

respondents, academic administrators, as well as students—to understand their particular experiences and perspectives and to explore possible improvements.

Three major areas are currently of great interest to the Commission:

1. *A New Definition of Research Misconduct.* The Commission believes that any definition needs to address the full extent of serious research misconduct, but must avoid a definition that is too broad, vague, and potentially unfair. In addition, a two-tiered approach for research integrity, or failures thereof, would be useful; it would emphasize institutional responsibility, and reserve an oversight role for the Federal Government.

2. *Assurance for Institutions and Accountability for Federally-Funded Research.* The Commission is considering that each institution receiving Federal funds develop and submit for Federal review and approval assurances concerning the establishment and implementation of: (a) Good research practices and professional norms; (b) procedures for disseminating that information throughout its community; and (c) educational activities designed to foster practice of the highest ethical standards in the conduct of research for all researchers. Topics affecting good research practices that might be addressed in institutional assurances include: data recording and retention; supervisory responsibility; authorship practices; protection of witnesses; and other professional conduct bearing directly on the integrity of Federally supported research.

3. *Bill of Rights for Witnesses.* Testimony from witnesses (also called "whistleblowers") who had challenged perceived research misconduct reaffirms the Commission's mandate to propose effective whistleblower protection rules. Witnesses have stated that retaliation occurs with sufficient frequency and impact to have a chilling effect on potential witnesses throughout the research community. The Commission is considering a Witness Bill of Rights and procedures for its implementation.

The Commission will also continue its discussion of other issues on which the Commission is planning to make recommendations in its final report.

The Commission is inviting oral or written statements from interested parties. Lengthy statements exceeding 10 or 15 minutes of oral presentation should be submitted in writing to the Executive Secretary before or at the meeting. Each statement will be reviewed by Commission Members.

Henrietta D. Hyatt-Knorr, Executive Secretary, Commission on Research

Integrity, at Rockwall II, Suite 700, 5515 Security Lane, Rockville MD 20852, (301) 443-5300 or (301) 443-9369 (voice mail), will furnish the Committee charter, a roster of the Committee members upon request, a preliminary report of the Commission, and a meeting agenda upon request. Members of the public wishing to make presentations should contact the Executive Secretary. Depending on the number of presentations and other considerations, the Executive Secretary will allocate a reasonable timeframe for each speaker.

**Henrietta D. Hyatt-Knorr,**

*Executive Secretary, Commission on Research Integrity.*

[FR Doc. 95-4550 Filed 2-23-95; 8:45 am]

BILLING CODE 4160-17-P

### Agency for Health Care Policy and Research

#### Filing of Annual Reports of Federal Advisory Committees

Notice is hereby given that, pursuant to Section 13 of the Federal Advisory Committee Act (5 U.S.C. App. 2), the Annual Reports prepared for the public by the committees set forth below have been filed with the Library of Congress:

Health Care Policy and Research Special Emphasis Panel  
Health Care Technology Study Section  
Health Services Research and Developmental Grants Review Committee  
Health Services Research Dissemination Study Section  
National Advisory Council for Health Care Policy, Research and Evaluation

Copies of these reports, prepared in accordance with Section 10(d) of the Federal Advisory Committee Act, are available to the public for inspection at: (1) The Library of Congress, Special Forms Reading Room, Main Building, on weekdays between 9 a.m. and 4:30 p.m.; and (2) the Information Resource Center, Agency for Health Care Policy and Research, Suite 501, 2101 East Jefferson Street, Rockville, Maryland, on weekdays between 9 a.m. and 4:30 p.m.

Copies may be obtained from Mr. James E. Owens, Committee Management Officer, Agency for Health Care Policy and Research, Suite 601, 2101 East Jefferson Street, Rockville, Maryland 20852.

Dated: February 14, 1995.

**Clifton R. Gaus,**

*Administrator.*

[FR Doc. 95-4551 Filed 2-23-95; 8:45 am]

BILLING CODE 4160-90-P

### Agency for Health Care Policy and Research Meeting

In accordance with section 10(a) of the Federal Advisory Committee Act (5 U.S.C., Appendix 2) announcement is made of the following special emphasis panel scheduled to meet during the month of March 1995:

*Name:* Health Care Policy and Research Special Emphasis Panel.

