

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the ICR title for reference.

Information Collection Request Title: Rural Health Network Development Planning Program Performance Improvement and Measurement System, OMB No. 0915–0384—Revision.

Abstract: HRSA administers the Rural Health Network Development Planning Program (Network Planning Program), which is authorized under 42 U.S.C. 254c(f), 330A(f) of the Public Health Service Act. The purpose of the Network Planning Program is to promote the planning and development of integrated health care networks to address the following legislative aims: (1) achieve efficiencies; (2) expand access to, coordinate, and improve the quality of basic health care services and associated health outcomes; and (3) strengthen the rural health care system as a whole. The Network Planning Program supports 1 year of planning and brings together key parts of a rural health care delivery system, particularly those entities that may not have collaborated in the past, to establish and/or improve local capacity to strengthen rural community health interventions and enhance care coordination. HRSA currently collects information about the Network Planning Program grants using an OMB-approved set of performance measures and seeks to revise that approved collection. The proposed changes are a result of keeping this instrument relevant and responsive to the Network Planning Program’s needs and to improve clarity and ease of reporting for respondents.

Need and Proposed Use of the Information: HRSA developed performance measures to provide data on the Network Planning Program and to enable HRSA to provide aggregate program data required under the Government Performance and Results Act of 1993. Data from this information collection will help support program compliance, inform rural needs, guide the delivery of technical assistance, and shape federal program decisions. The measures cover the principal topic areas of interest to HRSA, such as Capacity/Organizational information and Sustainability. All measures will evaluate HRSA’s progress toward achieving its Network Planning Program goals.

The proposed collection will reduce the total number of measures from 24 to 15. The following sections will be removed: Network Infrastructure, Network Collaboration, and Network Assessment. In the proposed collection, grantees instead complete two sections titled “Capacity/Organizational Information” and “Sustainability.” The “Capacity/Organizational Information” section will include 10 measures, and HRSA will modify the current “Sustainability” section by reducing the number of measures from 10 to five measures.

Although the proposed total number of measures has been reduced, there is a proposed increase in the estimated total burden hours compared to the previous ICR package. There are several contributing factors to the increase in estimated total burden. The increase in burden is to account for a new set of awardees who will be new to this data collection. The new set of awardees

represent a group of organizations who are funded in the 1-year Network Planning Program. These organizations vary in data collection and reporting capacity as well as vary in the number of member organizations it must coordinate with to report this data to HRSA. The amount of time it takes to build processes to coordinate and collect data from network partners will vary. Larger networks with multiple partners across different organizations are anticipated to report higher burdens due to the wait time in between requests. Networks who already have established working relationships with its member organizations may already have existing processes in place to effectively collect data for this program.

Likely Respondents: The respondents for these measures are Rural Health Network Development Planning Program award recipients.

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
Rural Health Network Development Planning Program Performance Measures	25	1	25	11.25	281.25
Total	25	1	25	11.25	281.25

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.
 [FR Doc. 2026–02473 Filed 2–6–26; 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 Daniel Andrade, Ph.D., former Assistant

Professor of Research, Department of Obstetrics and Gynecology and Stephenson Cancer Center, University of Oklahoma Health Science Center. Dr. Andrade engaged in research misconduct under 42 CFR part 93 in research included in two (2) grant applications submitted for U.S. Public Health Service (PHS) funds, specifically DP2 OD030789–01 submitted to the Office of the Director (OD), National Institutes of Health (NIH), and R21 CA253956–01 submitted to the National Cancer Institute (NCI), NIH.

Administrative actions, including supervision for a period of three (3) years, were implemented and are detailed below.

FOR FURTHER INFORMATION CONTACT:

Sheila R. 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:

Daniel Andrade, Ph.D., University of Oklahoma Health Science Center (OUHSC): Based on evidence obtained during a research misconduct investigation conducted by OUHSC and ORI's oversight review of OUHSC's investigation, ORI found that Daniel Andrade, Ph.D. (Respondent), former Assistant Professor of Research, Department of Obstetrics and Gynecology and Stephenson Cancer Center, OUHSC, engaged in research misconduct under 42 CFR part 93 in research included in two (2) grant applications submitted for PHS funds, specifically DP2 OD030789–01 submitted to OD, NIH, and R21 CA253956–01 submitted to NCI, NIH.

