ADDRESSES: Members of the public interested in providing comments can do so by accessing the public comment web page at: *www.aap.org/en/forms/bright-futures-american-academy-of-pediatrics-recommendations-preventive-health-care/.*

FOR FURTHER INFORMATION CONTACT: Savannah Kidd, M.S., M.F.T.; Senior Public Health Analyst; Division of Child, Adolescent, and Family Health; Maternal and Child Health Bureau; HRSA; email: *SKidd@hrsa.gov,* telephone: 301–287–2601.

SUPPLEMENTARY INFORMATION: The Bright Futures Periodicity Schedule is maintained through a cooperative agreement, the Infant, Child, and Adolescent Preventive Services Program, for which the American Academy of Pediatrics (AAP) is the current recipient. When its preventive care and screening recommendations have been accepted by HRSA, the Bright Futures Periodicity Schedule is part of the HRSA-supported preventive services guidelines for infants, children, and adolescents. Under section 2713 of the Public Health Service Act (42 U.S.C. 300gg–13) and pertinent regulations, non-grandfathered group health plans and health insurance issuers must provide coverage, without cost sharing, for certain preventive services for plan years (in the individual market, policy years) that begin on or after the date that is 1 year after the date the recommendation or guideline is issued. These include HRSA-supported preventive health services provided for in the Bright Futures Periodicity Schedule as part of the HRSA-supported preventive services guidelines for infants, children, and adolescents under 42 U.S.C. 300gg–13(a)(3).

Through the Infant, Child, and Adolescent Preventive Services cooperative agreement, the AAP is required to administer a process for developing and regularly recommending, as needed, updates to the Bright Futures Periodicity Schedule through a comprehensive, objective, and transparent review of available evidence that incorporates opportunity for public comment. Accordingly, AAP reviews the evidence to determine whether updates are needed, develops recommended updates, seeks and considers public comments, and makes recommendations to HRSA. The proposed update to the Bright Futures Periodicity Schedule includes additions to existing footnotes, which provide up-to-date information and recommendations to providers but will not change the clinical recommendations and associated requirement for coverage without cost-sharing under section 2713 of the Public Health Service Act. The footnotes that AAP proposes to be revised are as follows:

1. Footnote 4, relating to the first week well-child visit, also called the 3–5 Day Visit, will be revised with an updated reference that aligns with the Bright Futures recommendation regarding providers helping families that choose to breastfeed.

2. Footnote 5, relating to Body Mass Index, is the *Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents with Obesity* (*https://doi.org/10.1542/peds.2022-060640*) published in the January 2023 issue of Pediatrics. This updated reference aligns with the Bright Futures recommendation regarding measuring body mass index starting at the 24-month visit through the 21-year visit and provides non-stigmatizing recommendations for evaluating and treating children who are experiencing weight gains.

3. Footnote 14, relating to Behavioral/Social/Emotional Screening, is the U.S. Preventive Services Task Force Recommendation Statement, *Screening for Anxiety in Children and Adolescents* (*https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/screening-anxiety-children-adolescents*) published in the October 2022 issue of the Journal of the American Medical Association. This additional reference aligns with the Bright Futures recommendation to use screening instruments to better identify children experiencing anxiety, followed by a confirmatory diagnostic assessment and follow-up.

4. Footnote 15, relating to Tobacco, Alcohol, or Drug Use Assessment, is the Centers for Disease Control and Prevention's *Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States* (*https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf*) and the National Institute on Drug Abuse's policy brief, *Naloxone for Opioid Overdose: Life-Saving Science* (*https://nida.nih.gov/publications/naloxone-opioid-overdose-life-saving-science*). The proposed footnote aligns with the Bright Futures recommendation to assess patients for substance use with a validated screening tool. These additional references also describe the utility of prescribing Naloxone if there is concern for substance or opioid use.

5. Footnote 21, relating to Newborn Bilirubin Screening, is *Management of Hyperbilirubinemia in the Newborn Infant 35 or More Weeks of Gestation* (*https://doi.org/10.1542/peds.2022-058859*), published in the August 2022 issue of Pediatrics. This reference aligns with the Bright Futures recommendation for universal bilirubin screening for all newborn infants between 24 and 28 hours after birth.

6. Footnote 35, relating to Oral Health, is *Maintaining and Improving the Oral Health of Young Children* (*https://doi.org/10.1542/peds.2022-060417*), published in the December 2022 issue of Pediatrics. This reference aligns with the Bright Futures recommendation that every child has a dental home by 1 year of age. Additionally, the updated reference encourages providers to screen for social determinants of health, as well as access to medical and dental care, as they influence oral health status and oral health inequities.

