202–501–1624, or by email at *aluanda.drain@gsa.gov.* For information pertaining to status or publication schedules, contact the Regulatory Secretariat, at 202–501–4755. Please cite FMR Case 2015–102–3.

SUPPLEMENTARY INFORMATION:

A. Background

As part of its regular cycle to review and update its real property policies, GSA is proposing to revise its policy on Art-in-Architecture that is located in FMR part 102–77 (41 CFR part 102–77). This part was last revised on November 8, 2005 at 70 FR 67847.

Proposed Changes

The proposed changes to FMR part 102–77 reflect an internal as well as an interagency collaborative effort. Major proposed changes include the following:

Section 102–77.10 recommends the practice of commissioning artwork and also requires that the art be the work of living American artists.

Section 102–77.20 proposes that to the maximum extent possible, agencies should collaborate with representatives of the client agency and with others who are tied to the project to commission the nation's most talented artists.

Section 102–77.25 calls for agencies to implement the Art-in-Architecture policies in a manner that receives national and local visibility to facilitate participation by a large and diverse group of American artists.

B. Executive Orders 12866 and 13563

Executive Orders (E.O.S.) 12866 and 13563 direct agencies to assess all costs and benefits of available regulatory alternatives and, if regulation is necessary, to select regulatory approaches that maximize net benefits (including potential economic, environmental, public health and safety effects, distributive impacts, and equity). E.O. 13563 emphasizes the importance of quantifying both costs and benefits, of reducing costs, of harmonizing rules, and of promoting flexibility. This is not a significant regulatory action, and therefore was not subject to review under Section 6(b) of E.O. 12866, Regulatory Planning and Review, dated September 30, 1993. This rule is not a major rule under 5 U.S.C. 804.

C. Regulatory Flexibility Act

While these revisions are substantive, this proposed rule would not have a significant economic impact on a substantial number of small entities within the meaning of the Regulatory Flexibility Act, 5 U.S.C. 601, *et seq.* This proposed rule is also exempt from the Administrative Procedure Act per 5 U.S.C. 553 (a)(2) because it applies to agency management or personnel.

D. Paperwork Reduction Act

The Paperwork Reduction Act does not apply because the proposed changes to the FMR do not impose recordkeeping or information collection requirements, or the collection of information from offerors, contractors, or members of the public that require the approval of the Office of Management and Budget under 44 U.S.C. 3501, *et seq.*

E. Small Business Regulatory Enforcement Fairness Act

This proposed rule is exempt from Congressional review prescribed by 5 U.S.C. 801 since it relates to agency management and personnel.

List of Subjects in 41 CFR Part 102–77

Arts and Crafts.

Dated: May 7, 2015.

Giancarlo Brizzi,

Acting Associate Administrator.

For the reasons set forth in the preamble, GSA proposes to amend 41 CFR part 102–77 as follows:

PART 102–77—ART-IN-ARCHITECTURE

■ 1. The authority continues to read as follows:

Authority: 40 U.S.C. 121 and 3306.

■ 2. Revise § 102–77.10 to read as follows:

§ 102–77.10 What basic Art-in-Architecture policy governs Federal agencies?

Federal agencies must incorporate fine arts as an integral part of the total building concept when designing new Federal buildings, and when making substantial repairs and alterations to existing Federal buildings, as appropriate. The commissioned artworks—including painting, sculpture and various other media—must reflect the national cultural heritage and be the work of living American artists (citizens or permanent residents of the United States).

■ 3. Revise § 102–77.20 to read as follows:

§ 102–77.20 With whom should Federal agencies collaborate when commissioning and selecting art for Federal buildings?

To the maximum extent practicable, Federal agencies should collaborate with representatives of the client agency and the local community, the designer, and arts professionals to commission the nation's most talented artists to create significant civic-scaled artwork of outstanding quality and value. Federal agencies should work collaboratively with the artist, community, and art and design professionals to produce works of art that reflect the cultural, intellectual, and historic interests of the nation and the community. Federal agencies should commission artwork that is diverse in style and media.

■ 4. Revise § 102–77.25 to read as follows:

§ 102–77.25 Do Federal agencies have responsibilities to provide national visibility for Art-in-Architecture?

Yes, Federal agencies should implement these Art-in-Architecture policies in a manner that receives appropriate national and local visibility to facilitate participation by a large and diverse group of American artists representing a wide variety of types of artwork.

[FR Doc. 2015–16902 Filed 7–9–15; 8:45 am]

BILLING CODE 6820–14–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

42 CFR Part 88

[NIOSH Docket 094]

World Trade Center Health Program; Petition 008—Autoimmune Diseases; Finding of Insufficient Evidence

AGENCY: Centers for Disease Control and Prevention, HHS.

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

SUMMARY: On May 11, 2015, the Administrator of the World Trade Center (WTC) Health Program received a petition (Petition 008) to add autoimmune diseases to the List of WTC-Related Health Conditions (List). Upon reviewing the information provided by the petitioner, the Administrator has determined that Petition 008 is not substantially different from Petition 007, which also requested the addition of autoimmune diseases. The Administrator recently published a response to Petition 007 in the **Federal Register** and has determined that Petition 008 does not provide additional evidence of a causal relationship between 9/11 exposures and autoimmune diseases. 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 July 10, 2015.

FOR FURTHER INFORMATION CONTACT: Rachel Weiss, Program Analyst, 1090 Tusculum Avenue, MS: C–46, Cincinnati, OH 45226; telephone (855) 818–1629 (this is a toll-free number); email *NIOSHregs@cdc.gov.*

SUPPLEMENTARY INFORMATION:

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A. WTC Health Program Statutory Authority
B. Petition 008
C. Administrator's Determination on Petition 008

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 XXXIII [1] 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. However, in accordance with 42 CFR 88.17(a)(4), the Administrator is required to consider a new petition for a previously-evaluated health condition determined not to qualify for addition to the List only if the new petition presents a new medical basis—evidence not previously reviewed by the Administrator—for the association between 9/11 exposures and the condition to be added.

B. Petition 008

On May 11, 2015, the Administrator received a petition to add ''autoimmune disease—encephalitis of the brain'' to the List (Petition 008).[2] This is the second petition to the Administrator requesting the addition of autoimmune diseases to the List; the first autoimmune disease petition, Petition 007, was denied due to insufficient evidence as described in a **Federal Register** notice published on June 8, 2015 (80 FR 32333). Petition 008, which is addressed in this notice, was submitted by a WTC Health Program member who responded to the September 11, 2001, terrorist attacks in New York City. The petitioner indicated that she has been diagnosed with encephalitis as well as two WTC-related health conditions. The petition presented as evidence several newspaper articles referencing a study recently published in the Journal of Arthritis and Rheumatology by Webber *et al.* [2015],[3] which was designed to test the hypothesis that acute and chronic 9/11 work-related exposures were associated with the risk of certain new-onset systemic autoimmune diseases.

Although Petition 008 specifically requested the addition of ''autoimmune disease—encephalitis of the brain,'' the Administrator determined that the scope of the petition properly includes only the autoimmune diseases identified in Webber *et al.,* cited as evidence in both Petition 007 and Petition 008.[4] Encephalitis is not among the autoimmune diseases studied by Webber *et al.* No other evidence was provided in Petition 008 to support the addition of encephalitis to the List; therefore, encephalitis is not addressed in this action.

C. Administrator's Determination on Petition 008

The Administrator has established a methodology for evaluating whether to add non-cancer health conditions to the List of WTC-Related Health Conditions, published online in the Policies and Procedures section of the WTC Health Program Web site.[5] However, the Administrator has determined that the methodology is not triggered in this case because Petition 008 requested the addition of a health condition that was previously reviewed by the Program, and presented no new evidence of a causal association between 9/11 exposures and autoimmune diseases. In a response to Petition 007, which also requested the addition of autoimmune diseases, published in the **Federal Register** on June 8, 2015 (80 FR 32333), the Administrator reviewed the findings presented in the Webber study and determined that insufficient evidence exists to take any of the following actions: Propose the addition of autoimmune diseases to the List (pursuant to PHS Act, section 3312(a)(6)(B)(ii) and 42 CFR 88.17(a)(2)(ii)); publish 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)); or request a recommendation from the STAC (pursuant to PHS Act, section 3312(a)(6)(B)(i) and 42 CFR 88.17(a)(2)(i)). Because the Administrator recently evaluated the Webber study, presented as evidence for the addition of autoimmune conditions in Petition 007, there is no need to reevaluate the same evidence again in response to the request to add autoimmune diseases in Petition 008, which also presented the Webber study as evidence of a causal association between 9/11 exposures and autoimmune diseases.

Accordingly, with regard to Petition 008, the Administrator has determined that insufficient evidence exists to take further action, including either proposing the addition of autoimmune

[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 008. WTC Health Program: Petitions Received. *http://www.cdc.gov/wtc/received.html.*

[3] Webber MP, Moir W, Zeig-Owens R, Glaser MS, Jaber N, Hall C, Berman J, Qayyum B, Loupasakis K, Kelly K, and Prezant DJ [20015]. Nested case-control study of selected systemic autoimmune diseases in World Trade Center rescue/recovery workers. Journal of Arthritis & Rheumatology 67(5):1369–1376.

[4] This determination is consistent with the Administrator's reasoning in the Petition 007 finding of insufficient evidence. 80 FR 32333, June 8, 2015.

[5] ''Policy and Procedures for Adding Non-Cancer Conditions to the List of WTC-Related Health Conditions,'' John Howard MD, Administrator of the WTC Health Program, October 21, 2014. *http://www.cdc.gov/wtc/pdfs/WTCHP_PP_Adding_NonCancers_21_Oct_2014.pdf.*

diseases 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)). The Administrator has also 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.

For the reasons discussed above, the request made in Petition 008 to add autoimmune diseases to the List of WTC-Related Health Conditions is denied.

The Administrator is aware that another study of autoimmune diseases among WTC Health Program members is being conducted by the WTC Health Registry; however, results from this study are not yet available in the scientific literature. The Administrator will monitor the scientific literature for publication of the results of this study and any other studies that address autoimmune diseases among 9/11-exposed populations.

Dated: July 1, 2015.

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.

[FR Doc. 2015–16942 Filed 7–9–15; 8:45 am]

BILLING CODE 4163–18–P

FEDERAL COMMUNICATIONS COMMISSION

47 CFR Part 79

[MB Docket No. 12–107; FCC 15–56]

Accessible Emergency Information, and Apparatus Requirements for Emergency Information and Video Description

AGENCY: Federal Communications Commission.

ACTION: Proposed rule.

SUMMARY: In this document, the Commission seeks comments on issues related to making emergency information audibly accessible to individuals who are blind or visually impaired. Specifically, this document seeks comment on: How to prioritize aural emergency information on the secondary audio stream; whether to continue to require school closing information to be included aurally on the secondary audio stream; and whether to require MVPDs to ensure that the devices and applications they provide to subscribers include a simple and easy to use activation mechanism for accessing audible emergency information on the secondary audio stream.

DATES: Comments are due on or before August 10, 2015; reply comments are due on or before September 8, 2015.

ADDRESSES: You may submit comments, identified by MB Docket No. 12–107, by any of the following methods:

- *Federal Communications Commission (FCC) Electronic Comment Filing System (ECFS) Web site*: *http://fjallfoss.fcc.gov/ecfs2/*. Follow the instructions for submitting comments.
- *Mail*: U.S. Postal Service first-class, Express, and Priority mail must be addressed to the FCC Secretary, Office of the Secretary, Federal Communications Commission, 445 12th Street SW., Washington, DC 20554. Commercial overnight mail (other than U.S. Postal Service Express Mail and Priority Mail) must be sent to 9300 East Hampton Drive, Capitol Heights, MD 20743.
- *Hand or Messenger Delivery*: All hand-delivered or messenger-delivered paper filings for the FCC Secretary must be delivered to FCC Headquarters at 445 12th Street SW., Room TW–A325, Washington, DC 20554.
- *People with Disabilities*: Contact the FCC to request reasonable accommodations (accessible format documents, sign language interpreters, CART, etc.) by email: *FCC504@fcc.gov* or phone: 202–418–0530; or TTY: 202–418–0432.

For detailed instructions for submitting comments and additional information on the rulemaking process, see the section IV. ''Procedural Matters'' heading of the **SUPPLEMENTARY INFORMATION** section of this document.

FOR FURTHER INFORMATION CONTACT: Evan Baranoff, *Evan.Baranoff@fcc.gov,* of the Media Bureau, Policy Division, (202) 418–2120.

SUPPLEMENTARY INFORMATION: This is a summary of the Commission's *Second Further Notice of Proposed Rulemaking* (*Second Further Notice*), FCC 15–56, adopted on May 21, 2015, and released on May 28, 2015. For background, see the summary of the *Second Report and Order* (*Second Report and Order*) accompanying the *Second Further Notice* published in this issue of the **Federal Register**. The full text of this document is available electronically via the FCC's Electronic Document Management System (EDOCS) Web site at *http://fjallfoss.fcc.gov/edocs_public/* or via the FCC's Electronic Comment Filing System (ECFS) Web site at *http://fjallfoss.fcc.gov/ecfs2/*. (Documents will be available electronically in ASCII, Microsoft Word, and/or Adobe Acrobat.) This document is also available for public inspection and copying during regular business hours in the FCC Reference Information Center, Federal Communications Commission, 445 12th Street SW., CY–A257, Washington, DC, 20554. The complete text may be purchased from the Commission's copy contractor, 445 12th Street SW., Room CY–B402, Washington, DC 20554. Alternative formats are available for people with disabilities (Braille, large print, electronic files, audio format), by sending an email to *fcc504@fcc.gov* or calling the Commission's Consumer and Governmental Affairs Bureau at (202) 418–0530 (voice), (202) 418–0432 (TTY).

I. Introduction

1. In this *Second Further Notice of Proposed Rulemaking (''Second Further Notice''),* we seek comment on three issues: (i) whether we should adopt rules regarding how covered entities should prioritize emergency information conveyed aurally on the secondary audio stream when more than one source of visual emergency information is presented on-screen at the same time; (ii) whether we should reconsider the Commission's requirement for ''school closings and changes in school bus schedules'' resulting from emergency situations to be conveyed aurally on the secondary audio stream, considering the length of such information and the limits of the secondary audio stream; and (iii) whether we should require MVPDs to ensure that the navigation devices that they provide to subscribers include a simple and easy to use activation mechanism for accessing audible emergency information on the secondary audio stream, and to provide a simple and easy to use mechanism to activate the secondary audio stream for emergency information when they permit subscribers to view linear programming on mobile and other devices as part of their MVPD services.

II. Discussion

A. Prioritization of Emergency Information on the Secondary Audio Stream

2. We seek comment on how video programming providers and video programming distributors should prioritize emergency information conveyed aurally on the secondary audio stream when more than one source of visual emergency information is presented on-screen at the same time.