ORI found by a preponderance of the evidence that Respondent intentionally and knowingly falsified and/or fabricated data included in two (2) grant applications submitted for PHS funds. ORI found that these acts constitute a significant departure from accepted practices of the relevant research community. The affected grant applications are:

- DP2 OD030789–01, “Exosomes as Liquid Biopsies: Biomarkers for Tumor Heterogeneity and Subclonal Evolution,” submitted to OD, NIH, on August 20, 2020
- R21 CA253956–01, “miRNA signatures that predict chemoradiation response and resistance in cervical cancer using patient-derived organoids and their exosomes,” submitted to the NCI, NIH, on November 18, 2019

Specifically, ORI found by a preponderance of the evidence that Respondent engaged in research misconduct by intentionally and knowingly falsifying and/or fabricating:

- Exosome Nanoparticle Tracking Analysis (NTA) data by relabeling data obtained from a cell line as data derived from cancer Patient-Derived Organoids (PDOs) and reporting the falsely relabeled NTA graph to the Principal Investigator (PI), who included it in Figure 2D of grant application DP2 OD030789–01.
- Western blot data by splicing together blot image panels from separate unrelated experiments on different cell lines to depict a composite image of western blot data derived from exosomes of cancer PDOs and reporting the western blot composite image to the PI, who included it in Figure 2E of grant application DP2 OD030789–01.
- Transmission Electron Micrograph (TEM) image data in Figure 3B of his grant application R21 CA253956–01 by falsely reporting that the TEM image was obtained from patient serum when the image was from another source.

On December 8, 2024, based on the information in the administrative record, ORI proposed a three-year period of supervision under 42 CFR § 93.407(a)(7) and a three-year period of prohibition from PHS advisory service under 42 CFR 93.407(a)(9). HHS provided Respondent the opportunity to contest the proposed administrative actions under 42 CFR part 93 by requesting a hearing before an administrative law judge with the HHS Departmental Appeals Board. Respondent did not contest within the prescribed 30-day notice period. Accordingly, the following administrative actions have been implemented:

- Respondent will have his PHS-supported research activities supervised for a period of three (3) years beginning on January 11, 2026 (the “Supervision Period”). During the Supervision Period, prior to his participation in any capacity in PHS-supported research activities, he must submit a plan for supervision of his duties to ORI for approval. He may only participate in PHS-supported research activities if a supervision plan is approved by ORI and he complies with the approved plan. The requirements for Respondent's supervision plan are as follows:

—*Committee oversight.* The supervision plan must designate a committee of at least two senior researchers at the institution employing Respondent who are familiar with his field of

research and are not his supervisor or collaborators to oversee his PHS-supported research activities during the Supervision Period.

- *Review of primary data.* The supervision plan must provide for the committee to review primary data generated by or for Respondent through PHS-supported research activities on a quarterly basis.
- *Advance reviews.* The supervision plan must provide for the committee to conduct advance reviews of any reporting of PHS-supported research activities in which Respondent is or was involved, including reporting in manuscripts, abstracts, progress reports, or applications or proposals for PHS funding, to ensure his contributions are supported by the primary data. The advance reviews must include discussion with Respondent.
- *Reporting to ORI.* The supervision plan must include a requirement for the committee to submit a report to ORI at 6-month intervals. The report must identify any primary data reviewed, the date of review, and the results of the review. The report also must summarize any advance reviews conducted by the committee. Additionally, the report must verify that Respondent is complying with accepted research practices.

- During the Supervision Period, Respondent must ensure that any institution employing him submits, in conjunction with each application for PHS funds, or each report, manuscript, or abstract involving PHS-supported research activities in which Respondent was involved, a certification to ORI and the funding agency that the data provided by Respondent are based on actual experiments and legitimately derived, and that the data, procedures, and methodology are accurately reported.

- If Respondent does not have a supervision plan approved by ORI during the Supervision Period, Respondent must submit a written statement to ORI at the conclusion of the Supervision Period certifying that he has not participated in PHS-supported research activities during the Supervision Period.

- Respondent is prohibited 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 three (3) years, beginning on January 11, 2026.

Dated: February 5, 2026.

Sheila R. Garrity,

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

[FR Doc. 2026-02505 Filed 2-6-26; 8:45 am]

BILLING CODE 4150-31-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Center for Scientific Review; 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: Center for Scientific Review Special Emphasis Panel; PAR Panel: Topics in Clinical Care, Disease Management and Health Outcomes.

Date: February 24, 2026.

Time: 10:00 a.m. to 1:00 p.m.

Agenda: To review and evaluate grant applications.

Address: National Institutes of Health, Rockledge II, 6701 Rockledge Drive, Bethesda, MD 20892.

