



Committee on Ways and Means
Subcommittee on Social Security
United States House of Representatives

One Million Claims and Growing: Improving Social Security's Disability Adjudication Process
October 26, 2023

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On behalf of
Consortium for Constituents with Disabilities
Social Security Task Force

Chairman Ferguson, Ranking Member Larson, and members of the Social Security Subcommittee, thank you for inviting me to testify today about improving the Social Security Administration's disability adjudication process. My name is Jennifer Burdick and I am the Divisional Supervising Attorney for the SSI Unit at Community Legal Services of Philadelphia, a non-profit that provides free civil legal services to low-income Philadelphians. For nearly sixty years, CLS has assisted clients at every stage of the Social Security disability application process, from initial applications and reconsideration appeals before Pennsylvania's Disability Determination Service (DDS), to appeals at the Social Security Office of Hearing Operations and federal court. Additionally, I convene a workgroup of Social Security disability attorneys from legal aid organizations across Pennsylvania who meet quarterly with Pennsylvania's DDS to talk about systemic issues and trends we see in initial and reconsideration appeals.

I am testifying today on behalf of the Consortium for Constituents with Disabilities (CCD) Social Security Task Force (SSTF), for which I serve as a co-chair. CCD is the largest coalition of national organizations working together to advocate for Federal public policy that ensures the self-determination, independence, empowerment, integration and inclusion of children and adults with disabilities in all aspects of society free from racism, ableism, sexism, and xenophobia, as well as LGBTQ+ based discrimination and religious intolerance. Our Social Security Task Force focuses on disability policy issues in the Title II Social Security Disability Income (SSDI) program and the Title XVI Supplemental Security Income (SSI) program. The SSI and Title II income supports, along with the related Medicaid and Medicare benefits, are the means of survival for millions of people with severe disabilities. They rely on SSA to adjudicate their applications promptly and fairly for disability benefits and to handle many other government functions that are critical to their well-being.

I. Social Security Disability Programs Provide Vital Benefits

For millions of people with disabilities, Social Security disability programs provide critical income support in times of need. Workers contribute to the Social Security trust fund and then qualify for SSDI if they can no longer support themselves through work due to long-term disabilities. Similarly, the SSI program ensures that people with significant disabilities that limit their ability to work can receive a small but lifesaving income benefit that helps them to stay housed. Social Security lifts more people above the poverty line than any other single benefits program.¹

For example, when I met my client T.C. she was in her mid-forties and had just been terminated from her job as a scheduler for a large hospital, where she had worked for almost 20 years. Ms. C. was a victim of a violent crime in her twenties. This event triggered mental health symptoms related to depression and post-traumatic stress. For a long time, with treatment by a psychiatrist and therapist, she was able to work. But over time her mental health declined. She first tried to address her symptoms with intensive treatment on a medical leave, but eventually she was terminated. Ms. C. went from working full-time to fearing that she couldn't pay her rent or put food on the table for her family.

Fortunately, Ms. C. learned that while she had been working for almost 20 years, she had also been paying into Social Security and earning insurance not only for retirement but also in the event of a severe, work-limiting disability. She applied for SSDI, but the road to qualifying for benefits was long. Like two-thirds of disability applicants, Ms. C. was denied when she first applied, and she was also denied at the first-level reconsideration review stage, before an administrative law judge found her eligible.

Once she qualified, she began receiving approximately \$1,400 a month. While her disability benefits were modest— they are approximately the average SSDI benefit for disabled workers of \$1,483 a month (\$17,800 annually)² – that modest income allowed Ms. C. to remain in her home.

Stories like Ms. C.'s highlight how important Social Security benefits are for disabled workers. Unfortunately, her story also shows that benefits can be hard to access, even for people who unquestionably qualify.

II. Chronic Disinvestment in SSA's Administrative Budget has Undermined the Agency's Ability to Issue Timely Disability Determinations, and it has Degraded Customer Service at the Agency

Right now, one of the biggest crises that SSA is facing is the historically high and growing backlog of cases pending at SSA's Disability Determination Services (DDS).² As of the end of August 2023, there were more than a million initial applications pending at the DDSs nationwide, and almost 300,000 reconsideration claims pending.³

¹ Kathleen Romig, *Social Security Lifts More People Above the Poverty Line Than Any Other Program*, Ctr. on Budget and Pol'y Priorities, June 2, 2023, <https://www.cbpp.org/research/social-security/social-security-lifts-more-people-above-the-poverty-line-than-any-other>.

