

Building a Corporate Compliance Program

AMGA

CMO/Medical Director Leadership Council

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Why Compliance?

■ Federal Sentencing Guidelines

Compliance program requirements derive from the Federal Sentencing Guidelines, which courts use to sentence both people and organizations convicted of federal crimes.

■ Organizational Exposure

The Guidelines apply to organizations as well as individuals, since organizations generally are vicariously liable for the criminal (also civil) activity of their agents (i.e., their employees).

- 42 U.S.C. 1320a-7b(a) (Making or Causing to be Made False Statements or Representations)
- 42 U.S.C. § 1320a-7b(b) (Anti-Kickback Statute)
- 42 U.S.C. 1320a-7b(c) (False Statements w/Respect to Conditions/Operations of Institutions)
- 18 U.S.C. 669 (Theft or Embezzlement in Connection with Health Care)
- 42 U.S.C. 1320a-3 (Disclosure of Ownership or Control in Related Organizations)

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Why Compliance?

- **Incentives**

The Guidelines provide sanctions for criminal activity that include punishment and deterrence, **AND** incentives to maintain internal mechanisms to prevent, detect, and report criminal conduct.

- **Structural Foundation**

Specifically, the Guidelines establish incentives for organizations to establish a *structural foundation* from which an organization may self-police its own conduct through an effective compliance and ethics program.

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Remedies for Criminal Conduct

- **Remedy the Harm.** The Court's first job is to remedy harm caused by the criminal conduct. This is viewed as restitution, not as punishment.
- **Divestiture.** If the organization was operated primarily for a criminal purpose, then it is the Court's job to set the fine at a level sufficient to divest the organization of all of its assets.
- **Fine.** The Court's next task is to determine the fine range, which is based on two factors: (i) the seriousness of the offense; and (ii) the culpability of the organization.

The seriousness of the offense is measured either by (i) the pecuniary gain, (ii) the pecuniary loss, or (iii) the amount specified in the Guidelines offense level fine table.

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Remedies for Criminal Conduct (cont.)

- **Culpability.** The Court determines the culpability level by considering six (6) factors in the Guidelines, as follows:

- ↑ Involvement in or tolerance of criminal activity; and
- ↑ Prior history of the organization; and
- ↑ Violation of an order; and
- ↑ Obstruction of justice.
- ↓ *The existence of an effective compliance and ethics program; and*
- ↓ Self-reporting, cooperation, or acceptance of responsibility.

- **The Point.** The Guidelines “offer incentives to organizations to reduce and ultimately eliminate criminal conduct by providing a structural foundation from which an organization may self-police its own conduct through an effective compliance and ethics program.

The prevention and detection of criminal conduct, facilitated by an effective compliance and ethics program, will assist an organization in encouraging ethical conduct and in complying fully with all applicable laws.”

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What is a Compliance Program?

- A process developed to help physicians and employees understand what is needed for compliance with relevant laws and regulations and to monitor compliance.
- A Compliance Program Description is a formal, written document that:
 - Embodies the organization’s commitment to complying with all applicable laws and regulations
 - Encompasses all aspects of operations and is tailored to meet the size, functions, and culture of the organization
 - Sets forth the essential elements of the Compliance Program

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Why a Medical Group Needs a Compliance Program

- Prevent and detect violations of law
 - Provide framework for management of Medical Group consistent with relevant legal standards
 - Educate employees on relevant laws and regulations
 - Establish process for reporting suspected violations
 - Establish process for corrective action
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Benefits of an Effective Compliance Program

- Greatly reduces likelihood of occurrence of fraud/abuse
 - Enhances provider operations – creates a framework for employees to understand responsibilities
 - Improves quality of health care services
 - Provides means for resolving issues in a timely and systematic manner
 - Demonstrates physician group's commitment to honest and responsible corporate conduct
 - Encourages employees to report potential problems to allow for inquiry and corrective action
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Benefits of an Effective Compliance Program (cont.)

- Creates central source for maintaining and distributing information on current laws and regulations
- Speeds up/optimizes proper payment of claims
- Minimizes billing mistakes
- Reduces the chances that an audit will be conducted by CMS or the OIG of HHS
- Shows good faith efforts to submit claims appropriately

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KEY CONCEPT

There is no
“one size fits all”
compliance program.

A compliance program
is a work in progress – all the time.

