

[Dkt. C-3641]

WLAR Co., et al.; Prohibited Trade Practices, and Affirmative Corrective Actions**AGENCY:** Federal Trade Commission.**ACTION:** Consent order.

SUMMARY: In settlement of alleged violations of federal law prohibiting unfair or deceptive acts or practices and unfair methods of competition, this consent order prohibits, among other things, a Virginia-based corporation and its officer from making unsubstantiated representations for their weight-loss booklets, products or program. The consent order requires the respondents to provide, in future advertisements, a disclosure statement that the products consist solely of a booklet or pamphlet containing information and advice on weight-loss.

DATES: Complaint and Order issued February 21, 1996.¹

FOR FURTHER INFORMATION CONTACT:

Richard Cleland, FTC/S-4002, Washington, D.C. 20580. (202) 326-3088.

SUPPLEMENTARY INFORMATION: On Wednesday, June 21, 1995, there was published in the Federal Register, 60 FR 32324, a proposed consent agreement with analysis in the Matter of WLAR Co., et al., for the purpose of soliciting public comment. Interest parties were given sixty (60) days in which to submit comments, suggestions or objections regarding the proposed form of the order.

Comments were filed and considered by the Commission. The Commission has ordered the issuance of the complaint in the form contemplated by the agreement, made its jurisdictional findings and entered an order to cease and desist, as set forth in the proposed consent agreement, in disposition of this proceeding.

Authority: Sec. 6, 38 stat. 721; 15 U.S.C. 46. Interprets or applies sec. 5, 38 Stat. 719, as amended; 15 U.S.C. 45.

Donald S. Clark,
Secretary.

[FR Doc. 96-15313 Filed 6-14-96; 8:45 am]

BILLING CODE 6750-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Substance Abuse and Mental Health Services Administration; Statement of Organization, Functions, and Delegations of Authority**

Part M of the Substance Abuse and Mental Health Services Administration (SAMHSA) Statement of Organization, Functions, and Delegations of Authority for the Department of Health and Human Services is amended as follows: Part M as amended most recently at 60 FR 56606, November 9, 1995 and 57 FR 53907, November 13, 1992. The changes in SAMHSA will: (1) reflect the formal establishment of Part M, Substance Abuse and Mental Health Services Administration, as an Operating Division reporting directly to the Secretary of Health and Human Services and (2) streamline the administrative structure, strengthen SAMHSA's programs, and more effectively utilize the Agency's resources.

Specific major changes are as follows:

- a. Remove Part HM from the Statement of Organization, Functions, and Delegations of Authority to Part M, Substance Abuse and Mental Health Services Administration.
- b. Abolish the Office of Extramural Programs (HMA5) and the Office for Management, Planning, and Communications (HMB), along with their functional responsibilities.
- c. Establish a new Office of Program Services (MB).
- d. Establish a new Office of Extramural Activities Review (ME).
- e. Remove the Office of Applied Studies (HMA8) from the Office of the Administrator and establish it as an independent component.
- f. Formalize the minority affairs functions as part of the Office of the Administrator (MA).
- g. Establish a new Office of Managed Care as part of the Office of the Administrator (MA).

Establish Part M, Substance Abuse and Mental Health Services Administration (SAMHSA), of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services to read as follows:

Substance Abuse and Mental Health Services Administration

- M.00 Mission
- M.10 Organization
- M.20 Functions
- M.30 Order of Succession
- M.40 Delegations of Authority

Section M.00, Mission. The Substance Abuse and Mental Health Services Administration (SAMHSA) provides

national leadership to ensure that knowledge, based on science and state-of-the-art practice, is effectively used for the prevention and treatment of addictive and mental disorders. Further, SAMHSA strives to improve access and reduce barriers to high quality, effective programs and services for individuals who suffer from, or are at risk for, these disorders, as well as for their families and communities.

Section M-10, Organization. The Substance Abuse and Mental Health Services Administration is an Operating Division under the direction of an Administrator who reports directly to the Secretary.

