

# 2013 Forum Summary – Social Security Disability: Time for Reform

---

In 1994, when the Congress passed legislation establishing the Social Security Administration as an independent agency, it also created a seven member bipartisan Advisory Board to advise the President, the Congress, and the Commissioner of Social Security on matters relating to the Social Security and Supplemental Security Income programs. Advisory Board members are appointed to six year terms, made up as follows: three appointed by the President (no more than two from the same political party); and two each (no more than one from the same political party) by the Speaker of the House (in consultation with the Chairman and the Ranking Minority Member of the Committee on Ways and Means) and by the President pro tempore of the Senate (in consultation with the Chairman and Ranking Minority Member of the Committee on Finance). Presidential appointees are subject to Senate confirmation.

## Social Security Advisory Board Members

---

Barbara B. Kennelly, Acting Chair

Bernadette Franks-Ongoy

Jagadeesh Gokhale

Dorcus R. Hardy

400 Virginia Avenue, S.W.

Suite 625

Washington, DC 20024

[www.ssab.gov](http://www.ssab.gov)

Join our mailing list at [ssab@ssab.gov](mailto:ssab@ssab.gov)

# Table of Contents

---

Introduction .....	3
Opening Remarks.....	5
Session 1: The Urgency of Reforming SSDI .....	7
Session 2: Models to Promote Labor Force Attachments .....	12
Keynote Address .....	20
Session 3: Interventions to Achieve Better Case Outcomes.....	22
Session 4: Reform Proposals: Toward Fiscal and Structural Balance .....	26
Closing Remarks .....	32
Forum Archive.....	34
Participant Policy Proposals.....	34
Related SSAB Publications .....	34
The Board's Authorizing Statute .....	35

# Introduction

---

Since its inception, the Social Security Advisory Board (the Board) has devoted a significant amount of its time and attention to understanding the strengths and weaknesses of the Social Security Disability Insurance (SSDI) and the Supplemental Security Income (SSI) programs. In the process, the Board has consulted widely with policy and program experts, beneficiaries, administrators, and advocates; and conducted field visits to learn firsthand about problems facing the current system. The Board has published numerous reports and issue briefs addressing issues related to the administration of the disability program, and the improvement and modernization of disability program policy to better serve workers and the Nation. From time to time, the Board has also sponsored public events to provide opportunities for policy experts, researchers, and practitioners to address these types of issues in front of audiences that have important roles in formulating national policy.

In March 2013, the Board held such a public forum in Washington, DC, entitled “Social Security Disability: Time for Reform” (the Forum). The Forum featured presentations by 18 disability policy experts organized around 4 themes: (1) the fiscal and structural balance of the SSDI program, (2) models for promoting labor force attachment, (3) interventions for better case outcomes, and (4) systemic policy reform proposals. Over 100 participants representing policy makers, federal government agencies, advocacy groups, and independent research organizations were in attendance.

Any forum of this type cannot address all the issues that are important in evaluating the current state of the SSDI program. The primary impetus for the Forum was to establish the context for, and to discuss the details of, several proposals for systemic reform of national disability policy that had been made since the Board’s major report in 2006, “A Disability Policy for the 21st Century.” But this March 2013 discussion took place with the recognition that the Social Security Trustees now project that the reserves of the Disability Insurance (DI) Trust Fund will be depleted some time in 2016. At such time, revenues will only be sufficient to pay approximately 80 percent of scheduled benefits.

Major reforms to disability policy and the SSDI system of the type discussed in the Forum, however, could take years to enact and implement and are very unlikely to have a significant impact on the program before the date of insolvency. The Board recognizes, therefore, that to avoid drastic benefit cuts, policy makers will almost certainly legislate a re-allocation of payroll tax revenue between the Old Age and Survivors Insurance (OASI) Trust Fund and the DI Trust Fund. The Board also recognizes that such action would delay but not eliminate the need to

address the imbalance between the DI Trust Fund's revenues and benefit outlays, so it is currently working on a report that will outline options to address the long-term solvency of the SSDI program.

A second important issue, not addressed in the Forum, is the need to review the complex rules, regulations, and procedures that govern how the SSDI and SSI programs are administered. The Board recently began a multi-year project to consult with independent disability experts to conduct such a review.

The remainder of this document describes the proceedings of the Forum. The main points of each presentation and the commentary provided by invited discussants are summarized. The ideas of the speakers reflect their own views and do not reflect any endorsement by the Board. The Forum would not have been successful without the help of many people. Foremost among them is the Board's former staff director Debi Sullivan who worked for months, despite uncertainty about budget and whether the Board itself would have a quorum, to ensure the Forum would be successful, including acting as moderator for one of the sessions. Debi retired as a federal employee in June 2013 after more than 35 years of exemplary service to the Social Security Administration (SSA) and the Board.

The Board also benefited greatly from a series of discussions held over several months with policy experts, advocates, and practitioners about the scope of issues to be addressed in the Forum. The Board thanks Andrew Houtenville, Bryon MacDonald, David Podoff, Andrew Imparato, the late Kenneth Mitchell, Richard Burkhauser, Melissa Davey, Kim Hildred, Mary Daly, Neill Christopher, Lori Golden, Margaret Sullivan, Robert Vetere, and Sheryl von Westernhagen for their time, commitment, and insight. Pam Mazerski also worked closely with the Board and staff to coordinate and facilitate these discussions and moderated one of the sessions of the Forum.

Finally, the Board wishes to thank all of those who attended the Forum and those who sent comments and feedback in the months subsequent to the event.

# Opening Remarks

---

Dorcas R. Hardy is a Member of the Board (2002 – present) and a former Commissioner of SSA (1986 – 1989). She is currently President of DRHardy & Associates, a government relations and public policy firm serving a diverse portfolio of clients. Ms. Hardy was appointed by President Ronald Reagan as Assistant Secretary of Human Development Services at the U.S. Department of Health and Human Services (HHS), and by President George W. Bush to chair the Policy Committee for the 2005 White House Conference on Aging (WHCoA). She chaired a task force to rebuild vocational rehabilitation (VR) services for disabled veterans for the U.S. Department of Veterans Affairs (VA). Ms. Hardy also launched and hosted her own weekly primetime television program, “Financing Your Future,” on Financial News Network and UPI Broadcasting, and “The Senior American,” a NET political program for older Americans. She speaks and writes widely about domestic and international retirement financing issues and entitlement program reforms and is the co-author of “Social Insecurity: The Crisis in America’s Social Security System and How to Plan Now for Your Own Financial Survival.”

