doctor'' (DOPS) who would use DOPS consultants for any specialty services needed.

These amendments were ''passed'' without observing the process outlined in the Medical Staff Bylaws.

The medical staff is further controlled by DHS through DOPS. Although DOPS physicians constitute only about 25% of the medical staff at Danbury Hospital, an arrangement has been established which places a DOPS physician as Chairman of each medical department (except one, as a result of a per-existing contract) and a DOPS physician as Chief of virtually every medical service in which there are DOPS physicians. By virtue of their positions of power, DOPS physicians control the Executive Committee and 33% or more of all but one of the other committees of the medical staff.

The Chairmen of the departments are, in part, paid by the Hospital and, therefore, directed by Hospital recommendations and not the desires of the members of their departments. Indeed, when asked to whom they report, they reply, the President of the Hospital and CEO of DHS, rather than to the president of DOPS, their employer. I have knowledge of department Chairmen using their position as chairmen to influence referrals of patients to their won corporation, DOPS.

I urge you to continue your investigation of the antitrust activities of DHS and Danbury Hosptial to allow fair and unrestrained competition for health care services in our community.

Sincerely,

Diana M. Lippi.

October 23, 1995.

Gail Kursh,

Chief, Professions and Intellectual Property Section/Health Care Task Force, Department of Justice, Antitrust Division, 600 E Street, N.W., Room 9300, Washington, D.C. 20530.

By facsimile transmission and by regular mail.

Dear Ms. Kursch: In response to the Legal Notice in the Danbury News Times, I have several concerns regarding the proposed final Judgment against Health Partners Inc., et al., Civil No. 395–CV–01946–RNC.

Despite the objections to the Final judgment filed in the civil complaint, it is my opinion that Danbury Health Systems continues to protect its monopoly of health care in the Greater Danbury Area.

The anti-competitive activities of Danbury Health Systems Inc., its subsidiaries, and affiliates extends beyond the hospital and community walls. As the biggest employer in town the economic ramifications of its business associations and its political network are too powerful to allow for legitimate competition to exist in any arena.

Control and monopoly of inpatients at Danbury Hospital is accomplished through the affiliated physician corporation the hospital created in 1985, Danbury Office of Physician Services, P.C. (DOPS). The agreement between Danbury Hospital and DOPS physicians directly and indirectly restrains competition among physicians in Danbury, in violation of Section 1 of the Sherman Act.

DOPS physicians comprise approximately one fourth of the Medical Staff. However, these physicians are employed (paid) by Danbury Hospital to hold positions of power and thus control over the general Medical Staff. DOPS physicians are Chairmen of all but one of the clinical Departments, Chiefs of virtually all sections within the clinical departments, and hold the majority vote on many Medical Staff Committees. The Chairmen of the clinical departments at Danbury Hospital are accountable to the hospital's CEO and not to the members of their respective departments. Chairmen of clinical departments actively direct patient referrals to DOPS physicians, thus taking advantage of their administrative role for their own economic self-interest. DOPS physicians are in control of Medical Staff Committees, including most Peer Review Committees, and the activities of these committees are overwhelmingly targeted against non-DOPS physicians. Chairmen of clinical departments are free to disband a committee without discussion with or prior notification of its members or the President of the Medical Staff. Although DOPS physicians are not employed by Danbury Hospital directly, they are expected to support the philosophy and the wishes of the administration of the hospital.

Non-DOPS physicians are also intimidated and scare tactics are used by administrators to induce referrals to DOPS physicians. There are reports of special favors and/or privileges (i.e., O.R. schedules) being used as rewards to those physicians that refer to DOPS and use Danbury Hospital facilities exclusively.

During the last few weeks such tactics have been used to coerce community obstetricians (chosen to join the soon to be established HMO) to refer only to DOPS neonatologists. This practice disregards the prior established policy developed by the members of the Department of Pediatrics and agreed to by the members of the Department of Obstetrics and Gynecology. As a result, this practice has significantly reduced the referrals to my group.

I enclose a list of community pediatricians affiliated with Danbury Hospital. All you need to do to verify this anti-competitive practice is to ask the pediatricians to describe how they choose a neonatologist for referrals.

Respectfully,

Alicia Perez,

Pediatricians & Neonatologists Associated with Danbury Hospital

Brockfield

John Gundy, MD & Sarojini Kurra, MD, 300 Federal Road, 775–1118

Danbury

Lorraine Braza, MD, 69 Sandpit Road, 798–8228

Costom for Pediatrics Medicines, P.C.

