

**NATIONAL ORGANIZATION OF  
SOCIAL SECURITY CLAIMANTS' REPRESENTATIVES  
(NOSSCR)**

560 Sylvan Avenue • Englewood Cliffs, NJ 07632  
Telephone: (201) 567-4228 • Fax: (201) 567-1542 • email: [nosscr@worldnet.att.net](mailto:nosscr@worldnet.att.net)

*Executive Director*  
Nancy G. Shor

**HEARING ON FUNDING SOCIAL SECURITY'S ADMINISTRATIVE  
COSTS: WILL THE BUDGET MEET THE MISSION?**

**May 23, 2007**

**SENATE COMMITTEE ON FINANCE**

**STATEMENT OF NANCY G. SHOR, EXECUTIVE DIRECTOR**

**National Organization of Social Security  
Claimants' Representatives (NOSSCR)**

Chairman Baucus, Senator Grassley, and Members of the Senate Finance Committee, thank you for inviting NOSSCR to testify at today's hearing on the funding of Social Security's administrative costs.

I am the Executive Director of the National Organization of Social Security Claimants' Representatives (NOSSCR). Founded in 1979, NOSSCR is a professional association of attorneys and other advocates who represent individuals seeking Social Security disability and Supplemental Security Income (SSI) disability benefits. NOSSCR members represent these individuals with disabilities in proceedings at all SSA administrative levels, but primarily at the hearing level, and also in federal court. NOSSCR is a national organization with a current membership of nearly 3,900 members from the private and public sectors and is committed to the highest quality legal representation for claimants.

The focus of this hearing is extremely important to people with disabilities. Title II and SSI cash benefits, along with the related Medicaid and Medicare benefits, are the means of survival for millions of individuals with severe disabilities. They rely on the Social Security Administration (SSA) to promptly and fairly adjudicate their applications for disability benefits. They also rely on the agency to handle many other actions critical to their well-being including: timely payment of their monthly Title II and SSI benefits to which they are entitled; accurate withholding of Medicare Parts B and D premiums; and timely determinations on post-entitlement issues that may arise (e.g., overpayments, income issues, prompt recording of earnings).

SSA is generally doing a good job with limited resources and has improved its technological capacity in ways that will help to accomplish its work. However, under the current budget situation, people with severe disabilities have experienced increasingly long delays and decreased service in accessing these critical benefits. Processing times have continued to grow, especially at the hearing level where the delays have reached intolerable levels. In some hearing offices, our members report that claimants wait more than two years just to receive a hearing, which does not count the time for a decision to be issued. There are thousands of cases that have been pending three years or more.

We believe that the main reason for the increase in the disability claims backlogs is that SSA has not received adequate funds to provide its mandated services. Former Commissioner Barnhart has stated that if the proposed budgets requested by the President over the past five years had been fully funded, there currently would be no backlogs. While the current situation is dire, without adequate appropriations to fund SSA, the situation will deteriorate even more.

We are encouraged by Congressional efforts to provide SSA with adequate funding for its administrative budget. The recommendation in the recently approved Fiscal Year 2008 Budget Resolution conference report recommends an appropriation for SSA's administrative budget of \$10.1 billion, \$430 million above the President's requested level. We urge support for this amount, at a minimum, as an appropriation for SSA's Fiscal Year 2008 administrative budget.

Other witnesses today will address the current state of SSA's inadequate level of resources. Later in my testimony (beginning on page 15), I also will discuss these issues. However, we must recognize that behind each number and claim is an individual with disabilities whose life is coming unraveled while waiting for his or her claim to be properly decided – families are torn apart; homes are lost; medical conditions deteriorate (and many claimants die while waiting for a decision); and once stable financial security crumbles. Described below are only a very small number of cases from

NOSSCR members that starkly demonstrate the desperate circumstances in which their clients find themselves while waiting for their claims to be decided.

### MONTANA

- An attorney from **Kalispell, MT**, has a client who lost her home. The client's doctors have said that she is disabled due to back problems, depression and pain syndrome. Her attorney submitted a report from a vocational rehabilitation counselor who said that given the client's limitations she was not competitively employable. The client filed her application in May 2005 and her request for hearing in June 2006. Her attorney recently submitted a "dire need" affidavit to the hearing office, in which the client explains her circumstances:

I was living in a mold-infested camp trailer for over one year without running water or a bathroom or cooking facilities. Now I live in an 8'x 20' building and I still do not have running water or a bathroom .... Even if I were somehow able to obtain a modest apartment, I wouldn't be able to afford electricity, water, garbage or sewer or the basic amenities to maintain an apartment and appease a landlord .... I have been unable to pay my treating physicians for nearly four years .... I hurt all of the time and I can no longer afford my medications. I have accumulated and continue to accumulate medical bills. I don't have any way to continue to receive treatment .... I suffer from depression and it is only getting worse as well. I consider suicide an option to fix my problems; I no longer can afford my anti-depressants....The stresses of having no money and becoming homeless are destroying my emotional, mental, and physical health. I have reached a breaking point and I am not sure how long I am willing to live this way. I will not be able to survive without shelter, money and medical treatment.

An attorney for a non-profit legal organization reports that her organization, with several offices in Montana, has a combined case load of over 600 Social Security and SSI disability clients at any given time. The organization has an average of 10 clients who die every year from conditions related to their disability while they are waiting for hearing. They routinely have clients who are living on the streets or in their cars while waiting for hearing. Because the state does not have general assistance or state medical assistance, many have no source of income and no health insurance coverage. The attorney finds that it takes on average over two years for a case to be processed. The organization also reports delays at the initial and reconsideration levels. The following stories are a few examples from the organization's caseload:

- A 49 year old Native American woman who lives outside of **Helena, MT**, has uncontrolled diabetes with neuropathy in her feet and legs, bipolar disorder, recurrent pancreatitis, and other conditions. She has a solid work history of nearly 30 years and is raising her nephew who graduates from high school this month. In the two years since she filed for benefits, she has lost her car (Helena, MT has very limited public transportation and she lives outside of town effectively losing any means of transportation). She has been unable to afford her medications, including insulin, for several months at a time, thus making her medical conditions worse. She came within days of losing the property her trailer sits on because she was unable to pay the back taxes which were only \$500. Her hearing was recently held and her attorney asked that the decision be expedited. She is currently waiting for her first SSDI check and past due benefits.

