applicable securities laws and regulations, and supervision of the activities of each natural person associated with the member, broker or dealer until at least three years after the termination of the use of each manual.

* * * * *

(j) Every member, broker or dealer subject to this section shall furnish promptly to a representative of the Commission legible, true, and complete copies of those records of the member, broker or dealer, that are required to be preserved under this section, or any other records of the member, broker or dealer subject to examination under Section 17(b) of the Act (15 U.S.C. 78q(b)) that are requested by the representative of the Commission.

(k) Records required to be preserved by the provisions of this section must be maintained at the headquarters office or other centralized location of a member, broker or dealer. In addition, records required to be maintained by § 240.17a–3(a)(1), (a)(6), (a)(7), (a)(12), (a)(16), (a)(17), (a)(18), (a)(19), (a)(20), (a)(21), and (a)(22) and paragraphs (b)(4) and (e)(6) of this section which:

(1) Relate to a local office shall also be maintained at the local office as follows:

(i) The most recent one year period of the records pertaining to a local office shall be maintained at the local office of a member, broker or dealer; or

(ii) In lieu of maintaining records at the local office, a member, broker or dealer may comply with the local office record maintenance requirements of this section by having the capability of producing printed copies of the records at the local office during the same business day as the request for the records is made or, if unusual circumstances prevent the production of printed copies of the records within the same business day, with the permission of the securities regulator making the request, the records shall be made available within a reasonable time. This capability shall not be deemed to supersede paragraph (f) of this section.

(2) Relate to an office of a member, broker or dealer that does not meet the definition of local office under § 240.17a–3(g)(1), or relate to an associated person who works out of multiple offices of a member, broker or dealer, must be either maintained at the office, or aggregated with the records of one or more other such offices or associated persons at a state record depository designated by the member, broker or dealer if the following requirements are met:

(i) The state record depository, which may be another office of the member, broker or dealer, is located within the same state as the office that does not meet the definition of local office, and with respect to maintaining records for an associated person who works out of multiple offices, the state record depository is located in each state in which the associated person conducts its business; and

(ii) The records stored in the state record depository can be easily identified and accessed for each office that does not meet the definition of local office or for each associated person to the same extent as if each such office or associated person kept separate records in compliance with the local office recordkeeping requirements of this section.

(l) When used in this section:

(1) The term *local office* shall have the meaning set forth in § 240.17a–3(g)(1).

(2) The term *principal* shall have the meaning set forth in § 240.17a–3(g)(2).

(3) The term *securities regulatory authority* shall have the meaning set forth in § 240.17a–3(g)(3).

§ 240.17a–4 [Amended]

4. In § 240.17a–4, paragraph (f)(3)(ii) is amended by removing the phrase ''the Commission or its representatives'' and in its place adding ''the staffs of the Commission, any self-regulatory organization of which it is a member, or any state securities regulator having jurisdiction over the member, broker or dealer''.

5. In § 240.17a–4, paragraph (f)(3)(vii) is amended by:

a. Removing the phrase ''the U.S. Securities and Exchange Commission (''Commission''), its designees or representatives,'' and in its place adding ''the U.S. Securities and Exchange Commission (''Commission''), its designees or representatives, any self-regulatory organization of which it is a member, or any state securities regulator having jurisdiction over the member, broker or dealer,'';

b. Removing the phrase ''the Commission's or designee's staff'' and in its place adding ''the staffs of the Commission, any self–regulatory organization of which it is a member, or any state securities regulator having jurisdiction over the member, broker or dealer'';

c. Removing each place it appears the phrase ''the Commission's staff or its designee'' and in its place adding ''the staffs of the Commission, any self–regulatory organization of which it is a member, or any state securities regulator having jurisdiction over the member, broker or dealer''.

Dated: October 2, 1998.

By the Commission.

Margaret H. McFarland,

Deputy Secretary.

[FR Doc. 98–27120 Filed 10–8–98; 8:45 am]

BILLING CODE 8010–01–P

SOCIAL SECURITY ADMINISTRATION

20 CFR Parts 404 and 416

[Regulations Nos. 4 and 16]

RIN 0960–AD91

Federal Old-Age, Survivors and Disability Insurance and Supplemental Security Income for the Aged, Blind, and Disabled; Medical and Other Evidence of Your Impairment(s) and Definition of Medical Consultant

AGENCY: Social Security Administration.

ACTION: Proposed rules.

SUMMARY: We propose to revise the Social Security and supplemental security income (SSI) disability regulations regarding sources of evidence for establishing the existence of a medically determinable impairment under title II and title XVI of the Social Security Act (the Act). We are doing this to clarify and expand the list of acceptable medical sources and to revise the definition of the term ''medical consultant'' to include additional acceptable medical sources.

DATES: To be sure that your comments are considered, we must receive them no later than December 8, 1998.

ADDRESSES: Comments should be submitted in writing to the Commissioner of Social Security, P. O. Box 1585, Baltimore, MD 21235, sent by telefax to (410) 966–2830, sent by E-Mail to ''regulations@ssa.gov,'' or delivered to the Office of Process and Innovation Management, Social Security Administration, 2109 West Low Rise Building, 6401 Security Boulevard, Baltimore, MD 21235, between 8:00 a.m. and 4:30 p.m. on regular business days. Comments may be inspected during these same hours by making arrangements with the contact person shown below.

FOR FURTHER INFORMATION CONTACT: Robert J. Augustine, Legal Assistant, Social Security Administration, 6401 Security Boulevard, Baltimore, MD 21235, (410) 966–5121. For information on eligibility or filing for benefits, call our national toll-free number, 1–800–772–1213.

SUPPLEMENTARY INFORMATION: The Act provides, in title II, for the payment of disability benefits to persons insured under the Act. Title II also provides,

under certain circumstances, for the payment of child's insurance benefits based on disability and widow's and widower's insurance benefits for disabled widows, widowers, and surviving divorced spouses of insured persons. In addition, the Act provides, in title XVI, for SSI payments to persons who are aged, blind, or disabled and who have limited income and resources.

For adults under both the title II and title XVI programs (including persons claiming child's insurance benefits based on disability under title II), ''disability'' means the inability to engage in any substantial gainful activity. For an individual under age 18 claiming SSI benefits based on disability, ''disability'' means that an impairment(s) causes ''marked and severe functional limitations.'' Under both title II and title XVI, disability must be the result of a medically determinable physical or mental impairment or combination of impairments that can be expected to result in death or that has lasted or can be expected to last for a continuous period of at least 12 months.

The Act also provides that an individual shall not be considered to be under a disability unless he or she furnishes such medical and other evidence of the existence of such impairment(s) as the Commissioner may require.

Explanation of Proposed Revisions

Sections 404.1513 and 416.913 state that we need reports about the individual's impairments from acceptable medical sources; they also provide a list of acceptable medical sources. Acceptable medical sources have the training and expertise to provide us with the signs and laboratory findings based on medically acceptable clinical and laboratory diagnostic techniques that establish the existence of a medically determinable physical or mental impairment.

We propose to amend §§ 404.1513 and 416.913 by revising the list of acceptable medical sources and making other changes to these sections, as follows.

Sections 404.1513 and 416.913 Medical Evidence of your Impairment.

We propose to revise the heading to ''Medical and other evidence of your impairment(s)'' to more accurately identify the subject of these sections, which describe how we use evidence from acceptable medical sources and other sources, such as nurse-practitioners, chiropractors, school teachers, and social workers. Sections 223(d)(3) and 1614(a)(3)(D) of the Act require that an individual have a medically determinable physical or mental impairment that results from anatomical, physiological, or psychological abnormalities which are demonstrable by medically acceptable clinical and laboratory diagnostic techniques. To establish the existence of a medically determinable impairment, we require evidence from acceptable medical sources. As indicated in current paragraph (e), we use evidence from other sources to help us understand how an adult's impairment(s) affects the ability to work and how a child's impairment(s) affects the ability to function.

We propose to revise the heading of, and language in, paragraph (a) of these sections to make it clear that we need evidence from acceptable medical sources to establish the existence of a medically determinable impairment, and that those sources identified in proposed paragraphs (a)(1) through (a)(5) are the sources who can provide us with this evidence. We propose to add a cross-reference to § 404.1508 in § 404.1513(a) and a cross-reference to § 416.908 in § 416.913(a) because §§ 404.1508 and 416.908 describe the type of medical evidence required to establish the existence of a medically determinable impairment.

We propose to revise paragraph (a)(1) by combining it with current paragraph (a)(2) because osteopaths are physicians, and their degree may be either Doctor of Medicine or Doctor of Osteopathy, depending on the school that conferred the degree. Thus, a licensed physician may be either a medical or an osteopathic doctor.

We propose to renumber current paragraphs (a)(3) and (a)(4) as new paragraphs (a)(2) and (a)(3).

We propose to revise new paragraph (a)(2) by adding language to our rules to reflect our current operating instructions which state that licensed or certified school psychologists (or licensed or certified individuals with other titles who perform the same function as a school psychologist in a school setting) are acceptable medical sources for purposes of establishing the existence of mental retardation and learning disabilities. Prior to adding school psychologists to the list of acceptable medical sources in our operating instructions for purposes of establishing the existence of mental retardation and learning disabilities, we conducted a State-by-State analysis of the educational qualifications and other requirements for their licensure or certification, and we had discussions with representatives of the National Association of School Psychologists on the issue of what school psychologists are uniformly qualified to do nationwide. Although the term ''licensed or certified psychologists'' encompasses school psychologists, we found that there is a lack of national uniformity among the States as to what school psychologists are allowed to do beyond the areas of mental retardation and learning disabilities. We determined, however, that licensed or certified school psychologists (or licensed or certified individuals with other titles who perform the same functions as a school psychologist in a school setting) are able to provide us with a complete medical report of manifestations related to mental retardation or learning disabilities. Therefore, we concluded that all individuals who are licensed or certified by their States (or approved in Michigan, which is equivalent to licensure or certification in other States) as school psychologists are medical sources who can establish the existence of mental retardation and learning disabilities.

We propose to create a new paragraph (a)(4), which would include as acceptable medical sources licensed podiatrists for impairments of the foot, or foot and ankle (depending on the delineation in the State licensure). These sources are currently included in our operating instructions as acceptable medical sources for purposes of establishing the existence of a medically determinable impairment of the foot, or foot and ankle, because they are licensed to practice medicine and perform surgery on a specific part of the body. They can do everything that a physician is licensed to do with respect to the foot, or foot and ankle, and have equal standing to physicians in this respect; therefore, we are adding them to the list of acceptable medical sources in our regulations as sources who can establish the existence of a medically determinable impairment of the foot, or foot and ankle. New paragraph (a)(4) would provide that whether evidence from a podiatrist can be used to establish the existence of a medically determinable impairment of the foot only, or the foot and ankle, depends on the scope of practice of podiatry in a State; i.e., whether the State in which the podiatrist practices permits the practice of podiatry on the foot only, or on the foot and ankle. Medical reports from podiatrists can provide us with all the evidence we require to establish the existence of a medically determinable impairment of the foot, or foot and ankle.

We propose to delete current paragraph (a)(5) because, regardless of

who is authorized to send us a medical report, the evidence itself must be provided by an acceptable medical source identified in proposed paragraphs (a)(1) through (a)(5). Similarly, we propose to delete current paragraph (a)(6) (which appears only in § 416.913) because it does not matter whether the evaluation by an acceptable medical source identified in proposed paragraphs (a)(1) through (a)(5) is included in an interdisciplinary team report or is contained in a separate report.

We propose to add a new paragraph (a)(5) to include qualified speech-language pathologists as acceptable medical sources who can establish the existence of a speech or language impairment. These sources are currently included in our operating instructions as medical sources who can establish the existence of a medically determinable speech or language impairment in title XVI childhood disability cases in which the individual is found to be disabled. Prior to adding qualified speech-language pathologists to the list of acceptable medical sources in our operating instructions, we conducted a State-by-State analysis of the educational qualifications and other requirements for licensure or certification of speech-language pathologists, and we had discussions with representatives of the American Speech-Language-Hearing Association on the issue of what nationwide qualification requirements there are for speech-language pathologists. We determined that the evaluation report of a qualified speech-language pathologist can provide us with the detailed evidence we require about a person's communicative ability that enables us to determine the existence of a medically determinable speech or language impairment. Under proposed paragraph (a)(5), ''qualified speech-language pathologists'' must be fully certified by their State's education agency, or licensed by their State's professional licensing board, or hold a Certificate of Clinical Competence from the American Speech-Language-Hearing Association.

