information, including the validity of the methodology and assumptions used; (3) Enhance the quality, utility, and clarity of the information to be collected; and (4) Minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

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: Desk Officer for NIH. To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact Patricia Newman, Program Analyst, Office of Science Policy, National Center for Research Resources, 6701 Democracy Boulevard, MSC 4874, Bethesda, Maryland 20892–4874, or e-mail your request, including your address to *pnewman@mail.nih.gov.*

Comments 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.

Dated: December 20, 2010.

Meryl Sufian,

Supervisory Health Science Policy Analyst, Office of Science Policy, NCRR, National Institutes of Health.

[FR Doc. 2010–32659 Filed 12–27–10; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Findings of Misconduct in Science; Correction

AGENCY: Office of the Secretary, HHS

ACTION: Correction of notice.

SUMMARY: This document corrects errors that appeared in the notice published in the November 29, **Federal Register** entitled "Findings of Misconduct in Science."

DATES: *Effective Date:* December 28, 2010.

Applicability Date: The correction notice is applicable for the Findings of Misconduct in Science notice published on November 29, 2010.

FOR FURTHER INFORMATION CONTACT: Karen Gorirossi or Sheila Fleming at 240–453–8800.

SUPPLEMENTARY INFORMATION:

I. Background

In FR Doc. 2010–29867 of November 29, 2010 (75 FR 73084–73085), there was an error, which included an incorrect date of implementation of administrative actions. The error is identified and corrected in the Correction of Errors section below.

II. Correction of Errors

In FR Doc. 2010–29867 of November 29, 2010 (75 FR 73084–73085), make the following corrections:

1. On page 73084, third column, fourth paragraph, change the paragraph to read as follows: "By letter dated October 4, 2010, the Department of Health and Human Services (HHS) notified Dr. Sezen of findings of misconduct in science made by ORI and the Department's intent to debar her for a period of five (5) years pursuant to the Public Health Service Policies on Research Misconduct, 42 CFR part 50, subpart A and part 93, and HHS' Implementation (2 CFR part 376) of the Office of Management and Budget (OMB) Guidelines to Agencies on Governmentwide Debarment and Suspension (2 CFR part 180). In accordance with part 93, subpart E, Dr. Sezen was afforded 30 days within which to request a hearing in this matter. As of November 4, 2010, the period of time to request a hearing expired. Thus, the following administrative actions have been implemented for a period of five (5) years, beginning on December 13, 2010."

Dated: December 17, 2010.

John Dahlberg,

Director, Division of Research Investigations, Office of Research Integrity.

[FR Doc. 2010–32555 Filed 12–27–10; 8:45 am]

BILLING CODE 4150–31–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Docket No. HHS–OS–2010–0033; OCIIO–9984–N]

The Consumer Operated and Oriented Plan (CO–OP) Advisory Board; Office of Consumer Information and Insurance Oversight, January 13, 2011

AGENCY: Office of Consumer Information and Insurance Oversight (OCIIO), HHS.

ACTION: Notice of meeting.

SUMMARY: This notice announces a forthcoming meeting of an advisory committee of the Office of Consumer Information and Insurance Oversight (OCIIO) in accordance with the Federal Advisory Committee Act. The meeting is open to the public. The purpose of the meeting is to assist and advise the Secretary and Congress through the Department of Health and Human Services' Office of Consumer Information and Insurance Oversight (OCIIO) on the Department's strategy to foster the creation of qualified nonprofit health insurance issuers. Specifically, the Committee shall advise the Secretary and Congress concerning the award of grants and loans related to Section 1322 of the Affordable Care Act. In these matters, the Committee shall consult with all components of the Department, other federal entities, and non-federal organizations, as appropriate; and examine relevant data sources to assess the grant and loan award strategy to provide recommendations to OCIIO. Notice of this meeting is given under the Federal Advisory Committee Act (Pub. L. No. 92–463, 5 U.S.C., App. 2).

DATES: *Meeting Date:* January 13, 2011 from 8 a.m. to 5 p.m., eastern standard time (e.s.t.).

Deadline for Meeting Registration, Presentations and Comments: January 6, 2011, 5 p.m., *e.s.t.*

Deadline for Requesting Special Accommodations: January 6, 2011, 5 p.m., *e.s.t.*

ADDRESSES: *Meeting Location:* Jurys Hotel, 1500 New Hampshire Ave., NW., Washington, DC 20036.

Meeting Online Access: To participate in this meeting via the Internet, go to *http://www.readyshow.com/* and enter participant code 78030350.

Meeting Phone Access: To participate in this meeting via phone, please dial into the toll free phone number 1–877–366–0711, and enter the phone number password 78030350#.

Meeting Registration, Presentations, and Written Comments: Brian Chiglinsky, Office of Consumer Information and Insurance Oversight, HHS, 200 Independence Avenue, SW., Washington, DC 20201, 202–260–6090, Fax: 202–260–6108, or contact by e-mail at *brian.chiglinsky@hhs.gov.*

Registration: The meeting is open to the public, but attendance is limited to the space available. Persons wishing to attend this meeting must register by contacting the Analyst at the address listed in the **ADDRESSES** section of this notice or by telephone at number listed in the **FOR FURTHER INFORMATION CONTACT** section of this notice, by the date listed in the **DATES** section of this notice.