² *National Council of Disability Directors (NCD) Position Paper: Vocational Regulation Reform*, July 3, 2023, at 1, https://www.ncddd.org/_files/ugd/bb958b_a93f8531dbb34a3c87ec80497f7edff6.pdf.

³ SSA State Agency Monthly Workload Data, <https://www.ssa.gov/disability/data/ssa-sa-mowl.htm>.

As discussed below, SSA will not be able to adequately address the DDS backlog until the agency is fully funded. Since 2010, while SSA's operating budget has fallen 17 percent, with similar decreases in staffing, SSA's workloads have expanded dramatically. The number of Social Security beneficiaries has grown by 11 million or 22 percent since 2010 as the Baby Boom generation has aged. Additionally, new rules, like SSA's all evidence rule (*see* Social Security Ruling 17-4p), cause each disability case file to be larger and more complicated to process. Put simply, DDSs need more bodies and resources to do this work.

III. DDSs Play a Critical Role in Social Security Disability Programs

State DDSs -- and their role in the initial disability application and first-level appeals processes that they oversee -- are a lesser-known component at SSA. SSA contracts in each state with a state agency, typically called Disability Determination Services or DDS, to review applications for disability benefits, and to administer the first level of appeal of disability denials, called reconsideration. Although DDSs must follow SSA's federal rules regarding the disability criteria, DDSs have considerable oversight in how they operate, meaning that DDS policies and protocols can vary from state to state.⁴

When someone applies to SSA for disability benefits, they usually submit extensive paperwork and most people⁵ have an interview with someone at their local SSA Field Office. SSA staff first determine whether the applicant meets the financial criteria for SSDI or SSI benefits. Then, the case is sent to the DDS to determine if the applicant meets SSA's stringent disability criteria. Extensive medical records are necessary to prove the severity of conditions and symptoms to qualify. This body of evidence is required because disability benefits are awarded only when a person's limitations prevent them from meeting the mental and physical demands of full-time work.

When the DDS gets the case, the case is assigned to a DDS examiner. The examiner will attempt to gather the relevant evidence by requesting medical records from any medical providers the applicant disclosed in their disability application. Additionally, the DDS examiner will ask the applicant to complete and return two ten-page forms, one asking about their work history and the other asking about how they function on a daily basis. Applicants often struggle with these long forms because they are very detailed and are required even if the applicant has medical issues (like a stroke) that has caused cognitive issues that make filling out forms difficult.

Almost always, the DDS examiner needs more information than what the applicant is able to provide on their own. At that point, the DDS may send a request, including for a medical assessment, to the applicant's treating doctor to ask for more information. Unfortunately, that

⁴More information about the complicated SSA/DDS relationship can be found in the Social Security Advisory Board's recent report. See *Social Security and State Disability Determination Services Agencies: A Partnership in Need of Attention*, Social Security Advisory Board, Apr. 6, 2023, <https://www.ssab.gov/research/social-security-and-state-dds-agencies-partnership-in-need-of-attention/>

⁵ While some individuals with long-work histories can apply for disability benefits online, most people are unable to apply completely online and are required to have an interview with a claims representative to complete their application. SSA has proposed expanding access to online applications, which the Task Force readily endorses. See Consortium for Constituents with Disabilities, Letter to SSA, Oct. 2, 2023, <https://www.c-c-d.org/fichiers/2023-10-02-CCD-Comments-iSSI.pdf>.

request is not typically sent in a way that elicits a response because it is sent to the medical records department and not directly to the doctor, or to the claimant to take to their next scheduled appointment with the doctor. Rather than pursue the applicant’s medical records further, the DDS will often ask the applicant to travel to an SSA contractor with a medical or other health care degree, called a consultative examiner (CE). This is not a small ask: the appointment can be as far as 75 miles away and the claimant needs to pay up front for the costs for travel, even though SSA may eventually reimburse. Applicants report the doctors and other contractors they see usually do not specialize in their conditions. During the exams, the CEs often ask questions irrelevant to applicants’ primary impairments and spend only a few minutes doing perfunctory examinations. After the DDS examiner receives the CE report, they will send the entire case to another doctor—called a medical consultant (MC) – whom the applicant never meets at all – to offer an opinion on the case. When the examiner gets the MC’s assessment, they will recommend either approving or denying the case.

