DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Health Center Program

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice of class deviations from the requirements for competition and application period for the health center program.

SUMMARY: The Bureau of Primary Health Care (BPHC) is awarding funds to health centers transitioning to value-based models of care, improving the use of information in decision making, and increasing engagement in delivery system transformation.

SUPPLEMENTARY INFORMATION:

Intended Recipient of the Award: Approximately 1,380 Health Center Program award recipients.

Amount of Competitive Awards: Approximately $90 million will be awarded in FY 2016 through a one-time supplemental.

Period of Supplemental Funding: Anticipated 12 month project period is September 1, 2016 through August 31, 2017.

CFDA Number: 93.224.

Authority: Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b, as amended).

Justification: Targeting the Nation’s neediest populations and geographic areas, the Health Center Program supports more than 1,300 health centers that operate over 9,000 service delivery sites in every state, the District of Columbia, Puerto Rico, the Virgin Islands, and the Pacific Basin. Nearly 23 million patients received comprehensive, culturally competent, quality primary health care services through the Health Center Program award recipients in 2014.

The fiscal year (FY) 2016 Health Center Program Delivery System Health Information Investment (DSHII) funding will provide formula-based, one-time support for the purchase of health information technology (health IT) enhancements to accelerate health centers’ transition to value-based models of care, improve efforts to share and use information to support better decisions, and increase engagement in delivery system transformation efforts. Grant funds will help health centers make strategic investments to enhance their health IT, implement new clinical and administrative workflows, develop new reports, and better prepare providers and staff to use health IT and data to achieve the quality, cost, and patient-centered goals of delivery system reforms. In addition, health centers that do not currently have a certified electronic health record (EHR) at all sites and in use by all providers must propose at a minimum to use DSHII funding to initiate and/or increase the number of sites and providers using a certified EHR. The investments will help health centers improve the quality and safety of services provided to the nation’s most vulnerable populations.

FOR FURTHER INFORMATION CONTACT: Olivia Shockey, Expansion Division Director, Office of Policy and Program Development, Bureau of Primary Health Care, Health Resources and Services Administration at 301–443–9282 or oshockey@hrsa.gov.

Dated: July 18, 2016.

James Macrae, Acting Administrator.

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:

Zhiyu Li, Ph.D., Mount Sinai School of Medicine: Based upon the evidence and findings of an investigation report by the Mount Sinai School of Medicine (MSSM) and additional analysis conducted by ORI in its oversight review, ORI found that Dr. Zhiyu Li, former Postdoctoral Fellow, MSSM, engaged in research misconduct in research that was supported by National Cancer Institute (NCI), National Institutes of Health (NIH), grant R21 CA120017. ORI found that falsified and/or fabricated data were included in the following published papers, submitted manuscript, poster presentation, and grant applications:

- R21 CA120017–02
- R21 CA120017 Final Progress Report
- R01 CA130897–01
- R01 CA130897–01 A1
- R01 CA130897–01 A2
- R01 CA130897–01 A2 Supplemental Material
- R01 CA148697–01
- The JNCI 2008 and JHT 2009 papers were retracted, and the Can. Res. Manuscript 2009 was withdrawn.
- ORI found that the Respondent intentionally, knowingly, and recklessly engaged in research misconduct by falsely claiming to have generated recombinant Clostridium perfringens (Cp) strains, Cp/sod-, Cp/sod-/PVL, and Cp/plc-/sod-/PVL, to depict the effects of recombinant Cp strains on their ability to destroy cancer cells in a murine model, when these bacterial strains were not produced nor the data derived from them, and by falsifying histopathological data reported in fifty-seven (57) images in two (2) published papers, one (1) submitted manuscript, two (2) poster presentations, and seven (7) of Respondent’s supervisor’s grant applications and fabricating the corresponding nineteen (19) summary bar graphs that were based on those false images.