- A 49 year old Native American man who has chronic pancreatitis, chronic obstructive pulmonary disease, asthma, and other disabling conditions was living in his car during the Montana winter where temperatures are routinely below zero. He previously had suffered from frostbite of both his hands during the winter of 2004 when he was also living in his car. He was unable to stay at the local homeless shelter because of conflicts with other individuals. He waited for two years from the time he applied for benefits until he received them.

- A 47 year old woman has degenerative disc disease with herniated discs, severe depression and other disabling conditions. During the almost two years she has been waiting for benefits, she has lost her car, her house, her health insurance and her husband left her. She can not afford her medications and has been without them for months at a time. The consultative examination performed after her hearing revealed that she is actively considering suicide but was waiting until her son graduates from high school next month to follow through on her plan. The attorney hopes that a favorable ALJ decision will be issued in the near future.

- A 49 year old man with severe sleep apnea, cellulitis, coronary disease and rheumatoid arthritis has been waiting for benefits for almost two years. He has a high school education and has worked at hard physical labor jobs his entire life. His wife works but they can not afford the drug injections he needs for his rheumatoid arthritis and he is getting them through a program with the drug company. They have a 6 year old child who helps his father as much as he can. This “big, strong, tough” Montana man broke down in tears during his hearing because it shames him so much that he cannot help support his family and he needs the government’s help at this time in his life. The attorney and client are waiting for a favorable decision in his case.

- A 58 year old man diagnosed with paranoid schizophrenia, severely abscessed teeth, and other serious medical conditions waited over two years to receive his benefits. His dental problems led to infections in his blood stream which negatively impacted his mental illness making it much more difficult to control. When he did get his SSI past due benefits, he immediately had his teeth pulled and had dentures fitted. He needed to use his back award to pay for this treatment because no dentist will accept Medicaid for dental work in his community.

- A 49 year old survivor of domestic violence waited for over two years for her benefits. She suffers from post-traumatic stress disorder and also had a motor vehicle accident which resulted in head trauma and other injuries. She was living in a series of shelters until she was able to get into subsidized housing.

- A 7 year old Native American girl who was exposed to meth and alcohol *in utero* was adopted by a single mother who was unaware of her medical conditions. She has severe psychological, neurological and physical problems. She waited two years to receive SSI childhood disability benefits.

- A 7 year old boy, diagnosed with bipolar disorder, has severe psychological problems, which result in difficulties at school and at home. It was three years before he received SSI childhood disability benefits.

- A 60 year old registered nurse who has an excellent work history could no longer work because of physical and mental health issues. She and her husband went through great marital difficulties

due to her depression and were unable to complete construction on their home because of financial problems and her inability to work. It took over two years before she received benefits.

- A 35 year old mother of three had severe neuromuscular injuries that left her confined to a wheel chair. It was two years before she received benefits. During that time, her husband left her. As a result, she and her children were forced to move in with her mother until her benefits were received and she could get a home health aide to help her.
- A 31 year old radiology technician with a college degree suffers from a severe seizure disorder, resulting in major cognitive difficulties, which no longer allow her to work. She was forced to move in with her parents so they could help provide for her. It took over two years for her to receive her benefits.
- A 51 year old woman applied for disability benefits in November 2004. She lives in the northern part of Montana. She agreed to travel to have a hearing in Billings. The hearing was finally scheduled in January 2007. There are few ALJs covering all of Montana and they rarely travel to the northern part of the state.

## IOWA

A firm in Des Moines, IA has three attorneys who devote the majority of their time to representation of Social Security disability claimants. Their clients must expect to wait between 14 and 24 months for a decision on their claims, after requesting an ALJ hearing. One of the hearing offices where they represent clients is short two ALJs and six support staff, causing the backlog to grow significantly, despite the implementation of new technology. The impact on their clients is devastating:

[L]ying just below each and every social security number included in this mounting backlog is a living and breathing individual, as well as – in the majority of cases – a household .... Virtually every day, our firm receives a phone call from one or more of our clients who are slowly growing more and more desperate as they grapple with foreclosure notices on their homes, with eviction notices, with utility shut-off notices...and...the loss of any access to medical care, often coupled with the inability to buy medications and other treatment.

Several stories from the firm's clients describe how they and their families have been affected while waiting for their claims to be decided:

- Ms. H from **Boone, IA**, was initially unable to work due to a fractured pelvis and was subsequently diagnosed with degenerative disc disease and osteoarthritis. She is not a good candidate for surgery. She has not been able to work since November 2003. She filed her application for disability benefits in September 2004. She was denied and filed a request for hearing in May 2005, which was held in August 2006. She has not yet received a decision.

She lives with a friend and gets food stamps. While waiting for a decision on her claim, she has exhausted the money withdrawn from her pension plan at work, in addition to the penalties paid for early withdrawal. She has borrowed money from her family and has taken out a lien on her car, which she had already paid off. She has no medical insurance and has not been able to get adequate

medical care. She did apply for a patient assistance program to get cheaper medication, but does not like the idea of people knowing about her dire financial condition. Due to the stress of wondering how she is going to afford to live and take care of her medical needs while waiting to get a decision on her claims, she has been diagnosed with anxiety and depression.

- Mr. A from **Altoona, IA** had a workplace injury in February 2005 and has been unable to work due to chronic shoulder and back pain with numbness. He had surgery in February 2007, but the doctors believe it will not resolve the pain. He also has been diagnosed with depression due to the pain and due to stress about not being able to help meet the needs of his family. He filed for disability benefits in February 2005 and was denied. He filed a request for hearing in November 2005. He received a notice in November 2006 that his case was ready to schedule but no hearing date has been set.

He lives with his wife and four children. His wife has started to work to support the family but earns only \$390 every two weeks. Due to his pain, he is unable to help care for the younger children. They have had to borrow \$6000 in loans from friends to help pay for rent, household items and vehicle repairs. His wife had an injury and was unable to work for a month.

- Another client from **Altoona, IA** stopped working in October 2003. She had back surgery in March 2004 with numbness in her left foot. She also has diabetes, which has caused hernias that have required surgical repair. She has developed multiple complications from the surgeries. Her diabetes is not well controlled and her doctor is now concerned that she may have early signs of kidney failure. She has Medicaid but must spend down \$1300 every two months before Medicaid will cover the remaining medical costs. Her doctor would like her to go to the University of Iowa Hospital for tests, but she does not have transportation or gas money to go. She has many medical bills and has three judgments against her for unpaid medical bills. Her truck is not working but there is no money to fix it. Her mother helps pay for some medications but this is a loan. One of her medications costs over \$150.00 per pill.

