

panels included in figures in *Cell* 2011, *Nature* 2013, and the unpublished manuscript. Respondent inflated sample numbers and data, fabricated numbers for data sets, manipulated enzyme-linked immunosorbent assay (ELISA) analysis, mislabelled immunofluorescent confocal images, and manipulated and reused Western blot images.

Specifically, the Respondent

- Fabricated numbers for the data presented as a bar graph in nine (9) panels in Figures S6#, S6H, and S6J in *Cell* 2011, Figures 3B and S12 in *Nature* 2013, and Figures 2F, 4B, 4D, and 4F in the unpublished manuscript
- Falsely inflated the sample size of quantitative data presented as bar graphs in fifty-three (53) panels in Figures 6B, 7I, and S6J in *Cell* 2011, Figures 3G, 3H, 4C, S10, S11b–h, S12d–f, S13a, S13c, S14b–c, S15b–i, and S16a–f in *Nature* 2013, and Figures 4b, 4d, 4f, 4i, 6c–d, S1n, S1o, S2a–b, and S4c–k in the unpublished manuscript
- Falsely manipulated ELISA analysis to achieve desired results presented as bar graphs in nine (9) figure-panels in Figure 6B in *Cell* 2011 and Figures 2D, 2E, 3G, 3H, and S10a–d in *Nature* 2013
- Falsely inflated the numerical values of the data in Figure 7I in *Cell* 2011 by a factor of 10 to improve results and appear consistent with data presented in supplementary information published with the paper
- Falsely reversed the labeling of immunofluorescent confocal images in Figures 7M and 7N in *Cell* 2011 and Figure S13A in *Nature* 2013 to obtain the desired results
- Flipped and resized the Western blot image for APP panel from Figure 12b and falsely reused it to represent APP results under completely different experimental conditions in Figure 12c in *Nature* 2013

Dr. Fujita has entered into a Voluntary Exclusion Agreement (Agreement) and has voluntarily agreed for a period of three (3) years, beginning on March 18, 2015:

(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 programs of the United States Government referred to as “covered transactions” pursuant to HHS’ Implementation (2 CFR part 376 *et seq.*) of OMB Guidelines to Agencies on Governmentwide Debarment and Suspension, 2 CFR part 180 (collectively the “Debarment Regulations”); and

(2) to exclude himself 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.

FOR FURTHER INFORMATION CONTACT:

Acting Director, Office of Research Integrity, 1101 Wootton Parkway, Suite 750, Rockville, MD 20852, (240) 453–8200.

Donald Wright,

Acting Director, Office of Research Integrity.

[FR Doc. 2015–07897 Filed 4–6–15; 8:45 am]

BILLING CODE CODE 4150–31–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting of the National Advisory Committee on Children and Disasters

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

ACTION: Notice.

SUMMARY: As stipulated by the Federal Advisory Committee Act, the Department of Health and Human Services (HHS) is hereby giving notice that the National Advisory Committee on Children and Disasters (NACCD) will be holding a meeting via teleconference. The meeting is open to the public.

DATES: The April 30, 2015, NACCD meeting is scheduled from 1:00 p.m. to 2:00 p.m. EST. The agenda is subject to change as priorities dictate. Please check the NACCD Web site, located at WWW.PHE.GOV/NACCD for the most up-to-date information on the meeting.

ADDRESSES: To attend the meeting via teleconference, call toll-free: 1–888–324–4311, international dial-in: 1–517–308–9181. The pass-code is: 4818002. Please call 15 minutes prior to the beginning of the conference call to facilitate attendance. Pre-registration is required for public attendance. Individuals who wish to attend the meeting should submit an inquiry via the NACCD Contact Form located at www.phe.gov/NACCDComments.

FOR FURTHER INFORMATION CONTACT:

Please submit an inquiry via the NACCD Contact Form located at www.phe.gov/NACCDComments.

SUPPLEMENTARY INFORMATION: Pursuant to the Federal Advisory Committee Act (FACA) of 1972 (5 U.S.C., Appendix, as amended), and section 2811A of the Public Health Service (PHS) Act (42 U.S.C. 300hh–10a), as added by section 103 of the Pandemic and All Hazards

Preparedness Reauthorization Act of 2013 (Pub. L. 113–5), the HHS Secretary, in consultation with the Secretary of the U.S. Department of Homeland Security, established the National Advisory Committee on Children and Disasters (NACCD). The purpose of the NACCD is to provide advice and consultation to the HHS Secretary with respect to the medical and public health needs of children in relation to disasters. The Office of the Assistant Secretary for Preparedness and Response (ASPR) provides management and administrative oversight to support the activities of the NACCD.

Background: This public meeting will be dedicated to the members voting to approve the report of findings of the NACCD Surge Capacity Work Group.

Availability of Materials: The meeting agenda and materials will be posted on the NACCD Web site at: www.phe.gov/naccd prior to the meeting.

Procedures for Providing Public Input: All written comments must be received prior to April 29, 2015. Please submit comments via the NACCD Contact Form located at www.phe.gov/NACCDComments. Individuals who plan to participate by phone and need special assistance should submit a request via the NACCD Contact Form located at www.phe.gov/NACCDComments.