FOR FURTHER INFORMATION CONTACT: Brian Chiglinsky, 202–260–6090. Press inquiries are handled through OCIIO's Press Office at (202) 690–6343.

SUPPLEMENTARY INFORMATION:

I. Background

The purpose of the meeting is to assist and advise the Secretary and Congress through the Department of Health and Human Services' Office of Consumer Information and Insurance Oversight (OCIIO) on the Department's strategy to foster the creation of qualified nonprofit health insurance issuers. Specifically, the Committee shall advise the Secretary and Congress concerning the award of grants and loans related to Section 1322 of the Affordable Care Act. In these matters, the Committee shall consult with all components of the Department, other federal entities, and non-federal organizations, as appropriate; and examine relevant data sources to assess the grant and loan award strategy to provide recommendations to OCIIO.

II. Meeting Agenda

The committee will hear testimony from a number of individuals with experience and expertise in the market for health insurance and nonprofit cooperative health issuers. OCIIO intends to make background material available to the public no later than two (2) business days prior to the meeting. If OCIIO is unable to post the background material on its Web site prior to the meeting, it will be made publicly available at the location of the advisory committee meeting, and the background material will be posted on OCIIO's Web site after the meeting, at *http://hhs.gov/ociio.*

Oral comments from the public will be scheduled between approximately 3 p.m. to 4 p.m. Individuals or organizations that wish to make a 3-minute oral presentation on an agenda topic should submit a written copy of the oral presentation to the DFO at the address listed in the **ADDRESSES** section of this notice by the date listed in the **DATES** section of this notice. The number of oral presentations may be limited by the time available. Persons attending OCIIO's advisory committee meetings are advised that the agency is not responsible for providing access to electrical outlets. If the number of speakers requesting to comment is greater than can be reasonably accommodated during the scheduled open public comment session, OCIIO will take written comments after the meeting until close of business. Individuals not wishing to make a presentation may submit written comments to the DFO at the address listed in the **ADDRESSES** section of this notice by the date listed in the **DATES** section of this notice.

Individuals requiring sign language interpretation or other special accommodations must contact the DFO via the contact information specified in the **FOR FURTHER INFORMATION CONTACT** section of this notice by the date listed in the **DATES** section of this notice.

OCIIO is committed to the orderly conduct of its advisory committee meetings. Please visit our Web site at *http://www.hhs.gov/ociio* for procedures on public conduct during advisory committee meetings.

Dated: December 21, 2010.

Barbara Smith,

Associate Director, Consumer Operated and Oriented Plan Program, Office of Consumer Information and Insurance Oversight.

[FR Doc. 2010–32649 Filed 12–27–10; 8:45 am]

BILLING CODE 4150–45–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–11–11BI]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–639–5960 and send comments to Carol Walker, Acting CDC Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an e-mail to *omb@cdc.gov.*

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

Proposed Project

FoodNet Non-O157 Shiga Toxin-Producing E. coli Study: Assessment of Risk Factors for Laboratory-Confirmed Infections and Characterization of Illnesses by Microbiological Characteristics—New—National Center for Emerging and Zoonotic Infectious Diseases, Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Each year many Shiga toxin-producing *E. coli* (STEC) infections occur in the United States, ranging in severity from mild diarrhea, to hemorrhagic colitis and in some cases, life-threatening hemolytic uremic syndrome (HUS). HUS occurs most frequently following infection with serogroup O157; 6% of patients with this type of STEC infection develop HUS, with highest occurrence in children aged <5 years. HUS has a fatality rate of approximately 5%; up to 25% of HUS survivors are left with chronic kidney damage.

STEC are broadly categorized into two groups by their O antigens, STEC O157 and non-O157 STEC. The serogroup O157 is most frequently isolated and most strongly associated with HUS. Risk factors for STEC O157 infections in the United States and internationally have been intensely studied. Non-O157 STEC are a diverse group that includes all Shiga toxin-producing *E. coli* of serogroups other than O157. Over 50 STEC serogroups are known to have caused human illness. Numerous non-O157 outbreaks have been reported from throughout the world and clinical outcomes in some patients can be as severe as those seen with STEC O157 infections, however, little is known about the specific risk factors for infections due to non-O157 STEC serogroups. More comprehensive understanding of risk factors for sporadic non-O157 STEC infections is needed to inform prevention and control efforts. The FoodNet case-control study will be the first multistate investigation of non-outbreak-associated non-O157 STEC infections in the United States. It will investigate risk factors for non-O157 STEC infections, both as a group and individually for the most common non-O157 STEC serogroups. In addition, the study will characterize the major known virulence factors of non-O157 STEC to assess how risk factors and clinical features vary by virulence factor profiles. As the largest, most comprehensive, and most powerful