Section M-20, Functions.—A. Office of the Administrator (MA) The Administrator is responsible to the Secretary in managing and directing SAMHSA. The office functions are as follows: (1) Provides leadership in the development of agency policies and programs; (2) maintains liaison with the Office of the Secretary on matters related to program and other activities; (3) provides oversight for coordination between SAMHSA components and the alcohol, drug abuse, and mental health Institutes of National Institutes of Health (NIH) on dissemination of research findings in the areas of alcohol, drug abuse, and mental health; (4) provides leadership and guidance in developing and implementing Agency plans to meet women's substance abuse and mental health services needs; (5) coordinates Agency minority affairs activities; (6) coordinates managed care activities in the Agency; (7) provides Agency correspondence control services; (8) analyzes legislative issues; and maintains liaison with congressional committees; (9) develops Agency strategic plans and conducts, analyzes, and supports future planning activities; (10) coordinates Agency communications and public affairs activities; (11) carries out SAMHSA-wide functions such as coordination of equal employment opportunity activities; and (12) coordinates Agencywide AIDS activities.

B. Office of Program Services (MB). The Office of Program Services (OPS) works in partnership with other SAMHSA components in managing and providing leadership in the following services areas: information resources management (IRM), financial management, human resources management, grants and contracts management, and administrative services.

C. Office of Applied Studies (MC). (1) Coordinates, interprets policy and provides general oversight of all SAMHSA data activities; (2) identifies

¹ Copies of the Complaint and the Decision and Order are available from the Commission's Public Reference Branch, H-130, 6th Street & Pennsylvania Avenue, N.W., Washington, D.C. 20580.

gaps in data gathering activities and works with agency components to implement comprehensive, appropriate and responsive data gathering efforts; (3) serves as a repository of information on data related to mental illness and substance abuse, including both Federal and non-Federal efforts; (4) analyzes survey data for the purpose of report preparation in response to specific requests for information; (5) reviews program evaluation efforts of the agency; (6) manages the 1 percent evaluation process; (7) undertakes special projects either directly or through coordination with agency components and other Federal agencies to address topical areas; (8) manages the Office of Management and Budget clearance process for SAMHSA data surveys; (9) oversees national substance abuse and mental health surveys, such as the National Household Survey on Drug Abuse (NHSDA), the Drug Abuse Warning Network (DAWN) and the Drug and Alcohol Services Information System (DASIS); (10) provides oversight and management of those surveys for which the Office is responsible for either directly or through contract; (11) evaluates the relevance of existing surveys to the needs of SAMHSA components, HHS, and the Office of National Drug Control Policy (ONDCP); (12) prepares reports of the survey finds for dissemination; and (13) provides epidemiologic and statistical consultation within SAMHSA for other components of the Administration and Centers.

D. Office of Extramural Activities Review (ME). (1) establishes extramural review policy for SAMHSA, in consultation with the Office of the Administrator and the three SAMHSA Centers; (2) administers the peer and objective review of agency grant/cooperative agreement applications and contract proposals; and (3) consults with agency officials as they develop announcements for grants and cooperative agreements.

E. Center for Substance Abuse Prevention (MP). The Center for Substance Abuse Prevention (CSAP) provides a national focus for the Federal effort to prevent substance abuse. In carrying out this responsibility, the Center: (1) provides a national focus for the Federal effort to demonstrate and promote effective strategies to prevent the abuse of alcohol, tobacco, and other drugs; (2) develops, implements, and reviews prevention and health promotion policy related to substance abuse and analyzes the impact of Federal activities on State and local Governments and private program activities; (3) administers grants,

