SUPPLEMENTARY INFORMATION: Although 5 U.S.C. 552(a)(1) and (a)(2) do not require us to publish this SSR, we are doing so under 20 CFR 402.35(b)(1).

Through SSRs, we make available to the public precedential decisions relating to the Federal old-age, survivors, disability, supplemental security income, and special veterans’ benefits programs. We may base SSRs on determinations or decisions made at all levels of administrative adjudication, Federal court decisions, Commissioner’s decisions, opinions of the Office of the General Counsel, or other interpretations of the law and regulations.

Although SSRs do not have the same force and effect as statutes or regulations, they are binding on all of our components. 20 CFR 402.35(b)(1).

This SSR will remain in effect until we publish a notice in the Federal Register that rescinds it, or until we publish a new SSR that replaces or modifies it.

(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.)

Nancy A. Berryhill,
Acting Commissioner of Social Security.

Policy Interpretation Ruling

TITLES II AND XVI: EVALUATING CASES INVOLVING OBESITY

This Social Security Ruling (SSR) rescinds and replaces SSR 02–1p; Titles II and XVI: Evaluation of Obesity.

Purpose: This SSR provides guidance on how we establish that a person has a medically determinable impairment (MDI) of obesity and how we evaluate obesity in disability claims under Titles II and XVI of the Social Security Act (Act).

Citations (Authority): Sections 216(i), 223(d), 223(f), 1614(a), and 1614(c) of the Act, as amended; Regulations No. 4, subpart P, sections 404.1502, 404.1509, 404.1512, 404.1513, 404.1520, 404.1521–404.1523, 404.1525, 404.1526, 404.1529, 404.1545, 404.1546, 404.1560–404.1569a, 404.1594 and appendices 1 and 2; Regulations No. 16, subpart I, sections 416.902, 416.909, 416.912, 416.913, 416.920, 416.921–416.923, 416.924, 416.924a, 416.925, 416.926, 416.926a, 416.929, 416.945, 416.946, 416.960–416.969a, 416.987, 416.994, and 416.994a.

Introduction

Obesity, when established by objective medical evidence (signs, laboratory findings, or both) from an acceptable medical source (AMS), is an MDI. We provide guidance in this SSR on how we establish that a person has an MDI of obesity, and how we evaluate obesity in disability claims. People with obesity have a higher risk for other impairments, and the effects of obesity combined with other impairments can be greater than the effects of each of the impairments considered separately. Obesity is not a listed impairment; however, the functional limitations caused by the MDI of obesity, either alone or in combination with another impairment(s), may medically equal a listing. Obesity in combination with another impairment(s) may or may not increase the severity or functional limitations of the other impairment(s). We evaluate each case based on the information in the case record.

On September 12, 2002, we published SSR 02–1p (67 FR 57859) to provide guidance on the evaluation of obesity in disability claims. Since then, we published several final rules that revise some of the criteria we use to evaluate disability claims under Titles II and XVI of the Act. We are issuing this SSR to reflect the changes to the rules we have published, and advances in medical knowledge, since publication of SSR 02–1p.

Policy Interpretation

The following information is in a question and answer format that provides guidance on how we establish that a person has an MDI of obesity and how we evaluate obesity in disability claims. Questions 1 and 2 provide basic background information about obesity and impairments associated with obesity. Questions 3 and 4 discuss how we establish obesity as an MDI and how we determine if it is a severe MDI. Questions 5 and 6 specify how we evaluate obesity under the Listing of Impairments (listings), and how we consider obesity when assessing a person’s residual functional capacity (RFC).

List of Questions

1. How does the medical community diagnose obesity?

2. Which impairments are associated with obesity?

3. How do we establish obesity as an MDI?

4. When is obesity a severe impairment?

5. How do we evaluate obesity under the listings?

6. How do we consider obesity in assessing a person’s RFC?

1. How does the medical community diagnose obesity?

Obesity is a complex disorder characterized by an excessive amount of body fat, and is generally the result of many factors including environment, family history and genetics, metabolism, and behavior. Health care practitioners diagnose obesity based on a person’s medical history, physical examinations, and body mass index (BMI). For adults, BMI is a person’s weight in kilograms divided by the square of his or her height in meters (kg/m2). People with obesity weigh more than what is considered the healthy weight for their height. In the medical community, obesity is defined as a BMI of 30.0 or

higher.4,5 No specific weight or BMI establishes obesity as a severe impairment within the disability program. For how we establish obesity as an MDI, see Question 3. For when we consider obesity to be a severe impairment, see Question 4.

