

facilitate collusion or collusion-like results in the absence of an agreement;<sup>7</sup> and misconduct relating to standard setting.<sup>8</sup> Because the complaints in these matters did not allege all the elements of a Sherman Act violation, the Commission's theory of liability rested on a broader reach of Section 5. As consents, none of these matters have been reviewed by a court.

The workshop will examine three topics: (1) the history of Section 5, including Congress's enactment, the FTC's enforcement, and the courts' response; (2) the range of possible interpretations of Section 5; and (3) examples of business conduct that may be unfair methods of competition addressable by Section 5. The Commission particularly seeks the input of the business community in preparing this last topic.

The Commission invites public comment on questions relevant to these topics, including:

1. What principles concerning the scope of Section 5 can be garnered from Supreme Court and appellate court decisions?

2. What legal, economic, and policy concerns are important when interpreting Section 5's prohibition against "unfair methods of competition?" What is the role of Section 5 in protecting nonprice competition?

3. Is Section 5 coterminous with the Sherman Act? How has the courts' development of the Sherman Act over time altered its relationship to Section 5? Does the Sherman Act encompass all conduct that is truly harmful to competition?

4. Does Section 5 authorize the FTC to fill technical gaps in the coverage of the other antitrust statutes?

5. Can Section 5 reach externally-defined business torts where they threaten to bring about a future lessening of competition?

6. Should Section 5 be interpreted to reach practices that pose at least a moderate threat to competition and few offsetting benefits to consumers, (e.g., reduced costs, improved products, or other efficiencies), where enforcement is limited to the FTC and relief is limited to an injunction prohibiting or undoing the challenged conduct?<sup>9</sup>

7. Does the FTC's use of Section 5, independent of the Sherman Act, make it less likely that treble damages could be assessed in follow-on actions? If so, should that fact influence the interpretation of Section 5's scope, or its application?

8. What limiting principles should be applied to the definition of "unfair methods of competition?" How can "unfair methods of competition" under Section 5 be defined to avoid capturing benign or procompetitive conduct while allowing for sufficient guidance and predictability for business?

9. If Section 5 captures conduct falling outside the Sherman Act, what economic evidence and analysis would be useful in identifying violations? What economic evidence and analysis would be useful in identifying the proper limiting principles for the enforcement of Section 5?

10. Was the Commission's use during the last two decades of Section 5 claims in settled complaints that did not allege all the elements of a Sherman Act violation beneficial and principled or harmful and unbounded? How might courts have evaluated these claims?

11. What are examples of business conduct that may be unfair methods of competition addressable by Section 5? How does that conduct harm competition and consumers?

By direction of the Commission.

**Richard C. Donohue,**

*Acting Secretary.*

[FR Doc. E8-20008 Filed 8-27-08; 8:45 am]

BILLING CODE 6750-01-S

**SUMMARY:** The Department of Health and Human Services (HHS) gives notice of a decision to designate a class of employees at the Y-12 Plant in Oak Ridge, Tennessee, as an addition to the Special Exposure Cohort (SEC) under the Energy Employees Occupational Illness Compensation Program Act of 2000. On August 15, 2008, the Secretary of HHS designated the following class of employees as an addition to the SEC:

All employees of the Department of Energy (DOE), its predecessor agencies, and DOE contractors or subcontractors who worked at the Y-12 Plant in Oak Ridge, Tennessee from March 1, 1943 through December 31, 1947 for a number of work days aggregating at least 250 work days occurring either solely under this employment or in combination with work days within the parameters established for one or more other classes of employees in the Special Exposure Cohort.

This designation will become effective on September 14, 2008, unless Congress provides otherwise prior to the effective date. After this effective date, HHS will publish a notice in the **Federal Register** reporting the addition of this class to the SEC or the result of any provision by Congress regarding the decision by HHS to add the class to the SEC.

**FOR FURTHER INFORMATION CONTACT:**

Larry Elliott, Director, Office of Compensation Analysis and Support, National Institute for Occupational Safety and Health (NIOSH), 4676 Columbia Parkway, MS C-46, Cincinnati, OH 45226, Telephone 513-533-6800 (this is not a toll-free number). Information requests can also be submitted by e-mail to [OCAS@CDC.GOV](mailto:OCAS@CDC.GOV).

Dated: August 22, 2008.

**Christine M. Branche,**

*Acting Director, National Institute for Occupational Safety and Health.*

[FR Doc. E8-19966 Filed 8-27-08; 8:45 am]

BILLING CODE 4160-17-P

(1997); *YKK (U.S.A.) Inc.*, 116 F.T.C. 628 (1993); *AE Clevite, Inc.*, 116 F.T.C. 389 (1993); *Quality Trailer Products*, 115 F.T.C. 944 (1992); *FTC v. Mead Johnson & Co.*, Civ. No. 92-1366 (D.D.C. June 11, 1992), *press release available at* (<http://www.ftc.gov/opa/predawn/F93/mead-ahp24.htm>).

