We also disagree with Commissioner Ohlhausen's claim that the proposed settlement with Google creates uncertainty for market participants. In our view, it does just the opposite. By taking action that may deter the owners of standard-essential patents from unilaterally defining the terms of FRAND agreements through the exercise of leverage acquired solely through the standard-setting process, we protect the integrity of that process. Moreover, we believe the procedures outlined in the proposed settlement will provide useful guidance to market participants, including SSOs, in developing a predictable approach to resolve licensing disputes involving standard-essential patents. This will benefit all stakeholders, including patentees, implementers, and consumers.

We also believe that Commissioner Ohlhausen is incorrect in her claim that our allegations are in conflict with prior court rulings and in particular with certain findings of the district court in *Apple, Inc.* v. *Motorola Mobility, Inc.*[12] The court's determination in that case, made in connection with a decision on a motion *in limine*—not a trial on the merits—concerned the application of Wisconsin contract law. At most, the ruling suggests there is a question of fact as to whether Motorola's injunctive relief claims violated its contract with the SSOs.[13] The evidence before us provides us with sufficient reason to believe that a violation of Google and MMI's FRAND commitments occurred.[14]

Finally, we are not persuaded by Commissioner Ohlhausen's argument that the conduct alleged in the Commission's complaint implicates the First Amendment and the *Noerr-Pennington* doctrine. As noted above, we have reason to believe that MMI willingly gave up its right to seek injunctive relief when it made the FRAND commitments at issue in this case.[15] We do not believe that imposing Section 5 liability where a SEP holder violates its FRAND commitments offends the First Amendment because doing so in such circumstances ''simply requires those making promises to keep them.'' [16]

By direction of the Commission, Commissioner Rosch and Commissioner Ohlhausen abstaining.

Donald S. Clark,

Secretary.

[FR Doc. 2013–00837 Filed 1–15–13; 8:45 am]

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¶¶20–21 (alleging Google's monopoly power); Commissioner J. Thomas Rosch, The Path You Need Not Travel: Observations on Why Canada Can Do Without Section 5 (Feb. 4, 2010), at 5 (identifying harm to competition as a limiting principle for Section 5) *with* Complaint ¶ 28 (alleging harm to competition).

[12] 2012 U.S. Dist. LEXIS 181854, *35–46 (W.D. Wis. Oct. 29, 2012).

[13] The court denied Motorola's motion seeking a ruling that as a matter of law it could not have violated its FRAND commitments, establishing the existence of a fact issue. *Id.* at *45–46.

[14] We also disagree with our colleague as to the relevance of *Commonwealth Sci. & Indus. Research Organisation* v. *Buffalo Tech. Inc.,* 492 F. Supp. 2d 600 (E.D. Tex. 2007) (''CISRO''), to the Commission's action here. Commissioner Ohlhausen cites *CISRO* for the proposition that ''it should have been a reasonable expectation since that time [the decision of *CISRO* in 2007] to IEEE members (including affected parties here) that an injunction could issue in certain situations even on a RAND-encumbered SEP.'' *See* Dissenting Statement at 5. We agree that injunctions may issue in certain situations even when a RAND-encumbered SEP is involved, such as when a licensee is unwilling to license on FRAND terms—and have embedded this concept in the Proposed Decision and Order in both *Bosch* and this case.

[15] *See, e.g., Powertech Technology, Inc.* v. *Tessera, Inc.,* 2012 U.S. Dist. LEXIS 70630, *17–18 (N.D. Cal. May 21, 2012) (holding that when the patent holder had contracted away its rights to bring claims before the United States International Trade Commission, a challenge to a breach of that commitment was not barred by *Noerr*).

[16] *Cohen* v. *Cowles Media Co.,* 501 U.S. 663, 670–71 (1991).

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–13–0915]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–639–7570 or send comments to Ron Otten, at 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an email to *omb@cdc.gov.*

Comments are invited 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) ways to enhance 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. Written comments should be received within 60 days of this notice.