Health care practitioners may take a waist measurement to help diagnose obesity. If a person’s BMI is within the normal range, he or she may still have obesity if his or her waist measurement is high. People who store more fat around their waist rather than their hips may have a greater risk of obesity-related complications. The risk increases for a waist size greater than 35 inches for women and greater than 40 inches for men.6

2. Which impairments are associated with obesity?
Obesity is often associated with musculoskeletal, respiratory, cardiovascular, and endocrine disorders. Obesity also increases the risk of developing impairments including:

• Type II diabetes mellitus;
• Diseases of the heart and blood vessels (for example, high blood pressure, atherosclerosis, heart attacks, and stroke);
• Respiratory impairments (for example, sleep apnea, asthma, and obesity hypoventilation syndrome);
• Osteoarthritis;
• Mental impairments (for example, depression); and
• Cancers of the esophagus, pancreas, colon, rectum, kidney, endometrium, ovaries, gallbladder, breast, or liver.

The fact that obesity increases the risk for developing other impairments does not mean that people with obesity necessarily have any of these impairments. It means that they are at greater than average risk for developing other impairments.

3. How do we establish obesity as an MDI?
We establish obesity as an MDI by considering objective medical evidence (signs, laboratory findings, or both) from an AMS. We will not use a diagnosis or a statement of symptoms to establish the existence of an MDI.7 Signs and laboratory findings from an AMS that may establish an MDI of obesity include measured height and weight, measured waist size, and BMI measurements over time.

We calculate BMI based on the medical evidence in the case record, even if the person’s medical source(s) has not indicated that the person has obesity. We will not calculate BMI based on a person’s self-reported height and weight. In addition, we will not purchase tests to measure body fat. When deciding whether a person has an MDI of obesity, we consider the person’s weight over time. We consider the person to have an MDI of obesity as long as his or her weight, measured waist size, or BMI shows a consistent pattern of obesity.

Although there is often a correlation between BMI and excess body fat, this is not always the case. Someone who has a BMI of 30 or above may not have an MDI of obesity if a large percentage of the person’s weight is from muscle. It will usually be evident from the information in the case record whether the person does not have an MDI of obesity, despite a BMI of 30 or above.

4. When is obesity a severe impairment?

When we evaluate the severity of obesity, we consider all evidence from all sources. We consider all symptoms, such as fatigue or pain that could limit functioning.8 We consider any functional limitations in the person’s ability to do basic work activities resulting from obesity and from any other physical or mental impairments. If the person’s obesity, alone or in combination with another impairment(s), significantly limits his or her physical or mental ability to do basic work activities, we find that the impairment(s) is severe.9 We find, however, that the impairment(s) is “not severe” if it does not significantly limit [a person’s] physical or mental ability to do basic work activities.10

No specific weight or BMI establishes obesity as a “severe” or “not severe” impairment. Similarly, a medical source’s descriptive terms for levels of obesity, such as “severe,” “extreme,” or “morbid,” do not establish whether obesity is a severe impairment for disability program purposes. We do an individualized assessment of the effect of obesity on a person’s functioning when deciding whether the impairment is severe.

5. How do we evaluate obesity under the listings?
Obesity is not a listed impairment; however, the functional limitations caused by the MDI of obesity, alone or in combination with another impairment(s), may medically equal a listing.11 For example, obesity may increase the severity of a coexisting or related impairment(s) to the extent that the combination of impairments medically equals a listing.12 We will not make general assumptions about the severity or functional effects of obesity combined with another impairment(s). Obesity in combination with another impairment(s) may or may not increase the severity or functional limitations of the other impairment. We evaluate each case based on the information in the case record.

6. How do we consider obesity in assessing a person’s RFC?
We must consider the limiting effects of obesity when assessing a person’s RFC.13 RFC is the most an adult can do despite his or her limitation(s). As with any other impairment, we will explain how we reached our conclusion on whether obesity causes any limitations.

A person may have limitations in any of the exertional functions, which are sitting, standing, walking, lifting, carrying, pushing, and pulling. A person may have limitations in the nonexertional functions of climbing, balancing, stooping, kneeling, crouching, and crawling. Obesity increases stress on weight-bearing joints and may contribute to limitation of the range of motion of the skeletal spine and extremities. Obesity may also affect a person’s ability to manipulate objects, if there is adipose (fatty) tissue in the hands and fingers, or the ability to tolerate extreme heat, humidity, or hazards.