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OIG Guidance to Providers

- OIG issued Compliance Program Guidance for Individual and Small Group Physician Practices on October 5, 2000
 - Go to: <http://www.oig.hhs.gov/compliance/>
 - Compliance guidelines for physician practices are currently voluntary
 - Under the Patient Protection and Affordable Care Act (“PPACA”), compliance programs for physician practices and other health care providers eventually will be mandatory
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OIG Guidance to Providers (cont.)

- OIG has published voluntary compliance program guidance for other sectors of health care industry.
 - OIG’s goal in promulgating guidance: prevent the submission of erroneous claims and combat fraudulent conduct.
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Seven Basic Components of Voluntary Compliance Program

1. Implement compliance and practice standards through the development of written standards and procedures
 2. Designate a compliance officer or contact(s) to monitor compliance efforts and enforce practice standards
 3. Conduct appropriate training and education on practice standards and procedures
 4. Conduct internal monitoring and auditing through the performance of periodic audits
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Seven Basic Components of Voluntary Compliance Program (cont.)

5. Respond appropriately to detected violations through the investigation of allegations and the disclosure of incidents to appropriate Government entities
 6. Develop open lines of communication, such as (i) discussions at staff meetings regarding how to avoid erroneous or fraudulent conduct and (2) community bulletin boards
 7. Enforce disciplinary standards through well-publicized guidelines
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Seven Basic Components of Voluntary Compliance Program (cont.)

- OIG notes that small physician practices may not have the resources to implement all seven components. For these practices, focus should initially be on problematic areas, e.g. coding and billing.

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Step One: Establish Practice Standards and Procedures

- Standards and procedures should focus on practice's specific needs and risk areas.
- OIG has identified four potential risk areas affecting physician practices:
 1. Coding and billing
 2. Reasonable and necessary services
 3. Documentation
 4. Improper inducements, kickbacks and self-referrals

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Step Two: Compliance Officer(s)

- In larger organizations, there is typically a designated compliance officer. In smaller physician practices, one or more employees may be designated with compliance responsibility.
 - Duties of compliance officer(s) may include:
 - General oversight of compliance program
 - Coordinating audits and taking appropriate actions in response to audit results
 - Developing a training program
 - Confirming whether any employees, medical staff, or independent contractors are excluded from Federal healthcare programs
 - Investigating reports of fraud and coordinating corrective action
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Step Three: Conducting Appropriate Training and Education

- Determine
 - those who need training
 - type of training most appropriate for the practice (e.g., seminars, self-study, written materials, or other programs)
 - frequency of training
 - Specific training may include: compliance training and, for appropriate staff, coding and billing training
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Step Four: Auditing and Monitoring

May include

1. Standards and Procedures Review

Evaluate whether the practice's standards and procedures are current and complete or whether they need to be updated.

2. Claims Submission Audit

Review bills and medical records for compliance with applicable coding, billing and documentation requirements.

OIG recommends conducting a baseline audit and then annual audits thereafter.

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Step Five: Responding To Detected Offenses & Developing Corrective Action Initiatives

- Upon detection of possible violations of compliance program or relevant laws, a corrective action plan can be drawn up
- OIG suggests that the practice develop its own set of monitors and warning indicators, including:
 - Significant changes in the number and/or types of claim rejections and/or reductions
 - Correspondence from carriers and insurers challenging the medical necessity or validity of claims
 - High volumes of unusual charge or payment adjustment transactions
- Procedures can be put in place to ensure prompt reporting of overpayment issues or potential criminal violations

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Step Six: Developing Open Lines of Communication

- To prevent problems, physician practices are advised to have open lines of communication.
- This could be done in part by implementing an “open door” policy.
- An “open door” policy can be supplemented by the use of an anonymous drop box, the development of a simple procedure to report suspected fraudulent conduct, and the maintenance of employee anonymity, if possible, for reporting conduct that is suspected to be fraudulent or erroneous.

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Step Seven: Enforcing Disciplinary Standards Through Well-Publicized Guidelines

- OIG recommends that a physician practice’s enforcement and disciplinary mechanisms ensure that violations of the practice’s compliance policies will result in consistent and appropriate sanctions, including warnings (oral), reprimands (written), probation, demotion, temporary suspension, termination, restitution of damages, and referral for criminal prosecution.
- Inclusion of disciplinary guidelines in in-house training and procedure manuals is sufficient to meet the “well publicized” standard of this element.

