



**CONSORTIUM FOR CITIZENS  
WITH DISABILITIES**

July 5, 2016

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NICS Comments

Social Security Administration  
3100 West High Rise Building  
6401 Security Boulevard  
Baltimore, Maryland 21235-6401

**RE: Notice of Proposed Rulemaking, "Implementation of the NICS Improvement Amendments Act of 2007, (published May 5, 2016; 81 FR 27059; Docket No. SSA-2016-0011)**

The undersigned members of the Consortium for Citizens with Disabilities (CCD) offer the following comments in response to the Notice of Proposed Rulemaking (NPRM) concerning "Implementation of the NICS Improvements Act of 2007 (NIAA)" published on May 5, 2016 (81 FR 27059, Docket No. SSA-2016-0011). CCD is a coalition of national disability rights, advocacy, consumer and provider organizations working for national public policy that ensures the self-determination, independence, empowerment, integration and inclusion of children and adults with disabilities in all aspects of society.

While there is a critical need to address gun violence in the United States, this proposal is not an effective means of doing that. The proposed rule is based on a fundamentally flawed premise: that there is a connection between an elevated risk of engaging in gun violence and having a representative payee to manage one's Social Security benefits due to an impairment that meets or equals a Social Security Administration (SSA) "mental impairment" listing. As one prominent psychiatrist and expert on gun violence has stated, "Reactive attempts to reduce gun violence by focusing on people with mental illness represent an intervention with no supportive evidence of practical efficacy."<sup>1</sup>

Our comments highlight four areas of concern.

First, SSA lacks authority to promulgate the proposed rule, as there is no statutory basis for this rule. The National Instant Criminal Background Check System (NICS) statute

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<sup>1</sup> Michael S. Rosenwald, *Most mass shooters aren't mentally ill. So why push better treatment as the answer?*, Washington Post, May 18, 2016, [https://www.washingtonpost.com/local/most-mass-shooters-arent-mentally-ill-so-why-push-better-treatment-as-the-answer/2016/05/17/70034918-1308-11e6-8967-7ac733c56f12\\_story.html?postshare=5211463529178043&tid=ss\\_fb](https://www.washingtonpost.com/local/most-mass-shooters-arent-mentally-ill-so-why-push-better-treatment-as-the-answer/2016/05/17/70034918-1308-11e6-8967-7ac733c56f12_story.html?postshare=5211463529178043&tid=ss_fb) (quoting Liza Gold, editor of *Gun Violence and Mental Illness* (2016)).

authorizes the reporting of an individual to the Federal Bureau of Investigation NICS database on the basis of a determination that the person “lacks the capacity to contract or manage his own affairs” as a result of “marked subnormal intelligence, or mental illness, incompetency condition or disease.”<sup>2</sup> The appointment of a representative payee simply does not meet this standard. It indicates only that the individual needs help managing benefits received from SSA.

Second, the proposed rule would put in place an ineffective strategy to address gun violence, devoid of any evidentiary basis, targeting individuals with representative payees and listing-level mental impairments as potential perpetrators of gun violence. In doing so, it would also create a false sense that meaningful action has been taken to address gun violence and detract from potential prevention efforts targeting actual risks for gun violence. As two past presidents of the American Psychiatric Association have said of this proposal:

We are concerned about the president selectively targeting people with mental illness in his package of executive actions while ignoring other risk groups because they discriminate against this historically stigmatized population. . . . By allowing ourselves to focus on a group that accounts for only a tiny proportion of societal violence, we forego policy options that are likely to be much more protective. Any country’s bandwidth for consideration of new policies is limited; if our leaders are distracted by mental illness, they will never get to consider the root cause of the problem.<sup>3</sup>

Third, the proposed rule would perpetuate the prevalent false association of mental disabilities with violence and undermine the groundbreaking work that the Obama Administration has done to promote community integration and employment of people with disabilities. The proposed rule could also dissuade people with mental impairments from seeking appropriate treatment or services, or from applying for financial and medical assistance programs.

Finally, the proposed rule would create enormous new burdens on SSA without providing any additional resources. Implementation of the proposed rule would divert scarce resources away from the core work of the SSA at a time when the agency is struggling to overcome record backlogs and prospective beneficiaries are waiting for months and years for determinations of their benefits eligibility. Moreover, SSA lacks the expertise to make the determinations about safety that it would be called upon to make as part of the relief process established by the proposed rule.

**For these reasons, the undersigned members of CCD urge SSA to withdraw the proposed rule.**

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<sup>2</sup> 18 U.S.C. § 922(g); 27 C.F.R. § 478.11.

<sup>3</sup> Paul Appelbaum & Jeffrey Lieberman, *Gun Violence: Is Obama Right to Cite Mental Illness?*, Newsweek, Jan. 17, 2016, <http://www.newsweek.com/gun-violence-obama-mental-illness-416414>.

We outline our concerns in more detail below.

## I. SSA lacks the authority to promulgate the proposed rule

SSA lacks the authority to promulgate the proposed rule because there is no statutory basis authorizing it to report individuals to the NICS database based on the appointment of a representative payee. The current NICS statute prohibits a person who has been “adjudicated a mental defective or committed to a mental institution” from possessing a firearm or ammunition.<sup>4</sup> The implementing regulations define “adjudicated as a mental defective” to mean “(a) A determination by a court, board, commission, or other lawful authority that a person, as a result of marked subnormal intelligence, or mental illness, incompetency, condition, or disease: (1) Is a danger to himself or to others; or (2) Lacks the mental capacity to contract or manage his own affairs.”<sup>5</sup> The statute authorizes federal agencies to report information on individuals who meet this definition to the NICS.<sup>6</sup>

The appointment of a representative payee simply does not constitute an adjudication that a person lacks the mental capacity to contract or manage his own affairs, as the proposed rule claims.

The Social Security Act provides that SSA may appoint a representative payee if “the interest of any qualified individual under this title would be served thereby...**regardless of the legal competency or incompetency of the qualified individual**” [emphasis added]<sup>7</sup>. As SSA explains in the “Introduction” to its current regulations, a determination to appoint a representative payee is *not* a determination that the individual lacks the mental capacity to manage his or her own affairs:

A representative payee will be selected if we believe that the interest of a beneficiary will be served by representative payment rather than direct payment of benefits. Generally, we appoint a representative payee if we have determined that the beneficiary is not able to manage or direct the management of benefit payments in his or her own interest.<sup>8</sup>

Instead, a representative payee may be appointed as long as the “interest of a beneficiary will be served.” That is a far cry from an adjudication that an individual lacks the capacity to contract or manage his own affairs, and is often based merely on convenience. First, as SSA acknowledges, the appointment of a payee is not a determination of capacity. Second, it concerns only the narrow set of skills relevant to managing SSA benefit payments—a far more limited scope of decision-making than the

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<sup>4</sup> 18 U.S.C. § 922(g).

<sup>5</sup> 27 C.F.R. § 478.11.

<sup>6</sup> P.L. 103-159, 107 Stat. 1536. 18 U.S.C. § 922.

<sup>7</sup> 42 U.S.C. 1007(a), “In General.—If the Commissioner of Social Security determines that the interest of any qualified individual under this title would be served thereby, payment of the qualified individual’s benefit under this title may be made, regardless of the legal competency or incompetency of the qualified individual, either directly to the qualified individual, or for his or her use and benefit, to another person (the meaning of which term, for purposes of this section, includes an organization) with respect to whom the requirements of subsection (b) have been met (in this section referred to as the qualified individual’s “representative payee”).”

<sup>8</sup> 42 C.F.R. § 416.601.

ability to manage one's own affairs. The latter is ordinarily understood to mean the ability to ensure one's own health, safety and wellbeing, including the ability to secure food, shelter, and other basic necessities. Generally when a person is adjudicated as lacking the capacity to manage his or her own affairs, a plenary guardian is appointed. In sharp contrast, the appointment of a payee would not even suggest that an individual needs a limited guardian for financial purposes; having a payee simply signals that an individual would benefit from assistance in managing his or her SSA benefits, and no more. Thus, the appointment of a representative payee does not constitute an adjudication that a person lacks the mental capacity to manage his or her own affairs.<sup>9</sup>

In addition, in practice the appointment of a representative payee is often a pro forma determination that says little about a person's ongoing competence to manage his or her Social Security benefits – much less about gun violence or the ability to manage his or her own affairs as required under the NICS statutory standard. For example:

