

Scholar in Residence in the Health Sector Management Program at Duke University's Fuqua School of Business, and William J. Hall, MD, Director of the Center for Healthy Aging at the University of Rochester School of Medicine.

In addition, Commissioner Jon B. Christianson, Ph.D., Professor in the Division of Health Policy and Management at the School of Public Health at the University of Minnesota in Minneapolis has been designated as Vice Chair of the Commission. [42 U.S.C. 1395b–6.]

**Gene L. Dodaro,**

*Comptroller General of the United States.*

[FR Doc. 2014–14500 Filed 6–20–14; 8:45 am]

**BILLING CODE 1610–02–M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office of the Secretary

#### Findings of Research Misconduct

**AGENCY:** Office of the Secretary, HHS.

**ACTION:** Notice.

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

*Melanie Cokonis, Southern Research Institute:* Based on the report of an investigation conducted by Southern Research Institute (SRI) and additional analysis conducted by ORI in its oversight review, ORI found that Ms. Melanie Cokonis, former Research Technician, SRI, engaged in research misconduct in research supported by National Institute of Allergy and Infectious Diseases (NIAID), National Institutes of Health (NIH), contracts N01–AI–30047 (HHSN2722011000009C) and N01–AI–70042 (HHSN272200700042C), and National Human Genome Research Institute (NHGRI), NIH, grant U54 HG005034.

ORI found that the Respondent engaged in research misconduct by falsifying assay data that were submitted in reports to NIH. Specifically, ORI found that Respondent knowingly falsified data for cytoprotection assays with antiviral compounds and provided the false data for inclusion in reports submitted to NIH for contracts N01–AI–30047 and N01–AI–70042 and grant U54 HG005034. Respondent transferred raw data from 8X12 SoftmaxPro matrix files into spreadsheets and then falsified the numbers for cell control, virus control, drug cytotoxicity, drug only, and/or cells+ virus+ drug wells to make

206 assays appear to have been successfully performed when they were not.

Ms. Cokonis has voluntarily agreed for a period of three (3) years, beginning on May 29, 2014:

(1) To exclude herself 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 *et seq*) of OMB Guidelines to Agencies on Governmentwide Debarment and Suspension, 2 CFR part 180 (collectively the “Debarment Regulations”); and

(2) To exclude herself voluntarily from serving in any advisory capacity to 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) 453–8800.

**Donald Wright,**

*Acting Director, Office of Research Integrity.*

[FR Doc. 2014–14627 Filed 6–20–14; 8:45 am]

**BILLING CODE 4150–31–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Advisory Committee on Breast Cancer in Young Women, Centers for Disease Control and Prevention: Notice of Charter Renewal

This gives notice under the Federal Advisory Committee Act (Pub. L. 92–463) of October 6, 1972, that the Advisory Committee on Breast Cancer in Young Women, Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS), has been renewed for a 2-year period through June 17, 2016.

For information, contact Temeika L. Fairley, Ph.D., Designated Federal Officer, Advisory Committee on Breast Cancer in Young Women, HHS, CDC, 4770 Buford Highway NE., Mailstop K52, Atlanta, Georgia 30341, telephone 770/488–4518, fax 770/488–4760.

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.

**Gary J. Johnson,**

*Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.*

[FR Doc. 2014–14616 Filed 6–20–14; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Healthcare Infection Control Practices Advisory Committee (HICPAC)

In accordance with section 10(a) (2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announce the following meeting for the aforementioned committee:

#### *Times and Dates:*

9:00 a.m.–5:00 p.m., July 17, 2014

9:00 a.m.–12:00 p.m., July 18, 2014

*Place:* CDC, Global Communications Center, Building 19, Auditorium B3, 1600 Clifton Road, Atlanta, Georgia, 30333

*Status:* Open to the public, limited only by the space available. Please register for the meeting at [www.cdc.gov/hicpac](http://www.cdc.gov/hicpac).

*Purpose:* The Committee is charged with providing advice and guidance to the Director, Division of Healthcare Quality Promotion, the Director, National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), the Director, CDC, the Secretary, Department of Health and Human Services regarding (1) the practice of healthcare infection prevention and control; (2) strategies for surveillance, prevention, and control of infections, antimicrobial resistance, and related events in settings where healthcare is provided; and (3) periodic updating of CDC guidelines and other policy statements regarding prevention of healthcare-associated infections and healthcare-related conditions.