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Third-Party Medical Billing Compliance Program Guidance

- Larger physician practices can use both Small Group Physician Guidance and the Third-Party Medical Billing Compliance Program Guidance, published by OIG on December 18, 1998.

- Billing Company Guidance provides a more detailed compliance program structure and suggests more formal systems, including the establishment of a compliance committee and the appointment of a chief compliance officer.

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Third-Party Medical Billing Compliance Program Guidance (cont.)

- Risk areas that OIG notes are applicable to billing companies include
 - Billing for items or services not actually documented
 - Failure to maintain the confidentiality of information/records
 - Knowing misuse of provider identification numbers
 - Outpatient services rendered in connection with inpatient stays
 - Duplicate billing
 - Billing for discharge in lieu of transfer
 - Failure to properly use modifiers
 - Billing company incentives that violate the anti-kickback statute or other similar laws or regulations
 - Routine waiver of copayments and billing third-party insurance only

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Patient Protection and Affordable Care Act (“PPACA”)

- Mandates compliance and ethics programs for a wide range of providers, suppliers, and facilities as a condition of enrollment in Medicare, Medicaid, and Children’s Health Insurance Program
 - The mandate is divided between skilled nursing facilities (“SNFs”) and all other providers and suppliers
 - The law contains mandatory requirements for SNFs, but not for other providers
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Section 6401(a)(8)(A)-(C) – Provisions Applicable to Providers and Suppliers

- Establishment of Core Elements: The core elements for compliance programs for providers and suppliers shall be established by the Secretary of HHS (“Secretary”) in consultation with the Inspector General
 - Timeline: The Secretary shall determine the timeline for the establishment of the core elements, and the date of implementation of provider/supplier compliance programs
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Section 6102(a) & (b) – Provisions Applicable to SNFs

- The SNF guidelines offer a preview of the requirements that HHS may ultimately impose on other providers pursuant to PPACA
- Requirements for Compliance and Ethics Programs:
 - Reasonably designed, implemented, and enforced so that they will be effective in preventing and detecting criminal, civil, and administrative violations and in promoting quality of care; and

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Section 6102(a) & (b) – Provisions Applicable to SNFs

- Programs include at least the following required components
 - Reasonably capable standards and procedures
 - Oversight and enforcement
 - Proper delegation
 - Communication
 - Compliance
 - Disciplinary Mechanisms
 - Modification
 - Reassessment

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Compliance Program Template

- Code of Conduct
- Due Care in Hiring and Contracting
- Communication of Program to Employees and Contractors
- Compliance Program Roles
- Questions and Suspected Violations
- Monitoring
- Response to Detected Offenses

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Compliance Program Template (cont.)

- Code of Conduct – The employees and agents shall
 - Strive to deliver quality, patient-centered healthcare services
 - Comply with all applicable laws and regulations that affect their various businesses
 - Engage in ethical business relationships
 - Avoid conflicts of interests or the appearance of impropriety
 - Protect the Medical Group's property and respect the property rights of others with whom the Group does business
 - Respect each other as human beings and health care professionals
 - Comply with all applicable laws to keep patient information confidential, safe, available, and accurate.

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Compliance Program Template (cont.)

- Due Care in Hiring Employees and Contracting with Independent Agents
 - Background checks
 - Certification
 - Annual review

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Compliance Program Template (cont.)

- Communication of the Compliance Program to Employees and Contractors
 - Employees
 - Orientation program for new employees
 - List of positions for which specific compliance training is mandatory along with records of attendance
 - Training for newly hired physicians on documentation standards
 - Annual training program regarding compliance

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Compliance Program Template (cont.)

- Communication of the Compliance Program to Employees and Contractors
 - Independent contractors
 - Maintain a list of independent contractors who perform services for the Medical Group in areas identified by the Compliance Officer as potentially exposing the Medical Group to a material risk of non-compliance with laws and regulations
 - Each identified contractor should receive the Group's Compliance Program and be asked to complete, on an annual basis, an affirmation agreeing to abide by its terms
 - New contractors are to agree to Compliance Program terms in contract

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Compliance Program Template (cont.)

