

substantial support<sup>5</sup> for a causal relationship between 9/11 exposures and the health condition in 9/11-exposed populations. If the evidence assessment provides only modest support<sup>6</sup> for a causal relationship between 9/11 exposures and the health condition, the Administrator may then evaluate additional published, peer-reviewed epidemiologic studies, conducted among non-9/11-exposed populations, evaluating associations between the health condition of interest and 9/11 agents.<sup>7</sup> 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 § 3312(a)(6)(B) of the PHS Act, 42 CFR 88.17, and the methodology for the addition of non-cancer health conditions to the List, the Administrator reviewed the evidence presented in Petition 007. Although the petitioner specifically requested the addition of certain autoimmune diseases such as rheumatoid arthritis and connective tissue diseases, the Administrator determined that the scope of the petition properly includes all of the autoimmune diseases identified in Webber *et al.* Accordingly, the ADS conducted a systematic literature search of the published scientific and medical literature for evidence of a causal relationship between 9/11 exposures and the autoimmune disorders described in Webber *et al.*<sup>8</sup> Those autoimmune disorders include: Systemic lupus erythematosus, antiphospholipid syndrome, systemic sclerosis, inflammatory myositis, Sjögren's syndrome, rheumatoid arthritis, spondyloarthritis, granulomatosis with polyangiitis (Wegener's), and eosinophilic granulomatosis with polyangiitis (Churg-Strauss).

<sup>5</sup> 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.

<sup>6</sup> 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.

<sup>7</sup> 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 the New York City disaster area, or at the Pentagon site, or in Shanksville, Pennsylvania site as those locations are defined in 42 CFR 88.1.

<sup>8</sup> Databases searched include: PubMed, Health & Safety Science Abstracts, Toxicology Abstracts, Toxline, Scopus, and Embase.

Other than the Webber study, the literature search yielded no relevant epidemiologic studies, and no direct observational studies.<sup>9</sup> In accordance with the methodology described above, the ADS assessed Webber *et al.* for quality and found significant limitations. Those limitations include low statistical power (due to the small number of cases); lack of information about other key confounders (*e.g.*, family history of autoimmune diseases, history of viral infections or vaccination preceding diagnosis of the autoimmune disease, use of pharmaceutical agents and non-WTC-related exposures, both work-related and recreational); and potential for measurement error of chronic exposure (*i.e.*, because a month of 9/11-related exposures was represented by at least 1 day spent at the WTC site, the duration variable did not differentiate between those with one day and those with many days of exposure in a given month; however, this measurement approach was non-differential between the cases and controls). Finally, participants were from the Fire Department of New York cohort only and predominantly a white male population which raises concern for generalizability to other 9/11-exposed groups, including female responders and survivors. Thus, the ADS concluded that the available information did not have the potential to form the basis for a decision on whether to propose adding the following conditions to the List of WTC-Related Health Conditions: Systemic lupus erythematosus, antiphospholipid syndrome, systemic sclerosis, inflammatory myositis, Sjögren's syndrome, rheumatoid arthritis, spondyloarthritis, granulomatosis with polyangiitis (Wegener's), or eosinophilic granulomatosis with polyangiitis (Churg-Strauss).

The findings described above led the Administrator to determine that insufficient evidence exists to take further action, including either proposing the addition of the autoimmune diseases identified above to the List (pursuant to PHS Act, § 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, § 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, § 3312(a)(6)(B)(i) and 42 CFR 88.17(a)(2)(i)) is unwarranted.

<sup>9</sup> Only epidemiologic studies of 9/11-exposed populations were considered to be relevant.

For the reasons discussed above, the request made in Petition 007 to add certain autoimmune diseases to the List of WTC-Related Health Conditions, including: Systemic lupus erythematosus, antiphospholipid syndrome, systemic sclerosis, inflammatory myositis, Sjögren's syndrome, rheumatoid arthritis, spondyloarthritis, granulomatosis with polyangiitis (Wegener's), and eosinophilic granulomatosis with polyangiitis (Churg-Strauss), is denied.

The Administrator is aware that another study of autoimmune diseases among World Trade Center enrollees is being conducted by the World Trade Center 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 World Trade Center exposed populations.

Dated: June 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.*

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## DEPARTMENT OF HOMELAND SECURITY

### Federal Emergency Management Agency

#### 44 CFR Part 67

[Docket ID FEMA-2015-0001; Internal Agency Docket Nos. FEMA-B-7759, FEMA-B-1138 and FEMA-B-1208]

### Proposed Flood Elevation Determinations for Lafayette Parish, Louisiana, and Incorporated Areas

**AGENCY:** Federal Emergency Management Agency, DHS.

**ACTION:** Proposed rule; withdrawal.

**SUMMARY:** The Federal Emergency Management Agency (FEMA) is withdrawing its proposed rule concerning proposed flood elevation determinations for Lafayette Parish, Louisiana, and Incorporated Areas.

