Supporting Statement for Request for Evidence from Doctor (HA-66)
and
Supporting Statement for Request for Evidence from Hospital (HA-67)

20 CFR 404 Subpart P and 20 CFR 416 Subpart I

OMB No. 0960-0722

A. Justification

1. *Section 702(a)(5)* of the *Social Security Act (the Act)* provides that the Commissioner of Social Security may prescribe such rules and regulations as the Commissioner determines are necessary to administer the Social Security programs, under Title II of *the Act*, and the Supplemental Security Income program, under Title XVI of *the Act*. The Commissioner is required by *Sections 205(a)* and *1631(d)* of *the Act* to regulate the method of taking and furnishing evidence to establish the rights to benefits under Titles II and XVI. A claimant for benefits based on disability is responsible for furnishing medical evidence of disability as set forth in *Sections 223(d)(5)* and *1614(a)(3)(H)(i)* of *the Act.* These sections also require the Commissioner to develop a complete medical history of at least the 12 months preceding the month of the application for benefits in any case in which it is determined that the individual is not disabled.

   The Commissioner has published regulations on determining disability and blindness, which are set forth at *20 CFR 404 Subpart P* and *20 CFR 416 Subpart I* of the *Code of Federal Regulations*. *Sections 404.1512* and *416.912* describe the responsibilities of the claimant to submit evidence of disability and of the Commissioner to develop a complete medical history before determining that a claimant is not disabled.

   Sections 404.1513(a) and *416.913(a)* describe acceptable sources of medical and other evidence necessary to establish impairment. *Sections 404.1513(b)* and *416.913(b)* describe the type of information necessary to establish the existence and extent of a medically determinable impairment. *Sections 404.1513(e)* and *416.913(e)* provide that the evidence in the case file, including the evidence from medical sources, must be complete and detailed enough to allow us to determine, among other things, the individual's residual functional capacity to do work-related activities. *Sections 404.1514* and *416.914* provide that we will pay medical sources the reasonable cost of providing us existing medical evidence that we need and ask for.

2. This letter will be used by adjudicators of the Office of Disability Adjudication and Review (ODAR), the component of the Social Security Administration (SSA) that oversees the Administrative Law Judge (ALJ) hearing level of SSA's process for deciding claims for benefits. It will be used to request medical evidence from medical and other sources the claimant identifies as having information relative to his

or her impairments or ability to do work-related activities. Respondents are doctors and hospitals where the claimant has been evaluated.

3. SSA's new Electronic Records Express (ERE) website permits and encourages direct electronic submission of medical records, and offers major advantages in speed, efficiency, and tracking of information, particularly for medical providers using health information technology. SSA anticipates approximately 25% of responses will be electronic. Paper responses, which are expected to represent 75% of the total, will continue to be accepted.

4. The nature of the information being collected and the manner in which it is collected preclude duplication. There is no other collection instrument used by SSA that collects data similar to that collected here.

5. The information is collected from medical sources that are compensated for providing medical reports. The information that is collected is only that which ALJs require to make a determination whether a claimant is disabled. As such, we have minimized the effect on small entities to the extent possible. In accordance with sections 223(d)(5)(A) and 1614(a)(3)(H), SSA compensates these sources the reasonable cost of providing this evidence.

6. The information is required to ensure the ALJ has all pertinent medical information before reaching a decision as to whether an individual is disabled within the meaning of the Act. If this information was not collected, then disabled individuals might not receive the benefits for which they are eligible. Therefore, this information could not be collected less frequently. There are no technical or legal obstacles that prevent burden reduction.

7. There are no special circumstances that would cause this information collection to be conducted in a manner that is not consistent with 5 CFR 1320.5.

8. The advance Federal Register Notice was published on August 20, 2007 at 72 FR 46529, and SSA has received no public comments. The second notice was published on November 30, 2007 at 72 FR 67777, and SSA has received no public comments. There have been no outside consultations with members of the public.

9. To compensate doctors and hospitals that provide medical reports, entities are required to complete an included form indicating the amount being charged for providing the report.

10. The information requested is protected and held confidential in accordance with 42 U.S.C. 1306, 20 CFR 401 and 402, 5 U.S.C. 552 (Freedom of Information Act), 5 U.S.C. 552a (Privacy Act of 1974) and OMB Circular No. A-130.

11. The information collection does not contain any questions of a sensitive nature.

12. We estimate that for each of these forms 10,000 respondents will provide an average of 20 reports annually, with an average burden per response of 15 minutes, for an annual total burden of 50,000 hours each. We base our estimates on current hearing workloads and on ODAR's current management information on requests for medical evidence of record. The total burden for both forms is 100,000 hours, as indicated on the chart below. However, electronic records submission will control growth of, and ultimately reduce, total burden. At present we expect the average burden per electronic response to be 15 minutes, with some improvement as respondents become more versed in the technology.

    On occasion, ALJs may ask that a medical source complete a medical source statement (the HA-1151 and HA-1152, OMB# 0960-0662). The information collection burden associated with completing those forms was included in their OMB clearance.

Form Type	Number of Respondents	Frequency of Response	Number of Responses	Average Burden per Response	Estimated Annual Burden
Paper HA-66	10,000	20	150,000	15 minutes	37,500 Hours
Electronic HA-66	10,000	20	50,000	15 minutes	12,500 Hours
Paper HA-67	10,000	20	150,000	15 minutes	37,500 Hours
Electronic HA-67	10,000	20	50,000	15 minutes	12,500 Hours
Totals	**20,000**		**400,000**		**100,000**

    The total burden is reflected as burden hours, and no separate cost burden has been calculated.

13. There is no known cost burden to respondents beyond that for which SSA compensates them.

14. The annualized cost to the Federal Government is approximately $1,232,000. The costs of electronic handling will be offset by reduced costs for processing, duplication and transfer of paper records.

15. There is no increase in the public reporting burden.

16. The results of the information collected will not be published.

17. OMB has granted SSA an exemption from the requirement that the expiration date for OMB approval be printed on its program forms. SSA produces millions of public-use

forms, many of which have a life cycle longer than that of an OMB approval. SSA does not periodically revise and reprint its public-use forms (e.g., on an annual basis). This exemption was granted so that otherwise useable editions of forms would not be taken out of circulation because the expiration date had been reached. In addition, Government waste has been avoided because stocks of forms will not have to be destroyed and reprinted.

18. SSA is not requesting an exception to the certification requirements at 5 CFR 1320.9 and related provisions at 5 CFR 1320.8(b)(3).

B. Collection of Information Employing Statistical Methods

Statistical methods are not used for this information collection.