With respect to Footnote 15, HRSA welcomes comment on the evidence regarding the effect of prescribing Naloxone in the setting of a primary care preventive visit on preventing or reducing opioid overdoses and opioid overdose deaths.

Authority: Section 2713(a)(3) of the Public Health Service Act, 42 U.S.C. 300gg–13(a)(3).

Carole Johnson,

Administrator.

[FR Doc. 2023–23396 Filed 10–23–23; 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 Lara S. Hwa, Ph.D. (Respondent), who is an Assistant Professor, Department of Psychology and Neuroscience, Baylor University (BU), and formerly was a Postdoctoral Fellow, School of Medicine, University of North Carolina at Chapel Hill (UNC–CH). Respondent engaged in research misconduct in research supported by U.S. Public Health Service (PHS) funds, specifically National Institute on Alcohol Abuse and Alcoholism (NIAAA), National Institutes of Health (NIH), grants K99/R00 AA027576, T32 AA007573, F31 AA027129, F32 AA026485, R01 AA019454, U01 AA020911, R01 AA025582, and P60 AA011605 and included in two grant applications submitted for PHS funds, specifically K99 AA027576 submitted to NIAAA, NIH, and R01 DK136486 submitted to

the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), NIH. The administrative actions, including supervision for a period of four (4) years, were implemented beginning on August 24, 2023, and are detailed below.

FOR FURTHER INFORMATION CONTACT: Sheila 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:

Lara S. Hwa, Ph.D., Baylor University and University of North Carolina at Chapel Hill: Based on the report of an investigation conducted by BU and UNC–CH and additional analysis conducted by ORI in its oversight review, ORI found that Lara S. Hwa, Ph.D., who is an Assistant Professor, Department of Psychology and Neuroscience, BU, and formerly was a Postdoctoral Fellow, School of Medicine, UNC–CH, engaged in research misconduct in research supported by PHS funds, specifically NIAAA, NIH, grants K99/R00 AA027576, T32 AA007573, F31 AA027129, F32 AA026485, R01 AA019454, U01 AA020911, R01 AA025582, and P60 AA011605 and included in two grant applications submitted for PHS funds, specifically K99 AA027576 submitted to NIAAA, NIH, and R01 DK136486 submitted to NIDDK, NIH.

ORI found that Respondent engaged in research misconduct by knowingly or recklessly falsifying and/or fabricating data, methods, results, and conclusions in animal models of alcohol use disorders. Specifically, Respondent falsified and/or fabricated experimental timelines, group conditions, sex of animal subjects, mouse strains, and behavioral response data in the following two (2) published papers and two (2) PHS grant applications:

- Alcohol Drinking Alters Stress Response to Predator Odor via BNST Kappa Opioid Receptor Signaling in Male Mice. *Elife.* 2020 Jul 21;9:e59709. doi: 10.7554/eLife.59709 (hereafter referred to as ''*Elife* 2020''). Retraction in: *Elife.* 2021 Nov 2;10:e74986. doi: 10.7554/eLife.74986.
- Predator Odor Increases Avoidance and Glutamatergic Synaptic Transmission in the Prelimbic Cortex via Corticotropin-releasing Factor Receptor 1 Signaling. *Neuropyschopharmacology.* 2019 Mar;44(4):766–775. doi: 10.1038/s41386–018–0279–2 (hereafter referred to as ''*Neuropyschopharmacology* 2019'').
- K99/R00 AA027576, ''Long-term Alcohol Drinking Alters Stress Engagement of BNST Circuit Elements,'' submitted to NIAAA, NIH, Funding Period: September 20, 2019–August 31, 2024.
- R01 DK136486, ''Neuropeptide Characterization of Limited Access Sugar Drinking in Mice,'' submitted to NIDDK, NIH, administratively withdrawn on December 9, 2022.

Specifically, ORI finds that Respondent knowingly or recklessly:

