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/s/ Scott I. Fitzgerald  
Scott I. Fitzgerald,  
Antitrust Division, U.S. Department of  
Justice, 450 Fifth Street NW., Suite 4100,  
Washington, DC 20530, (202) 353–3863,  
[scott.fitzgerald@usdoj.gov](mailto:scott.fitzgerald@usdoj.gov).  
AMA—AMERICAN MEDICAL  
ASSOCIATION  
James Madara, Executive Vice President,  
CEO  
American Medical Association  
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January 13, 2012  
Mr. Joshua H. Soven,  
Chief, Litigation I Section,  
Antitrust Division,  
United States Department of Justice,  
450 5th Street, N, Suite 4700,  
Washington, DC 20530.

Re: Comments to Proposed Consent  
Judgment in *U.S. v. Blue Cross and  
Blue Shield of Montana, Inc., et al.*  
[FR Doc. 2011–29656]

Dear Mr. Soven:  
On behalf of the physician and  
medical student members of the  
American Medical Association (AMA), I  
appreciate the opportunity to provide  
comments in response to the action by  
the Antitrust Division of the Department  
of Justice (DOJ) in the matter of Blue  
Cross and Blue Shield of Montana, Inc.  
(Blue Cross) and several Montana-area  
hospitals (the Hospital Defendants) in  
*U.S. v. Blue Cross and Blue Shield of  
Montana, Inc., et al.*, Civil Action No.  
1:11-cv-00123-RFC. This action  
represents an important step towards  
reining in health insurers and hospitals  
whose actions conspire to restrain  
competition and maintain monopolized  
health insurance markets.

Accordingly, the DOJ has acted in the  
public interest with the proposed  
decree, and the AMA submits the  
following comments in support.  
According to the DOJ's complaint, Blue  
Cross agreed to pay \$26.3 million to the  
Hospital Defendants in exchange for

their agreement to collectively stop  
purchasing health insurance from New  
West Health Services, an insurer owned  
by the Hospital Defendants, and instead  
buy from Blue Cross exclusively for six  
years (the Agreement). The Agreement,  
it is alleged, would likely cause New  
West to exit the relevant Montana  
markets for commercial health  
insurance. Because New West is Blue  
Cross's only viable competitor, the  
Agreement would have eliminated all  
competition. Accordingly, as the  
Complaint alleges, the Agreement  
would have led to higher prices and  
lower quality service for consumers.

The AMA applauds the DOJ for its  
vigilance in recognizing the  
anticompetitive conduct described  
above and for fashioning a remedy that  
holds the promise of nurturing  
competition in Montana. For years, the  
AMA has been expressing its concern  
over the lack of competition in health  
insurance markets nationally. In its  
most recent study of health insurance  
markets, the AMA found that 83% of  
the 368 metropolitan areas studied  
qualify as highly concentrated areas,  
while in 95% of these markets, at least  
one insurer has a market share of 30%  
or greater. See, “Competition in Health  
Insurance: A Comprehensive Study of  
U.S. Markets,” American Medical  
Association (AMA) (2011 update).  
Health insurance markets that are  
monopolized not only hurt consumers  
directly, they also enable health insurers  
to exercise monopsony power in  
physician markets, eventually leading to  
reductions in service levels and quality  
of care. The market conditions in  
Montana are consistent with what the  
AMA has found nationally.

Blue Cross' dominance in Montana  
health insurance markets presents a  
significant barrier to the market success  
of smaller rivals such as New West,  
even assuming the absence of  
exclusionary conduct such as that  
alleged in this case. In 2010, then  
Assistant Attorney General Christine  
Varney reported that the DOJ found that  
new health insurer entrants cannot  
compete with incumbents for potential  
purchasers of their products unless the  
new entrants can offer similar provider  
discounts to their enrollees—but they  
cannot offer these competitive discounts  
without being able to promise providers  
a significant number of enrollees to  
make such an arrangement viable. In  
turn, these barriers of entry create an  
anticompetitive environment in which  
the dominant insurer can achieve lower  
input prices by demanding lower rates  
from providers (who face a significant  
loss of revenue if they refuse such  
demands), without having to lower their

