might have precluded one or both from coming to market. As to the first part of that argument, Summit and VISX could have achieved these efficiencies by any number of significantly less restrictive means, including simple licenses or cross-licenses that did not dictate prices to users or restrict entry. As to the second part of that argument, the Complaint alleges that patent infringement would not have precluded either firm from coming to market.

After concluding that there was reason to believe that the pooling of patents by VISX and Summit was anticompetitive and that PPP was not reasonably necessary to achieve any procompetitive efficientcies, the FTC issued the Complaint. Thereafter, Summit and VISX decided to enter into agreements with the FTC to end the dispute. The Order achieve all of the goals of Counts I and II of the Complaint. As discussed below, PPP has been dissolved and the Orders require Summit and VISX to make pricing and licensing decisions independently. In essence, the Orders return VISX and Summit to the status of competitors in the PRK industry.

The Orders prohibit Summit and VISX (a) from agreeing in any way to fix the prices they charge for the use of their PRK lasers and patents, including the ''per-procedure fee'' charged to doctors each time he or she uses one of the firms' PRK lasers, and (b) from agreeing in any way to restrict each other's licensing rights and decisions for their PRK lasers and patents.

The Orders require Summit and VISX to cross-license, on a royalty-free and non-exclusive basis the patents each firm contributed to PPP. Although the Complaint contends that VISX and Summit could have competed absent the pool, subsequent sunk-cost investments in reliance on the pool make a cross-license desirable to approximate the competitive conditions that would have been achieved by this point in time had the pool not been formed.

The Orders also require Summit and VISX (a) to take no action inconsistent with the dissolution of PPP, except to the extent necessary for PPP to wind up its affairs and to defend or settle litigation in which it is a defendant, and (b) to return the PPP patents to the firm that contributed them to PPP.

The Orders further require Summit and VISX to give notice of the Orders to any person that previously requested a license to use any of the PPP patents in the manufacture, assembly or sale of PRK equipment since June 3, 1992 (the date PPP was created). Summit and VISX must also give notice to their customers that they have the opportunity to stop using the lasers without any penalty or continuing obligation (with certain exceptions as set forth in the Orders). Customers that entered into any agreement with Summit or VISX between June 3, 1992 (the date PPP was formed) and June 5, 1998 (the date of PPP's dissolution) that included an obligation to pay a per-procedure fee to license any of the PPP patents will have the opportunity to stop using the laser covered by the patents and negotiate a new licensing agreement with their current licensor or, alternatively, seek a licensing agreement with a competitor. This provision is necessary to restore competitive conditions to those which would have existed had there been no pool at the time these contracts were entered into.

The Orders also compel Summit and VISX to fulfill certain standard notification, reporting and inspection requirements.

The Orders will terminate upon the expiration of the last PPP patent to expire.

The purpose of this analysis is to facilitate public comment on the Orders, and it is not intended to constitute an official interpretation of the agreements and the Orders or to modify them in any way. Additionally, the proposed consent orders have been entered into for settlement purposes only, and do not constitute admissions by Summit and VISX that the law has been violated as alleged in the Complaint.

By direction of the Commission.

Donald S. Clark,

Secretary.

[FR Doc. 98–23448 Filed 8–31–98; 8:45 am]

BILLING CODE 6750–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[INFO–98–27]

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 the CDC Reports Clearance Officer at (404) 639–7090.

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. Send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice. Comments regarding this information collection are best assured of having their full effect if received within 60 days of the date of this publication.

