reductions. Thus, NASD Regulation believes that, under most circumstances, below-breakpoint sales made pursuant to a bona fide asset allocation program do not constitute a breakpoint violation. Moreover, NASD Regulation does not want to discourage its members from suggesting asset allocation investment options to those customers who would benefit from such strategies.

To aid in distinguishing between bona fide and improper below-breakpoint sales, NASD Regulation proposes amendment of IM-2830-1 to more precisely identify the facts and circumstances the staff will consider when reviewing a particular below-breakpoint sale. Specifically, IM-2830-1 will be amended to provide that NASD Regulation examination staff, in reviewing a below-breakpoint sale will consider, among other things, (1) whether a member has retained records demonstrating that the transaction was executed in accordance with a bona fide asset allocation program and (2) whether the particular customer involved was informed that volume sales reductions would not be available for the particular sale due to the allocation of the total purchase among a variety of funds.

II. Discussion

The Commission has determined to approve the Association’s proposal to amend IM-2830-1. The standard by which the Commission must evaluate a proposed rule change is set forth in Section 19(b) of the Act. The Commission must approve a proposed NASD rule change if it finds that the proposal is consistent with the requirements of Section 15A of the Act and the rules and regulations thereunder that govern the NASD. In evaluating a given proposal, the Commission examines the record before it. In addition, Section 15A of the Act establishes specific standards for NASD rules against which the Commission must measure the proposal.

The Commission believes that the proposal to amend IM-2830-1 to clarify the application of the mutual fund breakpoint sales rule to modern portfolio investment strategies such as a bona fide asset allocation plan is consistent with Section 15A(b)(6) of the Act in that it is designed, among other things, to prevent fraudulent and manipulative acts and practices, to promote just and equitable principles of trade, and, in general, to protect investors and the public interest.

The Commission agrees with NASD Regulation that the proposal promotes just and equitable principles of trade by providing enhanced guidance to both NASD members and the NASD Regulation examination staff regarding the application of the Association’s breakpoint sales rule. The Commission further believes that the proposal, by drawing attention to the importance of (a) maintaining records describing the reasons for a particular asset allocation plan, and (b) disclosing breakpoint sales practices and discounts to customers, the rule should help to deter fraudulent and manipulative acts and practices by NASD members.

III. Conclusion

The Commission believes that the proposed rule change is consistent with the Act, and, particularly, with Section 15A thereof. In approving the proposal, the Commission has considered its impact on efficiency, competition, and capital formation.

It is therefore ordered, pursuant to Section 19(b)(2) of the Act, that the proposed rule change (SR-NASD-98-69) is approved.

For the Commission, by the Division of Market Regulation, pursuant to delegated authority.

Margaret H. McFarland,
Deputy Secretary.

[FR Doc. 98-30825 Filed 11-17-98; 8:45 am]
BILLING CODE 8010-01-M

SOCIAL SECURITY ADMINISTRATION

Demonstration to Improve Enrollment in State Buy-in for Medicare for Low-Income Medicare Beneficiaries

AGENCY: Social Security Administration.

ACTION: Notice, request for comments and solicitation for demonstration participation by States.

SUMMARY: Title IV of Division A, Social Security Administration, of the Omnibus Consolidated and Emergency Supplemental Appropriations Act, 1999, Public Law 105-277, directs the Commissioner of Social Security to expend $6,000,000 for Federal-State partnerships which will evaluate means to promote the Medicare buy-in programs targeted to elderly and disabled individuals under titles XVII and XIX of the Social Security Act (the Act). Administration of the Medicare buy-in programs described in titles XVII and XIX of the Act is the responsibility of the Administrator of the Health Care Financing Administration (HCFA) in the Department of Health and Human Services. The Commissioner of Social Security is responsible for the Social Security and Supplemental Security Income (SSI) programs described in titles II and XVI of the Act.

The Medicare and Medicaid programs are statutorily linked to the programs administered by the Social Security Administration (SSA). Because of this linkage, SSA provides certain Medicare- and Medicaid-related services to HCFA, the States and to SSA’s beneficiaries. Among these services are public service information activities about the Medicare and Medicaid programs, categorically needy Medicaid eligibility determinations in most States and referral activities for certain Medicaid benefits in all States. The scope of SSA’s involvement in the Medicare and Medicaid programs is defined in the Act and in agreements between SSA and HCFA and between SSA and the States.