If the application is denied, as it is in 62% of cases, the applicant can ask for an appeal. During this “reconsideration appeal” another DDS examiner will look at the file, and sometimes request more medical records, before it is sent to a second MC. Then a decision on the reconsideration request is made.

While claims are at the DDS, the applicant will not get a hearing⁶ or any opportunity to explain their case to a person, which can feel dissatisfying. The main rationale for evaluating applications with so little interaction has historically been that it makes the evaluation relatively quick and sometimes inexpensive – in the past, it typically took only three months. The rationale is certainly not accuracy: while nearly two-thirds of initial applications are denied, and 85 percent of applications are denied on reconsideration review, forty percent of applicants who go on to appeal their denials to an administrative law judge (ALJ) are later found eligible. Of course, many applicants drop out of the appeals process altogether because they get discouraged or overwhelmed by red tape, and some even die, before they finally get a hearing before an ALJ.

Because of the growing backlog at DDSs nationally, even the expediency argument no longer holds water. As of the end of August 2023, there were more than a million initial applications pending at the DDSs nationwide, and almost 300,000 reconsideration claims pending.⁷

This backlog is causing serious delays. At Community Legal Services in Philadelphia, it takes our clients an average of 356 days (nearly a year) to get a decision on both their initial applications and reconsideration reviews, and that wait time has been growing. Nationally, regardless of the applicant's condition, as of April 2023, applicants had to wait 223 days (7 months and 13 days) to get a decision on an initial application, and 183 days on reconsideration (which is over a year overall).⁷ This is a huge increase from the average wait time that people experienced in February 2020, and SSA itself acknowledged that this wait time is “unacceptable.”⁸

IV. DDS Delays Have a High Human Cost for Disabled Applicants

⁶ DDS’s do conduct hearings in benefit cessation cases, however, not when people are applying for the first time.

⁷ *Wait times to receive Social Security disability benefit decisions reach new high*, USAFacts, Jan. 12, 2023, <https://usafacts.org/data-projects/disability-benefit-wait-time>.

⁸ *Id.*

Most applicants have no income while they are awaiting decisions on their application and appeals. During that one year delay to receive a decision on their applications and reconsiderations, people endure real hardship and devastating consequences. The need to appeal denials adds to the delays. For example, I want to highlight the experience of two claimants represented by Community Legal Services.

S.G. sought disability benefits on August 16, 2021 when she was 48 years old. She had medical impairments including atrial septal defect lymphedema, causing her to have shortness of breath and swelling in her legs. Ms. G. had worked as a hospice nurse but had to stop working when her symptoms, including shortness of breath, dizziness causing falls, and chest pains caused her to miss too much work. It took 189 days (6 months and 5 days) for her to receive a denial on her initial application, and an additional 149 days (4 months and 29 days) for the DDS to deny her request for reconsideration. While she waited, Ms. G. had no income and she was forced to rely on the generosity of her family to pay her bills. Finally, at long last, an administrative law judge acknowledged that the DDS got the case wrong, approving disability benefits back to the date of application at a hearing on December 1, 2022. Thus, she went a year and a half with no income.

One of my current clients, C.G., applied for disability benefits on March 3, 2021. It took the DDS 239 days (7 months and 25 days) to issue a denial on her initial application. C.G. was unhoused when the DDS issued the denial, and so she did not receive the denial timely and was delayed in filing an appeal until November 1, 2022. After appealing, she did not get a decision on her reconsideration claim until September 7, 2023, after waiting for 300 days (10 months and 6 days). She waited a total of seventeen months and 31 days for the DDS to address her claims, while precariously housed in shelters without income. Now she is waiting for a hearing before an administrative law judge.

V. SSA Needs Adequate Funding to Address the DDS Backlog

SSA will not be able to adequately address the DDS backlog until the agency is fully funded. Since 2010, SSA's operating budget has fallen 17 percent, with an associated drop in staffing of 16 percent.⁹ As a result, in 2022, SSA's staffing numbers hit a 25-year low.¹⁰

DDSs have been hit particularly hard by SSA's staffing crisis. As with SSA overall, on average DDSs lost roughly 16% of their staff nationwide between 2010 and 2021.¹¹ But some states, including Georgia, Illinois, Kansas, Montana, South Carolina, Tennessee, Texas and West Virginia, have lost 30 percent of their DDS staff. During the same time, SSA's workloads have expanded dramatically. The number of Social Security beneficiaries has grown by 11 million or

