

**GOVERNMENT PRINTING OFFICE****Depository Library Council to the Public Printer; Meeting**

The Depository Library Council to the Public Printer (DLC) will meet on Monday, October 21, 2013 through Wednesday, October 23, 2013, in Washington, District of Columbia. The sessions will take place from 8 a.m. to 5:30 p.m., Monday and Tuesday and 8:00 a.m. to 12:30 p.m., on Wednesday. The meeting will be held at the United States Government Printing Office 732 North Capitol Street NW., Washington, District of Columbia. The purpose of this meeting is to discuss the Federal Depository Library Program. All sessions are open to the public. The United States Government Printing Office is in compliance with the requirements of Title III of the Americans with Disabilities Act and meets all Fire Safety Act regulations.

**Davita Vance-Cooks,**

*Public Printer of the United States.*

[FR Doc. 2013-22247 Filed 9-12-13; 8:45 am]

**BILLING CODE 1520-01-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES****HHS Retrospective Review 2013 Request for Information**

**ACTION:** Request for Information.

**SUMMARY:** The Department of Health and Human Services (HHS) seeks comment from interested parties on existing regulations HHS should consider reviewing in order to streamline or eliminate unnecessary, obsolete, or burdensome regulations or to modify others to increase their effectiveness, efficiency, and flexibility.

**DATES:** Please submit your suggestions for HHS's retrospective review by October 15, 2013. HHS notes that this request for information is issued solely for information and program-planning purposes and does not obligate the agency to take any further action.

**ADDRESSES:** You may submit comments using one of the following methods.

*Electronic Submissions*

To submit retrospective review ideas using the Department's web form, please visit <http://www.HHS.gov/RetrospectiveReview>.

To submit retrospective review ideas using the Federal eRulemaking Portal, please visit <http://www.regulations.gov> and follow the instructions for submitting comments.

*Written Submissions*

Submit written submissions in one of the following ways:

FAX: (202) 690-7203.

Mail/Hand delivery/Courier (for paper, disk, or CD-ROM submissions): 200 Independence Avenue SW., Room 639G, Washington, DC 20201.

**FOR FURTHER INFORMATION CONTACT:**

C'Reda Weeden at (202) 690-5627.

**SUPPLEMENTARY INFORMATION:** President Obama issued Executive Order 13563, "Improving Regulation and Regulatory Review," in January 2011, directing all federal agencies to review current regulations to identify ways to streamline or eliminate unnecessary, obsolete, or burdensome regulations. Among other things, Executive Order 13563 instructed agencies to "consider costs and reduce burdens for American businesses and consumers when developing rules; expand opportunities for public participation and public comment; simplify rules; promote freedom of choice; and ensure that regulations are driven by real science."

On May 10, 2012, the President issued a second Executive Order on retrospective review (Executive Order 13610, "Identifying and Reducing Regulatory Burdens"), which directs agencies "to promote public participation in retrospective review, to modernize our regulatory system, and to institutionalize regular assessment of significant regulations." This Executive Order calls for agencies to invite public suggestions about regulations in need of retrospective review and appropriate modifications to those regulations; to prioritize those reforms that promise significant quantifiable savings to the American public; and to regularly report to the public on progress and timelines.

In response to Executive Order 13563, the Department of Health and Human Services (HHS) developed and sought comment on its Preliminary Plan for Retrospective Review of Existing Regulations, which identified a preliminary list of regulations that would be appropriate for review. See 76 FR 32330 (June 6, 2011). HHS has made significant progress on its retrospective review activities in the ensuing two years. To date, HHS has published 26 proposed rules and 29 final rules related to retrospective review, in addition to completing substantive review of initiatives where agencies ultimately decided not to make regulatory changes. More information on HHS's retrospective review activities is available at <http://www.HHS.gov/RetrospectiveReview>.

In addition, the Department has developed a Public Participation Task

Force to make Department-wide recommendations for how to increase public participation in the regulatory process. Through the leadership of this task force, the Department has developed a centralized Web page to find information on regulations published by HHS agencies (<http://www.HHS.gov/Regulations>), established a retrospective review comment form for the public to submit suggestions, and encouraged each HHS agency to develop a public participation plan tailored to the needs of its programmatic mission and interested stakeholder groups.

HHS now seeks suggestions from the public regarding new ideas for our next phase of retrospective review. We welcome your suggestions regarding rules, or types of rules, that the Department should consider reviewing to:

- Promote economic growth, innovation, competitiveness, and job creation;
- Reduce regulatory and administration burdens;
- Achieve better results by modifying, streamlining, expanding, or eliminating rules when the costs or benefits are greater than originally anticipated;
- Eliminate rules that are outdated, overtaken by new technology or information, or unnecessary for other reasons; or
- Update rules to complement other federal agency rules or international standards where crosscutting collaboration can reduce administration or regulatory burdens.

To learn more about regulatory activity at HHS, please visit <http://www.HHS.gov/Regulations>.

Dated: September 9, 2013.

