Commission prior to negotiating or entering into any agreement relating to price or other terms of dealing with any payor on behalf of any physician in a Brown & Toland qualified clinically-integrated joint arrangement. Under this provision, Brown & Toland may be required to submit various types of information relevant to an assessment of whether the arrangement is likely to be anticompetitive.

Paragraph V.A requires Brown & Toland to distribute copies of the complaint and order to its past and present members, its officers, directors, managers, and employees who had any responsibility regarding Brown & Toland's PPO network, and all payors with whom it has been in contact, since January 1, 2001, regarding contracting for the provision of physician services, other than those under which it is paid a capitated (per member per month) rate by the payor.

Paragraph V.B requires Brown & Toland to terminate, without penalty, any payor contracts that it had entered into during the collusive period, at any such payor's request. This provision intends to eliminate the effects of Brown & Toland's joint, price setting behavior. Paragraph V.C requires Brown & Toland to send a copy of any payor's request for termination to each physician who participates in Brown & Toland, except for those physicians who participate only in contracts under which Brown & Toland is paid a capitated (per member per month) rate by the payor.

Paragraphs V.D–V.F require Brown & Toland, for a period of five years after the order becomes final, to make the existence of the complaint and order known through several methods. Brown & Toland must distribute copies of the complaint and order to each physician who subsequently begins participating in Brown & Toland, each payor who subsequently contacts Brown & Toland regarding the provision of physicians services, except for those contacts regarding contracts under which Brown & Toland is paid a capitated (per member per month) rate by the payor, and each person who subsequently becomes an officer, director, manager, or employee of Brown & Toland with any responsibility regarding a PPO network. Brown & Toland must also maintain copies of the complaint and order on its website for five years after the order becomes final and publish, for five years after the order becomes final, copies of the complaint and order in each annual report.

The remaining provisions of the proposed order impose reporting and compliance-related requirements. Paragraph VI requires Brown & Toland to file periodic reports with the Commission detailing how it has complied with the order. Paragraph VII authorizes Commission staff to obtain access to Brown & Toland's records and officers, directors, or employees for the purpose of determining or securing compliance with the order. Paragraph VIII mandates that the order shall terminate twenty years from the date it becomes final.

By direction of the Commission.

Donald S. Clark,

Secretary.

[FR Doc. 04–3375 Filed 2–13–04; 8:45 am]

BILLING CODE 6750–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Findings of Scientific Misconduct

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: Notice is hereby given that the Office of Research Integrity (ORI) and the Acting Assistant Secretary for Health have taken final action in the following case:

Pat J. Palmer, University of Iowa: Based on the report of an investigation conducted by the University of Iowa (UI Report), the respondent's guilty plea in a State criminal case, and additional analysis conducted by ORI in its oversight review, the U.S. Public Health Service (PHS) found that Pat J. Palmer, former Assistant Research Scientist at UI, engaged in scientific misconduct (1) in research supported by National Institutes of Health (NIH) grant R01 MH55284 entitled ''Collaborative Linkage Study of Autism;'' (2) in grant proposals 1 R10 MH55284–01, 2 R01 MH55284–04 (both entitled ''Collaborative Linkage Study of Autism''), 1 R01 DC05067–01, and 1 R55 DC05067–01A1 (both entitled ''The Genetics of Specific Speech and Language Disorders''); and (3) in obtaining salary support from postdoctoral training grant T32 MH14620. PHS found that Ms. Palmer engaged in scientific misconduct by:

(1) Fabricating interview records for at least six interviews of autism patient families;

(2) Fabricating her claims for a B.S. from the University of Northern Iowa, a M.S./M.P.H. from the University of California at Berkeley, and a Ph.D. in Epidemiology/Bio-statistics from the University of Iowa in biographical sketches that were submitted to NIH in four grant applications (*see* above); and

(3) Fabricating her claim that she obtained a Ph.D. in Epidemiology/Bio-statistics from the University of Iowa in the biographical sketches of a training grant application, so she received salary support from July 1995 through June 1998 for postdoctoral training under NIH training grant T32 MH14620.