<sup>7</sup> This category is illustrated by the cases involving minimum advertised prices for CDs. See *BMG Music*, Docket No. C-3973 (Aug. 30, 2000); *Capital Records*, Docket No. C-3975 (Aug. 30, 2000); *Sony Music Entertainment*, Docket No. C-3971 (Aug. 30, 2000); *Time-Warner, Inc.*, Docket No. C-3972 (Aug. 30, 2000); *Universal Music and Video Distribution*, Docket No. C-3974 (Aug. 30, 2000). See also *FTC v. Mead Johnson & Co.*, *supra*.

<sup>8</sup> *Dell Computer Corp.*, 121 F.T.C. 616 (1996) (misrepresentation of patent rights to a standard-setting body); *Negotiated Data Solutions ("N-Data")*, File No. 051-0094 (press release Jan. 23, 2008) (provisionally accepting consent subject to public comments) (renewing on prior commitment made to a standard setting body).

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institute for Occupational Safety and Health; Designation of a Class of Employees for Addition to the Special Exposure Cohort

**AGENCY:** National Institute for Occupational Safety and Health (NIOSH), Department of Health and Human Services (HHS).

**ACTION:** Notice.

<sup>9</sup> II P. Areeda & H. Hovenkamp, *Antitrust Law* ¶ 302h (2<sup>nd</sup> ed. 2000 Supp. 2007) (proposing this interpretation of Section 5).

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institute for Occupational Safety and Health; Designation of a Class of Employees for Addition to the Special Exposure Cohort

**AGENCY:** National Institute for Occupational Safety and Health (NIOSH), Department of Health and Human Services (HHS).

**ACTION:** Notice.

**SUMMARY:** The Department of Health and Human Services (HHS) gives notice of a decision to designate a class of employees at the Spencer Chemical

Company/Jayhawk Works near Pittsburg, Kansas, as an addition to the Special Exposure Cohort (SEC) under the Energy Employees Occupational Illness Compensation Program Act of 2000. On August 15, 2008, the Secretary of HHS designated the following class of employees as an addition to the SEC:

All Atomic Weapons Employer (AWE) employees who worked at Spencer Chemical Company/Jayhawk Works near Pittsburg, Kansas, from January 1, 1956 through December 31, 1961 for a number of work days aggregating at least 250 work days occurring either solely under this employment or in combination with work days within the parameters established for one or more other classes of employees in the Special Exposure Cohort.

This designation will become effective on September 14, 2008, unless Congress provides otherwise prior to the effective date. After this effective date, HHS will publish a notice in the **Federal Register** reporting the addition of this class to the SEC or the result of any provision by Congress regarding the decision by HHS to add the class to the SEC.

**FOR FURTHER INFORMATION CONTACT:**

Larry Elliott, Director, Office of Compensation Analysis and Support, National Institute for Occupational Safety and Health (NIOSH), 4676 Columbia Parkway, MS C-46, Cincinnati, OH 45226, Telephone 513-533-6800 (this is not a toll-free number). Information requests can also be submitted by e-mail to [OCAS@CDC.GOV](mailto:OCAS@CDC.GOV).

Dated: August 22, 2008.

**Christine M. Branche,**

*Acting Director, National Institute for Occupational Safety and Health.*

[FR Doc. E8-19967 Filed 8-27-08; 8:45 am]

**BILLING CODE 4160-17-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30Day-08-08AL]

**Proposed Data Collections Submitted for Public Comment and Recommendations**

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) 639-5960 or send an e-mail to [omb@cdc.gov](mailto:omb@cdc.gov). Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

**Proposed Project**

The Natural History of Spina Bifida in Children Pilot Project-New-National Center on Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

Spina Bifida (SB) is one of the most common birth defects, affecting approximately 2 per 10,000 live births in the United States annually. To date, there are no U.S. population-based cohort studies or programs on the natural history of SB. This is of importance because persons with SB often experience condition-specific difficulties and secondary conditions that detrimentally affect several aspects of their lives. The long-term purpose of this project is to increase the knowledge about the natural history of Spina Bifida by prospectively studying children who

were born with this potentially disabling condition. We estimate to enroll approximately 40 parents with a child with Spina Bifida ages 3-, 4-, or 5-years of age, and 20 of the children of these forty parents. The data to be collected will relate to medical concerns prevalent among individuals with Spina Bifida in the areas of neurology/neurosurgery, urology, and orthopedics; development and learning; nutrition and physical growth; mobility and functioning; general health; and family demographics. Families interested in participating can choose between participating in a phone survey (no more than 45 minutes) or an in-person assessment (no more than 3 hrs). For families who participate in the in-person assessment (estimated to be twenty of the forty families), the child will also be invited to participate in a child-appropriate assessment.

Data will also be collected on the actual recruitment process. Results from the project will be evaluated and disseminated to provide guidance for states that are interested in following children with Spina Bifida prospectively. The proposed project is the initial step to document the development, the health status, and the onset of complications among children with SB in order that effective interventions may be identified that will ameliorate the course of this complex, multi-system condition. Long-term results will help determine if it would be beneficial to systematically screen children with Spina Bifida for certain health-related educational and developmental problems that these children are at an increased risk of experiencing and at what age such a screening should be performed.

There will be no cost to the respondents other than their time. The total estimated annualized burden hours are 97.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Parents (phone survey) .....	20	1	45/60
Parents (in-person assessment) .....	20	1	2.5
Child (in-person assessment) .....	20	1	1.5
SB Clinic Coordinator (recruitment effort) .....	1	1	2