E. Other Elements of the Order

According to the proposed Order, Bayer shall provide technical assistance to the acquirer(s) of the assets relating to the acetamiprid, dipronil, flucarbazone and Folex businesses upon their request. Because Respondents' employees have likely developed expertise in the manufacture of these chemicals and other operations of the businesses, this technical assistance provision ensures that the acquirer(s) can obtain the capability to operate the businesses as efficiently as Respondents.

Section VI. of the proposed Order contains various provisions which aid the Commission-approved acquirers in hiring Respondents' employees with experience in the divested businesses. Respondents must provide the acquirers with the names of these employees and access to personnel files and other documents relating to the employees' performance. Moreover, for a subset of employees considered to have a ''key'' role in the divested businesses, Respondents must pay such employees a bonus if they accept an employment offer from the acquirers within the first thirty days after the relevant divestiture.

The proposed Order also provides for the Commission to appoint a monitor trustee to oversee Bayer's compliance with the terms of the proposed Order and the divestiture agreements that Bayer enters pursuant to the proposed Order.

The proposed Order requires Respondents to provide the Commission, within sixty days from the date the Order becomes final, a verified written report setting forth in detail the manner and form in which the Respondents intend to comply, is complying, and has complied with the provisions relating to the proposed Order and the Order to Hold Separate and Maintain Assets. The proposed Order further requires Respondent to provide the Commission with a report of compliance with the Order every sixty days after the date when the Order becomes final until the divestitures have been completed.

According to the proposed Order, Bayer shall provide the Commission with advance written notice prior to acquiring any interest of or entering into a joint venture with Merial unless such transaction requires notification pursuant to section 7A of the Clayton Act, 15 U.S.C. 18a. Merial is a joint venture between Aventis S.A. and Merck. Prior to the proposed transaction, ACS supplied fipronil to Merial for use in its Frontline flea and tick control product. ACS also provided a crop protection pipeline of new insecticide molecules that may have application in animal health. Following the proposed transaction, Merial may wish to reform the existing research and development agreement, or form a research and development technology venture with Bayer. Prior notification will allow the Commission to investigate whether such a partnership would have appropriate safeguards to obtain the benefits of joint development without negatively impacting competition in downstream animal health products.

F. The Order To Hold Separate and Maintain Assets

The proposed Order to Hold Separate and Maintain Assets that is also included in the Consent Agreement requires that Respondent hold separate and maintain the viability of the acetamiprid, fipronil, and flucarbazone businesses.

IV. Opportunity for Public Comment

The proposed Order has been placed on the public record for thirty days to receive comments from interested persons. Comments received during this period will become part of the public record. After thirty days, the Commission will review the Consent Agreement and comments received and will decide whether to withdraw its agreement or make final the Consent Agreement's proposed Order and Order to Hold Separate and Maintain Assets.

The purpose of this analysis is to facilitate public comment on the proposed Order. This analysis is not intended to constitute an official interpretation of the Consent Agreement, the proposed Order, or the Order to Hold Separate and Maintain Asset or in any way to modify the terms of the Consent Agreement, the proposed Order, or the Order to Hold Separate and Maintain Assets.

By direction of the Commission.

Benjamin I. Berman,

Acting Secretary.

Statement of Commissioner Mozelle W. Thompson

In the Matter of Bayer/Aventis AG, File No. 011 0199

Today, I have joined in the Commission's vote to accept for public comment a proposed consent agreement and order resolving competitive issues stemming from Bayer AG's proposed acquisition of Aventis CropScience Holding S.A. Although I believe that in this matter the proposed consent agreement and order adequately address the Commission's concerns, I write separately to underscore that consent order divestiture provisions for which a buyer has not yet been identified will continue to be closely scrutinized in order to ensure that the asset package is sufficient and that a qualified buyer will likely be found.

The value of having ''up front'' buyers is explained in the Commission's 1999 Divestiture Study,[1] which reviews Commission divestiture orders issued between 1990 and 1994. This value has only increased as we review more complex transactions in interconnected markets. In cases where there are questions about asset sufficiency or buyer qualifications, or where the Commission determines that there are other risks to the proposed divestiture, I believe that presentation of an up front buyer will be required.[2]

[FR Doc. 02–14336 Filed 6–6–02; 8:45 am]

BILLING CODE 6750–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Agency Information Collection Activities: Submission for OMB Review; Comment Request

The Department of Health and Human Services, Office of the Secretary publishes a list of information collections it has submitted to the Office of Management and Budget (OMB) for clearance in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35) and 5 CFR 1320.5. The following are those information collections recently submitted to OMB.

1. Assessment of State Laws, Regulations and Practices Affecting the Collection and Reporting of Racial and Ethnic Data by Health Insurers and Managed Care Plans—NEW—One of the overarching goals of Healthy People 2010 is the elimination of health disparities, including those associated with race and ethnicity. The lack of data

[1] A Study of the Commission's Divestiture Process, Staff of the Bureau of Competition (1999), available at *http://www.ftc.gov/os/1999/9908/divestiture.pdf.* ''The ''up front' divestiture not only reduces the opportunity for interim competitive harm by expediting the divestiture process, but it assures at the outset that there will be an acceptable buyer for the to-be-divested assets.'' *Id.* at 39.