- In many cases, a representative payee is appointed as a consequence of a person's living arrangement, when a residential service provider insists on or strongly encourages individuals with disabilities to make the provider their representative payee so that the provider may directly access payment for its services.
- In some cases, a representative payee is appointed due to "a beneficiary's short-term convalescence or mental incapacity"<sup>10</sup>, but the need for a payee on an ongoing basis may or may not be reevaluated.
- In some cases, the initial determination of need for a representative payee may have been incorrect, but nevertheless made for convenience or other reasons. The Survey of Social Security Representative Payees, conducted for the National Research Council, found that in approximately 5 percent of cases both the representative payee and the beneficiary agreed that, rather than needing a payee, the beneficiary could manage their payments on their own.<sup>11</sup>

## **II. The proposed rule lacks an evidentiary basis and is an ineffective means of addressing gun violence.**

The proposed rule would authorize SSA to report to the NICS gun database individuals who have been appointed a representative payee and who have impairments that meet or equal a mental impairment listing under Section 12.00 of SSA's Listings of Impairments. The proposed rule identifies eight affected listings under Section 12.00, including autism spectrum disorders, developmental disabilities, intellectual disability, organic mental disorders, psychotic disorders, and affective disorders.

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<sup>9</sup> Furthermore, the appointment of a payee does not constitute an "adjudication." An adjudication connotes a much greater level of scrutiny and a more formal process than is involved in the appointment of a payee.

<sup>10</sup> National Research Council. (2007). Improving the Social Security Representative Payee Program: Serving Beneficiaries and Minimizing Misuse. Committee on Social Security Representative Payees, Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press, p. 84.

<sup>11</sup> Ibid, Table 6-1.

We are aware of no evidentiary basis to support a connection between having a representative payee appointed due to these eight diverse mental impairments and the potential for gun violence. Nor does the proposed rule articulate any such evidentiary basis.

In fact, the seminal study on risk of violence and mental illness—the MacArthur Violence Risk Assessment Study—compared the prevalence for violence among individuals with mental illnesses to the prevalence for violence among other residents of the same neighborhoods.<sup>12</sup> The study showed that the two groups’ prevalence for violence was “statistically indistinguishable.”<sup>13</sup>

To the extent that research has identified risk factors for violence, demographic variables such as age, gender and socioeconomic status are more reliable predictors of violence than mental disability.<sup>14</sup> “The main risk factors for violence still remain being young, male, single, or of lower socio-economic status.”<sup>15</sup> The most relevant factors to predicting *serious* violence include “having less than a high school education, history of violence, juvenile detention, perception of hidden threats from others, and being divorced or separated in the past year.”<sup>16</sup>

Moreover, by targeting people with mental disabilities despite the lack of any connection between mental disability and a propensity to engage in gun violence, the proposed rule would also create a false sense that meaningful action has been taken to address gun violence and detract from potential prevention efforts targeting actual risks for gun violence.

### **III. The proposed rule would perpetuate the false association of mental disabilities with violence and undermine efforts to promote community integration and employment of people with disabilities.**

By singling out Social Security beneficiaries with mental disabilities as a primary target for gun violence prevention, the proposed rule would perpetuate unfounded societal prejudices and contribute to the marginalization of individuals with mental impairments. Despite the lack of connection between mental disabilities and violence, media coverage of mental illness has consistently “emphasize[d] interpersonal violence in a way that is highly disproportionate to actual rates of such violence among the US population with mental illness,” contributing to damaging and unfounded public

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<sup>12</sup> Henry J. Steadman, et al., *Violence by People Discharged from Acute Psychiatric Inpatient Facilities and by Others in the Same Neighborhoods*, 55 ARCH. GEN. PSYCHIATRY 393, 400 (May 1998). The authors chose control subjects from the same neighborhoods as discharged patients in an effort to isolate mental illness from other socio-economic and environmental factors that correlate with mental illness. *Id.* at 401; Heather Stuart, *Violence and Mental Illness: An Overview*, 2 JOURNAL OF WORLD PSYCHIATRY 121, 122 (June 2003) (“The MacArthur Violence Risk Assessment . . . stands out as the most sophisticated attempt to date to disentangle [the] complex relationships” of mental illness, prior history of violence, co-morbid substance abuse, and “broad environmental influences such as socio-demographic or economic factors that may have exaggerated differences in past research.”).

<sup>13</sup> *Id.*

<sup>14</sup> *Id.*

<sup>15</sup> Heather Stuart, *Violence and Mental Illness: An Overview*, 2 JOURNAL OF WORLD PSYCHIATRY 121, 122 (June 2003).