Ms. Palmer also engaged in dishonest conduct that demonstrates that she is not presently responsible to be a steward of Federal funds. She falsified that she was a coauthor of several published articles, by inserting her name or replacing another name with her name on 10 articles listed in her biographical sketch for four NIH grant applications (*see* above):

(a) Canby, C.A., [Palmer, P.J.], & Tomanek, R.J. ''Role of lowering arterial pressure on maximal coronary flow with and without regression of cardiac hypertrophy.'' *American Journal of Physiology* 257:H1110–H1118, 1989.

(b) Stegink, L.D., Brummel, M.C., Filer, L.J., Jr, & [Palmer, P.J., replaced Baker, G.L.]. ''Blood methanol concentrations in one-year old infants administered grade [sic] doses of aspartame.'' *Journal of Nutrition* 113:1600–1606, 1983.

(c) Stegink, L.D., Koch, R., [Palmer, P.J., replaced Blaskovics, M.E.], Filer, L.J., Jr., Baker, G.L., & McDonnell, J.E. ''Plasma phenylalanine levels in phenylketonuric heterozygous and normal adults administered aspartame at 34mg/kg body weight.'' *Toxicology* 20:81–90, 1981.

(d) Stegink, L.D., Brummel, M.C., [Palmer, P.J., replaced McMartin, K.], Martin-Amat, G., Filer, L.J., Jr., Baker, G.L., & Tephly, T.R. ''Blood methanol concentrations in normal adult subjects administered abuse doses of aspartame.'' *Journal of Toxicology & Environmental Health* 7:281–290, 1981.

(e) Stegink, L.D., Reynolds, W.A., Pitkin, R.M., Cruikshank, D.P., & [Palmer, P.J.]. ''Placental transfer of taurine in rhesus monkeys.'' *American Journal of Clinical Nutrition* 24:2685–2692, 1981.

(f) Stegink, L.D., Filer, L.J., Jr, Baker, G.L., & [Palmer, P.J., replaced Brummel, M.C.]. ''Plasma and erythrocyte amino acid levels of adult humans given l00mg/kg body weight aspartame.'' *Toxicology* 14:131–140, 1979.

(g) Weiss, N.S., Szekely, D.R., Austin, D.F., & [Palmer, P.J.]. ''Increasing incidence of endometrial cancer in the United States.'' *New England Journal of Medicine* 294:1259–1262, 1976.

(h) Elwood, E.K., & [Palmer, P.J., replaced Apostolopoulos, A.X]. ''Analysis of developing enamel of the rat. II.Electrophoretic and amino acid studies.'' *Clinical Metabolic Studies*

[sic] [should be *Calcified Tissue Research*] 17:327–335, 1975.

(I) Aronow, W.S., Goldsmith, J.R., Kern, J.C., Cassidy, J, [Palmer, P.J.], Johnson, L.L., Adams, W., & Nelson, W.H. ''Effect of smoking cigarettes on cardiovascular hemodynamics.'' *Archives of Environmental Health* 28, 330–332, 1974.

(j) Seltzer, C.C., Friedman, G.D., Siegelaub, A.B., & [Palmer, P.J., replaced Collen, M.F.]. ''Smoking habits and pain tolerance.'' *Archives of Environmental Health* 29,170–172, 1974.

Ms. Palmer has entered into a Voluntary Exclusion Agreement (Agreement) in which she has voluntarily agreed for a period of three (3) years, beginning on January 26, 2004:

(1) To exclude herself from any contracting or subcontracting with any agency of the United States government and from eligibility or involvement in nonprocurement programs of the United States government referred to as ''covered transactions'' as defined in the debarment regulations at 45 CFR part 76; and

(2) To exclude herself from serving in any advisory capacity to PHS including but not limited to service on any PHS advisory committee, board, and/or peer review committee, or as a consultant.

FOR FURTHER INFORMATION CONTACT: Director, Division of Investigative Oversight, Office of Research Integrity, 1101 Wootton Parkway, Suite 750, Rockville, MD 20852; (301) 443–5330.

Chris B. Pascal,

Director, Office of Research Integrity.

[FR Doc. 04–3336 Filed 2–13–04; 8:45 am]

BILLING CODE 4150–31–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Request for Testing of Integration of the Hospital CAHPS (HCAHPS®) Instrument Prior to the National Implementation

AGENCY: Agency for Healthcare Research and Quality (AHRQ), DDHS.

