DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

National Advisory Council on Migrant Health

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS).

ACTION: Notice of meeting.

SUMMARY: In accordance with the Federal Advisory Committee Act, notice is hereby given that a National Advisory Council on Migrant Health (NACMH) meeting has been scheduled. This meeting will be open to the public. The agenda for the NACMH meeting can be obtained by contacting the Designated Federal Officer (DFO) or accessing the NACMH website: *https://bphc.hrsa.gov/qualityimprovement/strategicpartnerships/nacmh/index.html.*

DATES: The meeting will be held on May 8, 2018, 8:30 a.m.–5:30 p.m., and May 9, 2018, 9:30 a.m.–5:30 p.m.

ADDRESSES: The address for the meeting is Holiday Inn Downtown Yakima, 802 East Yakima Ave., Yakima, WA 98901. Phone Number: 509–494–7000.

FOR FURTHER INFORMATION CONTACT: All requests for information regarding the NACMH should be sent to Esther Paul, DFO, NACMH, HRSA, in one of three ways: (1) Send a request to the following address: Esther Paul, Office of Policy and Program Development, Bureau of Primary Health Care, HRSA, 5600 Fishers Lane, 16N38B, Rockville, Maryland 20857; (2) call (301) 594–4300; or (3) send an email to *epaul@hrsa.gov.*

SUPPLEMENTARY INFORMATION: The NACMH is a non-discretionary advisory body mandated by the Public Health Service Act (PHSA), Title 42 U.S.C. 218, to advise, consult with, and make recommendations to the Secretary of HHS and the Administrator of HRSA regarding the organization, operation, selection, and funding of migrant health centers and other entities funded under section 330(g) of the PHSA (42 U.S.C. 254b). The Charter requires NACMH to meet at least twice per year to discuss services and issues related to the health of migrant and seasonal agricultural workers and their families and to formulate their recommendations to the HHS Secretary and HRSA Administrator.

Agenda: The agenda includes an overview of NACMH's general business activities. NACMH will also hear presentations from a Federal official and experts on issues facing agricultural workers, including the status of agricultural worker health at the local and national levels. Topics addressed at this meeting include:

I. Migrant and Seasonal Agricultural Worker Regional Health Issues/Trends; and

II. Occupational and Environmental Hazards and Injuries Impacting Migrant and Seasonal Agricultural Worker Health.

In addition, NACMH will hold a session where migratory and seasonal agricultural workers will comment on matters affecting the health of migratory and seasonal agricultural workers. This session is scheduled for Tuesday, May 8, 2018, from 1:30 p.m. to 5:00 p.m. at the Holiday Inn Downtown Yakima, Yakima, WA. Agenda items are subject to change as priorities dictate.

Members of the public will not be able to provide oral comments during the meeting. Written questions or comments for the NACMH may be sent to the DFO by April 24, 2018, using the address and phone number provided above. Individuals who plan to attend the meeting and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the DFO at least 10 days prior to the meeting.

Dated: April 6, 2018.

Lori Roche,

Acting Deputy Director, Division of the Executive Secretariat.

[FR Doc. 2018–07523 Filed 4–11–18; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Findings of Research Misconduct

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: Findings of research misconduct have been made on the part of Brandi M. Baughman, Ph.D., postdoctoral fellow in the Center for Integrative Chemical Biology and Drug Discovery, Division of Chemical Biology and Medicinal Chemistry, University of North Carolina at Chapel Hill (UNC). Dr. Baughman engaged in research misconduct in research supported by National Institute of General Medical Sciences (NIGMS), National Institutes of Health (NIH), grant R01 GM100919. The administrative actions, including debarment for a period of two (2) years, were implemented beginning on March 19, 2018, and are detailed below.

FOR FURTHER INFORMATION CONTACT: Wanda K. Jones, Dr. P.H., Interim Director, Office of Research Integrity, 1101 Wootton Parkway, Suite 750, Rockville, MD 20852, (240) 453–8200.

SUPPLEMENTARY INFORMATION: Notice is hereby given that the Office of Research Integrity (ORI) has taken final action in the following case:

Brandi M. Baughman, Ph.D., University of North Carolina at Chapel Hill: Based on an assessment conducted by UNC, Respondent's admission, and analysis conducted by ORI in its oversight review, ORI found that Dr. Baughman, postdoctoral fellow in the Center for Integrative Chemical Biology and Drug Discovery, Division of Chemical Biology and Medicinal Chemistry, UNC, engaged in research misconduct in research supported by NIGMS, NIH, grant R01 GM100919. A previous notice of research misconduct findings based on Respondent's prior admission (*Fed. Reg.* 82(117):28078–28079, 2017 July 20) included eleven (11) figures in *PLoS One* 11(10):e0164378, 2016 in research supported by the National Institute of Environmental and Health Sciences (NIEHS), NIH, and the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), NIH. The Respondent has signed a statement confirming that she committed no additional instances of data manipulation.

ORI found that Respondent engaged in research misconduct by falsifying data that were included in the first submission of a manuscript to *ACS Chem. Biol.* (hereafter referred to as the ''Manuscript'') and in the final published version: Baughman, B.M., Pattenden, S.G., Norris, J.L., James, L.I., & Frye, S.V. ''The L3MBTL3 methyl-lysine reader domain functions as a dimer.'' *ACS Chem. Biol.* 11:722–728, 2016 (hereafter referred to as ''*ACS* 2016''). The paper was retracted in: *ACS Chem. Biol.* 13(1):281, 2018 Jan 19.

