

- Figures 5, 6, and 8 in *Am. J. Resp. Crit. Care Med.* 2011;183(12):1644–52 (hereafter referred to as the “*Am. J. Resp. Crit. Care Med.* 2011 paper”)
- Figures 2c, 4c, and 5c in *J. Immunol.* 2010;185(11):6891–8 (hereafter referred to as the “*J. Immunol.* 2010 paper”); Erratum in: *J. Immunol.* 2016;196(5):2426
- Figure 6 in *Am. J. Physiol. Lung Cell. Mol. Physiol.* 2010;299(3):L345–L352 (hereafter referred to as the “*Am. J. Physiol. Lung Cell. Mol. Physiol.* 2010 paper”); Correction in: *Am. J. Physiol. Lung Cell Mol. Physiol.* 2015;309(7):L750
- Figures 2a and 2b in *Pediatric Res.* 2010;68(1):70–74; Retraction in: *Pediatric Res.* 2015;77(4):606
- Table 1, Figures 1 and 7 in *Am. J. Physiol. Lung Cell. Mol. Biol.* 2011;44(2):175–84 (hereafter referred to as the “*Am. J. Physiol. Lung Cell. Mol. Biol.* 2011b paper”)
- Figure 3a in *Am. J. Resp. Crit. Care Med.* 2010;181(7):666–75; Expression of Concern: *Am. J. Resp. Crit. Care Med.* 2015;192(6):771
- Figure 4d in *PNAS* 2009;106(28):11691–6; Correction in: *PNAS* 2015;112(29):E3970
- Figures 1a, 1b, 5a, and 5b in *J. Immunol.* 2009;182(12):7818–27; Correction in: *J. Immunol.* 2015;195(6):2917
- Figure 5B in *Am. J. Resp. Crit. Care Med.* 2009;180(1):11–18 (hereafter referred to as the “*Am. J. Resp. Crit. Care Med.* 2009 paper”)
- Figures 3B and 3C in *NMR Biomed.* 2009;22(5):502–15; Erratum in: *NMR Biomed.* 2015;28(9):1185
- Figures 5b, 7b, 7c, 8c, and 9a in *J. Biol. Chem.* 2009;284(17):11309–17; Correction in: *J. Biol. Chem.* 2016;291(37):19257
- Figure 1 in *Am. J. Physiol. Lung Cell. Mol. Biol.* 2009;41(1):107–13
- Figures 1b and 1c in *J. Leukoc. Biol.* 2009;85(1):124–31
- Figure 1a in *J. Clin. Inv.* 2008;118(10):3462–9; Retraction: *J. Clin. Inv.* 2016;126(5)
- Figure 9a in *Am. J. Physiol. Lung Cell. Mol. Physiol.* 294(1):L139–L148, 2008; Retraction: *Am. J. Physiol. Lung Cell Mol. Physiol.* 308(8):L854, 2015
- Figures 1a, 1b, and 1c in *J. Immunol.* 2007;2179:4367–75 (hereafter referred to as the “*J. Immunol.* 2007 paper”); Correction: *J. Immunol.* 2016;196:2425
- Figure 1a in *PLoS One* 2012;7(9):e45667; Retraction: *PloS One* 2016; <http://dx.doi.org/10.1371/journal.pone.0155287>
- Figures 4 and 6 in *J. Allergy Ther.* 2012;S1:004
- Figure 2b in a draft manuscript for *PLoS One* 2014;9(5):e97951; Corrected before publication
- Figures 7a and 7b in a draft manuscript for *Am. J. Physiol. Lung Cell. Mol. Biol.* 2014;51(6):810–21
- fabricated flexiVent data that were included in twenty-one (21) figure panels in the following twelve (12) published papers:
 - Figure 2a in the *Pediatric Res.* 2013 paper
 - Figure 6a in the *J. Allergy and Clin. Immunol.* paper