contracts, and cooperative agreements which support the development and application of new knowledge in the substance abuse prevention field; (4) participates in the application and dissemination of research demonstration findings on the prevention of substance abuse; (5) fosters interagency and State prevention networks; (6) develops and implements workplace prevention programs with business and industry; (7) supports training for substance abuse practitioners and other health professionals involved in alcohol and drug abuse education, prevention, and early intervention; (8) provides technical assistance to States and local authorities and other national organizations and groups in the planning, establishment, and maintenance of substance abuse prevention efforts; (9) reviews and approves and/or disapproves the State Prevention Plans developed under the Substance Abuse Prevention and Treatment Block Grant Program authority; (10) implements the tobacco regulations and other regulations, as appropriate, and as they relate to CSAP's programs; (11) collects and compiles substance abuse prevention literature and other materials, and supports a clearinghouse to disseminate such materials among States, political subdivisions, educational agencies and institutions, health and drug treatment/rehabilitation networks, and the general public; (12) serves as a national authority and resource for the development and analysis of information relating to the prevention of substance abuse; (13) collaborates with, and encourages other Federal agencies, national, foreign, international, State and local organizations to promote substance abuse prevention activities; (14) provides and promotes the evaluation of individual projects as well as overall programs; (15) collaborates with the alcohol, drug abuse, mental health, and child development Institutes of the National Institutes of Health on services research issues as well as on other programmatic issues; and (16) conducts managed care activities and coordinates these activities with SAMHSA and other DHHS components; and (17) provides a focus for addressing the substance abuse prevention needs of individuals with multiple, co-occurring drug, alcohol, mental, and physical problems.

F. Center for Mental Health Services (MS). The Center for Mental Health Services (CMHS) provides national leadership to ensure the application of scientifically established findings and

practice-based knowledge in the prevention and treatment of mental disorders; to improve access, reduce barriers, and promote high quality effective programs and services for people with, or at risk for, these disorders; as well as for their families and communities; and to promote an improved state of mental health within the Nation as well as the rehabilitation of people with mental disorders. To accomplish this, the Center: (1) supports service and demonstration programs designed to improve access to care and improve the quality of treatment, rehabilitation, prevention, and related services, especially for those traditionally unserved, underserved, or inappropriately served; (2) identifies national mental health goals and develops strategies to meet them; (3) administers grants, contracts, and cooperative agreements which support the development and application of new knowledge in the mental health field; (4) supports activities to improve the administration, availability, organization, and financing of mental health care, including managed care activities; (5) supports technical assistance activities to educate professionals, consumers, family members, and communities, and promotes training efforts to enhance the human resources necessary to support mental health services; (6) collects data on the various forms of mental illness, including data on treatment programs, on the type of care provided, on the characteristics of those treated, on national incidence and prevalence, and such other data as may be appropriate; (7) administers the Block Grants for Community Mental Health Services and other programs providing direct assistance to States; (8) collects, synthesizes, and disseminates mental health information and research findings to the States, other governmental and mental health-related organizations, and the general public; (9) coordinates and plans administrative and budget functions within the Center; (10) collaborates with other Federal agencies/departments, State and sub-state units of Government, and the private sector to improve the system of treatment and social welfare supports for seriously mentally ill adults and severely emotionally disturbed children and adolescents; (11) conducts activities to promote advocacy, self-help, and mutual support and to ensure the legal rights of mentally ill persons, including those in jails and prisons; (12) cooperates with other Federal components to coordinate disaster assistance, community response, and

other mental health emergency services as a consequence of national disasters; (13) collaborates with the alcohol, drug abuse, and mental health Institutes of the National Institutes of Health on services research issues as well as on other programmatic issues; (14) promotes the development, dissemination, and application of standards and best practices; and (15) provides a focus for addressing the mental health needs of individuals with multiple, co-occurring drug, alcohol, mental, and physical problems.

G. Center for Substance Abuse Treatment (MT). The principal function of the Center is to provide national leadership for the Federal effort to enhance approaches and provide resources to ensure provision of services' programs focusing on the treatment of substance abuse and co-occurring physical and/or psychiatric conditions. In carrying out this responsibility, the Center for Substance Abuse Treatment: (1) collaborates with States, communities, health care providers and national organizations to upgrade the quality of addiction treatment, to improve the effectiveness of substance abuse treatment programs, and to provide resources to ensure provision of services; (2) provides a focus for addressing the treatment needs of individuals with multiple, co-occurring drug, alcohol, mental, and physical and co-morbidity problems; (3) administers grants, contracts, and cooperative agreements which support the development and application of new knowledge in the substance abuse treatment field; (4) coordinates the evaluation of the Center's programs; (5) collaborates with the National Institute on Drug Abuse (NIDA) and the States to promote development, dissemination, and application of treatment outcome standards; (6) collaborates with the Office of the Administrator and other SAMHSA components in treatment data collection; (7) administers programs for training of health and allied health care providers (8) administers the Substance Abuse Prevention and Treatment Block Grant Program including compliance reviews, technical assistance to States, Territories, and Indian Tribes, and application and reporting requirements related to the block grant programs; (9) conducts managed care activities and coordinates these activities with SAMHSA and other DHHS components; (10) collaborates with alcohol, drug abuse, and mental health Institutes of National Institutes of Health on services research issues as well as on other programmatic issues.

