

applicability limitation (PAL) pollutant emissions from activities emitting sulfur dioxide from the combustion of fuel. These provisions are approvable because they are an appropriate method of determining compliance with a PAL for the narrow activity added by ADEC's regulations.

In the State's July 1, 2014 submittal, Alaska repealed provisions in 18 AAC 50.040(i), paragraphs (7), (8) and (9), that related to clean units and pollution control projects. The comparable Federal provisions were initially vacated by a court and then repealed by the EPA. Repeal of these provisions as a matter of state law does not affect the SIP because the EPA had not previously approved these provisions into the SIP and because they are no longer elements of the Federal major NNSR program.

Alaska submitted revisions to two definitions in 18 AAC 50.990 related to major NNSR. On October 24, 2014, the State revised 18 AAC 50.040(i)(1) to adopt by reference the Federal definition of "regulated NSR pollutant" at 40 CFR 51.165(a)(1)(xxvii) and also repealed the definition "regulated NSR pollutant" in 18 AAC 50.990(92) because the State has now adopted the Federal definition in 18 AAC 50.040(i). With these revisions, the State's definition of "regulated NSR pollutant" at 18 AAC 50.040(i)(1) is consistent with the current Federal definition of "regulated NSR pollutant" for major NNSR and is approvable.

On July 1, 2014, Alaska revised its major NNSR regulations at 18 AAC 50.040(i)(1)(B)(2) to reference the definition of "fugitive emissions" in 18 AAC 50.990(40). In turn, 18 AAC 50.990(40) was revised to adopt by reference the Federal definition of "fugitive emissions" at 40 CFR 51.166(b)(20).⁴ The definition of "fugitive emissions" referenced in 18 AAC 50.990(40) is consistent with the Federal definition of "fugitive emissions" for major NNSR and is approvable.

We note that in the State's October 24, 2014 submittal, technical corrections were made to the revisions in 18 AAC 50.040(i)(2), (4), (5) and (6) that were submitted on July 1, 2014. The effect of these corrections is that the State has submitted its repeal of 18 AAC 50.040(i)(4) and no changes were made to the adoption by reference of Federal provisions at 18 AAC 50.040(i)(2), (5) and (6). The repealed provision at 18 AAC 50.040(i)(4) adopted by reference an exemption for fugitive emissions in

40 CFR 51.165(a)(4) that duplicates an exemption contained in the State's definition of "major stationary source" and its repeal is therefore approvable.

In summary, revisions to Alaska's major NNSR regulations in 18 AAC 50.040(i) are approvable because the submitted revisions bring the State's major NNSR program up to date with current Federal requirements and, as explained above, represent a strengthening of Alaska's currently-approved major NNSR program.

V. Proposed Action

Pursuant to section 110 of the CAA and consistent with the discussion above, the EPA proposes to approve the Alaska SIP revisions submitted on December 11, 2009, November 29, 2010, December 10, 2012, January 28, 2013, July 1, 2014, and October 24, 2014 that update the adoption by reference of the Federal major NNSR program and revise the definition of "regulated NSR pollutant." The EPA has made the preliminary determination that these SIP revisions are approvable because they are consistent with the CAA and the current EPA requirements regarding major NNSR. The EPA intends to address the remaining portions of the SIP submittals that are not related to major NNSR, and have not yet been addressed, in one or more separate actions.

VI. Statutory and Executive Order Reviews

Under the CAA, the Administrator is required to approve a SIP submission that complies with the provisions of the Act and applicable Federal regulations. 42 U.S.C. 7410(k); 40 CFR 52.02(a). Thus, in reviewing SIP submissions, the EPA's role is to approve state choices, provided that they meet the criteria of the CAA. Accordingly, this proposed action merely approves the state's law as meeting Federal requirements and does not impose additional requirements beyond those imposed by the state's law. For that reason, this proposed action:

- Is not a "significant regulatory action" subject to review by the Office of Management and Budget under Executive Order 12866 (58 FR 51735, October 4, 1993);
- Does not impose an information collection burden under the provisions of the Paperwork Reduction Act (44 U.S.C. 3501 *et seq.*);
- Is certified as not having a significant economic impact on a substantial number of small entities under the Regulatory Flexibility Act (5 U.S.C. 601 *et seq.*);

- Does not contain any unfunded mandate or significantly or uniquely affect small governments, as described in the Unfunded Mandates Reform Act of 1995 (Pub. L. 104-4);

- Does not have Federalism implications as specified in Executive Order 13132 (64 FR 43255, August 10, 1999);

- Is not an economically significant regulatory action based on health or safety risks subject to Executive Order 13045 (62 FR 19885, April 23, 1997);

- Is not a significant regulatory action subject to Executive Order 13211 (66 FR 28355, May 22, 2001);

- Is not subject to requirements of Section 12(d) of the National Technology Transfer and Advancement Act of 1995 (15 U.S.C. 272 note) because it does not involve technical standards; and

- Does not provide the EPA with the discretionary authority to address, as appropriate, disproportionate human health or environmental effects, using practicable and legally permissible methods, under Executive Order 12898 (59 FR 7629, February 16, 1994). The SIP is not approved to apply on any Indian reservation land or in any other area where the EPA or an Indian tribe has demonstrated that a tribe has jurisdiction. In those areas of Indian country, the rule does not have tribal implications as specified by Executive Order 13175 (65 FR 67249, November 9, 2000), nor will it impose substantial direct costs on tribal governments or preempt tribal law.

List of Subjects in 40 CFR Part 52

Environmental protection, Air pollution control, Incorporation by reference, Intergovernmental relations, Particulate matter, Reporting and recordkeeping requirements.

Authority: 42 U.S.C. 7401 *et seq.*

Dated: October 27, 2014.

Dennis J. McLerran,

Regional Administrator, Region 10.

[FR Doc. 2014-26181 Filed 11-3-14; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

42 CFR Part 88

World Trade Center Health Program; Petition 005—Acoustic Neuroma; Finding of Insufficient Evidence

AGENCY: Centers for Disease Control and Prevention, HHS.

ACTION: Denial of petition for addition of a health condition.

⁴ The definition of "fugitive emissions" in 40 CFR 51.166(b)(20) is identical to the definition of "fugitive emissions" in 51.165(a)(1)(ix).

SUMMARY: On September 2, 2014, the Administrator of the World Trade Center (WTC) Health Program received a petition to add acoustic neuroma (Petition 005) to the List of WTC-Related Health Conditions (List). The Administrator has not found sufficient scientific evidence to conduct an analysis of whether to add acoustic neuroma to the List. Accordingly, the Administrator finds that insufficient evidence exists to request a recommendation of the WTC Health Program Scientific/Technical Advisory Committee (STAC), to publish a proposed rule, or to publish a determination not to publish a proposed rule.

DATES: The Administrator of the WTC Health Program is denying this petition for the addition of a health condition as of November 4, 2014.

FOR FURTHER INFORMATION CONTACT: Rachel Weiss, Program Analyst, 4674 Columbia Parkway, MS: C-46, Cincinnati, OH 45226; telephone (855) 818-1629 (this is a toll-free number); email NIOSHregs@cdc.gov.

SUPPLEMENTARY INFORMATION:

A. WTC Health Program Statutory Authority

Title I of the James Zadroga 9/11 Health and Compensation Act of 2010 (Pub. L. 111-347), amended the Public Health Service Act (PHS Act) to add Title XXXIII¹ establishing the WTC Health Program within the Department of Health and Human Services (HHS). The WTC Health Program provides medical monitoring and treatment benefits to eligible firefighters and related personnel, law enforcement officers, and rescue, recovery, and cleanup workers who responded to the September 11, 2001, terrorist attacks in New York City, at the Pentagon, and in Shanksville, Pennsylvania (responders), and to eligible persons who were present in the dust or dust cloud on September 11, 2001 or who worked, resided, or attended school, childcare, or adult daycare in the New York City disaster area (survivors).

All references to the Administrator of the WTC Health Program (Administrator) in this notice mean the Director of the National Institute for Occupational Safety and Health (NIOSH) or his or her designee.

Pursuant to section 3312(a)(6)(B) of the PHS Act, interested parties may petition the Administrator to add a

health condition to the List in 42 CFR 88.1. Within 60 calendar days after receipt of a petition to add a condition to the List, the Administrator must take one of the following four actions described in section 3312(a)(6)(B) and 42 CFR 88.17: (i) Request a recommendation of the STAC; (ii) publish a proposed rule in the **Federal Register** to add such health condition; (iii) publish in the **Federal Register** the Administrator's determination not to publish such a proposed rule and the basis for such determination; or (iv) publish in the **Federal Register** a determination that insufficient evidence exists to take action under (i) through (iii) above.

B. Petition 005

On September 2, 2014, the Administrator received a petition to add acoustic neuroma to the List (Petition 005).² The petition was submitted by a New York City police sergeant who worked at Ground Zero in the aftermath of the September 11, 2001, terrorist attacks. The petitioner stated that he had been diagnosed with acoustic neuroma and shared letters from his personal physicians confirming the diagnosis. The petition offered as evidence an article published in the *International Journal of Adolescent Medicine and Health (IJAMH)* linking exposure to toxic molds to "acoustic mycotic neuroma,"³ and a link to an Occupational Safety and Health Administration (OSHA) Web page, linking benzene exposure to acoustic neuroma.⁴

C. Administrator's Determination on Petition 005

The Administrator has established a methodology for evaluating whether to add non-cancer health conditions to the List of WTC-Related Health Conditions.⁵ First, the Administrator determines whether published, peer-reviewed studies about the health condition among 9/11-exposed populations are available to assess evidence for a causal relationship and provide a basis for a decision on whether to add the condition to the List. If the studies

provide sufficient evidence for analysis, the Administrator proceeds with an assessment of the information. A health condition may be added to the List if published, peer-reviewed direct observational or epidemiologic studies provide substantial support⁶ for a causal relationship between 9/11 exposures and the health condition in 9/11-exposed populations. If only epidemiologic studies are available and they provide only modest support⁷ for a causal relationship between 9/11 exposures and the health condition, the Administrator may then evaluate studies of associations between the health condition and 9/11 agents.⁸ If that additional assessment establishes substantial support for a causal relationship between a 9/11 agent or agents and the health condition, the health condition may be added to the List.

In accordance with section 3312(a)(6)(B) of the PHS Act and 42 CFR 88.17, described above, the Administrator has reviewed the evidence presented in Petition 005. Neither the *IJAMH* article nor the OSHA information on benzene provide sufficient evidence of a causal relationship between acoustic neuroma and 9/11 exposures to establish a basis for a decision on whether to add acoustic neuroma to the List. The *IJAMH* article concerns a study population that is not related to the September 11, 2001, terrorist attacks. Moreover, the study related to the development of acoustic neuroma among adolescents exposed to toxic mold; toxic mold is not considered a 9/11 agent. With regard to the second reference provided by the petitioner, although the OSHA Web page includes a reference to another published study suggesting an association between occupational exposures to benzene (a recognized 9/11 agent) and acoustic neuroma,⁹ the study population was not 9/11-exposed.

⁶ The substantial evidence standard is met when the Program assesses all of the available, relevant information and determines with high confidence that the evidence supports its findings regarding a causal association between the 9/11 exposure(s) and the health condition.

⁷ The modest evidence standard is met when the Program assesses all of the available, relevant information and determines with moderate confidence that the evidence supports its findings regarding a causal association between the 9/11 exposure(s) and the health condition.

⁸ 9/11 agents are chemical, physical, biological, or other agents or hazards reported in a published, peer-reviewed exposure assessment study of responders or survivors who were present in either the New York City disaster area, the Pentagon site, or in Shanksville, Pennsylvania site as defined in 42 CFR part 88.

⁹ Prochazka M, Feychting M, Ahlbom A, Edwards CG, Nise G, Plato N, Schwartzbaum JA, Forssén UM

¹ Title XXXIII of the PHS Act is codified at 42 U.S.C. 300mm to 300mm-61. Those portions of the Zadroga Act found in Titles II and III of Public Law 111-347 do not pertain to the WTC Health Program and are codified elsewhere.

² See Petition 005. WTC Health Program: Petitions Received. <http://www.cdc.gov/wtc/received.html>.

³ Anyanwu E, Campbell AW, High W [2002]. Brainstem auditory evoked response in adolescents with acoustic mycotic neuroma due to environmental exposure to toxic molds. *Int J Adolesc Med Health* 14(1):67-76.

⁴ OSHA, https://www.osha.gov/dts/chemicalsampling/data/CH_220100.html.

⁵ This methodology, "Policy and Procedures for Adding Non-Cancer Conditions to the List of WTC-Related Health Conditions," revised October 21, 2014, is available on the WTC Health Program Web site, at <http://www.cdc.gov/wtc/policies.html>.

In addition to reviewing the evidence provided in Petition 005, the Administrator also conducted a search of the existing scientific/medical literature for evidence that could establish a causal relationship between 9/11 exposures and acoustic neuroma, as well as the related conditions acoustic neurinoma, acoustic neurilemma or vestibular schwannoma. He did not find any peer-reviewed, published epidemiologic studies of 9/11-exposed populations which would support such a relationship.

Because neither the evidence submitted by the Petitioner nor a search of published scientific/medical literature provided information regarding the occurrence of acoustic neuroma among 9/11-exposed populations, the Administrator has determined that requesting a recommendation from the STAC (pursuant to PHS Act, section 3312(a)(6)(B)(i) and 42 CFR 88.17(a)(2)(i)) is unwarranted. In prior actions, the Administrator requested a recommendation from the STAC when he determined that it would assist his evaluation; such as when, for example, the Administrator is in need of an interpretation of conflicting or inconclusive published scientific evidence.

Similarly, the Administrator has determined that insufficient evidence exists to take further action, including either proposing the addition of acoustic neuroma to the List (pursuant to PHS Act, section 3312(a)(6)(B)(ii) and 42 CFR 88.17(a)(2)(ii)) or publishing a

determination not to publish a proposed rule in the **Federal Register** (pursuant to PHS Act, section 3312(a)(6)(B)(iii) and 42 CFR 88.17(a)(2)(iii)). In order to publish such a proposed addition or a determination not to propose a rule, the Administrator would first need to find that enough scientific evidence is available to analyze whether 9/11 exposures are associated with the health condition. Since the Administrator is unable to identify sufficient evidence to conduct an analysis of whether to add the health condition, the Administrator (pursuant to PHS Act, section 3312(a)(6)(B)(iv) and 42 CFR 88.17(a)(2)(iv)) is publishing a determination that he cannot take any of the other statutory and regulatory actions.

For the reasons discussed above, the request made in Petition 005 to add acoustic neuroma to the List of WTC-Related Health Conditions is denied.

John Howard,

Administrator, World Trade Center Health Program and Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, Department of Health and Human Services.

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FEDERAL COMMUNICATIONS COMMISSION

47 CFR Parts 0, 1, 2, 15, 27, 73, and 74

[GN Docket No. 12-268; Report 3011]

Petitions for Reconsideration of Action in a Rulemaking Proceeding; Correction

AGENCY: Federal Communications Commission.

ACTION: Petition for reconsideration; correction.

SUMMARY: The Federal Communications Commission published a document in the **Federal Register** of October 27, 2014 (79 FR 63883), regarding Petitions for Reconsideration filed of Action in a rulemaking proceeding. The document contained the incorrect deadline for filing replies to an opposition to the Petition. This document revises the deadline for replies to an opposition to the Petition.

DATES: Oppositions to the Petitions must be filed on or before November 12, 2014. Replies to an opposition must be filed on or before November 24, 2014.

ADDRESSES: Federal Communications Commission, 445 12th Street SW., Washington, DC 20554.

FOR FURTHER INFORMATION CONTACT: A.J. Glusman, Wireless Telecommunications Bureau, (202) 418-1425, email AJ.Glusman@fcc.gov.

Correction

In the **Federal Register** of October 27, 2014, in FR Doc. 2014-25456, on page 63883, in the second column, correct the **DATES** section to read:

DATES: Oppositions to the Petitions must be filed on or before November 12, 2014. Replies to an opposition must be filed on or before November 24, 2014.

Federal Communications Commission.

Marlene H. Dortch,
Secretary.

[FR Doc. 2014-26116 Filed 11-3-14; 8:45 am]

BILLING CODE 6712-01-P

[2010]. Occupational exposures and risk of acoustic neuroma. *Occup Environ Med.* 2010 Nov;67(11):766-71.