The Scientific Integrity Policy of the U.S. Department of Health and Human Services

Purpose

The purpose of this policy is to promote a continuing culture of scientific integrity at the U.S. Department of Health and Human Services (HHS). This policy aims to ensure the integrity of all aspects of HHS scientific activities, including proposing, conducting, reviewing, managing, and communicating about science and scientific activities, and using the results of science to inform policy and program decision-making.

Core Values that Support Scientific Integrity at HHS

The success of HHS's mission to enhance the health and well-being of all Americans depends on the development and use of accurate, complete, and timely scientific and technical information. Scientific integrity requires that such information be developed under and subjected to well-established scientific processes, free from inappropriate interference that undermines impartiality, nonpartisanship, or professional judgement. HHS agencies work to maximize the quality, accuracy, objectivity, utility, and timeliness of the scientific and technological information they produce, use, and disseminate. In turn, this information enables HHS to employ innovative approaches to effectively address the many public health and human services challenges that our work targets. These efforts allow accurate, complete, and timely scientific and technical information to improve the design, delivery, and impact of HHS policies and programs, and support equity, justice, and trust. Responsibility for upholding scientific integrity lies with the entire scientific ecosystem, including all HHS employees, its contractors, and grantees, and those engaged in science and scientific activities outside HHS.

Definition of Scientific Integrity and Scientific Integrity Official

HHS adopts the following Official Federal Definition of Scientific Integrity:

> *Scientific integrity is the adherence to professional practices, ethical behavior, and the principles of honesty and objectivity when conducting, managing, using the results of, and communicating about science and scientific activities. Inclusivity, transparency, and protection from inappropriate influence are hallmarks of scientific integrity.*

HHS designates a senior career employee as the HHS Scientific Integrity Official (SIO) to oversee implementation and iterative improvement of the HHS Scientific Integrity Policy and related processes. The roles and responsibilities of the SIO are described in more detail on page 15.

This policy empowers the HHS SIO with the independence necessary to gather and protect information to support the review and assessment of scientific integrity concerns and ensure implementation of corrective scientific actions such as policy changes or correction or retraction of published materials. The HHS SIO also advocates for appropriate engagement of scientific leadership in policymaking.

Effective Date and Policy Amendments

This policy is effective when adopted. This policy will be reviewed by HHS one year after its effective date and regularly thereafter. Proposals to amend this policy will be overseen by the HHS SIO, in collaboration with the HHS Scientific Integrity Council described below, and communicated to the Director of the White House Office of Science and Technology Policy no later than 30 days after adoption.

Applicability & Scope

Scientific integrity is the responsibility of the entire HHS workforce. Covered individuals who are required to adhere to this policy include all HHS employees, Public Health Service Commissioned Corps members, political appointees, trainees, interns, and advisory committee members in their capacity as special government employees, when in the course of their official duties they propose, conduct, review, or communicate about science and scientific activities, and all levels of employees who manage or supervise scientific activities and use scientific information in policymaking.

HHS is composed of Operating and Staff Divisions (OpDivs/StaffDivs), some of which have division-specific Scientific Integrity policies and procedures. The HHS Scientific Integrity Policy applies to all covered individuals, as listed above; division-specific Scientific Integrity policies apply to covered individuals within that division. Division-specific policies align with and support the HHS-wide policy at a minimum, but may institute additional requirements, responsibilities, and procedures as appropriate for the mission of the division.

HHS contractors, partners, co-regulators, permittees, lessees, grantees, and volunteers who engage or assist in HHS scientific activities are not considered covered individuals but are expected to uphold the principles of scientific integrity described in this policy, as incorporated into the terms of their engagement with HHS. In addition, each institution that applies for or receives Public Health Service (PHS) support for biomedical or behavioral research, research training, or activities related to that research or research training must comply with 42 CFR Part 93, PHS Policies on Research Misconduct, overseen by the HHS Office of Research Integrity (ORI), and may need to comply with other applicable laws, regulations, and policies. Research misconduct, which includes fabrication, falsification, and plagiarism, is one way in which scientific integrity can be compromised.