*Matters for Discussion:* The agenda will include updates on the Draft Guideline to Prevent Surgical Site Infections; the Draft Guideline to Prevent Infections in Neonatal Intensive Care Units; CDC’s activities for prevention of antimicrobial resistant healthcare associated infections; updates on prevention and surveillance of catheter-associated urinary tract infections; and HICPAC core infection prevention and control practices.

Agenda items are subject to change as priorities dictate.

*Contact Person For More Information:* Erin Stone, M.S., HICPAC, Division of Healthcare Quality Promotion, NCEZID, CDC, 1600 Clifton Road NE., Mailstop A–07, Atlanta, Georgia 30333, Telephone: (404) 639–4045, Email: [hicpac@cdc.gov](mailto:hicpac@cdc.gov).

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.

**Gary J. Johnson,**

*Acting Director, Management Analysis and Services Office Centers for Disease Control and Prevention.*

[FR Doc. 2014-14617 Filed 6-20-14; 8:45 am]

**BILLING CODE 4163-18-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Submission for OMB Review; Comment Request

*Title:* Federal Strategic Action Plan on Services for Victims of Human

Trafficking: Enhancing the Health Care System's Response to Human Trafficking.

*OMB No.:* New Collection.

*Description:* In 2013, the U.S.

Department of Health and Human Services co-chaired an inter-agency process with the Departments of Justice and Homeland Security to create the first Federal Strategic Action Plan on Services for Victims of Human Trafficking in the United States. The Plan addresses the needs for the implementation of coordinated, effective, culturally appropriate and trauma informed care for victims of human trafficking. The purpose of this initiative is to develop a pilot training project that will strengthen the health systems' response to human trafficking in four key ways:

1. Increase knowledge about human trafficking among health care providers;

2. Build the capacity of health care providers to deliver culturally appropriate and trauma-informed care to victims of human trafficking;

3. Increase the identification of victims of human trafficking; and

4. Increase services to survivors of human trafficking.

The evaluation is an impact evaluation, measuring immediate outcomes, e.g., from pre-intervention to post-intervention, as well as intermediate outcomes at a 3 month post intervention.

*Respondents:* The target audience for training and evaluation will be 300 health care providers from hospitals, clinics, and private health practices. The health care providers will be from federal, state/territorial, and local health departments, the Veterans' Administration, professional associations, and tribal institutions.

#### ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Training .....	300	1	2.0	600.00
Pre-training .....	300	1	.40	120.00
Post-training .....	300	1	.40	120.00
Email Follow-up .....	60	1	.40	120.00
Telephone Follow-up .....	60	1	.40	24.00
Telephone Follow-up .....	60	1	.40	984.00

*Estimated Total Annual Burden Hours:*

*Additional Information:* Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 370 L'Enfant Promenade SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. All requests should be identified by the title of the information collection. Email address: [infocollection@acf.hhs.gov](mailto:infocollection@acf.hhs.gov).

*OMB Comment:*

OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, Email: [OIRA\\_SUBMISSION@OMB.EOP.GOV](mailto:OIRA_SUBMISSION@OMB.EOP.GOV), Attn:

Desk Officer for the Administration for Children and Families.

**Robert Sargis,**

*Reports Clearance Officer.*

[FR Doc. 2014-14577 Filed 6-20-14; 8:45 am]

**BILLING CODE 4184-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Proposed Information Collection Activity; Comment Request

*Title:* Health Profession Opportunity Grants (HPOG) program.

*OMB No.:* 0970-0394.

*Description:* The Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS) is proposing data collection activities as part of the Health Profession Opportunity Grants (HPOG) program. The proposed data collection activities described in this notice will provide data for the Impact Studies of the Health Profession Opportunity Grants (HPOG-Impact) and the National

Implementation Evaluation of the Health Profession Opportunity Grants to Serve TANF Recipients and Other Low-Income Individuals (HPOG-NIE).

The goal of HPOG-Impact is to evaluate the effectiveness of approaches used by 20 of the HPOG grantees to provide TANF recipients and other low-income individuals with opportunities for education, training and advancement within the health care field. HPOG-Impact also is intended to evaluate variation in participant impact that may be attributable to different HPOG program components and models. The impact study design is a classic experiment in which eligible applicants will be randomly assigned to a treatment group that is offered participation in HPOG and a control group that is not permitted to enroll in HPOG. In a subset of sites, eligible applicants will be randomized into two treatment arms (a basic and an enhanced version of the intervention) and a control group.

The goal of HPOG-NIE is to describe and assess the implementation, systems change, and outcomes and other important information about the operations of the 27 HPOG grantees