*Date and Time:* March 9-10, 1995, 8:30 a.m.

*Place:* Holiday Inn Crowne Plaza, 1750 Rockville Pike, Parklawn Room, Rockville, Maryland 20852.

Open March 9, 8:30 a.m. to 9:30 a.m.  
Closed for remainder of meeting.

*Purpose:* This Panel is charged with conducting the initial review of grant applications on research that will provide convincing evidence for or against the effectiveness and cost effectiveness of alternative interventions used to prevent, diagnose, treat, and manage common clinical conditions.

*Agenda:* The open session of the meeting on March 9, from 8:30 a.m. to 9:30 a.m. will be devoted to a business meeting covering administrative matters. During the closed session, the committee will be reviewing grant applications dealing with complex, clinical medical effectiveness issues in response to the medical treatment effectiveness PORT II initiative. In accordance with the Federal Advisory Committee Act, 5 U.S.C., Appendix 2 and 5 U.S.C., 552b(c)(6), the Administrator, Agency for Health Care Policy and Research, has made a formal determination that this latter session will be closed because the discussions are likely to reveal personal information concerning individuals associated with the grant applications. This information is exempt from mandatory disclosure.

Anyone wishing to obtain a roster of members or other relevant information should contact Gerald E. Calderone, Ph.D., Agency for Health Care Policy and Research, Suite 602, 2101 East Jefferson Street, Rockville, Maryland 20852, Telephone (301) 594-2462.

Agenda items for this meeting are subject to change as priorities dictate.

Dated: February 16, 1995.

**Clifton R. Gaus,**

*Administrator.*

[FR Doc. 95-4552 Filed 2-23-95; 8:45 am]

BILLING CODE 4160-90-M

### Health Care Financing Administration [OPL-004-N]

#### Medicare Program; Meeting of the Practicing Physicians Advisory Council

**AGENCY:** Health Care Financing Administration (HCFA), HHS.

**ACTION:** Notice of meeting.

**SUMMARY:** In accordance with section 10(a) of the Federal Advisory Committee Act, this notice announces a meeting of the Practicing Physicians Advisory Council. This meeting is open to the public.

**DATES:** The meeting is scheduled for March 13, 1995, from 8 a.m. until 4 p.m. e.s.t. (Additional meetings are tentatively scheduled for June 12, September 11, and December 11, 1995.)

**ADDRESSES:** The meeting will be held in Room 5051 (The Snow Room) of the Cohen Building, 300 C Street, SW., Washington, DC 20201-0001.

**FOR FURTHER INFORMATION CONTACT:** Martha DiSario, Executive Director, Practicing Physicians Advisory Council, Room 425-H, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201, (202) 690-7874.

**SUPPLEMENTARY INFORMATION:** The Secretary of Health and Human Services (the Secretary) is mandated by section 1868 of the Social Security Act, to appoint a Practicing Physicians Advisory Council (the Council) based on nominations submitted by medical organizations representing physicians. The Council meets quarterly to discuss certain proposed changes in regulations and carrier manual instructions related to physicians' services, as identified by the Secretary. To the extent feasible and consistent with statutory deadlines, the consultation must occur before publication of the proposed changes. The Council submits an annual report on its recommendations to the Secretary and the Administrator of the Health Care Financing Administration not later than December 31 of each year.

The Council consists of 15 physicians, each of whom has submitted at least 250 claims for physicians' services under Medicare in the previous year. Members of the Council include both participating and nonparticipating physicians, and physicians practicing in rural and underserved urban areas. At least 11 members must be doctors of medicine or osteopathy authorized to practice medicine and surgery by the States in which they practice. Members have been invited to serve for overlapping 4-year terms.

