

As in other orders addressing health care providers' collective contracting with payors, certain kinds of agreements are excluded from the general bar on joint negotiations. Respondents are not precluded from engaging in conduct that is reasonably necessary to form or participate in legitimate joint contracting arrangements among competing physicians, whether a "qualified risk-sharing joint arrangement" or a "qualified clinically-integrated joint arrangement." However, such arrangements must not restrict the ability, or facilitate the refusal, of the arrangements' physician members to deal with payors on an individual basis or through any other arrangement. As discussed below in connection with Paragraph IV, Respondents are required to notify the Commission about such an arrangement prior to negotiating on behalf of the arrangement's members, or before those members jointly discuss any terms of dealing with a payor.

Respondents would not be barred from activities solely involving the salaried physicians with respect to ENH physician services.

As defined in the proposed order, a "qualified risk-sharing joint arrangement" must satisfy two conditions. First, all physician participants must share substantial financial risk through the arrangement and thereby create incentives for the physician participants jointly to control costs and improve quality by managing the provision of services. Second, any agreements concerning reimbursement or other terms or conditions of dealing must be reasonably necessary to obtain significant efficiencies through the joint arrangement.

As defined in the proposed order, a "qualified clinically-integrated joint arrangement" also must satisfy two conditions. First, all physician participants must participate in active and ongoing programs to evaluate and modify their clinical practice patterns, creating a high degree of interdependence and cooperation among physicians, in order to control costs and ensure the quality of services provided. Second, any agreements concerning reimbursement or other terms or conditions of dealing must be reasonably necessary to obtain significant efficiencies through the joint arrangement.

Paragraph III requires Respondents to notify the Commission before entering into any arrangement to act as a messenger, or as an agent on behalf of any physicians, with payors regarding contracts. The paragraph also sets out the information necessary to make the notification complete.

In the event that a Respondent forms a qualified risk-sharing joint arrangement or a qualified clinically-integrated joint arrangement, Paragraph IV requires the Respondent, for five years, to notify the Commission at least 90 days prior to initially contacting, negotiating, or entering into agreements with payors concerning the arrangement. Notification is not required for subsequent negotiations or agreements with payors pursuant to any arrangement for which notice was already given under Paragraph IV, nor is notice required for renegotiation of any risk-sharing contract identified at confidential Appendix 1 of the Order. The final proviso to Paragraph IV sets out the information necessary to make the notification complete, and establishes the Commission's right to obtain additional information regarding the arrangement.

Paragraph V, which applies only to ENH Medical Group, requires ENH Medical Group to distribute the complaint and order to: (1) All physicians that have participated in ENH Medical Group since January 1, 2000, and (2) payors that ENH Medical Group has a record of having been in contact with regarding contracting for the provision of affiliated physician services since January 1, 2000. Paragraph V.B requires ENH Medical Group, at any payor's request and without penalty, or within one year after the Order is made final, to terminate its current contracts with respect to providing physician services. However, ENH Medical Group is not required by Paragraph V.B to terminate its risk-sharing contracts identified in confidential Appendix 1 of the order. Paragraph V.C requires ENH Medical Group to distribute payor requests for contract termination to all physicians who participate in ENH Medical Group.

The remaining provisions of Paragraph V, and Paragraphs VI through X, of the proposed order impose obligations on ENH Medical Group and ENH to report or provide access to information to the Commission to facilitate monitoring Respondents' compliance with the order.

The proposed order will expire in 20 years.

By direction of the Commission, Chairman Majoras not participating.

Donald S. Clark,
Secretary.

[FR Doc. 05-7244 Filed 4-8-05; 8:45 am]

BILLING CODE 6750-01-U

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting of the Advisory Committee on Minority Health

AGENCY: Department of Health and Human Services, Office of the Secretary.

ACTION: Notice.

SUMMARY: As stipulated by the Federal Advisory Committee Act, the Department of Health and Human Services (DHHS) is hereby giving notice that the Advisory Committee on Minority Health (ACMH) will hold a meeting. This meeting is open to the public.

DATES: The meeting will be held on April 25, 2005 from 1 p.m. to 5 p.m. and on April 26, 2005 from 9 a.m. to 5 p.m.

ADDRESSES: The meeting will be held at the Marriott Bethesda North Hotel and Conference Center, 5701 Marinelli Road, North Bethesda, Maryland 20852. This location is metro accessible to the White Flint Station.

FOR FURTHER INFORMATION CONTACT: Ms. Monica A. Farrar, Tower Building, 1001 Wootton Parkway, Rockville, Maryland 20852. Phone: 301-443-5084. Fax: 301-594-0767.

SUPPLEMENTARY INFORMATION: In accordance with Pub. L. 105-392, the Advisory Committee on Minority Health was established to provide advice to the Secretary DHHS, through the Deputy Assistant Secretary for Minority Health, on issues related to the health of racial and ethnic minority populations.

Topics to be discussed during this meeting will include programs and activities related to the Office of Minority Health and presentations on the status of racial and ethnic health disparities as well as other related issues. A tentative agenda will be made available one week prior to meeting for review at <http://www.omhrc.gov/acmh>.