⁹ Kathleen Romig, *Long Overdue Boost to SSA Funding would Begin to Improve Service*, Ctr. On Budget and Pol'y Priorities, Mar. 30, 2023, <https://www.cbpp.org/blog/long-overdue-boost-to-ssa-funding-would-begin-to-improve-service>

¹⁰ Jeff Stein, Lisa Rein, and Erin Cox, *Biden picks Martin O'Malley to lead Social Security Administration*, July 26, 2023, <https://www.washingtonpost.com/business/2023/07/26/biden-picks-martin-omalley-lead-social-security-administration/>

¹¹ Kathleen Romig, *Social Security Administration Cuts Hurt Every State*, Ctr. on Budget and Pol'y Priorities, May 26, 2022, <https://www.cbpp.org/research/social-security/social-security-administration-cuts-hurt-every-state>.

22 percent since 2010 as the Baby Boom generation has aged.¹² Case files have gotten larger because new rules, like the all evidence rule, have caused each file to contain more evidence.

Adequate and sustained funding is particularly important at the DDSs where staff recruitment can be challenging due to the nature of the SSA/state partnerships. It is critical that Congress fully fund SSA to allow it to have the tools to meaningfully address this backlog. CCD supports the President’s request for SSA to receive \$15.5 billion for FY 2024 – a much-needed increase that will allow the agency to improve customer service and reduce the DDS backlog.¹³

VI. With Funding, SSA Can Streamline Disability Processes To Reduce the DDS Backlog

Alongside sufficient funding for SSA, the CCD Social Security Task Force has identified the following modest improvements to the DDS examination processes that would help reduce the backlog.

A. Eliminate the reconsideration level of review.

The CCD Social Security Task Force believes that DDSs should only review a claim one time. In other words, the current second-level review by DDSs, or reconsideration, should be eliminated.¹⁶ Reconsideration, in which DDSs approve only ten to fifteen percent of cases, is widely viewed as an inefficient “rubber stamp” of the first denial. A Congressional Research Service report documented fifty years of SSA’s efforts testing ways to improve the reconsideration; among its key findings, the report documented a twenty-year SSA pilot, which was ended by the Trump Administration, in which reconsideration was eliminated in certain states. The report did not find any negative implications for SSA’s operations or accuracy in evaluating claims in states that did not have reconsideration review.¹⁴

Forcing applicants to go through reconsideration significantly lengthens how long they wait for a decision, and gobbles up DDS resources, including DDS staff time and attention. Considering the significant understaffing issues at DDSs across the country, eliminating this rightly criticized second level of review would free up DDS staff, and allow DDS to focus its resources on promptly and accurately evaluating initial applications.

B. Recommit to gathering and prioritizing evidence of disability from applicants’ treating doctors instead of relying on exams by SSA contractors.

¹² Consortium for Citizens with Disabilities, *FY 2024 Funding for the SSA*, Mar. 28, 2023, <https://www.c-c-d.org/fichiers/CCD-FY2024-Ltr-to-Appropriators.pdf>; *See also* Testimony of Jessica LaPointe at Senate Field Hearing at 4, Oct. 16, 2023. https://www.aging.senate.gov/imo/media/doc/58708447-f30d-45f9-cbfc-2d749b6f0f5f/Testimony_LaPointe%2010.16.2023.pdf.

¹³ Consortium for Citizens with Disabilities, *FY 2024 Funding for the SSA*, Mar. 28, 2023, *Disabilities*, <https://www.c-c-d.org/fichiers/CCD-FY2024-Ltr-to-Appropriators.pdf>.

¹⁴ Cong. Research Serv., *The Reconsideration Level of Social Security’s Administration Appeals’ Process: Overview, Historical Development, and Demonstration Projects* (RL 7-9453), Prepared by William Morton, July 15, 2018. (“Most reconsiderations of initial application determinations are subject to a *case review* only, which involves a review of all the evidence in the claims file by an examiner who was not part of the initial determination. Case review does not involve a face-to-face meeting between the claimant and the adjudicator”);(emphasis added);

It's common sense that a person's treating doctor is in the best position to accurately assess whether someone is experiencing physical or mental limitations that would make it difficult to work. Treating doctors have the best grasp of their patients' medical history and have often seen patients multiple times. All too often, instead of reviewing treating-source evidence, DDS adjudicators overly rely on reports SSA consultative examiners (CE) to determine disability, even when more probative treating-source evidence might be available.