10. 18 USC Parts 201-209 --- Statutes regarding Bribery, Graft and Conflicts of Interest
11. 5 CFR Parts 5501 and 5502 --- Supplemental Standards of Ethical Conduct for Employees of the Department of Health and Human Services
12. 5 USC Ch. 10 --- The Federal Advisory Committee Act of 1972
13. 45 CFR Part 73, Standards of Conduct
14. 5 CFR Part 735, Employee Responsibilities and Conduct
15. HHS Protection of Human Subjects Regulation (45 CFR Part 46).
16. PPD 19 --- Protecting Whistleblowers with Access to Classified Information, 2012
17. M-20-12 --- OMB Phase 4 Implementation of the Foundations for Evidence-Based Policymaking Act of 2018: Program Evaluation Standards and Practices
18. 42 CFR Part 93 --- Public Health Service Policies on Research Misconduct
19. 10 USC 1034, made applicable to the Public Health Service Commissioned Corps through section 1129 of the Food and Drug Administration Safety and Innovation Act, Pub. L 112-144, and implemented by Commissioned Corps Directive (CCD) 121.06
20. Health Extenders, Improving Access to Medicare, Medicaid, and CHIP, and Strengthening Public Health Act of 2022, Pub. L. No 117-328, Division FF, Title II, Section 2321 (Jan 3, 2023).
21. Chips and Science Act, Pub. L. No 117-167, Title VI, Subtitle D, Section 10631 (Aug 9, 2022).

Exceptions

This policy will be implemented consistent with applicable federal law.

Definitions

Allegation refers to a disclosure of a suspected loss of scientific integrity.

Corrective scientific action refers to actions taken to restore the accuracy of the scientific record after a loss of scientific integrity has been determined, consistent with this policy, such as correction or retraction of published materials. In addition to scientific actions, administrative actions may also be taken in response to substantiated violations of this policy.

Covered individuals who are required to adhere to this policy include all HHS employees, Public Health Service Commissioned Corps members, political appointees, trainees, interns, and advisory committee members in their capacity as special government employees, when in the course of their official duties they propose, conduct, review, or communicate about science and scientific activities, and all levels of employees who manage or supervise scientific activities and use scientific information in policymaking.

Ethical behavior refers to activities that reflect norms for conduct that distinguish between acceptable and unacceptable behavior, such as honesty, lawfulness, equity, and professionalism, and to adherence to statutes, regulations, policies, and guidelines governing employee conduct.

Federal agency refers to an Executive department, a Government corporation, and an independent establishment.

5. Require that covered individuals represent their contributions to scientific work fairly and accurately and neither accept nor assume unauthorized and/or unwarranted credit for another's accomplishments. To be named as an author, contributors should have made a substantial contribution or provided editorial revisions that include critical intellectual content, approved the final version, and agreed to be accountable for all aspects of the work to which they contributed. Prior consent should be obtained from each author to be represented on a particular work. Obtaining prior consent for acknowledgements is also a good practice. This policy sets a minimum requirement for authorship attribution, and HHS OpDivs/StaffDivs may have additional authorship criteria. Different scientific disciplines use a range of strategies to attribute scientific work to individuals, and documents may be published without authorship attributions.
6. Ensure independent review of scientific facilities, methodologies, and other scientific activities as appropriate to ensure scientific integrity.
7. Require that covered individuals comply with HHS policies and procedures for planning and conducting scientific activities and show appropriate diligence toward protecting and conserving Federal research resources, such as equipment and other property, and records of data and results that are entrusted to them.
8. Prohibit research misconduct, the deliberate or reckless use of improper or inappropriate research methods or processes, and noncompliance with practices that safeguard the quality of research and other scientific activities or enhance research security.
9. Require that covered individuals design, conduct, manage, evaluate, and communicate about scientific research and other scientific activities honestly and thoroughly, and disclose any conflicts of interest to their supervisor or other appropriate HHS official(s) for their determination as to whether a recusal, disclaimer, or other action is appropriate, consistent with HHS ethics policies and procedures.
10. Require that research involving the participation of human subjects and the use of non-human animals is conducted in accordance with applicable, established laws, regulations, policies, and ethical considerations.
11. Support and enhance scientific integrity with the understanding that violations of scientific integrity can have a disproportional impact on underrepresented groups or weaken the equitable delivery of Federal Government programs.
12. Consistent with OSTP guidance and relevant HHS policy, prohibit personnel of HHS engaged in intramural research from participation in foreign talent recruitment programs, unless the participation is in an international conference or other international exchange, partnership, or program for which such participation has been approved by the appropriate authority in HHS.[10]
13. Consistent with OSTP guidance and relevant HHS policy, require disclosure of participation in foreign talent recruitment programs, including the provision of copies of all grants, contracts, or other agreements related to such programs, and other supporting documentation related to such programs, as a condition of receipt of Federal extramural research funding awarded through HHS.[10]

