communications, external engagement, and program development. Specifically, the Office works closely with the Office of the Associate Administrator to develop strategic plans, facilitate program alignment, and support special initiatives.

Division of Healthy Start and Perinatal Services (RM5)

The Division of Healthy Start and Perinatal Services provides national leadership in planning, directing, coordinating, monitoring, and evaluating national programs focused on maternal, infant, family, and women's health for targeted populations, especially for those at high-risk for poor health and health outcomes. Specifically, the Division: (1) administers local, state, and national programs on perinatal and women's health, with an emphasis on infant mortality reduction and eliminating disparities in infant, maternal, and women's health outcomes before and after pregnancy; (2) develops policy and provides technical assistance, national resource development and dissemination, and workforce development to address national trends in maternal, infant, family, and women's health status and gaps in evidence-based healthcare services for these populations as well as Division programs; (3) administers funds and other resources for grants, contracts, and cooperative agreements; (4) coordinates with MCHB, agency, departmental, and intradepartmental initiatives in promoting the Division's program objectives and the mission of MCHB; (5) coordinates the Advisory Committee on Infant and Maternal Mortality; (6) liaises with public, private, professional, and non-governmental organizations for Division programs; (7) disseminates information on Division programs to local, state, and national audiences; (8) participates in strategic and policy planning, health services research and evaluation, regulatory activities, and fiscal strategic planning, administration, and analysis relating to Division programs; and (9) provides technical assistance and support to central and regional office staff of MCHB, HRSA, HHS, and other federal agencies.

Division of Home Visiting and Early Childhood Systems (RM8)

The Division of Home Visiting and Early Childhood Systems plans, develops, implements, oversees, monitors, and evaluates national programs, including the Maternal, Infant, and Early Childhood Home Visiting Program and a portfolio of early childhood systems programs. Specifically, the Division: (1) provides leadership and coordination of federal, regional, state, local, and non-governmental efforts to promote the health and well-being of pregnant women, infants, young children and their families; (2) develops, analyzes, and/or disseminates policies, standards, guidelines, research, and evaluation information for the various Division programs; (3) establishes and maintains cooperative relationships within HRSA, with other federal agencies, and with other relevant public and private organizations to implement programs to improve maternal and child health outcomes, develop and improve comprehensive coordinated early childhood systems, conduct research and evaluation, and advance educational and training programs for the early childhood workforce; (4) administers and manages a program of interagency agreements, cooperative agreements, grants, and contracts that will enhance service delivery and systems building; and (5) provides technical assistance and engagement to state and local health personnel, other federal agencies, and other stakeholders on maternal health, early childhood health and development, and comprehensive and coordinated systems of care.

Division of Women's Health (RMC)

The Division of Women's Health provides national leadership in policy, planning, programming, outreach, and education to improve the health, wellness, and safety of women across the lifespan. Specifically the Division: (1) provides leadership, technical assistance, and support to improve health outcomes for women; (2) engages with health professionals and other stakeholders to identify and disseminate the latest evidence and best practices in women's health; (3) establishes short-range and long-range goals, plans, leads, and administers activities that improve women's health; (4) enhances the health care infrastructure and service delivery system by supporting innovative programs throughout the lifespan for women as well as for children and families; and (5) works to improve prevention, early identification, treatment, and referral for health services for women and their families.

Section RM.30 Delegation of Authority

All delegations of authority and re-delegations of authority made to officials and employees of affected organizational components will continue in them or their successors pending further redelegation, if allowed, provided they are consistent with this reorganization.

This reorganization is effective upon date of signature.

(Authority: 44 U.S.C. 3101)

Carole Johnson,

Administrator.

[FR Doc. 2024–23783 Filed 10–11–24; 8:45 am]

BILLING CODE 4165–15–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 Bret Rutherford, M.D. (Respondent), who was formerly a Research Psychiatrist, New York State Psychiatric Institute (NYSPI). Respondent engaged in research misconduct in research supported by U.S. Public Health Service (PHS) funds, specifically National Institute of Mental Health (NIMH), National Institutes of Health (NIH), grants R01 MH102293 and R61/R33 MH110029. The administrative actions, including debarment for a period of three (3) years followed by supervision for a period of three (3) years, were implemented beginning on September 27, 2024, and are detailed below.

FOR FURTHER INFORMATION CONTACT: Sheila Garrity, JD, MPH, MBA, 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:

Bret Rutherford, M.D., New York State Psychiatric Institute (NYSPI): Based on the report of an investigation conducted by NYSPI and additional analysis conducted by ORI in its oversight review, ORI found that Dr. Bret Rutherford (Respondent), former Research Psychiatrist, NYSPI, engaged in research misconduct in research supported by PHS funds, specifically, NIMH, NIH, grants R01 MH102293 and R61/R33 MH110029.