The problem is that, although SSA policy instructs DDSs to prioritize getting treating source evidence and opinions, SSA's own regulations are not well-calibrated to do that. The regulations specify that the DDS examiner will make two attempts to obtain medical records, by sending two letters to medical providers twenty days apart. They send the request for the treating doctor to provide SSA with a medical assessment form to the medical records department, so most doctors never even see it. The regulations allow the DDS examiner to proceed to make a decision without the records if those records are not received following those attempts. Absent treating provider information, DDS examiners often ask claimants to see a CE for a perfunctory examination, even in circumstances where treating evidence would be available if more effort is made to retrieve it.

Over reliance on CE examinations is bad policy. CE reports are an inefficient way to get the evidence necessary to make an accurate decision as early as possible, because they are time limited and decontextualized from the applicants' full medical history. When DDS examiners rely on this poor-quality evidence in their decisions, they make mistakes, which lead to unnecessary requests for reconsideration and subsequent appeals, as well as reapplications. These errors create more downstream work that adds to the DDS backlog. Focusing instead on treating source opinions from appropriate specialists would allow DDS examiners to get to the right conclusion sooner. Treating source opinions could be more easily obtained if DDSs would send the medical assessment forms directly to the treating source and to claimants to take to their providers, as opposed to the medical records department.

Referring claimants for unnecessary CE examinations is also contributing to the DDS backlog. Due to many of the same hiring constraints affecting SSA's staffing, there are also serious CE scheduling backlogs in many states so CEs can delay timely evaluation of applicants' claims. CE examinations are also expensive—SSA paid \$333,111,377 nationally on consultative exams in 2022.⁶

The Task Force believes that DDSs' evaluation of disability applications would be more efficient if DDSs more effectively collect medical records from treating providers at the earliest point possible, ideally when the claim first arrives at the DDS, which would reduce the overreliance on CEs. The Task Force recommends that SSA should ensure that the DDSs do a better job of case development. As noted above, sending two letters to the medical records department at treating providers is inadequate to consistently get treating source evidence. Indeed, many claimants' representatives have hired staff whose job is dedicated entirely to getting records.

The Task Force also recommends that SSA make it easier for DDSs to get treating source opinions by sending applicants forms to take to their medical providers. While many treating providers express disinterest at serving as CEs or MCs for DDSs, many have indicated they would be willing to complete assessments as part of routine medical appointments. If DDS

examiners sent assessments *directly* to applicants, the applicants could take them to their upcoming appointments and ask their medical providers to complete them.

DDS should also consider creating impairment-specific evaluations and forms that applicants can provide to their physicians or other treating sources. The forms should summarize what information is most helpful to SSA in evaluating the applicants' claims, including what types of tests would help establish eligibility under one of SSA's listings of impairments.¹⁵ Additionally, DDS should be more proactive about following up with treating sources where there is a limited clarification needed to make a disability finding instead of sending the claimant for a CE. One phone call directly to a doctor can often provide the needed information and does not require the wait time or financial output needed for a CE evaluation.

C. The Task Force recommends that SSA restore the treating physician rule.

In March 2017, SSA issued a final rule that eliminated a directive to give special weight to treating-source evidence. Evidence from a treating medical source is generally more persuasive because treating providers are specialists in their fields and often have ongoing relationships with their patients, unlike CEs. The treating physician rule helped DDS examiners adjudicate claims more efficiently and effectively by guiding examiners to focus on this probative evidence, helping them get the right result faster. Right now, DDS examiners can rely on CE reports in lieu of treating-source evidence, which leads to mistakes and appeals.

The Task Force supports restoring the treating physician rule. We believe it would decrease the DDS backlog by requiring DDS examiners to focus claim development on the most probative evidence.

D. SSA should revise its regulations to streamline applicant reporting requirements about past work experience.

The Task Force applauds SSA for proposing to revise the definition of past relevant work by reducing the time period considered from fifteen to five years. For thirty years, the federal regulations have required SSA to use an applicant's fifteen-year work history to assess their ability to return to work.¹⁶ Although CCD¹⁷ and CLS take the position that past work experience is useful evidence to determine whether someone can work, we also believe that such a long "lookback" period is unnecessary and creates a significant administrative burden that contributes to delayed evaluation of claims. Claimants frequently have a hard time recalling the details of such remote jobs, and the work-world has changed so significantly that their ability to do these jobs from the remote past is not often very relevant. We encourage SSA to swiftly implement this proposal, which will help streamline claims at the DDS level.

