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Committee on Ways and Means, House
of Representatives

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SOCIAL SECURITY

Disability Rolls Keep Growing, While Explanations Remain Elusive





United States
General Accounting Office
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Health, Education, and
Human Services Division

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The Honorable Daniel P. Moynihan
Chairman, Committee on Finance
United States Senate

The Honorable Dan Rostenkowski
Chairman, Committee on Ways and Means
House of Representatives

This report responds to your requests for information about the recent growth in the number of persons receiving benefits under the Social Security Disability Insurance (DI) program. Since 1985, beneficiary rolls in the DI program have grown by over 30 percent, or more than twice the growth of the insured population.

You asked us to review the DI program to (1) determine what is known about the reasons for this growth and (2) identify what key questions need to be answered to better understand the program's potential for future growth.¹

Results in Brief

In 1993, the Social Security Administration (SSA) actuary forecasted that DI rolls would continue growing and would nearly double to over 6 million disabled workers in the next 10 years. These rolls have already grown substantially. In the 3 years between 1989 and 1992, applications rose by a third, and almost half the applicants in 1992 succeeded in obtaining benefits. Once on the rolls, beneficiaries have been staying longer. Between 1985 and 1992, the number of beneficiaries who had been on the rolls more than 15 years grew by 93 percent.

Changes in the characteristics of new beneficiaries have accompanied this growth. The new beneficiaries' average age is generally decreasing and is now below 50. Mental impairment awards to younger workers increased more than 500 percent between 1982 and 1992, helping to pull down the average age. Also, an increasing percentage of new beneficiaries receive such low DI benefits that they get additional income from the Supplemental Security Income (SSI) program. Their low DI benefit levels

¹In April 1993, GAO testified before the House Committee on Ways and Means' Social Security Subcommittee on the program's growth and changes in the characteristics of those who are coming on the rolls. See Social Security: Rising Disability Rolls Raise Questions That Must Be Answered (GAO/T-HRD-93-15, Apr. 22, 1993).

indicate that these new beneficiaries have mostly had limited work histories.

Several reasons for the growth and change in the DI rolls have been identified. For example, higher unemployment probably contributes to increasing applications, and policy changes have contributed to changes in the numbers and types of beneficiaries. However, quantitative data on the impact of these reasons are lacking, and important questions remain open. For example, SSA lacks adequate data on how many people in the general population suffer disabilities that might qualify them for benefits if they applied. As a result, the agency has limited ability to predict future growth and change in the rolls.

Without better information, neither SSA nor the Congress can be sure whether the current growth will continue, or whether current trends might reverse, as they have done in the past. Also, better information may assist SSA to determine, in view of these trends, whether actions are needed to better manage the program. The Department of Health and Human Services (HHS) and others are developing research programs. Although the planned research will address the key questions we identify in this report (see pp. 7-8), it is too early to assess whether these efforts will provide adequate answers. Results from initial research efforts will not be available until mid-1994.

Background

The DI program provides over \$27 billion annually in cash benefits to about 3.5 million workers who have become totally unable to work due to disability.² When a worker who is insured for disability under Social Security applies for benefits, state disability determination services³ (DDS) examine medical information to decide whether an applicant is disabled. If initially denied benefits, applicants may pursue their claims through several levels of appeal. Once awarded benefits, a person may remain on the rolls until (1) death, (2) conversion to regular retirement benefits at age 65, or (3) medical recovery and/or return to work.

DI is the nation's primary source of income replacement for disabled workers insured under Social Security. A parallel program, SSI, provides benefits for aged and disabled indigent persons. Some persons, whose work histories are so limited that they qualify for very small DI benefits,

²Dependents of disabled workers may also receive benefits.

³Although these are state agencies, SSA funds and oversees them.

receive benefits from both programs. DDSS use the same standards and procedures for determining disability in both programs.

Scope and Methodology

Our analysis of program trends was generally limited to available information, such as SSA's regularly generated program reports. We also reviewed studies of the program conducted by HHS at the request of the DI Trust Fund's Board of Trustees, and by the Congressional Research Service (CRS) at the request of the Senate Finance Committee.⁴ To obtain supplementary information about awardee characteristics, we examined SSA's 831 file—a computerized database—on the results of disability decisions. We did most of our work at SSA headquarters in Baltimore, Maryland, from April 1992 through August 1993 in accordance with generally accepted government auditing standards.

Disability Rolls Growing in Size, Changing in Character

Today, more persons receive disability benefits than ever before. With the exception of a few years in the late 1970s and early 1980s, the number of disabled worker beneficiaries has been increasing since the program began in 1957. In addition, as shown in table 1, the SSI program is experiencing similar growth.

