Blankenfelde-Mahlow, Germany; phone: 49 0 33–7086–1944; fax: 49 0 33–7086–3276.

(5) You may view this service information at the FAA, Engine & Propeller Directorate, 12 New England Executive Park, Burlington, MA. For information on the availability of this material at the FAA, call 781–238–7125.

(j) Material Incorporated by Reference

None.

Issued in Burlington, Massachusetts, on June 3, 2014.

Colleen M. D'Alessandro,

Assistant Directorate Manager, Engine & Propeller Directorate, Aircraft Certification Service.

[FR Doc. 2014–13532 Filed 6–11–14; 8:45 am]

BILLING CODE 4910–13–P

SOCIAL SECURITY ADMINISTRATION

20 CFR Parts 404 and 416

[Docket No. SSA–2011–0099]

RIN 0960–AH44

Obtaining Evidence Beyond the Current ''Special Arrangement Sources''

AGENCY: Social Security Administration (SSA).

ACTION: Interim final rules with request for comments.

SUMMARY: We are amending our regulations to state that we will obtain evidence from any appropriate source. Our current regulations provide that we will obtain information from ''special arrangement sources'' for those infrequent situations when we are in a better position than our State agency partners to obtain evidence. Due to improved evidence collection through our increased use of health information technology (health IT), we are obtaining evidence electronically with increasing frequency. We expect that, over time, the electronic exchange of medical records will become our primary means for obtaining medical evidence. As we increase our use of health IT, the designation of ''special arrangement sources'' will no longer adequately describe from whom we collect evidence.

DATES: *Effective Date:* This interim final rule is effective June 12, 2014.

Comment Date: To ensure that your comments are considered, we must receive them no later than August 11, 2014.

ADDRESSES: You may submit comments by any one of three methods—Internet, fax, or mail. Do not submit the same comments multiple times or by more than one method. Regardless of which method you choose, please state that your comments refer to Docket No. SSA–2011–0099 so that we can associate your comments with the correct regulation.

Caution: You should be careful to include in your comments only information that you wish to make publicly available. We strongly urge you not to include in your comments any personal information, such as Social Security numbers or medical information.

1. *Internet:* We strongly recommend that you submit your comments via the Internet. Please visit the Federal eRulemaking portal at *http://www.regulations.gov*. Use the *Search* function to find docket number SSA–2011–0099. The system will issue a tracking number to confirm your submission. You will not be able to view your comment immediately because we must post each comment manually. It may take up to a week for your comment to be viewable.

2. *Fax:* Fax comments to (410) 966–2830.

3. *Mail:* Address your comments to the Office of Regulations and Reports Clearance, Social Security Administration, 3100 West High Rise Building, 6401 Security Boulevard, Baltimore, Maryland 21235–6401.

Comments are available for public viewing on the Federal eRulemaking portal at *http://www.regulations.gov* or in person, during regular business hours, by arranging with the contact person identified below.

FOR FURTHER INFORMATION CONTACT: Cheryl Elksnis, Office of Disability Programs, Social Security Administration, 6401 Security Boulevard, Baltimore, MD 21235–6401, 410–966–0497. For information on eligibility or filing for benefits, call our national toll-free number, 1–800–772–1213 or TTY 1–800–325–0778, or visit our Internet site, Social Security Online, at *http://www.socialsecurity.gov*.

SUPPLEMENTARY INFORMATION:

Background

We need medical and other evidence to determine whether you are disabled. We need your permission to request your medical records from your medical sources. You can also submit medical evidence to us. We request close to 15 million medical records from almost 500,000 providers to make decisions on approximately 3 million disability claims annually.

Our regulations define the roles and responsibilities of both the State agency and us in obtaining evidence and carrying out the disability determination function. The State agency has the primary responsibility to secure any evidence it needs to make a disability determination. Traditionally, the State agency collects this evidence through a variety of paper-based processes such as mail and fax. In most disability claims, the State agency converts paper records to electronic format and adds them to an electronic folder, which the State agency uses when it makes a disability determination. If we secure evidence from you or other ''special arrangement sources,'' we provide that evidence to the State agency for use in making a disability determination.