Proposed Project

Formative Research to Support the Development of Sickle Cell Disease Educational Messages and Materials for the Division of Blood Disorders (0920–0915, Expiration 01/31/2013)—Extension—National Center on Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC seeks to improve the quality of life of people living with sickle cell disease (SCD). To accomplish this goal, CDC aims to address the need for educational messages and materials for adolescents, young adults, adults, and older adults living with SCD. CDC is interested in understanding the informational needs of these audiences related to the adoption of healthy behaviors and the prevention of complications associated with sickle cell disease. To develop valuable messages and materials, CDC will conduct formative focus groups with people with SCD across the country. Participants will stem from four urban centers as well as more remote, rural areas. Based on the findings from the formative focus groups, CDC will develop and test draft messages.

A total of 10 focus groups will be conducted. Eight focus groups with people with SCD would be held in four cities: Atlanta, GA; Detroit, MI; Oakland, CA; and Philadelphia, PA. Two in-person focus groups—one with males and one with females—will be conducted in each city with each target audience: adolescents aged 15–17, young adults aged 18–25, adults aged 26–35, and older adults 36 and over. To reach more rural participants, two telephone focus groups will be conducted: one with female adolescents aged 15–17 and a second with male older adults aged 36 and older.

The focus groups will be conducted with eight to nine participants in each and will last no more than 2 hours. The use of trained moderators and a structured moderator's guide will ensure that consistent data are collected across the groups. In total, up to 90 people with SCD will participate in the focus group data collection. It is estimated that 120 potential participants will need to be screened to reach the target of 90 participants. The estimated

time per response for screening and recruitment is 12 minutes, for a total annualized burden of 204 hours.

This request is submitted to extend OMB clearance for one year. There is no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number responses per respondent	Average burden per response (in hours)	Total burden hours
Parents of adolescents (aged 15–17) living with SCD. Young adults (aged 18–25) living with SCD Adults (aged 26–35) living with SCD Older adults (aged 36+) living with SCD	Participant Screener and Recruitment Script.	120	1	12/60	24
Parents of adolescents (aged 15–17) living with SCD. Young adults (aged 18–25) living with SCD Adults (aged 26–35) living with SCD Older adults (aged 36+) living with SCD.	Focus Group Moderator's Guide	90	1	2	180
Total	.....	.....	.....	.....	204

Dated: January 8, 2013.

Ron A. Otten,

Director, Office of Scientific Integrity (OSI), Office of the Associate Director for Science (OADS), Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2013–00806 Filed 1–15–13; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–13–0745]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–639–7570 or send comments to Ron Otten, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an email to *omb@cdc.gov.*

Comments are invited 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) ways to enhance 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. Written comments should be received within 60 days of this notice.

Proposed Project

Colorectal Cancer Screening Program (OMB No. 0920–0745, exp. 6/30/2013)—Extension—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Of cancers affecting both men and women, Colorectal Cancer (CRC) is the second leading cause of cancer-related deaths in the United States. Based on scientific evidence which indicates that regular screening is effective in reducing CRC incidence and mortality, regular CRC screening is now recommended for adults starting at age 50 and continuing until age 75 years. Screening tests that are recommended by the United States Preventive Services Task Force, and that may be used alone or in combination, include fecal occult blood testing (FOBT), fecal immunochemical testing (FIT), flexible sigmoidoscopy, and colonoscopy.

In 2005, CDC established a three-year demonstration program, subsequently extended to four years, to screen low-income individuals 50 years of age and older who have no health insurance or inadequate health insurance for CRC. The five demonstration sites reported information to CDC including de-identified, patient-level demographic, screening, diagnostic, treatment, outcome and cost reimbursement data (Colorectal Cancer Screening Demonstration Program, OMB No. 0920–0745, exp. 7/31/2010). The information was used to assess the feasibility and cost effectiveness of a publicly funded screening program, describe key outcomes, and guide program expansion.

In 2009, CDC received additional funding from Congress and established the expanded Colorectal Cancer Control Program (CRCCP) to increase screening rates in the general population through evidence-based screening provision and screening promotion activities. All funded sites provide CRC screening and follow-up services to low-income men and women who are underinsured or uninsured for CRC screening. Funded sites also plan and implement program activities that promote CRC screening in the general population through policy, systems, community and individual level interventions. With expanded CRCCP support, the number of sites funded to provide CRC screening services increased from five to 26 and the original information collection was revised. Changes incorporated through the revision process included an increase in the number of respondents; simplification of the clinical data collection based on experience with the five demonstration program sites;