- Compliance Program Roles
 - Board of Directors
 - Maintain ultimate responsibility for overseeing compliance matters and approving Code of Conduct
 - Maintain minutes of Board meetings reflecting reports made to the Board on compliance matters
 - Direct the Compliance Committee to provide reports no less than annually on compliance matters (quarterly)

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Compliance Program Template (cont.)

- Compliance Program Roles
 - Compliance Committee
 - Consists of three or more physicians and the Compliance Officer
 - Assists in the development of compliance policies and procedures regarding the structure of the Compliance Program
 - Will meet not less than quarterly

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Compliance Program Template (cont.)

- Responsibilities include
 - Assist in development of Code of Conduct and policies and procedures to promote compliance with laws and regulations
 - Provide ongoing oversight to the compliance monitoring process, and ensure adherence throughout the Medical Group to the Program and Code of Conduct
 - Assist the Compliance Officer in investigating potential violations
 - Review reported questions & suspected potential violations
 - Serve as a resource to the Compliance Officer

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Compliance Program Template (cont.)

■ Compliance Program Roles

□ Compliance Officer

- Serves as the focal point for all compliance monitoring activities throughout the system
- Responsibilities
 - Develop and maintain Compliance Program and ensure distribution to appropriate individuals
 - Create anonymous reporting mechanism
 - Respond to inquiries or suspected potential violations
 - Promptly investigate all suspected potential violations

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Compliance Program Template (cont.)

- When appropriate, work with legal counsel and Compliance Committee to stop and correct violation when discovered
- Develop and present the annual report on compliance matters to the Board of Directors
- Work with the administrator responsible for human resource functions to ensure that new members and employees of the Medical Group receive appropriate training on compliance issues as part of their orientation
- Monitor system-wide compliance through coordination with those individuals in each respective area with primary compliance responsibility

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Compliance Program Template (cont.)

- Work with supervisory personnel to ensure that an evaluation and discussion of compliance matters is included in the annual evaluation of each employee with responsibilities that involve compliance exposure to the Medical Group
- Ensure that independent contractors, as required, are notified of and affirm their understanding of the Code of Conduct and Compliance Program
- Work closely with legal counsel to ensure that the Compliance Program, Code of Conduct and training programs are updated periodically to reflect current federal and state laws
- Obtain sufficient ongoing training and ensure that other key individuals involved in the administration of the Compliance Program obtain sufficient ongoing training, through internal and external resources, to remain knowledgeable of compliance issues

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Compliance Program Template (cont.)

- Act as the “privacy official” responsible for receiving complaints regarding privacy issues related to confidential medical information and determine with legal counsel (if deemed appropriate) the steps to be taken to comply with federal and state laws relating to the privacy and security of medical information

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Compliance Program Template (cont.)

■ Compliance Program Roles

□ Employees

- Each employee must adhere to all known laws and regulations, the Medical Group's policies, and the Code of Conduct
- All employees should report potential suspected violations to their immediate supervisor, or through other anonymous channels of communication developed by the Medical Group
- Those employees with responsibilities in areas that expose the Medical Group to material non-compliance must:
 - Participate in appropriate training
 - Sign an annual affirmation statement
 - Understand that adherence to the Code of Conduct and the Medical Group's guidelines for training are factors in the annual employee evaluations and are conditions of continued employment

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Compliance Program Template (cont.)

■ Compliance Program Roles

□ Independent Contractors

- Should be knowledgeable of the Medical Group's Compliance Program and should familiarize its employees who will be performing services for the Medical Group of its content
- Should be aware of and adhere to all of the Medical Group's Codes of Conduct and any specific standards of conduct applicable to services provided
- Should sign and return an affirmation statement acknowledging the provisions of the Medical Group's Compliance Program and agreeing to abide by those provisions

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Compliance Program Template (cont.)

- Communication of Compliance Questions and Suspected Potential Violations
 - Those who are uncomfortable reporting suspected violations to their immediate supervisor may report anonymously – provide information on how to do so
 - No retribution or retaliation against an employee who, in good faith, reports a question or concern regarding compliance matters
 - Prompt response from management
 - Documentation and filing of questions and reported potential violations
 - Inquiries to government payers when deemed appropriate

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Compliance Program Template (cont.)