The client applied for disability benefits in March 2005 and was denied. After the reconsideration denial, she filed a request for hearing in November 2005. Her hearing was finally scheduled in April 2007.

- An attorney from **Davenport, IA** has a client who filed a request for hearing in June 2005. In April 2006, the hearing office sent an acknowledgment letter that the request had been received, but no hearing has been scheduled. She has degenerative disc disease and fibromyalgia, causing extreme pain. She has a long work history. The attorney received a letter from his client on May 16, 2007, describing her current situation:

...I know its [sic] only been around 2 years, but it feels like 10. My hands and my spine are getting really bad. [My doctor] took x-rays and confirmed what I didn't want to hear...My pain is getting out of control...My joints are growing, and my fibromyalgia is slamming me with hammers, boots, rocks, and knives. And due to our circumstances we've had to relocate.

## MASSACHUSETTS

- A client lives in **Pittsfield, MA**. The original hearing request was filed January 2006 but was only logged in at the Springfield, MA hearing office in April 2007, some 15 months later. It appears that it was lost and eventually found at the Springfield, MA district office. The client's main impairment is depression. She also has been a domestic violence victim in the past. These impairments, along with the fact that she does not speak English as a first language have all made her the ideal candidate to fall through the cracks. The attorney first met her in February 2007. When the attorney called the Springfield hearing office shortly thereafter to locate the file, he was told that it was not yet logged in even though the hearing request was over a year old at that point. This is when the search for the file began. He began to reconstruct the file but then the original was found.

The greatest hardship for this client was living in a shelter with two young daughters, having been in an unsafe situation. The husband is now in jail because of other activity, so she escaped the abuse, but also lost his financial support. She was placed in subsidized housing in Pittsfield, MA. While it provides shelter, she is very isolated in a new community with no family and no supports and virtually no services for Spanish speakers, which has meant a lapse in obtaining mental health services.

- Another attorney is representing a client from **Worcester, MA** who is currently homeless. The client has past work as a cashier, customer service agent, and doing temporary agency jobs. Her hearing was requested September 2006, and she is still waiting for a hearing date. She has 3 children – the oldest is in United States Air Force, but the other two children live with relatives. She has been living outside in the woods for the past three years. Recently, she began staying in rooming houses and is trying to get housing with a women's shelter. Her impairments include bipolar disorder, anxiety and depression, pulmonary disease, hepatitis C with sclerosis of the liver, arthritis, knee injuries from a past rape, and an enlarged heart. The client's health is deteriorating and she still does not have income to afford secure and safe housing.

## KENTUCKY

- Mr. M, **Bowling Green, KY**, is 43 years old. He is a former general manager for a mobile home sales company. He became unable to work in December 2004 due to heart problems, diabetes, neuropathy in his legs, two herniated discs, high blood pressure, and depression. He filed his claim for disability benefits, without representation, in early 2005. He sought legal help in September 2005 because he had not received a decision. It was then discovered that the SSA district office had no record of an appeal that the claimant insists he filed. As a result, Mr. M had to start his case over in September 2005 and file a new application. He is now waiting for a hearing with an ALJ and it will be at least several more months before the hearing is scheduled.

Mr. M is a single parent and the father of five minor children who all live with him. He became a single parent last year when his wife committed suicide.

Last year Mr. M began to take a new type of heart treatment called ECT (external counterpulsation). This required regular visits to the doctor's office. However, he had to give up this promising

treatment when he lost his medical coverage. He gets some help from a local church, but he is overwhelmed by his children, his medical conditions, and the frustration of dealing with SSA.

### WEST VIRGINIA

- An attorney in Wheeling, WV represents an individual who has a solid work history as a longtime municipal government employee (a supervisor of a water treatment plant). This gentleman is having serious financial problems. His attorney has forwarded to the ALJ in the Morgantown, WV, hearing office eviction notices and detailed letters explaining the case for an on the record decision. No response has been received. Nor has a hearing been scheduled. The attorney relates that a great majority of his clients call him often and complain of their financial problems, which are worsened by the processing delays. The attorney also notes a significant problem with the Wheeling, WV SSA district office. Apparently, they do not have a full-time person to handle appeals, and cases can sit there for 4 to 6 months or longer after the appeal documents have been received.

### NEW MEXICO

- Rick is a 36 year old father of four who has been diagnosed with Chronic Lymphocytic Leukemia, hypoxemia, depression, hematuria, and sleep apnea. He suffers from chronic pain, has been undergoing chemotherapy, and is on oxygen 24 hours a day. A former pipeline inspector, he has been unable to work since September 2005. He initially filed for disability in November 2005, and his request for reconsideration was denied on July 6, 2006. That July denial apparently did not take into account an on the record request filed by his attorney on June 27, 2006. He filed his request for hearing on July 17, 2006, and on July 21, 2006, his attorney filed a renewed request for an on the record decision. To date, Rick has heard nothing about a hearing date and has heard nothing on his request for an on the record decision. He has now had to file for bankruptcy, since his wife's income as a bank teller is insufficient to support the family.

- A client who lives in **Grants, NM** applied for disability benefits in December 2005 due to kidney cancer. He was 61 years old at onset. His claim was denied and he filed a request for hearing in October 2006. His attorney advised the Albuquerque hearing office in February 2007 that the client's cancer had spread to his lungs and pancreas. There was no response. His attorney also sent a proposed Findings of Fact to the supervisor of the decision-writers. The client died in May 2007 and the hearing office was advised of his death. The client's widow is now waiting for a response but there has been none.

- K suffers from Wegener's granulomatosis, a disease that causes drastic inflammation which has settled in her pulmonary system and has affected her heart, kidneys, skin, and immune system. She is on oxygen 24 hours a day. K is a 48 year old wife and mother. She has not been able to work in catering and food service since July 2003. Her disease went into remission but not enough to allow a return to work, which she had hoped for. As a result, she did not apply for disability benefits until July 2006. She did not know that waiting would affect her ability to receive Title II disability benefits. Because her disability insured status had expired, she could only apply for SSI, which was denied in September 2006. She filed her request for reconsideration in November 2006, and is still waiting for a decision, six months later.



