

appoint a divestiture trustee, if it brings an action against Respondents pursuant to Section 5(l) of the FTC Act. The Order also governs the divestiture trustee's duties, privileges, and powers.

The Order requires Respondents, or the divestiture trustee, if appointed, to file periodic reports detailing efforts to divest the Tesoro Terminal and the status of that undertaking. Commission representatives may gain reasonable access to Respondents' business records related to compliance with the consent agreement. The Order terminates ten (10) years after its issuance.

#### V. The Order to Maintain Assets

The Order to Maintain Assets seeks to preserve the Tesoro Terminal as a viable, competitive, ongoing business, and to ensure that Respondents do not access the confidential business information belonging to this business. Respondents agree to preserve the Tesoro Terminal in substantially the same condition existing at the time when Respondents executed the Consent Agreement. Pursuant to the Order to Maintain Assets, Respondents will provide the Tesoro Terminal with sufficient financial and other resources to maintain current operation levels and carry already planned capital and improvement projects.

The Order to Maintain Assets also empowers the Commission to appoint a monitor to oversee Respondents' compliance with their obligations under the Order. The Order to Maintain Assets outlines the rights, duties, and responsibilities of the monitor, including access to business records, hiring necessary consultants and attorneys, and any other thing reasonably necessary to carry out their duties. The Order to Maintain Assets further prohibits Respondents from interfering with the monitor's obligations and requires them to indemnify the monitor.

The monitor shall submit periodic reports to the Commission concerning compliance with the Order to Maintain Assets. The Commission may appoint a different monitor if the original monitor fails to carry out his duties. The Order to Maintain Assets terminates either (1) three days after the Commission withdraws its acceptance of the Consent Agreement or (2) three days after the monitor completes its final report required by Paragraph V.C.(ii) of this Order to Maintain Assets.

#### VI. Opportunity for Public Comment

The proposed Consent Agreement has been placed on the public record for thirty (30) days for receipt of comments by interested persons. The Commission

has also issued its Complaint in this matter. Comments received during this comment period will become part of the public record. After thirty (30) days, the Commission will again review the proposed Consent Agreement and the comments received and will decide whether it should withdraw from the Consent Agreement, modify it, or make final the proposed Order.

By accepting the proposed Consent Agreement subject to final approval, the Commission anticipates that the competitive problems alleged in the Complaint will be resolved. The purpose of this analysis is to invite public comment on the proposed Order to aid the Commission in its determination of whether it should make final the proposed Order contained in the Agreement. This analysis is not intended to constitute an official interpretation of the proposed Order, nor is it intended to modify the terms of the proposed Order in any way.

By direction of the Commission.

**Donald S. Clark,**  
*Secretary.*

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#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

##### Meeting of the National Vaccine Advisory Committee

**AGENCY:** National Vaccine Program Office, Office of the Assistant Secretary for Health, Office of the Secretary, Department of Health and Human Services.

**ACTION:** Notice of a teleconference meeting.

**SUMMARY:** As stipulated by the Federal Advisory Committee Act, the Department of Health and Human Services (HHS) is hereby giving notice that the National Vaccine Advisory Committee (NVAC) will be holding a special meeting. This meeting will be held utilizing a means of virtual technology; the meeting will be conducted as an audio telephone conference call. The meeting will be open to the public. Individuals may call in to attend this virtual meeting. A public comment session will be provided. Participation in this meeting is limited to 60 people. Therefore, pre-registration is required for both public participation and comment. Individuals who wish to participate in the meeting by audio telephone conference call and/or provide public comment should pre-register by sending an email to

[nvpo@hhs.gov](mailto:nvpo@hhs.gov) or calling (202) 690-5566. Individuals will be required to provide their name, organization, and email address to pre-register. The meeting agenda will be posted on the NVAC Web site at <http://www.hhs.gov/nvpo/nvac> as soon as it becomes available.

**DATES:** The meeting will be held on Friday, June 21, 2013, from 11:00 a.m. to 12:00 p.m. EDT. This meeting will be conducted utilizing a means of virtual technology only.

**ADDRESSES:** This meeting will be conducted only by audio conference call.

#### FOR FURTHER INFORMATION CONTACT:

National Vaccine Program Office, Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue SW., Washington, DC 20201. Telephone: (202) 690-5566; Fax: (202) 690-4631; Email address: [nvpo@hhs.gov](mailto:nvpo@hhs.gov).

**SUPPLEMENTARY INFORMATION:** Pursuant to Section 2102 of the Public Health Service Act (42 U.S.C. 300aa-1), the Secretary of Health and Human Services was mandated to establish the National Vaccine Program (NVP) to achieve optimal prevention of human infectious diseases through immunization and to achieve optimal prevention against adverse reactions to vaccines. NVAC was established to provide advice and make recommendations to the Director of NVP on matters related to the program's responsibilities. The Assistant Secretary for Health (ASH) serves as Director of the NVP.

NVAC met on June 11-13, 2013. The Committee's discussion included its intent to deliberate and vote on advice to be given to the ASH on the proposed rule from the Centers for Medicare and Medicaid Services (CMS) to remove the Immunization for Pneumonia Measure (IMM-1) from the Inpatient Quality Reporting Program. The comment period for the proposed rule ends on June 25, 2013. NVAC is not scheduled to meet again before the end of the comment period for the proposed rule. Therefore, it has been decided that a special meeting should be convened for the NVAC to develop and discuss recommendations to be submitted to the ASH on the proposed rule. The proposed rule is printed in the **Federal Register**, Vol. 78, No. 91, Friday, May 10, 2013, pp. 27486-27823. It is also available at <https://www.federalregister.gov/articles/2013/05/10/2013-10234/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-and-the>:

Audio participation in this meeting is available to the public. The following information is provided for individuals who wish to participate in this meeting by telephone: Toll free number for calls originating in the United States: 1-888-677-1385; Toll free number for calls originating outside the United States: 1-312-470-7133; the passcode for all originating calls is 8094285.

