The parties entered into a Voluntary Settlement Agreement (Agreement) to conclude this matter without further expenditure of time, finances, or other resources. The settlement is not an admission of liability on the part of the Respondent.

Respondent voluntarily agreed to the following:

(1) Respondent will have his research supervised for a period of twelve (12) years beginning on March 1, 2022 (the ''Supervision Period''). Prior to the submission of an application for PHS support for a research project on which Respondent's participation is proposed and prior to Respondent's participation in any capacity in PHS-supported research, Respondent will submit a plan for supervision of Respondent's duties to ORI for approval. The supervision plan must be designed to ensure the integrity of Respondent's research. Respondent will not participate in any PHS-supported research until such a supervision plan is approved by ORI. Respondent will comply with the agreed-upon supervision plan.

(2) The requirements for Respondent's supervision plan are as follows:

i. A committee of 2–3 senior faculty members at the institution who are familiar with Respondent's field of research, but not including Respondent's supervisor or collaborators, will provide oversight and guidance. The committee will review primary data from Respondent's laboratory on a quarterly basis and submit a report to ORI at six (6) month intervals setting forth the committee meeting dates and Respondent's compliance with appropriate research standards and confirming the integrity of Respondent's research.

ii. The committee will conduct an advance review of each application for PHS funds, or report, manuscript, or abstract involving PHS-supported research in which Respondent is involved. The review will include a discussion with Respondent of the primary data represented in those documents and will include a certification to ORI that the data presented in the proposed application, report, manuscript, or abstract is supported by the research record.

(3) During the Supervision Period, Respondent will ensure that any institution employing him submits, in conjunction with each application for PHS funds, or report, manuscript, or abstract involving PHS-supported research in which Respondent is involved, a certification to ORI that the data provided by Respondent are based on actual experiments or are otherwise legitimately derived and that the data, procedures, and methodology are accurately reported in the application, report, manuscript, or abstract.

(4) If no supervision plan is provided to ORI, Respondent will provide certification to ORI at the conclusion of the Supervision Period that his participation was not proposed on a research project for which an application for PHS support was submitted and that he has not participated in any capacity in PHS-supported research.

(5) During the Supervision Period, Respondent will exclude himself voluntarily from serving in any advisory or consultant capacity to PHS including, but not limited to, service on any PHS advisory committee, board, and/or peer review committee.

Dated: March 21, 2022.

Wanda K. Jones,

Acting Director, Office of Research Integrity, Office of the Assistant Secretary for Health.

[FR Doc. 2022–06247 Filed 3–23–22; 8:45 am]

BILLING CODE 4150–31–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS–0990–New]

Agency Information Collection Request. 60-Day Public Comment Request

AGENCY: Office of the Secretary, 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 May 23, 2022.

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 0990–New–60D and project title for reference, to Sherrette A. Funn, email: *Sherrette.Funn@hhs.gov,* or call (202) 795–7714 the Reports Clearance Officer.

SUPPLEMENTARY INFORMATION: Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (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 Care Readiness Collections.

Type of Collection: Revision.

OMB No.: 0990–0391.

Abstract: The Office of the Assistant Secretary for Preparedness and Response (ASPR) in the Department of Health and Human Services (HHS) administers a portfolio of health care readiness programs and activities, including the Hospital Preparedness Program (HPP) authorized under Section 319C–2 of the Public Health Service (PHS) Act. HPP is a cooperative agreement program that strengthens national health care readiness, supports health care resilience, and enables rapid recovery.

Through the Health Care Readiness Portfolio, ASPR provides awards to 62 health departments in all 50 states, territories, freely associated states, and four metropolitan areas to support the health care delivery system through over 320 health care coalitions (HCCs) with nearly 45,000 members. An HCC is a network of public and private organizations that partner to conduct planning, training, and preparedness activities within a state or locality, building that area's overall readiness.

ASPR's Health Care Readiness Portfolio aligns preparedness activities across health care and also includes the Regional Disaster Health Response System (RDHRS) demonstration sites that establish regional partnerships to develop promising practices in coordinating disaster readiness and regional medical response; the National Special Pathogen System, a nationwide systems-based network approach for special pathogen care; workforce capacity activities; and other initiatives.

ASPR collects data annually to understand how federal funding has been spent, measure performance, and monitor adherence with program requirements. These data additionally support ASPR to develop funding opportunities, improve programmatic operations, and inform decision-making. ASPR is also responsible for allocating and monitoring emergency and supplemental funding, understanding recipient and sub-recipient real-time needs, and maintaining situational awareness of the current state of preparedness, response, and recovery activities. When circumstances require rapid information gathering, it is necessary for ASPR to also collect data

on an ad hoc basis to advance these goals. ASPR is changing the title of this collection from ''Hospital Preparedness Program Data Collection'' to ''Health Care Readiness Collections'' to better reflect the scope of data collected under this approval.