- A client who is Native American lives outside of **Gallup, NM**, on a Navajo reservation. He filed his applications for disability benefits in early 2004 and his request for hearing in December 2004. He suffers from multiple impairments, including uncontrolled Type II diabetes, degenerative disc disease with chronic back pain, sciatica, and chronic renal insufficiency. He takes numerous medications. After many telephone calls and a letter to the Albuquerque hearing office, he was offered a hearing at the end of May 2007 at 8 a.m. in Albuquerque, because the Gallup hearing site was closed. He has difficulty riding in a car – Gallup is more than two hours from Albuquerque each way. It also is a financial hardship because it will require a hotel stay the night before the hearing. His objection to the hearing location was denied and he will try to attend, despite the hardships.

- A client who is Native American lives in **Gallup, NM**. He has a back impairment, post-fusion, and he is on numerous medications. He has depression and hypertension, which his doctor said may be secondary to pain. He is unable to participate in physical therapy because the therapist said he could not tolerate positional changes and he was unable to lie flat on his back or stomach without complaining of extreme pain in his lower back and right leg. His treating doctor wrote that the client is “totally disabled for at least the next two years.”

The request for hearing was filed in December 2005 and his attorney requested an on the record decision in July 2006, but there has been no response. The attorney updated the record with more reports in September 2006, to which there has been no response. The client was evicted from his apartment in August 2006. The attorney interviewed him and took photos of the shack where the client lives. It has a dirt floor and his 3 year old son sleeps on a blanket laid over the dirt. The attorney reminded the hearing office in March 2007 of the on the record request and sent photos of the living conditions. A fully favorable on the record decision was received on March 26, 2007. The client requested an immediate emergency payment at the Gallup, NM SSA district office. They have not processed the request because they require proof of any TANF payments and wages. In addition, they want all of his bank statements, which he no longer has. The bank charges \$2 per page for copies and he cannot afford to pay that amount.

- A 52 year old man who lives in **Portales, NM** requested his hearing in October 2005 and it was finally held on May 1, 2007. Before becoming disabled, he owned his own business. He had to file bankruptcy recently and is expecting to receive the foreclosure paperwork shortly. He has experienced significant family problems as a result of the financial strain. He worries about being homeless and his mental impairments have been exacerbated by the delay on his disability claim.

- A client who has a 100% VA disability applied for Title II disability benefits. It took two years to get a hearing. His case was heard by an ALJ in October 2006 and as of May 11, 2007, he still has not received a decision.

## MAINE

- An attorney has a client from **Augusta, ME** who has significant mental health impairments. The client receives general assistance to pay his rent, but has no income to buy gas for his car so that he can attend appointments. MaineCare will not pay for some of his medications, forcing his doctor to change his prescriptions to other medications which are not as effective.

He is thinking of relocating to Massachusetts to live with family as he is really struggling. This concerns him because, in the past, he had substance abuse problems (likely related to self-medication due to bipolar disorder) and he is afraid he will connect to old friends and associates which may not be good for him. In late 2006, the attorney received notice that 44 of his cases were being transferred from the Portland hearing office to the Boston hearing office. Fourteen of these cases had hearing requests filed in mid 2005. So far, only one case has been scheduled for a June 2007 hearing date. Before the transfer, he filed requests for on the record decisions in two of the cases but has received no response.

- A **Yarmouth, ME** attorney has a client with serious, well-documented psychiatric impairments. He filed his application in mid 2004 and his request for hearing in early 2005. While the hearing was pending, he became homeless with his wife and two young children. He was evicted and lived with friends and in a shelter. His family could not stay in the shelter continuously due to the children. At times, he and his family lived in his car. A fully documented request for an on the record decision was made, with an alternative request for an expedited hearing. The on the record request was rejected by a hearing office staff attorney. Months later, a hearing was scheduled – 22 months after the request for hearing was filed. The ALJ issued a bench decision after a short hearing.

- Another client of this attorney is a young woman with a history of psychiatric treatment from early childhood. She filed her application in fall 2004 and her hearing request in spring 2005. The client had very unstable living conditions, and while waiting for a hearing, she underwent two psychiatric hospitalizations. The staff at the second hospital contacted the attorney, emphasizing the importance of the client obtaining benefits so she can have a stable living environment and medical coverage. Documentation was obtained and a request made in mid 2006 for an on the record decision. No response was received and a hearing was eventually scheduled eight months later – and 23 months after the hearing request. While waiting, the client lost her Medicaid coverage; continued to live in unstable circumstances, moving between with friends and relatives; and did not receive adequate treatment. At the hearing the ALJ stated that he agreed with the argument made in the on the record request, but it had not been shown to him.

- Another client of the same attorney has multiple traumatic physical injuries due to falls from scaffolding and a roof. He lived in a backwoods cabin without running water. He required orthotic devices and further surgery but could not obtain them due to lack of resources and limited Medicaid coverage. He filed his application in late 2004 and his hearing request in fall 2005. While the hearing was pending, he was in severe pain, living in primitive circumstances, and unable to obtain the medical care he needed. A hearing was finally scheduled in spring 2007 – 19 months after his hearing request. The ALJ issued a bench decision, allowing him to get the medical care he needed. The client remarked that this gave him “a whole new life.”

### ARIZONA

- An attorney in Prescott, AZ has had several clients who have lost their homes. One case involves a formerly stable family with six children. Due to the financial problems, the wife, who is not the claimant, developed a severe drug and alcohol addiction problem requiring in-patient treatment. The father, who is the claimant, has had difficulties following through with appointments because “he just wants to give up.” The father was a construction worker who had a solid work history. The

attorney became involved after the hearing request was filed seven months ago. He has sent in two requests for an on the record decision but has received no response on either request.

### ARKANSAS

- The client was diagnosed with a recurrence of breast cancer. She is Stage IV and probably meets the Listing for breast cancer, but she and her attorney have been unable to have SSA expedite her case. The client was a school teacher for thirty years.

### OREGON

- An attorney in **Portland, OR**, reports that in the last 18 months, he has had 15 clients die while waiting for a hearing, which averages about two years in the Portland, OR, hearing office. Two of his clients were suicides, including one hanging. Two other clients were terminally ill and their requests for on the record decisions were not acted upon before their deaths. In one of those cases, the decision was mailed two days after the client's death. Others in the group were uninsured, had no effective medical care, and had medical symptoms that went untreated.

- One of this attorney's clients, Mr. A, had worked in construction and in a chicken production factory. He died in June 2005 at age 41 of hypertensive cardiovascular disease. He also had been diagnosed with undifferentiated schizophrenia, recurrent major depression, degenerative disc disease, and mild mental retardation. He was frequently homeless and moved around between family and friends. He requested a hearing in November 2004. A hearing was finally held in 2007, more than two years later and long after his death. If there is a favorable decision, his mother will be eligible for the past due benefits.

