

### Public Comments

Members of the public were invited to comment on any issues or concerns that they believed were relevant or appropriate to these policies. 62 FR 16809, 16814. The only comment received in response to the Commission's notice was submitted by Jerome S. Lamet, Esq., an attorney in Chicago, Illinois.<sup>1</sup> The comment addressed issues not encompassed within the scope of the notice, and did not relate to any specific aspect of the policies adopted by the Commission. The comment appeared to relate to actions brought by the Commission in federal district court under sections 13(b) and 19 of the FTC Act, 15 U.S.C. 53(b) and 57b, following entry of a court order restraining a defendant from disposing of individual or corporate assets. Mr. Lamet commented that when the defendant in such a case is a small business, the Commission should not oppose the defendant's motion to release frozen assets to pay its attorney. In the alternative, the commenter stated that the Commission should provide legal counsel for defendants who are small businesses, or funds for that purpose.<sup>2</sup>

When the Commission brings actions under sections 13(b) and 19 of the FTC Act, it considers a number of factors in determining whether to seek a court order freezing assets and thereafter oppose motions to release frozen assets to pay defendants' attorneys. These factors include, but are not limited to, the seriousness of any fraud, the threat of dissipation of assets, the degree of consumer injury, and the funds necessary to redress injury to consumers. Typically, when the Commission opposes motion to release frozen assets to pay defendants' attorneys, it does so based on the theory that it only will be able to achieve relief if the frozen assets identified by the Commission are preserved to provide restitution to the victims of the defendants' fraud, and the defendants should not be permitted to use the proceeds of fraud to finance their defense of the fraud. The Commission addresses this issue on a case-by-case basis based on individual facts and circumstances. It is beyond the Commission's statutory authority, as mandated by Congress pursuant to the FTC Act, to provide legal counsel to defendants who are small businesses, or, except in the limited circumstances

<sup>1</sup> The comment submitted in response to the notice has been placed on the public record, and is filed as document number B21946900001. In today's notice, the comment is cited as Lamet, #1.

<sup>2</sup> Lamet, #1.

provided in the Equal Access to Justice Act,<sup>3</sup> to provide funds for that purpose. Accordingly, the Commission has determined not to revise either its small business compliance assistance policy or its civil penalty leniency policy.

**Authority:** Secs. 213 and 223, Pub. L. 104-121, 110 Stat. 847.

By direction of the Commission.

**Benjamin I. Berman,**

*Acting Secretary.*

[FR Doc. 97-23186 Filed 8-29-97; 8:45 am]

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### DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### Advisory Commission on Consumer Protection and Quality in the Health Care Industry; Notice of Public Meeting

In accordance with Section 10(a)(2) of the Federal Advisory Committee Act, Public Law 92-463, notice is hereby given of the meeting of the Advisory Commission on Consumer Protection and Quality in the Health Care Industry. This two-day meeting will be open to the public, limited only by the space available.

**Place of Meeting:** The University of Illinois at Chicago, West Campus: Chicago Illini Union, 2nd Floor, Chicago Rooms; 828 South Wolcott Avenue, Chicago, Illinois 60612. Exact locations of the sessions will be available at the Union center and on the Commission's web site, "www.hcqualitycommission.gov".

**Times and Dates:** The public meeting will span two days. On Tuesday, September 9, 1997, the subcommittee break-out sessions will take place from 10:00 a.m. until 4:30 p.m. On Wednesday, September 10, 1997, the general plenary session will begin at 8:00 a.m. and it will continue until 4:00 p.m.

**Purpose/Agenda:** To hear testimony and continue formal proceedings of the Commission's four (4) subcommittees. Agenda items are subject to change as priorities dictate.

**Contact Person:** For more information, including substantive program information and summaries of the meeting, please contact: Edward (Chip) Malin, Hubert Humphrey Building, Room 118F, 200 Independence Avenue, S.W., Washington, DC 20201; [202/205-3333].

<sup>3</sup> 5 U.S.C. 504; 28 U.S.C. 2412.

Dated: August 25, 1997.

**Richard Sorian,**

*Deputy Director, Advisory Commission on Consumer Protection and Quality in the Health Care Industry.*

[FR Doc. 97-23177 Filed 8-29-97; 8:45 am]

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### DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### Centers for Disease Control and Prevention

[30DAY-20-97]

#### Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Office on (404) 639-7090. Send written comments to CDC, Desk Officer; Human Resources and Housing Branch, New Executive Office Building, Room 10235; Washington, DC 20503. Written comments should be received within 30 days of this notice.

#### Proposed Projects

1. National Inventory of Clinical Laboratory Testing Services (NICLTS)—New—This is a new data collection. CDC proposes to gather data through the use of a mail/telephone-assisted survey of a statistical sample of waived and provider performance microscopy (PPM) certified laboratories. The use of a mail/telephone survey instrument will be cost-effective approach for performing the inventory of clinical laboratory testing services by analytes, test systems, specimen types and test volume in laboratories with limited menus such as waived and PPM facilities.

The data collected in this study will provide the government, policy makers, practitioners and researchers with national estimates of analytes, test systems, and test volumes being performed in each of the ten defined regions in the United States in waived and PPM laboratories.

This baseline survey will be analyzed and used by CDC in: (1) Responding to questions concerning the impact of both regulatory and non-regulatory changes in the delivery of clinical laboratory medicine to Congress, DHHS, and the public; (2) allowing the government to track changes in public access to clinical laboratory testing and to