Ms. Hardy noted that there is a long history of public discussions about how to improve the SSDI program. While there has been general agreement that changes to the program are needed, there has been no agreement about how to reach a consensus for reform, nor about which reform proposals have the most merit.

The DI Trust Fund is projected to be exhausted in 2016. Ms. Hardy said it would be easy to recommend that Congress reallocate resources from the OASI Trust Fund to the DI Trust Fund to delay the date of exhaustion. But, she warned, we should not miss the broader opportunity to ask whether the current system adequately serves persons with disabilities and to discuss ways to improve the program in a fiscally responsible manner. Ms. Hardy explained that the Board wanted to hold the Forum in advance of potential Congressional actions to allow time for careful examination and discussion of the array of policy options, so that policy makers will be able to make solid, informed decisions.

Ms. Hardy commented that the SSDI program needs to be updated for many reasons including the changing nature of work, the continued reliance of the determination process on a medical assessment rather than a credible measure of functional ability, the advances in medicine and technology that enable some people with disabilities to work who could not before, the existing work disincentives inherent in SSDI’s all-or-nothing nature, and the “cash cliff” of substantial

gainful activity (SGA) that results in a very small percentage of beneficiaries ever leaving the rolls because of work.

Ms. Hardy stated that previous efforts to address disability reform have made little progress. In 1986, as Commissioner of SSA, she charged the Congressionally-mandated Disability Advisory Council to study numerous issues including the role of functional analysis in evaluating disability claims, the development of new or additional criteria to determine claimants' readiness for employment services, and the possibility of making improvements in incentives and services for beneficiaries to return to work. Twenty-seven years later, she noted, most of the same issues remain.

Ms. Hardy noted that the Board released a report in 2006 entitled "A Disability System for the 21st Century" that discussed possible solutions to some of the long-standing issues including early intervention, the role of employers and private insurers, models for youth transition and work incentive programs, and alternative benefit structures. The report was well received; however, many of the same issues continue to be discussed without any clear progress.

Ms. Hardy said she believes innovative solutions and new approaches can be developed that will have a positive impact on those who are entitled to benefits, but emphasized the need for improvement upon previous efforts. She challenged the Forum participants to take a fresh look at the current disability system, think boldly, and articulate the most crucial changes that need to be made.

# Session 1: The Urgency of Reforming SSDI

## The Financial Challenges Facing the SSDI Program

---

Steve Goss has been Chief Actuary at SSA since 2001. Mr. Goss joined the Office of the Chief Actuary in 1973 after graduating from the University of Virginia with a M.S. degree in mathematics. He graduated from the University of Pennsylvania in 1971 with a B.S. degree in mathematics and economics. He has worked in areas related to health insurance and long-term care insurance as well as pension, disability, and survivor protection. Mr. Goss is a member of the Society of Actuaries, the American Academy of Actuaries, the National Academy of Social Insurance, the Social Insurance Committee of the American Academy of Actuaries, and the Social Security Retirement and Disability Income Committee of the Society of Actuaries.

Mr. Goss attributed the major cause of growth in the SSDI program enrollment cost to the aging of the population. Workers per SSDI beneficiary peaked as high as 30 in 1990. By 2012, there were 15 workers per SSDI beneficiary. Mr. Goss stated that the SSDI system has already experienced the large shift of Baby Boomers into the prime disability ages of 45 to 64.

Accordingly, the costs of SSDI are not projected to increase significantly. As Baby Boomers move into retirement, the Old Age, Survivors, and Disability Insurance program as a whole will become more costly over the next 20 years; but, considering SSDI in isolation, most cost increases as a share of gross domestic product (GDP) have already occurred.

Since 1980, the number of SSDI beneficiaries has increased by 187 percent, while the number of tax-paying workers has increased by only 39 percent. Mr. Goss attributed 42 percentage points of the 187 percent growth to an increase in prevalence rates (after adjusting for aging), 41 percentage points to an increase in the size of the working age population, 38 percentage points to the aging of the population, and 8 percentage points to an increase in the number of insured workers, especially as women have entered the labor force and worked longer careers. These age-adjusted prevalence rates have risen due to higher disability incidence rates among women and younger workers, as well as falling death rates of disabled workers. There has been an increase in the number of disabled workers who enter the program at earlier ages and who stay on the program for longer periods of time. Economic downturns tend to raise program costs as more people apply for and receive benefits. They also decrease program revenue as fewer people join the labor force, have earnings, and contribute to GDP.

Mr. Goss detailed several considerations for policy makers in response to the 2016 DI Trust Fund depletion date, including reallocation of payroll taxes between the OASI and DI Trust Funds, as most recently occurred in 1994.

## Understanding and Projecting the Rise in SSDI Enrollment

---

Mark Duggan is a Professor of Business Economics and Public Policy, and Health Care Management at the Wharton School of the University of Pennsylvania. He is also the Faculty Director of the Wharton Public Policy Initiative and a Research Associate at the National Bureau of Economic Research. He received his B.S. and M.S. degrees in electrical engineering at the Massachusetts Institute of Technology (M.I.T.) in 1992 and 1994, respectively, and his Ph.D. in economics from Harvard University in 1999. He currently is Co-Editor of the “American Economic Journal: Economic Policy” and the “Journal of Public Economics.” Dr. Duggan’s research focuses on the effect of government expenditure programs on the behavior of individuals and firms, the contribution of market structure to the rise in health insurance premiums, and the effect of physician financial incentives on the cost and quality of health care.

Dr. Duggan described the following factors driving the financial outlook of the SSDI program: less stringent medical eligibility criteria in SSDI awards, reduced generosity of retirement benefits (due to the increase in the full retirement age), increased relative value of benefits for lower wage workers with slow earnings growth, aging of the population, increased labor force participation of women, and increased sensitivity of the program to economic conditions. Dr. Duggan stressed that SSDI enrollment and costs have increased significantly, but attributed the majority of the increase to factors other than the aging of the population since the prevalence of disability has been rising at all ages.

Dr. Duggan explained that over the past 25 years the medical criteria for evaluating disability have changed. Certain impairments (especially those that require more subjective evidence) are more likely to be considered severe. Since 1983, the rate of benefits awarded to disabled workers with musculoskeletal or mental conditions rose dramatically, while those with cancers or circulatory conditions remained stable. The incidence of musculoskeletal conditions increased the most, from less than 0.5 SSDI awards per 1,000 workers insured in 1983 to 2.0 awards per 1,000 workers in 2009. Disabled workers with mental or musculoskeletal impairments tend to qualify earlier, live longer, and remain on the program for longer duration. Once receiving SSDI benefits, individuals are unlikely to return to work. The increase in the Full Retirement Age, which reduces benefits for early retirees but does not affect disability benefits, has increased the incentive for older workers with medical impairments to apply for disability. Dr. Duggan discussed the effect of recessionary times on SSDI. Historically, as the unemployment rate has increased, so has the number of SSDI applications. As individuals exited the labor force during the economic downturn of the 1990s and 2000s, SSDI enrollment and program costs increased.

