disabilities, unless they can demonstrate that taking such steps would 
fundamentally alter the nature of their 
program, services or activities, or would 
result in an undue burden. See 42 
requires public accommodations, 
including health and social service 
providers, to furnish appropriate 
 auxiliary aids to ensure effective 
communication with individuals with 
disabilities without the imposition of a 
surcharge to cover the cost of such 
measures. OCR believes that exercising 
its authority under 45 CFR 84.52(d)(2) 
is consistent with Congress’ intent to 
ensure consistency between Section 504 
and the ADA. 42 U.S.C. 2117(b) of the 
Americans with Disabilities Act 
addresses coordination between 
agencies with enforcement authority 
under the ADA and Section 504 of the 
Rehabilitation Act of 1973. Consistent 
with that provision, agencies must 
ensure that administrative complaints 
filed under both the ADA and Section 504 
are dealt with in a manner that 
prevents the imposition of inconsistent 
or conflicting standards for the same 
requirements. See, e.g., 42 U.S.C. ss. 
12117(b), 12134(b) and 12201(a). Other 
evidence of Congress’ desire for 
consistent enforcement standards can be 
found in several amendments to Title V 
of the Rehabilitation Act of 1973. For 
example, Section 102(f) of the 
Rehabilitation Act Amendments of 
1992, Pub. L. 102–569, incorporated the 
exclusions from the term “individual 
with disability” that are set forth in the 
ADA. Also, Section 504 of the 
Rehabilitation Act Amendments of 1992 
amended the Rehabilitation Act of 1973 
by adding a new subsection to clarify 
that the standards used for determining 
whether Section 504 has been violated 
in a complaint alleging employment 
discrimination are the same standards 
applied under the ADA.
As noted above, Title III of the ADA 
does not require a public 
accommodation to provide auxiliary 
aids and services if it can demonstrate 
that taking such steps would 
fundamentally alter the nature of the 
services being offered or result in an 
undue burden. The undue burden 
defense established under the ADA 
evidences that Congress favored a case-
by-case approach for determining a 
public accommodation’s obligation to 
provide auxiliary aids rather than a 
broad exemption for small providers. OCR 
believes that requiring recipients 
with fewer than 15 employees to 
provide auxiliary aids under the Section 
504 regulation at 45 CFR 84.52(d)(2), 
where the provision of such aids would 
not significantly impair the ability of the 
recipient to provide its benefits or 
services, is consistent with the 
legislative scheme intended by Congress 
under the ADA.
Most of the entities that receive 
financial federal assistance from HHS 
are also subject to the effective 
communication requirements 
established under the ADA. OCR is 
familiar with the enforcement of 
Section 504’s auxiliary aids requirement 
can be applied in a manner that will not 
unduly burden small providers.
OCR will enforce Section 504 as it 
applies to recipients’ responsibilities 
under the notice through procedures 
provided for in the Section 504 
regulations. These procedures include 
complaint investigations, complaint 
reviews, efforts to secure voluntary 
compliance and technical assistance. 
OCR will always provide recipients 
with a complete opportunity to come 
into voluntary compliance with Section 504 
before initiating formal 
compliance proceedings, and will 
provide technical assistance to help 
entities resolve complaints in a 
cooperative fashion with OCR.
Thomas E. Perez, 
Director, Office for Civil Rights.
[FR Doc. 00–32194 Filed 12–18–00; 8:45 am] 
BILLING CODE 4150–04–P
DEPARTMENT OF HEALTH AND 
HUMAN SERVICES
National Bioethics Advisory 
Committee Request; International 
Research Ethical and Policy Issues; 
Comment Request
ACTION: Notice for comment on the draft 
report of the National Bioethics 
Advisory Commission (NBAC), Ethical 
and Policy Issues in the Oversight of 
Human Research.
SUMMARY: Pursuant to Section 10(d) of 
the Federal Advisory Committee Act, as 
amended (5 U.S.C. Appendix 2), notice 
is given for comment on a draft report 
written by the National Bioethics 
Advisory Commission (NBAC). The 
Commission will consider all comments 
it receives as part of its ongoing 
deliberations in finalizing this report.
Purpose of the Report
In October 1995, President Clinton 
established NBAC to advise on bioethics 
and public policy issues related to 
conducting human research. NBAC 
makes recommendations to the White 
House and other departments and 
agencies. This report, therefore, falls 
within NBAC’s mandate.
Prior to NBAC’s creation, in 1994, the 
Advisory Committee on Human 
Radiation Experiments (ACHRE) was 
created to investigate reports of 
federally sponsored human research 
involving radioactive materials and to 
assess the current state of protections for 
research participants. With regard to the 
latter charge they found, “evidence of 
serious deficiencies in some parts of the 
current system.” Specifically, ACHRE 
was concerned with variability in the 
quality of IRBs, persistent confusion 
among human participants as to 
whether they were involved in research 
or therapy, and insufficient attention to 
the implications of diminished 
decision-making capacity in the consent 
process. ACHRE also recommended 
the creation of a national advisory group 
to examine these issues. When NBAC was 
established, one of its first priorities was 
to examine the system for protecting 
human research participants.
In May of 1997, NBAC unanimously 
resolved that “No person in the United 
States should be enrolled in research 
without the twin protections of 
informed consent by an authorized 
person and independent review of the 
risks and benefits of the research.” The 
following year, NBAC wrote to the 
President indicating areas of concern 
and preliminary findings regarding the 
oversight of human research in the 
United States. The key concerns 
identified were:
• Federal protections for persons 
serving as subjects in research do not 
yet extend to all Americans.
• Despite widespread implementation 
of federal regulations by those 
departments and agencies sponsoring 
substantial amounts of biomedical 
research, a number of departments and 
agencies who sponsor primarily non-
biomedical research or little research 
overall have failed to implement fully 
these federal protections.
• Federal protections do not always 
include specific provisions for 
especially vulnerable populations of 
research subjects.
• Many federal agencies find the 
interpretation and implementation of 
the Common Rule confusing and/or 
unnecessarily burdensome.
• Federal protections are difficult to 
enforce and improve effectively 
throughout the Federal Government, in 
part because no single authority or 
office oversees research protections 
across all government agencies and 
departments.
• New techniques are needed to 
ensure implementation at the local 
level.
In October 1999, Dr. Neal Lane, Assistant to the President for Science and Technology, reinforced the request that NBAC examine the federal system of oversight. This report addresses the basic purpose, structure, and implementation of research oversight. We recommend broad, strategic changes to the oversight system. This report is not intended to be a rewrite of federal regulations but instead to provide the guidance, direction, and justification for change. Providing Comments to the Draft Report.

