more of the acute inpatient psychiatric beds in each of the affected markets.

The presumption of anticompetitive harm created by the steep increases in market concentration is further supported by evidence of the intense rivalry between UHS- and PSI-owned facilities that would be eliminated by the proposed acquisition. In each of the local markets, consumers have benefitted from the head-to-head competition in the form of lower health care costs, higher quality of care, and improved service offerings. Left unremedied, the proposed acquisition likely would cause anticompetitive harm by enabling UHS to profit by unilaterally raising the reimbursement rates negotiated with commercial health plans. These costs are ultimately passed on to consumers in the form of higher premiums, co-pays, and other out-of-pocket costs. The loss of competition also reduces UHS’s incentive to improve quality and provide better service. New entry is unlikely to deter or counteract the competitive effects of the proposed acquisition. Among other entry barriers, regulatory requirements pose substantial barriers to entrants attempting to establish new psychiatric facilities or to expand their offerings in the relevant markets. In particular, Delaware and Puerto Rico require Certificates of Need in order to enter or significantly expand the number of beds provided in the market. The availability of suitable land, local zoning regulations, and Medicare and Medicaid certifications also impact significantly the ability of firms to enter or expand. As a result, new entry sufficient to achieve a significant market impact is unlikely to occur in a timely manner in these markets.

The Proposed Consent Agreement

The proposed Consent Agreement wholly remedies the anticompetitive effects of the acquisition by requiring the divestiture of all of the PSI or UHS assets to a Commission-approved buyer (or buyers) within six months of the date the Consent Agreement becomes final in Delaware and Las Vegas, and within nine months in Puerto Rico. Specifically, the proposed Consent Agreement requires the divestiture of four facilities that provide acute inpatient psychiatric care, as well as related outpatient clinics, contracts, commercial trade names, and real property, in the three geographic markets. See Appendix A for a complete list of the divestiture assets. Each psychiatric facility and its associated clinics to be divested in Delaware and Puerto Rico is a stand-alone business, and includes all of the assets necessary for a Commission-approved buyer to independently and effectively operate each facility. The two facilities in Las Vegas are closely related and complementary businesses and were jointly managed within PSI; as such, the two facilities together constitute a stand-alone business, and include all of the assets necessary for a Commission-approved buyer to independently and effectively operate the business.

The proposed Consent Agreement contains several provisions designed to ensure that the divestitures are successful. First, the Commission will evaluate the suitability of possible purchasers of the divested assets to ensure that the competitive environment that would have existed but for the transaction is replicated by the required divestitures. If UHS fails to divest the assets within the required time period to a Commission-approved buyer, the Consent Agreement permits the Commission to appoint a trustee to divest the assets. Second, UHS is required to provide transitional services to the Commission-approved buyer. These services will facilitate a smooth transition of the assets to the acquirer, and ensure continued and uninterrupted operation of the assets during the transition. Third, the Consent Agreement requires UHS to remove any contractual impediments that may deter the current managers of the facilities to be divested from accepting offers of employment from any Commission-approved acquirer and to obtain all consents necessary to transfer the required assets. Finally, to ensure that the Commission will have an opportunity to review any future attempt by UHS to acquire any acute inpatient psychiatric services provider in any of the three geographic markets at issue, the proposed Consent Agreement contains a ten-year prior notice provision.

The Hold Separate Order requires the parties to maintain the viability of the divestiture assets as competitive operations until each facility is transferred to a Commission-approved buyer. Specifically, the parties must maintain the confidentiality of sensitive business information, and take all actions necessary to prevent the destruction or wasting of the divestiture assets. After UHS acquires PSI, the Hold Separate Order requires that UHS separately hold and maintain the divestiture assets and appoint a Hold Separate Manager to operate these assets pending their divestiture.

The sole purpose of this analysis is to facilitate public comment on the Consent Agreement. This analysis does not constitute an official interpretation of the Consent Agreement or modify its terms in any way.

By direction of the Commission.

Donald S. Clark,
Secretary.

[FR Doc. 2010–29511 Filed 11–22–10; 8:45 am]
BILLING CODE 6750–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Renewal of Charter for the Secretary’s Advisory Committee on Human Research Protections

AGENCY: Department of Health and Human Services, Office of the Secretary, Office of the Assistant Secretary for Human Research Protections

ACTION: Notice.

SUMMARY: As stipulated by the Federal Advisory Committee Act, as amended (5 U.S.C. App), the U.S. Department of Health and Human Services is hereby announcing renewal of the charter for the Secretary’s Advisory Committee on Human Research Protections (SACHRP).

FOR FURTHER INFORMATION CONTACT: Jerry Menikoff, M.D., J.D., Director, Office for Human Research Protections or Julia Gorey, J.D., Executive Director, SACHRP; U.S. Department of Health and Human Services, 1101 Wootton Parkway, Suite 200, Rockville, MD 20852; Telephone: (240) 453–6900; Fax: (240) 453–6909; e-mail address: julia.gorey@hhs.gov.

SUPPLEMENTARY INFORMATION: SACHRP was established in October 2002. The Committee was established to enhance and expand the focus of the former National Human Research Protections Advisory Committee (NHRPAC), which was terminated in August 2002. SACHRP provides expert advice and recommendations to the Secretary, through the Assistant Secretary for Health, on the conduct of research involving human subjects with particular emphasis on special populations, such as neonates and children, prisoners, and the decisionally impaired; pregnant women, embryos, and fetuses; individuals and populations in international studies; populations in which there are individually identifiable samples, data, or information; and investigator conflicts of interest.