Dr. Duggan predicted a slowdown in SSDI program growth due to the changing age structure of the population, but noted that enrollment continued to increase at younger ages. The program is still well below its equilibrium size. Dr. Duggan emphasized the urgent need for SSA to revisit the program's medical eligibility, conduct continuing disability reviews (CDRs) more frequently, and consider a system that has a larger role for private insurers.

## The Effect of SSDI on Employment

---

Nicole Maestas is a Senior Economist and Director of the Economics, Sociology, and Statistics Research Department at the RAND Corporation. She is also Professor of Economics at the Pardee RAND Graduate School, and Director of the RAND Postdoctoral Training Program in the Study of Aging. Her research addresses the economics of retirement, health, and disability including work after retirement, how longer work lives could ameliorate the economic effects of population aging, the work disincentive effects of the SSDI program, and the effect of the Medicare program on disparities in health care utilization, treatment intensity, and mortality. Dr. Maestas received her B.A. in English and Spanish from Wellesley College, her M.P.P. from the Goldman School of Public Policy at the University of California, Berkeley, and her Ph.D. in economics from the University of California, Berkeley.

Dr. Maestas described her research on the effect of SSDI on employment and earnings. She described the rising number of SSDI beneficiaries and the parallel decline in employment of the disabled. She stated that the SSDI program structure contributes to the decline in the share of disabled persons who are working.

Dr. Maestas stressed the importance of understanding a disabled individual's work capacity. Not all SSDI applicants have work capacity. She estimated that 57 percent have little or no work capacity, 23 percent have some work capacity, and 20 percent have substantial work capacity. Unrealized work capacity in a disabled individual can lead to reduced well-being, and result in unnecessary SSDI program outlay.

For beneficiaries who have substantial work capacity, Dr. Maestas estimated that SSDI reduces employment by 28 percentage points and employment above SGA by 19 percentage points. Had those individuals not received benefits, their average earnings would have been only about \$3,800 more per year. Dr. Maestas observed that long application processing times also erode work capacity. She stated that unrealized work capacity is highest for young low-earners with mental impairments. Interventions that occur before individuals get to the SSDI application process could prevent erosion in the ability to work. Dr. Maestas found that health problems begin to increase five years before disability onset, and employment declines five years before SSDI application. Noticing these signs and intervening early in the process will aid in avoiding further losses in work capacity, and help keep disabled individuals attached to the work force.

## Session 2: Models to Promote Labor Force Attachments

### Framing the Issues Surrounding SSDI

---

Andrew Houtenville is an Associate Professor of Economics and Research Director of the Institute on Disability at the University of New Hampshire. He is extensively involved in disability statistics and employment policy research. He has published widely in the areas of disability statistics and the economic status of people with disabilities. Dr. Houtenville received his Ph.D. in economics from the University of New Hampshire in 1997 and was a National Institute on Aging (NIA) Postdoctoral Fellow at Syracuse University from 1998 to 1999. He was also a Senior Research Associate at Cornell University and New Editions Consulting in McLean, Virginia.

Dr. Houtenville focused on concepts of disability, rehabilitation, and engaging the individual. From a medical perspective disability involves a decline in functioning. At the onset of a disabling condition the functional needs enlarge relative to the environment. Disability can be ameliorated by enabling processes that restore function, such as a hip replacement, and by environmental modifications, such as maintaining ramps to improve physical access to buildings. In SSA's statutory definition of disability, function has to fall below the level at which a person can earn up to SGA, so function at the occupational level matters.

Dr. Houtenville discussed three trends among SSDI recipients: (1) an increase in the share of awards based on mental and/or musculoskeletal impairments, (2) a rapid increase in the share of awards based on vocational factors, and (3) a decrease in the share of awards based on conditions that meet or equal SSA's Listing of Impairments. Rehabilitation involves an interaction between the level of function of the individual, and level of function of the job requirements. Rehabilitation can restore a person's function or modify the environment.

Dr. Houtenville said that early intervention models focus on work and require actually working with the person with disabilities. It is important to think about the incentives a person at risk for disability has to participate in an early intervention program.

A critical issue is how to keep the individual engaged in the rehabilitation process when SSDI is available afterwards. People have shown a remarkable willingness to wait for SSDI benefits. Dr. Houtenville discussed the possibility of having a system of partial disability rating, as does the VA. He noted that a partial disability system is consistent with the continuous nature of disability and eliminates the all-or-nothing gamble of the current system. Those in the VA, for example, tend to be much more connected to the labor market than those on SSDI. A major concern is that a system that does not taper benefits as earnings increase above a threshold is unlikely to be implemented.

Dr. Houtenville emphasized the need for a system that expands opportunities for people with disabilities to be included in the labor market, and is less a function of people's choices. The gaps in employment rates between those with and without disabilities suggest that more than just changes to SSDI are needed.

## International Experience with Disability Reform

---

Mary C. Daly is Vice President and Head of Microeconomic Research at the Federal Reserve Bank of San Francisco (the Bank). She is the Director of the Center for the Study of Income and Productivity at the Bank and heads the Economic Advisory Group in charge of evaluating health and retirement benefit programs for the Federal Reserve System. Her research spans public finance, labor, and welfare economics and she has published widely on topics related to public policy, income distribution, and the economic well-being of less advantaged groups. Dr. Daly previously served on the Board's Technical Panel and is a fellow in the National Academy of Social Insurance. Dr. Daly joined the Federal Reserve as an Economist in 1996 after completing a NIA postdoctoral fellowship at Northwestern University. She earned a Ph.D. in economics from Syracuse University.

Dr. Daly discussed disability systems in other countries in the Organisation for Economic Co-operation and Development (OECD). She stated that similar to the United States, other nations face challenges of growing disability rolls, aging populations, and rising health care costs. Many OECD countries have engaged in disability system reform, ultimately reducing caseloads and improving employment for people with disabilities. Dr. Daly discussed factors contributing to rising disability program costs across countries in the OECD including declining opportunities for low-skill workers, poor economic conditions, and reductions in the size and duration of social assistance benefits. She also stated that throughout the OECD, disability insurance enrollment has been rising at younger ages, with an increasing incidence of disability claims on the basis of mental illness.