- Falsified blood ethanol (alcohol) concentration results by using female dynorphin mice from an unrelated study to represent ethanol concentrations in male wildtype mice in Figure 1D of *Elife* 2020
- Falsified ethanol drinking ranges by including mice that drank outside of the range reported in Figures 2C, 4, and 6 of *Elife* 2020 and Figure 4 of K99 AA027576
- Falsified ethanol withdrawal times by including mice undergoing a broad range of withdrawal durations but reporting different withdrawal parameters in Figures 2C, 4, 6, and Figure 6–figure supplement 1 of *Elife* 2020 and Figure 4 of K99 AA027576
- Falsified and/or fabricated mouse behavioral data by selectively switching, omitting, or altering raw data by:
  - —Switching mouse location data from tracking software for water and ethanol treatment groups in Figures 1F, 1G, and 1H of *Elife* 2020
  - —Reporting unrelated heatmap images of mouse spatial location from a separate previous study to falsely demonstrate representative heatmap images for experimental conditions reported in Figure 1F of *Elife* 2020
  - —Falsifying or fabricating mouse location data for 2,4,5, trimethyl-3-thiazoline (TMT) (*i.e.,* predator odorant) contact values in Figures 1G, 3E, and 5I of *Elife* 2020
- Falsified immunolabeling results for *c-Fos* positive nuclei values by selectively switching or omitting raw data reported in mouse prelimbic and infralimbic subregions in mice previously exposed to H2O (control), vanilla (novel odorant), or TMT in Figures 2b, 2c, and 2d of *Neuropsychopharmacology* 2019
- Falsified sample size by duplicating four (4) data points to falsely report spontaneous excitatory post-synaptic current (sEPSC) frequency datapoints of electrophysiological recordings of eight (8) animal subjects in the water and NBI27914 treatment group in Figure 5f of *Neuropyschopharmacology* 2019 and Figure 6 of R01 DK136486

Respondent entered into a Voluntary Settlement Agreement (Agreement) and voluntarily agreed to the following:

(1) Respondent will have her research supervised for a period of four (4) years beginning on August 24, 2023 (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. A committee of 2–3 senior faculty members 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 a period of four (4) years from the effective date of the Agreement. The committee will review primary data from Respondent's laboratory on a quarterly basis and 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. The committee will conduct an advance review of each application for PHS funds, or 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 in the proposed application, report, manuscript, or abstract are supported by the research record.

(3) During the Supervision Period, Respondent will ensure that any institution employing her 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 her participation was not proposed on a research project for which an application for PHS support was submitted and that she has not participated in any capacity in PHS-supported research.

(5) During the Supervision Period, Respondent will exclude herself voluntarily from serving in any advisory or consultant capacity to PHS including, but not limited to, service on any PHS advisory committee, board, and/or peer review committee.

(6) Respondent will request that the following paper be corrected or retracted:

• *Neuropyschopharmacology.* 2019 Mar;44(4):766–775. doi: 10.1038/s41386–018–0279–2. Respondent will copy ORI and the Research Integrity Officer at UNC–CH on the correspondence with the journal.

Dated: October 19, 2023.

Sheila Garrity,

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

[FR Doc. 2023–23464 Filed 10–23–23; 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 Meeting

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meeting.

The meeting 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; Special Topics in Biomaterials, Instrumentation, Gene and Drug Delivery.

Date: December 8, 2023.

Time: 10:00 a.m. to 8:30 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, Rockledge II, 6701 Rockledge Drive, Bethesda, MD 20892 (Virtual Meeting).

Contact Person: Joseph D. Mosca, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 5158, MSC 7808, Bethesda, MD 20892, (301) 408–9465, *moscajos@csr.nih.gov.*

(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: October 19, 2023.

Victoria E. Townsend,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2023–23422 Filed 10–23–23; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Center for Scientific Review; Notice of Closed Meeting

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meeting.

The meeting 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; Member Conflict: Respiratory Sciences.

Date: December 14, 2023.

Time: 10:00 a.m. to 7:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, Rockledge II, 6701 Rockledge Drive, Bethesda, MD 20892 (Virtual Meeting).

Contact Person: Ghenima Dirami, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 4122, MSC 7814, Bethesda, MD 20892, 240–498–7546, *diramig@csr.nih.gov.*

(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: October 19, 2023.

Melanie J. Pantoja,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2023–23424 Filed 10–23–23; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Human Genome Research Institute; Amended Notice of Meeting

Notice is hereby given of a change in the meeting of the National Human Genome Research Institute, Center for Inherited Disease Research Access Committee, November 3, 2023, 11:30 a.m. to 12:30 p.m., National Institutes of Health, National Human Genome Research Institute, 6700B Rockledge Drive, Room 3172, Bethesda, MD 20892, which was published in the **Federal Register** on September 28, 2023, FR DOC 2023–21148, 88 FR 66863.

The National Human Genome Research Institute, Center for Inherited Disease Research Access Committee meeting is being rescheduled due to panel member availability. The meeting date and time has been changed to November 9, 2023, from 2:00 p.m. to 3:00 p.m. This meeting will be closed to the public.

Dated: October 19, 2023.

Melanie J. Pantoja,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2023–23423 Filed 10–23–23; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Diabetes and Digestive and Kidney Diseases; Notice of Closed Meeting

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of the following meeting.

The meeting 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,