

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Committee on Vital and Health Statistics: Meetings

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

Name: National Committee on Vital and Health Statistics (NCVHS), Subcommittee on Standards and Security Work Group on Computer-based Patient Records.

Times and Dates: 9:00 a.m.–5:30 p.m., September 16, 1999, 9:00 a.m.–5:00 p.m., September 17, 1999.

Place: Conference Room 705A, Hubert H. Humphrey Building, 200 Independence Ave. S.W., Washington, D.C. 20201.

Status: Open.

Purpose: Under the Administrative Simplification provisions of P.L. 104–191, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the National Committee on Vital and Health Statistics (NCVHS) is required to study the issues related to the adoption of uniform data standards for patient medical record information and the electronic interchange of such information, and report to the Secretary of Health and Human Services not later than August 2000 on recommendations and legislative proposals for such standards and electronic interchange. The NCVHS is the Department's federal advisory committee on health data, privacy and health information policy.

The NCVHS Subcommittee on Standards and Security, Working Group on Computer-based Patient Records, will meet on September 16–17, 1999 in Washington, D.C. At the meeting, the Working Group will hear from several panels of experts on health data quality, consider related issues concerning standards for computer-based patient records, and discuss their forthcoming letter to the Secretary relating to recommendations. The tentative agenda for the meeting, as well as a description of the panels of speakers, will be posted on the NCVHS website: <http://aspe.os.dhhs.gov/ncvhs>, when available.

Contact Person for More Information: Substantive program information about the meeting may be obtained from Michael Fitzmaurice (AHCP, 301–594–3938) or Bob Mayes (HCFA, 410–786–6872), lead staff for the Computer-based Patient Record Working Group. Information about the NCVHS is available on the NCVHS home page of the HHS website, or from Marjorie S. Greenberg, Executive Secretary, NCVHS, NCHS, CDC, Room 1100, Presidential Building, 6525 Belcrest Road, Hyattsville, Maryland 20782, telephone (301) 436–7050.

Dated: September 2, 1999.

James Scanlon,

Director, Division of Data Policy, Office of Program Systems, Office of the Assistant Secretary for Planning and Evaluation, and HHS Executive Staff Director NCVHS.

[FR Doc. 99–23490 Filed 9–9–99; 8:45 am]

BILLING CODE 4151–04–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) has made a final finding of scientific misconduct in the following case:

Karrie Recknor, University of Washington: Based on a report dated January 27, 1999, by the University of Washington, Ms. Recknor's admission, and information obtained by ORI during its oversight review, ORI finds that Ms. Karrie Recknor, former Graduate Research Assistant, Department of Psychology, University of Washington, engaged in scientific misconduct arising out of certain biomedical research supported by a National Institute of Allergy and Infectious Diseases (NIAID), National Institutes of Health (NIH), grant.

Specifically, Ms. Recknor admitted to falsifying electronic mail responses presented to the Principal Investigator as part of a project, "Prognosis of Chronic Fatigue Syndrome." Ms. Recknor was responsible for conducting interviews on the impact of life events for six subjects and for assigning preliminary Brown and Harris' Life Events and Difficulties Schedule (B&H) scores to each interview. Ms. Recknor was required to send the interview notes and preliminary scores to a collaborator. The collaborator was to reassess the scores and e-mail the corrected scores or an agreement statement back to Ms. Recknor. Ms. Recknor failed to send the interview notes and preliminary scores for these six interviews to the collaborator for evaluation and instead falsified electronic mail responses to indicate that the collaborator's evaluation had been conducted. Ms. Recknor entered these scores into the research database for the above-mentioned project. The falsified scores did not appear in any publications.

Ms. Recknor has accepted the ORI finding and has entered into a Voluntary Settlement Agreement with ORI in which she has voluntarily agreed, for the two (2) year period beginning August 19, 1999:

- (1) To exclude herself from serving in any advisory capacity to the Public Health Service (PHS), including but not limited to service on any PHS advisory committee, board, and/or peer review committee, or as a consultant; and
- (2) That any institution that submits an application for PHS support for a

research project on which her participation is proposed or which uses her in any capacity on PHS supported research, or that submits a report of PHS-funded research in which she is involved, must concurrently submit a plan for supervision of her duties to the funding agency for approval. The supervisory plan must be designed to ensure the scientific integrity of Ms. Recknor's research contribution. The institution also must submit a copy of the supervisory plan to ORI.

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

Lawrence J. Rhoades,

Acting Director, Office of Research Integrity.