As an organization, the OECD has urged member countries to reform their disability systems. These reforms should address the “medicalization” of labor market problems and base policy on disabled individuals’ ability to work, rather than inability to work. Helping disabled persons to participate in the labor force should be seen as a “win-win” policy that allows individuals to avoid exclusion and raise incomes while achieving more effective labor supply and higher economic output over the long-term.

Dr. Daly discussed reform in the Netherlands, Sweden, and United Kingdom. All three countries focused primarily on the work capacity of disabled individuals rather than their degree of incapacity. Post-reform, disability caseloads fell in each country. Dr. Daly stressed that countries recognizing remaining work ability saw improvement in the lives of individuals and output of the country. She discussed the importance of incentivizing all sides including program administrators, state and federal agencies, employers, and disabled individuals. Dr. Daly noted

that early intervention, pilots, and field experimentation are also crucial to the efficiency of any disability program.

Dr. Daly explained unique challenges faced by the United States. The United States has no universal health care, no long-term unemployment insurance program, and no general assistance program. She observed that specific ideas stemming from the European reforms may be difficult to implement in the United States, where SSDI is an insurance program and considered an entitlement.

## Gleanings from Welfare Reform and Work

---

Ron Haskins is a Senior Fellow and Co-Director of the Center on Children and Families at the Brookings Institution, and a Senior Consultant at the Annie E. Casey Foundation. He holds an A.B. degree in history, a M.A.T. degree in education, and a Ph.D. in developmental psychology, from the University of North Carolina at Chapel Hill. Dr. Haskins was Editor of the 1996, 1998, and 2000 editions of the “Green Book,” a 1,600-page compendium of the Nation’s social programs published by the House Ways and Means Committee that analyzes domestic policy issues including health care, poverty, and unemployment. He is Senior Editor of “The Future of Children,” a journal on policy issues that affect children and families and has also authored, co-edited, and contributed to numerous books and journal articles. His areas of expertise include welfare reform, childcare, child support, marriage, child protection, and budget and deficit issues. In 1997, Dr. Haskins was selected by the “National Journal” as one of the 100 most influential people in the federal government.

Dr. Haskins discussed possible lessons for reforming disability policy based on the experience of the 1996 welfare reform legislation. Welfare reform consisted of ending cash entitlements, using block grant funding, establishing work requirements, and using sanctions and a five-year time limit. He stated his belief that sanctions were the single most important component of welfare reform. States had flexibility to establish work requirements and were required to sanction welfare recipients who did not meet them. In many states, workers faced losing their benefits entirely if they did not comply.

Welfare reform in 1996 resulted in an unprecedented reduction in welfare caseloads. The employed share of never-married mothers, the population least likely to engage in the workforce and most likely to be on welfare and impoverished, steadily rose after reform in the mid-1990s, and then declined around the 2001 and 2007 economic downturns. Dr. Haskins noted the significant decline in poverty rates for all children, black children, and children in female-headed households after welfare reform. He observed that focus should remain on these vulnerable groups in continuing to reduce poverty. Dr. Haskins stressed the importance of a work support system in poverty reduction, especially during times of recession. Bipartisan support for Temporary Assistance for Needy Families (TANF) welfare reform also led to drastically increased support for working families through improved child care, the State Children’s Health Insurance Program, the Child Tax Credit, Medicaid, and the Earned Income Tax Credit.

Dr. Haskins discussed differences between the caseloads of welfare, SSI, and SSDI including age, sex, disability status, parent status, and time limits and sanctions. He explained that welfare

is mostly comprised of young mothers, and SSDI and SSI do not have time limits. He noted that more individuals on welfare are parents, which creates issues if they engage in work due to high daycare costs. Dr. Haskins also discussed that many states shift costs to the federal government by encouraging disabled individuals receiving TANF to apply for SSI. He stated that strong work and other incentives need to exist for individuals to exit both SSDI and TANF.

## Benefit Offset as a Return to Work Model

---

James Smith is currently the Budget and Policy Manager of the Vermont Division of Vocational Rehabilitation. Mr. Smith also serves as Deputy to the Director. In that role, he oversees Vermont's Work Incentives Planning and Assistance project that includes a benefits counseling program for SSDI and SSI beneficiaries. Mr. Smith also served on the Adequacy of Incentives Advisory Group for SSA's Ticket to Work (TTW) program in 2004. Additionally, he has played a major role in analyzing and evaluating the impact of SSA's Benefit Offset National Demonstration (BOND) project in Vermont, one of the initial four pilot states.

Mr. Smith detailed a disabled individual's path to full employment. When a current beneficiary increases work hours per week, total monthly income declines significantly, because a benefit reduction ensues. This creates a situation where an individual has to work more to make up for the loss of income resulting from the benefit decrease. If a disabled individual works above the SGA threshold, the individual faces losing program eligibility and the entire cash benefit following a nine-month trial work period. Facing this "cash cliff" discourages disabled individuals from work because they do not want to risk losing benefits, especially if they have an unpredictable medical condition.

An alternative policy is to gradually offset benefits as earnings from work increase. Mr. Smith described SSA's Benefit Offset Pilot Demonstration tested in Connecticut, Vermont, Wisconsin, and Utah. Randomly assigned SSDI beneficiaries saw their benefits reduced by one dollar for each two dollars they earned at work above the SGA level for up to six years. Despite challenges implementing the pilot program, three of the four states demonstrated that removing the "cash cliff" had a positive impact on beneficiary earnings above SGA. The pilot experience was intended to inform the BOND.

Mr. Smith observed that current SSDI work rules suppress work activity, and most beneficiary work activity does not result in savings in benefits paid. Mr. Smith stated that SSDI should adjust incentives to support return to work. He suggested that to increase DI Trust Fund savings, a new policy should start work-related benefit reductions sooner and for earnings at less than SGA. Work incentives for the SSDI and SSI programs should be simplified and aligned. The SSDI program should also be aligned with the TTW Program, which can never reach its potential with the current "cash cliff."

## Discussant

---

Henry Claypool was selected as the Executive Vice President for Policy at the American Association of People with Disabilities (AAPD) in January 2013. Prior to his appointment at AAPD, Mr. Claypool served as Senior Adviser for Disability Policy for the Secretary of HHS. He has over 25 years of experience developing and implementing disability policy at the federal, state, and local level, and also has personal experience with the Nation's health system as a person with a disability. Mr. Claypool sustained a spinal injury over 25 years ago. In the years following his injury, he relied on Medicare, Medicaid, SSDI, and SSI, which enabled him to complete his B.A. degree at the University of Colorado, Boulder. After completing his degree, he spent five years working for a center for independent living, after which he became the Director of the Disability Services office at the University of Colorado, Boulder. Mr. Claypool served as the Policy Director at Independence Care System, a managed long-term care provider in New York City. In addition, he has held several advisory positions on disability policy with federal agencies including the Centers for Medicare and Medicaid Services and SSA.

Mr. Claypool discussed the work capacity of disabled individuals. He noted that while work capacity is important to identify, many individuals with disabilities are very vulnerable. Many do not possess any work capacity. For these individuals, work incentives are not relevant. Mr. Claypool stated that not all beneficiaries are aware of work incentives and may not be affected by the incentives that are in place.

For those who retain some work capacity, incentives can make a large impact on the beneficiary's decision of whether to engage in work. Mr. Claypool stated the importance of addressing the beneficiary "cash cliff," because the reduction in benefit income resulting from working discourages many disabled individuals. He also stated that facing the "cash cliff" discourages work beyond a certain point, as many are fearful of entirely losing their safety net. Mr. Claypool discussed the value of requiring employers to hit targets in hiring disabled individuals. Encouraging employers to engage disabled persons in the work environment will help disabled individuals become attached to work.

Mr. Claypool also spoke about SSI asset limits, stating that many low-income disabled persons spend down their assets to stay below limits for continued program eligibility. Mr. Claypool observed that the program was not intended to encourage this type of beneficiary behavior.

# Keynote Address

---

Michael J. Astrue served as Commissioner of SSA from February 2007 to January 2013. Mr. Astrue is an honors graduate of Yale University and Harvard Law School. After working briefly for the Boston law firm of Ropes & Gray, he served as Acting Deputy Assistant Secretary for Human Services Legislation at HHS, Counselor to the Commissioner of SSA, Associate Counsel to Presidents Reagan and Bush, and General Counsel of HHS. Mr. Astrue successfully tried the first federal human immunodeficiency virus discrimination enforcement case and successfully argued the first federal patient dumping enforcement case. While General Counsel of HHS, he had a concurrent appointment on the U.S. Architectural and Transportation Barriers Compliance Board during the period when it issued many of the first regulations under the Americans with Disabilities Act (ADA).

In his keynote address entitled “Straight Talk About Disability Reform,” Mr. Astrue described how SSDI’s problems stem from multiple failings throughout the highly complex system, not just one or two primary issues. He argued against the need for massive institutional reform.

Mr. Astrue attributed rising costs and population growth of the SSDI program to Baby Boomers reaching disability-prone years, rather than to new rules within SSA. Mr. Astrue spoke about the decrease in SSA’s administrative budget leading to increased backlogs on applications and CDRs. He also contested rumors of widespread fraud and waste in SSA. SSA has allowed cases at a higher rate over the last decade due to a combination of many factors including health care providers sending patients to third-party representatives in order to ensure they get Medicaid or Medicare, the expansion of the treating physician rule and other doctrines, cultural changes, and the rise of obesity.

Mr. Astrue observed that during his time as Commissioner, SSA improved with better staffing, training, and policy clarification. With these improvements, quality of determinations at the initial level rose substantially to between 97 and 98 percent.

Mr. Astrue expressed his doubts that Congress would adopt a partial or temporary disability system, as Congress does not fully fund CDRs now. He stated that using a partial disability system like the VA system for SSDI would lead to substantial litigation, expense, and delay.

Mr. Astrue detailed how some state-funded programs shift costs to SSA's administrative budget by requiring decisions on disability from SSA before allowing applicants to collect from them. Mr. Astrue stated that these policies create waste at SSA and provide a disservice to the individuals who qualify for public assistance. He also mentioned the fundamental inconsistency of having concurrent applications for unemployment and disability. He urged Congress to close the loophole allowing simultaneous applications to the two programs.

Mr. Astrue suggested that SSA could achieve program savings through measures such as moving to a two-year budget appropriation cycle.

Mr. Astrue discussed improvements in the quality and efficiency of hearings stemming from more agency resources and increased productivity.

However, he noted that higher staffing today at SSA's Office of Disability Adjudication and Review comes from sacrifices made elsewhere in SSA.

He also discussed problems with the Office of Personnel Management (OPM) including outdated hiring practices and inaccurate interpretation of the Administrative Law Judge statute. He observed that OPM harms SSA's efforts to produce efficient and quality justice. Mr. Astrue urged Congress to move OPM's responsibilities in this area to either the Department of Justice or the Administrative Conference of the United States.

## Session 3: Interventions to Achieve Better Case Outcomes

### The Private Sector Experience: Early Intervention and Case Management

---

Melissa Davey is the Vice President of Managed Disability Operations for GENEX Services, Inc. She was recruited to GENEX in 1994 to build the SSDI advocacy program and develop a consistent program for disability case management and return to work programs for the disabled. Ms. Davey has over 35 years of diversified experience in the field of disability. In the late 1970s, she became connected to and passionate about SSDI law and has represented more than 1,000 individuals before SSA. In addition to more than 12 years of direct representation and program management experience, Ms. Davey has worked closely with national organizations on various projects to improve the SSDI process for claimants. Her career includes work as a special education teacher, work with legal services to ensure compliance with special education laws, work with Community Workshops, Inc., America's oldest sheltered workshop for individuals with severe disabilities, and tenure as Vice President of Development with Community Connections of Cape Cod, a job placement agency for disabled adults.

Ms. Davey discussed the details of objectively determining work capability. She described how case management facilitates recovery from injury and/or disability, and coordinates a safe return to work through timely coordination of health care services. After the medical case management validates a diagnosis by clinical documentation, vocational case management is used. Vocational case management helps ill or injured employees return to work with their original employer.

Ms. Davey stated that vocational case management reduces disability and wage replacement benefits, returns employees to gainful employment, and increases employability.

Ms. Davey noted the importance of case management for employers. Case management services help organizations continue to employ a seasoned employee if the employee becomes injured or ill. Ms. Davey mentioned that she has seen interest from large companies in case management. She stated the importance of supporting and facilitating these relationships to keep organizations engaged and disabled individuals at work.

## Youth Transition to the World of Work

---

Andrew Imparato began work in 2010 as Senior Counsel and Disability Policy Director for the U.S. Senate Committee on Health, Education, Labor, and Pensions, chaired by Senator Tom Harkin of Iowa. In this role he is Senator Harkin's principle adviser on disability issues. He is currently working on a bipartisan disability employment initiative designed to increase the labor market participation of working-age people with disabilities in the United States, along with reauthorizations of the Workforce Investment Act and the Elementary and Secondary Education Act. From 1999 to 2010, Mr. Imparato served as President and Chief Executive Officer of AAPD. Prior to joining AAPD, he was General Counsel and Director of Policy for the National Council on Disability, an Attorney Adviser with the U.S. Equal Employment Opportunity Commission, counsel to the U.S. Senate Subcommittee on Disability Policy, and a Staff Attorney and Skadden Fellow with the Disability Law Center in Boston, Massachusetts.