Robert Golenbock, MD, Anna Paula Machado, MD, Joan Magner, MD, 107 Newtown Road, Suite 1D, 790–0822

Child Care Associates

Pushpa Mani, M.D., Rajadevi Satchi, MD, 57 North Street, Suite 209, 791–9599

Barry Keller, MD, 16 Hospital Avenue, 743–1201

Uwa Koepke, MD, 57 North Street, Suite 311, 792–4021

Christopher Randolph, MD & Martin Randolph, MD, 70 Deer Hill Avenue, 792–4021

Pediatric Associates

Leon Baczeski, MD, Bruce Cohen, MD, John Erti, MD, David Gropper, MD, Nandini Kogekar, MD, L Robert Rubin, MD, 41 Germantown Road, 744–1620

Pediatric Health Ctr./Danbury Hospital

Jack S. C. Fong, MD, Chief, Veronica Ron, MD, Gary Wenick, MD, 73 Stand Pit Road, 797–7216

New Fairfield

Oscar Lascano, MD, Fairwood Professional Building, 746–6000

New Milford

Josef Burton, MD, 23 Poplar Street, 355–4113

Vadakkekara Kavirajan, MD, 7 Pickett District Road, 355–4195

Candlewood Pediatrics

Diane D'Isidori, MD, Wendy Drost, MD, Evan Hack, MD, 17 Poplar Street, 355–8190

Newton

Humberto Bauta, MD, Danbury Newton Road, 426–3267

Alex Lagut, MD, 18 Church Hill Road, 426–1818

Pediatric Health Ctr. of Newton

Thomas Draper, MD, 184 Mount Pleasant Road, 426–2400

Ridgefield

Ridgefield Pediatrics

Robert Elisofon, MD, Susan Leib, MD, James Sheehan, MD, 38B Grove Street, 438–9557

Southberg

Southberg Pediatrics

Susan Beris, MD, 108 Main Street North, 264–9200

Neonatologists

Neonatologists, Dept. of Pediatrics, Danbury Hospital

Edward James, MD, Chief, Laura K. Lasley, MD, 24 Hospital Avenue, Danbury, CT 06810, 797–7150

Complete Newborn Care

Diana Lippi, MD, Alicia Perez, MD, Joseph M. Tuggle, MD, 57 North Street, Suite 408, Danbury, CT 06810, 790–4262

[FR Doc. 96–1794 Filed 1–31–96; 8:45 am]

BILLING CODE 4410–01–M

Immigration and Naturalization Service

[INS No. 1725R–96]

Citizens Advisory Panel Meeting

AGENCY: Immigration and Naturalization Service, Justice.

ACTION: Notice of Meeting.

SUMMARY: The Immigration and Naturalization Service (Service) in

accordance with the Federal Advisory Committee Act (15 U.S.C. App. 2) and 41 CFR 101–6.1001–101–6.1035 (1992), has established a Citizens' Advisory Panel (CAP) to provide the Department of Justice with recommendations on ways to reduce the number of complaints of abuse made against employees of the Service, and to minimize or eliminate the causes for those complaints. This notice announces the CAP's forthcoming meeting and the agenda for the meeting.

DATES: February 26–27, 1996 at 8:00 A.M.

ADDRESSES: The Henley Park Hotel, 926 Massachusetts Ave., NW., The Eton Room, Washington, DC 20001.

FOR FURTHER INFORMATION CONTACT: Susan B. Wilt, CAP Designated Federal Official (DFO), Immigration and Naturalization Service, Room 3260, Chester Arthur Building, 425 I Street NW., Washington, DC 20536, Telephone (202) 616–7072.

SUPPLEMENTARY INFORMATION: Pursuant to the charging language of the Senate Appropriations Committee Report 102–331 on the FY 1993 Budget for the Immigration and Naturalization Service, Department of Justice, the Service established a Citizens' Advisory Panel for the purpose of providing recommendations to the Attorney General on ways to reduce the number of complaints of abuse made against employees of the Service and, most importantly, to minimize or eliminate the causes for those complaints. The CAP is authorized by the Attorney General to (1) accept and review civilian complaints made against Service employees, and (2) review the systems and procedures used by the Service for responding to such complaints. (February 11, 1994 at 59 FR 6658)

Summary of Agenda

The principal purpose of the meeting is to set forth recommendations on the Immigration and Naturalization Service's complaint process, education and the development of training, the current training curriculum, and training policies and procedures for Service employees.

