

employee's physical or mental health care provider or counselor; medical institutions; the contractor administering the Drug-Free Workplace Plan; Federal Reserve System personnel records.

**SYSTEMS EXEMPTED FROM CERTAIN PROVISIONS OF THE ACT:**

None.

By order of the Board of Governors of the Federal Reserve System, acting through the Secretary of the Board under delegated authority, July 6, 2000.

**Jennifer J. Johnson,**  
*Secretary of the Board.*

[FR Doc. 00-17519 Filed 7-11-00; 8:45 am]

**BILLING CODE 6210-01-P**

**FEDERAL TRADE COMMISSION**

**Report of the "Tar," Nicotine, and Carbon Monoxide of the Smoke of 1294 Varieties of Domestic Cigarettes for the Year 1998**

**ACTION:** Notice.

**SUMMARY:** The Federal Trade Commission publishes the "Report of the 'Tar,' Nicotine, and Carbon Monoxide of the Smoke of 1294 Varieties of Domestic Cigarettes for the Year 1998."

**DATES:** July 12, 2000.

**ADDRESSES:** Copies of the report are available from the FTC's World Wide Web site at: <http://www.ftc.gov> and from the FTC's Public Reference Branch, Room 130, 600 Pennsylvania Ave. NW., Washington, DC 20580. Telephone (202) 326-3128.

**FOR FURTHER INFORMATION CONTACT:** Michael Ostheimer, Staff Attorney, Federal Trade Commission, Bureau of Consumer Protection, 600 Pennsylvania Ave. NW., Washington, DC 20580. Telephone (202) 326-2699.

**SUPPLEMENTARY INFORMATION:** This report contains data on the "tar," nicotine, and carbon monoxide yields of 1294 varieties of cigarettes manufactured and sold in the United States in 1998. The Tobacco Institute Testing Laboratory (TITL), a private laboratory operated by the cigarette industry, conducted the "tar," nicotine, and carbon monoxide testing for the widely-available domestic cigarette varieties. TITL provided the results to the respective cigarette companies, which then provided the data generated by TITL regarding their own brands to the Commission in response to compulsory process. Cigarette smoke from generic, private label, and not-widely-available cigarettes was not

tested by TITL, but was tested by the cigarette companies and the test results were provided to the FRC in response to compulsory process.

In response to concerns that have been raised regarding the accuracy and utility of the testing method currently used to determine the "tar," nicotine, and carbon monoxide ratings of cigarettes, the Commission in 1998 requested the assistance of the Department of Health and Human Services in reviewing the scientific and public health questions surrounding the test method and, if appropriate, determining how the test method should be changed. In its two most recent reports to Congress pursuant to the Federal Cigarette Labeling and Advertising Act, the Commission has recommended that Congress consider giving authority over cigarette testing to one of the Federal government's science-based, public health agencies.

By direction of the Commission.

**Donald S. Clark,**  
*Secretary.*

[FR Doc. 00-17588 Filed 7-11-00; 8:45 am]

**BILLING CODE 6750-01-M**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Office of the Secretary**

**Office of Minority Health; Notice of a Cooperative Agreement with the Association for American Indian Physicians**

**AGENCY:** Office of the Secretary, Office of Minority Health, HHS.

**ACTION:** Notice of a Cooperative Agreement with the Association for American Indian Physicians.

The Office of Minority Health (OMH), Office of Public Health and Science, announces its intent to continue support of the umbrella cooperative agreement with the Association for American Indian Physicians (AAIP). This cooperative agreement will continue the broad programmatic framework in which specific projects can be supported by various governmental agencies during the project period.

The purpose of this cooperative agreement is to assist AAIP in expanding and enhancing its activities relevant to education, health promotion, disease prevention, and family and youth violence prevention, with the ultimate goal of improving the health status of minorities and disadvantaged people.

The OMH will provide technical assistance and oversight as necessary for

the implementation, conduct, and assessment of the project activities. On an as-needed basis, OMH will assist in arranging consultation from other government agencies and non-government agencies.

**Authority:** This cooperative agreement is authorized under Section 1707(e)(1) of the Public Health Service Act, as amended.

**Background**

Assistance will continue to be provided to AAIP. During the last 5 years, AAIP has successfully demonstrated the ability to work with health agencies on activities relevant to increasing the proportion of practicing Native American health professionals, and enhancing physician and community education on health promotion, disease prevention, and research opportunities. The AAIP is uniquely qualified to continue to accomplish the purposes of this cooperative agreement because it has the following combination of factors:

- This Association has developed, expanded, and managed an infrastructure to coordinate and implement various medical intervention programs within local communities and physician groups that deal extensively with Indian health issues. The Association has also established several oversight committees that provide a foundation upon which to develop, promote, and manage health intervention, education, and training programs which are aimed at preventing and reducing unnecessary morbidity and mortality rates among American Indian and Alaska Native populations.

- It has established itself and its members as an organization with professionals who serve as leaders and experts in planning, developing, implementing, and evaluating health education, prevention, and promotion programs aimed at reducing excessive mortality and adverse health behaviors among American Indian and Alaska Native communities.