- Monitoring of Compliance Program
 - The monitoring process will encompass review of such matters as effectiveness of communication of the Compliance Program to affected individuals and departments, adherence to established training standards, consistent application of disciplinary guidelines, and promptness of follow-through on reported potential and actual violations
 - Monitoring and audit procedures conducted under the supervision of the Compliance Officer
 - The Compliance Committee will direct the Compliance Officer and Compliance Workgroup to develop an annual plan of monitoring activities
 - Annual report to the CEO and the Board which shall encompass a summary of significant incidents reported to the Compliance Officer, a description of violations, and actions taken to deal with significant violations

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Compliance Program Template (cont.)

- Response to Detected Offenses
 - The Human Resources Department, working in conjunction with the Compliance Committee, should establish the appropriate disciplinary actions to be taken in the event that a violation of laws, regulations or the Medical Group's Code of Conduct has occurred
 - Self-reporting of wrongdoing or mistakes is required, and will generally be considered as a mitigating factor in determining the disciplinary action to be taken with regard to the reported incident
 - Prompt return of wrongful payments
 - Amendment of procedures, when appropriate, to prevent further violations

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Compliance Program Template (cont.)

- Acknowledgment of Code of Conduct and Compliance Program Guidelines
 - Have each employee or agent sign and date a form which states that the individual has received the Code of Conduct and Compliance Program Guidelines, and agrees to read and comply with the guidelines.

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New Topic: Conflict of Interest Research Rules

- In 1995, the Public Health Service (“PHS”) and the Office of the Secretary of the Department of Health and Human Services, published regulations designed to promote objectivity in PHS-funded research:
 - 45 C.F.R. Part 94 (Institutions applying for or receiving PHS research funding by means of a contract)
 - 42 C.F.R. Part 50 (Institutions applying for or receiving PHS research funding by means of a grant or cooperative agreement)
- Among other things, the regulations required disclosures of significant financial interests and identification of financial conflicts of interest

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Conflict of Interest Research Rules (cont.)

- Over the years, questions were raised as to whether a more rigorous approach to Investigator disclosure, institutional management of financial conflicts and Federal oversight was needed
- In 2011, HHS published a final rule incorporating significant changes to the 1995 regulations

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1995 vs. 2011

Topic	1995	2011
Significant Financial Interests (SFI) threshold	De minimis threshold of \$10,000 for disclosure generally applies to payments or equity interests	De minimis threshold of \$5,000 for disclosure generally applies to payments for services and/or equity interests. Includes any equity interest in non-publicly traded entities.
Which SFIs need to be disclosed (once the threshold is met)	Those SFI the Investigator deems related to the PHS-funded research.	All SFI related to the Investigator's institutional responsibilities.
Excluded from disclosure requirement	Income from seminars, lectures, or teaching, and service on advisory committees or review panels, for public or nonprofit entities	Income from seminars, lectures, or teaching engagements sponsored by and service on advisory or review panels for a federal, state, or local government agency, an institution of higher education, an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education.
Types of SFI excluded	All forms of remuneration are included – specific questions such as mutual funds and blind trusts are addressed in FAQ on the NIH website.	Excludes income from investment vehicles, as long as the Investigator does not directly control the investment decisions made in these vehicles.
Travel reimbursements and sponsored travel	Not addressed.	Disclose any reimbursed travel or sponsored travel related to institutional responsibilities, but NOT travel that is reimbursed or sponsored by a federal, state, or local government agency, an institution of higher education, an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education.

Adapted from "Summary of Major Changes," available at <http://grants.nih.gov/grants/policy/coi/>

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The Players

- **Institutions** are responsible for complying with the regulations by maintaining a written and enforced financial conflict of interest ("FCOI") policy; managing, reducing, or eliminating identified conflicts; and reporting identified conflicts to the PHS awarding component
- **Investigators** are responsible for complying with their Institutions' FCOI policies and for disclosing their significant financial interests to the Institution

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Important Definitions

- *Institution*: any domestic or foreign, public or private, entity or organization (excluding a Federal agency)
 - that submits a proposal for a research contract whether in response to a solicitation from the PHS or otherwise, or that assumes the legal obligation to carry out the research required under the contract OR
 - that is applying for or receives PHS research funding
- *Investigator*: the project director or principal investigator and any other person, regardless of title or position, who is responsible for the design, conduct or reporting of research funded by the PHS, or proposal for such funding

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Institutional Responsibilities