Proposed Projects

1. Mammography Rescreening Rates and Risk Factor Assessment—New

The National Center for Chronic Disease Prevention and Health Promotion, Division of Cancer Control and Prevention proposes to conduct Mammography research to reduce breast cancer deaths by detecting tumors while they are still small and easier to treat. Because new tumors can develop in women previously free of breast cancer, older women who face higher risks of developing breast cancer should complete mammography screening every one to two years. To provide cancer screening for low income women, Congress passed the Breast and Cervical Cancer Mortality Prevention Act (Pub. L. 101–354) in 1990. The Division of Cancer Prevention and Control (DCPC) in the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC) was given funding to establish the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). The NBCCEDP now provides mammography and cervical cancer screening services to low income and medically under-served women in all 50 states, the District of Columbia, 4 territories, and 13 tribes. To assist state, territorial, and tribal programs with efficient service delivery, new data are needed to [1] estimate scientifically valid, statistically precise estimates of mammography rescreening rates and [2] identify the factors associated with

timely rescreening among NBCCEDP-enrollees.

To obtain data on mammography rescreening rates and risk factors, DCPC plans to conduct telephone interviews with a random sample of 2,250 NBCCEDP-enrollees from four states. Consenting women will complete a 35 minute telephone interview about their knowledge, attitudes, and experiences with mammography screening. Those who report having received a mammogram during the study period (April 1, 1997 through September 30, 2000) will be asked to sign a release of information form so a copy of the mammography report can be obtained to verify the date the procedure was completed. All women invited to participate in the survey will be 50–73 years of age. Each telephone interview will be scheduled for a time (day, evening, or weekend) and place that is convenient to the participant. There is no cost to respondent.

Respondents	No. of respondents	No. of responses/respondent	Average burden/response (in hrs)	Total burden (in hrs)
NBCCEDP Enrollees	2,250	1	35/60	1,313
Total				1,313

2. Risk Related Characteristics of the Mining Workforce—New

The National Institute for Occupational Safety and Health (NIOSH) proposes to conduct a survey to replicate the US Bureau of Mines (USBM) Mining Industry Population Survey conducted in 1986. The results of the 1986 sample survey were summarized in two major reports published in 1988: (1) Characterization of the 1986 Coal Mining Workforce, Bureau of Mines Information Circular 9192, and (2) Characterization of the 1986 Metal and Nonmetal Mining Workforce Metal, Bureau of Mines Information Circular 9193. The sample surveyed the following employee characteristics: occupation, principal equipment operated, primary work location, years of employment in present job, years of employment at current mine, years of overall mining experience, age, gender, race, education and hours of job-related training in the past two years. This information combined with the injury and fatality numbers reported to the Mine Safety and Health Administration (MSHA) allowed for the identification of specific occupations, work locations, age ranges, work experience, etc. which may place a miner at higher risk of injury. Updating this demographic information is essential for meaningful comparison or identification of risk-related characteristics of miners.

Additionally, in the past decade there have been significant increases in the numbers and proportion of independent contractor employees working and being injured on mine property. Consequently, the present study will extend the survey to include a sample of independent contractor employers whose employees work on mine property and whose employment hours and work-related injuries are reported to MSHA. The total cost to respondents is $29,250.

Respondents	No. of respondents	No. of responses/respondent	Average burden/response (in hrs)	Total burden (in hrs)
Mine Operator	1350	1	1	1350
Independent Contractor Employer	590	1	1	590
Total				1940

Charles W. Gollmar,

Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention (CDC).

[FR Doc. 98–23429 Filed 8–31–98; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30 DAY–19–98]

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 Officer at (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. Contents of a Request of Health Hazard Evaluation (0920–0102)—Extension

In accordance with its mandates under the Occupational Safety and Health Act of 1970 and the Federal Mine Safety and Health Act of 1977, the National Institute for Occupational Safety and Health (NIOSH) responds to approximately 400 requests for health hazard evaluations each year to identify potential chemical, biological or physical hazards at the workplace. A NIOSH form is available for requesting these health hazard evaluations. This form provides the mechanism for employees, employers, and other authorized representatives to supply the information required by the regulations which govern the NIOSH health hazard evaluation program (42 CFR 85.3–1). The information provided is used by NIOSH to determine whether or not there is reasonable cause to justify conducting an investigation. The main purpose of investigations conducted in the health hazard evaluation program is to help employers and employees identify and eliminate occupational health hazards. Without the information requested on this form, NIOSH would be unable to perform its legislated function of conducting health hazard