- It has developed databases and directories of health services, health care accessibility issues, and professional development initiatives that deal exclusively with American Indian and Alaska Native populations that are necessary for any intervention dealing with this minority population.

- It has assessed and evaluated the current education, research and disease prevention, and health promotion activities for its members, affiliated groups, and represented sub-populations.

- It has developed a national organization whose members are all predominantly minority health care professionals and providers with excellent professional performance records.

- It has developed a base of critical knowledge, skills, and abilities related to instruction in medical and health professions preparation. Through the collective efforts of its members, its affiliated community-based organizations, sponsored research, and sponsored health education and prevention programs, the AAIP has demonstrated (1) the ability to work with academic institutions and health agencies on mutual education, service, and research endeavors relating to the goal of disease prevention and health promotion for American Indian and Alaska Native populations; (2) the leadership necessary to attract minority health professionals into public health careers; and (3) the leadership needed to assist health care professionals work more effectively with American Indian and Alaska Native clients and communities.

This cooperative agreement will be continued for an additional five-year project period with 12-month budget periods. Depending upon the types of projects and availability of funds, it is anticipated that this cooperative agreement will receive approximately \$100,000 per year. Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds.

#### **Where To Obtain Additional Information**

If you are interested in obtaining additional information regarding this cooperative agreement, contact Ms. Cynthia Amis, Office of Minority Health, 5515 Security Lane, Suite 1000, Rockville, Maryland 20852 or telephone (301) 594-0769.

#### **OMB Catalog of Federal Domestic Assistance**

The Catalog of Federal Domestic Assistance Number for this cooperative agreement is 93.004.

Dated: June 22, 2000.

**Nathan Stinson, Jr.,**

*Deputy Assistant Secretary for Minority Health.*

[FR Doc. 00-17527 Filed 7-11-00; 8:45 am]

BILLING CODE 4160-17-P

## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **Office of the Secretary**

#### **Office of Minority Health; Notice of a Cooperative Agreement With the National Council of La Raza**

**AGENCY:** Office of the Secretary, Office of Minority Health.

**ACTION:** Notice of a cooperative agreement with the National Council of La Raza.

The Office of Minority Health (OMH), Office of Public Health and Science, announces its intent to continue support of the umbrella cooperative agreement with the National Council of La Raza (NCLR). This cooperative agreement will continue the broad programmatic framework in which specific projects can be supported by various governmental agencies during the project period.

The purpose of this cooperative agreement is to support the efforts of the NCLR in expanding and enhancing its activities relevant to education, service delivery, health prevention, health promotion, and health research opportunities, with the ultimate goal of improving the health status of minorities and disadvantaged people.

The OMH will provide technical assistance and oversight as necessary for the implementation, conduct, and assessment of the project activities. On an as-needed basis, OMH will assist in arranging consultation from other government agencies and non-government agencies.

#### **Authority**

This cooperative agreement is authorized under Section 1707(e)(1) of the Public Health Service Act, as amended.

#### **Background**

Assistance will continue to be provided to NCLR. During the last 5 years, NCLR has successfully demonstrated the ability to work with official health agencies on mutual education, service, and research endeavors. The NCLR is uniquely qualified to continue to accomplish the purposes of this cooperative agreement because it has the following combination of factors:

- It has developed, expanded, and managed an infrastructure to coordinate and implement various health education programs within local communities and physician groups that deal extensively with Hispanic health issues. The NCLR has established a strong network of Hispanic providers, health advocates,

and health educators that provide a foundation upon which to develop, promote, and manage health interventions, and client education programs aimed at preventing and reducing unnecessary morbidity and mortality rates among Hispanic populations.

- It has established itself and its members as organizations with professionals who serve as leaders and experts in planning, developing, implementing, and evaluating health education curricula and client-based health prevention programs aimed at reducing excessive mortality and adverse health behaviors among Hispanic populations.

- It has developed databases and directories of health education programs, health care accessibility issues, and professional development initiatives that deal exclusively with Hispanic populations that are necessary for any intervention dealing with Hispanic populations.

- It has assisted in the development of many of the current education, research, disease prevention, and health promotion activities for its members, affiliated groups, and represented subpopulations.

- It has developed national organizations whose members consist of Hispanic physicians, health care providers, researchers and advocates with excellent professional performance records. The NCLR has a broad range of membership that is comprised of mostly Hispanic health care providers.

- It has developed a base of critical knowledge, skills, and abilities related to serving Hispanic clients on a range of health and social problems. Through the collective efforts of its members, its affiliated community-based organizations, sponsored research and sponsored health education and prevention programs, it has demonstrated: (1) The ability to work with academic institutions and official health agencies on mutual education, services, and research endeavors relating to the goal of disease prevention and health promotion of Hispanic peoples; (2) the leadership needed to assist health care professionals work more effectively with Hispanic clients and communities; and (3) the leadership needed to effectively promote health professions careers to Hispanic students who would otherwise not consider such a career path.

This cooperative agreement will be continued for an additional 5-year project period with 12-month budget periods. Depending upon the types of projects and availability of funds, it is anticipated that his cooperative