Specifically, Respondent trimmed and used portions of Figure 6 (right panel) of a draft R21 CA120017–01 grant application, representing an image of liver tumor two (2) days after injection of Cp/plc- bacteria, to represent unrelated results from different experiments in:

- Figures 5D and 7C (left panel), grant R21 CA120017 Final Progress Report
- Figure 6A, grant R01 CA130897–01
- Figures 9D and 17A (top left, middle, and right panels and bottom left panel), grant R01 CA130897–01 A1
• Figures 6D and 9C (left panel), grant R01 CA130897–01 A2
• Figure 2A (left, middle, and right panels) in R01 CA130897–01 A2 Supplemental Material
• Figures 4D and 7C (left panel), grant R01 CA148697–01
• Figure 4D (left panel), JNCI 2008
• Figure 3A (left panel), HGT 2009
• Figure 1A (left, middle and right panels), Can. Res. Manuscript 2009
• Figure labeled “Intratumoral Bacterial Titers and Quantification of Tumor Necrosis” (top left panel), AGST 2009 Poster presentation 2

Respondent trimmed and used portions of Figure 6C of R21 CA120017–02, representing pancreatic tumor five (5) days after injection of Cp/sod-02, representing pancreatic tumor five portions of Figure 6C of R21 CA120017–02, representing pancreatic tumor five.

• Figures 4D and 7C (left panel), grant R01 CA148697–01
• Figure 4D (left panel), JNCI 2008
• Figure 3A (left panel), grant R01 CA148697–01
• Figures 4D (left panel), JNCI 2008
• Figure 3A (left panel), grant R01 CA148697–01
• Figure 4D (right panel), JNCI 2008
• Figure 3A (middle and right panels), HGT 2009

• Figures 4A, B, D, and E, JNCI 2008
• Figure 2A–B, grant R01 CA130897–01 A2 Supplemental Material
• Figures 7C, grant R01 CA130897–01 A2
• Figures 4A, B, D, and E, JNCI 2008
• Figures 3A–D, HGT 2009
• Figure 1C, Can. Res. Manuscript 2009
• Figures entitled “Oncoapathic Potency of Cp/sod-/PVL in Tumor-bearing Mice” graph (C) in AGST 2009 Poster presentation 1
• Figure entitled “Intratumoral Bacterial Titers and Quantification of Tumor Necrosis” top and bottom row graphs in AGST 2009 Poster presentation 2

The following administrative actions have been implemented for a period of five (5) years, beginning on July 3, 2016:

(1) Respondent is debarred 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 Office of Management and Budget (OMB) Guidelines to Agencies on Governmentwide Debarment and Suspension, 2 CFR part 180 (collectively the “Debarment Regulations”); and
(2) Respondent is prohibited 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:
Director, Office of Research Integrity, 1101 Wootton Parkway, Suite 750, Rockville, MD 20852, (240) 453–8800.

Kathryn M. Partin,
Director, Office of Research Integrity.
[FR Doc. 2016–17495 Filed 7–22–16; 8:45 am]

BILLING CODE 4150–31–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Office of Direct Service and Contracting Tribes National Indian Health Outreach and Education—Health Reform Funding Opportunity

Announcement Type: New Limited Competition.
Catalog of Federal Domestic Assistance Number: 93.933.

Key Dates
Application Deadline Date: August 29, 2016.
Review Date: August 29, 2016.
Earliest Anticipated Start Date: September 15, 2016.
Proof of Non-Profit Status Due Date: August 25, 2016.

I. Funding Opportunity Description

Statutory Authority
The Indian Health Service (IHS) Office of Direct Service and Contracting Tribes (ODSCT) and the Office of Resource Access and Partnerships (ORAP) is accepting cooperative agreement applications for the National Indian Health Outreach and Education III (NIHOE–III)—Health Reform funding opportunity that includes outreach and education activities on the following:
The Patient Protection and Affordable Care Act, Public Law 111–148, as amended by the Health Care and Education Reconciliation Act of 2010, Public Law 111–152, collectively known as the Affordable Care Act (ACA), and the Indian Health Care Improvement Act (IHClA), as amended. This program is authorized under the Snyder Act, 25 U.S.C. 13, and the Transfer Act, codified at 42 U.S.C. 2001(a). This program is described in the Catalog of Federal Domestic Assistance under 93.933.

Background
The NIHOE III—Health Reform program carries out health program