

that the use of non-compete agreements has a tendency to harm competition and workers, but fails to provide facts to support the hypothesized outcome. Similar to the Commission's complaints against O-I Glass and Ardagh Group, the complaint against Anchor Glass suffers from several omissions. It does not allege that the company's non-compete provisions are unreasonable based on their temporal length, subject matter, or geographic scope; neither does it allege that the non-compete clauses were enforced. The complaint does not make factual allegations regarding the inability of a competing rival in the glass container industry to enter or expand. While the complaint alleges that the non-compete clauses reduce employee mobility, thereby leading to lower wages, reduced benefits, and less favorable working conditions, the complaint does not identify a relevant market for particular types of labor and fails to allege a market effect on wages or other terms of employment.

For the reasons outlined here and explained in detail in my January 2023 statement, I dissent.

[FR Doc. 2023-05701 Filed 3-20-23; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Docket No. CDC-2022-0044]

CDC Recommendations for Hepatitis B Screening and Testing—United States, 2022

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: General notice.

SUMMARY: The Centers for Disease Control and Prevention (CDC), within the Department of Health and Human Services (HHS), announces the availability of the final *CDC Recommendations for Hepatitis B Screening and Testing—United States, 2022*.

DATES: The final document was published as an *MMWR Reports & Recommendations* on March 10, 2023.

https://www.ftc.gov/pdf/p221202sec5enforcementpolicy_statement_002.pdf; Christine S. Wilson, Dissenting Statement Regarding the "Policy Statement Regarding the Scope of Unfair Methods of Competition Under Section 5 of the Federal Trade Commission Act" (Nov. 10, 2022), https://www.ftc.gov/system/files/ftc_gov/pdf/P221202Section5PolicyWilsonDissentStmnt.pdf.

ADDRESSES: The document may be found in the docket at www.regulations.gov, Docket No. CDC-2022-0044 and at https://www.cdc.gov/mmwr/volumes/72/rr/rr7201a1.htm?s_cid=rr7201a1_w.

FOR FURTHER INFORMATION CONTACT: Erin Connors, Centers for Disease Control and Prevention, 1600 Clifton Road NE, Mailstop U12-3, Atlanta, GA 30329. Telephone: 404-639-8000; Email: DVHpolicy@cdc.gov.

SUPPLEMENTARY INFORMATION: In 2022, CDC determined that *CDC Recommendations for Hepatitis B Screening and Testing—United States, 2022* constituted influential scientific information (ISI) that will have a clear and substantial impact on important public policies and private sector decisions. Under the Information Quality Act, Public Law 106-554, federal agencies are required to conduct peer review of the information by specialists in the field who were not involved in the development of these recommendations. CDC solicited nominations for reviewers from the American Association for the Study of Liver Diseases (AASLD), Infectious Diseases Society of America (IDSA) and American College of Physicians (ACP). Five clinicians with expertise in hepatology, gastroenterology, internal medicine, infectious diseases, and/or pediatrics provided structured peer reviews. A list of peer reviewers and CDC's responses to peer review comments are available at CDC's Viral Hepatitis Influential Scientific Information web page at <https://www.cdc.gov/hepatitis/policy/isireview/index.htm>.

In addition, on April 4, 2022, CDC published a notice in the **Federal Register** (87 FR 19516-19517) to obtain public comment on the draft recommendations for hepatitis B screening and testing. The comment period closed on June 3, 2022. CDC received comments from 28 commenters on the draft recommendations document. Public commenters included those from academia, the health care sector, advocacy groups, professional organizations, industry, the public, and a consulting group.

Many of the comments expressed support for the recommendations. Other comments related to the 3-panel test recommendation, inclusion of hepatitis D information, the hepatitis B prevalence estimate, modifying testing and vaccination language, adding scientific references, and making other minor language modifications. CDC addressed these comments by correcting, clarifying, or updating

content in the final recommendations. A summary of public comments and CDC's response can be found in the Documents tab of the docket.

Tiffany Brown,

Acting Executive Secretary, Centers for Disease Control and Prevention.

[FR Doc. 2023-05715 Filed 3-20-23; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-3434-FN]

Medicare and Medicaid Programs: Application From the Accreditation Commission for Health Care, Inc. for Continued Approval of Its End-Stage Renal Disease (ESRD) Accreditation Program

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Notice.

SUMMARY: This final notice announces our decision to approve the Accreditation Commission for Health Care, Inc. for continued recognition as a national accrediting organization for end stage renal disease facilities that wish to participate in the Medicare or Medicaid programs.

DATES: The decision announced in this final notice is applicable on April 11, 2023 through April 10, 2029.

FOR FURTHER INFORMATION CONTACT:

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SUPPLEMENTARY INFORMATION:

I. Background

Under the Medicare program, eligible beneficiaries may receive covered services from an end stage renal disease (ESRD) facility provided certain requirements are met. Section 1881(b) of the Social Security Act (the Act), establishes distinct criteria for facilities seeking designation as an ESRD facility. Regulations concerning provider agreements are at 42 CFR part 489 and those pertaining to activities relating to the survey and certification of facilities are at 42 CFR part 488. The regulations at 42 CFR part 494 specify the minimum conditions that an ESRD facility must meet to participate in the Medicare program.

Generally, to enter into an agreement, an ESRD facility must first be certified by a state survey agency (SA) as complying with the conditions or requirements set forth in part 494 of our