[FR Doc. 99–23463 Filed 9–9–99; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[INFO–99–34]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404) 639–7090.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques for other forms of information technology. Send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Project: CDC Application for Distance Learning Program, Laboratory Training, and Other Training—Revision—The Public Health Practice Program Office (PHPPO) in conjunction with the Public Health Training Network (PHTN) and the National Laboratory Training Network (NLTN) at CDC includes the Distance Learning Program which offers self-study, computer-based training, satellite broadcast, video courses, instructor-led field courses, and lab courses related to public health professionals worldwide. Employees of hospitals, universities, medical centers, laboratories, state and federal agencies, and state and local health departments apply for training in an effort to learn up-to-date public health procedures. The “Application for Training” forms are the official applications used for all training activities conducted by the CDC. The Continuing Education (CE) Program, which includes CDC’s accreditation to

provide Continuing Medical Education (CME), Continuing Nurse Education (CNE), and Continuing Education Unit (CEU) for almost all training activities, requires a unique identifying number, preferably the respondent’s Social Security Number (SSN), to positively identify and track individuals who have been awarded CE credit. It is often necessary to identify individuals currently enrolled in courses, or to retrieve historical information as to when a particular individual completed a course or several courses over a time period. This information provides the basis for producing a requested transcript or determining if a person is enrolled in more than one course. The use of the SSN is the only positive way of assigning a unique number to a unique individual for this purpose. However, the use of the SSN is voluntary; if a student chooses not to submit a SSN, CDC assigns a unique identifier. The reason the SSN, rather

than an arbitrary assigned number, is preferred is because students are not likely to remember an arbitrary number. A student’s participation in the curriculum of self-study courses sometimes spans a number of years. The SSN is necessary for eliminating duplicate enrollments, for properly crediting students with completed course work who have similar names or have changed addresses, or for generating transcripts of previous completed course work on a cumulative basis. Due to the volume of enrollments, CDC Form 36.5 has been previously approved and used for years as an optical mark scan form. Use of this form, along with the use of the SSN, greatly enhances CDC’s capability to process a much greater volume of enrollments in less time with much greater accuracy. The only cost to the respondent is the time involved to complete the application (3–5 minutes each).

Respondents	No. of respondents	No. of responses/respondent	Avg. burden of response (In hrs.)	Total burden (In hrs.)
Application for Training CDC—0.759A	6,300	1	5/60	525
Application for Laboratory Training—CDC—32.1	10,0001	1	5/60	833
Application for Distance Learning Program—CDC 36.5	40,000	1	10/60	6,667
Total	56,300	8,025

Dated: September 3, 1999.

Nancy Cheal,

Acting Associate Director for Policy Planning and Evaluation, Centers for Disease Control and Prevention.

[FR Doc. 99–23507 Filed 9–9–99; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Conference on Attention Deficit Hyperactivity Disorder

The Division of Child Development, Disability, and Health (DCDDH) in the National Center for Environmental Health (NCEH) at the Centers for Disease Control and Prevention (CDC) announces the following conference.

Name: A conference entitled, Attention Deficit Hyperactivity Disorder: A Public Health Perspective, jointly sponsored by the Developmental Disabilities Branch, DCDDH, NCEH, CDC and the U.S. Department of Education.

Times and Dates: 8 a.m.–5:30 p.m., Sept. 23, 1999; 8 a.m.–12:30 p.m., Sept. 24, 1999.

Place: The Holiday Inn Select, Hotel and Conference Plaza, 130 Clairemont Avenue, Decatur, Georgia 30030.

Status: Open for participation by anyone with an interest in Public Health issues related to Attention Deficit Hyperactivity Disorder (ADHD), limited only by the space available. Persons wishing to participate must fax their request to (770) 488–7361 or (770) 488–7153 and indicate if they wish to attend.

Matters to be Discussed: The objectives for the conference are: (1) To discuss the public health implications of ADHD in our society, (2) to initiate a dialogue among professionals and across professions about public health concerns in ADHD, (3) to justify and propose potential public health, population-based, research agendas. The objectives will be met while specifically addressing previously identified priority areas and they are:

- Individual, Social, and Economic Burden of ADHD through the Lifespan
- The Epidemiologic Study of ADHD
- Public Health Issues in the Treatment of ADHD

Content and breakout sessions will flow from the three above noted priority areas. The conference will host a variety of professionals to identify the social implications of ADHD from a public health perspective and to explore the direction and mechanisms for related public health research.

Contact persons for more information: Catherine A. Lesesne, M.P.H., telephone

(770) 488–7282, or Marilyn Deal, telephone (770) 488–7695, Division of Division of Child Development, Disability, and Health, NCEH, CDC, 4770 Buford Highway, NE, M/S F–15, Atlanta, Georgia 30341. Fax (770)488–7361.

The Director, Management Analysis and Services office has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: August 26, 1999.

John C. Burckhardt,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 99–23504 Filed 9–9–99; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Safety and Occupational Health Study Section (SOHSS); Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease