CONSORTIUM FOR CITIZENS WITH DISABILITIES

Statement for the Record

Committee on Finance
United States Senate

Hearing on
A Fresh Look at Workers' Disability Insurance
July 24, 2014

Social Security Task Force, Consortium for Citizens with Disabilities

Submitted August 7, 2014 on behalf of the Co-Chairs of the Consortium for Citizens with Disabilities Social Security Task Force:

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The Consortium for Citizens with Disabilities (CCD) is a coalition of national organizations working together to advocate for national public policy that ensures the self-determination, independence, empowerment, integration, and inclusion of the 57 million children and adults with disabilities in all aspects of society. The CCD Social Security Task Force focuses on disability policy issues in the Title II disability programs and the Title XVI Supplemental Security Income (SSI) program.

The Co-Chairs of the CCD Social Security Task Force submit this Statement for the Record of the July 24, 2014, Senate Finance Committee hearing on "A Fresh Look at Workers' Disability Insurance."

I. Social Security's Disability Programs Provide Vital Support to People with Disabilities

Our nation's Social Security system provides peace of mind for nearly all Americans. Not only does it provide the foundation for a secure retirement -- it also insures 9 in 10 American workers and their families against the possibility of a life-changing disability or illness that prevents substantial work.[1] This peace of mind is all the more important because most workers have little savings to fall back on in the event of a disability, and the alternatives are limited: only about 1 in 3 civilian workers have long term disability insurance through their employer,[2] and benefits may be less adequate than under Social Security.

In comparison, about 90 percent of workers age 21 to 64 in covered employment can count on Social Security in the event of a qualifying disability.[3] Social Security's disability programs serve as a core component of the Social Security system, offering critical protection in our time of need. According to the U.S. Census, about 57 million Americans, or 1 in 5, live with disabilities and about 38 million Americans, or 1 in 10, have a severe disability. [4] Only those with the most significant disabilities or illnesses—about 14 million non-elderly individuals—receive vital support from our nation's Social Security system.[5]

Social Security Disability Insurance Provides Modest but Vital Support

Social Security Disability Insurance, or **SSDI**, is funded through Social Security payroll tax contributions. It provides benefits to workers who have worked for long enough and contributed enough via payroll taxes to be insured, and who become disabled before reaching full retirement age. SSDI currently provides benefits to about 9 million disabled workers, as well as about 2 million spouses and children of disabled workers.[6] SSDI beneficiaries include about 1 million military veterans, 4.4 million women, 700,000 widow(ers), 1.8 million African Americans, and 1 million Hispanics.[7]

The average SSDI benefit for a disabled worker is about $1,145, just over the federal poverty line.[8] SSDI benefits serve as the main or sole source of income for about 80 percent of beneficiaries.[9] About 1 in 3 SSDI beneficiaries has no other source of income,[10] and nearly 1 in 3 receive such a low SSDI benefit and have such limited income and assets that they also qualify for SSI.[11] SSDI and SSI keep millions of people out of deep poverty and homelessness. Poverty rates are substantially higher for people who report significant disabilities but are not receiving SSDI benefits than for people who have been receiving SSDI benefits for at least 5 years.[12] Without SSDI, an estimated half of beneficiaries would live in poverty; even with benefits, about 1 in 5 SSDI beneficiaries live in poverty, and the majority of beneficiaries are low-income.[13]

Social Security Disability Standard is Strict, and Most Applications Are Denied

The Social Security Act's disability standard is one of the strictest in the developed world. The Organisation for Economic Co-operation and Development (OECD) has scored OECD member nations on a "disability policy typology" which looks at factors relating to disability insurance system eligibility standards and benefit generosity. The OECD finds that the U.S. ranks second-to-last, just above Korea.[14] Most applicants for Social Security disability benefits are denied. Fewer than four in ten are approved, even after all stages of appeal.[15]

Beneficiaries have diverse impairments and conditions such as advanced cancers, kidney failure, congestive heart failure, emphysema, and multiple sclerosis. Many beneficiaries are terminally ill: 1 in 5 male SSDI beneficiaries and nearly 1 in 6 female SSDI beneficiaries die within 5 years of receiving benefits.[16] SSDI beneficiaries are also three times as likely to die as other people their age.[17]

