

NE, Mailstop E-62, Atlanta, Georgia 30333, telephone (404) 639-8345; or Marjorie S. Greenberg, Executive Secretary, NCVHS, NCHS, CDC, Room 1100, Presidential Building, 6525 Belcrest Road, Hyattsville, Maryland 20782, telephone (301) 458-4245.

Information about the committee, including summaries of past meetings and a roster of committee members, is available on the Committee's website at <http://www.ncvhs.hhs.gov>.

Dated: July 23, 2001.

James Scanlon,

Director, Division of Data Policy, Office of the Assistant Secretary for Planning and Evaluation.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary; Office of Intergovernmental Affairs, Office of Public Health and Science

Statements of Organization, Functions and Delegations of Authority

Part A, (Office of the Secretary), of the Statement of Organization, Functions, and Delegations of Authority for the Department of Health and Human Services, Chapter AA "Office of the Secretary" as last amended at 60 FR 52403, dated October 6, 1995; Chapter ABC "Office of the Deputy Under Secretary for Intergovernmental Affairs" as last amended at 61 FR 24311-12, dated May 14, 1996; and Chapter AC "Office of Public Health and Science" as last amended at 65 FR 37137, dated June 13, 2000 are being amended to reflect the transfer of the Regional Health Administrators (ADA 1-X) from the Office of the Deputy Under Secretary for Intergovernmental Affairs (ABC) to the Office of Public Health and Science. The changes are as follows:

I. Under Chapter ABC, "Office of the Deputy Under Secretary for Intergovernmental Affairs," make the following changes:

A. Under Paragraph AD.10 Organization, revise as follows:

AD.10 Organization. The Office of the Regional Director is under the direction and control of the Regional Director, who reports directly to the Secretary and Deputy Secretary through the Director for Intergovernmental Affairs, and consists of the Regional Director (AD 1-X).

B. Under Paragraph AD.20 Function, make the following changes:

1. Delete the last sentence under paragraph A.
2. Delete paragraph B. The Regional Health Administrator (ADA (1-X) in its entirety.

II. Under Chapter AC, "Office of Public Health and Science," make the following changes:

A. Under Paragraph AC.10 Organization, insert the following paragraph, after paragraph L.

M. Office of the Regional Health Administrator (ACD 1-X).

B. Under Paragraph 20. Functions, insert the following paragraph after paragraph (12):

(13) provides oversight and directions to the Regional Health Administrators (1-X).

C. Under Paragraph 20. Functions, insert the following after Paragraph 20, subparagraph L:

M. Regional Health Administrator (ACD1-X)—Reports to the Assistant Secretary for Health. Receives professional guidance from the ASH. Participates in policy development and implementation; directs and coordinates regionally based programs of OPHS, including the offices of Emergency Preparedness, Minority Health, Women's Health and Population Affairs. Develops regional goals and objectives consistent with the needs of the region and in conformity with the national health priorities and objectives and Departmental plans and programs. Serves as the principal official in the assigned area of jurisdiction to provide oversight and coordination for Public Health Service programs. Sustains regular communication with State public health, substance abuse, and mental health agencies as well as other professional and community-based organizations to assist the Assistant Secretary for Health, and PHS Operating Divisions in the formulation, development, analysis and evaluation of PHS OPDIV field programs and cross cutting Departmental initiatives in public health. Develops plans for emergency preparedness and response and directs all Departmental health related activities necessary to ensure continuity of essential functions within the Region in case of an emergency due to enemy action or natural disaster.

Dated: July 20, 2001.

Dennis P. Williams,

Acting Assistant Secretary for Management and Budget.

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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 Assistant Secretary for Health have taken final action in the following case:

Raghootama S. Pandurangi, Ph.D., University of Missouri—Columbia (UMo):

Based on the report of an investigation conducted by UMo and additional analysis conducted by ORI in its oversight review, the U.S. Public Health Service (PHS) found that Dr. Pandurangi, a former Research Assistant Professor at UMo, engaged in scientific misconduct by plagiarizing and falsifying research data taken from a journal article published by other scientists for use in supplementary materials of a research grant application submitted to the National Institutes of Health (NIH).

Specifically, PHS finds that Dr. Pandurangi plagiarized the images of data in Figures 2A and 2B and related text in supplemental material he submitted in connection with National Heart, Lung, and Blood Institute (NHLBI), NIH, grant application 1 R01 HL62517-01A2, Myocardial Viability by AII Receptor-99mTc Conjugates," in which he was the principal investigator. Specifically, Figures 2A and 2B and related text were plagiarized from Figures 7C and 7D of the following journal publication: Gibson, R., Beauchamp, H., Fioravanti, C., Brenner, N., and Burns, H.D. "Receptor Binding Radiotracers for the Angiotensin II Receptor: Radioiodinated [Sar¹, Ile⁸]Angiotensin II," Nuclear Medicine and Biology 21:593-600, 1994.

In addition, Dr. Pandurangi falsified the text in the supplement to his NIH grant application by claiming that Figures 2A and 2B represented a compound he had developed. Namely, he claimed that Figure 2A represented radioionated compound ¹²³I-2C and Figure 2B represented radioionated compound ¹²³I-2C with nonradioactive compound 2C added as a competitor. However, Figures 2A and 2B were plagiarized from the figures in the above Nuclear Medicine and Biology article, which in reality represented radiolabeled [Sar¹, Ile⁸]Angiotensin II, with compound L-158-809 as a blocker/competitor.

