agreement with any third-party payer until the earlier of (1) the termination or renewal date of the agreement, or (2) receipt of a written request from the third-party payer to terminate such agreement, In addition, the proposed consent order would not prevent either Dr. Rubenstein or Dr. Norris from entering into an agreement with any other physician with whom he practices in partnership or in a professional corporation, or who is employed by the same person as Dr. Rubenstein or Dr. Norris, to deal with any patient, purchaser, or their-party payer on collectively determined terms.

Nothing in the proposed order would prevent USS, SCA, or USL from offering a bundled or ''global'' fee that included the lithotripsy machine fee and the anesthesia fee, without the lithotripsy professional service fee, since such an arrangement would not involve any agreement on fees of lithotripsy professional services. Likewise, the proposed order would not prohibit them from contracting with purchasers of payers using a ''messenger model'' arrangement that did not involve any explicit or implicit agreement among urologist regarding the prices, discounts, or other terms of sale or reimbursement of their services.

The proposed consent order also would not prohibit any of the respondents from dealing through an integrated joint venture with any purchaser on collectively determined terms regarding lithotripsy professional services, provided that the respondent first notifies the Federal Trade Commission of any such joint venture activity in writing at least forty-five (45) days prior to the activity.

Part III of the proposed consent order would require USS, SCA, and USL to distribute copies of the proposed order and accompanying complaint to (a) persons whose activities are affected by the order, or who have responsibilities with respect to the subject matter of the order, and (b) each urologist who provides lithotripsy professional services at Parkside. In addition, the proposed consent order would require USS, SCA, and USL to distribute copies of the proposed order and accompanying complaint, together with the NOTICE attached to the order, to each third-party payer with whom they have an agreement that does not comply with Part II.A. of the order.

Parts IV, V, and VI of the proposed order impose certain reporting requirements in order to assist the Commission in monitoring compliance with the order.

The proposed consent order would terminate 20 years after the date it is issued.

Donald S. Clark,

Secretary.

Separate Statement of Commissioner Mary L. Azcuenaga Concurring in Part and Dissenting in Part in Parkside Kidney Stone Center, File No. 391–0028

I agree that an order requiring the respondents to cease and desist from fixing the price of professional lithotripsy services is warranted, but the requirement that the respondents, for ten years, give the Commission 45 days notice before ''forming or participating in an integrated joint venture'' that deals on collectively determined terms for lithotripsy services is unjustified and unnecessary.[1] The prior notice requirement departs from the Commission's policy adopting a presumption against prior approval and prior notice provisions in merger and joint venture orders.[2] An exception to the policy may be appropriate, if these is a credible risk that prior notice is necessary to prevent repetition of the unlawful conduct. Given the express prohibition in the proposed order of the allegedly unlawful conduct, the potential liability for civil penalties for a violation, and the periodic reports of compliance that may be required under the order, no such necessity appears. I dissent from the prior notice requirement.

[FR Doc. 98–710 Filed 1–9–98; 8:45 am]

BILLING CODE 6750–01–M

[1] The prior notice requirement is inconsistent with the weight of Commission precedent. Similar cases in the health care field typically have not imposed any notice requirements or have required notice within 30 days after certain joint venture activity. *See e.g.*, Physicians Group, Inc., Docket C–3620 (Aug. 11, 1995); Trauma Associates of North Broward, Inc., Docket C–3541 (Nov. 1, 1994); Southbank IPA, Inc., 114 F.T.C. 783 (1991); Preferred Physicians, Inc., 110 F.T.C. 157 (1988); Medical Staff of Doctors' Hospital of Prince George's County, 100 F.T.C. 476 (1988). *But see Montana Associated Physicians, Inc.*, Docket C–3704 (Jan 13, 1997) (20-year prior approval); *College of Physicians-Surgeons of Puerto Rico*, File No. 971–0011 (filed D. Puerto Rico Oct. 2, 1997) (Commissioner Azcuenaga concurring in part and dissenting from perpetual prior approval requirement).

[2] Prior Approval Policy Statement (June 1955), *Reprinted in* 4 Trade Reg. Rept. Rep. (CCH) ¶13,241.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Clinical Laboratory Improvement Advisory Committee (CLIAC) and Subcommittee on Genetic Testing: Meetings

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the following meetings.