 - Figure 8 in *J. App. Physiol.* 2012;112(9):1437–44 (hereafter referred to as the “*J. App. Physiol.* 2012 paper”)
 - Figures 2 and 3d in the *Free Rad. Biol. Med.* paper
 - Figure 1a in the *PLoS One* 2011 paper
 - Figure 5 in the *Am. J. Resp. Crit. Care Med.* 2011 paper
 - Figures 1b, 1d, and 3 in the *Am. J. Physiol. Lung Cell. Mol. Physiol.* 2011a paper
 - Figures 1 and 4 in the *Env. Health Perspec.* 2011 paper
 - Figure 2a (right panel) in the *J. Clin. Inv.* 2011 paper
 - Figures 1a and 2a in the *PNAS* 2011 paper
 - Figures 2c, 4c, and 5c in the *J. Immunol.* 2010 paper
 - Figures 1a, 1b, and 1c in the *J. Immunol.* 2007 paper
 - falsified cytokine multiplex immunoassay data for murine bronchoalveolar lavage by changing certain numerical values in datasets generated by the assay, or fabricated multiplex immunoassay data, and provided the false data to investigators for inclusion in fourteen (14) figure panels and one (1) table in eleven (11) published papers, one (1) manuscript, and two (2) research records.
 - falsified multiplex data that were included in thirteen (13) figure panels and one (1) table in the following ten (10) published papers, one (1) manuscript, and one (1) research record:
 - Table 3 and Figure 4 in *Am. J. Resp. Crit. Care Med.* 2012;186(5):404–11
 - Figures 3b and 3c in *Am. J. Physiol. Lung Cell. Mol. Physiol.* 2012;303(3):L181–L188
 - Figures 1 and 3 in the *Am. J. Physiol. Lung Cell. Mol. Biol.* 2012 paper
 - Figure 3 in the *J. Allergy Ther.* 2011 paper
 - Figure 4 in the *Am. J. Physiol. Lung Cell. Mol. Physiol.* 2011a paper
 - Figure 3 in the *Am. J. Physiol. Lung Cell. Mol. Biol.* 2011b paper
 - Figure 2 in the *J. Physiol. Lung Cell. Mol. Physiol.* 2010 paper
 - Figure 4 in *Am. J. Resp. Crit. Care Med.* 2009;180(12):1218–26
- Figure 7 in the *Am. J. Resp. Crit. Care Med.* 2009 paper
- Figure 1 in *FASEB* 2016;26(11):4743–54
- Figure 2 in a draft manuscript of the 2013 *Env. Health Perspec.* paper
- Unpublished research record for hydroxyproline-related data
- fabricated multiplex data that were included in one (1) figure in the following published paper:
 - Figure 7 in the *J. Appl. Physiol.* 2012 paper
- Ms. Potts Kant entered into a Voluntary Exclusion Agreement (Agreement) and voluntarily agreed, beginning on October 1, 2019:
- (1) To exclude herself permanently 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) of OMB Guidelines to Agencies on Governmentwide Debarment and Suspension, 2 CFR part 180 (collectively the “Debarment Regulations”); and
 - (2) to exclude herself permanently 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.