Dr. Pandurangi has entered into a Voluntary Exclusion Agreement (Agreement) with PHS in which he has voluntarily agreed:

- (1) To exclude himself from any contracting or subcontracting with any agency of the United States Government and from eligibility for, or involvement in, nonprocurement transactions (e.g.,

grants and cooperative agreements) of the United States Government as defined in 45 CFR Part 76 (Debarment Regulations) for a period of one (1) year, beginning on July 17, 2001;

(2) that for an additional period of three (3) years following the one-year period of exclusion set forth above, any institution that submits an application for PHS support for a research project on which Dr. Pandurangi's participation is proposed or which uses him in any capacity on PHS supported research, or which submits a report of PHS supported research in which Dr. Pandurangi is involved, must concurrently submit to PHS and ORI (a) a plan for supervision of his duties during the particular PHS supported project at issue, which must be designed to ensure the scientific integrity of his research contribution; and (b) a certification that the data provided by Dr. Pandurangi are based on actual experiments or are otherwise legitimately derived, and that the data, procedures, and methodology are accurately reported in the application or research project; and

(3) to exclude himself 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 a period of four (4) years, beginning on July 17, 2001.

FOR FURTHER INFORMATION CONTACT: Director, Division of Investigative Oversight Office of Research Integrity 5515 Security Lane, Suite 700 Rockville, MD 20852 (301) 443-5330.

Chris B. Pascal,

Director, Office of Research Integrity.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-1196-N]

RIN 0938-ZA18

Medicare Program: Notice of Practicing Physicians Advisory Council Rechartering and Request for Nominations

AGENCY: Centers for Medicare & Medicaid Services, HHS.

ACTION: Notice.

SUMMARY: In accordance with section 10(a) of the Federal Advisory Committee Act (5 U.S.C. App. 2), this notice announces that the Practicing

Physicians Advisory Council (the Council) has been rechartered for a 2-year period, through June 12, 2003. This notice also invites all organizations representing physicians to submit nominees for membership on the Council. There are currently three vacancies on the Council.

EFFECTIVE DATE: Nominations will be considered if we receive them at the appropriate address, provided below, no later than 5 p.m., E.S.T., on August 13, 2001.

ADDRESSES: Mail or deliver nominations to the following address: Centers for Medicare & Medicaid Services, Center for Medicare Management, Office of Professional Relations, Attention: Paul Rudolf, MD, JD, Executive Director, Practicing Physicians Advisory Council, Room 435H, Hubert H. Humphrey Building, 200 Independence Avenue, SW, Washington, DC 20201

FOR FURTHER INFORMATION CONTACT: Paul Rudolf, MD, JD, Executive Director, Practicing Physicians Advisory Council, (202) 690-7418.

SUPPLEMENTARY INFORMATION: Section 4112 of the Omnibus Budget Reconciliation Act of 1990 (Public Law 101-508) added a new section 1868 to the Social Security Act (the Act), which established the Practicing Physicians Advisory Council (the Council). The Council advises the Secretary of the Department of Health and Human Services (the Secretary) on proposed regulations and manual issuances related to physicians' services. An advisory committee created by the Congress, such as this one, is subject to the provisions of the Federal Advisory Committee Act (5 U.S.C. App. 2).

Section 1868(a) of the Act requires that the Council consist of 15 physicians, each of whom must have submitted at least 250 claims for physicians' services under Medicare in the previous year. At least 11 Council members must be physicians as defined in section 1861(r)(1) of the Act; that is, State-licensed physicians of medicine or osteopathy. The other four Council members may include dentists, podiatrists, optometrists, and chiropractors.

The Council must include both participating and nonparticipating physicians, as well as physicians practicing in rural and underserved urban areas. In addition, section 1868(a) of the Act provides that nominations to the Secretary for Council membership must be made by medical organizations representing physicians.

This notice is an invitation to all organizations representing physicians to submit nominees for membership on the

Council. Current members whose terms expired on February 28, 2001 will be considered for reappointment, if renominated, subject to the Department's administrative guidelines for advisory committee management. Candidates nominated in December 2000 are still being considered for the vacant Council seats. With the changes in Administration and the government-wide freeze on new appointments it has been necessary to extend and reopen the nomination process to identify additional candidates for seats on the Council. Therefore, the Centers for Medicare & Medicaid Services will be accepting additional nominees to the Council if they are received by the close of business August 13, 2001. The Secretary will appoint new members to the Council from among those candidates determined to have the expertise required to meet specific agency needs and in a manner to ensure appropriate balance of membership.

Each nomination must state that the nominee has expressed a willingness to serve as a Council member and must be accompanied by a short resume or description of the nominee's experience. To permit an evaluation of possible sources of conflict of interest, potential candidates will be asked to provide detailed information concerning financial holdings, consultant positions, research grants, and contracts.

Section 1868(b) of the Act provides that the Council meet once each calendar quarter, as requested by the Secretary, to discuss proposed changes in regulations and manual issuances that relate to physicians' services. Council members are expected to participate in all meetings. Section 1868(c) of the Act provides for payment of expenses and a per diem allowance for Council members at a rate equal to payment provided members of other advisory committees. In addition to making these payments, the Department of Health and Human Services provides management and support services to the Council.

Authority: (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)).

Dated: July 30, 2001.

Thomas A. Scully,

Administrator, Centers for Medicare & Medicaid Services.

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