| Trans No. | Acquiring | Acquired | Entities |
|---|--|--|---|
| 20012036 | , , , , | MCC Acquisition Holdings corporation Micro Therapeutics, Inc | MCC Acquisition Holdings Corporation Micro Therapeutics, Inc. priceline.com. Incorporated. priceline.com Incorporated. The Cobalt Group, Inc. Symphony asset Management LLC. Symphony asset Management LLC. Nextel Communications, Inc. |
| TRANSACTIONS GRANTED EARLY TERMINATION—07/03/2001 | | | |
| 20011944 20012047 20012052 20012063 | Universal Compression Holdings, Inc Verizon Communications Inc Federated Department Stores, Inc The Goldman Sachs Group, Inc | Carolina PCS I Limited Partnership Liberty House, Inc | KCI Compression Company, LP. Carolina PCS I Limited Partnership. Liberty House, Inc. Epoch Partners, Inc. |
| TRANSACTIONS GRANTED EARLY TERMINATION—07/05/2001 | | | |
| 20012033 | Church & Dwight Co., Inc | CPI Development Corporation | Carter-Wallace, Inc. |
| TRANSACTIONS GRANTED EARLY TERMINATION—07/06/2001 | | | |
| 20012051 | AdvancePCS | Dresing-Lieman, Inc. | Dresing-Lieman, Inc. |

FOR FURTHER INFORMATION CONTACT:

Sandra M. Peay or Parcellena P. Fielding, Contact Representatives, Federal Trade Commission, Premerger Notification Office Bureau of Competition, room 303, Washington, DC, 20580 (202) 326–3100.

By Direction of the Commission.

Donald S. Clark,

Secretary.

[FR Doc. 01–19341 Filed 8–1–01; 8:45 am]

BILLING CODE 6750-01-M

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 announces the following advisory committee meeting.

Name: National Committee on Vital and Health Statistics (NCVHS), Subcommittee on Privacy and Confidentiality. Time and Date:

1:00 p.m.–5:30 p.m. August 21, 2001 8:30 a.m.–5:30 p.m. August 22, 2001 8:30 a.m.–12:00 p.m. August 23, 2001 Place: Hubert H. Humphrey Building, Room 705A, 200 Independence Avenue SW., Washington, DC 20201.

Status: Open.

Background: The National Committee on Vital and Health Statistics is the statutory advisory body to the Secretary of Health and Human Services in the area of health data, statistics, and health information policy. It is established by section 306(k) of the Public Health Service Act (42 U.S.C. 242k(k)), and its mandate includes advising the Secretary on the implementation of the Administrative

Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Pub. L. No. 104–191).

Its Subcommittee on Privacy and Confidentiality monitors major developments in health information privacy and confidentiality on behalf of the full Committee and makes recommendations to the full Committee and assists the Department on implementation of the health information privacy provisions of HIPAA.

Purpose: This meeting of the Subcommittee on Privacy and Confidentiality will be conducted as a hearing to receive information from the public on the implementation of the regulation "Standards for Privacy of Individually Identifiable Health Information" (45 CFR parts 160 and 164), promulgated under the Health Insurance Portability and Accountability Act of 1996.

The regulation and further information about it can be found on the web site of the Office for Civil Rights, at http://www.hhs.gov/ocr/hipaa/. The regulation has been in effect since April 14, 2001. Most entities covered by the regulation must come into compliance by April 14, 2003, and many are beginning the process of implementing it.

At this hearing those who provide health care, those who pay for it (such as health plans), and those who use health information (such as the research and public health communities) and members of the public will have an opportunity to address specific issues pertaining to the implementation of the regulation.

The hearing will seek information about practical issues in implementation of the regulation, and suggestions about possible solutions for such issues. The Subcommittee particularly seeks detailed information about the following four issues: (1) The regulation's requirements for consent in order to use information for treatment, payment, and health care operations, (2) the regulation's requirements that those covered by it must make reasonable efforts to limit use and disclosure of, and requests for, protected

health information to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request; (3) the effects of the regulation on research (both research in which treatment is given and records-based research), and (4) the regulation's provisions for use and disclosure of health information for marketing.

The format will include one or more invited panels on each of the issues and time for questions and discussion. The Subcommittee particularly seeks focused, detailed analyses and description, with examples, of the effect the regulation is expected to have, based on early implementation efforts and preliminary assessments of impact.

In addition to the panels that will be invited to address these issues, members of the public who would like to make a brief (3 minutes or less) oral comment on one or more of the specified issues during the hearing will be placed on the agenda as time permits. To be included on the agenda, please contact Marietta Rawlinson (301) 458-4524, by e-mail at mrawlinson@cdc.gov, or postal address at NCHS, Presidential Building, Room 1100, 6525 Belcrest Road, Hyattsville, Maryland 20782 by August 7, 2001. Persons wishing to submit written testimony only (no more than 4-5 doublespaced typewritten pages) should endeavor to submit it by that date. Unfilled slots for oral testimony will also be filled on-site as time permits. Please consult Ms. Rawlinson for further information about these arrangements. Additional information about the hearing will be provided on the NCVHS website at http://www.ncvhs.hhs.gov shortly before the hearing date.

Contact Person For More Information: Substantive program information may be obtained from Gail Horlick, M.S.W., J.D., Lead Staff Person for the NCVHS Subcommittee on Privacy and Confidentiality, Office of Research and Demonstrations, Program Analyst, National Immunization Program, Centers for Disease Control and Prevention, 1600 Clifton Road, 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.

[FR Doc. 01–19238 Filed 8–1–01; 8:45 am]

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. Defete 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.

[FR Doc. 01–19237 Filed 8–1–01; 8:45 am]
BILLING CODE 4150–28–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 Assistant Secretary for Health have taken final action in the following case:

Raghoottama 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]Ângiotensin 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.,