- An attorney in **Bend, OR** has a client who applied for disability benefits in March 2004. She requested a hearing in November 2004. The hearing was held eight months later, but it took 14 months for a favorable decision to be issued. The client had to wait 5 more months before she began to receive benefits. It took nearly three years from the date of application until she received her benefits.

### NEW YORK

- Ms. C is a 49 year old single mother who lives in Troy, NY. She applied for Social Security disability benefits on May 2, 2005. She previously worked for ten years as a keyboard operator for the State of New York. Ms. C has not worked since December 2003. She was denied benefits in February 2006, nine months after her application was filed. Ms. C requested a hearing in April 2006.

Since filing for benefits in May 2005, Ms. C and her children were evicted from their apartment. Unable to provide a home for her children, she lost custody and the children now live with their father. For four months, Ms. C lived in a homeless shelter in Troy, and was finally able to leave just last week. She was recently hospitalized for depression because of the multiple stressors in her life. Ms. C also has a borderline IQ and bilateral neural stenosis in her cervical spine. Also, she is in treatment for a depressive disorder at a local mental health clinic.

Ms. C calls her attorney every month to check on the status of her appeal. There is currently an 18 month wait for a hearing at the Albany, NY hearing office. Her attorney asked to have this case decided on the record. However, the request was denied. Assuming the 18 month processing time, Ms. C can expect to have her hearing in November 2007. Her attorney has been told by the Albany hearing office that the wait will only get longer: two administrative law judges (ALJs) have retired in the last two years; one ALJ is set to retire in May 2007; and one ALJ is now the Acting Regional Chief ALJ. There has been only one ALJ replacement.

- A client in the **Buffalo, NY** area was 53 years old when she filed her claim. She had worked at a credit union for over thirty years, eventually becoming a senior loan officer. She suffered a traumatic brain injury when young, which began to severely impact on her ability to concentrate and she began making mistakes at work. She finally had to stop working in early 2005. She also had serious heart problems and major depression along with her cognitive problems. The wait at the Buffalo, NY hearing office is two years. As the waiting process went on, she lost her house to foreclosure, used up her entire 401(k), and lost the health insurance that she had been obtaining through COBRA. It was not until all these things occurred that she was eligible to file for “dire need” at the hearing office. But by then, this middle-class, middle-aged woman was reduced to seeking help from social services who told her that she would have to move again since her \$450 rent (including all utilities) was too extravagant. Her attorney sent all of this information to the hearing office with a request for an on the record decision. She was approved on the record, but by then she had lost everything she had worked for her entire life.

- Ms. F lives in **Bohemia, Long Island, NY**. She has cancer of the brain and of the base of her skull and other impairments. She applied for disability benefits in July 2005. A hearing was requested in March 2006. Her attorney has filed several requests for an on the record decision. All have gone unanswered and there is no date in sight for a hearing. She worked as a housekeeper for 25 years. But now she sees numerous doctors and the cost of obtaining medical evidence has been significant.

- A client requested a hearing in May 2005. The hearing, in the **Queens, NY** hearing office, was held in January 2007. The attorney and client were advised that a favorable decision would be issued. However, no decision has been received to date, even though the attorney has written and visited the hearing office twice about the case. There is a minor child who will be eligible for dependents benefits. The client has no income now to support the child.

### IDAHO

- An attorney has a client in **Moscow, ID**. The client worked as a cook and professional musician. He has a history of colon cancer and needs a colostomy bag. He now has bladder cancer (diagnosed while waiting for the hearing), in addition to gout in his legs and arthritis in his wrists. The client tried to work when he moved to Idaho but could not maintain employment due to his impairments and filed for disability benefits in August 2004. His claim was denied and he requested a hearing in June 2005. The hearing was not held until late March 2007, and a favorable decision was received two days after the hearing.

To survive while waiting for his hearing, he was forced to pawn almost all of his belongings, including his musical equipment. The lack of income, in addition to his health conditions, created a

crisis as he had no money and no health insurance. He ended up with few clothes, living in a subsidized apartment.

He was able to petition the county for indigent funds to pay for his medical care and for supplies to service his colostomy (e.g., bags, seals, etc.). These funds are a no interest loan, not a gift. They are not provided automatically and a new application must be filed for each medical visit. He was also forced to get loans from his father and friends. This caused him embarrassment and stress worrying about how he would repay these debts for living expenses and medical care, especially given the cancer recurrence. He was not able to seek consistent and comprehensive medical care for his problems due to the lack of health insurance and long delay in deciding his case.

- An attorney in **Boise, ID** who has represented clients in Social Security disability claims for more than 20 years related the following:

Over the past several years I have experienced delays consistently more than 18 months from the time an ALJ hearing is requested until it is held. Many times there are 6 more months before the decision is issued. I have many clients who have sold their homes, spent their life savings and filed bankruptcy as a result of these delays. Most of my clients have no medical insurance, so they are not being treated during this time. To make matters worse, I had hearings this week in which the ALJ informed me I had only 45 minutes to present my case, which was mandated as a way to have more hearings per day to reduce the backlog. You can imagine how frustrated a disabled person would be after waiting 2 years for a “fair” hearing only to be cut off by the judge.

Another attorney represents clients in the north to north-central Idaho area. The hearing office in Spokane, WA covers this part of Idaho but does not have video hearing capacity for this area. This means that clients must wait for an ALJ to travel to Lewiston, ID to hold hearings and hearings are not held in Lewiston every month. “We tell our clients at the start that they will have to wait at least 18 months to have a hearing.” For clients without health insurance, there are few options and Idaho has no cash grant program. He provided the following case examples:

- Mr. A lives in **Coeur d'Alene, ID**. He obtained legal representation about November 2005 and most of the time since then he has been living in his truck without water and electricity. The summers are hot and the winters are cold. He has a borderline IQ, a traumatic brain injury, and a personality disorder. He filed for benefits in May 2005, was denied, and filed for a hearing in January 2006. In May of 2007 he received an on the record favorable decision after Congressional inquiries and multiple efforts by his attorney to get the hearing office’s attention. During most of this period, he had no income and no medical care.
- Ms. C, **Genesee, ID**, applied for SSI benefits as a child in September 2004. While this application was pending she turned 18 years old. Her medical history begins with extreme abuse from her parents and moving from place to place with her family. She finally settled in Genesee and lives with a cousin. She has multiple severe mental health impairments. She requested a hearing in July 2005. The hearing was held in March 2007 and she is waiting for a decision. Her Medicaid coverage from TANF ended in September 2004 when she reached age 18. Her financial assistance from Idaho ended at the same time. She lived on the street with no medical or psychiatric care.