Since SACHRP was established, renewal of the Committee charter has been carried out at the appropriate intervals as stipulated by FACA. The previous Committee charter was scheduled to expire on October 1, 2010. On October 1, 2010, the Secretary of...
Health and Human Services approved
for the Committee charter to be
renewed. The new charter was
expected and filed with the appropriate
Congressional offices and Library of
Congress on October 1, 2010. Renewal
of the SACHRP charter provides
authorization for the Committee to
operate until October 1, 2012.
A copy of the committee charter
is available on the SACHRP Web site at
http://www.hhs.gov/ohrp/sachrp/
charter.htm. A copy of the Committee
charter also can be obtained by
accessing the FACA database that is
maintained by the Committee
Management Secretariat under the
General Services Administration.
The Web site address for the FACA database is
Jerry Menikoff,
Director, Office for Human Research
Protections, and Executive Secretary,
Secretary’s Advisory Committee on Human
Research Protections.

DEPARTMENT OF HEALTH AND
HUMAN SERVICES

Renewal of Charter for the Advisory
Committee on Blood Safety and
Availability
AGENCY: Office of the Assistant
Secretary for Health, Office of the
Secretary, Department of Health and Human Services.

ACTION: Notice.

SUMMARY: As stipulated by the Federal
Advisory Committee Act, as amended (5
U.S.C. App.), the U.S. Department of
Health and Human Services is hereby
announcing renewal of the charter for
the Advisory Committee on Blood
Safety and Availability (ACBSA).

FOR FURTHER INFORMATION CONTACT: Jerry
Holmberg, PhD; Senior Advisor for
Blood Policy and Executive Secretary,
Advisory Committee on Blood Safety
and Availability; Department of Health
and Human Services; 1101 Wootton
Parkway; Tower Building, Suite 250;
Rockville, MD 20852; Telephone: (240)
453–8803; Fax: (240) 453–8456; E-mail
directory: acbsa@hhs.gov.

SUPPLEMENTARY INFORMATION: ACBSA was
established in 1996. The Committee
provides advice and guidance to
the Secretary, through the Assistant
Secretary for Health, on a range of blood
safety issues that encompass broad
public health and societal implications
that cannot be resolved through analysis
of scientific data alone. The range of
issues on which the Committee is tasked
to provide advice and guidance
includes, but is not limited to: (1)
Definition of public health parameters
around safety and availability of the
blood and blood products; (2) broad
public health, ethical, and legal issues
related to transfusion and
transplantation safety; and (3)
implications for safety and availability
of various economic factors affecting
product cost and supply.

Since the ACBSA was established,
renewal of the Committee charter has
been carried out at the appropriate
intervals as stipulated by FACA. The
previous Committee charter was
scheduled to expire on October 9, 2010.
On October 8, 2010, the Secretary of
Health and Human Services approved
for the Committee charter to be
renewed. The new charter was
expected and filed with the appropriate
Congressional offices and Library of
Congress on October 9, 2010. Renewal
of the ACBSA charter provides
authorization for the Committee to
operate until October 9, 2012.
A copy of the Committee charter is
available on the ACBSA Web site at
http://www.hhs.gov/ash/bloodsafety/.
A copy of the Committee charter also can
be obtained by accessing the FACA
database that is maintained by the
Committee Management Secretariat
under the General Services
Administration. The Web site address
for the FACA database is http://fido.gov/
facadatabase.

Dated: November 17, 2010.
Jerry A. Holmberg,
Senior Advisor for Blood Policy, Executive
Secretary, Advisory Committee on Blood
Safety and Availability.

DEPARTMENT OF HEALTH AND
HUMAN SERVICES

Food and Drug Administration
[Docket No. FDA–2010–N–0422]

Agency Information Collection
Activities; Submission for Office of
Management and Budget Review;
Comment Request; Information From
United States Firms and Processors
That Export to the European
Community
AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug
Administration (FDA) is announcing
that a proposed collection of
information has been submitted to
the Office of Management and Budget
(OMB) for review and clearance under

DATES: Fax written comments on the
collection of information by December

ADDRESSES: To ensure that comments on
the information collection are received,
OMB recommends that written
comments be faxed to the Office of
Information and Regulatory Affairs,
OMB, Attn: FDA Desk Officer, FAX:
202–395–7285, or e-mailed to
obra_submission@omb.eop.gov. All
comments should be identified with the
OMB control number 0910–0320. Also
include the FDA docket number found
in brackets in the heading of this
document.

FOR FURTHER INFORMATION CONTACT:
Denver Presley, Jr., Office of Information
Management, Food and Drug
Administration, 1350 Piccard Dr., P500
400B, Rockville, MD 20850, 301–796–
3793.

SUPPLEMENTARY INFORMATION: In
compliance with 44 U.S.C. 3507, FDA has
submitted the following proposed
collection of information to OMB for
review and clearance.

Information From United States Firms
and Processors That Export to the
European Community
[OMB Control Number 0910–0320—Revision]

The European Community (EC) is a
group of 27 European countries that
have agreed to harmonize their
commodity requirements to facilitate
commerce among member States. EC
legislation requires assurances from the
responsible authority of the country of
origin that the processor of the food is
compliance with applicable
regulatory requirements. The European
Commission, the executive branch of the
EC, requires countries trading with
any of the EC member countries to
provide lists of firms and processors
approved to export certain animal-
derived commodities to the EC. As
stated in the notice published in the
Federal Register of April 4, 1996 (61 FR
15077), FDA established a list of U.S.
firms and processors that intended to
export shell eggs, dairy products, and
game meat and game meat products to
the EC. Although the 1996 Federal Register
notice did not include on the list firms
and processors exporting raw, bulk
collagen, and gelatin intended for

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