**DATES:** This withdrawal is effective on June 8, 2015.

**ADDRESSES:** You may submit comments, identified by Docket Nos. FEMA-B-7759, FEMA-B-1138 and FEMA-B-1208, to Luis Rodriguez, Chief,

Engineering Management Branch, Federal Insurance and Mitigation Administration, Federal Emergency Management Agency, 500 C Street SW., Washington, DC 20472, (202) 646-4064, or (email) *Luis.Rodriguez3@fema.dhs.gov*.

**FOR FURTHER INFORMATION CONTACT:** Luis Rodriguez, Chief, Engineering Management Branch, Federal Insurance and Mitigation Administration, Federal Emergency Management Agency, 500 C Street SW., Washington, DC 20472, (202) 646-4064, or (email) *Luis.Rodriguez3@fema.dhs.gov*.

**SUPPLEMENTARY INFORMATION:** On November 7, 2012, FEMA published a proposed rulemaking at 77 FR 66785-66788, proposing flood elevation determinations along one or more flooding sources in Lafayette Parish, Louisiana. FEMA is withdrawing the proposed rulemaking because FEMA has or will be issuing a Revised Preliminary Flood Insurance Rate Map, and if necessary a Flood Insurance Study report, featuring updated flood hazard information. A Notice of Proposed Flood Hazard Determinations will be published in the **Federal Register** and in the affected community's local newspaper following issuance of the Revised Preliminary Flood Insurance Rate Map.

**Authority:** 42 U.S.C. 4104; 44 CFR 67.4.

Dated: May 22, 2015.

**Roy E. Wright,**

*Deputy Associate Administrator for Mitigation, Department of Homeland Security, Federal Emergency Management Agency.*

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**DEPARTMENT OF HOMELAND SECURITY**

**Federal Emergency Management Agency**

**44 CFR Part 67**

[Docket No. FEMA-2015-0001; Internal Agency Docket No. FEMA-B-1145]

**Proposed Flood Elevation Determinations**

**AGENCY:** Federal Emergency Management Agency, DHS.

**ACTION:** Proposed rule; correction.

**SUMMARY:** On October 7, 2010, and June 13, 2014, FEMA published in the **Federal Register** a proposed rule and a proposed rule correction, respectively, that contained erroneous information. This notice provides corrections to the table as amended by the proposed rule correction, to be used in lieu of the information published at 75 FR 62062-62063 and 79 FR 33878-33879. The table provided here represents the flooding sources, location of referenced elevations, effective and modified elevations, and communities affected for Clay County, Arkansas, and Incorporated Areas. Specifically, it addresses the following flooding sources: Cypress Creek Ditch and Sugar Creek and Tributary 2.

**DATES:** Comments are to be submitted on or before September 8, 2015.

**ADDRESSES:** You may submit comments, identified by Docket No. FEMA-B-1145, to Luis Rodriguez, Chief, Engineering Management Branch, Federal Insurance and Mitigation Administration, Federal Emergency Management Agency, 500 C Street SW., Washington, DC 20472, (202) 646-4064 or (email) *Luis.Rodriguez3@fema.dhs.gov*.

**FOR FURTHER INFORMATION CONTACT:** Luis Rodriguez, Chief, Engineering Management Branch, Federal Insurance and Mitigation Administration, Federal Emergency Management Agency, 500 C Street SW., Washington, DC 20472, (202) 646-4064 or (email) *Luis.Rodriguez3@fema.dhs.gov*.

**SUPPLEMENTARY INFORMATION:** The Federal Emergency Management Agency (FEMA) publishes proposed

determinations of Base (1% annual-chance) Flood Elevations (BFEs) and modified BFEs for communities participating in the National Flood Insurance Program (NFIP), in accordance with section 110 of the Flood Disaster Protection Act of 1973, 42 U.S.C. 4104, and 44 CFR 67.4(a).

These proposed BFEs and modified BFEs, together with the floodplain management criteria required by 44 CFR 60.3, are minimum requirements. They should not be construed to mean that the community must change any existing ordinances that are more stringent in their floodplain management requirements. The community may at any time enact stricter requirements of its own or pursuant to policies established by other Federal, State, or regional entities. These proposed elevations are used to meet the floodplain management requirements of the NFIP and also are used to calculate the appropriate flood insurance premium rates for new buildings built after these elevations are made final, and for the contents in those buildings.

In the proposed rule published at 75 FR 62062-62063, in the October 7, 2010, issue of the **Federal Register**, FEMA published a table under the authority of 44 CFR 67.4. That table was amended by the proposed rule correction published at 79 FR 33878-33879, in the June 13, 2014, issue of the **Federal Register**. In this document, FEMA is publishing a table containing the accurate information, to address previous inaccuracies. The information provided below should be used in lieu of that previously published.

**Correction**

This proposed rule provides corrections to the table as amended by the proposed rule correction, to be used in lieu of the information previously published. Correct the Clay County, Arkansas table as follows.

(Catalog of Federal Domestic Assistance No. 97.022, "Flood Insurance.")

Dated: May 21, 2015.

**Roy E. Wright,**

*Deputy Associate Administrator for Mitigation, Department of Homeland Security, Federal Emergency Management Agency.*