ACTION: Notice of request.

SUMMARY: The Agency for Healthcare Research and Quality (AHRQ) is inviting hospitals, vendors, and other interested parties to voluntarily test a revised 32-item Hospital CAHPS (HCAHPS®) instrument prior to the national implementation. The purpose of this project is to provide another opportunity to the hospital industry to use the revised draft of the HCAHPS® instrument and a chance to add items to the instrument, if desired, prior to the national implementation. It should be noted that, as a result of the additional testing (*see* FR, Vol. 68, No. 147 published on July 31, 2003 which can be accessed at *http://www.access.gpo.gov/su_docs/fedreg/a030731c.html*) the HCAHPS® instrument may undergo some further refinement prior to finalization for the national implementation effort. In effect, this project provides an occasion to test items that vendors, hospitals, and others wish to add to the HCAHPS® instrument and to evaluate the impact of integrating HCAHPS into the hospital's current instrument as well as to further evaluate the methods of data collection prior to national implementation of HCAHPS®.

For the purposes of this project, up to forty (40) items may be added to the revised draft of HCAHPS® and be tested, however, please be aware that the maximum number of items that may be added to the HCAHPS® instrument for national implementation is currently thirty (30).

After permission to use the instrument is granted by AHRQ, a site or sites may field the instrument until June 2004, with subsequent submission of requested analyses to AHRQ by August 2004 or earlier, if possible.

For more information about this project or to download an application for authorization, please visit the CAHPS Survey User Network Web site at *http://www.cahps-sun.org.* The HCAHPS® pre-national implementation testing Web site will be active until April 15, 2004.

DATES: Please submit requests on or before April 19, 2004.

ADDRESSES: Applications for permission to use the revised 32-item HCAHPS® instrument, to add items, and field test the instrument may be submitted either in electronic format or via facsimile communication. Applications can be sent in letter form, preferably with an electronic file on a 3½ inch floppy disk as a standard word processing format or as an e-mail with an attachment. Responses should be submitted to:

Marybeth Farquhar, RN, MSN, Agency for Healthcare Research and Quality, Center for Quality Improvement and Patient Safety, 540 Gaither Road, Rockville, MD 20850, E-mail: *hospital-cahps@ahrq.gov.*

In order to facilitate handling of submissions, please include full information about the person requesting permission for testing: (a) Name, (b) title, (c) organization, (d) mailing address, (e) telephone and fax numbers, and (f) e-mail address.

Other requested information includes: (a) List of the hospital in which HCAHPS® will be used (including city and State); (b) sample size for each hospital; (c) intended mode of administration; (d) length of time after discharge the initial contact with the patient will be made; (e) name of vendor that will be administering the HCAHPS® survey; (f) proposed dates for fielding; (g) whether items will be added to the HCAHPS® survey and how many; and (h) a copy of the proposed questionnaire. (Again, please note: Items added to the HCAHPS® survey will be limited to forty (40) for this testing project and can only be placed near the end of the HCAHPS® items and just before the ''About You'' section of the questionnaire.) Electronic requests are encouraged. To help in the evaluation of the revised 32-item version of HCAHPS®, AHRQ and the Centers for Medicare & Medicaid Services (CMS) are asking participants to submit a brief summary of their experience with administering the HCAHPS® survey, including sampling and survey data collection procedures. An analysis of the psychometrics of the instrument should also be provided. Analytic results should include:

- Participation (response) rates to the survey;
- Item missing data rates;
- Distribution of responses to each item;
- Intercorrelations among items;
- Correlations of items with composites (corrected for overlap where appropriate);
- Internal consistency reliability (Cronbach's alpha);
- Hospital-level reliability (if the survey is fielded with multiple hospitals); and,
- Correlations of items and composites with the global rating items and whether the respondent would recommend the hospital to family and friends (question #24).

FOR FURTHER INFORMATION CONTACT: Marybeth Farquhar, Center for Quality Improvement and Patient Safety, Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, MD 20850; Phone: (301) 427–1317; Fax: (301) 427–1341; e-mail: *mfarquha@ahrq.gov.*

SUPPLEMENTARY INFORMATION:

Background

The Agency for Healthcare Research and Quality (AHRQ) has been a leading proponent and supporter of the development of instruments for