The current members are: Gary C. Dennis, M.D.; Catalina E. Garcia, M.D.; Harvey P. Hanlen, O.D.; Kenneth D. Hansen, M.D.; Isabel V. Hoverman, M.D.; Sandral Hullett, M.D.; Jerilynn S. Kaibel, D.C.; William D. Kirsch, D.E., M.P.H.; Marie G. Kuffner, M.D.; Katherine L. Markette, M.D.; Kenton K. Moss, M.D.; Isadore Rosenfeld, M.D.; Richard B. Tompkins, M.D.; Kenneth M. Viste, Jr., M.D.; and James C. Waites,

M.D. The chairperson is Richard B. Tompkins, M.D.

The twelfth meeting of the Council will be held on March 13, 1995. The following topics will be discussed at that meeting:

- The history and role of Carrier Advisory Committees (CACs) and how physicians can more effectively participate with CAC efforts.
- Agency efforts to revise the rules governing concurrent care. Concurrent care occurs when two or more physicians bill for multiple patient management visits during a hospital stay. The discussion will include a presentation of specialty practice data recently developed by HCFA.

Individuals or organizations who wish to make 5-minute oral presentations on the above issues must contact the Executive Director to be scheduled. Written testimony must be submitted to the Executive Director no later than 12:00 noon, March 1, 1995. For the name, address, and telephone number of the Executive Director, see the **FOR FURTHER INFORMATION CONTACT** section at the beginning of this notice. The number of oral presentations may be limited by the time available.

Anyone who is not scheduled to speak may submit written comments to the Executive Director by 12:00 noon, March 1, 1995. The meeting is open to the public, but attendance is limited to the space available on a first-come basis.

(Section 1868 of the Social Security Act (42 U.S.C. 1395ee) and section 10(a) of Public Law 92-463 (5 U.S.C. App. 2, section 10(a)); 45 C.F.R. part 11)

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: February 9, 1995.

**Bruce C. Vladeck,**

*Administrator, Health Care Financing Administration.*

[FR Doc. 95-4797 Filed 2-23-95; 8:45 am]

**BILLING CODE 4120-01-P**

## Public Health Service

### Agency Forms Undergoing Paperwork Reduction Act Review

Each Friday the Public Health Service (PHS) publishes a list of information collection requests under review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the PHS Reports Clearance Office on 202-690-7100.

The following requests have been submitted for review since the list was last published on Friday, February 10,

## 1. Healthy Start Evaluation

Survey of Postpartum Women—New—As part of the national evaluation of the Healthy Start demonstration program, a survey will be conducted of postpartum women who have received services under Healthy Start and a comparison group from the same area. Data will be collected on risk factors, services received, and related topics. Respondents: Individuals or households; Number of Respondents: 4,500; Number of Response per Respondent: 1; Average Burden per Response .58 hour; Estimated Annual Burden: 2,625 hours. Send comments to Shannah Koss, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, D.C. 20503.

## 2. 1995 National Household Survey on Drug Abuse Pilot Test

New—The pilot test sample will consist of 300 persons living in two Primary Sampling Units. The data collection is necessary to determine how two proposed question modules for the 1996 NHSDA, on HIV/AIDS risk behaviors and drug-related driving behaviors, will affect core NHSDA data and response rates. In addition, the appropriateness of new question content, wording, and format will be evaluated quantitatively and qualitatively. Respondents: Individuals or Households; Number of Respondents: 1,002; Number of Responses per Respondent: 1; Average Burden per Response: 0.431 hour; Estimated Annual Burden: 432 hours. Send comments to Shannah Koss, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, D.C. 20503.

Written comments and recommendations concerning the proposed information collections should be sent within 30 days of this notice directly to the individuals designated.

Dated: February 21, 1995.

**James Scanlon,**

*Director, Data Policy Staff, Office of the Assistant Secretary for Health and PHS Reports Clearance Officer.*

[FR Doc. 95-4634 Filed 2-23-95; 8:45 am]

**BILLING CODE 4160-17-M**

## Health Resources and Services Administration; Statement of Organization, Functions, and Delegations of Authority

Part *HB* (Health Resources and Services Administration) of the Statement of Organization, Functions,