- Develop, maintain and publicize a financial conflicts of interest policy
- Inform Investigators of the policy & the Investigators' responsibilities regarding disclosure of significant financial interests
- Require each Investigator to complete training as to their responsibilities
- Require Investigators who are planning to participate in PHS-funded research to disclose significant financial interests
- Establish guidelines to determine whether a significant financial interest amounts to a financial conflict of interest, and if so, manage that conflict
- Establish adequate enforcement mechanisms and provide for employee sanctions or other administrative sanctions to ensure Investigator compliance

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Investigator Responsibilities

- Review and abide by the Institutional FCOI policy. This includes:
 - Properly identifying significant financial interests
 - Properly disclosing significant financial interests
 - Complying with the Institution's training requirements regarding PHS-funded research
 - Complying with the Institution's management plan when it identifies a financial conflict of interest

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“Significant Financial Interest” includes:

- One or more of the following interests of the Investigator (and those of the Investigator's spouse and dependent children) that reasonably appear to be related to the Investigator's institutional responsibilities:
 - For publicly traded entities: the value of the remuneration received from the entity in the 12 months preceding the disclosure plus the value of any equity interest in the entity on the date of disclosure that, when aggregated, exceeds \$5,000
 - For non-publicly traded entities: the value of any remuneration received from the entity in the 12 months preceding disclosure that, when aggregated, exceeds \$5,000 OR any equity interest held by the Investigator (or spouse or children)
 - Intellectual property rights and interests, upon receipt of income related to those rights and interests

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“Significant Financial Interest” includes:

- Reimbursed or sponsored travel related to Institutional responsibilities
 - UNLESS reimbursed or sponsored by a Federal, state, or local government agency, an institution of higher education, an academic teaching hospital, a medical center, or a research institute that is affiliated with an institute of higher education

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“Significant Financial Interest” does not include:

- Salary, royalties or other remuneration paid by the Institution if the Investigator is currently employed or otherwise appointed by the Institution
- Any ownership interest in the Institution, if the Institution is a commercial or for-profit organization
- Income from investment vehicles, so long as the Investigator does not directly control the investment decisions made in these vehicles
- Income from seminars, lectures or teaching engagements sponsored by a Federal, state, or local government agency, an institution of higher education, an academic teaching hospital, a medical center, or a research institute that is affiliated with an institute of higher education
- Income from service on advisory committees or review panels for a Federal, state, or local government agency, an institution of higher education, an academic teaching hospital, a medical center, or a research institute that is affiliated with an institute of higher education

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Possible Consequences of Failures to Comply

- If an Investigator fails to properly disclose an SFI such that the Institution fails to identify or manage a FCOI, the Institution will be required to conduct a retrospective review of the Investigator's activities and the PHS-funded research project
- If an Investigator fails to comply with the Institution's FCOI policy or management plan and that failure appears to bias the design, conduct or reporting of PHS-funded research, the PHS Awarding Component may review and, as necessary, take action or refer the matter to the Institution for further action
- HHS or the PHS Awarding Component may inquire at any time into any Investigator disclosure of financial interest and the Institution's review/response.
 - If the PHS Awarding Component determines that a particular FCOI will bias the objectivity of the PHS-funded research to such an extent that the further corrective action is needed or that the Institution has not appropriately managed the FCOI, the PHS Awarding Component may suspend funding or issue a stop work order until the matter is resolved
 - If HHS determines that a PHS funded project of clinical research whose purpose is to evaluate safety or effectiveness of a drug, medical device or treatment has been designed, conducted, or reported by an Investigator with a FCOI that was not managed or reported by the Institution, the Institution must require the Investigator involved to disclose the FCOI in each public presentation of the results of the research and to request an addendum to previously published presentations

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Compliance Date

AUGUST 24, 2012

OR

Immediately upon making its policy publicly accessible, as required by the regulation

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Resources

- Final Regulations:
 - 45 Code of Federal Regulations Part 94
 - 42 Code of Federal Regulations Part 50

 - Final Rule: 76 Federal Register 53256 (August 25, 2011).
 - Notice of Proposed Rulemaking: 75 F.R. 28688 (May 21, 2010)
 - Advance Notice of Proposed Rulemaking: 74 F.R. 21610 (May 8, 2009)

 - National Institute of Health website:
<http://grants.nih.gov/grants/policy/coi>
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Questions?

Questions?

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