Mr. Imparato described the transition of youth into the workforce. He stressed the importance of focusing on labor force participation and engaging individuals with disabilities in the labor force. Mr. Imparato described modernizing SSDI in a way that concentrates on work individuals can complete, rather than focusing on what they cannot. He also encouraged funding for pilots and demonstrations as important tools for program success.

According to the Bureau of Labor Statistics, 5.8 million disabled individuals between the ages of 16 and 64 were in the labor force in 2008. In 2013, that number dropped to 4.9 million. Although more disabled young adults are graduating from high school in recent years, the labor force has not expanded accordingly. Noting the decline, Mr. Imparato described the significance of engaging young disabled adults early in the work force and keeping them engaged, especially during recessionary periods.

Mr. Imparato stressed the importance of disabled individuals creating a connection to the labor force before leaving school, noting that such individuals are more likely to transition into the workforce after leaving school. Accommodation from employers will also continue to help disabled youth gain entrance to the workforce.

## Culture and Reality: Return to Work for Long-Term Social Security Disability Beneficiaries

---

Bryon MacDonald is Founder and Program Director of the Employment and Disability Benefits Initiative, in its 12th year at the World Institute on Disability (WID). He manages WID's team of Disability Benefits 101 (DB101) program analysts and technology experts. The program supports public policy education activities and provides multimedia information services on health, benefits, paid work, and disability. A member of the National Council on Independent Living (NCIL) since 1996, he has chaired NCIL's Employment and Social Security Subcommittee since 1997. He serves on California's Olmstead Advisory Committee and several other advisory committees. From 2000 to 2004, he participated as a member of SSA's TTW and Work Incentives Advisory Panel, an appointment made by President Clinton. Mr. MacDonald received his B.A. in English from Fordham University.

Mr. MacDonald discussed the return of long-term SSDI beneficiaries to the workforce. He noted that the fundamental definition of disability makes it difficult to engage disabled individuals in work. He stated that all the time and effort it takes to receive SSDI makes it difficult for individuals to consider discontinuing benefits. Individuals exiting the program lose a safety net and many are afraid to do so. Mr. MacDonald observed that low-income SSDI beneficiaries manage high-cost conditions when working and not working.

Disabled individuals need assistance planning and understanding program interactions of SSI, SSDI, Medicaid, Medicare, private sector disability, and health care benefits, such as work and family plans, and Affordable Care Act (ACA) Health Benefit Exchanges. He mentioned that program interaction and integration overwhelms and confuses many individuals. To aid with simplification, the WID has developed real-time online tools and services for job seekers and workers with disabilities in Arizona, California, Hawaii, Michigan, Missouri, Minnesota, New Jersey, and Washington, along with follow-up one-on-one counseling linked with online service tools.

Mr. MacDonald explained that from a disability policy objective, individuals should be drawn to private sector insurance. He stated that the ACA may help with this goal. He mentioned cost savings that result from combining Medicare and Medicaid with employer-sponsored health care coverage. Mr. MacDonald also stressed the importance of centralizing wage reporting functions, ending monthly reporting requirements, utilizing cash benefit offset proposals, and using MySSA.gov as a tool to better serve beneficiaries.

## Discussant

---

Marsha Rose Katz is a Project Director at the University of Montana Rural Institute, where her work has concentrated on assisting persons with disabilities to utilize work incentives to start their own businesses or engage in wage employment. Since coming to the Rural Institute in 1999, Ms. Katz has focused on providing training and technical assistance on employment, SSI, and SSDI to rural, frontier, and tribal communities across the country. Previously, she worked for nearly 20 years at the Association for Community Advocacy, a disability rights community-based organization, serving as both Vice President and Director of the Family Resource Center. It was at the Association for Community Advocacy that Ms. Katz began her nearly 30 years of individual and systems advocacy regarding programs administered by SSA, especially the SSI and SSDI programs. Ms. Katz also served on the Board from November 2006 to September 2012.

Ms. Katz spoke about her efforts helping people with disabilities obtain work and start businesses. She mentioned the effectiveness of early intervention in the disability process, sharing personal experiences about her husband and brother and their respective disabilities.

She discussed the lack of inducement for her employed husband to sign up for disability benefits. Trading his salary and benefits for SSDI benefits, he would exit the labor force, experience a long wait period with no income support, and ultimately earn less income. His lifestyle would completely change. Speaking about her brother, Ms. Katz explained how his employer worked tirelessly to keep him employed throughout his disabling process. The employer recognized the potential loss of human capital. Ms. Katz observed how this type of early intervention benefited both her brother and his employer; the employer gained value through the continued intellect and talent of a seasoned employee, and her brother benefited from being able to continue working and earning wages until he could no longer engage in work.

Ms. Katz also noted the importance of involving persons with disabilities in the legislative and research processes. In order to provide meaningful outcomes, researchers and lawmakers should gain knowledge directly from the community. She stressed that individuals with disabilities can and should aid in solutions to SSDI issues.

## Session 4: Reform Proposals: Toward Fiscal and Structural Balance

### Supporting Work: A Proposal for Modernizing the U.S. Disability Insurance System

---

David H. Autor is a Professor of Economics at M.I.T., and Associate Director of the Disability Research Center at the National Bureau of Economic Research. His fields of specialization are human capital and income inequality; labor market operations and impacts of technological change; contingent- and intermediated-work arrangements; health, disability, and labor supply; and employment protection. Dr. Autor received his M.A. and Ph.D. in public policy from the John F. Kennedy School of Government at Harvard University and his B.A. in psychology summa cum laude from Tufts University, where he was also elected to Phi Beta Kappa.

Dr. Autor described the fundamental definition of disability as inhibiting efficacy, as SSDI cannot assist individuals with disabilities to keep working. SSDI only pays benefits for determinations of full disability, not short-term or partial disability. As a result, there is a lack of funding to assist workers with disabilities to remain employed, and too much funding that fosters long-term dependency. Dr. Autor described the inconsistency of this structure with the ADA. He explained that SSDI should incentivize people to work with an approach more consistent with the ADA, rather than base SSDI benefits on an inability to work. From 1988 to 2008, the percentage of adults ages 40 to 59 self-reporting disabilities remained stable, but the percentage of adults receiving SSDI rose at a high rate.