Despite their impairments, many beneficiaries report eagerness to do some work, and some do work part-time. But research indicates that the average earning potential of beneficiaries with "work capacity," using current work incentives and employments supports, is a few thousand dollars per year—clearly insufficient to support oneself.[18]

Demographics Explain Nearly All Growth in Social Security Disability Insurance

The Social Security disability programs have grown significantly since they were signed into law, as well as in recent years. This growth was projected as far back as 1995. According to Social Security's Chief Actuary, the growth in SSDI (from 1980 to 2010) is mostly the result of several factors: substantial growth in the U.S. population; the baby boomers aging into their high-disability years; women entering the workforce in large numbers in the 1970s and 1980s so that more are now "insured" for SSDI based on their own prior contributions; and the increase in the Social Security retirement age so that disabled workers continue to receive SSDI benefits for longer before converting to retirement benefits.[19]

Many experts including Social Security's Chief Actuary caution against overstating the role that the recent economic downturn has played in the growth in SSDI. The Chief Actuary estimates that the 2010 recession accounts for only 5 percent of the growth in SSDI beneficiaries from 1980 to today.[20]

<u>Awards Rates Have Fallen During the Recent Economic Downturn</u>

While economic downturns tend to boost *applications* for benefits, research finds that they have a much smaller effect on *awards*.[21] The 2010 recession was no exception on either front. While applications increased during the 2010 recession, the award rate declined,[22] suggesting that applicants for benefits who did not meet Social Security's strict disability standard were screened out. The drop in the percentage of applicants found eligible at the Administrative Law Judge (ALJ) hearing level has been dramatic, falling by fourteen percentage points between FY 2007 and 2013.[23]

<u>Social Security Disability Programs Reflect Broader Trends Towards "Hidden" Disabilities</u>

In rich nations like the U.S. many people are living longer—but with more disability.[24] Today, the leading causes of disability both in the U.S. and abroad are largely invisible—mental illness and musculoskeletal disorders – a trend reflected in the Social Security disability programs.[25] Nonetheless, denial of such "hidden" disabilities remains sadly common. Misconceptions persist that individuals who "look healthy" ought not to be receiving disability benefits, and that disabilities visible to the naked eye are "unambiguous", whereas impairments less readily observable to an onlooker are labeled "squishy".

Examples of often-hidden yet significant disabilities include advanced cancers, Traumatic Brain Injury (TBI), intellectual disability, Autism, and serious mental illness such as Post-Traumatic Stress Disorder (PTSD) and schizophrenia (among many others).

II. Securing the Future of the Social Security Disability Insurance Program

The Committee launched this hearing by emphasizing the importance of SSDI as an earned benefit for individuals with the most significant disabilities, and noting that Congress will need to act to address current financing challenges to secure the future of the program – namely, that in 2016 the Disability Insurance (DI) Trust Fund will, with incoming revenue, only be able to pay about 80% of scheduled benefits.

The DI Trust Fund's projected 2016 shortfall is not a new development, or an unprecedented one. Since Social Security was enacted, Congress has "reallocated" payroll tax revenues between the OASI (retirement) and DI (disability) Trust Funds in both directions to keep the Social Security programs on an even reserve ratio -- six times using a narrow definition of reallocation, and eleven times using a broader definition of reallocation. [26] After the last reallocation in 1994, the Social Security Board of Trustees accurately projected that similar action would next be required in 2016.[27]

Congress should act expeditiously, as it has done in the past, to reallocate payroll taxes between the DI and OASI trust funds. For example, both Social Security trust funds would be able to pay full scheduled benefits through 2033 by temporarily raising the 1.8 percent DI share of the 12.4 percent Social Security payroll contribution by 1.0 percent in 2013 and 2014, and then by amounts that gradually shrink back to 1.8 in 2025.[28]

As the baby boomers age into retirement, growth in SSDI has already begun to level off and is projected to decline further in the coming years.[29] At the July 24, 2014 Committee hearing, Social Security Chief Actuary

Steven Goss testified that major demographic shifts, such as the aging of the baby boomers, population growth, and the historic entry of women into the workforce in the 1970s and 1980s, have been expected for decades and explain most of the recent SSDI program growth. Chief Actuary Goss testified that these trends are expected to stabilize over the next few years, meaning that the current shortfall in payroll contributions compared to SSDI program costs is also projected to stabilize in the future.