ANNUALIZED BURDEN HOUR TABLE

Forms (If necessary)	Respondents (If necessary)	Number of respondents	Number of responses per respondents	Average burden per response	Total burden hours
HPP Recipient End-of-Year Performance Report Collection.	HPP Recipients	62	1	21	1,302
HPP Sub-Recipient End-of-Year Performance Report Collection.	HPP Sub-Recipients	321	1	4	1,284
Ad hoc Information Collections	ASPR Health Care Readiness Portfolio Stakeholders.	5,296	1	1	5,296
Total			3		7,882

Sherrette A. Funn,

Paperwork Reduction Act Reports Clearance Officer, Office of the Secretary.

[FR Doc. 2022–06255 Filed 3–23–22; 8:45 am]

BILLING CODE 4150–28–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Findings of Research Misconduct

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: Findings of research misconduct have been made against Daniel Leong, Ph.D. (Respondent), formerly a Research Technician, Albert Einstein College of Medicine (AECM). Respondent engaged in research misconduct in research supported by U.S. Public Health Service (PHS) funds, specifically National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), National Institutes of Health (NIH), grant R01 AR050968 and National Heart, Lung, and Blood Institute (NHLBI), NIH, grant P01 HL110900. The administrative actions, including debarment for a period of four (4) years followed by supervision for a period of four (4) years, were implemented beginning on February 28, 2022, and are detailed below.

FOR FURTHER INFORMATION CONTACT: Wanda K. Jones, Dr.P.H., Acting Director, Office of Research Integrity, 1101 Wootton Parkway, Suite 240, Rockville, MD 20852, (240) 453–8200.

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

Daniel Leong, Ph.D., Albert Einstein College of Medicine: Based on the report of an investigation conducted by AECM and analysis conducted by ORI in its oversight review, ORI found that Dr. Daniel Leong, formerly a Research Technician, AECM, engaged in research misconduct in research supported by PHS funds, specifically NIAMS, NIH, grant R01 AR050968 and NHLBI, NIH, grant P01 HL110900.

ORI found that Respondent engaged in research misconduct by intentionally, knowingly, or recklessly falsifying and/or fabricating data included in sixteen (16) grant applications submitted for PHS funds:

- R01 AR065563–01, ''CITED2 and Chondroprotection,'' submitted to NIAMS, NIH, on 02/05/2013.
- R01 AR066009–01, ''Remote Loading for Osteoarthritis,'' submitted to NIAMS, NIH, on 06/04/2013.
- R01 AR065563–01A1, ''CITED2 and Chondroprotection,'' submitted to NIAMS, NIH, on 11/05/2014.
- R41 AR070695–01, ''A novel product for tendinopathy treatment,'' submitted to NIAMS, NIH, on 01/05/2015.
- R01 AG069693–01, ''Chondrocyte fate regulation and cartilage protection,'' submitted to National Institute on Aging (NIA), NIH, on 06/05/2015.
- R01 AG039561–06, ''Human tendon stem progenitor cell aging and regeneration,'' submitted to NIA, NIH, on 03/15/2016 (original grant funding from 08/15/2012–04/30/2018).
- R43 AT009414–01, ''A novel nutraceutical drug for tendinopathy treatment,'' submitted to National Center for Complementary and Alternative Medicine (NCCAM), NIH, on 04/05/2016.
- R01 AR070431–01A1, ''The role of Panx1 in the pathogenesis and pain of osteoarthritis,'' submitted to NIAMS, NIH, on 07/19/2016.
- R41 AG056246–01A1, ''A novel product for tendinopathy treatment,'' submitted to NIA, NIH, on 09/06/2016, funded from 09/15/2017–08/31/2019.
- R01 AG056623–01, ''Chondrocyte fate regulation and osteoarthritis,'' submitted to NIA, NIH, on 10/05/2016.
- R01 AR072038–01, ''MSC-derived exosomes and tendon disorders,'' submitted to NIAMS, NIH, on 10/05/2016.
- R43 AT009414–01A1, ''A novel nutraceutical drug for tendinopathy treatment,'' submitted to NCCAM, NIH, on 04/05/2017, funded from 08/01/2018–07/31/2020.
- R01 AR073194–01, ''Chondrocyte fate regulation and cartilage protection,'' submitted to NIAMS, NIH, on 06/05/2017.
- R01 AR074802–01, ''The role of Panx1 in the pathogenesis and pain of osteoarthritis,'' submitted to NIAMS, NIH, on 04/02/2018.
- R01 AR074802–01A1, ''The role of Panx1 in the pathogenesis and pain of osteoarthritis,'' submitted to NIAMS, NIH, on 08/01/2018.
- R44 AG065089–01, ''Botanical drug for spontaneous osteoarthritis,'' submitted to NIA, NIH, on 01/07/2019.

ORI found that Respondent intentionally, knowingly, or recklessly falsified and/or fabricated Western blot and histological image data for chronic deep tissue conditions including osteoarthritis (OA) and tendinopathy in murine models by reusing image data, with or without manipulating them to conceal their similarities, and falsely relabeling them as data representing different experiments in fifty (50) figures included in sixteen (16) PHS grant applications. In the absence of reliable image data, the figures, quantitative data in associated graphs purportedly derived from those images, statistical analyses, and related text also are false.

Specifically, ORI found that:

1. Respondent reused and relabeled Western blot images from the same source to falsely represent different proteins and/or experimental results in: