

low sense of personal accomplishment at work.¹ Understanding the factors impacting workforce well-being and satisfaction, reducing burnout, and applying evidence-based technical assistance and other quality improvement strategies around workforce well-being is essential as the health center program health care workforce continues to respond to and recover from the COVID-19 pandemic and prepare for future health care delivery challenges.

Administration of the Health Center Workforce Survey will provide a comprehensive baseline assessment of

health center workforce well-being and identify opportunities to improve workforce well-being and bolster technical assistance and other strategies. These efforts will further HRSA's goal of providing access to quality health care and supporting a robust primary care workforce.

Likely Respondents: Health center staff in HRSA-funded health centers.

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.

TOTAL ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Health Center Workforce Survey	400,000	1	400,000	.50	200,000
Health Center Leader Support Activities	1,400	1	1,400	2.00	2,800
	401,400	401,400	202,800

HRSA 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.

Maria G. Button,

Director, Executive Secretariat.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

National Vaccine Injury Compensation Program: Revised Amount of the Average Cost of a Health Insurance Policy

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: HRSA is publishing an updated monetary amount of the average cost of a health insurance policy

as it relates to the National Vaccine Injury Compensation Program (VICP).

FOR FURTHER INFORMATION CONTACT: George Reed Grimes, Director, Division of Injury Compensation Programs, Health Systems Bureau, HRSA, HHS by mail at 5600 Fishers Lane, 08N186B, Rockville, Maryland 20857; call 1-800-338-2382 or email vaccinecompensation@hrsa.gov.

SUPPLEMENTARY INFORMATION: Section 100.2 of the VICP's implementing regulation (42 CFR part 100) states that the revised amount of an average cost of a health insurance policy, as determined by the Secretary of HHS (the Secretary), is effective upon its delivery by the Secretary to the United States Court of Federal Claims (the Court), and will be published periodically in a notice in the **Federal Register**. The Secretary delegated this responsibility to the HRSA Administrator. This figure is calculated using the most recent Medical Expenditure Panel Survey-Insurance Component (MEPS-IC) data available as the baseline for the average monthly cost of a health insurance policy. This baseline is adjusted by the annual percentage increase/decrease obtained from the most recent annual Kaiser Family Foundation (KFF) Employer Health Benefits Survey or other authoritative sources that may be more accurate or appropriate.

In 2021, MEPS-IC, available at www.meeps.ahrq.gov, published the

annual 2020 average total single premium per enrolled employee at private-sector establishments that provide health insurance. The figure published was \$7,149. This figure is divided by 12 to determine the cost per month of \$595.75. The \$595.75 figure is increased or decreased by the percentage change reported by the most recent KFF Employer Health Benefits Survey, available at www.kff.org. The increase from 2020 to 2021 was 4.0 percent. By adding this percentage increase, the calculated average monthly cost of a health insurance policy for a 12-month period is \$619.58.

Therefore, the revised average cost of a health insurance policy under the VICP is \$619.58 per month. In accordance with § 100.2, the revised amount was effective upon its delivery to the Court.

Carole Johnson,

Administrator.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Findings of Research Misconduct

AGENCY: Office of the Secretary, HHS.

¹ West, C.P., Dyrbye, L.N., Satele, D.V., Sloan, J.A., & Shanafelt, T.D. (2012). Concurrent validity of

single-item measures of emotional exhaustion and depersonalization in burnout assessment. *J Gen*

Intern Med, 27 (11 PG-1445-52), 1445-1452. <https://doi.org/10.1007/s11606-012-2015-7>.

ACTION: Notice.

SUMMARY: Findings of research misconduct have been made against Terry Magnuson, Ph.D. (Respondent), Kay M. & Van L. Weatherspoon Eminent Distinguished Professor, Department of Genetics, School of Medicine (SOM), University of North Carolina at Chapel Hill (UNC). Respondent engaged in research misconduct in research included in one (1) grant application for U.S. Public Health Service (PHS) funds, specifically National Cancer Institute (NCI), National Institutes of Health (NIH), grant application R01 CA267946–01A1. The administrative actions, including supervision from February 25, 2022–January 5, 2024, 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:

Terry Magnuson, Ph.D., University of North Carolina at Chapel Hill: Based on the report of an assessment conducted by UNC, Respondent's admission, and additional analysis conducted by ORI in its oversight review, ORI found that Dr. Terry Magnuson, Kay M. & Van L. Weatherspoon Eminent Distinguished Professor, Department of Genetics, SOM, UNC, engaged in research misconduct in research included in one (1) grant application for PHS funds, specifically NCI, NIH, grant application R01 CA267946–01A1.

ORI found that Respondent engaged in research misconduct by intentionally, knowingly, or recklessly plagiarizing text from the following three (3) online articles and one (1) published paper:

- Comprehensive Guide to Understanding and Using CUT&Tag Assay. November 4, 2020. <https://www.activemotif.com/blog-cut-tag> (hereafter referred as “*Blog cut&tag 2020*”).
- Complete Guide to Understanding and Using ATAC-Seq. February 9, 2021. <https://www.activemotif.com/blog-atac-seq> (hereafter referred as “*Blog ATAC-Seq 2021*”).
- Illumina CATCH–IT. <https://www.illumina.com/science/sequencing-method-explorer/kits-and-arrays/catch-it.html> (hereafter referred as “*Illumina Catch-it*”).
- Modeling Physiological Events in 2D vs. 3D Cell Culture. *Physiology (Bethesda)* 2017 Jul;32(4):266–277; doi: 10.1152/physiol.00036.2016 (hereafter

referred as “*Physiology (Bethesda) 2017*”).

Plagiarized text was included in:

- Grant application R01 CA267946–01A1, “Genome-wide dynamics of chromatin modifiers,” submitted to NCI, NIH, on March 1, 2021 (hereafter referred as “R01 CA267946–01A1”)
- Specifically, ORI found that Respondent knowingly, intentionally, or recklessly plagiarized from:
- The introduction (p. 266) and techniques (p. 267) sections of *Physiology (Bethesda) 2017* to compose subsection “ii. Identifying changes to SWI/SNF composition driven by cell state changes” of Specific Aim 1 of R01 CA267946–01A1
 - the introduction and sections “What is CUT&Tag” and “Before CUT&Tag, There Was CUT&RUN” of *Blog cut&tag 2020* to compose the “CHIP-seq protocols” description in R01 CA267946–01A1
 - the “What is ATAC-Seq?” section of *Blog ATAC-Seq 2021* to compose the “ATAC-seq protocols” description in R01 CA267946–01A1
 - the web page “*Illumina Catch-it*” describing the CATCH–IT technology to compose the “Pitfalls & Alternatives” section of Specific Aim 1 in R01 CA267946–01A1

Dr. Magnuson entered into a Voluntary Settlement Agreement (Agreement) and voluntarily agreed to the following:

(1) Respondent will have his research supervised from February 25, 2022–January 5, 2024 (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. The respondent will submit his grant applications seeking PHS support to the Vice Dean, UNC SOM, thirty (30) days prior to the grant application submission deadline. The SOM Office of Research (OR) will review Respondent's grant applications to check for plagiarism and ensure compliance with acceptable scientific practice for citation

of prior work. SOM OR will not recruit Respondent's supervisor or collaborators to review his grant applications. SOM OR will 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. SOM OR will conduct an advance review of any 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 and the text in the report, manuscript, or abstract is supported by the research record and not plagiarized.

(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 and not plagiarized 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.

Dated: March 8, 2022.

Wanda K. Jones,

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

[FR Doc. 2022–05217 Filed 3–10–22; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Impact of Health Misinformation in the Digital Information Environment in the United States Throughout the COVID–19 Pandemic Request for Information (RFI); Correction

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

ACTION: Notice; correction.