

b. Those factors include the size of the recipient and the eligible LEP population, the nature of the program or service, the objectives of the program, the total resources available, the frequency with which particular languages are encountered, and the frequency with which LEP persons come into contact with the recipient's program.

c. There are instances where recipients of Federal financial assistance from GSA may also be recipients of Federal financial assistance from other Federal agencies. For instance, hospitals and health clinics may receive financial assistance from the Department of Health and Human Services (DHHS); schools and universities may receive financial assistance from the Department of Education (DOE); police departments and other law enforcement agencies/organizations may receive financial assistance from the Department of Justice (DOJ). In order to avoid the potential for confusion with such recipient organizations as to their LEP responsibilities, OCR will apply, where appropriate, the Federal agency's LEP guidance that is more specific and/or stringent regarding LEP responsibilities and assistance.

14. *Enforcement.* OCR will enforce Title VI, and the recipient's responsibility to establish LEP procedures and provide appropriate LEP assistance, consistent with enforcement procedures as provided in Title VI regulations. These procedures include complaint investigations, compliance reviews, efforts to secure voluntary compliance, and technical assistance.

GSA's Title VI regulations provide that OCR will investigate whenever it receives a complaint, report or other information that alleges or indicates possible noncompliance with Title VI. If the investigation results in a finding of compliance, OCR will inform the recipient in writing of this determination, including the basis for the determination. If the investigation results in a finding of noncompliance, OCR will inform the recipient of the noncompliance through a Letter of Findings that identifies the areas of noncompliance and the steps that must be taken to correct the noncompliance, and will attempt to secure voluntary compliance through informal means. If the matter cannot be resolved informally, the procedure for effecting compliance as described at 41 CFR 101-6.211-2, *et seq.* will be followed.

15. *Technical Assistance.* A program of language assistance should provide for effective communication between the recipient and the person with LEP so as to facilitate participation in, and

meaningful access to the services and/or benefits provided by the recipient. The key to ensuring meaningful access for LEP persons is effective communication.

OCR is available to provide assistance to recipients seeking to ensure that they operate an effective language assistance program. In addition, during its investigative process, OCR is available to provide technical assistance to enable recipients to come into voluntary compliance. OCR may be reached at 202-501-0767 or toll free 1-800-662-6376, or by mail at General Services Administration, Office of Civil Rights, Title VI, 1800 F Street NW., Suite 5127, Washington, DC, 20405, for further assistance. Arrangements to receive this policy guidance in alternative format may be made by contacting OCR.

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Meeting of the Secretary's Advisory Committee on Regulatory Reform

**AGENCY:** Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services.

**ACTION:** Notice of meeting—AMENDED.

**SUMMARY:** Notice is hereby given of a public hearing by the Department of Health and Human Services (HHS) Secretary's Advisory Committee on Regulatory Reform. This amended notice includes the exact address for the hearing. As governed by the Federal Advisory Committee Act in accordance with Section 10(a)(2), the Secretary's Advisory Committee on Regulatory Reform is seeking guidance for the Department's efforts to streamline regulatory requirements. The Advisory Committee will advise and make recommendations for changes that would be beneficial in four broad areas: health care delivery, health systems operations, biomedical and health research, and the development of pharmaceuticals and other products. The Committee will review changes identified through regional public hearings, written comments from the public, and consultation with HHS staff.

All meetings and hearings of the Committee are open to the general public. During each meeting, invited witnesses will address how regulations affect health-related issues. Meeting agendas will also allow some time for public comment. Additional information on each meeting's agenda

and list of participating witnesses will be posted on the Committee's Web site prior to the meetings (<http://www.regreform.hhs.gov>).

**DATES:** The first public hearing of the Secretary's Advisory Committee on Regulatory Reform will be held on Monday, February 25, 2002, from 9:00 a.m. to 5:00 p.m. and on Tuesday, February 26, 2002, from 9:00 a.m. to 1:00 p.m.

**ADDRESSES:** The hearing will be held at the Hyatt Regency Miami in Miami, Florida. The address is 400 SE 2nd Avenue, Miami, FL 33131.

**FOR FURTHER INFORMATION CONTACT:** Christy Schmidt, Executive Coordinator, Secretary's Advisory Committee on regulatory Reform, Office of the Assistant Secretary for Planning and Evaluation, 200 Independence Avenue, SW., Room 344G, Washington, DC, 20201, (202) 401-5182.

**SUPPLEMENTARY INFORMATION:** The Hyatt Regency Miami is in compliance with the Americans with Disabilities Act. Anyone planning to attend the meeting who requires special disability-related arrangements such as sign-language interpretation should provide notice of their need by Thursday, February 21, 2002. Please make any request to Michael Starkweather—phone: 301-628-3141; fax: 301-628-3101; email: [mstarkweather@s-3.com](mailto:mstarkweather@s-3.com).

On June 8, 2001, HHS Secretary Thompson announced a Department-wide initiative to reduce regulatory burdens in health care, to improve patient care, and to respond to the concerns of health care providers and industry, State and local Governments, and individual Americans who are affected by HHS rules. Common sense approaches; and careful balancing of needs can help improve patient care. As part of this initiative, the Department is establishing the Secretary's Advisory Committee on Regulatory Reform to provide findings and recommendations regarding potential regulatory changes. These changes would enable HHS programs to reduce burdens and costs associated with departmental regulations and paperwork, while at the same time maintaining or enhancing the effectiveness, efficiency, impact, and access of HHS programs.

Dated: February 7, 2002.

**William Raub,**

*Deputy Assistant Secretary for Planning and Evaluation.*

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