

4.10(a)(2). In particular, do not include competitively sensitive information such as costs, sales statistics, inventories, formulas, patterns, devices, manufacturing processes, or customer names.

If you want the Commission to give your comment confidential treatment, you must file it in paper form, with a request for confidential treatment, and you have to follow the procedure explained in FTC Rule 4.9(c), 16 CFR 4.9(c). Your comment will be kept confidential only if the FTC General Counsel, in his or her sole discretion, grants your request in accordance with the law and the public interest.

Postal mail addressed to the Commission is subject to delay due to heightened security screening. As a result, the Commission encourages you to submit your comments online. To make sure that the Commission considers your online comment, you must file it at <https://ftcpublish.commentworks.com/ftc/consumerwarrantypra>, by following the instructions on the web-based form. If this Notice appears at <http://www.regulations.gov>, you also may file a comment through that Web site.

If you file your comment on paper, write "Warranty Rules: Paperwork Comment, FTC File No. P044403" on your comment and on the envelope, and mail or deliver it to the following address: Federal Trade Commission, Office of the Secretary, Room H-113 (Annex J), 600 Pennsylvania Avenue NW., Washington, DC 20580. If possible, submit your paper comment to the Commission by courier or overnight service.

Visit the Commission Web site at <http://www.ftc.gov> to read this Notice. The FTC Act and other laws that the Commission administers permit the collection of public comments to consider and use in this proceeding as appropriate. The Commission will consider all timely and responsive public comments that it receives on or before October 4, 2013. You can find more information, including routine uses permitted by the Privacy Act, in the Commission's privacy policy, at <http://www.ftc.gov/ftc/privacy.htm>.

**David C. Shonka,**

*Principal Deputy General Counsel.*

[FR Doc. 2013-18718 Filed 8-2-13; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Fee Schedule for Reference Biological Standards and Biological Preparations

**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), located within the Department of Health and Human Services (HHS) announces that HHS/CDC has reviewed and updated its fee schedule for reference biological standards and biological preparations required by OMB Circular A-25, User Charges. This notice also announces current contact information to obtain information on the availability of these products and the fees for these products. **DATES:** These fees are effective August 5, 2013.

**FOR FURTHER INFORMATION CONTACT:** To obtain information on the current inventory of reference biological standards and biological preparations and the current fee schedule, please contact the Division of Scientific Resources, Centers for Disease Control and Prevention, 1600 Clifton Road NE., Mailstop C-17, Atlanta, Georgia 30333; telephone 404-639-3466. Someone will be available to answer your inquiry between 8:00 a.m. and 4:30 p.m. Eastern Time, Monday through Friday, except on Federal holidays.

**SUPPLEMENTARY INFORMATION:** On July 22, 2013 HHS/CDC published a Direct Final Rule (DFR) titled "Distribution of Reference Biological Standards and Biological Preparations (78 FR 43817). In the DFR, HHS/CDC updated the agency name, location, and contact information for persons interested in obtaining reference biological standards and biological preparations. Today, HHS/CDC is publishing a General Notice to inform the public that HHS/CDC has reviewed and updated its fee schedule per the requirements in OMB Circular A-25 (User Charges) and to provide contact information to obtain a current inventory of products and an up-to-date fee schedule of charges (see **FOR FURTHER INFORMATION CONTACT**). HHS/CDC is not seeking additional comment on the DFR through this notice.

OMB Circular A-25 (User Charges) requires that agencies review user charges for agency programs every two years. This review should include any adjustment to reflect changes in costs or

market value. HHS/CDC has conducted a review of the fees charged for reference biological standards and biological preparations. Based on this review, some reagents are being removed from our inventory because they are obsolete. No prices have increased or decreased at this time.

HHS/CDC prepares reference biological standards and biological preparations under the authority of 42 CFR Part 7. These regulations describe how private entities may obtain reference biological standards and biological preparations from HHS/CDC and how charges for these standards and preparations are determined. Persons interested in these products should contact the Division of Scientific Resources, Centers for Disease Control and Prevention, 1600 Clifton Road NE., Mailstop C-17, Atlanta, Georgia 30333; telephone 404-639-3466, for the current inventory and fee schedule. Due to the changing inventory of the unique biological standards or biological preparations, some of which are prepared only upon request, it is best to contact HHS/CDC to determine the availability of a particular product.

Dated: July 29, 2013.

**J. Ronald Campbell,**

*Director, Division of Executive Secretariat, Centers for Disease Control and Prevention.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Office for State, Tribal, Local and Territorial Support (OSTLTS)

##### Correction

A notice was published in the **Federal Register** on June 21, 2013, Volume 78, Number 120, Pages 37541-37542 to announce the Tribal Advisory Committee Meeting and 10th Biannual Tribal Consultation Session planned for August 12-13, 2013, in Atlanta, Georgia. This notice is being published to announce that the Tribal Advisory Committee Meeting and 10th Biannual Tribal Consultation Session have been postponed. The meetings are anticipated to be rescheduled for fall 2013. The dates will be announced as soon as they are determined. Please refer to the Tribal Support Web site for updates: <http://www.cdc.gov/tribal/>.