<sup>16</sup> Elbogen & Johnson, *supra* note 7, at 155.

perceptions of people with mental disabilities as violent.<sup>17</sup> The proposed rule has the potential to fan these flames and to undermine the major goals and advances made by the Obama Administration to expand opportunities for individuals with disabilities to be full and equal participants in American society.

For example, the Administration has made enforcement of the Americans with Disabilities Act's integration mandate and the Supreme Court's *Olmstead* decision one of its highest priorities. As a result, thousands of individuals with disabilities have been able to leave institutions and now live in their own homes and communities. Yet the proposed rule, if adopted, would convey to landlords and neighbors that people with disabilities are dangerous and should be feared rather than welcomed. The proposed rule would convey the same message to employers, undermining the Administration's important work to expand employment opportunities for individuals with disabilities and contributing to the devastating rates of unemployment among people with disabilities.

Further, the proposed rule could deter individuals from applying for Social Security or Supplemental Security Income disability benefits, from seeking a representative payee, or from seeking health or mental health services due to concerns over privacy or gun ownership.

As prominent psychiatrists Paul Appelbaum and Jeffrey Lieberman observe:

If every set of approaches to reduce violence includes measures aimed at people with mental illness, it should be little wonder that the public believes the two are closely related. The effects of these beliefs are evident in surveys showing that most Americans would not want to work or socialize with a person with schizophrenia, and nearly half would prefer not to have such a person as a neighbor. These attitudes reinforce the social isolation of people struggling with mental illness, and contribute to frequent opposition to the siting of community-based residential facilities.<sup>18</sup>

#### **IV. The proposed rule places a significant burden on SSA with no additional resources to address the new workload.**

The proposed rule would place a significant administrative burden on SSA, with no new resources. Diversion of scarce administrative resources to this new workload would inevitably come at the expense of the agency's core work. SSA is currently struggling to overcome record backlogs and prospective beneficiaries are waiting for months and years for determinations of their benefits eligibility. Additionally, as noted by the Social Security Advisory Board, SSA already faces many challenges in effectively administering its representative payee program, including "the design of the current program and the inadequate resources devoted to administering it"<sup>19</sup>.

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<sup>17</sup> Emma E. McGinty et al., *Trends in News Media Coverage of Mental Illness in the United States: 1995-2014*, 35 *Health Affairs* 1121, 1128 (2016).

<sup>18</sup> Paul Appelbaum & Jeffrey Lieberman, *Gun Violence: Is Obama Right to Cite Mental Illness?*, *Newsweek*, Jan. 17, 2016, <http://www.newsweek.com/gun-violence-obama-mental-illness-416414>.

<sup>19</sup> Social Security Advisory Board, "Representative Payees: A Call to Action", March 2016.

## ***NICS Reporting Requirements***

The proposed rule would require SSA to compile, quality check, and submit information about individuals who meet the new SSA NICS criteria to the Attorney General at least four times a year. This would divert staff time from other core SSA activities. SSA would also have to develop a computer system that could securely gather, store, and transmit personally identifiable information (PII) including name, date of birth, sex, and Social Security number to the Attorney General.

## ***Beneficiary Notification Requirements***

The proposed rule states that the NIAA requires SSA to inform affected individuals about “their possible Federal prohibition on possessing or receiving firearms, the consequences of such inclusion, the criminal penalties for violating the Gun Control Act, and the availability of relief from the prohibitions imposed by Federal law.” Under the proposed rule, SSA would provide oral and written notification “at the commencement of the adjudication process”, defined as any point at which SSA conducts a capability determination to decide whether to appoint a representative payee. In the background to the proposed rule, SSA states: “We recognize that this means we would provide some beneficiaries with the oral and written notice required by the NIAA, but ultimately not report them to the NICS because we determine that they do not require representative payees.”

Notification will require a significant amount of SSA staff time and resources.

In 2014, SSA awarded SSI benefits to 162,150 people aged 18-64 on the basis of a mental impairment<sup>20</sup> and awarded Title II disability benefits to 176,613 people for the same reason.<sup>21</sup> Assuming that SSA conducts capability determinations for most individuals who qualify for benefits on the basis of meeting or equaling a mental impairment listing, we make a conservative estimate that SSA staff may need to notify approximately 100,000 awardees per year about federal firearms prohibitions and its provision of information to the NICS.<sup>22</sup>

- For oral notification, while some conversations may be relatively short, taking only a few minutes, undoubtedly SSA staff would encounter many beneficiaries who have multiple questions about the NICS, privacy and gun ownership implications, and the appeals process.