Dated: March 18, 2015.

Nicole Lurie,

Assistant Secretary for Preparedness and Response.

[FR Doc. 2015–07874 Filed 4–6–15; 8:45 am]

BILLING CODE CODE P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Reimbursement Rates for Calendar Year 2015

AGENCY: Indian Health Service, HHS.

ACTION: Notice.

SUMMARY: Notice is given that the Director of the Indian Health Service (IHS), under the authority of sections 321(a) and 322(b) of the Public Health Service Act (42 U.S.C. 248 and 249(b)), Public Law 83–568 (42 U.S.C. 2001(a)), and the Indian Health Care Improvement Act (25 U.S.C. 1601 *et seq.*), has approved the following rates for inpatient and outpatient medical care provided by IHS facilities for Calendar Year 2015 for Medicare and Medicaid beneficiaries, and beneficiaries of other Federal programs,

and for recoveries under the Federal Medical Care Recovery Act (42 U.S.C. §§ 2651–2653). The Medicare Part A inpatient rates are excluded from the table below as they are paid based on the prospective payment system. Since the inpatient rates set forth below do not include all physician services and practitioner services, additional payment shall be available to the extent that those services are provided.

	Calendar Year 2015
Inpatient Hospital Per Diem Rate (Excludes Physician/Practitioner Services)	
Lower 48 States	\$2,443
Alaska	2,926
Outpatient Per Visit Rate (Excluding Medicare)	
Lower 48 States	350
Alaska	601
Outpatient Per Visit Rate (Medicare)	
Lower 48 States	307
Alaska	564
Medicare Part B Inpatient Ancillary Per Diem Rate	
Lower 48 States	516
Alaska	956

Outpatient Surgery Rate (Medicare)

Established Medicare rates for freestanding Ambulatory Surgery Centers.

Effective Date for Calendar Year 2015 Rates

Consistent with previous annual rate revisions, the Calendar Year 2015 rates will be effective for services provided on/or after January 1, 2015 to the extent consistent with payment authorities including the applicable Medicaid State plan.

Dated: December 12, 2014.

Yvette Roubideaux,
Acting Director, Indian Health Service.

Editorial Note: The **Federal Register** received this document for publication on March 31, 2015.

[FR Doc. 2015-07779 Filed 4-6-15; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; 30-day Comment Request; National Institute of Health Neurobiobank Tissue Access Request

SUMMARY: Under the provisions of Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below. This proposed information collection was previously published in the **Federal Register** on February 13, 2014, page 8723 and allowed 60-days for public comment. No public comments were received. The purpose of this notice is to allow an additional 30 days for public comment. The National Institute of Mental Health (NIMH), National Institutes of Health, may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

Direct Comments to OMB: Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the: Office of Management and Budget, Office of Regulatory Affairs, *OIRA_submission@omb.eop.gov* or by fax to 202-395-6974, Attention: NIH Desk Officer.

Comment Due Date: Comments regarding this information collection are best assured of having their full effect if received within 30-days of the date of this publication.

FOR FURTHER INFORMATION CONTACT: To obtain a copy of the data collection plans and instruments or request more information on the proposed project contact: NIMH Project Clearance Liaison, Science Policy and Evaluation Branch, OSPPC, NIMH, NIH, Neuroscience Center, 6001 Executive

Boulevard, MSC 9667, Rockville Pike, Bethesda, MD 20892, or call 301-443-4335 or Email your request, including your address to: *nimhprpubliccomments@mail.nih.gov*. Formal requests for additional plans and instruments must be requested in writing.

Proposed Collection: National Institute of Health Neurobiobank Tissue Access Request—Existing without OMB Clearance—National Institute of Mental Health (NIMH), National Institute of Health (NIH).

Need and Use of Information Collection: NIMH is seeking OMB approval for two Neurobiobank data collections: (1) Pre-Mortem Donor Recruitment Form, and (2) Tissue Access Request Form. The pre-mortem donor form will collect information from potential donors to ensure and enable appropriate research use of the tissues and biospecimens. Knowledge about the health history surrounding a particular tissue or biospecimen is essential to ethical scientific research conducted upon it. The tissue access request form will collect information from researchers who wish to gain access to the tissue stored throughout the Neurobiobank network. The NIH Neurobiobank Tissue Access Request form is necessary to verify that the researcher “Recipient” Principal Investigators and their organization or corporations applying to use the tissue is qualified to conduct human tissue research and have approved assurance from the DHHS Office of Human Research Protections to access tissue or biospecimens from the National Neurobiobank for research purposes. The primary use of this information is to document, track, monitor, and evaluate the appropriate use of the Neurobiobank tissue and biospecimen resources, as well as to notify interested recipients of updates, corrections, or other changes to the system.

OMB approval is requested for 3 years. There are no costs to respondents other than their time. The total estimated annualized burden hours are 38.

ESTIMATED ANNUALIZED BURDEN HOURS

Form	Number of respondents	Frequency of response	Average burden per response (in hours)	Total annual burden hours
Neurobiobank Tissue Access Request	50	1	30/60	25
Pre-Mortem Donor Recruitment Form	50	1	15/60	13
Total	100			38