*Contact Person for More Information:* April R. Taylor, Public Health Analyst, CDC/OSTLTS, via mail to 4770 Buford Highway NE., MS E-70, Atlanta,

Georgia 30341 or email to [ARTaylor@cdc.gov](mailto:ARTaylor@cdc.gov).

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

**Elaine L. Baker,**

*Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.*

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**BILLING CODE 4163-18-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[Docket No. CDC-2013-0014]

#### Preventing Skin Cancer Through Reduction of UV Exposure

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

**ACTION:** Notice with comment period.

**SUMMARY:** The Centers for Disease Control and Prevention (CDC) in the Department of Health and Human Services (HHS) announces the opening of a docket to obtain information from the public on preventing skin cancer through the reduction of UV exposure. The information obtained will be used for an anticipated Office of the Surgeon General response to the public health problem of skin cancer.

**DATES:** Written comments must be received on or before September 4, 2013.

**ADDRESSES:** You may submit comments, identified by docket number CDC-2013-0014 by any of the following methods:

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

- *Mail:* Meg Watson, MPH, Epidemiologist, Epidemiology and Applied Research Branch, Division of Cancer Prevention and Control, Centers for Disease Control and Prevention, 4770 Buford Highway NE., MS F-76, Atlanta, GA 30341-3717.

*Instructions:* All submissions received must include the agency name and docket number or RIN. All relevant comments received will be posted without change to <http://www.regulations.gov>, including any personal

information provided. For access to the docket to read background documents or comments received, go to <http://www.regulations.gov>.

**FOR FURTHER INFORMATION CONTACT:** Meg Watson, Epidemiologist, Epidemiology and Applied Research Branch, Division of Cancer Prevention and Control, Centers for Disease Control and Prevention, 4770 Buford Highway NE., MS F-76, Atlanta, GA 30341-3717, by telephone at (770) 488-4226 or by email at [FRNskincancer@cdc.gov](mailto:FRNskincancer@cdc.gov).

**SUPPLEMENTARY INFORMATION:** *Scope of the problem:* Skin cancer rates, including rates of melanoma, are increasing in the United States and worldwide. An estimated 3.7 million cases of basal and squamous cell carcinomas and about 60,000 cases of melanoma are diagnosed in the U.S. annually, with approximately 8,500 deaths from melanoma. Melanoma, which causes more deaths than other types of skin cancer, is one of the most commonly diagnosed cancers among U.S. adolescents and young adults. Skin cancer also poses a significant economic burden in the U.S. The treatment of melanoma and non-melanoma skin cancer costs an estimated \$1.7 billion each year, while costs due to low productivity are estimated to be \$3.8 billion.

A majority of skin cancers are caused by exposure to ultraviolet (UV) radiation from the sun or from indoor tanning devices, and are therefore preventable. Evidence clearly links exposure to UV radiation and a history of sunburn (indicating both intensity of UV exposure and skin sensitivity to radiation) to an increased risk of skin cancer. More than one-third of U.S. adults aged 18 and older report experiencing one or more sunburns in the past 12 months, and sunburn is even more common among younger adults. Indoor tanning is also common among adults, with the highest use among non-Hispanic white women aged 18-21 years (31.8%) and aged 22-25 years (29.6%). Among white adults who reported indoor tanning, 57.7% of women and 40.0% of men reported indoor tanning  $\geq 10$  times in the past 12 months. Among U.S. high school students, 13.3% have indoor tanned in the past 12 months, with much higher rates among girls and non-Hispanic whites. Furthermore, only 10.8% of U.S. high school students report wearing sunscreen with SPF of 15 or higher most of the time or always when outside for more than one hour on a sunny day.

*Approach:* HHS/CDC provides leadership for nationwide efforts to reduce illness and death caused by skin

cancer, which is the most common form of cancer in the U.S. HHS/CDC also conducts surveillance of melanoma and skin cancer risk-related behaviors, conducts applied research and evaluation, and translates and disseminates evidence-based information on how to reduce the burden of skin cancer in the population. Consistent with these activities, HHS/CDC is assisting the Office of the Surgeon General in the Department of Health and Human Services with an anticipated response to the public health issue of skin cancer, including deadly melanoma. The intent of this activity is to identify opportunities and actions that can be taken by all levels of government, civic organizations, health care providers, educational institutions, worksites, industry, service providers, individuals and others to reduce exposure to UV radiation throughout the nation by raising awareness of proper sun protection practices, providing or allowing for use of shade structures, clothing, and sunscreens where appropriate, and changing social norms regarding tanning and having tanned skin. Expectations are that a review of the information collected will lead to the issuance of the Office of Surgeon General publication.

We invite comments and information on environmental or systems strategies; interventions that reduce exposure to UV radiation; and national-, state-, tribal-, territorial-, community-, organizational-, and individual-level actions.

*Areas of focus:* Use of sun protection is low, while excessive sun exposure, indoor tanning, and sunburn are common. HHS/CDC and the Office of the Surgeon General are interested in receiving information on the following topics:

(1) Barriers to reducing UV exposure from the sun and from indoor tanning devices, and;

(2) Evidence-based strategies to reduce UV exposure in the population by increasing the use of sun protection and reducing tanning behaviors.

Dated: July 29, 2013.

**J. Ronald Campbell,**

*Director, Division of Executive Secretariat, Centers for Disease Control and Prevention.*

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