We propose to switch the text of current paragraph (d) with the text of current paragraph (e). We believe that the transposition makes it clearer that, when we decide whether the evidence is complete enough for a determination, we look at the completeness of the medical evidence from acceptable medical sources identified in paragraph (a) and at any evidence that may have been provided by other sources, such as those identified in new paragraph (d). Thus, the proposal would make it clearer that we consider all of the relevant evidence we receive from acceptable medical sources and other sources when we make a determination about whether the individual is disabled or blind.

We propose to revise the language in new paragraph (d) (current paragraph (e)) by making technical changes for clarity and consistency. We also propose to reorganize and renumber the subparagraphs in new paragraph (d). We propose to delete the words ''Information from'' in the heading of new paragraph (d). We propose to change the first sentence of § 404.1513(d) to read: ''In addition to evidence from the acceptable medical sources listed in paragraph (a) of this section, we may also use evidence from other sources to show the severity of your impairment(s) and how it affects your ability to work.'' We propose to change the first sentence of § 416.913(d) to read: ''In addition to evidence from the acceptable medical sources listed in paragraph (a) of this section, we may also use evidence from other sources to show the severity of your impairment(s) and how it affects your ability to work or, if you are a child, your functioning.'' We propose to add a reference to the severity of the individual's impairment(s) because we may use evidence from other sources to show impairment severity, as well as how it affects the ability to work or, in § 416.913(d), a child's functioning. We propose to clarify new paragraph (d)(1) by adding ''Medical sources not listed in paragraph (a) of this section.'' We propose to add the word ''personnel'' in new paragraph (d)(3) because when we refer to ''sources'' we mean people, not entities. We propose to begin new paragraph (d)(4) with ''Other non-medical sources,'' instead of ''Observations by,'' to make the construction of new paragraph (d)(4) parallel to that of new paragraphs (d)(1) through (d)(3).

We have added the phrase ''but are not limited to'' in the second sentence of new paragraph (d) of § 404.1513 to clarify that the list of other sources is not an exclusive list and to make it consistent with the language in current paragraph (e) of § 416.913. We have included in paragraph (d)(1) some of the examples of other medical sources contained in current paragraphs (e)(3) and (4) of § 416.913. We propose to add new paragraph (d)(2) to reflect the provisions of current paragraph (e)(5) of § 416.913. We also propose to add the language ''(for example, spouses, parents and other caregivers, siblings, other relatives, friends, neighbors, and clergy)'' to new paragraph (d)(4) to make it consistent with the language in current paragraph (e)(2) of § 416.913.

In new paragraph (d) of § 416.913, we would change the language ''or, if you are a child, your ability to function independently, appropriately, and effectively in an age-appropriate manner'' to ''or, if you are a child, your functioning'' because section 1614(a)(3) of the Act was amended by Public Law 104–193 on August 22, 1996, which added a new paragraph (C) that changed the definition of disability for individuals under age 18 claiming SSI benefits. We propose to delete the words ''may'' and ''and'' in the second sentence of new paragraph (d), and insert the word ''but'' after the phrase ''Other sources include'' to make it clear that this list is not exclusive. We propose to add ''audiologists'' to new paragraph (d)(1) to make it consistent with current paragraph (e)(3) and new paragraph (d)(1) of § 404.1513. We would shorten paragraph (d) by consolidating current paragraphs (e)(3) and (4) in new paragraph (d)(1) and limiting the example of therapists to physical therapists. We propose to delete ''speech and language therapists'' from the examples in new paragraph (d)(1) because we are proposing to include speech-language pathologists, which is a more accurate title for these health care professionals, in new paragraph (a)(5).

We propose to delete the word ''medical'' and the phrase ''including the clinical and laboratory findings'' and add the phrase ''in your case record'' after the word ''evidence'' in the first sentence of new paragraph (e) (current paragraph (d)) of §§ 404.1513 and 416.913. We want to make it clear that we do not look only at medical evidence from the acceptable medical sources identified in paragraph (a), but also at any evidence that might have been provided by other sources, as described in new paragraph (d), when we make a determination about whether the individual is disabled or blind. Also, it is the evidence in the case record, not necessarily each piece of evidence, that must be complete and detailed enough to allow us to make a determination about whether the individual is disabled or blind. We propose to revise new paragraph (e)(1) by deleting the term ''limiting effects'' and substituting in its place the word ''severity,'' which more accurately conveys the statutory requirement that an individual must have a severe impairment to be found disabled. We propose to revise the language in new paragraph (e)(2) to more accurately refer to whether the duration requirement is met, because the issue of duration of the individual's

impairment(s) may pertain to a period in the past, rather than to a period in the future. We propose to revise new paragraph (e)(3) by qualifying the language about residual functional capacity because the combined evidence must be complete and detailed enough to allow us to determine the individual's residual functional capacity only when the evaluation steps described in §§ 404.1520(e) or (f)(1) and 416.920(e) or (f)(1) apply. We also propose to add the phrase ''or, if you are a child, your functioning'' to § 416.913(e)(3) because ability to function is the relevant issue that we must determine for a child, not residual functional capacity.

Other Changes

Sections 404.1503 and 416.903 Who Makes Disability and Blindness Determinations

We propose to remove the last sentence in paragraph (e) because, presently, in cases involving a combination of mental and nonmental impairments, the appropriate consultant determines impairment severity in his or her area of expertise, and this is reflected in determining the overall impact of the combination of impairments on the individual's ability to work.

Sections 404.1512 and 416.912 Evidence of Your Impairment

We propose to change the cross-reference in paragraph (b)(4) from paragraph (e) to paragraph (d) because current paragraph (e) would be new paragraph (d).

Section 404.1526 Medical Equivalence; Section 416.926 Medical Equivalence for Adults and Children; Sections 404.1616 and 416.1016 Medical or Psychological Consultant

We propose to revise the second sentence in paragraph (c) of §§ 404.1526 and 416.926 and the first sentence in §§ 404.1616 and 416.1016 to indicate that a medical consultant must be an acceptable medical source identified in §§ 404.1513(a)(1) or (a)(3) through (a)(5) and 416.913(a)(1) or (a)(3) through (a)(5). We believe the acceptable medical sources identified in these sections, in addition to physicians, are fully qualified to serve as medical consultants within their areas of expertise.

Electronic Versions

The electronic file of this document is available on the Federal Bulletin Board (FBB) at 9:00 a.m. on the date of publication in the **Federal Register**. To download the file, modem dial (202) 512–1387. The FBB instructions will explain how to download the file and the fee. This file is in WordPerfect and will remain on the FBB during the comment period.

Regulatory Procedures

Executive Order 12866

We have consulted with the Office of Management and Budget (OMB) and determined that these proposed rules do not meet the criteria for a significant regulatory action under Executive Order 12866. Therefore, they are not subject to OMB review.

Regulatory Flexibility Act

We certify that these proposed regulations will not have a significant economic impact on a substantial number of small entities because they affect only individuals. Therefore, a regulatory flexibility analysis as provided in the Regulatory Flexibility Act, as amended, is not required.

Paperwork Reduction Act

These proposed regulations impose no additional reporting or recordkeeping requirements subject to OMB clearance.

(Catalog of Federal Domestic Assistance Program Nos. 96.001, Social Security—Disability Insurance; 96.002, Social Security—Retirement Insurance; 96.004, Social Security-Survivors Insurance; 96.006, Supplemental Security Income)

List of Subjects

20 CFR Part 404

Administrative practice and procedure, Blind, Disability benefits, Old-Age, Survivors, and Disability insurance, Reporting and recordkeeping requirements, Social Security.

20 CFR Part 416

Administrative practice and procedure, Aged, Blind, Disability benefits, Public assistance programs, Supplemental Security Income (SSI), Reporting and recordkeeping requirements.

Dated: September 29, 1998.

Kenneth S. Apfel,

Commissioner of Social Security.

For the reasons set out in the preamble, we propose to amend subparts P and Q of part 404 and subparts I and J of part 416 of 20 CFR chapter III as set forth below:

PART 404—FEDERAL OLD-AGE, SURVIVORS AND DISABILITY INSURANCE (1950–)

Subpart P—[Amended]

1. The authority citation for subpart P of part 404 continues to read as follows:

Authority: Secs. 202, 205(a), (b), and (d)–(h), 216(i), 221(a) and (i), 222(c), 223, 225, and 702(a)(5) of the Social Security Act (42 U.S.C. 402, 405(a), (b), and (d)–(h), 416(i), 421(a) and (i), 422(c), 423, 425, and 902(a)(5)); sec. 211(b), Pub. L. 104–193, 110 Stat. 2105, 2189.