Section M-30, Order of Succession. During the absence or disability of the

Administrator, SAMHSA, or in the event of a vacancy in that office, the first official listed below would perform the duties of the Administrator, except that during a planned period of absence, the Administrator may specify a different order of succession: (1) Deputy Administrator; and (2) Executive Officer, SAMHSA.

Section M-40, Delegations of Authority. All delegations and redelegations of authority to officers and employees of SAMHSA which were in effect immediately prior to the effective date of this reorganization shall continue in effect pending further redelegation, providing they are consistent with this reorganization.

These organizational changes are effective June 10, 1996.

Dated: June 10, 1996.

Nelba Chavez,

Administrator.

[FR Doc. 96-15340 Filed 6-14-96; 8:45 am]

BILLING CODE 4160-01-M

Administration on Aging

Public Information Collection Requirement Submitted to the Office of Management and Budget (OMB) for Clearance

AGENCY: Administration on Aging, HHS.

The Administration on Aging (AoA), Department of Health and Human Services, has submitted to the Office of Management and Budget (OMB) the following proposal for the collection of information in compliance with the Paperwork Reduction Act (Public Law 96-511):

Title of Information Collection: State Performance Report (SPR): Reporting Requirements for Titles III and VII of the Older Americans Act;

Type of Request: Extension and Revision;

Use: To revise an existing information collection form to conform to amendments to the Older Americans Act which directed the Administration on Aging to improve State reporting requirements;

Frequency: Annually;

Respondents: State Agencies on Aging;

Estimated Number of Responses: 57;

Total Estimated Burden Hours: 300,000.

Additional Information or Comments: The Administration on Aging intends to submit to the Office of Management and Budget for approval a new reporting system for the State programs under the Older Americans Act. AoA printed a similar set of reporting specifications in the Federal Register on February 13,

1996 requesting a two year phase-in of the reporting requirements starting in FY 1996. Most of the 15 respondents support implementation of the SPR. However 5 raised cost considerations in light of dwindling resources for services to the elderly. While one respondent objected to a requirement to collect information on the nutritional status of congregate meals clients, 5 other respondents strongly advocate that the information be collected. The remaining comments relate to technical changes which have been made and to administrative issues which AoA will address through training and operational adjustments. Call the Administration on Aging, Office of State and Community Programs at (202) 619-0011 for copies of the proposed reporting requirements. Written comments and recommendations for the proposed information collection requirements should be sent within 30 days of the publication of this notice directly to the following address: OMB Reports Management Branch, attention: Allison Eydt, New Executive Office Building, Room 3208, Washington, DC 20503.

Dated: June 6, 1996.

William F. Benson,

Deputy Assistant Secretary for Governmental Affairs and Elder Rights.

[FR Doc. 96-15218 Filed 6-14-96; 8:45 am]

BILLING CODE 4150-04-M

Public Comment Regarding Proposed Guidance on the Use of Medical Food and Food for Special Dietary Uses in Older Americans Act Nutrition Programs

AGENCY: Administration on Aging, HHS.

The Administration on Aging (AoA), Department of Health and Human Services, is requesting public comment on a proposed Program Instruction regarding the use of medical food and food for special dietary uses in Older Americans Act Nutrition Programs.

Type of Request: Public comment.

Use: To inform the Administration on Aging decision making process regarding the use of medical food and food for special dietary uses in Older Americans Act Nutrition Programs.

Additional Information or Comments: The proposed Program Instruction provides guidance regarding the appropriate use and federal funding of medical food and food for special dietary uses in Older Americans Act (OAA) Nutrition Programs for States, Tribes and Area Agencies on Aging.