Name: Subcommittee on Genetic Testing, Clinical Laboratory Improvement Advisory Committee (CLIAC).

Times and Dates: 8:30 a.m.–4:30 p.m., January 27, 1998; 8:30 a.m.–4:30 p.m., January 28, 1998.

Place: CDC, Auditorium B, Building 2, 1600 Clifton Road, NE, Atlanta, Georgia 30333.

Status: Open to the public, limited only by the space available.

Purpose: This subcommittee advises CLIAC on issues related to Genetic Testing.

Matters To Be Discussed: Agenda items include a discussion on the definition of Genetic Testing under the Clinical Laboratory Improvement Amendments (CLIA) regulations; and the use of general versus specific CLIA requirements for pre-analytic, analytic, and post-analytic components of genetic testing.

Agenda items are subject to change as priorities dictate.

Name: Clinical Laboratory Improvement Advisory Committee.

Times and Dates: 8:30 a.m.–4:30 p.m., January 29, 1998; 8 a.m.–4:30 p.m., January 30, 1998.

Place: CDC, Auditorium B, Building 2, 1600 Clifton Road, E, Atlanta, Georgia 30333.

Status: Open to the public, limited only by the space available.

Purpose: This committee is charged with providing scientific and technical advice and guidance to the Secretary of Health and Human Services, the Assistant Secretary for Health, and the Director, CDC, regarding the need for, and the nature of, revisions to the standards under which clinical laboratories are regulated; the impact of proposed revisions to the standards; and the modification of the standards to accommodate the technological advances.

Matters To Be Discussed: Agenda items include an update on CLIA implementation; CLIA requirements for the pre-analytic, analytic, and post-analytic components of Genetic Testing; International Guidelines for Proficiency Testing (PT) programs; and criteria for adding analytes to CLIA PT requirements.

Agenda items are subject to change as priorities dictate.

Contact Person: John C. Ridderhof, Dr. P.H., Division of Laboratory Systems, Public Health Practice Program Office, CDC, 4770 Buford Highway, NE, M/S G–25, Atlanta, Georgia 30341–3724, telephone 770/488–4674.

Dated: January 5, 1998.

Carolyn J. Russell,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. 98–652 Filed 1–9–98; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects

Title: Application and program reporting requirements for the Children's Justice Act authorized by the Child Abuse Prevention and Treatment Act (as amended).

OMB No.: 0980–0196.

Description: Application information is required when a State wishes to be considered for a Children's Justice Act grant award. Program reports are used by Children's Bureau and the States as a mechanism for monitoring, evaluating and measuring State achievements in addressing the problems of child abuse and neglect. State reports also provide information for the Congress.

Respondents: State, Local or Tribal Govt.

Annual Burden Estimates:

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Application	52	1	40	2,080
Performance Report	52	1	20	1,040

Estimated Total Annual Burden Hours: 3,120.

In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Information Services, Division of Information Resource Management Services, 370 L'Enfant Promenade, S.W., Washington, D.C. 20447, Attn: ACF Reports Clearance Officer. All requests should be identified by the title of the information collection.

The Department specifically requests comments on: (a) whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Dated: January 7, 1998

Bob Sargis,

Acting Reports Clearance Officer.

[FR Doc. 98–664 Filed 1–9–98; 8:45 am]

BILLING CODE 4184–01–M

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 list of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (301)443–8005.

Proposed Project

Obligated Service for Mental Health Traineeships: Regulations and Forms—Extension—SAMHSA's Center for Mental Health Services (CMHS) awards grants to institutions for training instruction and traineeships in mental health and related disciplines. Graduate student recipients of these clinical traineeships must perform service, as determined by the Secretary to be appropriate in terms of the individual's training and experience, for a length of time equal to the period of support. The clinical trainees are required to submit the SMA 111, which ensures agency receipt of a termination notice prior to the end of support, and the SMA 111–2, which is an annual report on employment status and any changes in name and/or address, to SAMHSA.

The annual burden estimate is as follows:

	Annual Number of respondents	Number of responses/respondent	Average burden (hours per response)	Annual burden hours
Section 64a.104 (Form SMA–111, 111–1)	50	1	.10	5
Section 64a.105 (Form SMA–111–2)	500	1	.18	90
Total Burden	550			95