The demonstration project specified in Public Law 105-277 will assist SSA’s low-income disabled beneficiaries and beneficiaries age 65 and over who are or could be eligible for Medicaid benefits to help pay their Medicare costs. SSA intends to work with HCFA to identify and investigate barriers and to foster enrollment of those beneficiaries in the Medicare buy-in programs. SSA is requesting public comment about these plans and soliciting States to express their interest in participating in this demonstration.

DATES: Interested persons are invited to submit comments on or before December 18, 1998. States interested in participating in this demonstration should submit expressions of interest on or before December 18, 1998 to the address below.

ADDRESSES: Written comments and expressions of State interest in participation should be addressed to Craig A. Streett, Office of Program Benefits, Social Security Administration, 6401 Security Boulevard, Room 3-M–1 Operations Building, Baltimore, MD 21235, or should be electronically mailed to the Internet address Craig.Streett@ssa.gov, or should be faxed to 410-966-0980. All comments and expressions of State interest in participation received at the Internet address will be acknowledged by electronic mail to confirm receipt.
FOR FURTHER INFORMATION CONTACT:
Craig A. Streett, (410) 965-9793.
Individuals who use a
communications device for the deaf
(TDD) may call 1-410-966-5609
between 7:00 AM and 7:00 PM, Eastern
Time, Monday through Friday.

SUPPLEMENTARY INFORMATION: Section
the rules for entitlement to Medicare
Hospital Insurance (HI) benefits, also
known as Medicare Part A. Generally,
Social Security beneficiaries who have
attained age 65 are entitled to Medicare
Part A benefits without filing an
application or other request for those
benefits, as are disabled beneficiaries
who have received 24 consecutive
months of Social Security benefits.
Under section 226A of the Act [42
U.S.C. 426-1], certain individuals who
suffer from end stage renal disease can
also become entitled to Medicare HI
benefits. Some individuals may also be
entitled to Medicare HI benefits through
purchase under the rules in sections
1818 and 1818A of the Act [42 U.S.C.
1395j-2 and 1395j-2a].

Section 1840 of the Act [42 U.S.C.
1395s] describes the rules for purchase
of Medicare Supplementary Medical
Insurance (SMI) benefits, also known as
Medicare Part B. Generally, Medicare
Part B benefits will begin when
Medicare Part A. benefits begin unless
the beneficiary declines the Part B
benefits. Usually the beneficiary is
responsible for the payment of the
monthly premium for Medicare Part B
benefits. Section 1843 of the Act [42
U.S.C. 1395vi] describes the agreements
States may enter into to purchase SMI
benefits for some individuals. The
purchase of SMI benefits by a State
usually is a product of the Social
Security program administered by SSA.
Because of the linkage between
Medicare entitlement and Social
Security eligibility in title II of the Act
and the duties of the Commissioner of
SSA in title VII of the Act, both SSA and
HCFA have Medicare entitlement
responsibilities. In addition, SSA
performs additional enrollment and
other Medicare-related activities under
the auspices of agreements between
HCFA and SSA.

Many States have entered into
agreements with SSA to make
behaviorally needy Medicaid
eligibility determinations for the State's SSI
beneficiaries under the authority in
section 1634 of the Act [42 U.S.C.
1383c]. Acting on behalf of States with
such agreements, SSA processes
Medicare Part B buy-in for SSI
beneficiaries who are eligible for this
assistance under the rules in section
1843 of the Act.

Although Medicare entitlement
usually is a product of the Social
Security entitlement process, Medicare
Part B buy-in eligibility determinations
are a Medicare process. Under title XIX
of the Act, Medicare is State-
administered under the terms of State
plans approved by HCFA. SSA plays
only a limited role in qualifying
individuals for Medicare Part B buy-in.
SSA does make some buy-in decisions
in certain States, but only for SSI
beneficiaries. SSA also publicizes the
availability of the Medicare Part B buy-
in programs in its field offices and
through the SSA toll-free number, 1-
800-SSA-1213.

A lack of awareness about the
Medicare Part B buy-in programs appears
one of the major obstacles to
enrollments. Other obstacles to
enrollments have also been suggested,
including the confusion of potential
eligibles as to how to apply for these
programs and a preference for dealing
with SSA field offices rather than with
local welfare offices.

Because of the low enrollments in the
Medicare Part B buy-in programs, SSA
will conduct a Medicare Part B buy-in
demonstration to assist our
beneficiaries. The two-part
demonstration will be designed to
identify and overcome the obstacles to
Medicare Part B buy-in enrollments for
QMBs, SLMBs and QI-1s. Conferring
with HCFA, SSA intends to implement
both internal and external components of
the demonstration, and SSA invites
States to form Federal-State
partnerships with SSA to participate in
this demonstration.