Reallocation is a sensible administrative adjustment that will maintain the confidence of workers that the SSDI system that they have built up over the years will remain available for them and their families, if needed. Surveys repeatedly show that Americans value Social Security and are willing to pay for it because of its importance to workers and their families. Reallocation will also allow time for Congress to carefully develop, consider, and evaluate options for assuring the long-term solvency of both the OASI and DI Trust Funds for generations to come.

III. SSA Needs Sufficient Administrative Funding to Ensure High-Quality Service and Program Integrity

SSA must have sufficient resources to meet the service needs of the public, including people with disabilities. With the baby boomers entering retirement and their disability prone years, SSA is experiencing dramatic workload increases at a time of diminished funding and staff.

SSA's administrative budget is only about 1.4 percent of benefits paid out each year. With the baby boomers entering retirement and their disability prone years, SSA is experiencing dramatic workload increases at a time of diminished funding and staff. For the two years prior to fiscal year (FY) 2014, Congress appropriated $421 million less for SSA's program integrity efforts (such as medical and work continuing disability reviews and Title XVI redeterminations) than the Budget Control Act of 2011 (BCA) authorized. Over the three years prior to FY 2014, SSA received nearly $1 billion less for its Limitation on Administrative Expenses (LAE) than the President's request, and lost over 11,000 employees since FY 2011.

The appropriation for FY 2014 includes full funding of the FY 2014 BCA level for SSA's program integrity reviews, which will allow SSA to increase Continuing Disability Reviews (CDRs). Adequate resources are critical for SSA to perform its program integrity workload. SSA is required by law to conduct continuing disability reviews to ensure that benefits are paid only as long as beneficiaries remain eligible. SSA estimates that every $1 spent on a CDR saves the federal government $9 – but reports a current backlog of 1.3 million CDRs due to many years of insufficient administrative funding.[30]

Appropriation of sufficient resources is essential to preventing service degradation and ensuring that SSA can provide timely and accurate payments and perform necessary program integrity work, including:

- Disability claims processing;
- Pre-effectuation and continuance reviews of Disability Determination Services determinations;
- Disability Determination Services quality review;
- Review of Administrative Law Judge (ALJ) decisions in a manner consistent with law;
- CDRs and redeterminations; and
- Cooperative Disability Investigation (CDI) units.

We urge Congress to provide adequate resources to SSA. At a minimum, Congress should appropriate the amount requested by the President in his budget request. We also support additional funding in the amount required to eliminate both the backlog in processing disability applications and appeals, as well as the continuing disability review backlog.

IV. Reform Proposals

A variety of proposals have been put forward to reform SSDI. While some proposals focus on improving the experiences and opportunities of SSDI beneficiaries, some also seek to achieve cost savings, with an eye toward addressing the DI Trust Fund's solvency. Many SSDI reform proposals are in the early stages of development and have yet to be evaluated in terms of their impact on current and future beneficiaries or on the solvency of the DI Trust Fund. In fact, the Congressional Budget Office (CBO) recently reviewed proposals for fundamental reforms to SSDI, such as moving to a partial disability system or refocusing SSDI on rehabilitation and reemployment. The CBO found that such changes are unlikely to produce significant short-term savings that would address DI Trust Fund solvency by 2016 (and may in some cases increase short-term costs) and that "only limited evidence is available on the potential impact of such changes."[31]

The CCD Social Security Task Force believes that **any reforms to our Social Security system must be evaluated in terms of their impact on current and future beneficiaries**. Any reforms must maintain the current structure based on payroll taxes, preserve Social Security as a social insurance program for everyone who is eligible, guarantee monthly benefits adjusted for inflation, preserve Social Security to meet the needs of people who are eligible now and in the future, and restore Social Security's long-term financial stability.[32] Any reforms to Social Security's disability programs, including SSDI, should conform to core principles including the following:[33]

1. Preserve the basic structure of Social Security's disability programs, including the definition of disability.

2. Efforts should be made to increase employment opportunities and improve employment outcomes for Social Security disability beneficiaries, but those efforts should not be achieved through any tightening of eligibility criteria for cash benefits and/or narrowing of health care benefits.