- Mrs. D, **Pierce, ID**, worked in the lumber mills of north central Idaho. The mill closed in 2000 and she was unable to find any work. Her husband is also disabled. She had minor children at home. While working, she injured her knees. She experiences chronic severe pain as well as an inability to walk even two blocks. She was not eligible for Medicaid. She initially filed for benefits in March 2001 and was denied. She reapplied in January 2003. Her hearing was held on October 19, 2006. She had no medical coverage and no income other than her husband's benefits. At her hearing, the doctor said she was disabled as of the original March 2001 application.

### WASHINGTON

- While his appeal was pending, a veteran from the **Spokane, WA** area with multiple physical and mental problems became homeless and was living at a local mission. Before becoming disabled, he successfully worked selling recreational vehicles and cars. His claim was ultimately approved following after a hearing. His attorney relates: "I still remember leaving the hearing with him, driving him to the mission where he picked up a paper bag with all of his possessions, and then driving him to the local VA Hospital where he began in-patient treatment for his medical conditions."
- A woman from Spokane, WA filed her claim for disability benefits in October 2004 and requested a hearing in August 2005. While waiting for a hearing date, she died in the past year from the impairments that formed the basis of her claim. A hearing was held in 2007, with the case continuing on behalf of her surviving children.

### KANSAS

- An attorney is representing a woman from **Coffeyville, KS**. The hearing request was filed in October 2005 and they just received notice, dated May 2, 2007, that the file is now ready for review. No hearing is scheduled. Since the appeal was filed, the client and her husband have had to file for bankruptcy. She just told her attorney that the Bankruptcy Trustee is renting out their house, forcing them to move to a smaller, less expensive rental. They barely make ends meet, as she has over \$1,300 in prescriptions each month. Fortunately, they have some medical insurance, but her co-pay is around \$300, which is still a significant amount for a single income family.
- The same attorney has another client who has been waiting for a hearing since February 2006. He has been without medical insurance since being injured at work in 2001. His medical bills have mounted due to medications and necessary surgery, and he has to limit doctor calls to a bare minimum. He and his wife live on her \$8.00 per hour job, and with the cost of medications (he is diabetic, in addition to many other medical conditions), they barely get by. So far, they have not lost their house, but he calls regularly to see if there is a hearing date because of their financial circumstances.
- Ms. A, **Wichita, KS**, filed a claim for disability benefits in March 2004 and filed a hearing request in January 2005. The original hearing office was Wichita, KS, but her case was transferred to the Omaha, NE office in order to expedite the hearing via video teleconferencing. The hearing was held in March 2006 and a supplemental hearing in June 2006. The representative's office made monthly status requests to the Omaha hearing office and was repeatedly told it was on the

ALJ's desk. Then, in November 2006, an Omaha hearing office employee contacted the representative requesting a copy of the claimant's file because they could not find theirs. The representative forwarded a copy of the claimant's file the same day. The client finally received a decision, a denial of benefits, on April 18, 2007. The claimant waited 11 months after the hearing for a decision and is now appealing the ALJ's decision. Ms. A has extreme abdominal pain due to irritable bowel syndrome, anxiety, insomnia, depression and history of psychiatric problems for which she frequently obtains medical treatment. She would miss 2 to 5 days a week when working. Her hospital calls the representative monthly requesting a status on the client's claim as they are trying to collect on her unpaid bill.

- Mr. and Mrs. P are a married couple living in **Wichita, KS**. Mr. P filed for disability benefits on September 27, 2006. He has a degenerative disorder of the spine, asthma and mental impairments. He has been denied at the initial and reconsideration levels and filed a request for hearing earlier this year. Mrs. P filed her claim on August 8, 2005, and her hearing acknowledgement was received on May 30, 2006. A request for an on the record decision was submitted on June 9, 2006. The request was denied and Mrs. P is waiting for a hearing to be scheduled. Mrs. P last worked as a home health care giver in August 2005. She is diabetic, has neuropathy and nerve damage in her feet and legs making it difficult to balance or walk, and is now attending a mental health facility for depression. With neither Mr. nor Mrs. P working, the couple's utilities were shut off. They have no vehicle. And, they lost their home and were forced to move in with Mr. P's mother. A dire need request was made to the hearing office on April 13, 2007. Her representative has asked about the status, but as of this date no response has been received. Mrs. P calls her representative daily to check on the status.

The representative notes that individuals lose their State medical coverage prior to their hearings. They are allowed only two years of assistance through the State program and in some cases it takes longer than the two years to get scheduled for a hearing. They are left with no medical assistance for checkups and prescriptions. This also makes it extremely difficult to prove and document their disabling conditions.

### COLORADO

- The client appealed a 2000 continuing disability review (CDR) decision to terminate benefits. The case was appealed to federal court and was remanded by the judge in 2005 for a new hearing. The attorney wrote to the ALJ to expedite the case, but the ALJ now wants more up to date records. The client has degenerative disc disease which has deteriorated, based on current MRI evidence and statements from his doctors. The client has received VA service-connected disability benefits because his original injury sustained while he was in the Navy in 1986 when he tried to "catch" a piece of falling equipment which came loose from a crane.

While waiting for his case to be resolved, the client has experienced significant financial and family difficulties. He has consulted with a bankruptcy attorney. He has lost his family – his wife divorced him and his kids are living on their own or with their mother. He lost his house to foreclosure last year. He now lives with his elderly mother.

What do these cases tell us about the current situation at SSA?

## I. Processing times are reaching intolerable levels.

The average processing times for cases at the hearing level have increased dramatically since 2000, when the average time was 274 days.<sup>1</sup> In the current fiscal year, SSA estimates that the average processing time for disability claims at the hearing level will be 524 days and will increase to 541 days in FY 2008,<sup>2</sup> nearly twice as long as in 2000. And it is important to keep in mind that this is just an “average.” In fact, many claimants will wait even longer than the “average” time. And, while the “average” processing times at the initial and reconsideration levels, there also are many cases with delays at these two levels.