§ 404.1503 [Amended]

2. Section 404.1503 is amended by removing the last sentence of paragraph (e).

3. Section 404.1512 is amended by revising paragraph (b)(4) to read as follows:

§ 404.1512 Evidence of your impairment.

* * * * *

(b) * * *

(4) Information from other sources, as described in § 404.1513(d);

* * * * *

4. Section 404.1513 is amended by revising the heading and paragraphs (a), (d), and (e) to read as follows:

§ 404.1513 Medical and other evidence of your impairment(s).

(a) *Sources who can provide evidence to establish an impairment.* We need evidence from acceptable medical sources to establish whether you have a medically determinable impairment(s). See § 404.1508. Acceptable medical sources are—

(1) Licensed physicians (medical or osteopathic doctors);

(2) Licensed or certified psychologists (including school psychologists, or other licensed or certified individuals with other titles who perform the same function as a school psychologist in a school setting, for purposes of establishing mental retardation and learning disabilities only);

(3) Licensed optometrists, for the measurement of visual acuity and visual fields (we may need a report from a physician to determine other aspects of eye diseases);

(4) Licensed podiatrists, for purposes of establishing impairments of the foot, or foot and ankle only, depending on whether the State in which the podiatrist practices permits the practice of podiatry on the foot only, or the foot and ankle only; and

(5) Qualified speech-language pathologists, for purposes of establishing speech or language impairments only. For this source, ''qualified'' means that the pathologist must be fully certified by the State

education agency in the State in which he or she practices, or be licensed by the State professional licensing board, or hold a Certificate of Clinical Competence from the American Speech-Language-Hearing Association.

* * * * *

(d) *Other sources.* In addition to evidence from the acceptable medical sources listed in paragraph (a) of this section, we may also use evidence from other sources to show the severity of your impairment(s) and how it affects your ability to work. Other sources include, but are not limited to—

(1) Medical sources not listed in paragraph (a) of this section (for example, nurse-practitioners, physicians' assistants, naturopaths, chiropractors, audiologists, and physical therapists);

(2) Educational personnel (for example, school teachers, counselors, early intervention team members, developmental center workers, and daycare center workers);

(3) Public and private social welfare agency personnel; and (4) Other non-medical sources (for example, spouses, parents and other caregivers, siblings, other relatives, friends, neighbors, and clergy).

(e) *Completeness.* The evidence in your case record must be complete and detailed enough to allow us to make a determination about whether you are disabled or blind. It must allow us to determine—

(1) The nature and severity of your impairment(s) for any period in question;

(2) Whether the duration requirement, as described in § 404.1509, is met; and

(3) Your residual functional capacity to do work-related physical and mental activities, when the evaluation steps described in § 404.1520(e) or (f)(1) apply.

5. Section 404.1526 is amended by revising the second sentence of paragraph (c) to read as follows:

§ 404.1526 Medical equivalence.

* * * * *

(c) *Who is a designated medical or psychological consultant.* * * * A medical consultant must be an acceptable medical source identified in § 404.1513(a)(1) or (a)(3) through (a)(5). * * *

Subpart Q—[Amended]

6. The authority citation for subpart Q of part 404 continues to read as follows:

Authority: Secs. 205(a), 221, and 702(a)(5) of the Social Security Act (42 U.S.C. 405(a), 421, and 902(a)(5)).

7. Section 404.1616 is amended by revising the first sentence of the introductory paragraph to read as follows:

§ 404.1616 Medical or psychological consultant.

A medical consultant must be an acceptable medical source identified in § 404.1513(a)(1) or (a)(3) through (a)(5). * * *

* * * * *

PART 416—SUPPLEMENTAL SECURITY INCOME FOR THE AGED, BLIND, AND DISABLED

Subpart I—[Amended]

8. The authority citation for subpart I of part 416 continues to read as follows:

Authority: Secs. 702(a)(5), 1611, 1614, 1619, 1631(a), (c), and (d)(1), and 1633 of the Social Security Act (42 U.S.C. 902(a)(5), 1382, 1382c, 1382h, 1383(a), (c), and (d)(1), and 1383b); secs. 4(c) and 5, 6(c)-(e), 14(a) and 15, Pub. L. 98–460, 98 Stat. 1794, 1801, 1802, and 1808 (42 U.S.C. 421 note, 423 note, 1382h note).

