officers, firefighters, security, and emergency medical personnel who may be called upon to assist smallpox response teams specified in paragraph IV(2) above; and

(4) Personnel associated with certain U.S. Government facilities abroad.

V. Effective Dates

The declaration is effective January 24, 2003 until and including January 23, 2004. The effective period may be extended or shortened by subsequent amendment to this declaration.

VI. Definitions

For the purposes of this declaration, including any claim brought against the United States pursuant to section 224 of the Public Health Service Act (''PHS''), as amended by section 304 of the Homeland Security Act, the following definitions will be used:

(1) ''Administration of a covered countermeasure'' as used in section 224(p)(1) of the PHS Act includes, but is not limited to, the physical administration of a covered countermeasure; education and screening of covered countermeasure recipients; monitoring, management, and care of the covered countermeasure site; evaluation of covered countermeasure ''takes;'' and contact transmission of vaccinia.

(2) ''Health care entity under whose auspices such countermeasure was administered'' as used in section 224(p)(7)(B)(ii) of the PHS Act, includes but is not limited to, hospitals, clinics, state and local health departments, health care entities, and contractors of any of those entities that (a) Administer covered countermeasures; (b) designate officials, agents, or employees to receive or administer covered countermeasures; or (c) are identified by state or local government entities or the United States Department of Health and Human Services to participate in the vaccination program, whether that participation is in the United States or abroad.

(3) ''Official, agent, or employee'' as used in section 224(p)(7)(B)(iv) of the PHS Act and with respect to health care entities under whose auspices covered countermeasures are administered, includes health care workers who share any employment or other staffing relationship with the health care entity.

Dated: January 24, 2003.

Tommy G. Thompson,

Secretary.

[FR Doc. 03–2012 Filed 1–24–03; 12:00 am]

BILLING CODE 4150–24–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 Assistant Secretary for Health have taken final action in the following case:

George E. Eagan, University of Albany, State of New York: Based on the report of an investigation conducted by the University of Albany, State of New York (UA–SUNY) and additional analysis conducted by ORI in its oversight review, the U.S. Public Health Service (PHS) found that Mr. Eagan, former laboratory technician at UA–SUNY, engaged in scientific misconduct by falsification and fabrication of data supported by a subcontract to UA–SUNY on National Institute of General Medical Sciences (NIGMS), National Institutes of Health (NIH), grant R01 GM46312–11, ''Structural Biochemistry of DNA Base Excision Repair.''

Specifically, PHS found that Mr. Eagan engaged in scientific misconduct by falsifying and fabricating the data for two experiments, conducted on February 12 and 13, 2002, designed to test the survival of strains of bacteria exposed to different base analog mutagens. Mr. Eagan's experiments were significant because they would have contributed to the overall objective of the grant to understand the structural and biochemical interaction of enzymes involved in base-excision repair with various substrates, including the base analogs studied by Mr. Eagan.

Mr. Eagan has entered into a Voluntary Exclusion Agreement in which he has voluntarily agreed for a period of five (5) years, beginning on January 13, 2003:

(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 referred to as ''covered transactions'' as defined in 45 CFR part 76 (Debarment Regulations); and

(2) 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.

Mr. Eagan had admitted to falsification of data in an earlier case.

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.

[FR Doc. 03–1920 Filed 1–27–03; 8:45 am]

BILLING CODE 4150–31–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Nominations of Topics for Evidence-based Practice Centers (EPCs)

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

ACTION: Nominations of topics for evidence reports and technology assessments.

SUMMARY: AHRQ invites nominations of topics for evidence reports and technology assessments relating to the prevention, diagnosis, treatment and management of common diseases and clinical conditions, as well as topics relating to organization and financing of health care. AHRQ's previous requests for topic nominations were published in the **Federal Register** on December 23, 1996, November 28, 1997, May 4, 1999, November 13, 2000, and February 14, 2002.