Please note that this special meeting is being held only to provide opportunity for the NVAC to provide recommendations to the ASH on comments to be given to CMS on the proposed rule. A decision was made at the meeting most recently held by NVAC on June 11–12, 2013, that the Committee should make recommendations to the ASH on the proposed rule. Comments on the proposed rule are due to be submitted to CMS no later than June 25, 2013. The number of days between the recent NVAC meeting and the due date for the comments to CMS is less than 15 days. Therefore, notice to the public about the NVAC being convened for this specific purpose could not be published in the **Federal Register**, as required by the Federal Advisory Committee Act, 15 days prior to the date the special meeting is scheduled to be held.

Dated: June 19, 2013.

**Bruce Gellin,**

*Director, National Vaccine Program Office,  
and Executive Secretary, National Vaccine  
Advisory Committee.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[CDC-2013-0011; NIOSH-262]

### Request for Information on Toluene Diisocyanates

**AGENCY:** National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

**ACTION:** Request for Information.

**SUMMARY:** The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC) intends to evaluate the scientific data on toluene diisocyanate (TDI) and other TDI-based isocyanate products to develop a Criteria Document to establish an updated Recommended Exposure Limit

(REL) for toluene diisocyanate. The current NIOSH REL for 2,4-TDI is the lowest feasible concentration with no ceiling due to the potential carcinogenicity of 2,4-TDI.

NIOSH is requesting information on the following: (1) Published and unpublished reports and findings from *in vitro* and *in vivo* toxicity studies with toluene diisocyanate; (2) information on possible health effects observed in workers exposed to toluene diisocyanate, including exposure data and the method(s) used for sampling and analyzing exposures; (3) description of work tasks and scenarios with a potential for exposure to toluene diisocyanate; (4) information on control measures (e.g. engineering controls, work practices, personal protective equipment, exposure data before and after implementation of control measures) that are being used in workplaces with potential exposure to toluene diisocyanate; and (5) surveillance findings including protocol, methods, and results.

**DATES:** *Public Comment Period:* Comments must be received August 8, 2013.

**ADDRESSES:** You may submit comments, identified by CDC-2013-0011 and Docket Number NIOSH-262, by either of the two following methods:

- *Federal eRulemaking Portal:* <http://www.regulations.gov>. Follow the instructions for submitting comments.

- *Mail:* NIOSH Docket Office, Robert A. Taft Laboratories, MS-C34, 4676 Columbia Parkway, Cincinnati, OH 45226.

*Instructions:* All information received in response to this notice must include the agency name and docket number (CDC-2013-0011; NIOSH-262). All relevant comments received will be posted without change to <http://www.regulations.gov>, including any personal information provided. All electronic comments should be formatted as Microsoft Word. Please make reference to CDC-2013-0011 and Docket Number NIOSH-262.

**FOR FURTHER INFORMATION CONTACT:** Naomi Hudson, Dr.P.H., NIOSH, Robert A Taft Laboratories, MS-C32, 4676 Columbia Parkway, Cincinnati, OH 45226, telephone (513) 533-8388.

**SUPPLEMENTARY INFORMATION:** Toluene diisocyanates are colorless to pale yellow liquids or solids with a sharp, pungent odor. TDI is one of the most commonly used diisocyanates. The most common formulation of TDI is a mixture of two isomers: 80% 2,4-TDI and 20% 2,6-TDI. Approximately 541 million pounds of TDI were used in 2008, and

527 million pounds of TDI were used in 2010.

Occupational exposure occurs during production and use of diisocyanates, such as the mixing and foaming processes in the polyurethane foam industry, and during spray adhesive application in the automobile and furniture industries. TDI is an irritant to the eyes, skin, and the gastrointestinal and respiratory tracts. Workers exposed to TDI may also be sensitized, such that they might be subject to asthma attacks. In 1996 NIOSH published a NIOSH Alert, Preventing Asthma and Death from Diisocyanate Exposure [DHHS (NIOSH) Publication No. 96-111]. In 1989, NIOSH published a Current Intelligence Bulletin on toluene diisocyanate (TDI) and toluenediamine (TDA) [DHHS (NIOSH) Publication No. 90-101] which classified TDI and TDA (used in the manufacturing of TDI) as potential occupational carcinogens.

The current NIOSH REL for 2,4-TDI is the lowest feasible concentration with no ceiling due to the potential carcinogenicity of TDI. The OSHA permissible exposure limit (PEL) for TDI is 0.005 ppm, with a ceiling of 0.02 ppm. The American Conference of Governmental Industrial Hygienists (ACGIH) threshold limit value (TLV) for TDI is 0.005 ppm with a ceiling of 0.02 ppm to minimize effects on the respiratory tract and to minimize the potential for sensitization.

NIOSH seeks to obtain materials, including published and unpublished reports and research findings, to evaluate the possible health risks of occupational exposure to diisocyanates. Examples of requested information include, but are not limited to, the following:

- (1) Identification of industries or occupations in which exposures to TDI may occur.

- (2) Trends in the production and use of TDI.

- (3) Description of work tasks and scenarios with a potential for exposure to TDI.

- (4) Workplace exposure measurement data of TDI in various types of industries and jobs.

- (5) Case reports or other health information demonstrating potential health effects in workers exposed to TDI.

- (6) Research findings from *in vitro* and *in vivo* studies.

- (7) Information on control measures (e.g., engineering controls, work practices, PPE) being taken to minimize worker exposure to TDI.

- (8) Educational materials for worker safety and training on the safe handling of diisocyanates.