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<sup>20</sup> [https://www.ssa.gov/policy/docs/statcomps/ssi\\_asr/2014/sect09.html](https://www.ssa.gov/policy/docs/statcomps/ssi_asr/2014/sect09.html)

<sup>21</sup> [https://www.ssa.gov/policy/docs/statcomps/di\\_asr/2014/sect03b.html](https://www.ssa.gov/policy/docs/statcomps/di_asr/2014/sect03b.html)

<sup>22</sup> Our estimates take into account: (1) the cited 2014 awards data on the basis of a mental impairment; (2) the percentage of concurrent SSI and Title II benefit receipt, from the SSA Monthly Statistical Snapshot, March 2016, [https://www.ssa.gov/policy/docs/quickfacts/stat\\_snapshot/index.html#table1](https://www.ssa.gov/policy/docs/quickfacts/stat_snapshot/index.html#table1); and (3) 2013 data on the percentage of adult awardees who met or equaled a listing. In 2013, 41.8% of SSI awardees aged 18-64 met or equaled a listing ([https://www.ssa.gov/policy/docs/statcomps/ssi\\_asr/2014/sect10.html#table73](https://www.ssa.gov/policy/docs/statcomps/ssi_asr/2014/sect10.html#table73)) and 37.5% of Title II disability awardees met or equaled a listing ([https://www.ssa.gov/policy/docs/statcomps/di\\_asr/2014/sect04.html#table64](https://www.ssa.gov/policy/docs/statcomps/di_asr/2014/sect04.html#table64)).

- For written notification, SSA would have to compose a written notice, produce it in various formats (Braille, audio recording, translations in to various languages) and mail notices to all affected individuals.

Many beneficiaries would also require oral and written notice when SSA performs capability determinations in connection with continuing disability reviews, long after benefits were awarded. SSA can conduct capability determinations at any time on beneficiaries who currently manage their own funds. As the proposed rule states, SSA is “always alert to changes in circumstances that might indicate the need for a new capability determination.... We consider reviewing capability in a number of situations, including...when any other contact with the beneficiary or payee raises a question about the beneficiary's capability.”

### **Appeals**

SSA already provides an appeals process for beneficiaries to dispute their need for a representative payee or the assignment of a specific payee.<sup>23</sup> There are relatively few such appeals: 803 in 2013 and 489 in 2014.<sup>24</sup>

However, if SSA reports a subset of individuals who are found to need payees to the NICS database, there would undoubtedly be more of this type of appeal. More beneficiaries would appeal, many would appeal multiple times, and many would pursue their appeals to higher levels than they would do otherwise. This increase would not be limited to individuals who meet a mental impairment listing. Many non-disability beneficiaries, beneficiaries who receive disability benefits for non-mental impairments, and beneficiaries who were awarded benefits because of mental impairments at Step 5 of the sequential evaluation process, will not understand SSA's policies. They will appeal payee determinations because they do not want to be reported to the NICS database.

The proposed rule would also create a new type of appeal: a program for relief from federal firearms prohibitions. The prefatory matter to the proposed rule states:

We propose to provide these individuals with a process by which they can apply for relief from the Federal firearms prohibitions and a means to submit evidence for us to consider. As required by the NIAA, this request for relief process would focus on whether the circumstances regarding the disability, and the applicant's record and reputation, are such that we find the applicant will not be likely to act in a manner dangerous to public safety, and that the granting of the relief would not be contrary to the public interest. To make these required findings, we propose to require the individual who requests relief to provide us with certain evidence, including evidence from his or her primary mental health provider regarding his or her current mental health status and mental health status for the past 5 years. We also propose to require an applicant for relief to submit written statements and any other

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<sup>23</sup> POMS GN 00503.110, <https://secure.ssa.gov/poms.nsf/lnx/0200503110>

<sup>24</sup> [http://www.ssab.gov/Portals/0/OUR\\_WORK/REPORTS/Rep\\_Payees\\_Call\\_to\\_Action\\_Brief\\_2016.pdf](http://www.ssab.gov/Portals/0/OUR_WORK/REPORTS/Rep_Payees_Call_to_Action_Brief_2016.pdf) p.4

evidence regarding the applicant's reputation. As part of the relief process, we would also obtain a criminal history report on the applicant. After the applicant submits the evidence required under the rules, a decision maker who was not involved in finding that the applicant's benefit payments must be made through a representative payee would review the evidence and act on the request for relief. We would notify the applicant in writing of our action regarding the request for relief.