DATES: Topic nominations should be submitted by March 31, 2003 in order to be considered for the next group of evidence reports and technology assessments to be funded in Fiscal Year 2003. In addition to timely responses to this request for nominations, AHRQ also accepts topic nominations on an ongoing basis. AHRQ is not able to reply to individual responses, but will consider all nominations during the selection process. Topics selected will be announced from time to time in the **Federal Register** and through AHRQ press releases.

ADDRESSES: Topic nominations should be submitted to Jacqueline Besteman, J.D., M.A., Director, Evidence-based Practice Centers (EPC) Program, Center for Practice and Technology Assessment, AHRQ, 6010 Executive Boulevard, Suite 300, Rockville, MD 20852.

FOR FURTHER INFORMATION CONTACT: Jacqueline Besteman, J.D., M.A., Center for Practice and Technology Assessment, AHRQ, 6010 Executive Blvd., Suite 300, Rockville, MD 20852; Phone: (301) 594–4017; Fax: (301) 594–

4017; Fax: (301) 594–4027; E-mail: *jbestema@ahrq.gov.*

Arrangement for Public Inspection: All nominations will be available for public inspection at the Center for Practice and Technology Assessment, telephone (301) 594–4015, weekdays between 8:30 a.m. and 5 p.m. (Eastern time).

SUPPLEMENTARY INFORMATION:

1. Background

Under Title IX of the Public Health Service Act (42 U.S.C. 299a–299c) as amended by Pub. L. 106–129 (1999), AHRQ is charged with enhancing the quality, appropriateness, and effectiveness of health care services and access to such services. AHRQ accomplishes these goals through scientific research and through promotion of improvements in clinical practice and health systems practices including the prevention of diseases and other health conditions.

2. Purpose

The purpose of **Federal Register** notice is to encourage participation and collaboration of professional societies, health systems, payors, and providers, with AHRQ as it carries out its mission to promote the practice of evidence-based health care. AHRQ serves as the science partner with private-sector and public organizations in their efforts to improve the quality, effectiveness, and appropriateness of health care delivery in the United States, and to expedite the translation of evidence-based research findings into improved health care services. AHRQ awards task order contracts to its Evidence-based Practice Centers (EPCs) to undertake scientific analyses and evidence syntheses on high-priority topics. The EPCs produce science syntheses—evidence reports and technology assessments—that provide to public and private organizations the foundation for developing and implementing their own practice guidelines, performance measures, educational programs, and other strategies to improve the quality of health care and decision-making related to the effectiveness and appropriateness of specific health care technologies and services. The evidence reports and technology assessments also may be used to inform coverage and reimbursement policies.

In addition to clinical and behavioral research, as the body of scientific studies related to the organization and financing of health care expands, systematic review and analyses of these studies can provide health system organizations with a scientific foundation for developing system-wide policies and practices. These reports may address and evaluate topics such as risk adjustment methodologies, market performance measures, provider payment mechanisms, and insurance purchasing tools, as well as provider integration of new scientific findings regarding health care and delivery innovations. To review topics that have been assigned to the EPCs between FY 1997 and FY 2002, visit AHRQ's Web site at *http://www.ahrq.gov/clinic/epc#centers.*

3. Evidence-based Practice Centers (EPCs)

The EPCs prepare evidence reports and technology assessments on topics for which there is significant demand for information by health care providers, insurers, purchasers, health-related societies, and patient advocacy organizations. Such topics may include the prevention, diagnosis and/or treatment of particular clinical and behavioral conditions, use of alternative or complementary therapies, and appropriate use of commonly provided services, procedures, or technologies. Topics also may include issues related to the organization and financing of care. AHRQ widely disseminates the EPC evidence reports and technology assessments, both electronically and in print. The EPC evidence reports and technology assessments do not include clinical recommendations or recommendations on reimbursement and coverage policies.