consumer output prices (the cost of their  
premiums).<sup>1</sup>

In the instant case, the DOJ has  
fashioned a pro-competitive remedy that  
addresses the entry barriers faced by  
small Blue Cross rivals such as New  
West. First, the proposed final judgment  
would eliminate the anticompetitive  
effects of the challenged Agreement by  
requiring New West and the Hospital  
Defendants to divest New West's  
commercial health insurance business.  
Tentative arrangements call for the  
acquiring entity to be PacificSource,  
which is an established health insurer  
in the Pacific Northwest. To overcome  
Blue Cross' advantage in obtaining  
discounts from the Hospital Defendants  
because of its size, the proposed consent  
decree creatively requires New West  
and the Hospital Defendants to help  
provide PacificSource with a cost-  
competitive provider network. The  
Hospital Defendants are required to sign  
three-year hospital contracts with  
PacificSource on terms substantially  
similar to the existing contractual terms  
with New West. The decree also  
requires Blue Cross to provide thirty  
days' written notice to the DOJ before  
entering into any exclusive contracts  
with health insurance brokers—  
contracts that might hinder important  
health insurer access to brokers. These  
provisions will help ensure that  
PacificSource will be able to compete as  
effectively as New West before the  
parties entered the Agreement.

In sum, the divestiture of New West  
mandated in the proposed consent  
decree will reverse the anticompetitive  
effects of the challenged Agreement,  
while the additional provisions may  
foster an even more robust competition  
within the market than existed before  
the Agreement. Given the weak state of  
health insurer competition in Montana,  
we applaud the DOJ for creating this  
remedy in the public interest.

Sincerely,  
James L. Madara, MD.  
[FR Doc. 2012-4862 Filed 2-29-12; 8:45 am]

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## DEPARTMENT OF JUSTICE

### Drug Enforcement Administration

#### Importer of Controlled Substances, Notice of Application, Mylan Pharmaceuticals, Inc.

Pursuant to 21 U.S.C. 958(i), the  
Attorney General shall, prior to issuing

<sup>1</sup> See, Speech by Christine Varney, Assistant  
Attorney General Antitrust Division, U.S.  
Department of Justice at American Bar Association/  
American Health Lawyers Association Antitrust in  
Healthcare Conference, May 24, 2010.

a registration under this Section to a bulk manufacturer of a controlled substance in schedule I or II, and prior to issuing a regulation under 21 U.S.C. 952(a)(2) authorizing the importation of such a substance, provide manufacturers holding registrations for the bulk manufacture of the substance an opportunity for a hearing.

Therefore, in accordance with 21 CFR 1301.34(a), this is notice that on December 30, 2011, Mylan Pharmaceuticals, Inc., 781 Chestnut Ridge Road, Morgantown, West Virginia 26505, made application by letter to the Drug Enforcement Administration (DEA) to be registered as an importer of the following basic classes of controlled substances:

Drug	Schedule
Amphetamine (1100) .....	II
Methadone (9250) .....	II
Morphine (9300) .....	II

The company plans to import the listed controlled substances in finished dosage form (FDF) from foreign sources for analytical testing and clinical trials in which the foreign FDF will be compared to the company's own domestically-manufactured FDF. This analysis is required to allow the company to export domestically-manufactured FDF to foreign markets.

Any bulk manufacturer who is presently, or is applying to be, registered with DEA to manufacture such basic classes of controlled substances may file comments or objections to the issuance of the proposed registration and may, at the same time, file a written request for a hearing on such application pursuant to 21 CFR 1301.43, and in such form as prescribed by 21 CFR 1316.47.

Any such written comments or objections should be addressed, in quintuplicate, to the Drug Enforcement Administration, Office of Diversion Control, Federal Register Representative (ODL), 8701 Morrissette Drive, Springfield, Virginia 22152; and must be filed no later than April 2, 2012.

This procedure is to be conducted simultaneously with, and independent of, the procedures described in 21 CFR 1301.34(b), (c), (d), (e), and (f). As noted in a previous notice published in the **Federal Register** on September 23, 1975, 40 FR 43745–46, all applicants for registration to import a basic class of any controlled substance in schedule I or II are, and will continue to be, required to demonstrate to the Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration, that the requirements

for such registration pursuant to 21 U.S.C. 958(a); 21 U.S.C. 823(a); and 21 CFR 1301.34(b), (c), (d), (e), and (f) are satisfied.

