care should focus on reducing general use of NIT among most ED patients and identifying the high-risk subgroup who may benefit.

Aniket A. Kawatkar, PhD, MS
Benjamin C. Sun, MD, MPP
Adam L. Sharp, MD, MSc

**Author Affiliations:** Research and Evaluation Department, Kaiser Permanente Southern California, Pasadena (Kawatkar, Sharp); Leonard Davis Institute of Health Economics, Department of Emergency Medicine, University of Pennsylvania, Philadelphia (Sun); Health Systems Science Department, Kaiser Permanente Bernard J. Tyson School of Medicine, Pasadena, California (Sharp).

**Corresponding Author:** Adam L. Sharp, Research and Evaluation Department, Kaiser Permanente Southern California, 100 S Los Robles, Pasadena, CA 91101 (adam.l.sharp@kp.org).

**Published Online:** March 8, 2021. doi:10.1001/jamainternmed.2020.9238

**Conflict of Interest Disclosures:** Dr Kawatkar reported grants from the National Heart, Lung, and Blood Institute of the National Institutes of Health. Dr Sun reported grants from the National Institutes of Health. Dr Sharp reported grants from the National Heart, Lung, and Blood Institute of the National Institutes of Health.


---

**CORRECTION**

Clarification of Messages Delivered to Participants During Trial of Time-Restricted Eating: In the Original Investigation, “Effects of Time-Restricted Eating on Weight Loss and Other Metabolic Parameters in Women and Men With Overweight and Obesity: The TREAT Randomized Clinical Trial,” published online first on September 28, 2020, in *JAMA Internal Medicine*, there were minor discrepancies between the protocol and the text of our article regarding the messages delivered to the participants during the trial. This has been clarified in the Methods section of the article. This Correction notice follows a previous Correction. This article was corrected online.

2. Error in Figure 2 [Correction]. *JAMA Intern Med*. 2020;180(11):1555. doi:10.1001/jamainternmed.2020.6728

Errors in Results: In the Original Investigation titled “Characteristics of Copayment Offsets for Prescription Drugs in the United States,” published online March 29, 2021, there were data errors in the second sentence of the last paragraph of the Results section. The 2 denominators mentioned in that sentence were both off by 1 number. The sentence should read as follows: "A total of 80.0% of manufacturer-sponsored offsets were concentrated among 6.2% of unique products (164 of 2661 products), and 79.9% of pharmacy-PBM offsets were concentrated among 4.9% of unique products (156 of 3175 products)." The article has been corrected online.