4. Role/Responsibilities of Partners

Nominators of topics selected for development of an EPC evidence report or technology assessment assume the role of Partners to AHRQ and the EPCs, with defined roles and responsibilities. AHRQ places high value on these relationships, and plans to review Partners' past performance of these responsibilities at such time in subsequent years when AHRQ is considering whether to accept additional topics nominated by an organization. Specifically, Partners are expected to serve as resources to EPCs as they develop the evidence reports and technology assessments related to their nominated topic; serve as members of external peer reviewers of relevant draft evidence report and assessment; and commit to (a) timely translation of the EPC reports and assessments into their own quality improvement tools (*e.g.*, clinical practice guidelines, performance measures), educational programs, and reimbursement policies; and (b) dissemination of these derivative products to their membership. AHRQ also is interested in members' use of these derivative products and the products' impact on enhanced healthcare. AHRQ will look to the Partners to provide these use and impact data on products that are based on EPC evidence reports and technology assessments.

The AHRQ will review topic nominations and supporting information and determine final topics, seeking additional information as appropriate. AHRQ is very interested in receiving topic nominations from professional societies and organizations comprised of members of minority populations, as well as nomination of topics that have significant impact on the health status of women, children, ethnic and racial populations.

5. Topic Nomination and Selection Process

The processes that AHRQ employs to select topics nominated for analyses by the EPCs is described below. Section A addresses AHRQ's nomination process and selection criteria for clinical and behavioral topics. Section B addresses AHRQ's nomination process and selection criteria for organization and financing topics.

Section A: Clinical and Behavioral Topics

(a) Nomination Process for Clinical and Behavioral Topics

Nominations of clinical and behavioral topics for AHRQ evidence reports and technology assessments should focus on specific aspects of prevention, diagnosis, treatment and/or management of a particular condition, or on an individual procedure, treatment, or technoloy. Potential topics should be carefully defined and circumscribed so that the relevant published literature and other databases can be searched, evidence systematically reviewed, supplemental analyses performed, draft reports and assessments circulated for external peer review, and final evidence reports or technology assessments produced. Some reports and assessments can be completed within six months, if there is a small volume of literature to be systematically reviewed and analyzed. Other evidence reports and technolgy assessments may require up to 12 months for completion due to complexity of the topic, the volume of literature to be searched, abstracted, and analyzed, and completion of the external peer review process. Topics selected will not duplicate current and widely available research syntheses, unless new evidence is available that

suggests the need for revisions or updates.

For each topic, the nominating organization must provide the following information: (a) Rationale and supporting evidence on the clinical relevance and importance of the topic; and (b) plans for rapid translation of the evidence reports and technology assessments into clinical guidelines, performance measures, educational programs, or other strategies for strengthening the quality of health care services, or plans to inform development of reimbursement or coverage policies; (c) plans for dissemination of these derivative products to their membership; (d) process by which the nominating organization will measure the use of these products by their members, and impact of such use; and (e) process by which the organization will measure the impact of such use.

Specifically, nomination information should include:

- Defined condition and target population.
- Three to five very focused questions to be answered.
- Incidence or prevalence, and indication of the disease burden (*e.g.,* mortality, morbidity, functional impairment) in the U.S. general population or in subpopulations (*e.g.,* Medicare and Medicaid populations). For prevalence, the number of cases in the U.S. and the number of affected persons per 1,000 persons in the general U.S. population should be provided. For incidence, the number of new cases per 100,000 a year should be provided.
- Costs associated with the clinical or behavioral condition, including average reimbursed amounts for diagnostic and therapeutic interventions (*e.g.,* average U.S. costs and number of persons who receive care for diagnosis or treatment in a year, citing ICD9–CM and CPT codes, if possible).
- Impact potential of the evidence report or technology assessment to decrease health care costs or to improve health status or clinical outcomes.
- Availability of scientific data and bibliographies of studies on the topic.
- References to significant differences in practice patterns and/or results; alternative therapies and controversies.
- Plans of the nominating organization to incorporate the report into its managerial or policy decision making (*i.e.,* rapid translation of the report or assessment into derivative products such as clinical practice guidelines or other quality improvement tools, or to inform reimbursement or coverage policies about a particular technology or service).
- Plans of the nominating organization for dissemination of these derivative products to its membership.
- Process by which the nominating organization will measure members' use of the derivative products.
- Process by which the nominating organization will measure the impact of such use on clinical practice.