[10] *See* Health Extenders, Improving Access to Medicare, Medicaid, and CHIP, and Strengthening Public Health Act of 2022, Pub. L. No 117-328, Division FF, Title II, Section 2321 (Jan 3, 2023) *and* Chips and Science Act, Pub. L. No 117-167, Title VI, Subtitle D, Section 10631 (Aug 9, 2022). OSTP guidance and relevant HHS policies to implement this legislation are forthcoming at the time of publication of this policy.

4. Ensure that the SIO, with input from the HHS Scientific Integrity Council, develops a transparent mechanism for covered individuals to express differing scientific opinions free from political interference or inappropriate influence.

IV. Ensuring Accountability

It is the policy of HHS to:

1. Ensure correction of the scientific record and implementation of corrective scientific actions when allegations of a loss of scientific integrity are substantiated.
2. Encourage and facilitate early informal or formal consultation between employees and scientific integrity officials to advise on preventing loss of scientific integrity, to determine whether a loss of scientific integrity has potentially occurred, and to ascertain whether an allegation should be referred elsewhere for resolution.
3. Provide clear guidance on how to formally and confidentially report concerns and allegations of loss of scientific integrity. Those who report concerns and allegations need not be directly involved or witness a violation.
4. Ensure that the HHS SIO, together with other OpDiv/StaffDiv scientific integrity officials, as applicable, draft procedures to respond to allegations of loss of scientific integrity in a timely, objective, and thorough manner. These procedures shall include an initial assessment and review, a fact-finding process, an adjudication or determination including description of remedies and preventative measures to safeguard the science, an appeals process, follow-up to track implementation of remedies, and reporting.
5. These procedures shall document the necessary aspects for each step of the process including burden of proof, any necessary determination of intentionality, and reporting as well as the roles of the HHS SIO and HHS staff in the process.
6. Ensure that relevant HHS OpDivs/StaffDivs have scientific integrity policies that are consistent and in alignment with this policy.

V. Protections

HHS assures the protection of HHS scientists and other covered individuals as appropriate from retribution, retaliation, or reprisal in implementation of this policy.

It is the policy of HHS to:

1. Select and retain candidates for scientific and technical positions based on the candidate's scientific and technical knowledge, credentials, experience, and integrity, and hold them and their supervisors to the highest standards of professional and scientific ethics.
2. Promote diversity, equity, inclusion, and accessibility in the scientific workforce and to create safe workspaces that are free from harassment, discrimination, and exploitation.
3. Protect from reprisal those individuals who report allegations of loss of scientific integrity in good faith. Efforts will also be made to protect from inappropriate actions those covered individuals alleged to have compromised scientific integrity.
4. Prevent HHS employees from intimidating or coercing scientists to alter scientific data, findings, or professional opinions or from inappropriately influencing scientific advisory boards.

remedies against retaliation, employees may contact the HHS OIG Whistleblower Protection Coordinator.[16] In general:

1. Concerns about a potential loss of scientific integrity at HHS may be reported to the HHS SIO by any individual who has knowledge of the situation. Reporting may be done anonymously.
2. Employees of HHS or its OpDivs/StaffDivs are encouraged to seek an informal consultation with the HHS SIO or the relevant division SIO to discuss whether a concern constitutes a potential loss of scientific integrity before submitting a formal complaint. Employees ultimately have the discretion to submit a formal complaint as they see fit.
3. HHS OpDivs/StaffDivs may have their own procedures for reporting scientific integrity concerns. Concerns submitted to HHS that involve actions and outcomes specific to a particular operating division will be directed to that division for follow up if that division has its own procedures in place. For divisions without their own procedures, formal complaints will be handled by the HHS Scientific Integrity Council.
4. The SIO, with the help of the Scientific Integrity Council as needed, will complete an initial assessment of each reported concern and determine whether to request additional information from the complainant or others and to determine whether a formal investigation is warranted.
5. Should an investigation be opened, an investigation committee consisting of the HHS SIO and at least two other Scientific Integrity Council members, or their delegates, will be convened. The committee will develop a factual record by exploring the allegation(s) in detail and consulting with subject matter experts, interviewing witnesses, and reviewing documentation as needed. This record will be documented in a report from the committee to the SIO.
6. Once the investigation is complete and a report has been submitted to the HHS SIO, the SIO will determine whether scientific integrity was lost, and if so, what corrective scientific actions are recommended.
7. The complainant and respondent will be given the opportunity to appeal a finding or any corrective scientific actions taken.

