

FEDERAL RESERVE SYSTEM**Federal Open Market Committee;
Domestic Policy Directive of January
27–28, 2004**

In accordance with § 271.25 of its rules regarding availability of information (12 CFR part 271), there is set forth below the domestic policy directive issued by the Federal Open Market Committee at its meeting held on January 27–28, 2004.¹

The Federal Open Market Committee seeks monetary and financial conditions that will foster price stability and promote sustainable growth in output. To further its long-run objectives, the Committee in the immediate future seeks conditions in reserve markets consistent with maintaining the federal funds rate at an average of around 1 percent.

By order of the Federal Open Market Committee, March 23, 2004.

Vincent R. Reinhart,

Secretary, Federal Open Market Committee.

[FR Doc. 04–6992 Filed 3–29–04; 8:45 am]

BILLING CODE 6210–01–S

FEDERAL RESERVE SYSTEM**Sunshine Act Meeting**

AGENCY HOLDING THE MEETING: Board of Governors of the Federal Reserve System.

TIME AND DATE: 11:30 p.m., Monday, April 5, 2004.

PLACE: Marriner S. Eccles Federal Reserve Board Building, 20th and C Streets, NW., Washington, DC 20551.

STATUS: Closed.

MATTERS TO BE CONSIDERED:

1. Personnel actions (appointments, promotions, assignments, reassignments, and salary actions) involving individual Federal Reserve System employees.

2. Any items carried forward from a previously announced meeting.

FOR FURTHER INFORMATION CONTACT:

Michelle A. Smith, Director, Office of Board Members; 202–452–2955.

SUPPLEMENTARY INFORMATION: You may call 202–452–3206 beginning at approximately 5 p.m. two business days before the meeting for a recorded announcement of bank and bank

holding company applications scheduled for the meeting; or you may contact the Board's Web site at <http://www.federalreserve.gov> for an electronic announcement that not only lists applications, but also indicates procedural and other information about the meeting.

Board of Governors of the Federal Reserve System, March 26, 2004.

Robert deV. Frierson,

Deputy Secretary of the Board.

[FR Doc. 04–7278 Filed 3–26–04; 3:58 pm]

BILLING CODE 6210–01–S

**DEPARTMENT OF HEALTH AND
HUMAN SERVICES****National Committee on Vital and Health
Statistics: Meeting**

Pursuant to the Federal Advisory Committee Act, the Department of Health and Human Services (HHS) announces the following advisory committee meeting.

Name: National Committee on Vital and Health Statistics (NCVHS), Subcommittee on Standards and Security (SSS).

Time and Date: 9 a.m. to 5 p.m., March 30, 2004. 8:30 a.m. to 3 p.m., March 31, 2004.

Place: Hubert H. Humphrey Building, 200 Independence Avenue, SW., Room 505A, Washington, DC 20201.

Status: Open.

Purpose: The entire day on March 30 will be devoted to invited experts providing the Subcommittee with an overview of e-prescribing, including a general picture of the state of the industry, related standards, requirements for the Center for Medicare and Medicaid Services (CMS) under the recent Medicare reform legislation, and the experience of major Federal agencies. March 31 will include an update of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) implementation, a presentation by the Workgroup for Electronic Data Interchange (WEDI) on recommendations developed at its recent annual meeting, and the annual report from the Designated Standards Maintenance Organizations (DSMO). Time will also be reserved for other issues that may be pending and for Subcommittee discussion.

For Further Information Contact: Substantive program information as well as summaries of meetings and a roster of Committee members may be obtained from Maria Friedman, Health Insurance Specialist, Security and Standards Group, Centers for Medicare and Medicaid Services, MS: C5–24–04, 7500 Security Boulevard, Baltimore, MD 21244–1850, telephone: 410–786–6333 or Marjorie S. Greenberg, Executive Secretary, NCVHS, National Center for Health Statistics, Centers for Disease Control and Prevention, Room 1100, Presidential Building, 3311 Toledo Road, Hyattsville, Maryland 20782, telephone: (301) 458–4245. Information also is available on the NCVHS Home page of the HHS Web Site: <http://www.ncvhs.hhs.gov/> where an agenda for the meeting will be posted when available.

Should you require reasonable accommodation, please contact the CDC Office of Equal Employment Opportunity on (301) 458–4EEO (4336) as soon as possible.

Dated: March 16, 2004.

James Scanlon,

Acting Deputy Assistant Secretary for Science and Data Policy, Office of the Assistant Secretary for Planning and Evaluation.

[FR Doc. 04–7067 Filed 3–29–04; 8:45 am]

BILLING CODE 4151–05–M

**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:

Vickie L. Hanneken, R.N., Decatur Memorial Hospital: Based on the report of an investigation conducted by Decatur Memorial Hospital (DMH) and additional analysis conducted by the Office of Research Integrity in its oversight review, the U.S. Public Health Service (PHS) found that Vickie L. Hanneken, R.N., former Clinical Research Associate, DMH, engaged in scientific misconduct in research that was part of a Southwest Oncology Group prostate cancer prevention clinical trial supported by a National Cancer Institute (NCI), National Institutes of Health (NIH), cooperative agreement U10 CA45807 under the Central Illinois Clinical Community Oncology Program.