(b) Selection Criteria for Clinical and Behavioral Topics

Factors that will be considered in the selection of clinical and behavioral topics for AHRQ evidence report and technology assessment topics include: (1) High incidence or prevalence in the general population and in special populations, including women, racial and ethnic minorities, pediatric and elderly populations, and those of low socioeconomic status; (2) significance for the needs of the Medicare, Medicaid and other Federal health programs; (3) high costs associated with a condition, procedure, treatment, or technology, whether due to the number of people needing care, high unit cost of care, or high indirect costs; (4) controversy or uncertainty about the effectiveness or relative effectiveness of available clinical strategies or technologies; (5) impact potential for informing and improving patient or provider decision making; (6) impact potential for reducing clinically significant variations in the prevention, diagnosis, treatment, or management of a disease or condition, or in the use of a procedure or technology, or in the health outcomes achieved; (7) availability of scientific data to support the systematic review and analysis of the topic; (8) submission of nominating organization's plan to incorporate the report into its managerial or policy decision making, as defined above; (9) submission of nominating organization's plan to disseminate derivative products to its members; and (10) submission of nominating organization's plan to measure members' use of these products, and the resultant impact of these products on clinical practice.

Section B: Organization and Financing Topics

(a) Nomination Process for Organization and Financing Topics

Nominations of organization and financing topics for AHRQ evidence reports should focus on specific aspects of health care organization and finance. Topics should be carefully defined and circumscribed so that relevant databases may be searched, the evidence systematically reviewed, supplemental analyses performed, draft reports circulated for external peer review, and final evidence reports produced. Reports can be completed within six months if there is a small volume of literature for systematic review and analysis. Some evidence reports may require up to 12 months for completion due to the complexity of the topic and the volume of literature to be searched, abstracted, and analyzed. Topics selected will not duplicate current and widely available research syntheses, unless new evidence is available that suggests the need for revisions or updates.

For each topics, nominators should provide a rationale and supporting evidence on the importance and relevance of the topic. Nominators must also state their plans for use of the evidence report and indicate how the report could be used by public and private decision makers. Nomination information should include:

- Defined organizational/financial arrangement or structure impacting quality, outcomes, cost, access or use.
- Three to five focused questions to be answered.
- If appropriate, description of how the organizational/financial arrangement or structure is particularly relevant to delivery of care for specific vulnerable populations (*e.g.,* children, persons with chronic disease) or certain communities (*e.g.,* rural markets)
- Costs potentially affected by the organizational/financial arrangement, to the extent they can be quantified.
- Impact potential of the evidence report to decrease health care costs or to improve health status or outcomes.
- Availability of scientific and/or administrative data and bibliographies of studies on the topic.
- References to significant variation in delivery and financing patterns and/or results, and related controversies.
- Nominator's plan for use of an evidence report on this topic.
- Nominator's plan for measuring the impact of the report on organizational, financial, or delivery practices.

(b) Selection Criteria for Organization and Financing Topics

Factors that will be considered in the selection of topics related to the organization and financing of care include the following: (1) uncertainty about the impact of the subject organizational or financing strategy; (2) potential for the subject organizational or financing strategy or the proposed research synthesis to significantly impact aggregate health care costs; (3) policy-relevant to Medicare, Medicaid, and/or other Federal and State health programs; (4) relevant to vulnerable

populations, including racial and ethnic minorities, and particular communities, such as rural markets; (5) available scientific data to support systematic review and analysis of the topic; (6) plans of the nominating organization to incorporate the report into its managerial or policy decision-making; and (7) plans by the nominating organization to measure the impact of the report on practice.

Dated: January 15, 2003.

Carolyn M. Clancy,

Acting Director.