Handling Differing Scientific Opinions

Science and decisions based on science are strengthened by vigorous discussion and debate and by considering all available evidence. The process of challenging and improving ideas helps to guard against inadequate science and flawed analysis. HHS encourages its scientists to respectfully express and engage with differing views as an integral part of the scientific process. In some cases, such as when a scientific dispute has a significant impact on public health or policy, a formal scientific dispute resolution process may be necessary. The goal of scientific dispute resolution should be to ensure that all perspectives are heard and documented in an unbiased way. A satisfactory resolution may involve adopting one opinion over another, deciding to conduct additional studies, formulating an alternate theory reconciling the differing opinions, or documenting the disagreement for the benefit of policymakers and fellow scientists. HHS OpDivs/StaffDivs may have dispute resolution policies in place; employees of these divisions must

[16] https://oig.hhs.gov/fraud/whistleblower/ As appropriate, employees can also contact their OpDiv/StaffDiv's office of Equal Employment Opportunity office for information regarding retaliation based on protected EEO activity, or the Office of Special Counsel for information regarding retaliation based on whistleblowing. Additionally, although encouraged to use the process detailed herein, employees may also disclose wrongdoing to their supervisor or another individual higher up in management, the HHS OIG, the Office of Special Counsel, or to Congress.

follow any such policies and guidelines. If a division does not have a dispute resolution process already in place, the following steps may be used as a guide. These steps may be completed in any order and are not necessarily an exhaustive list of dispute resolution measures. In general:

- A team member or group of team members with a differing opinion may engage with their colleagues to resolve the issue as soon as the difference of opinion is known. HHS recommends this type of internal discussion as a first step in most dispute resolution proceedings.
- A team may choose to consult a manager. First-level managers may defer to an appropriate higher-level manager if the first-level manager has a conflict of interest or cannot offer an impartial opinion for any reason.
- If the matter cannot be satisfactorily resolved by other means, a team may request assistance from their division's SIO. The HHS SIO may be consulted if the division SIO requests their assistance, if there is no division SIO, or if there is a conflict of interest or perceived conflict of interest with the division SIO. The HHS SIO will review the dispute history and may recommend additional internal discussion, peer review, or involvement of subject matter experts. The HHS SIO may also serve as a mediator or engage the services of a professional mediator to help resolve the dispute. The HHS SIO acting in this capacity serves to uphold scientific integrity and will not advocate for a particular scientific position.

Roles and Responsibilities

Scientific Integrity is everyone's responsibility. The following individuals have specific scientific integrity roles and responsibilities under this policy:

I. The Secretary of Health and Human Services

1. Provides leadership for HHS on scientific integrity, by leading through example, upholding scientific integrity principles, and regularly communicating the importance of scientific integrity.
2. Ensures that all HHS activities associated with scientific and technological processes are conducted in accordance with this policy.
3. Ensures that all supervisors and managers comply with this policy and ensures accountability for those who do not.
4. Ensures that violations of this policy are investigated to the full extent that is described herein, and that appropriate corrective scientific and/or administrative actions are taken as a result of such investigations.
5. Ensures that HHS scientific integrity efforts support HHS plans for making evidence-based policies, including the evidence-building plans required by 5 U.S.C. 312(a) and the annual evaluation plans required by 5 U.S.C. 312(b).
6. Provides adequate resources and funding to implement this policy including staffing, monitoring, evaluation, reporting, and training.
7. Ensures that SIOs are afforded all applicable career employee rights and appeals and are protected against reprisal or retribution of any kind.
8. Supports and respects the HHS SIO's independence, recommendations, and designation of and HHS compliance with corrective scientific actions when violations of this policy are substantiated.

Assistance may be sought from the National Science and Technology Council Subcommittee on Scientific Integrity in cases of disagreement.

9. In cooperation with the HHS SIO, oversees the implementation and iterative improvement of policies and processes affecting the integrity of scientific activities funded, conducted, or overseen by HHS, as well as policies affecting the Federal and non-Federal scientists who support the scientific activities of HHS, including scientific-integrity policies.
10. Ensures that HHS establishes as necessary clear administrative actions for substantiated violations of this policy, designating responsibility for each aspect of accountability.