Elisabeth A. Handley,

Interim Director, Office of Research Integrity.

[FR Doc. 2019–24291 Filed 11–6–19; 8:45 am]

BILLING CODE 4150–31–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Notice of Interest Rate on Overdue Debts

Section 30.18 of the Department of Health and Human Services’ claims collection regulations (45 CFR part 30) provides that the Secretary shall charge an annual rate of interest, which is determined and fixed by the Secretary of the Treasury after considering private consumer rates of interest on the date that the Department of Health and Human Services becomes entitled to recovery. The rate cannot be lower than the Department of Treasury’s current value of funds rate or the applicable rate determined from the “Schedule of Certified Interest Rates with Range of Maturities” unless the Secretary waives interest in whole or part, or a different rate is prescribed by statute, contract, or

repayment agreement. The Secretary of the Treasury may revise this rate quarterly. The Department of Health and Human Services publishes this rate in the **Federal Register**.

The current rate of 10¹/₈%, as fixed by the Secretary of the Treasury, is certified for the quarter ended September 30, 2019. This rate is based on the Interest Rates for Specific Legislation, “National Health Services Corps Scholarship Program (42 U.S.C. 254o(b)(1)(A))” and “National Research Service Award Program (42 U.S.C. 288(c)(4)(B)).” This interest rate will be applied to overdue debt until the Department of Health and Human Services publishes a revision.

David C. Horn,

Director, Office of Financial Policy and Reporting.

[FR Doc. 2019-24237 Filed 11-6-19; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS-0990-new]

Agency Information Collection Request: 60-Day Public Comment Request

AGENCY: Office of the Assistant Secretary for Health, 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 January 6, 2020.

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 OS-0990-new-60D and project title for reference., to *Sherrette.funn@hhs.gov*, or call 202-795-7714, the Reports Clearance Officer.

SUPPLEMENTARY INFORMATION: OASH specifically requests comments on (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: Health Evaluation of Pregnancy Prevention Program Replications for High Risk and Hard to Reach Youth.

Type of Collection: OMB No. 0990-NEW.

Abstract: The Office of the Assistant Secretary for Health (OASH), U.S. Department of Health and Human Services (HHS), is requesting approval by OMB on a new information collection request. OASH seeks to collect information to understand whether previously proven adolescent pregnancy programs have similar effects on knowledge, attitudes, beliefs, intentions, and behaviors related to sexual activity and health among different youth in different locations, especially among understudied and hard-to-reach youth. We propose to collect both qualitative and quantitative information in a quasi-experimental design with a matched comparison group. Approximately 12 organizations implementing a broad range of previously proven-effective pregnancy prevention programs (including sexual health education, sexual risk avoidance, and youth development programs) will recruit hard to reach or high-risk youth.

Youth will complete surveys at baseline, immediately following the intervention, and at three months follow-up, yielding quantitative data about youth knowledge, attitudes, beliefs, intentions, and behaviors related to sexual health. Surveys will last for about 50 minutes. Focus groups yielding qualitative data about youth perspectives about adolescent pregnancy prevention programs will occur after the interventions are complete and will last for approximately 90 minutes.

Need and Proposed Use of the Information: Rates of pregnancy among hard-to-reach, high-risk, vulnerable, or understudied youth are significantly higher than the general population. However, there have been few evaluations assessing whether programs that have been previously proven successful can be delivered successfully to these youth. Hence, this evaluation is intended to help fill the evidence gap about the efficacy and effectiveness of existing pregnancy prevention programs among high-risk, vulnerable, or understudied youth. To enhance the rigor of the evaluation, a matched comparison group will be identified. OASH plans to use the findings of this evaluation to inform guidance to HHS grantees and prospective grantees on approaches for replication of pregnancy prevention programs for hard-to-reach and underserved youth.

Likely respondents: Respondents will include youth aged, and their parents/guardians. Respondents will also include youth in a matched comparison group (“comparison youth”).

Burden: Exhibit 1 summarizes the total annual burden hours estimated for this ICR. This hour-burden estimate includes time spent by program youth, comparison group youth, and parents/guardians of both groups to complete data collection for the ICR.

Respondents	Form name	Max number of respondents	Average burden per response (hours)	Total max burden (hours)
Youth Program Participants	Baseline survey	3,060	0.83	2,540
	First follow-up survey	1,836	0.83	1,524
	3-month follow-up survey	1,102	0.83	914
	Focus group assent	1,193	0.25	298
	Focus group protocol	1,074	1.50	1,611
Youth Comparison Group Participants.	Baseline survey	9,181	0.83	7,620
	First follow-up survey	1,836	0.83	1,524
	3-month follow-up survey	1,101	0.83	914
Parents/Guardians	Enrollment forms	4,708	0.25	1,177
	Parental consent	14,124	0.25	3,531
Total Burden	21,654