

—Figure 1A for G protein-coupled receptor kinase-2 (GRK2) expression in NRVCV subjected to cyclical mechanical stretch  
 —Figure 1B for densitometric analysis of GRK2 activity  
 —Figure 2A for phosphorylated Rho and GRK2 expression in NRVCV subjected to mechanical stretch  
 —Figure 2B for densitometric analysis of GRK2 activity  
 —Figure 3A for phosphorylated Rho expression in NRVCV after mechanical stretch and treatment with protein kinase C (PKC) inhibitor chelerythrine (lanes 5 and 6)  
 —Figure 3B for densitometric analyses of GRK2 activity after PKC inhibition via chelerythrine treatment  
 ■ K08 HL081472–05 Progress Report for:

—Figure 1A for phosphorylated Rho and GRK2 expression in NRVCV subjected to mechanical stretch  
 —Figure 1B for densitometric analyses of GRK2 activity after PKC inhibition via chelerythrine treatment  
 ■ JBC 2010 for:  
 —Figure 1B for phosphorylated Rho expression in NTVCM subjected to stimulation with Ang II  
 —Figure 1B for GRK2 expression in NRVCV subjected to cyclical mechanical stretch panel  
 —Figure 1C for densitometric analysis of GRK2 activity  
 —Figure 2A for phosphorylated Rho expression in NRVCV after mechanical stretch and treatment with the Ang II type 1 (AT<sub>1</sub>) receptor antagonist Irbesartan (lanes 5 and 6)  
 —Figure 2B for densitometric analyses of GRK2 activity after PKC inhibition via Irbesartan treatment  
 —Figure 4C for phosphorylated Rho and GRK2 expression in NRVCV subjected to mechanical stretch  
 —Figure 4D for densitometric analysis of GRK2 activity after RNAi treatment

Dr. Malhotra has entered into a Voluntary Settlement Agreement with ORI, in which he voluntarily agreed to the administrative actions set forth below:

(1) Respondent agreed that he had no intention in applying for or engaging in U.S. Public Health Service (PHS)-supported research or otherwise working with PHS. However, if within five (5) years of the effective date of the Agreement (May 6, 2016), Respondent receives or applies for PHS support, Respondent agreed to have his research supervised for a period of ten (10) years beginning on the date of his employment in a position in which he receives or applies for PHS support and to notify his employer/institution(s) of the terms of this supervision.

(2) Respondent certified that he is not currently engaged in or receiving PHS support. Respondent agreed that prior to the submission of an application for PHS support for a research project on which the Respondent's participation is proposed and prior to the Respondent's participation in any capacity on PHS-supported research, Respondent shall ensure that a plan for supervision of Respondent's duties is submitted to ORI for approval. The supervision plan must be designed to ensure the scientific integrity of Respondent's research contribution as outlined below. Respondent agreed that he shall not participate in any PHS-supported research until such a supervision plan is submitted to and approved by ORI. Respondent agreed to maintain responsibility for compliance with the agreed upon supervision plan.

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

i. A committee of senior faculty members and officials 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 for ten (10) years. The committee will review primary data for Respondent's PHS-supported research on a quarterly basis setting forth the committee meeting dates, Respondent's compliance with appropriate research standards, and confirming the integrity of Respondent's research.

ii. The committee will conduct an advance review of any PHS grant application (including supplements, resubmissions, etc.), manuscripts reporting PHS-funded research submitted for publication, and abstracts. The review will include a discussion with Respondent of the primary data represented in those documents and will include a certification that the data presented in the proposed application/publication is supported by the research record.

(4) If within five (5) years from the effective date of the Agreement, Respondent receives or applies for PHS support, Respondent agreed that for a period of ten (10) years beginning on the date of his employment that any institution employing him shall submit, in conjunction with each application for PHS funds, or report, manuscript, or abstract involving PHS-supported research in which Respondent is involved, a report and certification to ORI at six (6) month intervals 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 supervisory plan is provided to ORI, Respondent agreed to provide certification to ORI on a quarterly basis for a period of five (5) years, beginning on May 6, 2016, that he has not engaged in, applied for, or had his name included on any application, proposal, or other request for PHS funds made available through grants, subgrants, cooperative agreements, contracts, subcontracts, supplements, awards, fellowships, projects, programs, small business technology transfer (STTR) and small business innovation research (SBIR) programs, conferences, meetings, centers, resources, studies, and trials, without prior notification to ORI.

(6) Respondent agreed to exclude himself voluntarily 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 for a period of five (5) years, beginning on May 6, 2016.

(7) As a condition of the Agreement, Respondent agreed to the retraction of JBC 2010.

#### FOR FURTHER INFORMATION CONTACT:

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

**Kathryn M. Partin,**

*Director, Office of Research Integrity.*

[FR Doc. 2016-12800 Filed 5-27-16; 8:45 am]

**BILLING CODE 4150-31-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Committee on Vital and Health Statistics: Meeting

**AGENCY:** National Committee on Vital and Health Statistics (NCVHS), HHS

**ACTION:** Notice of full committee and subcommittee meetings.

**SUMMARY:** Pursuant to the Federal Advisory Committee Act, the Department of Health and Human Services (HHS) announces the following advisory committee meeting.

**DATES:** Tuesday, June 14, 2016: 9 a.m.–5:40 p.m.—Full Committee Meeting.

Wednesday, June 15, 2016: 8 a.m.–2:25 p.m.—Full Committee Meeting.

Thursday, June 16, 2016: 8:30 a.m.–5 p.m.—Privacy Subcommittee Meeting on “Minimum Necessary and the Health Insurance Portability and Accountability Act (HIPAA)”.

Friday, June 17, 2016: 8:15 a.m.–4 p.m.—NCVHS Meeting on Claims-based Databases for Policy Development and Evaluation.