[FR Doc. 03–1913 Filed 1–27–03; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Study Section Meetings—Change of Location

With this notice, the Agency for Healthcare Research and Quality informs the public of the change of location for two meetings. The original notice of these meetings was published in the **Federal Register** on January 7, 2003, Volume 68, Number 4, Page 785.

Below are the change of location of two meetings highlighted in bold.

- *Name of Subcommittee:* Health Systems Research.

Date: February 24–25, 2003, (Open from 6 p.m. to 6:15 p.m. on February 24 and closed for remainder of the meeting).

Place: AT–Doubletree Hotel (for both days), 1750 Rockville Pike, Conference Room TBD, Rockville, Maryland 20852.

- *Name of Subcommittee:* Health Care Quality and Effectiveness Research.

Date: February 26–27, 2003, (Open from 7 p.m. to 7:15 p.m. on February 26 and closed for remainder of the meeting).

Place: AT–Doubletree Hotel (for both days), 1750 Rockville Pike, Conference Room TBD, Rockville, Maryland 20852.

Agenda items for these meetings are subject to change as priorities dictate.

Dated: January 17, 2003.

Carolyn M. Clancy,

Acting Director.

[FR Doc. 03–1912 Filed 1–27–03; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement: 03039]

Cooperative Agreement Training, Education, and Materials Development Regarding Terrorism Acts; Notice of Availability of Funds

A. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under section 301(a) and 317(a) of the Public Health Service Act, 42 U.S.C. sections 241(a) and 247b(a), as amended. The Catalog of Federal Domestic Assistance number is 93.283.

B. Purpose

The Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2003 funds for a cooperative agreement for development, implementation, and dissemination of effective terrorism preparedness and emergency response training and education programs. This program addresses the ''Healthy People 2010'' focus areas Immunization and Infectious Disease, Environmental Health, and Public Health Infrastructure.

The purpose of the program is to enhance the national security of the United States by improving the flow of timely and accurate information to the American general public. This will be accomplished by creating and maintaining a national training program for local community based organizations (CBOs) to develop their capacity to deliver effective terrorism preparedness education.

Measurable outcomes of the program will be in alignment with one or more of the following performance goals: help the American public to prepare for the unexpected; and reduce stress and make the public feel at ease should another emergency arise.

C. Eligible Applicants

Applications may be submitted by national non-profit and faith-based organizations with experience providing training services nationwide.

Note: Title 2 of the United States Code section 1611 states that an organization described in section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant or loan.

D. Funding

Availability of Funds

Approximately $1,000,000 is available in FY 2003, to fund one award. It is expected that the award will begin on or about March 30, 2003 and will be made for a 12-month budget period within a project period of up to five years. Funding estimates may change.

Continuation awards within an approved project period will be made on the basis of satisfactory progress as evidenced by required reports and the availability of funds.

Use of Funds

Funds may not be used to provide for direct patient medical care (*e.g.*, ongoing medical management, medications, *etc.*)

Recipient Financial Participation

Matching funds are not required for this program.

E. Program Requirements

In a cooperative agreement, CDC and the recipient of Federal funds share roles and responsibilities. In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities listed in 1. Recipient Activities, and CDC will be responsible for the activities listed in 2. CDC Activities.

1. Recipient Activities

a. Terrorism Preparedness Training and Education: Develop specific, measurable, and time-phased objectives for the execution of terrorism preparedness and emergency response training and education programs.

b. Develop Terrorism Preparedness Training and Education Programs: Collaborate with CDC to develop terrorism preparedness and emergency response training programs and material based on up-to-date information that is scientifically relevant and substantiated by valid behavioral science theory or empirical research.

c. Implement Terrorism Preparedness and Emergency Response Training and Education Programs: Provide training and technical assistance to local CBOs on conducting effective terrorism preparedness and emergency response education interventions.

d. Support collaboration with CBOs and other local providers to implement effective terrorism preparedness and emergency response education interventions. Terrorism preparedness and emergency response activities should be appropriate to the experience and resources of the affiliate and consistent with the unmet needs and priorities outlined in the state and local