3. Given that Social Security disability program beneficiaries have already been found unable to perform substantial gainful activity, participation in work or activities to prepare for work should remain voluntary.

4. Eligibility and cash benefits should not be subject to time limits.

5. Fully fund the administrative expenses of the Social Security Administration.

The CCD Social Security Task Force strongly supports increasing efforts to help people with disabilities to work to their fullest potential. As noted above, the basic structure of the Social Security Title II and Title XVI disability programs is sound and should be preserved, but much more can be done to increase economic security and employment among current and future beneficiaries.

The CCD Social Security Task Force has written and testified before Congress extensively regarding the multi-faceted approaches needed to modernize the Social Security disability programs to increase opportunities for work, to provide support to help people with disabilities remain attached to the labor force, and to deliver the training, services and supports that people with disabilities, including SSDI and SSI beneficiaries, may need to return to work. Some of our major recommendations for modernizing the Social Security disability program work incentives are summarized at:

http://waysandmeans.house.gov/UploadedFiles/TTWWIIATest.pdf

These kinds of reforms should be the first line of exploration when considering options for strengthening Social Security's Title II and Title XVI disability programs, and have the best chance of increasing employment while ensuring that people with the most significant disabilities do not risk the loss of vital income support. Many of these recommendations have the potential to also simplify administration and reduce improper payments.

However, as noted by the CCD Employment and Training Task Force, when policymakers consider the employment of people with disabilities, all too often, “the focus is too narrowly placed on a smaller subset of people with disabilities—those on Social Security disability benefits.”[34] Indeed, as stated by the National Council on Disability, what is often forgotten is that:

> [R]eceipt of Social Security disability benefits is merely the last stop on a long journey that many people with disabilities make from the point of disability onset to the moment at which disability is so severe that work is, at least temporarily, not possible. All along this journey, individuals encounter the policies and practices of the other systems involved in disability and employment issues. When these systems fail to stem the progression of disability or work at cross-purposes with one another to prevent successful employment retention or return to work, it is often the Social Security disability system that bears the eventual brunt of this failure.[35]

Given this reality, it is unsurprising that early intervention proposals have emerged as a major area of interest for policymakers. Such proposals generally seek to offer employment services and supports to workers soon after the onset of disability or worsening health, with the goal of helping them stay at work. Early intervention offers real promise and should be explored.

However, such proposals would likely serve many people who would never apply or qualify for SSDI or SSI benefits – and should not be conceived of as a substitute for Social Security disability benefits. Additionally, early intervention services should be administered separately from (but in coordination with) the Social Security disability programs and outside SSA, which lacks the relevant capacity and expertise. Other agencies, such as the Department of Labor (DOL), possess demonstrated expertise in job training and have greater access to the early intervention target population (workers with disabilities who are several years away from considering applying for SSDI or SSI). The DOL already administers several programs that provide short-term income support benefits to people wishing to maintain attachment to the workforce (e.g. workers compensation and unemployment insurance) as well as retraining and other services to workers adjusting to changes in the economy or their own circumstances (e.g. the workforce investment system which includes the vocational rehabilitation program administered by the Department of Education).

Development of any system to enhance work by SSDI and SSI beneficiaries must start with the needs of beneficiaries and be designed to meet those needs. If cost saving becomes the major driver of Social Security disability program reform, the unintended consequences for current and potential beneficiaries could be severe. The possibility of even modest cost savings to SSDI or SSI from early intervention programs remains untested. To date, none of the findings reported by SSA’s research demonstration projects seeking to assist current SSDI or SSI beneficiaries return to work “show that the demonstrations tested would likely lead to a substantial reduction in caseload sizes”.[36] Additionally, certain proposals—such as experience rating—could have the unintended consequence of making it *more* difficult for people with disabilities to obtain employment, by creating disincentives for employers to hire people with disabilities.