The United States (U.S.) healthcare system is undergoing a major technological shift, with medical providers adopting electronic health records in place of paper medical records. In 2008, to improve the disability determination process, we started an initiative enabling the electronic exchange of health information rather than using a mostly manual process to request, receive paper records, and then convert them to electronic format. We can now use a fully automated process to obtain electronic medical records nearly instantaneously. Using health IT, we dramatically increase our efficiency in gathering medical evidence. We receive medical evidence via health IT in a matter of minutes or hours, as opposed to days or weeks via traditional channels such as fax and mail.

We currently are in a better position than a State agency to obtain medical evidence via health IT. We developed an application that allows us to request and receive electronic medical records in a fully automated manner through a standards-based electronic transaction. We obtain the evidence via health IT nearly instantaneously, and then we provide it electronically to the State agency that makes the disability determination. This collaborative process allows us to gather medical evidence faster than we can using the traditional paper process and in most cases leads to quicker disability determinations.

With health IT, we increased the frequency at which we, rather than the State agency, request records. As the U.S. healthcare system continues its transition toward health IT, we expect health IT to become the primary means by which we request and receive medical evidence. We anticipate that our requests for medical evidence will continue to increase and that they will no longer only be to ''special arrangement sources.'' In recognition of these changes to the U.S. healthcare system and our increasing use of health

IT to obtain medical records, we are eliminating the ''special arrangement sources'' language from our rules. This revision only changes who will obtain evidence; it does not change the State agency's role in making disability determinations or in requesting evidence through traditional channels, when appropriate.

While we anticipate obtaining increasing amounts of medical records from health IT sources, we also expect that the State agency will continue to obtain evidence, when appropriate. For example, if your medical provider does not use electronic health records and does not participate in health IT, the State agency is better positioned than us to obtain your medical records through traditional channels.

Clarity of These Interim Final Rules

Executive Order 12866, as supplemented by Executive Order 13563, requires each agency to write all rules in plain language. In addition to your substantive comments on these interim final rules, we invite your comments on how to make them easier to understand. For example:

- Would more, but shorter, sections be better?
- Are the requirements in the rules clearly stated?
- Have we organized the material to suit your needs?
- Could we improve clarity by adding tables, lists, or diagrams?
- What else could we do to make the rules easier to understand?
- Do the rules contain technical language or jargon that is not clear?
- Would a different format make the rules easier to understand, e.g. grouping and order of sections, use of headings, paragraphing?

When will we start to use these rules?

We will start to use these interim final rules on the date shown under the ''Effective Date'' section earlier in this preamble.

We also invite public comments on the changes made by the rules. We will consider any relevant comments we receive. If appropriate, we will publish a final rule to respond to any such comments we receive, and to make any changes to the rules based on the comments.

Regulatory Procedures

Justification for Issuing Interim Final Rules Without Notice and Comment

We follow the Administrative Procedure Act (APA) rulemaking procedures specified in 5 U.S.C. 553 when we develop regulations.[1] Generally, the APA requires that an agency provide prior notice and opportunity for public comment before issuing interim final rules. The APA provides exceptions to its notice and public comment procedures when an agency finds there is good cause for dispensing with such procedures because they are impracticable, unnecessary, or contrary to the public interest.[2]

We find that there is good cause under 5 U.S.C. 553(b)(B) for dispensing with the notice and public comment procedures for these rules. We find that prior public comment is unnecessary because these rules only change our internal administrative procedures that govern the situations in which we, rather than the State agency, request evidence from some medical providers. The changes we are making to our rules do not affect the rights or benefits of the public or make any changes in the standards that the State agency uses to determine disability. Our current rules describe certain circumstances when we secure evidence. These interim final rules reflect that our evidence collection will become more routine than it traditionally has been, in recognition of the advent of health IT. Because we are not making any substantive changes to our current disability determination rules at this time, we find that prior public comment is unnecessary. However, we are inviting public comment on these interim final rules and will consider any substantive comments we receive within 60 days of the publication of these rules.