Dr. Autor discussed the sensitivity of SSDI to the state of the economy, noting that applications and awards rise as the unemployment rate rises. He described four objectives for SSDI reform: (1) support individuals with disabilities to stay working, (2) give positive incentives to workers, (3) provide incentives to employers, and (4) offer political and administrative achievability.

Dr. Autor discussed private disability insurance (PDI) as a mechanism for SSDI reform. Employers have an incentive to keep their policy costs low by preventing work limitations from becoming career-ending disabilities. PDI benefits provide workers support to keep working.

PDI offers numerous benefits to both workers and employers. Benefits from PDI include VR services, workplace accommodations mandated by the ADA, partial wage replacement equal to 60 percent of monthly salary (capped at \$2,500 monthly) for workers maintaining employment, and wage replacement at the state unemployment replacement rate for workers claiming disability after losing a job. Dr. Autor stated that PDI offers better work incentives than SSDI. He noted that while SSDI serves as a non-employability and disability program, PDI only serves those with work-limiting impairments. Workers with disabilities, employers, and the overall economy benefit from a system that centers on supporting individuals' efforts to return to work.

## Reforming Disability

---

Jason A. Turner is Executive Director of the Secretary's Human Services Innovation Group, a network of state human service secretaries who favor policy solutions through limited government along with the promotion of healthy, economically self-sufficient families. In addition, he is Principal of Practical Government Solutions, a consulting firm, and a Visiting Fellow at the Heritage Foundation. Mr. Turner served as Commissioner of New York City's Human Resources Administration for Mayor Rudy Giuliani. During his service, he implemented "JobStat," a performance management system to engage all available welfare recipients in work activation activities to maximize job placement and instituted performance-only contracts for private employment vendors, which doubled job placements and reduced overall program expenditures by one-third in the first year after its implementation. Prior to his work in New York, Mr. Turner was appointed by Wisconsin Governor Tommy Thompson to lead the state team to develop a fully work-based alternative to welfare. This effort culminated in the passage and implementation of the well-known Wisconsin Works program. In addition, he served as Director of Aid to Families with Dependent Children at HHS during the George H.W. Bush Administration.

Mr. Turner spoke about differences between SSDI and SSI, and TANF. He made comparisons of program incentives for achieving personal wellness. He noted that TANF created institutional incentives, and suggested the SSDI system may benefit from creating similar incentives. Mr. Turner described differences in program structures including program funding, prevention focus, employment limitations, private profit incentives, program experimentation, and interactions among physicians, employers, and state government.

He described New York City's WeCARE program, an initiative that provides cash assistance to clients with medical and/or mental health barriers to employment. WeCARE provides customized assistance and services. In WeCARE, over 42,000 wellness plans have been completed, and almost 12,000 jobs placements have been made (with 73 percent retention at 6 months), and over 21,500 clients have received SSI awards (with improving initial award rates).

Mr. Turner discussed possibilities for more state involvement in the SSDI program. He said that to improve the current SSDI system, giving states more flexibility would provide numerous options. Options for states include creating portable tax favored insurance plans not tied to an employer, permitting private insurance plans with state backstop, authorizing temporary or partial disability, and requiring recipients to engage in VR activities.

## A Process for Reforming Disability Policy

---

David Stapleton is a Senior Fellow and Director of the Center for Studying Disability Policy at Mathematica Policy Research (Mathematica). He is also the area leader for Mathematica's studies of SSA programs. Since 1991, his research has focused on the impacts of public policy on the employment and income of people with disabilities. Dr. Stapleton, who joined Mathematica in 2007, is a principal investigator for the HHS Center of Excellence for Comparative Effectiveness Research on Disability Services, Coordinated Care and Integration; SSA's BOND and TTW programs; and the Rehabilitation Research and Training Center on Disability Statistics and Demographics. He was formerly Director of Cornell University's Institute for Policy Research, Senior Vice President at the Lewin Group, and an Associate Professor at Dartmouth College and the University of Maryland, College Park. Dr. Stapleton is widely published and has edited three books on disability issues. He has a Ph.D. in economics from the University of Wisconsin, Madison.

Dr. Stapleton detailed three barriers to positive reform: (1) lack of public trust, (2) the financial structure, and (3) policy fragmentation. He noted that the SSDI program would benefit from a structure that builds trust, uses financial pressures to promote positive outcomes, and encourages states, localities, and private sector to innovate in positive ways.

Dr. Stapleton suggested the establishment of a federal entity that provides more efficient management and oversight of disability policy. This institution could monitor disability population outcomes, and establish and operate an appellate process. He suggested establishing an independent consumer review board system and requiring state governments to charter comparable entities. Dr. Stapleton observed the need for a system where full and transparent accounting exists, such as accounting for expenditures at the end of each year and preparing rolling 10-year budget projections.

Dr. Stapleton discussed a preferred waiver system where state, local, or private organizations could lead efforts to restructure programs. For example, the waivers might allow transition programs for youth and young adults with disabilities, integration of SSDI with workers' compensation and private disability benefits, or a restructuring of benefits to make work pay and encourage saving.

## An Evidence-Based Path to Disability Insurance Reform

---

Jack Smalligan is Branch Chief for the Income Maintenance Branch (IMB) and acting Deputy Associate Director for the Education, Income Maintenance, and Labor Division of the Office of Management and Budget (OMB). IMB is responsible for reviewing programs in SSA and low-income assistance programs in HHS, the U.S. Department of Agriculture, and the U.S. Department of Treasury. Mr. Smalligan joined OMB in 1990 and has a M.P.P. from the University of Michigan. Mr. Smalligan's comments are based on work he performed while on sabbatical from OMB as a guest scholar at the Brookings Institution and a research fellow at the John F. Kennedy School of Government at Harvard University. The views he expresses are solely his own.

Mr. Smalligan proposed converting SSA's budget for Disability Determination Services (DDS) to mandatory funding, and providing SSA with greater authority to manage DDS performance. This would enable SSA to develop an enhanced appeals process, establish performance goals for timeliness, work toward eliminating the CDR backlog, establish national standards for medical and vocational experts, and enhance the quality.

Mr. Smalligan discussed the importance of developing a work-first early intervention within SSA's current determination process, and the possibility of funding early intervention experiments initiated by states. He described possible employer-based incentives with voluntary participation, measurable outcomes relative to a baseline or comparison group, and options to reduce or eliminate the risk of hiring discrimination.