We assess the RFC to show the effect obesity has upon the person’s ability to perform routine movement and necessary physical activity within the work environment. People with an MDI

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5 For children age 2 and older, weight status is determined using an age- and gender-specific percentile for BMI rather than the BMI categories used for adults. This is because children’s body composition varies as they age and varies between boys and girls. Obesity is defined as a BMI-for-age at or above the 95th percentile. See Barlow, S. E. (2007). Expert committee recommendations regarding the prevention, assessment, and treatment of child and adolescent overweight and obesity: Summary report. Pediatrics, 120, S164–S192. doi:10.1542/peds.2007–2329C.
7 See 20 CFR 404.1521 and 416.921.
8 See 20 CFR 404.1529 and 416.929.
9 For children applying for disability under Title XVI, we find that the impairment(s) is severe when it causes more than minimal functional limitations. See 20 CFR 416.924(c).
10 See 20 CFR 404.1522 and 416.922.
11 See 20 CFR 404.1526 and 416.926.
12 For children applying for disability under Title XVI, we may evaluate the functional consequences of obesity (either alone or in combination with other impairments) to decide if the child’s impairment(s) functionally equals the listings. For example, the functional limitations imposed by obesity, by itself or in combination with another impairment(s), may establish extreme limitation of one domain of functioning or marked limitation of two domains. See 20 CFR 416.926a.
13 See 20 CFR 404.1545 and 416.945.
of obesity may have limitations in the ability to sustain a function over time. In cases involving obesity, fatigue may affect the person’s physical and mental ability to sustain work activity. This may be particularly true in cases involving obesity and sleep apnea.

The combined effects of obesity with another impairment(s) may be greater than the effects of each of the impairments considered separately. For example, someone who has obesity and arthritis affecting a weight-bearing joint may have more pain and functional limitations than the person would have due to the arthritis alone. We consider all work-related physical and mental limitations, whether due to a person’s obesity, other impairment(s), or combination of impairments.

This SSR is applicable on May 20, 2019.14


[FR Doc. 2019–10432 Filed 5–17–19; 8:45 am]
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DEPARTMENT OF STATE
[Public Notice: 10769]


SUMMARY: Notice is hereby given of the following determinations: I hereby determine that certain objects to be included in the exhibition “The Colmar Treasure: A Medieval Jewish Legacy,” imported from abroad for temporary exhibition within the United States, are of cultural significance. The objects are imported pursuant to loan agreements with the foreign owners or custodians. I also determine that the exhibition or display of the exhibit objects at The Met Cloisters, New York, New York, from on or about July 22, 2019, until on or about January 12, 2020, and at possible additional exhibitions or venues yet to be determined, is in the national interest. I have ordered that Public Notice of these determinations be published in the Federal Register.


Marie Therese Porter Royce,
Assistant Secretary, Educational and Cultural Affairs, Department of State.
[FR Doc. 2019–10404 Filed 5–17–19; 8:45 am]
BILLING CODE 4710–05–P

DEPARTMENT OF STATE
[Public Notice 10770]

Overseas Security Advisory Council (OSAC) Meeting Notice; Closed Meeting

The Department of State announces a meeting of the U.S. State Department Overseas Security Advisory Council on June 5, 2019. Pursuant to Section 10(d) of the Federal Advisory Committee Act (5 U.S.C. Appendix), 5 U.S.C. 552b(c)(4), and 5 U.S.C. 552b(c)(7)(E), it has been determined that the meeting will be closed to the public. The meeting will focus on an examination of corporate security policies and procedures and will involve extensive discussion of trade secrets and proprietary commercial information that is privileged and confidential, and will discuss law enforcement investigative techniques and procedures. The agenda will include updated committee reports, a global threat overview, and other matters relating to private sector security policies and protective programs and the protection of U.S. business information overseas.


Thomas G. Scanlon,
Executive Director, Overseas Security Advisory Council, U.S. Department of State.
[FR Doc. 2019–10405 Filed 5–17–19; 8:45 am]
BILLING CODE 4710–24–P

DEPARTMENT OF STATE
[Public Notice: 10771]

Notice of Determinations; Additional Culturally Significant Objects Imported for Exhibition—Determinations: “The Allure of Matter: Material Art of China” Exhibition

On April 26, 2019, notice was published on page 17908 of the Federal Register (volume 84, number 81) of determinations pertaining to certain objects to be included in an exhibition entitled “The Allure of Matter: Material Art of China.” Notice is hereby given of the following determinations: I hereby determine that certain additional objects to be included in the exhibition “The Allure of Matter: Material Art of China,” imported from abroad temporary exhibition within the United States, are of cultural significance. The additional objects are imported pursuant to loan agreements with the foreign owners or custodians. I also determine that the exhibition or display of the additional exhibit objects at the Los Angeles County Museum of Art, Los Angeles, California, from on or about June 6, 2019, until on or about January 5, 2020, at the David and Alfred Smart Museum of Art and the Wrightwood 659 Gallery, both in Chicago, Illinois, from on or about February 4, 2020, until on or about May 3, 2020, at the Seattle Art Museum, Seattle, Washington, from on or about June 25, 2020, until on or about...