As currently envisioned, the internal
component of the demonstration would
involve increased Medicare Part B buy-
in referral activities by SSA employees
when contacted by Medicare-entitled
beneficiaries. An example of this type of
increased referral activities may be the
eligibility screening and subsequent
direct notification of Medicaid State
agencies when a Social Security
beneficiary appears to be potentially
eligible for Medicare Part B buy-in.
Currently, SSA suggests that
beneficiaries get in touch with the
Medicaid State agency to discuss
eligibility for Medicare Part B buy-in
without identifying those beneficiaries
to the State.

Medicare-entitled Social Security
beneficiaries routinely contact SSA for a
number of reasons, such as reports of
the death of a spouse. When informed
of a spouse's death, SSA recomputes the
widow(er)'s benefit to determine if the
widow(er) might be entitled to a larger
monthly benefit. In all States, SSA
could use these contacts to screen
carefully for potential Part B buy-in
eligibility and both refer the caller to the
Medicaid State agency and provide
identifying information about potential
Medicare Part B buy-in eligibility to the
Medicaid State agency for State-initiated
followup.

The external component of the
demonstration would involve Federal-
State partnerships. State partners that
wish to participate in the demonstration
would provide ZIP code information
that relates to areas within each State
with a high proportion of low-income
aged and disabled Medicare
beneficiaries who could be eligible but
are not participating in the Medicare
Part B buy-in programs. State
partners would join with SSA in
publicizing this demonstration in the
targeted communities. Some State
partners also would be involved in

2. Specified low-income Medicare
beneficiaries (SLMBs). SLMBs are
Medicare beneficiaries who would be
QMs but for income which exceeds the
FPL but is less than 120 percent of the
FPL after application of the SSI income
exclusions. SLMBs are eligible for
Medicare Part B buy-in.

3. Qualified individuals—1 (QI-1s).
Subject to the availability of funding,
QI-1s are Medicare beneficiaries
who would be QMs or SLMBs but for
income which exceeds the allowable
limit but is less than 120 percent of the
FPL after application of the SSI income
exclusions. QI-1s are eligible for
Medicare Part B buy-in.

For most Medicare beneficiaries,
Medicare entitlement is an automatic
result of Social Security entitlement
when other statutory factors of Medicare
eligibility are met. Thus, most Medicare
beneficiaries also are beneficiaries of
the Social Security program administered
by SSA. Because of the linkage between
Medicare entitlement and Social
Security eligibility in title II of the Act
and the duties of the Commissioner of
SSA in title VII of the Act, both SSA and
HCFA have Medicare entitlement
responsibilities. In addition, SSA
performs additional enrollment and
other Medicare-related activities under
the auspices of agreements between
HCFA and SSA.

Many States have entered into
agreements with SSA to make
categorically needy Medicaid
eligibility determinations for the State's SSI
beneficiaries under the authority in
section 1634 of the Act [42 U.S.C.
1383c]. Acting on behalf of States with
such agreements, SSA processes
Medicare Part B buy-in for SSI
beneficiaries who are eligible for this
assistance under the rules in section
1843 of the Act.

Although Medicare entitlement
usually is a product of the Social
Security entitlement process, Medicare
Part B buy-in eligibility determinations
are a Medicare process. Under title XIX
of the Act, Medicare is State-
administered under the terms of State
plans approved by HCFA. SSA plays
only a limited role in qualifying
individuals for Medicare Part B buy-in.
SSA does make some buy-in decisions
in certain States, but only for SSI
beneficiaries. SSA also publicizes the
availability of the Medicare Part B buy-
in programs in its field offices and
through the SSA toll-free number, 1-
800-SSA-1213.

A lack of awareness about the
Medicare Part B buy-in programs appears
one of the major obstacles to
enrollments. Other obstacles to
enrollments have also been suggested,
educating SSA employees about the State welfare Medicare buy-in application process, and/or providing welfare workers who would be assigned to take applications in SSA field offices at certain mutually agreeable, fixed times during the demonstration.