§ 416.903 [Amended]

9. Section 416.903 is amended by removing the last sentence of paragraph (e).

10. Section 416.912 is amended by revising paragraph (b)(4) to read as follows:

§ 416.912 Evidence of your impairment.

* * * * *

(b) * * *

(4) Information from other sources, as described in § 416.913(d);

* * * * *

11. Section 416.913 is amended by revising the heading and paragraphs (a), (d), and (e) to read as follows:

§ 416.913 Medical and other evidence of your impairment(s).

(a) *Sources who can provide evidence to establish an impairment.* We need evidence from acceptable medical sources to establish whether you have a medically determinable impairment(s). See § 416.908. Acceptable medical sources are—

(1) Licensed physicians (medical or osteopathic doctors);

(2) Licensed or certified psychologists (including school psychologists, or other licensed or certified individuals with other titles who perform the same function as a school psychologist in a school setting, for purposes of establishing mental retardation and learning disabilities only);

(3) Licensed optometrists, for the measurement of visual acuity and visual fields (see paragraph (f) of this section for the evidence needed for statutory blindness);

(4) Licensed podiatrists, for purposes of establishing impairments of the foot, or foot and ankle only, depending on whether the State in which the podiatrist practices permits the practice of podiatry on the foot only, or the foot and ankle; and

(5) Qualified speech-language pathologists, for purposes of establishing speech or language impairments only. For this source, ''qualified'' means that the pathologist must be fully certified by the State education agency in the State in which he or she practices, or be licensed by the State professional licensing board, or hold a Certificate of Clinical Competence from the American Speech-Language-Hearing Association.

* * * * *

(d) *Other sources.* In addition to evidence from the acceptable medical sources listed in paragraph (a) of this section, we may also use evidence from other sources to show the severity of your impairment(s) and how it affects your ability to work or, if you are a child, your functioning. Other sources include, but are not limited to—

(1) Medical sources not listed in paragraph (a) of this section (for example, nurse-practitioners, physicians' assistants, naturopaths, chiropractors, audiologists, and physical therapists);

(2) Educational personnel (for example, school teachers, counselors, early intervention team members, developmental center workers, and daycare center workers);

(3) Public and private social welfare agency personnel; and

(4) Other non-medical sources (for example, spouses, parents and other caregivers, siblings, other relatives, friends, neighbors, and clergy).

(e) *Completeness.* The evidence in your case record must be complete and detailed enough to allow us to make a determination about whether you are disabled or blind. It must allow us to determine—

(1) The nature and severity of your impairment(s) for any period in question;

(2) Whether the duration requirement, as described in § 416.909, is met; and

(3) Your residual functional capacity to do work-related physical and mental activities, when the evaluation steps described in § 416.920(e) or (f)(1) apply, or, if you are a child, your functioning.

* * * * *

12. Section 416.926 is amended by revising the second sentence of paragraph (c) to read as follows:

§ 416.926 Medical equivalence for adults and children.

* * * * *

(c) *Who is a designated medical or psychological consultant.* * * * A medical consultant must be an acceptable medical source identified in § 416.913(a)(1) or (a)(3) through (a)(5). * * *

* * * * *

Subpart J—[Amended]

13. The authority citation for subpart J of part 416 continues to read as follows:

Authority: Secs. 702(a)(5), 1614, 1631, and 1633 of the Social Security Act (42 U.S.C. 902(a)(5), 1382c, 1383, and 1383b).

14. Section 416.1016 is amended by revising the first sentence of the introductory paragraph to read as follows:

§ 416.1016 Medical or psychological consultant.

A medical consultant must be an acceptable medical source identified in § 416.913(a)(1) or (a)(3) through (a)(5). * * *

* * * * *

[FR Doc. 98–27077 Filed 10–8–98; 8:45 am]

BILLING CODE 4190–29–P

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

24 CFR Parts 35, 36, and 37

[Docket No. FR–3482–N–05]

RIN 2501–AB57

Requirements for Notification, Evaluation and Reduction of Lead-Based Paint Hazards in Federally Owned Residential Property and Housing Receiving Federal Assistance; Notice of Additional Information and Analysis on Determination of No Significant Economic Impact on Substantial Number of Small Entities

AGENCY: Office of the Secretary—Office of Lead Hazard Control, HUD.

ACTION: Notice of additional information and analysis on determination of no significant economic impact on substantial number of small entities.