Dated: February 23, 2012.

**Joseph T. Rannazzisi,**

*Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration.*

[FR Doc. 2012-4992 Filed 2-29-12; 8:45 am]

**BILLING CODE 4410-09-P**

and 958(a), and in accordance with 21 CFR 1301.34, the above named company is granted registration as an importer of the basic classes of controlled substances listed.

Dated: February 23, 2012.

**Joseph T. Rannazzisi,**

*Deputy Assistant Administrator, Office of Diversion Control, Drug Enforcement Administration.*

[FR Doc. 2012-4994 Filed 2-29-12; 8:45 am]

**BILLING CODE 4410-09-P**

## DEPARTMENT OF JUSTICE

### Drug Enforcement Administration

#### Importer of Controlled Substances; Notice of Registration; Mylan Pharmaceuticals Inc.

By Notice dated December 22, 2011, and published in the **Federal Register** on December 29, 2011, 76 FR 81978, Mylan Pharmaceuticals, Inc., 781 Chestnut Ridge Road, Morgantown, West Virginia 26505, made application by renewal to the Drug Enforcement Administration (DEA) to be registered as an importer of the following basic classes of controlled substances:

Drug	Schedule
Methylphenidate (1724) .....	II
Oxycodone (9143) .....	II
Hydromorphone (9150) .....	II
Fentanyl (9801) .....	II

The company plans to import the listed controlled substances in finished dosage form (FDF) from foreign sources for analytical testing and clinical trials in which the foreign FDF will be compared to the company's own domestically-manufactured FDF. This analysis is required to allow the company to export domestically-manufactured FDF to foreign markets.

No comments or objections have been received. DEA has considered the factors in 21 U.S.C. 823(a) and 952(a), and determined that the registration of Mylan Pharmaceuticals, Inc. to import the basic classes of controlled substances is consistent with the public interest, and with United States obligations under international treaties, conventions, or protocols in effect on May 1, 1971. DEA has investigated Mylan Pharmaceuticals, Inc. to ensure that the company's registration is consistent with the public interest. The investigation has included inspection and testing of the company's physical security systems, verification of the company's compliance with state and local laws, and a review of the company's background and history. Therefore, pursuant to 21 U.S.C. 952(a)

## DEPARTMENT OF JUSTICE

### Parole Commission

#### Sunshine Act Meeting

**TIME AND DATE:** 1:30 p.m., Thursday, March 8, 2012.

**PLACE:** U.S. Parole Commission, 90 K Street NE., 3rd Floor, Washington, DC.

**STATUS:** Closed.

#### MATTERS TO BE CONSIDERED:

Consideration of two original jurisdiction cases pursuant to 28 CFR 2.27.

#### CONTACT PERSON FOR MORE INFORMATION:

Patricia W. Moore, Staff Assistant to the Chairman, U.S. Parole Commission, 90 K Street NE., 3rd Floor, Washington, DC 20530, (202) 346–7001.

Dated: February 27, 2012.

**Rockne Chickinell,**

*General Counsel, U.S. Parole Commission.*

[FR Doc. 2012-5183 Filed 2-28-12; 4:15 pm]

**BILLING CODE 4410-31-P**

## MISSISSIPPI RIVER COMMISSION

### Sunshine Act Meetings

**AGENCY:** Agency Holding the Meetings: Mississippi River Commission.

**DATES:** Time and Date: 9 a.m., March 26, 2012.

**Place:** On board MISSISSIPPI V at River Park, Tiptonville, TN.

**Status:** Open to the public.

**Matters To Be Considered:** (1)

Summary report by President of the Commission on national and regional issues affecting the U.S. Army Corps of Engineers and Commission programs and projects on the Mississippi River and its tributaries; (2) District Commander's overview of current project issues within the Memphis District; and (3) Presentations by local organizations and members of the public giving views or comments on any issue affecting the programs or projects of the Commission and the Corps of Engineers.