NIOSH has reviewed the criteria for GHS classification and has determined that chemicals classified by NTP as *reasonably anticipated* and chemicals classified as IARC 2B ''that have sufficient evidence from animal data'' meet the criteria for GHS Carcinogen Category 1B. Chemicals classified by NTP as *reasonably anticipated* and chemicals classified by IARC as 2B ''that have limited evidence from animal data'' meet the criteria for GHS Carcinogen Category 2. NIOSH is requesting comments on the validity of the NIOSH Correspondence table (Table 2) and its usefulness as a guide to determine GHS hazard categories.

(6) Is the proposed target risk level policy explained in a clear and transparent manner? Is the basis for the proposed policy adequately explained? If not, specify (section, page, and line number) where clarification is needed.

(7) An analytical feasibility (AF) notation will be used to identify those RELs that are established to reflect the limitations of the sampling and analytical method (i.e., AF) and not the target risk level of 1 in 1,000. Is this notation adequately explained?

(8) Is the proposed analytical feasibility and technical achievability policy explained in a clear and transparent manner? Is the basis for the proposed policy adequately explained? If not, specify (section, page, and line number) where clarification is needed.

Written comments will be accepted at the meeting. Written comments may also be submitted by any of the following methods:

- *Federal eRulemaking Portal: http://www.regulations.gov.* Follow the instructions for submitting comments.
- *Mail:* NIOSH Docket Office, Robert A. Taft Laboratories, 4676 Columbia Parkway, MS C–34, Cincinnati, Ohio 45226.

All material submitted to the Agency should reference the agency name and docket number [CDC–2013–0023; NIOSH 240–A]. All electronic comments should be formatted as Microsoft Word. Please make reference to CDC–2013–0023 and Docket Number NIOSH 240–A.

Transcript: A transcript will be prepared and posted to NIOSH Docket within 30 days after the meeting. Each person making a comment will be asked to give his or her name and affiliation, and all comments (including their name and affiliation) are considered to be in the public domain, and the transcript will be archived in the NIOSH Docket and posted on a public Web site.

All information received in response to this notice will be available for public examination and copying at the NIOSH Docket Office, Room 111, 4676 Columbia Parkway, Cincinnati, Ohio 45226.

Background: This draft NIOSH document provides an update of the NIOSH Carcinogen Classification and relevant Recommended Exposure Limit (REL) policies. The proposed update of policies is prompted by comments from the public and stakeholders and recent developments in how the carcinogenic risk to substances is assessed. NIOSH stakeholders have recently expressed concerns about limitations in the NIOSH approach to classifying and controlling carcinogens. A major limitation identified is use of the term ''Potential Occupational Carcinogen'' which dates to the OSHA hazard classification for carcinogens outlined in 29 CFR 1990.103 (see below). The adjective ''potential'' conveys uncertainty that is not warranted with many carcinogens such as asbestos, benzene, and others.

Further, the existing NIOSH carcinogen policy does not allow for classification on the basis of the magnitude and sufficiency of the scientific evidence. In contrast, other organizations such as the National Toxicology Program (NTP), the International Agency for Research on Cancer (IARC) and the Environmental Protection Agency (EPA) have differential classification systems with categories that reflect the weight of scientific evidence.

Coincident with NIOSH recognition of this language limitation was international recognition of the need for more efficient and faster classification of substances and the consideration of alternative substances that are less toxic and more environmentally sustainable.

In August 2011, NIOSH published in the **Federal Register** its intent to review and request for information regarding its approach to classifying carcinogens and establishing recommended exposure limits for occupational exposures to hazards associated with cancer. The initial comment period of September 22, 2011 was subsequently extended until December 30, 2011. On December 12, 2011, a public meeting was held at the Hubert H. Humphrey Building in Washington, DC to engage stakeholders and members of the public in discussions of the relevant issues pertaining to the NIOSH assessment. Input received from the public and stakeholders during this process was considered and is reflected in the draft document now available for public review. To view this docket's previous information go to: *http://www.cdc.gov/niosh/docket/archive/docket240.html.*

The purpose of the public review of the draft document is to obtain comments on whether NIOSH has adequately explained the basis for its revised policies on classifying chemicals as carcinogens and deriving RELs that are transparent, consistent, and that contribute to the effective risk management of chemical carcinogens in the workplace.

Contact Persons for Technical Information: T.J. Lentz, telephone (513) 533–8260, or Faye Rice, telephone (513) 533–8335, NIOSH, MS–C32, Robert A. Taft Laboratories, 4676 Columbia Parkway, Cincinnati, Ohio 45226.

Dated: November 8, 2013.

John Howard,

Director, National Institute for Occupational Safety and Health.

[FR Doc. 2013–27375 Filed 11–14–13; 8:45 am]

BILLING CODE 4163–19–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60-Day–14–0210]

Proposed Data Collections Submitted for Public Comment and Recommendations; List of Ingredients Added to Tobacco in the Manufacture of Cigarette Products; Withdrawn

AGENCY: Centers for Disease Control and Prevention (CDC), Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Department of Health and Human Services (HHS).

ACTION: Notice Withdrawal. In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 FR Doc. 2013–26469 Filed 11–4–13; 8:45am.

SUMMARY: The Centers for Disease Control and Prevention requests withdrawal from publication the 60-Day **Federal Register** Notice (FRN) 14 0210 concerning the *List of Ingredients Added to Tobacco in the Manufacture of Cigarette Products* (FR Doc. 2013–26469), which was submitted on October 30, 2013 for public inspection in the **Federal Register**.

The purpose behind this notice withdrawal request is that an original 60-day FRN was previously published on October 31, 2013 (Document Number—2013–25799). A duplicate 60-day FRN was inadvertently published on November 5, 2013. Please disregard the duplicate FRN.

DATES: The duplicate FRN published on [11/5/13] at [Vol. 78, No. 214 Page 66363] is withdrawn as of [11/12/13].

FOR FURTHER INFORMATION CONTACT: (404) 639–7570 or send comments to CDC LeRoy Richardson, 1600 Clifton Road, MS D–74, Atlanta, GA 30333 or send an email to *omb@cdc.gov.*

SUPPLEMENTARY INFORMATION: N/A.

Leroy A. Richardson,

Chief, Information Collection Review Office, Office of Science Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2013–27403 Filed 11–14–13; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier CMS–10508, CMS–10507 and CMS–855A]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, HHS.

ACTION: Notice.

SUMMARY: The Centers for Medicare & Medicaid Services (CMS) is announcing an opportunity for the public to comment on CMS' intention to collect information from the public. Under the Paperwork Reduction Act of 1995 (the PRA), federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information (including each proposed extension or reinstatement of an existing collection of information) and to allow 60 days for public comment on the proposed action. Interested persons are invited to send comments regarding our burden estimates or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

DATES: Comments must be received by *January 14, 2014.*

ADDRESSES: When commenting, please reference the document identifier or OMB control number (OCN). To be assured consideration, comments and recommendations must be submitted in any one of the following ways:

1. *Electronically.* You may send your comments electronically to *http://www.regulations.gov.* Follow the instructions for ''Comment or Submission'' or ''More Search Options'' to find the information collection document(s) that are accepting comments.

2. *By regular mail.* You may mail written comments to the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development, Attention: Document Identifier/OMB Control Number ____, Room C4–26–05, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

To obtain copies of a supporting statement and any related forms for the proposed collection(s) summarized in this notice, you may make your request using one of following:

1. Access CMS' Web site address at *http://www.cms.hhs.gov/PaperworkReductionActof1995.*

2. Email your request, including your address, phone number, OMB number, and CMS document identifier, to *Paperwork@cms.hhs.gov.*

3. Call the Reports Clearance Office at (410) 786–1326.

FOR FURTHER INFORMATION CONTACT: Reports Clearance Office at (410) 786–1326

SUPPLEMENTARY INFORMATION:

Contents

This notice sets out a summary of the use and burden associated with the following information collections. More detailed information can be found in each collection's supporting statement and associated materials (see **ADDRESSES**).

CMS–10508 Evaluation of the Rural Community Hospital Demonstration (RCHD)

CMS–10507 State-based Marketplace Annual Report (SMAR)

CMS–855A Medicare Enrollment Application: Medicare Part A Institutional Providers

Under the Paperwork Reduction Act (the PRA) (44 U.S.C. 3501–3520), federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. The term ''collection of information'' is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA requires federal agencies to publish a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension or reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, CMS is publishing this notice.

Information Collections

1. *Type of Information Collection Request:* New collection (Request for a new OMB control number); *Title of Information Collection:* Evaluation of the Rural Community Hospital Demonstration (RCHD); *Use:* Section 10313 of the Affordable Care Act of 2010 (ACA) extended and expanded the Rural Community Hospital Demonstration (RCHD). Originally authorized under the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA), the RCHD provides enhanced reimbursement for inpatient services to small rural hospitals that do not qualify as critical access hospitals (CAHs). The RCHD is intended to increase the capability of these hospitals to meet the health care needs of rural beneficiaries in their service areas. As a demonstration, the RCHD aims to provide information that can be used to assess the feasibility and advisability of establishing a new category of rural community hospitals for reimbursement policy. As of January 2013, 23 hospitals from 11 states are participating in the RCHD. This number includes seven hospitals continuing from the original demonstration as authorized under the MMA and 15 new hospitals that joined under the expansion authorized under the ACA.

For the original demonstration, the MMA required a Report to Congress six months after the end of the demonstration, a requirement unchanged by the ACA. An initial evaluation was conducted between 2007 and 2011 toward preparing for a Report to Congress and focused on the 17 hospitals that had participated at some point between October 2004 and March 2011. Findings from this evaluation were reported to the Centers for Medicare and Medicaid Services (CMS) in the *Interim Evaluation Report of the Rural Community Hospital Demonstration* (an unpublished report).

The current five-year evaluation of the RCHD will extend and build on the prior evaluation and produce the Report to Congress required by the MMA. It will assess the impact of the RCHD in meeting its goals: To enable hospitals to