**Jennifer M. Cannistra,**  
*Executive Secretary.*

[FR Doc. 2013-22376 Filed 9-12-13; 8:45 am]

**BILLING CODE 4150-03-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Decision to Evaluate a Petition to Designate a Class of Employees from the Sandia National Laboratory-Livermore in Livermore, California To Be Included in the Special Exposure Cohort**

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

**ACTION:** Notice.

**SUMMARY:** NIOSH gives notice as required by Department of Health and

Human Services regulations of a decision to evaluate a petition to designate a class of employees from the Sandia National Laboratory-Livermore in Livermore, California to be included in the Special Exposure Cohort under the Energy Employees Occupational Illness Compensation Program Act of 2000.

**FOR FURTHER INFORMATION CONTACT:**

Stuart L. Hinnefeld, Director, Division of Compensation Analysis and Support, National Institute for Occupational Safety and Health, 4676 Columbia Parkway, MS C-46, Cincinnati, OH 45226, Telephone 877-222-7570. Information requests can also be submitted by email to [DCAS@CDC.GOV](mailto:DCAS@CDC.GOV).

**SUPPLEMENTARY INFORMATION:** The initial proposed definition for the class being evaluated, subject to revision as warranted by the evaluation, is as follows:

*Facility:* Sandia National Laboratory-Livermore

*Location:* Livermore, California.

*Job Titles and/or Job Duties:* All employees of the Department of Energy, its predecessor agencies, and its contractors and subcontractors who worked in any area.

*Period of Employment:* January 1, 1956 through December 31, 1994.

*Authority:* 42 CFR 83.12(e).

**John Howard,**

*Director, National Institute for Occupational Safety and Health.*

[FR Doc. 2013-21991 Filed 9-12-13; 8:45 am]

**BILLING CODE 4163-19-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[60Day-13-13AIG]

#### Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404-639-7570 or send comments to LeRoy Richardson, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an email to [omb@cdc.gov](mailto:omb@cdc.gov).

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

#### Proposed Project

Taxi Driver Survey on Motor Vehicle Safety and Workplace Violence (or, Taxi Driver Survey)—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

Under the Public Law 91-596 (Section 20[a][1]), the National Institute for Occupational Safety and Health (NIOSH) is tasked with conducting research relating to occupational safety and health. There are two types of work-related events that are the overwhelming cause of injury and death among taxicab drivers: Transportation-related events (almost exclusively highway-related) and workplace violence.

In the U.S., motor vehicle crashes remain the leading cause of occupational fatalities and continue to be a leading cause of occupational nonfatal injuries. In 1998-2002, workers in the "Taxi Services" industry had the highest rate of nonfatal motor vehicle-related injuries treated in emergency departments (86 per 10,000 FTEs). Moreover, 134 of the 423 (32%) fatalities 2003-2010 in the "Taxi and limousine services" industry resulted from a motor vehicle crash.

Workers, who operate light motor vehicles as their primary job, including taxi drivers, are an inadequately studied population. There are few reports describing the population of workers driving light motor vehicles, their driving patterns, or their driving behaviors. The road safety component of the proposed study would provide new scientific knowledge of a well-defined occupation whose primary job is to operate a taxi cab at any time of day under numerous road and traffic conditions. Motor vehicle safety findings from this survey will be disseminated globally to municipal

transportation regulators through an established network.

Workplace violence continues to contribute substantially to the public health burden of both nonfatal and fatal injury outcomes. The proposed study would have a workplace violence section in the survey that would allow the evaluation of the major types of safety equipment on rates of workplace violence incidents and events at the individual level (taxicab drivers).

The proposed study goals are to: (1) Describe the occurrence of motor vehicle events among taxicab drivers, (2) describe the risk factors of motor vehicle events among taxicab drivers, and (3) evaluate events of workplace violence among taxicab drivers. In order to accomplish the study goals, the corresponding study objectives are: (a) To enumerate the occurrence of motor vehicle crashes among taxicab drivers, (b) identify and describe the risk factors and protective factors associated with road safety among taxicab drivers, and (c) compare workplace violence events over a twenty-four-month period among taxicab drivers by type of safety equipment installed in taxicab. Findings from the study will be used to develop future prevention initiatives for reducing work-related motor vehicle crashes. These prevention initiatives, such as reducing driver fatigue through shift work limitations, may take the form of municipal ordinances promulgated by the city regulators or company-wide (such as Yellow Cab) directives designed to impact road safety by a city taxi fleet. Another use of data collected for this study would be to serve as a baseline measure for a future evaluation of safety initiatives implemented at the municipal level. Finally, contextual data on motor vehicle crashes is not completely captured by current surveillance methods. Such a survey would provide insight into the occurrence of crashes involving taxicabs. Furthermore, data on driving behaviors in the context of safety climate and role overload can only be obtained directly from taxicab drivers and will provide the perspective needed for designing effective safety interventions.

CDC requests Office of Management and Budget (OMB) approval to collect survey data using the Taxi Driver Survey, from taxicab drivers in two cities once during a 30 minute time period, and is seeking a two-year clearance. Because each taxicab driver will be waiting for taxicab inspection to be completed or waiting for a fare, the taxicab driver will be available. Responding to the survey is not