In addition, we find good cause for dispensing with the 30-day delay in the effective date of these rules provided for in 5 U.S.C. 553(d)(3). For the reasons stated above, we find it unnecessary to delay the effective date of the changes we are making in these interim final rules. Accordingly, we are making them effective upon publication.

Executive Order 12866 as Supplemented by Executive Order 13563

We consulted with the Office of Management and Budget (OMB) and determined that these interim final rules do not meet the criteria for a significant regulatory action under Executive Order 12866, as supplemented by Executive Order 13563. Thus, OMB did not review the interim final rules.

[1] Section 702(a)(5) of the Social Security Act, 42 U.S.C. 902(a)(5).

[2] 5 U.S.C. 553(b)(B).

Regulatory Flexibility Act

We certify that these interim final rules will not have a significant economic impact on a substantial number of small entities because the rules affect our internal procedures for handling claims for individuals only. Therefore, the Regulatory Flexibility Act, as amended, does not require us to prepare a regulatory flexibility analysis.

Paperwork Reduction Act

These interim final rules do not create any new or affect any existing collections and, therefore, do not require OMB approval under the Paperwork Reduction Act.

(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; and 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; Reporting and recordkeeping requirements; Supplemental Security Income (SSI).

Carolyn W. Colvin,

Acting Commissioner of Social Security.

For the reasons set out in the preamble, we are amending 20 CFR chapter III, parts 404 and 416, as set forth below:

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

Subpart Q—[Amended]

■ 1. 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)).

■ 2. Amend § 404.1614 by revising paragraph (a), removing paragraph (b), and re-designating paragraph (c) as paragraph (b).

The revision reads as follows:

§ 404.1614 Responsibilities for obtaining evidence to make disability determinations.

(a) We or the State agency will secure from the claimant or other sources any

evidence the State agency needs to make a disability determination. When we secure the evidence, we will furnish it to the State agency for use in making the disability determination.

* * * * *

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

Subpart J—[Amended]

■ 3. 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).

■ 4. Amend § 416.1014 by revising paragraph (a), removing paragraph (b), and re-designating paragraph (c) as paragraph (b).

The revision reads as follows:

§ 416.1014 Responsibilities for obtaining evidence to make disability determinations.

(a) We or the State agency will secure from the claimant or other sources any evidence the State agency needs to make a disability determination. When we secure the evidence, we will furnish it to the State agency for use in making the disability determination.

* * * * *

[FR Doc. 2014–13802 Filed 6–11–14; 8:45 am]

BILLING CODE 4191–02–P

SOCIAL SECURITY ADMINISTRATION

20 CFR Parts 404 and 416

[Docket No. SSA–2013–0005]

RIN 0960–AH55

Technical Corrections to Regulations

AGENCY: Social Security Administration.

ACTION: Final rule; technical corrections.

SUMMARY: We are making technical corrections to several of our regulations. In some cases, we are correcting outdated cross-references in light of revisions we made to other rules. We are also revising the maximum dollar amount of overpayments subject to compromise based on other changes in the law, and we are adjusting the formula we use to calculate the maximum benefits payable in the first and second installment payments of large past-due benefits for the same reason. In addition, we are updating references to the coverage status of affected non-temporary employees of the government of the Commonwealth of the Northern Mariana Islands. These changes do not alter the substance of the regulations or effect the rights of claimants or any other parties. We expect that the changes will make our rules more internally consistent and make them easier to use.

DATES: This rule is effective June 12, 2014.