Meeting Format: Virtual Meeting.

Contact Person: Erica Charlot Spears, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892, (301) 480-3211, spearsec@csr.nih.gov.

This notice is being published less than 15 days from the meeting date due to exceptional circumstances. As a result of the 43-day government shutdown, due to lapsed appropriations, the above meeting was canceled. This meeting was to assess the scientific and technical merit of NIH grant applications, required by statute to disburse NIH funds. The meeting must take place urgently so that evaluations of biomedical research applications addressing multiple major public health priorities can be submitted to the national advisory councils for timely funding recommendations.

Name of Committee: Center for Scientific Review Special Emphasis Panel; Small Business: Innovations for Healthy Living and Technologies for Improving Health.

Date: February 24, 2026.

Time: 1:00 p.m. to 3:00 p.m.

Agenda: To review and evaluate grant applications.

Address: National Institutes of Health, Rockledge II, 6701 Rockledge Drive, Bethesda, MD 20892.

Meeting Format: Virtual Meeting.

Contact Person: Cheryl K. Nordstrom, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892, 301-402-6711, cheryl.nordstrom@nih.gov.

This notice is being published less than 15 days from the meeting date due to exceptional circumstances. As a result of the 43-day government shutdown, due to lapsed appropriations, the above meeting was canceled. This meeting was to assess the scientific and technical merit of NIH grant applications, required by statute to disburse NIH funds. The meeting must take place urgently so that evaluations of biomedical research applications addressing multiple major public health priorities can be submitted to the national advisory councils for timely funding recommendations.

(Catalogue of Federal Domestic Assistance Program Nos. 93.306, Comparative Medicine; 93.333, Clinical Research, 93.306, 93.333, 93.337, 93.393-93.396, 93.837-93.844, 93.846-93.878, 93.892, 93.893, National Institutes of Health, HHS)

Dated: February 4, 2026.

Bruce A. George,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2026-02502 Filed 2-6-26; 8:45 am]

BILLING CODE 4140-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a summary of information collection requests under Office of Management and Budget (OMB) review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these documents, email or call the SAMHSA Reports Clearance Officer at samhsapra@samhsa.hhs.gov or (240) 276-0166.

Proposed Project: Program Evaluation for Prevention Contract (PEPC) Evaluation (OMB No. 0930-0377)—Revision

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Behavioral Health Statistics and Quality (CBHSQ) aims to complete a cross-site evaluation of SAMHSA's Strategic Prevention Framework for Prescription Drugs (SPF

Rx). SPF Rx is designed to address nonmedical use of prescription drugs as well as opioid overdoses by raising awareness about the dangers of sharing medications and by working with pharmaceutical and medical communities on the risks of overprescribing. The SPF Rx program grantees also raise community awareness and bring activities related to prescription drug misuse prevention and education to schools, communities, parents, prescribers, and their patients. The SPF Rx program aims to promote collaboration between states, tribes, U.S. territories, and pharmaceutical and medical communities to understand the risks of overprescribing to youth ages 12-17 and adults 18 years of age and older. The program also aims to enhance capacity for, and access to, Prescription Drug Monitoring Program (PDMP) data for prevention purposes.

This request for data collection includes a revision to previously approved OMB instruments to allow for data collection through the end of the grant period with the FY 2021 and FY 2022 grantees. The FY 2021 cohort of grants focused on the dangers of sharing medications; the risks of overprescribing, especially to young adults; community awareness and education; and incorporation of PDMP data into grantees' needs assessments and strategic plans. The FY 2022 cohort of grants focused on raising awareness about the risks of sharing medications, taking fake or counterfeit pills, and overprescribing.

The SPF Rx program's indicators of success are reductions in opioid overdoses, reductions in prescription drug misuse, and improved use of PDMP data. Data collected through the tools described in this statement will be used for the national cross-site evaluation of SAMHSA's SPF Rx program. This request for revision covers continued data collection through FY 2028 (three years), through the end of the grant period for grants awarded in FY 2022 and covering the a year of data collection for an anticipated FY2027 cohort. The Program Evaluation for Prevention Control (PEPC) team will systematically collect and maintain an Annual Reporting Tool (ART) and Grantee and Community Level Outcomes data modules submitted by SPF Rx grantees through the online Data Management System (DMS), and conduct telephone interviews with SPF Rx grantees.

SAMHSA is requesting approval for data collection for the SPF Rx cross-site evaluation with the following instruments: