

The Honorable Andrew Saul  
Commissioner of Social Security  
6401 Security Boulevard  
Baltimore, MD 21235-6401  
**Submitted via [www.regulations.gov](http://www.regulations.gov)**



Re: Notice of Proposed Rulemaking on Rules Regarding the Frequency and Notice of Continuing Disability Reviews, 84 Fed. Reg. 36588 (November 18, 2019), Docket No. SSA-2018-0026, RIN 0960-AI27

Dear Commissioner Saul:

These comments are on behalf of the Massachusetts Chapter of the Association of People supporting Employment First (MA-APSE). We are a state chapter of APSE, a national 3,000 member organization focused on advancing employment for individuals with disabilities.

A core value of Massachusetts APSE is that every effort should be made to ensure all individuals capable of becoming successfully employed in competitive integrated employment, should have that opportunity, and that supports to become successfully employed should be a priority in provision of publicly funded services for persons with disabilities. We also believe that only those individuals who are truly eligible and entitled to disability benefits, should receive those benefits. At the same time, those individuals entitled to the cash and other benefits available from Social Security due to the nature of their disability should be able to readily access and maintain those benefits in way that is respectful in how they are treated, and not overly burdensome. As such we feel very strongly that the effort to add a new Continuing Disability Review (CDR) category of “Medical Improvement Likely (MIL)” should not move forward. Our specific objections to this regulatory change include the following:

1. The proposed change for an additional category will create more of a burden on individuals with disabilities who are entitled to Social Security disability benefits, and also tax the already over-burdened Social Security CDR system, that is unable to keep up with its existing workload.
2. The threshold is already extraordinarily high for individuals to qualify for and maintain benefits, and cases are already reviewed to make sure that people are removed who improve medically, and/or who demonstrate they can work in substantial gainful employment. The current three categories (MIE, MIP, MINE) are sufficient for capturing the full spectrum of where individuals with disabilities fall in terms of their conditions and prospects for improvement. It is simply callous to create another category when people who are found eligible for Social Security benefits already have to prove that they cannot work due to the significance of their disability.
3. A new, frankly ambiguous category of MIL, and more frequent disability reviews, will increase the stress for individuals in terms of dealing with a challenging bureaucracy, and this increased burden on beneficiaries (i.e., making it more difficult to maintain benefits they are entitled to), will result in individuals unnecessarily losing their modest cash payments and health benefits which are essential to meet their basic life needs. Their lifeline for maintaining even a subsistence level of existence will be stripped away.
4. In the discussion of the rationale for adding MIL, a lack of access to healthcare is noted as a reason that individuals remain in MIP. Such a rationale we find quite ironic, given the administration’s track record on health care for people with disabilities. This includes ongoing efforts to dismantle the Affordable Care Act (which includes many provisions that are hugely beneficial to people with

disabilities including expanded Medicaid options for states, requiring coverage for pre-existing conditions, and prohibiting annual and lifetime limits on lifetime benefits); ongoing efforts to cut Medicaid; and similar policy initiatives that limit access to health care for those with disabilities. If the administration wants more individuals to access health care in order to address their disability issues, efforts should be made to improve and expand health care coverage with disabilities, not reduce and dismantle coverage.

The underlying rationale for these proposed changes is clearly intended to reduce the number of Social Security disability beneficiaries. Given this policy desire, instead of adding to the already challenging level of bureaucracy that is required for CDRs and anxiety and stress for people with disabilities for whom these benefits are truly a matter of life and death, we suggest that the administration focus its efforts on fundamental reforms of the Social Security disability system, which as currently designed creates major disincentives for individuals to go to work and move off the Social Security roles. Examples of such reforms include:

- Doing away with the “earnings cliff” for Title II benefits (Social Security Disability Insurance) whereby individuals receive their full SSDI check or nothing, which makes it difficult for individuals to gradually reduce their reliance on cash benefits.
- Raising the asset limits for individuals who are on Supplemental Security Income (SSI) to a median income level. These limits, which have not been changed since 1989, are currently \$2,000 for a single person, \$3,000 for a married couple, which sentences individuals to a life of poverty.
- Reforming the threshold amounts under 1619b. This is the amount that individuals on SSI can earn before Medicaid is impacted. These threshold amounts vary from state to state and can be very low. Consideration should be given to making these consistent and at a high enough level where individuals are not concerned that going back to work will result in a loss of health coverage.
- Significantly expanding the funding of the Work Incentive Planning and Assistance Programs (WIPA), which provide counseling for individuals receiving disability benefits to assist them in managing their benefits as they consider pursuing employment and going to work.

We feel pursuing these types of reforms would be much more effective in terms of encouraging individuals with significant disabilities to enter the workforce, while reducing the beneficiary roles. This is much preferred to the proposed rules, which are poorly thought out, and which are clearly an effort to make maintaining benefits more difficult so that individuals will leave the roles, whether they need or are entitled to the benefits or not, and deny individuals with significant disabilities the thin safety net that is so necessary for their lives.

Thank you for your willingness to consider these comments.

Sincerely,

*David Hoff*

David Hoff  
Chapter President