

panels included in figures in *Cell* 2011, *Nature* 2013, and the unpublished manuscript. Respondent inflated sample numbers and data, fabricated numbers for data sets, manipulated enzyme-linked immunosorbent assay (ELISA) analysis, mislabelled immunofluorescent confocal images, and manipulated and reused Western blot images.

Specifically, the Respondent

- Fabricated numbers for the data presented as a bar graph in nine (9) panels in Figures S6#, S6H, and S6J in *Cell* 2011, Figures 3B and S12 in *Nature* 2013, and Figures 2F, 4B, 4D, and 4F in the unpublished manuscript
 - Falsely inflated the sample size of quantitative data presented as bar graphs in fifty-three (53) panels in Figures 6B, 7I, and S6J in *Cell* 2011, Figures 3G, 3H, 4C, S10, S11b–h, S12d–f, S13a, S13c, S14b–c, S15b–i, and S16a–f in *Nature* 2013, and Figures 4b, 4d, 4f, 4i, 6c–d, S1n, S1o, S2a–b, and S4c–k in the unpublished manuscript
 - Falsely manipulated ELISA analysis to achieve desired results presented as bar graphs in nine (9) figure-panels in Figure 6B in *Cell* 2011 and Figures 2D, 2E, 3G, 3H, and S10a–d in *Nature* 2013
 - Falsely inflated the numerical values of the data in Figure 7I in *Cell* 2011 by a factor of 10 to improve results and appear consistent with data presented in supplementary information published with the paper
 - Falsely reversed the labeling of immunofluorescent confocal images in Figures 7M and 7N in *Cell* 2011 and Figure S13A in *Nature* 2013 to obtain the desired results
 - Flipped and resized the Western blot image for APP panel from Figure 12b and falsely reused it to represent APP results under completely different experimental conditions in Figure 12c in *Nature* 2013
- Dr. Fujita has entered into a Voluntary Exclusion Agreement (Agreement) and has voluntarily agreed for a period of three (3) years, beginning on March 18, 2015:

(1) to exclude himself 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 OMB Guidelines to Agencies on Governmentwide Debarment and Suspension, 2 CFR part 180 (collectively the “Debarment Regulations”); and

(2) to exclude himself voluntarily 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:

Acting Director, Office of Research Integrity, 1101 Wootton Parkway, Suite 750, Rockville, MD 20852, (240) 453–8200.

Donald Wright,

Acting Director, Office of Research Integrity.

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BILLING CODE CODE 4150–31–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting of the National Advisory Committee on Children and Disasters

AGENCY: Office of the Secretary, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: As stipulated by the Federal Advisory Committee Act, the Department of Health and Human Services (HHS) is hereby giving notice that the National Advisory Committee on Children and Disasters (NACCD) will be holding a meeting via teleconference. The meeting is open to the public.

DATES: The April 30, 2015, NACCD meeting is scheduled from 1:00 p.m. to 2:00 p.m. EST. The agenda is subject to change as priorities dictate. Please check the NACCD Web site, located at WWW.PHE.GOV/NACCD for the most up-to-date information on the meeting.

ADDRESSES: To attend the meeting via teleconference, call toll-free: 1–888–324–4311, international dial-in: 1–517–308–9181. The pass-code is: 4818002. Please call 15 minutes prior to the beginning of the conference call to facilitate attendance. Pre-registration is required for public attendance. Individuals who wish to attend the meeting should submit an inquiry via the NACCD Contact Form located at www.phe.gov/NACCDComments.

FOR FURTHER INFORMATION CONTACT:

Please submit an inquiry via the NACCD Contact Form located at www.phe.gov/NACCDComments.

SUPPLEMENTARY INFORMATION: Pursuant to the Federal Advisory Committee Act (FACA) of 1972 (5 U.S.C., Appendix, as amended), and section 2811A of the Public Health Service (PHS) Act (42 U.S.C. 300hh–10a), as added by section 103 of the Pandemic and All Hazards

Preparedness Reauthorization Act of 2013 (Pub. L. 113–5), the HHS Secretary, in consultation with the Secretary of the U.S. Department of Homeland Security, established the National Advisory Committee on Children and Disasters (NACCD). The purpose of the NACCD is to provide advice and consultation to the HHS Secretary with respect to the medical and public health needs of children in relation to disasters. The Office of the Assistant Secretary for Preparedness and Response (ASPR) provides management and administrative oversight to support the activities of the NACCD.

Background: This public meeting will be dedicated to the members voting to approve the report of findings of the NACCD Surge Capacity Work Group.

Availability of Materials: The meeting agenda and materials will be posted on the NACCD Web site at: www.phe.gov/naccd prior to the meeting.

Procedures for Providing Public Input: All written comments must be received prior to April 29, 2015. Please submit comments via the NACCD Contact Form located at www.phe.gov/NACCDComments. Individuals who plan to participate by phone and need special assistance should submit a request via the NACCD Contact Form located at www.phe.gov/NACCDComments.

Dated: March 18, 2015.

Nicole Lurie,

Assistant Secretary for Preparedness and Response.

[FR Doc. 2015–07874 Filed 4–6–15; 8:45 am]

BILLING CODE CODE P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Reimbursement Rates for Calendar Year 2015

AGENCY: Indian Health Service, HHS.

ACTION: Notice.

SUMMARY: Notice is given that the Director of the Indian Health Service (IHS), under the authority of sections 321(a) and 322(b) of the Public Health Service Act (42 U.S.C. 248 and 249(b)), Public Law 83–568 (42 U.S.C. 2001(a)), and the Indian Health Care Improvement Act (25 U.S.C. 1601 *et seq.*), has approved the following rates for inpatient and outpatient medical care provided by IHS facilities for Calendar Year 2015 for Medicare and Medicaid beneficiaries, and beneficiaries of other Federal programs,