FOR FURTHER INFORMATION CONTACT: Brian J. Rudick, Office of Regulations and Reports Clearance, Social Security Administration, 3100 West High Rise Building, 6401 Security Boulevard, Baltimore, MD 21235–6401, (410) 965–7102. For information on eligibility or filing for benefits, call our national toll-free number, 1–800–772–1213 or TTY 1–800–325–0778, or visit our Internet site, Social Security Online, at *http://www.socialsecurity.gov.*

SUPPLEMENTARY INFORMATION:

We are making technical corrections to our current regulations in several parts. First, we are revising a reference to section ''197(a)(1)'' of title 3 of the United States Code in section 404.1018(b)(1)(iv) of our rules to the correct reference, section ''107(a)(1).'' Section 210(a)(5)(D)(iii) of the Act refers to section 107(a)(1) of title 3, and when we published regulations that implemented that section of the Act, the final rule contained a typographical error that mistakenly referred to section ''197(a)(1).'' 53 FR 38943, 38945, Oct. 4, 1988. This change corrects that typographical error. Second, in 2012, we published final rules that made some changes to our rules on evaluating evidence. 77 FR 10651, Feb. 23, 2012. Those rules redesignated part of our regulations on evaluating opinion evidence without substantive effect. However, we inadvertently did not correct all of the regulatory sections that the redesignation affected, so that some of the cross-references to the rule are incorrect. Therefore, we are correcting the references in sections 404.1512(b)(7) and (b)(8), and 416.912(b)(7) and (b)(8) to reflect the correct designation of our rules. This change has no effect on claimants' rights or on how we adjudicate cases.

Third, we are correcting the maximum dollar amount of overpayments subject to compromise, suspension, or termination of collection under section 404.515(a) from $20,000 to $100,000, or any higher amount authorized by the Attorney General, as provided by 31 U.S.C. 3711 and the Federal Claims Collection Standards.[1] When we initially published those rules in 1969, the Federal Claims Collection Act of 1966 contained the $20,000 limit reflected in our rules.[2] Congress temporarily raised the $20,000 limit to $100,000 in 1990,[3] and it subsequently removed the sunset provision in the prior law as part of the Debt Collection Improvement Act of 1996.[4] We are revising our rules to conform to the current statutory authority. We are also revising the reference in the heading of section 404.515(a) to the Federal Claims Collection Act of 1966 to the Debt Collection Improvement Act of 1996, to reflect the current statutory authority.

Fourth, we are correcting the formula we use to calculate the maximum amount payable in the first and second installment payments of large past-due benefits, from 12 times to 3 times the maximum monthly benefit payable, in section 416.545(b). Congress changed the formula from 12 times to 3 times the maximum monthly benefit payable in 2005.[5] We subsequently published a final rule, which reflected that statutory change in the first sentence of section 416.545(b), 76 FR 446, 453, Jan. 5, 2011. However, we inadvertently did not change the same reference in the third sentence of that section. We are correcting the third sentence of section 416.545(b) to conform the sentence to the statutory formula. Finally, we are updating references to the coverage status of affected non-temporary employees of the government of the Commonwealth of the Northern Mariana Islands to reflect the fact that these employees became subject to Social Security coverage beginning October 1, 2012. These changes make our regulations clearer and more consistent.

Regulatory Procedures

We follow the Administrative Procedure Act (APA) rulemaking procedures specified in 5 U.S.C. 553 when we develop regulations. Section 702(a)(5) of the Social Security Act, 42 U.S.C. 902(a)(5). The APA provides exceptions to its notice and public comment procedures when an agency finds there is good cause for dispensing with such procedures because they are impracticable, unnecessary, or contrary to the public interest. We determined that good cause exists for dispensing with the notice and public comment procedures for these final rules. 5 U.S.C. 553(b)(B). Good cause exists for most of these changes because these changes eliminate minor inconsistencies in our rules and therefore promote clear and

[1] *See* 31 CFR 902.1(a).

[2] *See* 31 USC 952(b) (1970).

[3] *See* sec. 8(b) of Public Law 101–552, 104 Stat. 2736, 2746–47.

[4] *See* sec. 31001(n) of Public Law 104–134, 110 Stat. 1321, 1321–369.

[5] *See* sec. 7502(a) of Public Law 109–171, 120 Stat. 4, 154.