As a general matter, we have serious concerns that people with disabilities could be hurt by implementation of untested proposals. We urge thoughtful consideration and testing prior to endorsing or implementing any changes to the Social Security disability programs. In addition, we urge caution in considering changes that could cause individuals to lose access to SSDI or SSI benefits.

In support of SSA's work to inform policymaking through demonstration projects, the CCD Social Security Task Force has developed principles available at:

http://www.c-c-d.org/fichiers/CCD_Disability_Demonstration_Principles-Final-1-14.pdf

V. International comparisons

We urge extreme caution in looking to other countries as models for the United States, for several reasons.

First, as noted earlier, the OECD describes the U.S. disability system, along with those of Korea, Japan, and Canada, as having "the most stringent eligibility criteria for a full disability benefit, including the most rigid reference to all jobs available in the labor market".[37] Additionally, while SSDI replaces only about 42 percent of prior earnings for a median earner, many OECD member countries' disability systems replace 80 percent or more of prior earnings; the U.S. ranks 30th out of 34 OECD member countries in terms of replacement rates.[38] The OECD also reports that the U.S. spends less as a share of its economy on "incapacity-related benefits" than other nations. In 2009, U.S. expenditures on incapacity-related benefits amounted to just 1.5 percent of GDP, compared to an average of 2.4 percent for OECD nations.[39]

It would be inadvisable to try to duplicate reforms implemented in a country with much more generous benefits and a broader definition of disability, or a disability benefit system with several tiers of benefits and eligibility. Such countries' reform experiences have very limited comparability to a system that is already far stricter and has much less generous benefit levels in comparison.

The same is true for a country that lacks a statute or other framework of legal protections similar to the Americans with Disabilities Act (ADA). In the U.S., the ADA provides strong civil rights protections to Americans with disabilities in employment and other areas of public life. It might be necessary in countries lacking such strong civil rights protections to try to accomplish some of the goals of the ADA through reforms associated with disability income support programs, such as the requirement to provide reasonable accommodations and the ability to enforce those rights in court, through alternate means.

Additional aspects of other countries' social and labor systems further limit useful comparisons to the U.S. Countries such as the United Kingdom, the Netherlands, and Germany have much higher levels of expenditures on social assistance generally, and more regulated labor markets than the U.S. People with significant disabilities often require a number of different services and supports (e.g. health care, long-term services and supports including personal attendant care, transportation, and housing) to obtain and maintain employment. It would be a mistake to assume that policies that have worked in countries with universal health care, generous pension structures, national paid sick leave, and higher overall levels of spending on social assistance would also work in the U.S., which lacks such robust complementary policies and programs.

Finally, consideration of reforms in other countries must be informed by data on whether those reforms are producing the intended outcomes; in some cases, evidence suggests limited effectiveness. For example, recent research on Finland has preliminarily found "no evidence of the significant effects of experience rating on the disability inflow."[40] In the United Kingdom, reforms that sought to assist one in six beneficiaries with illness or disabilities to work for at least three months have only achieved the desired result with about one in twenty beneficiaries, two years after implementation of the reforms.[41]

VI. Conclusion

In conclusion, we thank the Committee for holding the recent hearing, "Social Security: A Fresh Look at Worker's Disability Insurance." As outlined in our statement, SSDI is a vital part of our nation's Social Security system, insuring 9 in 10 American workers and their families and providing a lifeline for approximately 8.9 million disabled worker beneficiaries and 2 million spouses and children.

We urge Congress to act expeditiously to reallocate payroll contributions to enable the DI Trust Fund to pay full scheduled benefits for approximately the next two decades. We also urge Congress to provide SSA with adequate administrative funding to support its implementation of the Social Security system including the Title II and Title XVI disability programs, and to reauthorize of SSA's Title II demonstration authority to permit testing of potential enhancements to increase employment opportunities for current and future SSDI and SSI beneficiaries.

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