[2] Indeed, it is the Commission's prerogative to require an up front buyer in any merger warranting divestiture(s), and it will do so when it has less than complete confidence that all risks to the efficacy of the proposed relief have been minimized. For more information regarding ''up front'' buyers, please see ''Frequently Asked Questions About Merger Consent Order Provisions,'' available at *http://www.ftc.gov/bc/mergerfaq.htm.*

has been identified as a barrier to performance measurement for this goal. Therefore, the Office of Minority Health is proposing a study which will examine States' laws and policies concerning the collection and use of racial and ethic data by health insurers and managed care plans. The study involves visits to 20 States for an in-depth look at their policies and practices, interviews with State officials and representatives of the States' major managed care plans and health insurance industry. *Respondents:* State or local governments; businesses or other for-profit; non-profit institutions.

BURDEN INFORMATION

Instrument	Number of respondents	Burden per response	Burden hours
Administrator Interview Guide	120	4	480

OMB Desk Officer: Allison Herron Eydt.

Copies of the information collection packages listed above can be obtained by calling the OS Reports Clearance Officer on (202) 690–6207. Written comments and recommendations for the proposed information collection should be sent directly to the OMB desk officer designated above at the following address:

Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, 725 17th Street, NW., Washington, DC 20503.

Comments may also be sent to Cynthia Agens Bauer, OS Reports Clearance Officer, Room 503H, Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201. Written comments should be received within 30 days of this notice.

Dated: May 29, 2002.

Kerry Weems,

Acting Deputy Assistant Secretary, Budget.

[FR Doc. 02–14284 Filed 6–6–02; 8:45 am]

BILLING CODE 4150–29–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Notice.

SUMMARY: This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request the Office of Management and Budget (OMB) to allow the proposed information collection project: ''Enrollee Survey of Relationship Between Out-of-Pocket Costs and Use of Prescribed Medications''. In accordance with the Paperwork Reduction Act of 1995, Public Law 104–13 (44 U.S.C. 3506(c)(2)(A)), AHRQ invites the public to comment on this proposed information collection.

The proposed information collection was previously published in the **Federal Register** on April 3, 2002 and allowed 60 Days for public comment. No public comments were received. The purpose of this notice is to allow an additional 30 Days for public comment.

DATES: Comments on this notice must be received by July 8, 2002.

ADDRESSES: Written comments should be submitted to: OMB Desk Officer at the following address: Allison Eydt, Human Resources and Housing Branch, Office of Information and Regulatory Affairs, OMB: New Executive Office Building, Room 10235; Washington, DC 20503.

Comments submitted in response to this notice will be summarized and included in the request for OMB approval of the proposed information collection. All comments will be a matter of public record.

FOR FURTHER INFORMATION CONTACT: Cynthia D. McMichael, AHRQ Reports Clearance Officer, (301) 594–3132.

SUPPLEMENTARY INFORMATION:

Proposed Project

''*Enrollee Survey of Relationship Between Out-of-Pocket Costs and Use of Prescribed Medications*''

The project is being conducted in response to an AHRQ task order entitled ''Patient Safety and the Quality of Care: An Examination of Economic and Structural Characteristics, Working Conditions, and Technological Advances'' (issued under Contract 290–00–0012: Accelerating the Cycle of Research through a Network of Integrated Delivery Systems with the Center for Health Care Policy and Evaluation, UnitedHealth Group, Minnetonka, MN).

Past research suggests that increases in out-of-pocket costs are associated with decreased medication use by the elderly patients who have a drug benefit.

Furthermore, reductions in medication use have been associated with increases in visits to physicians' offices and emergency departments and admissions to hospitals and long-term care facilities.

When Medicare beneficiaries alter their use of prescription medications in response to their out-of-pocket costs, patient safety and quality of care may be compromised.

As suggested by OMB, we have been in communication with the Center for Medicare & Medicaid Services (CMS) (contact: Frank Eppic Deputy Director, Information and Methods Group, ORDI, tel: 410–786–7950 or *FEppic@hcfa.org*) regarding the availability of data on this topic, particularly CMS's Medicare Current Beneficiary Survey (MCBS). Examination of raw response frequencies on the 1999 MCBS survey indicate that fewer than 2% (319/16670 total respondents) cite costs or lack of coverage as primary reasons for not getting a prescription filled. This small percentage seems to be inconsistent with other reports on the inadequacy of drug benefits for the elderly. However, the MCBS does not inquire whether Medicare beneficiaries get prescriptions filled, but take less medication than prescribed because of out-of-pocket costs or caps on drug benefits. In addition, the amount of drug coverage is not ascertained. Since data to determine the prevalence of cost-related reductions in medication use under different drug benefits and subsequent worsening health or increased use of health care services are sparse, additional research on this important issue is warranted.

The proposed study will utilize the Center for Health Care Policy and Evaluation's administrative database that includes several Medicare+Choice health plans that have provided a limited drug benefit in 2002.

Data collected by survey will determine how often out-of-pocket costs or caps incurred under the available drug benefit caused Medicare beneficiaries to alter their use of prescription medicines including not