II. HHS Scientific Integrity Official

1. Is a designated, full-time equivalent, career employee who holds a permanent appointment and has appropriate scientific credentials and is appointed at a senior level.
2. Oversees implementation and iterative improvement of scientific-integrity policies and processes, provides leadership on matters of scientific integrity, and serves as the primary HHS-level contact for questions regarding scientific integrity.
3. Leads training and outreach initiatives to facilitate employee awareness and understanding of this policy.
4. Serves as a neutral point of contact for receiving allegations of loss of scientific integrity and provides informal consultation for employees who have scientific integrity concerns.
5. Conducts an initial assessment of all formal complaints and submitted materials, following established procedures, to determine whether the allegations pertain to loss of scientific integrity and the appropriate handling of said allegations. Provides independent oversight of HHS responses to allegations of loss of scientific integrity referred for an inquiry or investigation, including:
    a. Reviewing HHS-submitted reports of allegations and their disposition.
    b. Maintaining a status report of responses to allegations as a means of monitoring the progress toward resolution.
6. Leads efforts to update this policy and any accompanying guidance, as appropriate.
7. Reports to the HHS Deputy Assistant Secretary for Science and Data Policy on matters involving scientific integrity.
8. Coordinates as necessary with the HHS Offices of Research Integrity (ORI), Human Subjects Research Protection (OHRP), Inspector General (OIG), the General Counsel (OGC), Human Resources, Civil Rights, the Assistant Secretary for Public Affairs, and the Chief Information Officer, among others.
9. Reports any potentially criminal behavior related to waste, fraud, abuse, or potential employee misconduct to OIG that is uncovered while responding to an allegation of loss of scientific integrity and coordinates as appropriate related to the referral provided to OIG.
10. Keeps the HHS Secretary informed on the status of the implementation of this policy and any compliance concerns, as warranted.
11. Publishes an annual scientific integrity report as described below.
12. Leads efforts for the iterative improvement of this policy and scientific integrity initiatives overall including development and implementation of an evaluation plan to regularly monitor and evaluate ongoing scientific integrity activities and outcomes.

13. To the extent possible, is involved in high level discussions and strategic planning on the recruitment, retention, development, and advancement of scientists—including scientists from underrepresented communities—to help ensure that scientific integrity is appropriately and carefully considered.

III. HHS Scientific Integrity Council Members

1. As delegated by the HHS SIO, oversees implementation and iterative improvement of scientific integrity policies and processes.
2. Coordinates with the HHS SIO in implementing scientific-integrity policies and processes.
3. Provides oversight for the implementation of the Scientific Integrity Policy at HHS.
4. Acts as liaisons for their respective HHS OpDivs/StaffDivs.
5. Assists with training and policy assessment, updates, and amendments.
6. Is available to address any questions or concerns regarding this policy.
7. Other duties as delegated.

IV. HHS Managers and Supervisors

1. Comply with and ensure HHS and employee compliance with the scientific integrity policy, including reporting or advising others on reporting allegations of loss of scientific integrity.
2. Make themselves aware of and uphold the principles contained in this policy. Lead through example by upholding scientific integrity principles and communicating the importance of doing so.
3. Report any knowledge of potential loss of scientific integrity to the HHS SIO or OpDiv/StaffDiv scientific integrity officials.
4. Consult, as appropriate, with the HHS SIO or relevant OpDiv/StaffDiv SIOs, human resources officers, contracting and grant personnel, ethics officers, ORI, OIG, OGC, and the Office for Civil Rights.

V. HHS Employees and other covered individuals

1. Make themselves aware of the principles contained in this policy and how the policy applies to their duties.
2. Comply with this policy.
3. Adhere to accepted professional values and practices of the relevant research/scientific communities to which they belong.
4. Are encouraged to report to the HHS SIO or OpDiv/StaffDiv SIO any concern of loss of scientific integrity and are encouraged to report retaliation or potential criminal activity to the HHS OIG Hotline.[17]

[17] https://oig.hhs.gov/fraud/report-fraud/before-you-submit/

Monitoring and Evaluating Scientific Integrity Activities and Outcomes

HHS will develop and implement an evaluation plan to regularly measure, monitor, and evaluate ongoing scientific integrity activities and outcomes. The plan will include a roadmap of activities, evaluation metrics, and methods of measurement for the purpose of ongoing improvement of SI processes, procedures, and policies. The plan will include expected metrics and measurement methods for evaluating the HHS Scientific Integrity Policy; workforce training; scientific integrity leadership, staffing, and communication; and reporting mechanisms. As part of the monitoring and evaluation plan, HHS shall publish an annual report on the number and outcomes of investigations and appeals involving allegations of loss of scientific integrity. To the extent possible, all descriptions of investigations and appeals will be anonymized.

The plan shall also include a timeline for implementation and frequency of data collection, analysis, review, recommendations, and implementing recommendations. Monitoring and evaluation results, recommendations, and policy/procedure changes based on results will be reported to HHS leadership and will be made available to HHS staff and the public in a timely manner.

Reporting

The HHS SIO, with input from the Scientific Integrity Council, is responsible for developing and making prominently available on HHS's public facing website an annual report to HHS leadership on the status of scientific integrity within HHS. The report shall highlight scientific integrity successes, accomplishments, or progress across HHS and identify areas for improvement and plans for addressing critical weaknesses, if any. The report shall describe progress toward achieving key metrics, including comparisons to the same metrics from prior years to show trends over time, whenever feasible. It will also include the number of investigations and appeals involving alleged or actual violations of this scientific integrity policy, including pending investigations and appeals.

Related Policies and Statutes

Involving SIOs in the writing and updating of related policies can help provide needed perspectives before such policies are issued and better ensure they support scientific integrity. Officials should consider the scientific integrity-related components of other policies (e.g., professional development of scientists, science-related communications, etc.) and determine where those other policies should be referenced, or perhaps reinforced, within the agency scientific integrity policy to help ensure their longevity. Violations of related and supporting policies may result in a loss of scientific integrity and it is appropriate for SIOs to coordinate with their agency counterparts in these matters.

SIOs should have an awareness of policies and programs that intersect with the development of the culture of scientific integrity within the agency. SIOs, where possible, shall be involved in the development or revision of the broader set of policies and practices that affect the culture and applicability of scientific integrity within HHS.

Research Misconduct

- Federal Research Misconduct Policy

- Public Health Service Policies on Research Misconduct

Diversity, Equity, Inclusion, and Accessibility (DEIA) in Addressing and Strengthening Scientific Integrity and the Disproportional Impact of Scientific Integrity Policy Violations on Underrepresented Groups

- HHS Equal Employment Opportunity and Anti-Harassment Policy
- Government-Wide Strategic Plan to Advance Diversity, Equity, Inclusion, and Accessibility in the Federal Workforce

Public Access

- NIH Public Access Policy
- OSTP Memorandum on Increasing Access to the Results of Federally Funded Research (2013)
- OSTP Memorandum on Ensuring Free, Immediate, and Equitable Access to Federally Funded Research (2022)
- 5 USC Part 552 --- Freedom of Information Act

Human and Animal Subject Protections

- Federal Policy for Protection of Human Research Subjects (the Common Rule)
- FDA Policy for the Protection of Human Subjects
- Animal Welfare Act and Regulations
- Public Health Service Policy on Humane Care and Use of Laboratory Animals
- *Guide for the Care and Use of Laboratory Animals*

Research Security

- National Security Presidential Memorandum 33 (NSPM 33)
- Guidance for Implementing NSPM 33

Whistleblower Protections

- 5 USC Part 2302 --- Prohibited personnel practices
- Whistleblower Protection Act of 1989
- PL 103-424 --- Expansion of Whistleblower Protection Act of 1989
- Whistleblower Protection Enhancement Act of 2012
- 41 USC Part 4712 --- Enhancement of contractor protection from reprisal for disclosure of certain information
- Presidential Policy Directive 19 --- Protecting Whistleblowers with Access to Classified Information
- US Office of Special Counsel

- 10 USC Part 1034, made applicable to the Public Health Service Commissioned Corps through section 1129 of the Food and Drug Administration Safety and Innovation Act, Pub. L 112-144, and implemented by Commissioned Corps Directive (CCD) 121.06

Foundations for Evidence-Based Policymaking Act ("Evidence Act")

Notification and Federal Employee Antidiscrimination and Retaliation Act ("No FEAR Act")

Dual Use Research of Concern

The Federal Advisory Committee Act

Paperwork Reduction Act