ORI found that Respondent engaged in research misconduct by recklessly falsely reporting that all human research subjects met the inclusion/exclusion criteria for late-life depression studies in five (5) published papers, thus affecting the reported clinical research methods and results including demographics,

gait speed, Positron Emission Tomography (PET) scan brain activities, depression scores, Magnetic Resonance Imaging (MRI) brain volumes, neuromelanin MRI contrast values, cognition tests, diffusion brain imaging data, and other neurocognitive assessments and conclusions in five (5) published papers:

• Effects of L–DOPA Monotherapy on Psychomotor Speed and [^{11}C]Raclopride Binding in High Risk Older Adults With Depression. *Biol. Psychiatry* 2019 Aug 1;86(3):221–229. doi: 10.1016/j.biopsych.2019.04.007 (hereafter referred to as ''*Biol. Psychiatry* 2019''). Retraction in: *Biol. Psychiatry* 2023 Feb 15;93(4):382. doi: 10.1016/j.biopsych.2022.12.007.

• Neuroanatomical predictors of L–DOPA response in older adults with psychomotor slowing and depression: A pilot study. *J. Affect. Disord.* 2020 Mar 15;265:439–444. doi: 10.1016/j.jad.2020.01.066 (hereafter referred to as ''*J. Affect. Disord.* 2020''). Retraction in: *J. Affect. Disord.* 2023 Jun 1;330:369. doi: 10.1016/j.jad.2023.03.021.

• Association between neuromelanin-sensitive MRI signal and psychomotor slowing in late-life depression. *Neuropsychopharmacology* 2021 Jun;46(7):1233–1239. doi: 10.1038/s41386–020–00860–z (hereafter referred to as ''*Neuropsychopharmacology* 2021''). Retraction in: *Neuropsychopharmacology* 2024 Jun;49(7):1202. doi: 10.1038/s41386–024–01851–0.

• Slowed Processing Speed Disrupts Patient Expectancy in Late Life Depression. *Am. J. Geriatr. Psychiatry* 2021 Ju1;29(7):619–630. doi: 10.1016/j.jagp.2020.11.001 (hereafter referred to as ''*Am. J. Geriatr. Psychiatry* 2021a''). Erratum in: *Am. J. Geriatr. Psychiatry* 2023 Jan;31(1):78–79. doi: 10.1016/j.jagp.2022.09.006.

• Association of White Matter Integrity With Executive Function and Antidepressant Treatment Outcome in Patients With Late-Life Depression. *Am. J. Geriatr. Psychiatry* 2021 Dec;29(12):1188–1198. doi: 10.1016/j.jagp.2021.01.004 (hereafter referred to as ''*Am. J. Geriatr. Psychiatry* 2021b''). Erratum in: *Am. J. Geriatr. Psychiatry* 2023 Jan;31(1):76–77. doi: 10.1016/j.jagp.2022.09.007.

Specifically, ORI found that Respondent recklessly:

• falsely reported that all subjects met the studies' inclusion/exclusion criteria by not having taken exclusionary medications at time of study enrollment for as many as forty-five (45) subjects, by reporting eligibility of subjects who had taken exclusionary medications during a 28-day washout period prior to enrollment for as many as fifteen (15) subjects and by reporting full medication washout periods for as many as eight (8) subjects who received shorter washout periods than 28-days. Specifically, in:

—*Biol. Psychiatry* 2019, the Methods and Materials section falsely reported that all subjects met the protocol's inclusion/exclusion criteria when the medication status of fifteen (15) of the forty-seven (47) subjects failed to meet the exclusion criteria of current treatment or treatment within the last 4 weeks with psychotropic or other medications known to affect dopamine

—*J. Affect. Disord.* 2020, the Methods and Materials and Results sections falsely reported that all subjects met the protocol's inclusion/exclusion criteria when the medication status of a subset of subjects failed to meet the exclusion criteria of within the past 4 weeks treatment with psychotropic or other medications known to affect dopamine

—*Neuropsychopharmacology* 2021, the Methods and Materials and Results section falsely reported that all subjects met the protocol's inclusion/exclusion criteria when the medication status of a subset of subjects failed to meet the exclusion criteria of being treated within the past 4 weeks with psychotropic or other medications known to affect dopamine

—*Am. J. Geriatr. Psychiatry* 2021a, the Method and Results sections falsely reported that all subjects met the protocol's inclusion/exclusion criteria when the medication status of thirty (30) of the one hundred eight (108) subjects failed to meet the exclusion criteria of current treatment with psychotherapy, antidepressants, antipsychotics, or mood stabilizers

—*Am. J. Geriatr. Psychiatry* 2021b, the Methods and Results sections falsely reported that all subjects met the protocol's inclusion/exclusion criteria when the medication status of eighteen (18) of the seventy-one (71) subjects failed to meet the exclusion criteria of current treatment with psychotherapy, antidepressants, antipsychotics, or mood stabilizers

• falsely reported the research methods in *Biol. Psychiatry* 2019, *J. Affect. Disord.* 2020, *Neuropsychopharmacology* 2021, *Am. J. Geriatr. Psychiatry* 2021a, and *Am. J. Geriatr. Psychiatry* 2021b by omitting the medication taper administered to as many as forty (40) subjects after study enrollment