E. SSA should take additional administrative steps to address the DDS backlog.

¹⁵ Consortium for Citizens with Disabilities, *Improving Decision Making at the Disability Determination Services*, <https://www.c-c-d.org/fichiers/CCD-Improving-Decision-Making-at-the-DDS-.pdf>

¹⁶ 20 C.F.R. §§ 404.1560, 416.960.

¹⁷ Consortium for Citizens with Disabilities, *Letter to the SSA, Dec. 14, 2015*, <https://www.c-c-d.org/fichiers/CCD-SSTF-Comments-ANPRM-on-vocational-factors-final-12-14.pdf>

There are other urgently needed improvements that SSA could make to further reduce the DDS backlog, including:

- Ensure performance metrics encourage making decisions on the most complete files possible. The Task Force is aware that SSA must balance a number of interests in determining when and how to evaluate the performance of DDSs. It is our understanding that two primary outcomes are evaluated when determining the performance of DDS adjudicators: the time and cost it takes to issue a decision. Although these considerations are important, the completeness of the file should be factored into the performance metrics. The metrics should also discourage reliance on CE reports when the claimant has treating providers.
- Improving and streamlining all notices to lessen the burden on applicants. These notices should also be available in plain language and commonly used languages in addition to English to ensure accessibility. Particular attention should be paid to the SSA-3373-BK (function report) and SSA-3369-BK (work history report), which are frequently used at the DDS level.
- Broaden the ways to communicate with applicants to include secure text and email, consistent with other government agencies that provide safety net benefits.
- Recruit pediatricians to review children's SSI cases, to increase efficiency and accuracy in the adjudication of children's SSI claims. We applaud SSA's recent commitment to work with local chapters of the American Academy of Pediatrics (AAP) to recruit more pediatricians and think additional steps towards pediatric recruitment should be taken.
- Encourage state DDSs to actively engage with disability advocacy groups in advisory roles, to get input on the experiences of applicants on the ground.
- Improve the feedback loop regarding CEs. SSA has surprisingly little oversight over the consulting doctors who examine claimants at DDSs' behest because they are secured by DDSs via third-party contracts. As a result, SSA often does not know if a particular CE provider or agency is performing well. SSA should create a feedback loop to identify issues with CEs, perhaps by publicizing a 1-800 number for applicants who are scheduled for CEs, to solicit feedback on CE quality and other issues that goes directly to SSA.
- Improve the feedback loop between DDS and claimants. When a claimant submits an application for benefits, there is often very little feedback from the DDS regarding the content or status of the applications. DDS's role is to accurately determine whether the individual meets the statutory definition of disability and should ensure that it has the information necessary to make that decision. It should inform a claimant if there is a test needed for a claimant to be found eligible under a certain listing, if that test is not in the claimant's file.
- The Task Force supports SSA's efforts to update the occupational information it uses to make disability determinations to reflect jobs as they exist in the current economy.

- Increased target denial reviews. SSA should review more denials of initial claims. TDRs allow SSA's Office of Quality Review (OQR) to examine unfavorable decisions of disability claims issued by state agencies. SSA reviews far fewer denials than allowances. Doing more TDRs will increase the efficiency and accuracy of the disability programs, if TDR outcomes are used to improve SSA policy and training for DDS adjudicators by using the data to identify impairments that are being inappropriately denied.
- Fund third-party assistors in disability claims. Unlike the Internal Revenue Service, and the Department of Veterans' Affairs, SSA does not have a navigator or assistor program for people with barriers navigating the disability application process. Assistors can partner with DDS to gather medical evidence from treating providers and ensure that forms are returned timely and accurately, speeding up the evaluation process.

VII. Conclusion

More than one million people are waiting for decisions on their Social Security disability applications pending at DDSs around the country. This long wait is unacceptable. Applicants often experience incredible hardship while they are waiting to have their claims decided, and that hardship can include homelessness, bankruptcy, and even death.

SSA needs additional funding, quickly, to be able to serve all its customers in a timely manner. CCD's Social Security Task Force also urges SSA to take additional steps to ensure that eligible claims are awarded as early in the process as possible, by making some common-sense reforms to the case development process.

Thank you again for the opportunity to testify. CCD SSTF looks forward to continuing to work with the Subcommittee to protect and improve SSA's programs for people with disabilities.