You may provide written comments electronically or through mail or fax. Electronic submissions (by email or by website) are preferred as they will be processed more efficiently. The following are addresses for submitting comments: e-mail: nbac@od.nih.gov, NBAC website: www.bioethics.gov, mail: 6705 Rockledge Drive, Suite 700, Bethesda, Maryland 20892–7979, fax: (301) 480–6900.

If your comments are not postmarked by February 17, 2001, we can not guarantee they will be given full consideration.

TO RECEIVE A COPY OF THIS DRAFT REPORT
CONTACT: National Bioethics Advisory Commission, 6705 Rockledge Drive, Suite 700, Bethesda, Maryland 20892–7979, telephone (301) 402–4242, fax number (301) 480–6900, or visit the website at www.bioethics.gov.

SUPPLEMENTARY INFORMATION: The President established the National Bioethics Advisory Commission (NBAC) on October 3, 1995 by Executive Order 12975 as amended. The mission of the NBAC is to advise and make recommendations to the National Science and Technology Council, its Chair, the President, and other entities on bioethical issues arising from the research on human biology and behavior, and from the applications of that research.


Eric M. Meslin,
Executive Director, National Bioethics Advisory Commission.

[FR Doc. 00–32200 Filed 12–18–00; 8:45 am]
BILLING CODE 4167–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control And Prevention

[60Day–01–08]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork reduction Act of 1995, the Center for Disease Control and Prevention is providing opportunity for public comment on proposed data collection projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404) 639–7090.

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 for other forms of information technology. Send comments to Anne O’Connor, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Project

Linking Epidemiologic Research to Disease Prevention: A Pilot Program to Test Approaches for Communicating Increased Risk of Cervical Cancer to Female Workers in the Dry-Cleaning Industry —NEW—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

The National Institute for Occupational Safety and Health (NIOSH) has conducted worker notification formally since 1988. This program informs workers in NIOSH-conducted epidemiological studies about the study results and hence, of their risks. The intervention research to be conducted under this application will extend the risk communication beyond the mortality study cohort (an aging and mostly retired cohort) to similarly exposed women, younger and still employed.

Several studies, including one conducted at NIOSH, have documented elevated mortality from cancer among dry cleaning workers. Some of the cancers involved—most notably cervical cancer—can be successfully treated if detected early. Thus, along with better hazard control, better secondary disease prevention is urgently needed to help women workers already exposed. Exiting NIOSH procedures for notifying workers about the agency’s research findings seem unlikely to reach the larger at-risk population of women dry cleaners who were not actually study subjects.

The ultimate purpose of this research is to increase understanding of how to encourage medical screening among workers at risk. The project has two main objectives: (1) To assess descriptively the feasibility and potential public health benefits of a broader than usual approach to NIOSH worker notification about occupational health risks, based on results of NIOSH epidemiologic research; and (2) to determine whether a follow-up reminder about the importance of medical screening makes a significant difference in the notified workers’ long-term health behavior.

The primary study population will consist of a minimum 300 current female dry cleaning workers in New York City (ages 18–65), selected from the membership list (a respondent universe of 375) from the dry cleaners’ local labor union. A separate population of 100 former dry cleaning workers randomly selected from a cohort list of approximately 226 surviving women dry cleaners in a NIOSH cohort mortality study will provide descriptive data only and will not be included in the data analysis of the primary group of currently employed dry cleaners. All study participants will be mailed a packet of risk information from NIOSH, along with a letter of endorsement of the study from the local union in New York, encouraging participation in the study. The risk information packet will include the NIOSH mortality study results as well as other information about cancer and cancer screening, with a special emphasis on cervical cancer screening.

Brief (15-minute) telephone interviews will follow the mailed notifications to workers and will be used to evaluate (1) the effects of an intervention (mailed written notification materials) on post-intervention cervical cancer screening behaviors; and (2) the effects of a reminder message mailed six months after the initial notification. The effect of the intervention will be measured by comparing the pre- and post-intervention screening behaviors...