**ADDRESSES:** The public meetings on June 14–16, 2016 will be held at the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, Room 705–A, 200 Independence Avenue SW., Washington, DC 20024. The public meeting on June 17, 2016 will be held at the Wilbur J. Cohen Building, 330 Independence Avenue SW, Snow Room, #5051, Washington, DC 20201. Phone: (202) 690–7100.

**FOR FURTHER INFORMATION CONTACT:**

Substantive program information may be obtained from Rebecca Hines, Executive Secretary, NCVHS, National Center for Health Statistics, Centers for Disease Control and Prevention, 3311 Toledo Road, Hyattsville, Maryland 20782, telephone (301) 458–4715. Summaries of meetings and a roster of committee members are available on the NCVHS home page of the HHS Web site: <http://www.ncvhs.hhs.gov/>, where further information including an agenda and information for remote audio access to the meetings will be posted.

Should you require reasonable accommodation, please contact the CDC Office of Equal Employment Opportunity on (301) 458–4EEO (4336) as soon as possible.

**SUPPLEMENTARY INFORMATION:**

*Status:* Open.

*Purpose:* At the June 14–15, 2016 meeting the Committee will hear presentations and hold discussions on several health data policy topics. The Committee will receive updates from the Department, including from the Office of the National Coordinator and the Centers for Medicare and Medicaid Services. The Committee will discuss and take action on two recommendation letters stemming from the February 16, 2016 Standards Subcommittee hearing on the proposed Phase IV Operating Rules and proposed Attachment Standard. Findings from the June 2015 Review Committee Hearing on Adopted Transaction Standards, Operating Rules, Code Sets and Identifiers also will be discussed. The Committee will review the current public health data landscape with briefings from the National Center for Health Statistics, U.S. Census Bureau and CDC's Center for Surveillance, Epidemiology, and Laboratory Services. CMS will provide a briefing on MACRA and the Merit-Based Incentive Payment System (MIPS). The Committee will further review its strategic plan for 2016 and all Subcommittees will report on work plans and next steps. The Subcommittee on Privacy, Confidentiality, and Security will brief the full Committee on proceedings from the meeting on De-identification and the Health Insurance Portability and

Accountability Act (HIPAA) scheduled for May 24–25, 2016, and discuss preliminary findings.

After the plenary session adjourns, the Work Group on HHS Data Access and Use will continue strategic discussions on building a framework for guiding principles for data access and use.

Privacy-specific topics will be addressed during the same week at the following meeting: The NCVHS Privacy, Confidentiality and Security Subcommittee will hold a one day meeting on June 16, 2016 to review the state of implementation of current policies and practices of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Minimum Necessary provisions. The Subcommittee plans to identify and discuss issues and challenges that the industry is facing when addressing this requirement for potential recommendations to the HHS Secretary for policy and practice guidance addressing compliance with the “minimum necessary” standard.

On June 17th the full Committee will hold a meeting to explore the current state of the art associated with the collection and use of Multipayer claims data bases. These data bases include private data bases (sometimes known as Multi-claims Data Bases) and State claims data bases referred to as All-Payer Claims Databases (APCDs). The purpose of this meeting is to highlight the current state of development, challenges, issues, and opportunities faced by these initiatives, engage stakeholders on key issues, and identify priority areas and opportunities for recommendations to the Secretary of HHS and to the industry.

*Dated:* May 16, 2016.

**James Scanlon,**

*Deputy Assistant Secretary for Planning and Evaluation, Office of the Assistant Secretary for Planning and Evaluation.*

[FR Doc. 2016–12160 Filed 5–27–16; 8:45 am]

**BILLING CODE 4151–05–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### Notice of Establishment of the NIH Clinical Center Research Hospital Board

Pursuant to the Federal Advisory Committee Act, as amended (5 U.S.C. App.), the Director, National Institutes of Health (NIH) announces the establishment of the NIH Clinical Center

Research Hospital Board (Board) as authorized by 42 U.S.C. 282(b)(16), Section 402(b)(16) of the Public Health Service Act, as amended.

It has been determined that the NH Clinical Center Research Hospital Board is in the public interest in connection with the performance of duties imposed on the National Institutes of Health by law, and that these duties can best be performed through the advice and counsel of the Board.

Inquiries may be directed to Jennifer Spaeth, Director, Office of Federal Advisory Committee Policy, Office of the Director, National Institutes of Health, 6701 Democracy Boulevard, Suite 1000, Bethesda, Maryland 20892 (Mail code 4875), Telephone (301) 496–2123, or [spaethj@od.nih.gov](mailto:spaethj@od.nih.gov).

*Dated:* May 24, 2016.

**Jennifer S. Spaeth,**

*Director, Office of Federal Advisory Committee Policy.*

[FR Doc. 2016–12643 Filed 5–27–16; 8:45 am]

**BILLING CODE 4140–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Institute of Allergy and Infectious Diseases; Notice of Closed Meetings

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), 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 Allergy and Infectious Diseases Special Emphasis Panel; NIAID Peer Review Meeting.

*Date:* June 21–22, 2016.

*Time:* 8:00 a.m. to 5:00 p.m.

*Agenda:* To review and evaluate contract proposals.

*Place:* Hilton Washington/Rockville, Jefferson Room, 1750 Rockville Pike, Rockville, MD 20852.

*Contact Person:* Nancy Vazquez-Maldonado, Ph.D., Scientific Review Officer, Scientific Review Program, Division of Extramural Activities, Room 3F52B National Institutes of Health/NIAID, 5601 Fishers Lane, MSC 9834, Bethesda, MD 20892–9834, (240) 669–5044, [nvazquez@niaid.nih.gov](mailto:nvazquez@niaid.nih.gov).