeting to be held in Chicago, IL.

Complete information on the regional meetings, including draft and final agendas, will be available online at *www.omhrc.gov/clas.* Individuals may register for one of the regional meetings by using the online registration form at *www.omhrc.gov/clas* or by sending a registration request to: CLAS Standards meeting, c/o IQ Solutions, 11300 Rockville Pike, Suite 801, Rockville, MD 20852. Only preregistered individuals will be guaranteed access to the meeting; transportation, lodging and other costs are the responsibility of the participant.

Recommended Standards for Culturally and Linguistically Appropriate Health Care Services

Based on an analytical review of key laws, regulations, contracts, and standards currently in use by Federal and state agencies and other national organizations, these guidelines were developed with input from a national project advisory committee of policymakers, providers, and researchers. In the full report, available online at *www.omhrc.gov/clas,* each standard is accompanied by commentary that addresses its relationship to existing laws and standards, and offers recommendations for implementation and oversight to providers, policymakers, and advocates.

Preamble

Culture and language have considerable impact on how patients access and respond to health care services. To ensure equal access to quality health care by diverse populations, health care organizations, and providers should:

1. Promote and support the attitudes, behaviors, knowledge, and skills necessary for staff to work respectfully and effectively with patients and each other in a culturally diverse work environment.

2. Have a comprehensive management strategy to address culturally and linguistically appropriate services, including strategic goals, plans, policies, procedures, and designated staff responsible for implementation.

3. Utilize formal mechanisms for community and consumer involvement in the design and execution of service delivery, including planning, policy making, operations, evaluation, training, and, as appropriate, treatment planning.

4. Develop and implement a strategy to recruit, retain, and promote qualified, diverse and culturally competent administrative, clinical, and support staff that are trained and qualified to address the needs of the racial and ethnic communities being served.

5. Require and arrange for ongoing education and training for administrative, clinical, and support staff in culturally and linguistically competent service delivery.

6. Provide all clients with limited English proficiency access to bilingual staff or interpretation services.

7. Provide oral and written notices, including translated signage at key points of contact, to clients in their primary language informing them of their right to receive interpreter services free of charge.

8. Translate and make available signage and commonly used written patient educational material and other materials for members of the predominant language groups in service areas.

9. Ensure that interpreters and bilingual staff can demonstrate bilingual proficiency and receive traning that includes the skills and ethics of interpreting, and knowledge in both languages of the terms and concepts relevant to clinical or non-clinical encounters. Family or friends are not considered adequate substitutes because they usually lack these abilities.

10. Ensure that the client's primary spoken language and self-identified race/ethnicity are included in the health care organization's management information system as well as any patient records used by provider staff.

11. Use a variety of methods to collect and utilize accurate demographic, cultural, epidemiological and clinical outcome data for racial and ethnic groups in the service area, and become informed about the ethnic/cultural needs, resources, and assets of the surrounding community.

12. Undertake ongoing organizational self-assessments of cultural and linguistic competence, and integrate measures of access, satisfaction, quality, and outcomes for CLAS into other organizational internal audits and performance improvement programs.

13. Develop structures and procedures to address cross cultural ethnical and legal conflicts in health care delivery and complaints or grievances by patients and staff about unfair, culturally insensitive or discriminatory treatment, or difficulty in accessing services, or denial of services.

14. Prepare an annual progress report documenting the organization's progress with implementing CLAS standards, including information on programs, staffing, and resources.

The complete report, along with supporting material, is available online at www.OMHRC.gov/clas.

Dated: December 7, 1999.

Nathan Stinson, Jr.,

Deputy Assistant Secretary for Minority Health.

[FR Doc. 99–32419 Filed 12–14–99; 8:45 am]

BILLING CODE 4160–17–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources And Services Administration

Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Public Law 104–13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to OMB under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, call the HRSA Reports Clearance Officer on (301) 443–1129.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Proposed Project: Voluntary Partner Surveys To Implement Executive Order 12862 in the Health Resources and Services Administration—(OMB 0915–0213)—Extension

In response to Executive Order 12862, the Health Resources and Services Administration (HRSA) is proposing to conduct voluntary customer surveys of its ''partners'' to assess strengths and weaknesses in program services. A generic approval is being requested from OMB to conduct the partner surveys. HRSA partners are typically State or local governments, health care facilities, health care consortia, health care providers, and researchers.

Partner surveys to be conducted by HRSA might include, for example, mail or telephone surveys of grantees to determine satisfaction with a technical assistance contractor, or in-class evaluation forms completed by providers who receive training from HRSA grantees, to measure satisfaction with the training experience. Results of these surveys will be used to plan and redirect resources and efforts as needed to improve service. Focus groups may also be used to gain partner input into the design of mail and telephone surveys. Focus groups in-class evaluation forms, mail surveys, and telephone surveys are expected to be the preferred methodologies.

A generic approval will permit HRSA to conduct a limited number of partner surveys without a full-scale OMB review of each survey. If generic approval is granted, information on each individual partner survey will not be published in the **Federal Register**.

The estimated response burden is as follows:

Type of survey	Number of respondents	Responses per respondent	Hours per response	Total hour burden
In-class evaluations	40,000	1	.05	2,000
Mail/Telephone surveys	12,000	1	.25	3,000
Focus groups	50	1	1.5	75
Total	52,050	1	.10	5,075