technical assistance, EHR adoption, and achievement of meaningful use of electronic health records by primary care practices. The data will also be used to identify challenges faced by primary care practices when adopting and meaningfully using EHRs. The resulting data will inform policy decisions by the Office of the National Coordinator for Health Information Technology (ONC), REC program administrators, and the broader community of policy makers and researchers interested in electronic health record (EHR) adoption.

Need and Proposed Use of the Information: The Office of the National Coordinator for Health Information Technology has funded an independent national program evaluation of the Regional Extension Center program. The proposed information collection effort is necessary to collect information to answer the following research questions: (1) Is REC participation associated with adoption of EHRs and meaningful use of EHRs? (2) Is REC participation associated with attestation in the Centers for Medicare and Medicaid Services (CMS) Medicare and Medicaid incentive programs? (3) Is REC participation associated with satisfaction and positive opinions about EHRs? (4) Is REC participation associated with use of assistance services? (5) Is REC participation associated with experiencing less difficulty in adoption of EHRs? (6) Is REC participation associated with being part of a care transformation program? There is no existing data source that can be used to answer these research questions.

Likely Respondents: The survey targets small primary care practices, and asks for the staff member most knowledgeable about electronic health record (EHR) adoption and utilization to answer the survey.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose or provide the information requested. This includes the time needed to review instructions, to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information, to train personnel and to be able to respond to a collection of information, to search data sources, to complete and review the collection of information, and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Physicians	Form A Screener Administered on Paper	1571	1	5/60	131
Nurses	Form A Screener Administered on Paper	1571	1	5/60	131
Practice Managers	Form A Screener Administered on Paper	1570	1	5/60	131
Physicians	Form B Survey Administered as a Computer-Assisted Telephone Interview.	475	1	30/60	238
Nurses	Form B Survey Administered as a Computer-Assisted Telephone Interview.	475	1	30/60	238
Practice Managers	Form B Survey Administered as a Computer-Assisted Telephone Interview.	475	1	30/60	238
Physicians	Form C Shortened Survey Administered on Paper.	119	1	10/60	20
Nurses	Form C Shortened Survey Administered on Paper.	119	1	10/60	20
Practice Managers	Form C Shortened Survey Administered on Paper.	118	1	10/60	20
Total					1167

Darius Taylor,

Deputy, Information Collection Clearance Officer.

[FR Doc. 2013–30500 Filed 12–20–13; 8:45 am]

BILLING CODE 4150–45–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

[Document Identifier: HHS–OS–21138–60–D]

Agency Information Collection Activities; Proposed Collection; Public Comment Request

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). The ICR is for extending the use of the approved information collection assigned OMB control number 0945–0006, which expires on March 31, 2014. Prior to submitting that ICR to OMB, OS seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on the ICR must be received on or before February 21, 2014.

ADDRESSES: Submit your comments to *Information.CollectionClearance@hhs.gov* or by calling (202) 690–6162.

FOR FURTHER INFORMATION CONTACT: Information Collection Clearance staff, *Information.CollectionClearance@hhs.gov* or (202) 690–6162.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the document identifier HHS–OS–21138–60D for reference.

Information Collection Request Title: The Civil Rights Information Request Form.

OMB No.: 0945–0006.

Abstract: This request for OMB approval of The Civil Rights Information Request Form is for a 3 year extension. The Civil Rights Information Request

Form is designed to collect data from health care providers who have requested certification to participate in the Medicare Part A program. As part of the Medicare certification process, health care facilities must receive a civil rights clearance from the Office for Civil Rights (OCR). OCR uses the information to determine compliance with civil rights statutes and regulations. The civil rights information is requested only when a health care provider applies for Medicare Part A certification; it is *not* necessary on a regular yearly basis. Entities that are affected by the Civil Rights Information Request Form are: health care providers applying for Medicare certification, and individuals who, as a result of civil rights clearances, should be granted equal access to quality health care, regardless of race, color, national origin, disability, age and sex.

Need and Proposed Use of the Information: To ensure adherence to the statutory requirements, compliance reviews are requested when health care providers, such as hospitals, nursing homes and home health agencies, apply to participate in the Medicare Part A program. When a provider seeks Medicare certification, OCR conducts a compliance review to determine whether the provider will be able to comply with Title VI, Section 504, and the Age Discrimination Act. Such reviews are an effective means of working with health care providers because potential civil rights concerns can be identified prior to receipt of Federal financial assistance. The technical assistance available to recipients on the OCR Web site helps providers take steps to comply with their obligations to refrain from prohibited discrimination.

Likely Respondents: Healthcare providers.

Burden Statement: In conducting a complaint investigation or compliance review of a health care or social service provider, OCR determines whether a compliance review was performed by OCR. In many instances, the procedure decreases the burden on the recipient since the compliance review and corrective actions, as necessary, may reduce or eliminate the need for a formal investigation involving interviews, examination of records, collection and submission of data associated with issues already addressed through a recent compliance review certification process. To further reduce provider burden in completing the compliance review process, OCR has developed several Corporate Agreements with health care corporations. These Agreements are designed to expedite the civil rights compliance review process by implementing a practice whereby all of a corporation's national policies and procedures are reviewed and approved at OCR's headquarters' level. Subsequent to such approval, only local facility-specific information is reviewed by OCR for civil rights compliance during the review process.

TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS

Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
The Civil Rights Information Request Form	2900	1	8	23,200

OS 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.

Darius Taylor,

Deputy, Information Collection Clearance Officer.

[FR Doc. 2013–30467 Filed 12–20–13; 8:45 am]

BILLING CODE 4153–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Findings of Research Misconduct

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

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

Dong-Pyou Han, Ph.D., Iowa State University of Science and Technology: Based on the report of an inquiry conducted by the Iowa State University of Science and Technology (ISU), a detailed admission by the Respondent, and additional analysis conducted by ORI, ORI and ISU found that Dr. Dong-Pyou Han, former Research Assistant Professor, Department of Biomedical Services, ISU, engaged in research misconduct in research supported by National Institute of Allergy and Infectious Diseases (NIAID), National Institutes of Health (NIH), grants P01 AI074286, R33 AI076083, and U19 AI091031.

ORI and ISU found that the Respondent falsified results in research to develop a vaccine against human immunodeficiency virus-1 (HIV–1) by intentionally spiking samples of rabbit sera with antibodies to provide the desired results. The falsification made it appear that rabbits immunized with the gp41–54 moiety of the HIV gp41 glycoprotein induced antibodies capable of neutralizing a broad range of HIV–1 strains, when the original sera were weakly or non-reactive in neutralization assays. Falsified neutralization assay results were widely reported in laboratory meetings, seven (7) national and international symposia between 2010 and 2012, and in grant applications and progress reports P01 AI074286–03, −04, −05, and −06; R33 AI076083–04; U19 AI091031–01 and −03; and R01 AI090921–01. Specifically:

a. Respondent falsified research materials when he provided collaborators with sera for neutralization assays from (i) rabbits immunized with peptides from HIV gp41–54Q (and related antigens HR1–54Q, gp41–54Q–OG, gp41–54Q–GHC, gp41–54Q-Cys and Cys-gp41–54Q) to assay HIV neutralizing activity, when Respondent had spiked the samples with human IgG known to contain broadly neutralizing antibodies to HIV–1; and (ii) rabbits immunized with HIV gp41–54Q to assay HIV neutralizing activity, when Respondent had spiked the samples with sera from rabbits immunized with HIV–1 gp120 that neutralized HIV.

b. Respondent falsified data files for neutralization assays, and provided