Respondent falsely reused and relabeled 14 individual Western blot images from an unrelated experiment conducted in September 2013 showing pulldown with biotin-UNC1215 using 0401 and HeLa overexpressed FL L3MBTL3 lysates (hereafter referred to as the ''9/13 experiment'') to falsely represent Western blot analysis of GFP.Flag co-IP experiments in GFP–WT lysates in Figure 3 of the Manuscript and a supplementary analysis of co-IPs with FullL–D274A in Figure 6 of *ASC* 2016. Specifically, Respondent used Western blot band images from:

- Lanes 3 and 4 (GFP input and GFP Bn-1215 IP; 9/13 experiment) to represent:

○ Lanes 1 and 2 (GFP:FLAG co-IP experiments in 3MBT–GFP lysates in the presence or absence of D381A; Figure 3, Manuscript)

○ N = 3 in Figure S6, *ACS* 2016

• Lanes 5 and 6 (GFP/Flag Input and GFP/FlagIP; 9/13 experiment) to represent:

○ Lanes 3 and 4 (GFP:Flag co-IP experiments in FL–GFP–WT lysates; Figure 3, Manuscript)

○ N = 1 in Figure S6, *ACS* 2016

• Lanes 9 and 10 (mCherry input and mCherry Bn-1215 IP; 9/13 experiment) to represent:

○ Lanes 5 and 6 (GFP:FLAG co-IP experiments in FL–GFP lysates in the presence or absence of D381A; Figure 3, Manuscript)

• Lanes 11 and 12 (mCherry/Flag input and mCherry/Flag IP; 9/13 experiment) to represent:

○ Lanes 7 and 8 (GFP:FLAG co-IP experiments in FL–GFP WT lysates; Figure 3, Manuscript)

• lanes 13 and 14 (mCherry/Flag IP unbound and mCherry/Flag BN–1215; 9/13 experiment) to represent:

○ Lanes 9 and 10 (GFP:FLAG co-IP experiments in FL–GFP lysates in the presence or absence of D274A; Figure 3, manuscript

○ N = 2 in Figure S6, *ACS* 2016

Dr. Baughman entered into a Voluntary Exclusion Agreement. The following administrative actions have been implemented for a period of two (2) years, beginning on March 19, 2018:

(1) Because Dr. Baughman knew when she signed the 2017 Agreement with ORI that there was an additional paper with falsified figures, she agreed to exclude herself voluntarily 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 referred to as ''covered transactions'' pursuant to HHS' Implementation (2 CFR part 376) of OMB Guidelines to Agencies on Governmentwide Debarment and Suspension, 2 CFR part 180 (collectively the ''Debarment Regulations''); this Agreement supersedes the terms of the previous supervision Agreement that included three (3) years of research supervision, which began on May 17, 2017; and

(2) Dr. Baughman agreed to exclude herself voluntarily from serving in any advisory capacity to the U.S. 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.

Wanda K. Jones,

Interim Director, Office of Research Integrity.

[FR Doc. 2018–07521 Filed 4–11–18; 8:45 am]

BILLING CODE 4150–31–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS–0990–0391]

Agency Information Collection Request; 60-Day Public Comment Request

AGENCY: Office of the Secretary, HHS

ACTION: Notice.

SUMMARY: In compliance with the requirement of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment.

DATES: Comments on the ICR must be received on or before June 11, 2018.

ADDRESSES: Submit your comments to *Sherrette.Funn@hhs.gov* or by calling (202) 795–7714.

FOR FURTHER INFORMATION CONTACT: When submitting comments or requesting information, please include the document identifier 0990–0391 and project title for reference, to *Sherrette.funn@hhs.gov,* or call the Reports Clearance Officer.

SUPPLEMENTARY INFORMATION: Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Title of the Collection: Hospital Preparedness Program Data Collection.

Type of Collection: Extension.

OMB Number: 0990–0391—Hospital Preparedness Program (HPP) within the Division of National Healthcare Preparedness Programs (NHPP).

Abstract: The Hospital Preparedness Program (HPP) within the Division of National Healthcare Preparedness Programs (NHPP), in the Office of Emergency Management (OEM), Office of Assistant Secretary for Preparedness and Response (ASPR), in the Department of Health and Human Services is seeking clearance by the Office of Management of Budget (OMB) for an extension on Generic Data Collection Form. The Generic Data Collection Form will serve as the foundation for assessment and evaluation for HPP stakeholders, recipients, and sub-recipient programs and performance under the HPP Cooperative Agreement (CA) Program. Program data are gathered from recipients for both ad-hoc episodic reporting as well as required reporting as part of the HPP Cooperative Agreement. Ad-hoc reporting includes but is not limited to Coalition Assessment Tool (CAT) Data Collection Tool, Impact Survey, HPP Partner Survey, CA after action reports, Ebola and Other Special Pathogens. Required reporting include: Mid-Year and End-of-Year Progress Reports and other similar information collections (ICs) that account for recipient spending and program performance on all activities conducted in pursuit of achieving the HPP Cooperative Agreement goals.

As part of its health care sector preparedness and response obligations, HPP actively collaborates with The Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness (PHEP) Program in order to realize health care preparedness and response goals. As part of the HPP Cooperative Agreement, the HPP data collection supports the U.S. public health and health care systems' ability to prepare for and to respond effectively to public health emergencies within the United States and associated territories and freely associated states. Recent public health threats of potentially catastrophic proportion underscore the importance of effective planning and response capabilities that can be applied to all hazards. As new threats to public health and health care emerge, ASPR must ensure that health and medical systems are not only integral parts of emergency response activities but also part of emergency preparedness planning with all relevant partners. Increased cooperation among responders, including state and local public health officials, emergency medical services (EMS), health care coalitions (HCCs), and private health care organizations, ensure the nation is better prepared to respond to all hazards. State public health departments and the mostly private sector health care delivery systems are now recognized as essential partners in emergency response and they have increased abilities to identify