Public Participation

The CAP meeting is open to the interested public, but limited to the space available. Persons wishing to attend should notify the CAP DFO at least 2 days prior to the meeting by contacting the DFO at (202) 514–2373. Any hearing-challenged individuals wishing to attend please contact the DFO by February 20, 1996 so services can be arranged.

Any member of the public may file a written statement with the CAP DFO before the meeting. Materials submitted at the meeting should be submitted in 20 copies. Members of the public will not be permitted to present oral statements at the meeting.

Minutes of the meeting will be available on request from the CAP DFO.

Dated: January 25, 1996.

Doris Meissner,

Commissioner, Immigration and Naturalization Service.

[FR Doc. 96–1973 Filed 1–31–96; 8:45 am]

BILLING CODE 4410–10–M

DEPARTMENT OF LABOR

Pension and Welfare Benefits Administration

Annual Reporting and Disclosure Requirements

AGENCY: Pension and Welfare Benefits Administration, Department of Labor.

ACTION: Notice of Change to the 1995 Form 5500 Series and Request for Comment.

SUMMARY: This document announces a change made by the Department of Labor to items 15h and 26h on the 1995 Form 5500–C/R, ''Return/Report of Employee Benefit Plan (With Fewer Than 100 Participants),'' filed by administrators of employee benefit plans under Part 1 of title I of the Employee Retirement Income Security Act of 1974 (ERISA). This change, and additional guidance in the instructions to all forms in the 1995 5500 Series, relate to the handling of participant contributions by employers.

EFFECTIVE DATES: The change is incorporated in the 1995 Form 5500 Series, and is effective for plan years beginning on or after January 1, 1995.

ADDRESSES: Interested persons are invited to submit written comments to the Office of Regulations and Interpretations, Pension and Welfare Benefits Administration, Room N5669, U.S. Department of Labor, 200 Constitution Ave NW., Washington, DC 20210. Attention: 1995 Form 5500 Series Comments.

FOR FURTHER INFORMATION CONTACT: Susan E. Rees, Plan Benefits Security Division, Office of the Solicitor, U.S. Department of Labor, Washington, DC, (202) 219–9141, or George M. Holmes, Jr., Office of Regulations and Interpretations, Pension and Welfare Benefits Administration, U.S. Department of Labor, Washington, DC, (202) 219–8515. These are not toll-free numbers.

SUPPLEMENTARY INFORMATION: As part of its effort to enhance the security and protection of participant contributions, the Department has modified items 15h and 26h on the 1995 Forms 5500–C/R to enable more effective monitoring of the handling of participant contributions by employers.[1] Currently, item 15h of the 1994 Form 5500–CR, applicable to Form 5500–R filers, and item 26h of the 1994 Form 5500–C/R, applicable to Form 5500–C filers, asks whether, during the plan year, the employer owed contributions to the plan that are more than 3 months overdue, and if so, the amount. For the 1995 Form 5500–C/R, the Department has modified items 15h and 26h to focus on participant contributions due from the employer. As modified, item 15h and item 26h now ask whether, during the plan year, there were any participant contributions transmitted to the plan more than 31 days after receipt or withholding by the employer, and if so, the amount.

In general, the Department believes that the information required to be reported in modified item 15h and 26h on the Form 5500–C/R is, or should be, readily available and easily accessible from the plan's and/or the plan sponsor's records and, accordingly, should not result in any new or additional recordkeeping burdens on plans or employers. Further, as with the existing items 15h and 26h, an affirmative response to the modified items does not necessarily mean that the employer has violated ERISA. Lastly, this modification does not affect the administrators of plans with 100 or more participants filing the Form 5500 who, unlike Form 5500–C/R filers, are currently required to disclose on the Form 5500 detailed information about prohibited transactions involving delinquent participant contributions, and must have their plans audited annually by an independent qualified public accountant.[2]

Statutory Authority

These forms and instructions are issued pursuant to the Secretary's general rulemaking authority under section 505 of ERISA, and under

[1] Among other things, the Department has proposed an amendment to the participant contribution regulation to reduce the maximum amount of time an employer may hold participant contributions before such contributions constitute ''plan assets.'' *See* 29 CFR § 2510.3–102 and proposed amendment thereto at 60 Fed. Reg. 66036 (December 20, 1995).

[2] The instructions for the 1995 Form 5500 Series, including the Form 5500 and Form 5500–C/R, have been modified to remind filers that a failure to segregate participant contributions that constitute plan assets from an employer's general assets has prohibited transaction implications.