Respondent entered into a Voluntary Exclusion Agreement (Agreement) and voluntarily agreed to the following:

(1) Respondent will exclude himself voluntarily for a period of three (3) years beginning on September 27, 2024 (the ''Exclusion Period'') from any contracting or subcontracting with any agency of the United States Government and from eligibility for or involvement in nonprocurement or procurement transactions referred to as ''covered transactions'' in 2 CFR parts 180 and 376 (collectively the ''Debarment Regulations''). At the conclusion of the Exclusion Period, Respondent agrees to have his research supervised for a period of three (3) years (the ''Supervision Period''). During 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) During the Exclusion Period, Respondent will not apply for, permit his name to be used on an application for, receive, or be supported by funds of the United States Government and its agencies made available through contracts, subcontracts, or covered transactions.

(3) During the Supervision Period, the requirements for Respondent's supervision plan are as follows:

i. A committee of 2–3 senior faculty members at the institution 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 are supported by the research record.

(4) 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 and the PHS funding agency 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.

(5) 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.

(6) During the Exclusion and Supervision Periods, 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: October 8, 2024.

Sheila Garrity,

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

[FR Doc. 2024–23689 Filed 10–11–24; 8:45 am]

BILLING CODE 4150–31–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Heart, Lung, and Blood Institute; Notice of Meeting

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of a meeting of the Sleep Disorders Research Advisory Board.

The meeting will be held as a virtual meeting and will be open to the public as indicated below. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting.

The event is free and open to the public, however, registration is required. Please use this link to register: *https://nih.zoomgov.com/webinar/register/WN_DE1zt3OOQqSGZFeVEJS6jw.*

Name of Committee: Sleep Disorders Research Advisory Board.

Date: December 5, 2024.

Time: 11:00 a.m. to 5:00 p.m.

Agenda: The purpose of this meeting is to update the Advisory Board and public stakeholders on the research agenda across NIH for the upcoming fiscal year, and the activities of professional societies.

Address: National Institutes of Health, National Heart, Lung, and Blood Institute, 6701 Rockledge Drive, Bethesda, MD 20892, Virtual Meeting.

Contact Person: Marishka Brown, Ph.D., SDRAB Executive Secretary, Director, National Center on Sleep Disorders Research, National Institutes of Health, National Heart, Lung, and Blood Institute, 6705 Rockledge Drive, Suite 407B Bethesda, Maryland 20814–7952, 301–435–0199.

Email: *ncsdr@nih.gov.*

Any member of the public interested in presenting oral comments to the committee may notify the Contact Person listed on this notice at least 10 days in advance of the meeting. Interested individuals and representatives of organizations may submit a letter of intent, a brief description of the organization represented, and a short description of the oral presentation. Only one representative of an organization may be allowed to present oral comments and if accepted by the committee, presentations may be limited to five minutes. Both printed and electronic copies are requested for the record. In addition, any interested person may file written comments with the committee by forwarding their statement to the Contact Person listed on this notice. The statement should include the name, address, telephone number and when applicable, the business or professional affiliation of the interested person.

Information is also available on the Institute's/Center's home page: *https://www.nhlbi.nih.gov/about/advisory-and-peer-review-committees/sleep-disorders-research,* where an agenda and any additional information for the meeting will be posted when available.

(Catalogue of Federal Domestic Assistance Program Nos. 93.233, National Center for Sleep Disorders Research; 93.837, Heart and Vascular Diseases Research; 93.838, Lung Diseases Research; 93.839, Blood Diseases and Resources Research, National Institutes of Health, HHS)

Dated: October 9, 2024.

Bruce A. George,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2024–23742 Filed 10–11–24; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Heart, Lung, and Blood Institute; Cancellation of Meeting

Notice is hereby given of the cancellation of the National Heart, Lung, and Blood Advisory Council, October 29, 2024, 8 a.m. to October 29, 2024, 5 p.m., National Institutes of Health, Building 31, 31 Center Drive, Bethesda, MD, 20892 which was published in the **Federal Register** on September 30, 2024, 89 FR 79933.

The meeting is cancelled.

Dated: October 9, 2024.

Bruce A. George,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2024–23752 Filed 10–11–24; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Mental Health; Notice of Closed Meetings

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meetings.

The meetings will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Institute of Mental Health Special Emphasis Panel Pathway to Independence Awards (K99/R00).

Date: November 13, 2024.

Time: 10:00 a.m. to 5:00 p.m.

Agenda: To review and evaluate grant applications.

Address: National Institutes of Health, Neuroscience Center, 6001 Executive Boulevard, Rockville, MD 20852.

Meeting Format: Virtual Meeting.

Contact Person: David W. Miller, Ph.D., Scientific Review Officer, Division of Extramural Activities, National Institute of Mental Health, National Institutes of Health, Neuroscience Center, 6001 Executive Boulevard, Bethesda, MD 20892–9608, (301) 443–9734, *millerda@mail.nih.gov.*