## Discussant

---

Peter Blanck is University Professor at Syracuse University, which is the highest faculty rank granted to only eight prior individuals in the school's history. He is Chairman of the Burton Blatt Institute at Syracuse University. Dr. Blanck holds appointments at the Syracuse University Colleges of Law, Arts, and Sciences; Sport and Human Dynamics; Education; and Citizenship and Public Affairs. Prior to his appointment at Syracuse University, Dr. Blanck was Kierscht Professor of Law and Director of the Law, Health Policy, and Disability Center at the University of Iowa. He is Honorary Professor at the National University of Ireland, Galway's Centre for Disability Law and Policy. Dr. Blanck received a B.A. from the University of Rochester; a J.D. from Stanford University, where he was President of the Stanford Law Review; and a Ph.D. from Harvard University. He has written articles and books on the ADA and related laws, and received grants to study disability law and policy.

Dr. Blanck attributed the rise of the SSDI population to an evolutionary process, in which SSDI rolls have always been predicted to grow. He discussed the SSDI program's continued and expected adaption to an ever-changing population and economy. Dr. Blanck expressed his doubts that the U.S. disability system can benefit from studying reform efforts in other countries. He stated that models, populations, and long-term approaches in other countries are too dissimilar. He also noted that comparisons between TANF and SSDI cannot be made, as program participants are too different and program objectives do not coincide.

Dr. Blanck detailed the importance of researchers and legislators visiting DDS offices, and understanding the disabled population and their needs. He mentioned that the ADA is an anti-discrimination law, and comparisons or assumptions made between the ADA and the SSDI system can be confusing.

Dr. Blanck noted that discrimination against persons with disabilities still occurs in the United States. He observed that the bulk of discrimination exists toward individuals with musculoskeletal or mental impairments, and perceptions of their ability or inability to work. Dr. Blanck cautioned that many disabled individuals will be marginalized if SSDI is continually described as a cost to be mitigated or a problem to be fixed.

## Closing Remarks

---

Barbara B. Kennelly is Acting Chair of the Board, President of Barbara Kennelly Associates, and a Distinguished Professor at Trinity University. She served as President of the National Committee to preserve Social Security and Medicare from 2002 to 2011. Mrs. Kennelly served 17 years in the U.S. House of Representatives representing the First District of Connecticut. During her Congressional career, Mrs. Kennelly was the first woman elected to serve as the Vice Chair of the House Democratic Caucus. Mrs. Kennelly was also the first woman to serve on the House Committee on Intelligence. She was the first woman to serve as Chief Majority Whip, and the third woman to serve on the 200-year-old Ways and Means Committee. During the 105th Congress, she was the Ranking Member of the Subcommittee on Social Security. Prior to her election to Congress, Mrs. Kennelly was Secretary of the State of Connecticut. After serving in Congress, Mrs. Kennelly was appointed to the position of Counselor to the Commissioner at SSA. As Counselor, Mrs. Kennelly worked closely with Commissioner Kenneth S. Apfel, and members of Congress to inform and educate the American people on the choices they face to ensure the program's future solvency. She served on the Policy Committee for the 2005 WHCoA.

Mrs. Kennelly thanked the participants and audience members for participating in the Forum and noted the importance of successfully gathering people from across the political and ideological spectrum for a civil and intelligent discussion of critical issues facing this vital national program.

Mrs. Kennelly reminded the audience that about one out of five male SSDI beneficiaries and one out of seven female SSDI beneficiaries are in the last five years of their lives. In addition, about 70 percent of SSDI beneficiaries are age 50 or over, and 33 percent are age 60 or over. For these beneficiaries, the SSDI check helps them pay rent, put food on the table, get essential medical care, and meet other basic needs. She stated that it will be a challenge to develop policy reform to enhance and strengthen the parts of the program that work well, and replace some of the things that do not work well, while doing no harm to a program that protects some of the Nation's most vulnerable citizens.

Mrs. Kennelly emphasized that the policy reform discussion needs to involve scholars and policy experts, as well as advocates and practitioners who live day-in and day-out with the consequences of policy decisions. Ideas about how both the public and private sectors can help address these issues should be considered, while recognizing that recent experience suggests that the government's role cannot be replaced in times of economic turmoil.

Mrs. Kennelly stated that the Board has a long history of looking at ways to improve the SSDI program and strengthen the long-term finances of the DI Trust Fund, and will continue to do so. While there is a great deal of disagreement about many aspects of the SSDI program, there is widespread agreement that it is critical to people with disabilities. The SSDI program must be strengthened so it will be there for those who need it today and in the future.

# Forum Archive

---

The Forum archive including agenda, speaker slide presentations, list of attendees, and participant policy proposals is available on the Board's website at [www.ssab.gov/forum2013.aspx](http://www.ssab.gov/forum2013.aspx).

## Participant Policy Proposals

---

These proposals have been put forth by participants at the Forum. Though the Board sponsored the Forum, it has not and does not endorse any reform proposal.

“Supporting Work: A Proposal for Modernizing the U.S. Disability Insurance System,” David Autor and Mark Duggan, December 2010

“Reforming Disability,” Secretary’s Innovation Group: Eloise Anderson, Jason Turner, and Richard Burkhauser

“A Roadmap to a 21st-Century Disability Policy,” David Mann and David Stapleton, January 2012

“An Evidence-Based Path to Disability Insurance Reform,” Jeffrey Liebman and Jack Smalligan, February 2013

## Related SSAB Publications

---

“Filing for Social Security Disability Benefits: What Impact Does Professional Representation Have on the Process at the Initial Level,” September 2012

“Aspects of Disability Decision Making: Data and Materials,” February 2012

“A Disability System for the 21st Century,” September 2006

“The Social Security Definition of Disability,” October 2003

“Charting the Future of Social Security’s Disability Programs: The Need for Fundamental Change,” January 2001

“How SSA’s Disability Programs Can Be Improved,” August 1998

## The Board’s Authorizing Statute

---

The law gives the Board the following functions:

- (1) analyzing the Nation’s retirement and disability systems and making recommendations with respect to how the old-age, survivors, and disability insurance program and the supplemental security income program, supported by other public and private systems, can most effectively assure economic security;
- (2) studying and making recommendations relating to the coordination of programs that provide health security with programs described in paragraph (1);
- (3) making recommendations to the President and to the Congress with respect to policies that will ensure the solvency of the old-age, survivors, and disability insurance program, both in the short-term and the long-term;
- (4) making recommendations with respect to the quality of service that the Administration provides to the public;
- (5) making recommendations with respect to policies and regulations regarding the old-age, survivors, and disability insurance program and the supplemental security income program;
- (6) increasing public understanding of the social security system;
- (7) making recommendations with respect to a long-range research program and evaluation plan for the Administration;
- (8) reviewing and assessing any major studies of social security as may come to the attention of the Board; and

(9) making recommendations with respect to such other matters as the Board determines to be appropriate.