SSA currently lacks the expertise to make the determinations about safety that it would be called upon to make as part of this relief process.<sup>25</sup> To implement the proposed rule, SSA would need to develop policy and training materials, sample notices, and data tracking mechanisms for this new type of review. The agency would either have to hire additional staff to handle requests for relief or train and divert current staff from their existing workloads.

### ***Lack of Funding***

Unless Congress appropriates additional resources for SSA to implement the proposed rule – an unlikely scenario – the proposed rule would force SSA to divert scarce resources at time when its workload already exceeds its administrative funding.

The Baby Boomers have aged into the years where disability is most prevalent. In addition, the oldest members of the Baby Boom generation (born 1946-1964) became eligible for early retirement in 2008; the youngest members of the generation will not turn 70 until 2034. During this period, SSA will face enormous pressure to manage retirement and Medicare applications, in addition to the agency's existing workloads. Even after all Baby Boomers have retired, SSA will continue to manage a large number of beneficiaries.

SSA's administrative funds have not kept pace with the growth in beneficiaries. In FY 2016, SSA's administrative costs are about 1.3 percent of the benefit payments paid each year.<sup>26</sup> This is a decrease from prior years.<sup>27</sup>

With the growth in beneficiaries outpacing increases in administrative funding, backlogs are inevitable. At the end of FY 2015, there were over 3 million post-eligibility actions pending in SSA's Program Service Centers (PSCs) with an average processing time of 259 days. These actions include important topics like appeals of benefit reductions and terminations. This is a tremendous increase from the previous year, when there were approximately 2 million pending actions in PSCs.<sup>28</sup> Disability claimants are also waiting longer for determinations: there are currently over 1.1 million claimants awaiting SSA

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<sup>25</sup> In addition, it is highly troubling that the proposed rule appears to presume that individuals are likely to act in a manner dangerous to public safety simply because they have a representative payee due to a mental impairment; individuals should not be required to disprove this presumption when no finding has ever been made that they are likely to act dangerously in the first place.

<sup>26</sup> <https://www.ssa.gov/budget/FY17Files/2017LAE.pdf> p.23

<sup>27</sup> <https://www.ssa.gov/oact/STATS/admin.html>, which only includes Title II benefits.

<sup>28</sup> Personal correspondence with SSA staff, March 22, 2016

Administrative Law Judge hearings, and they are waiting an average of 543 days for their hearings to be held; both are historic highs.<sup>29</sup>

SSA's claimants and beneficiaries already face long wait times for every interaction with the agency: calling, visiting field offices, applying for benefits, and handling post-eligibility matters. Some claimants become homeless, face medical emergencies without insurance, or even die while they are awaiting decisions about their eligibility for benefits. Beneficiaries wait months or years for SSA to handle post-eligibility issues that affect their financial and medical stability.

Diverting resources for NICS reporting, notification and appeals will have very real, harmful consequences to those who need SSA's assistance on other matters.

## **Conclusion**

In closing, the undersigned members of CCD urge SSA to withdraw the proposed rule on "Implementation of the NICS Improvement Amendment Act of 2007."

Sincerely,

ACCSES

American Association of People with Disabilities

Association of University Centers on Disabilities

Autistic Self Advocacy Network

Bazelon Center for Mental Health Law

Brain Injury Association of America

Disability Rights Education & Defense Fund

Justice in Aging

Learning Disabilities Association of America

Mental Health America

National Alliance on Mental Illness

National Association of Disability Representatives

National Association of State Head Injury Administrators

National Council for Behavioral Health

National Council on Independent Living

National Disability Institute

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<sup>29</sup> <https://www.nashia.org/pdf/ncssma-fy-2017-budget-analysis-march-2016.pdf>

National Disability Rights Network

National Organization of Social Security Claimants' Representatives (NOSSCR)

Parent to Parent USA

The Advocacy Institute

The Arc of the United States

United Cerebral Palsy

Allies of the Consortium for Citizens with Disabilities

National Association of Rights Protection and Advocacy

National LGBTQ Task Force