PHS found that the Respondent engaged in scientific misconduct by falsifying or fabricating data in the clinical/study records of 35 participants in the Selenium and Vitamin E Cancer Prevention Trial (SELECT) at Decatur Memorial Hospital, with a total of 60 separate acts, which included:

- Falsification of the laboratory reports on PSA concentration for 12 participants;
- Fabrication of the laboratory reports on PSA concentration for 2 participants;
- Falsification of the physician's and nurse's records for 10 participants;
- Fabrication of the nurse's records for 2 participants;
- Falsification of data on patients' history and physical forms for 21 participants; and

¹ Copies of the Minutes of the Federal Open Market Committee meeting on January 27–28, 2004, which includes the domestic policy directive issued at the meeting, are available upon request to the Board of Governors of the Federal Reserve System, Washington, D.C. 20551. The minutes are published in the Federal Reserve Bulletin and in the Board's annual report.

• Entry of falsified data into the SWOG computerized data base for 13 participants.

Ms. Hanneken has entered into a Voluntary Exclusion Agreement (Agreement) in which she has voluntarily agreed for a period of three (3) years, beginning on March 15, 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 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. 04-7041 Filed 3-29-04; 8:45 am]

BILLING CODE 4150-31-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Enhancing Cancer Prevention and Control Programs for American Indian/Alaska Native Women

Announcement Type: New.
Funding Opportunity Number: PA 04144.

Catalog of Federal Domestic Assistance Number: 93.283.

Key Dates:

Letter of Intent Deadline: April 20, 2004.

Application Deadline: May 14, 2004.

I. Funding Opportunity Description Authority

This program is authorized under sections 301(a), 317(k)(2) of the Public Health Service Act [42 U.S.C. 241(a) and 247b(k)(2)], as amended.

Purpose: The purpose of the program is to enhance the capacity of tribal and state National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and/or National Comprehensive Cancer Control Program (CCC) grantees to serve the largest possible number of eligible American Indian/Alaska Native (AI/AN) women. The successful applicant should be able to identify culturally appropriate

approaches and implementation strategies to address the national scope of this program announcement. This program addresses the "Healthy People 2010" focus area of cancer.

Measurable outcomes of the program will be in alignment with one (or more) of the following performance goal(s) for the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP): (1) Increase early detection of breast and cervical cancer by building nationwide programs in breast and cervical cancer prevention especially among high risk, underserved women; (2) Expand community-based breast and cervical cancer screening and diagnostic services to low income, medically underserved women; (3) Assure access to treatment services for women diagnosed with cancer or pre-cancer.

Activities

Awardee activities related to this program are as follows:

• Identify culturally appropriate approaches that tribal NBCCEDP grantees can use to increase screening to underserved rarely, or never screened, AI/AN women through the following means:

—Identify approaches and implementation strategies that tribal Program Directors can use to increase culturally appropriate health care delivery and cultural sensitivity for all cooperative agreement grantees through annual trainings, workshops, and conferences.

—Identify approaches and implementation strategies for tribal Program Directors to integrate Cancer Programs into the tribal health care system.

—Provide culturally appropriate management and leadership skills training to tribal program staff.

—Identify and implement national communication strategies among tribal grantees.

—Identify effective culturally appropriate mentoring strategies that can be used by tribal grantees to improve program performance.

—Identify and disseminate effective intervention strategies to other Breast and Cervical tribal grantees.

—In collaboration with CDC staff, participate in a bi-annual training, as needed, on Tribal Outreach Strategies.

—Identify program implementation strategies that can be used by tribal CCC grantees to develop coalitions to strengthen their comprehensive control plans.

• Identify approaches and implementation strategies for state NBCCEDP grantees to increase screening

to underserved, rarely or never screened AI/AN women through the following means:

—Assist state Program Directors to develop effective and appropriate partnerships with tribes.

—Identify opportunities to conduct combined meetings with states and tribes/tribal organizations within those states to develop realistic and culturally sensitive approaches for screening women.

—Identify opportunities to develop partnerships between Urban Indian Health Clinics and state Breast and Cervical Cancer Early Detection Programs in collaboration with CDC staff.

—Disseminate information and best practices through annual meetings, workshops and appropriate venues for all cooperative agreement grantees.

—Identify training opportunities for states to develop outreach strategies to reach AI/AN women for breast and cervical cancer screening.

—Identify strategies to engage AI/AN people in the development of state coalitions CCC plans.

In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring.

CDC Activities for this program are as follows:

• Assist in developing and planning annual trainings, workshops, and conferences designed to disseminate information and increase culturally appropriate health care delivery and cultural sensitivity for all cooperative agreement grantees.

• Assist in the development of and review all cancer training materials to ensure that the materials are based on AI/AN learning styles and are science based.

• Assist in identifying and setting priorities for Leadership Training curriculum for tribal grantees.

• Develop strategies and methods to assist the grantee in evaluating the impact of the grantee's activities.

• Assist in annual dissemination of information through annual workshops, meetings, and other appropriate venues designed to increase culturally appropriate health care delivery and cultural sensitivity for all cooperative agreement grantees.

II. Award Information

Type of Award: Cooperative Agreement.

CDC involvement in this program is listed in the Activities Section above.

Fiscal Year Funds: 2004.

Approximate Total Funding: \$400,000.