SUMMARY: This notice pertains to a proposed rule published by HUD in the **Federal Register** on June 7, 1996 that would implement sections 1012 and 1013 of the Residential Lead-Based Paint Hazard Reduction Act of 1992. The June 7, 1996 rule advised that HUD had determined that the proposed regulatory requirements would not have a significant economic impact on a substantial number of small entities. HUD continues to believe that this determination was correct. The Department is publishing this notice to provide the public with additional details regarding the reasons for this determination. HUD requests written public comment on this analysis of the impact of the rule on small entities, in accordance with the Regulatory Flexibility Act.

DATES: Comment due date. Comments on this notice must be received on or before November 9, 1998.

ADDRESSES: Interested persons are invited to submit comments to the Rules Docket Clerk, Office of General Counsel, room 10276, Department of Housing and Urban Development, 451 7th Street, SW, Washington, DC 20410–0500. Comments should refer to the above docket number and title. A copy of each comment submitted will be available for public inspection and copying between 7:30 a.m. and 5:30 p.m. weekdays at the above address. Facsimile (FAX) comments are *not* acceptable.

FOR FURTHER INFORMATION CONTACT: Steve Weitz, Office of Lead Hazard Control, Department of Housing and Urban Development, 451 7th Street, SW, Washington, DC 20410–0500. Telephone: (202) 755–1785, ext. 106 (this is not a toll-free number). E-Mail: Stevenson__P.__Weitz@hud.gov. Hearing or speech-impaired persons may access the above telephone number via TTY by calling the toll-free Federal Information Relay Service at 1–800–877–8339.

SUPPLEMENTARY INFORMATION:

I. Need for and Objectives of the June 7, 1996 Proposed Rule

The Lead-Based Paint Poisoning Prevention Act of 1971, as amended, directs the U.S. Department of Housing and Urban Development (HUD) to establish procedures to eliminate to the extent practicable lead-based paint hazards in federally associated housing. HUD issued implementing regulations in 1976 and made department-wide revisions in 1986, 1987, and 1988. In 1992, Congress passed the Residential Lead-Based Paint Hazard Reduction Act, which was Title X of the Housing and Community Development Act of 1992 (Title X). Sections 1012 and 1013 of Title X amend the Lead-Based Paint Poisoning Prevention Act to require specific new procedures for lead-based paint notification, evaluation, and hazard reduction activities in housing receiving Federal assistance (section 1012) and federally owned housing at the time of sale (section 1013).

In enacting Title X, the Congress found that low-level lead poisoning is widespread among American children, with minority and low-income communities disproportionately affected; that, at low levels, lead poisoning in children causes IQ deficiencies, reading and learning disabilities, impaired hearing, reduced attention span, hyperactivity, and behavior problems; and that the health and development of children living in as many as 3.8 million homes is endangered by chipping or peeling lead paint, or excessive amounts of lead-contaminated dust in their homes.

Among the stated purposes of Title X are to implement, on a priority basis, a broad program to evaluate and reduce lead-based paint hazards in the Nation's housing stock; to ensure that the existence of lead-based paint hazards is taken into account in the development of Government housing policies and in the sale, rental, and renovation of homes and apartments; and to reduce the threat of childhood lead poisoning in housing owned, assisted, or transferred by the Federal Government.

On June 7, 1996 (61 FR 29170), HUD published a proposed rule that would implement the requirements of Title X. The proposed rule set forth new requirements for lead-based paint hazard notification, evaluation, and reduction for federally owned residential property and housing receiving Federal assistance.

The proposed rule took into consideration the substantial advancement of lead-based paint remediation technologies and the improved understanding of the causes of childhood lead poisoning by scientific and medical communities. Perhaps the most important results of research on this subject during the last 10–12 years have been (1) the finding that lead in house dust is the most common pathway of childhood lead exposure and (2) the measurement of the statistical relationship between levels of lead in house dust and lead in the blood of young children. The June 7, 1996 rule proposed to update the existing HUD regulations to reflect this knowledge, giving importance to procedures that identify and remove dust-lead hazards as well as chipping, peeling or flaking lead-based paint.

The June 7, 1996 rule also proposed also to offer a consolidated, uniform approach to addressing lead-based paint hazards. Currently, each individual HUD program has a separate set of lead-based paint requirements incorporated into its program regulations. The