SSA expects to implement the external part of this demonstration in no more than 15 communities. That is, SSA and its State partners would identify three sets of up to five comparable communities in several States. Each set of five comparable communities would be selected to participate in each of the following three models:

1. Screening—Publicity would direct Medicare beneficiaries who may be potentially eligible for Medicare Part B buy-in to contact a toll-free telephone number staffed by SSA employees. SSA staff would perform an in-depth Medicare Part B buy-in eligibility screening if at all possible while the caller is on the telephone. Potential eligibles would then be referred to the local welfare office to file applications for benefits, and SSA would track the progress of those applications with the State partner.

2. Co-location—In addition to the publicity and screening efforts cited in the preceding model, potential Medicare Part B buy-in eligibles also would be invited to file an application for benefits with a State welfare worker stationed (for at least some fixed part of the week) at the local SSA office.

3. Application—In addition to the publicity and screening efforts cited in the preceding two models, potential Medicare Part B buy-in eligibles would be invited to file an application for those benefits, completing the appropriate forms with an SSA employee at the local SSA office.

SSA does not envision all three of these models starting at exactly the same time. Federal information collection clearance procedures, training, logistical details and mutual convenience for both the Federal and State partners will dictate starting dates. SSA expects these models to end within nine months after implementation.

SSA intends to employ an independent contractor to consult on the design of the demonstration and to conduct an evaluation of the net outcomes (e.g., increased applications to and enrollments in the buy-in programs) of the demonstrations. The role of the contractor in the design phase of the demonstration will be to advise SSA on how to implement the three models described above. SSA will be responsible for collecting data, and SSA will develop a management information system. The contractor will assist SSA and the States in specifying key data elements to enhance data comparability across sites. This system may include existing SSA administrative data as well as data collected through the demonstration. Designs that the contractor will consider include both experimental and noneexperimental approaches. An experimental design might involve a random assignment of cases to treatment and control groups, while a noneperimental design could include the collection of analogous data from comparison sites. Each has important implications for the implementation of the three models and for the development of the management information system. State partners will be expected to cooperate with the contractor at key points of the design and evaluation activities. The contractor will be expected to consult with HCFA on its activities. Both the internal and external components of this demonstration will be designed to avoid duplicating any other Federal efforts.

The evaluation component will include analyses of the relative effectiveness of the three models in terms of increasing Medicare Part B buy-in applications from the eligible population and increasing enrollments in the buy-in programs. The evaluation also will include a comparison of buy-in program applications and enrollments under the SSA interventions versus HCFA publicity efforts. An appropriate design is critical to proper measurement of increases in Medicare Part B buy-in enrollments.

SSA invites the public to comment on its proposed demonstration design. SSA also invites States to express interest in participating in this demonstration. State partners in the demonstration may be asked to implement any or all of the models described above; however, if a State that wishes to participate would prefer participation in less than all three models, those preferences will be honored to the extent possible.

Authority: Division A, Title IV of Public Law 105–277.

Kenneth S. Apfel,
Commissioner of Social Security.

Department of State
Office of the Secretary
[Public Notice No. 2932]

Nigeria: Determination Under Presidential Proclamation

I hereby make the determination provided for in section 6 of Presidential Proclamation No. 6636, of December 10, 1993, that the suspension of entry into the United States as immigrants and nonimmigrants of persons who formulate, implement or benefit from policies that impede Nigeria's transition to democracy is no longer necessary. Restrictions imposed in said proclamation, pursuant to Section 212(f) of the Immigration and Nationality Act of 1952 as amended (8 U.S.C. 1182(f)), shall therefore lapse, and said proclamation shall terminate effective immediately.

This determination will be reported to Congress and published in the Federal Register.

Madeleine K. Albright,
Secretary of State.

[FR Doc. 98–30760 Filed 11–17–98; 8:45 am]
BILLING CODE 4710–10–M

Department of State
Office of the Secretary
[Public Notice: 2924]

Extension of the Restriction on the Use of United States Passports for Travel to, in, or Through Libya

On December 11, 1981, pursuant to the authority of 22 U.S.C. 211a and Executive Order 11295 (31 FR 10603), and in accordance with 22 CFR 51.73(a)(3), all United States passports were declared invalid for travel to, in, or through Libya unless specifically validated for such travel. This restriction has been renewed yearly because of the unsettled relations between the United States and the Government of Libya and the possibility of hostile acts against Americans in Libya.

The Government of Libya still maintains a decidedly anti-American stance and continues to emphasize its willingness to direct hostile acts against the United States and its nationals. The American Embassy in Tripoli remains closed, thus preventing the United States from providing routine diplomatic protection or consular assistance to Americans who may travel to Libya.