The current processing times in some hearing offices are striking, and much longer than the 524 days targeted by SSA in FY 2007. Data from January 2007 indicates that the average time from the request for hearing to the date the hearing is held is 16 months, or about 485 days. The average time from the date of the hearing to the decision is two months, an additional 60 days. Thus, the average as of January 2007, only four months into the fiscal year, is already 545 days.<sup>3</sup>

Of the 142 hearing offices, 57 are above the 16-month average, according to SSA’s statistics.<sup>4</sup> This represents about 40% of all hearing offices. Many other hearing offices are approaching the two year mark just to hold a hearing.

It is important to keep in mind that the 16-month processing time is only an “average” and only counts the time until the hearing is held. The actual processing time is even longer. When the “average” time from “hearing held” to ALJ’s decision is added (60 days), many more hearing offices are approaching the two year and longer mark. As noted in some of the cases described above, even those hearing offices with below average times may, in fact, have considerably longer processing times when the time from the date of the hearing until the decision is issued is added.

The impact of the budget and staffing cuts in district offices also affect the processing times at the hearing levels. Our members have reported that cases are sitting longer in district offices after requests for hearings are filed, often adding months – or years -- to the processing time. In a case from Providence, RI, a claimant is currently waiting for an ALJ hearing where the request for hearing was filed by the claimant *pro se* in 2004. The request was timely sent to the hearing office but without the claims folder. The hearing office returned the file to the SSA district office, where the case sat for **more than two years**. The hearing request and folder were finally sent to the hearing office in January 2007 after an attorney became involved in the case and started to track what happened. The hearing office has finally scheduled the case for an expedited hearing in view of the more than two year delay.

## II. The number of pending cases continues to increase.

Like processing times, the number of cases pending at hearing offices continues to grow. As noted by the Social Security Advisory Board (SSAB): “The size of the pending workload in hearing

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<sup>1</sup> Social Security Advisory Board, *Improving the Social Security Administration’s Hearing Process* (Sept. 2006)(“SSAB Report”), p. 8

<sup>2</sup> *Social Security Administration: Fiscal Year 2008 Justification of Estimates for Appropriations Committees* (“SSA FY 08 Budget Justification”), p. 81.

<sup>3</sup> SSA Office of Disability Adjudication and Review, “NETSTAT” List of Processing Times – January 2007.

<sup>4</sup> SSA Office of Disability Adjudication and Review, “NETSTAT” List of Processing Times – January 2007.



offices – the hole that SSA has to dig itself out of – has followed a pattern similar to that of processing times.”<sup>5</sup> The number of pending cases at the hearing level reached a recent low in FY 1999 at 311,958 cases. The numbers have increased dramatically since 1999, reaching 711,284 in FY 2005.<sup>6</sup> And SSA estimates the numbers to continue a significant increase: 752,000 in FY 2007 and 768,000 in FY 2008. And these increases will occur despite an expected increase in the productivity of ALJs in issuing decisions.<sup>7</sup>

However, even for hearing offices with a lower number of pending cases, the numbers do not tell the whole story. Because of the disparities between hearing offices, many of our members have reported that SSA has been transferring cases from offices with high numbers of pending cases to offices with lower numbers where the hearings are held by video conference, if the claimant agrees. While this is understandable in a national program, it nevertheless means that claimants who live near hearing offices with lower numbers of pending cases will end up waiting longer.

### **III. Staffing levels have decreased which means a decrease in service.**

Our members have noted the loss of ALJs and support staff in hearing offices around the country. Former Commissioner Barnhart had planned to hire an additional 100 ALJs in FY 2006 but due to cuts in the President’s budget request, she was able to hire only 43. The real impact of the burden on the current ALJ corps can be seen by comparing statistics from 1999 and 2005, when nearly the same number of ALJs were expected to handle more than twice as many cases: In 1999, there were 1090 ALJs to handle 311,958 cases, while in 2005, there were 1096 ALJs to handle 711,284 cases.<sup>8</sup>

Whether there are an adequate number of ALJs may not even be the primary staffing issue in hearing offices. Productivity is not related solely to the number of ALJs, but also to the number of support staff. In 2005, the median hearing office had 4 to 4.5 staff members per ALJ. This represents a significant decrease, about 20 to 25 percent, from the 5.4 staff per ALJ in 2001 at a time when the number of pending cases was much lower.<sup>9</sup>

### **IV. Impact on service provided in SSA field offices.**

Under the current budget situation, people with severe disabilities have experienced long delays and decreased services provided in SSA field offices, which do not have adequate resources to meet all of their current responsibilities. Of greatest concern, even with the modest increase SSA is seeking for FY 2008, is that SSA will need to reduce its staff. Despite an expected increase in the number of initial disability claims expected to be filed in FY 2008, the number of SSA and Disability Determination Services (“state agencies”) Full-Time Equivalents (FTEs) is expected to decrease from FY 2007.<sup>10</sup> This does not take into account the drop in the number of positions from FY 2006.

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<sup>5</sup> *SSAB Report*, p. 9.

<sup>6</sup> *SSAB Report*, p. 10.

<sup>7</sup> *SSA FY 08 Budget Justification*, p. 81. SSA keeps statistics on the number of pending cases in each hearing office, which NOSSCR has received through Freedom of Information Act (FOIA) requests. The numbers vary dramatically from office to office and do not necessarily correlate to large population centers.

<sup>8</sup> *SSAB Report*, p. 10.

<sup>9</sup> *SSAB Report*, p. 10.

<sup>10</sup> *SSA FY 08 Budget Justification*, p. 81 and 90. In FY 2007, it is projected that 577,000 new disability claims will be filed; in FY 2008, the estimate is 627,000 claims. In FY 2007, the total SSA/DDS workyears is estimated to be 74,823; in FY 2008, the estimate is 74,596 workyears.