Public attendance at the meeting is limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the designated contact person. Members of the public will have the opportunity to provide comments at the meeting. Public comments will be limited to five minutes per speaker. Individuals who would like to submit written statements should mail or fax their comments to the Office of Minority Health at least two business days prior to the meeting. Any members of the public who wish to have printed material distributed to ACMH committee members should submit their materials to the Executive

Secretary, ACMH, prior to close of business April 19, 2005. Preregistration is required for both public attendance and comment. Any individual who wishes to attend the meeting and/or participate in the public comment session should e-mail acmh@osophs.dhhs.gov.

Dated: April 5, 2005.

Garth N. Graham,

Deputy Assistant Secretary for Minority Health, Executive Secretary, ACMH.

[FR Doc. 05-7206 Filed 4-8-05; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Institute for Occupational Safety and Health Advisory Board on Radiation and Worker Health

In accordance with the Federal Advisory Committee Act, 5 U.S.C. app. section 10(a), the Centers for Disease Control and Prevention (CDC) announces the following committee meeting:

Name: Advisory Board on Radiation and Worker Health (ABRWH), National Institute for Occupational Safety and Health (NIOSH).

Place: Teleconference call will originate at the Centers for Disease Control and Prevention, National Institutes for Occupational Safety and Health, Atlanta, Georgia. Please see **SUPPLEMENTARY INFORMATION** for details on accessing the teleconference.

Status: Open to the public, teleconference access limited only by ports available.

Background: The ABRWH was established under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA) of 2000 to advise the President, delegated to the Secretary of Health and Human Services (HHS), on a variety of policy and technical functions required to implement and effectively manage the new compensation program. Key functions of the Board include providing advice on the development of probability of causation guidelines which have been promulgated by HHS as a final rule, advice on methods of dose reconstruction which have also been promulgated by HHS as a final rule, advice on the scientific validity and quality of dose estimation and reconstruction efforts being performed for purposes of the compensation program, and advice on petitions to add classes of workers to the Special Exposure Cohort (SEC).

In December 2000 the President delegated responsibility for funding, staffing, and operating the Board to HHS, which subsequently delegated this authority to the CDC. NIOSH implements this responsibility for CDC. The charter was issued on August 3, 2001, and renewed on August 3, 2003.

Purpose: This board is charged with (a) providing advice to the Secretary, HHS on the development of guidelines under Executive Order 13179; (b) providing advice to the Secretary, HHS on the scientific validity and quality of dose reconstruction efforts performed for this Program; and (c) upon request by the Secretary, HHS, advising the Secretary on whether there is a class of employees at any Department of Energy facility who were exposed to radiation but for whom it is not feasible to estimate their radiation dose, and on whether there is reasonable likelihood that such radiation doses may have endangered the health of members of this class.

Matters to be Discussed: Agenda for this meeting will focus on Status of Activities concerning Iowa Army Ammunition Plant and Mallinckrodt Downtown Site; Special Exposure Cohort Task for SC&A, Inc.; and review of Draft, Agenda for the upcoming meeting.

The agenda is subject to change as priorities dictate.

In the event an individual cannot attend, written comments may be submitted. Any written comments received will be provided at the meeting and should be submitted to the contact person below well in advance of the meeting.

Supplementary Information: This conference call is scheduled for April 11, 2005 and set to begin at 8 a.m. eastern time and run through 11:30 a.m. eastern standard time. To access the teleconference you must dial 1-888-324-8504. You will need to provide the passcode 22906 to be connected to the call.

In accordance with 41 CFR 102-3.150b, this notice is being published less than 15 days prior to the meeting due to the unexpected urgency of the topics that will be discussed.

Contact Person for More Information: Lew Wade, Senior Science Advisor, NIOSH, CDC, 4676 Columbia Parkway, Cincinnati, Ohio 45226, telephone (513) 533-6825, fax (513) 533-6826.

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: April 6, 2005.

John Howard,

Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention (CDC).

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Interventions for Individuals With Fetal Alcohol Syndrome: Transitioning Science to Community Projects

Announcement Type: New.

Funding Opportunity Number: RFA DD05-079.

Catalog of Federal Domestic

Assistance Number: 93.283.

Key Dates:

Application Deadline: May 26, 2005.

I. Funding Opportunity Description

Authority: This program is authorized under Sections 317(k)(2) and 317C of the Public Health Service Act, (42 U.S.C. 247b(k)(2) and 247b-(4), as amended.

Purpose:

The purpose of this cooperative agreement is to implement the continuation of a directive within the Children's Health Act of 2000 to develop and scientifically evaluate interventions for children and adolescents affected by Fetal Alcohol Syndrome (FAS) or other conditions resulting from prenatal alcohol exposure and their families. Interventions were developed to (1) improve developmental outcomes, (2) prevent secondary conditions, and (3) provide education and support to caregivers and families. The primary objective of this program is to translate successful or promising scientifically evaluated interventions for children with FAS to community settings.

This program addresses the "Healthy People 2010" focus areas of Substance Abuse and Maternal, Infant, and Child Health.

Measurable outcomes of the program will be in alignment with FAS-related performance goals for the National Center on Birth Defects and Developmental Disabilities that include establishing new, or enhancing existing prevention programs designed to reduce the prevalence of FAS, reduce prenatal exposure to alcohol, and improve and/or link children currently affected by FAS to health services.

Research Objectives and Background

Development of interventions and public health programs often occur in large research-oriented medical schools and universities. These settings provide a large number of intellectual and logistical resources that facilitate development of state-of-the-art interventions and programs. Frequently however, developed programs are