

principle and sound enforcement policy, the views of DoD as a major customer are entitled to no less respect in this case.

From a purely practical perspective, I must consider the potential role of DoD testimony if the Commission were to seek a preliminary injunction over DoD's objections. As a Commissioner, I am responsible for evaluating litigation risk before sending Commission staff into court. Customer testimony, standing alone, certainly would not (and should not) be dispositive, in this or any other merger case. I expect, however, that DoD's conclusions would influence a judge's decision whether to grant a preliminary injunction—especially in light of the national security overlay and DoD's expertise.

The proposed consent order addresses three competitive concerns that, in DoD's view, are not "intrinsically linked" to ULA's putative national security advantages. The AAPC acknowledges that the proposed consent agreement "does not attempt to remedy the loss of direct competition" and is, instead, intended to "address ancillary competitive harms that DoD has identified as not inextricably tied to the national security benefits associated with the creation of ULA."

While I have voted in favor of accepting the proposed consent agreement, I note a few troublesome aspects. The proposed consent agreement departs radically from traditional Commission consent orders in merger cases. Structural remedies are, by far, the preferred way to resolve competitive problems in the horizontal merger context. Conduct restrictions, standing alone, generally are viewed as insufficient to address the underlying market mechanisms from which competitive harm may arise. Here, in lieu of market-based competition, the monopolist ULA will be subjected to an elaborate and highly regulatory system of oversight by a "compliance officer" appointed by the Secretary of Defense. Ordinarily, such a system would not be considered an effective remedy for the anticompetitive effects alleged in the Commission's complaint.

Dallas Bar Association's Antitrust and Trade Regulation Section (Jan. 18, 2005), available at <http://www.ftc.gov/speeches/majoras/050126recentactions.pdf>; Chicago Bridge & Iron Co. N.V., *et al.*, FTC Dkt. No. 9300, Opinion of the Commission (2004), available at <http://www.ftc.gov/os/adjpro/d9300/050106opinionpublicrecordversion9300.pdf>; Arch Coal, FTC Dkt. No. 9316, Statement of the Commission (June 13, 2005), available at <http://www.ftc.gov/os/adjpro/d9316/050613commstatement.pdf>; id., Dissenting Statement of Commissioner Pamela Jones Harbour, available at <http://www.ftc.gov/os/adjpro/d9316/050613harbourstatement.pdf>.

I continue to believe that preserving a competitive market structure is the preferred "fix" for an anticompetitive horizontal merger. Also, I am somewhat unsettled by the notion that the Commission—an independent, bipartisan federal agency—is, in effect, delegating away too much of its oversight authority to an executive branch agency. I recognize, however, that staff from the Commission and DoD have attempted to craft a workable remedy that will strike an appropriate balance between competition and broader national security interests.

In the end, I am faced with a Hobson's choice: accept a complex and regulatory consent that will prevent some competitive harm; or do nothing, and allow the joint venture to proceed unrestricted. I lack the technical expertise to second-guess DoD's conclusion that allowing the formation of ULA is the best way to preserve national security and protect the public interest. In light of our agencies' established protocol for concurrent review of defense industry transactions, I reluctantly agree that the Commission must give DoD the benefit of the doubt. I therefore vote to accept the proposed consent agreement.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the National Coordinator for Health Information Technology, American Health Information Community Meeting

ACTION: Announcement of meeting.

SUMMARY: This notice announces the ninth meeting of the American Health Information Community in accordance with the Federal Advisory Committee Act (Pub. L. No. 92-463, 5 U.S.C., App.) The American Health Information Community will advise the Secretary and recommend specific actions to achieve a common interoperability framework for health information technology (IT).

DATES: October 31, 2006, from 8:30 a.m. to 1 p.m.

ADDRESSES: Hubert H. Humphrey building (200 Independence Avenue, SW., Washington, DC 20201), Conference Room 800.

FOR FURTHER INFORMATION CONTACT: Visit <http://www.hhs.gov/healthit/ahic.html>.

SUPPLEMENTARY INFORMATION: The Community will discuss personalized healthcare, review standards

recommendations from the Health Information Technology Standards Panel, and set priorities for 2007.

A Web cast of the Community meeting will be available on the NIH Web site at: <http://www.videocast.nih.gov/>.

If you have special needs for the meeting, please contact (202) 690-7151.

Dated: October 4, 2006.

Judith Sparrow,

Director, American Health Information Community, Office of Programs and Coordination, Office of the National Coordinator.

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BILLING CODE 4150-24-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Committee on Vital and Health Statistics: Meeting

Pursuant to the Federal Advisory Committee Act, the Department of Health and Human Services (HHS) announces the following advisory committee meeting.

Name: National Committee on Vital and Health Statistics (NCVHS), Subcommittee on Standards and Security (SSS).

Time and Date:

October 11, 2006 9 a.m.–5 p.m.

October 12, 2006 9 a.m.–5 p.m.

Place: Herbert H. Humphrey Building, 200 Independence Avenue SW., Room 705A, Washington, DC 20201.

Status: Open.

Purpose: The purpose of the meeting will be to hear testimony on a number of issues of interest to the Subcommittee including but not limited to, concerns and issues regarding implementation of the National Provider Identifier (NPI); recommendations from the Disability Workgroup; an update on the progress of the Medicare Modernization Act electronic prescribing pilots; and standards development organizations (SDOs) recommendations on streamlining the standards adoption process.

For Further Information Contact: Substantive program information as well as summaries of meetings and a roster of Committee members may be obtained from Maria Friedman, Health Insurance Specialist, Security and Standards Group, Centers for Medicare and Medicaid Services, MS: C5-24-04, 7500 Security Boulevard, Baltimore, MD 21244-1850, telephone: 410-786-6333 or Marjorie S. Greenberg, Executive Secretary, NCVHS, National Center for Health Statistics, Centers for Disease Control and Prevention, Room 1100,