**A. Impact on disability claims.** Under the current SSA budget situation, it can be expected that delays will grow not only at the hearing level but also at the initial and reconsideration levels. A recent action taken by SSA demonstrates the scope of the problem. In June 2006, SSA was forced to direct all available resources to the processing of initial applications, and away from processing reconsideration level cases, when the initial application backlog became too high. The decision to redirect resources was caused primarily by the cut in the President's request for fiscal year 2006. In some states, this meant that reconsideration cases were not processed for a period of time, unless the claimant knew to notify the state agency of "dire circumstances." Two recent cases handled by NOSSCR members where claimants with severe and life-threatening impairments were denied initially and needed to request reconsideration are graphic examples of the impact that this type of action could have on claimants:

▪ **Ms. S – Hardyville, KY.** Ms. S is 57 years old and worked as a certified nursing aide. She was involved in a terrible automobile accident leaving work in the fall of 2006. Due to her pulmonary injuries, she will be bedridden and on a ventilator for the rest of her life. After months in the hospital, she is at home and her daughter is taking care of her. After receiving preliminary approval for disability benefits, her initial application was inexplicably denied. She has no health insurance and was forced to leave a rehabilitation hospital due to lack of insurance coverage. She also has no means to pay for home health care. She does not qualify for any community-based or state-funded programs because her husband's monthly disability check places their family income above the income eligibility levels. Her representative submitted to the state agency medical evidence supporting the severity and permanence of her injuries and her dire financial and medical needs.

▪ **John – Dickinson, ND.** "John" (his name has been changed for privacy reasons) has a chordoma, which is a rare form of a brain tumor. In addition, he suffers from failing kidneys. The radiation therapy that John underwent for his tumor is killing off all of the glands in his body. John has been told by his doctors that his condition will kill him. The only question is when. John applied for Social Security disability benefits in October 2006 and was inexplicably denied on December 29, 2006. Because they are experiencing financial hardship paying for John's medications and medical bills, John and his wife had to apply for heating assistance last winter. With the assistance of his attorney, John filed a request for reconsideration.

**B. Impact on post-entitlement work.** These accumulated staffing reductions have already translated into SSA's inability to perform post-entitlement work, let alone reducing the backlogs in the disability appeals process. Not surprisingly, with millions of new applications filed each year, SSA emphasizes the importance of processing applications, determining eligibility, and providing benefits. Once a person begins to receive monthly benefits, there are many reasons why SSA may need to respond to contacts from the person or to initiate a contact, known as "post-entitlement work." Generally, this workload does not receive the priority it should. Frequently, when SSA is short on staff and local offices are overwhelmed by incoming applications and inquiries, they are necessarily less attentive to post-entitlement issues. For people with disabilities, this can discourage efforts to return to work, undermining an important national goal of assisting people with disabilities to secure and maintain employment.

One key example of post-entitlement work that has fallen by the wayside in the past is the processing of earnings reports filed by people with disabilities. Typically, the individual calls SSA and reports work and earnings or brings the information into an SSA field office, but SSA fails to

input the information into its computer system and does not make the needed adjustments in the person's benefits. Years later, after a computer match with earnings records, SSA notifies the person was overpaid, sometimes tens of thousands of dollars, and sends an overpayment notice to this effect. These are situations where the individual is clearly not at fault. However, all too often, after receiving the overpayment notice, the beneficiary will tell SSA that he or she reported the income as required and SSA will reply that it has no record of the reports.

When this occurs, it may result in complete loss of cash benefits (Title II benefits) or a reduction in cash assistance (SSI). It also can affect the person's health care coverage. To collect the overpayment, SSA may decide to withhold all or a portion of any current benefits owed, or SSA may demand repayment from the beneficiary if the person is not currently eligible for benefits. Not surprisingly, many individuals with disabilities are wary of attempting to return to work, out of fear that this may give rise to the overpayment scenario and result in a loss of economic stability and potentially of health care coverage upon which they rely. As a result of this long-term administrative problem, anecdotal evidence indicates that there is a widespread belief among people with disabilities that it is too risky to even attempt a return to work, because the beneficiary may end up in a frightening bureaucratic morass of overpayment notices, demands for repayment, and benefit termination.

**C. Impact on performing continuing disability reviews (CDRs).** The processing of CDRs is necessary to protect program integrity and avert improper payments. Failure to conduct the full complement of CDRs would have adverse consequences for the federal budget and the deficit. According to SSA, CDRs result in \$10 of program savings for each \$1 spent in administrative costs for the reviews.<sup>11</sup> The number of CDRs is directly related to whether SSA receives the funds needed to conduct these reviews. The number of reviews in 2006 was reduced by more than 50%, due to the lower level of appropriations. Even though the great majority of CDRs result in continuation of benefits, the savings from those CDRs that result in terminations are substantial because of the size of the program and the value of the benefits provided.

**D. New caseloads are added without providing the funds to implement these provisions.** Over the past few years, Congress has passed legislation that added to SSA's workload, but does not necessarily provide additional funds to implement these provisions. Recent examples include:

1. Conducting pre-effectuation reviews on increasing numbers of initial SSI disability allowances. SSA must review these cases for accuracy prior to issuing the decision.

2. Changing how SSI retroactive benefits are to be paid. SSA must issue these benefits in installments if the amount is equal to or more than three months of benefits. The first two installments can be no more than three months of benefits each, unless the beneficiary shows a hardship due to certain debts. Many more cases will need to be addressed because under prior law, the provision was triggered only if the past due benefits equaled 12 months or more. With the trigger at three months, it is likely that many more beneficiaries will ask SSA to make a special determination to issue a larger first or second installment.

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<sup>11</sup> SSA FY 08 Budget Justification, p. 80.

3. New SSA Medicare workloads. SSA has new workloads related to the Medicare Part D prescription drug program, including determining eligibility for low-income subsidies, processing subsidy changing events for current beneficiaries, conducting eligibility redeterminations, and performing premium withholding. And beginning in FY 2007, SSA will make annual income-related premium adjustment amount determinations for all current Medicare beneficiaries for the new Medicare Part B premium for higher income beneficiaries. SSA will also make the determinations for new Part B applicants.

## **CONCLUSION**

Thank you for the opportunity to testify today. The examples of claimants from NOSSCR members demonstrate in human terms the terrible impact of the delays caused by the disability claims backlogs. SSA must be given enough funding to make disability decisions in a timely manner and to carry out its other mandated workloads.

As required by law, the Commissioner of Social Security submits a budget request separate from the President's request. The Commissioner's request for fiscal year 2008 indicates that the agency needs \$10.44 billion in funding its administrative expenses. This amount is almost \$1 billion more than the President's request of \$9.6 billion.

We support the Commissioner's budget request of \$10.44 billion. But, at a minimum, we urge that SSA be provided with \$10.1 billion, the amount recommended in the Fiscal Year 2008 Budget Resolution conference agreement. This amount provides additional resources to address the disability claims backlog and provides a \$213 million adjustment to the discretionary spending limit to conduct continuing disability reviews and SSI redeterminations. This funding is critical to provide SSA with adequate resources to perform its workloads, which are vital to people with disabilities.