Table 1: Adults Receiving Federal Disability Benefits Compared to the U.S. Working-Age Population, 1970-92

Numbers in thousands

	1970	1975	1980	1985	1990	1991	1992
U.S. working-age population	113,502	125,988	137,242	146,884	153,707	155,278	156,831
Number of DI beneficiaries ^a	1,493	2,489	2,859	2,657	3,011	3,195	3,468
Percent of population	1.32%	1.98%	2.08%	1.81%	1.96%	2.06%	2.21%
Number of SSI recipients	^b	1,678	1,743	1,841	2,418	2,600	2,843
Percent of population		1.33%	1.27%	1.25%	1.57%	1.67%	1.81%

Note: Data include persons aged 18 through 64. Concurrent beneficiaries, who receive benefits from both programs, are reflected in both DI and SSI data.

^aExcludes disabled adult dependents.

^bThe SSI program did not pay benefits until 1974.

While the number of beneficiaries is rising, the type of person receiving DI benefits is changing as well. Today, beneficiaries are coming on the rolls at

⁴See *The Social Security Disability Program: An Analysis*, HHS (Dec. 16, 1992) and *CRS Report for Congress: Status of Disability Programs of the Social Security Administration*, CRS, 92-691 EPW (Sept. 8, 1992).

earlier ages, even though the average age of the insured population has been rising. As a result, average beneficiary age has been dropping, and these younger beneficiaries are staying on the rolls longer than in the past. Between 1980 and 1992, the proportion of beneficiaries on the rolls for 15 years or more almost tripled, rising from 5 to 14 percent.

Mental impairment awards, which often go to younger persons, are also increasing. In 1992, more than 160,000 such awards were made, or more than a quarter of all awards. They are now the largest single category of disability. Mentally impaired applicants are also more frequently successful in obtaining benefits. They received awards 58 percent of the time in 1992, while the average success rate for physically impaired applicants was 39 percent. (See app. II.)

Increasingly large numbers of applicants are eligible for both SSI and DI. Applicants for such concurrent awards formed nearly half of all DI applicants in 1992, up from a little more than a third in 1980. The fact that these new applicants need supplementary SSI benefits suggests that they are less well off and may have less extensive and less highly paid work histories than the DI-only applicants who predominated in the past.

Changes in the number of persons receiving disability benefits are not new. As table 1 indicates, beneficiary counts have risen and fallen in the past. The "incidence rate" (the annual number of new beneficiaries per thousand insured workers) in 1992 (approximately 5.2 awards per thousand insured workers) was the same as it was in 1978. This number is well below the peak of 7.1 in 1975 (see fig. II.1).

However, the disability insurance program has now grown beyond previous experience. Increasing applications, increasing awards, and decreasing terminations have worked together to swell the rolls. In addition, should the trends continue toward more young, mentally impaired beneficiaries who receive benefits from both programs, the character of DI rolls will change significantly. These changes raise critical questions about the future direction of the DI program.

Reasons for Change Not Fully Understood

Changes in a variety of social, economic, legal, and other conditions can affect the number and type of persons on the rolls. For example, when legislative requirements for determining disability are relaxed, a higher percentage of applicants will receive awards. Moreover, if, as a result, more young persons apply and are awarded benefits, the termination rate

will likely decline, since younger beneficiaries can be expected to stay on the rolls longer.

Thus, changes in conditions can affect the application, award, and termination rates—which in turn determine the size of the rolls. These rates and the major conditions that appear to affect them are discussed in table 2. Detailed explanations of the rates and the changes in conditions appear in appendixes I through III.

Table 2: Disability Insurance Application, Award, and Termination Rates and Conditions Affecting Them

Rates	Conditions affecting rate
Application	
Insured workers are applying for benefits at a higher rate (app. I).	
	The economy: High unemployment may increase applications, but not under all circumstances.
	Outreach efforts: SSI outreach appears to have also increased DI applications.
Award	
Increasing percentages of applications result in awards (app. II).	
	Changes in adjudicative standards: Legislative and regulatory changes have generally made it easier to obtain benefits.
	Court decisions: Court decisions have changed some eligibility policies and may influence the climate in which decisions are made.
	Erroneous awards not a factor: Known errors in decisions have not caused increases in awards.
	Appellate awards play a small role: Increasing awards by administrative law judges (ALJ) have contributed slightly to program growth.
Termination	
Beneficiaries are leaving the rolls at a lower rate (app. III).	
	Beneficiary demographics: Almost all terminations are due to death or attaining normal retirement at age 65.
	Disability reviews: Continuing disability reviews (CDR) ^a have had a very small impact.
	Rehabilitation: Vocational rehabilitation has made a minimal contribution to terminations.

^aIn CDRs, SSA reassesses the disability status of beneficiaries. Those who have sufficiently improved are removed from the rolls.

Much remains to be understood about the causes for program growth and the future outlook. For example, although court decisions appear to have a significant impact on the award rate, the mechanism and the extent of this

impact remain unclear. Even if research leads to a better understanding of the conditions contributing to growth in the rolls, it will be an additional task to forecast when each of these underlying factors will stop adding to the rolls.

SSA Has Little Information on Which to Base Its Projections of the Program's Future

Some observers believe that the recent increases in the application and award rates are unlikely to continue for long. For example, SSA's actuary expects that the rates of disability for most age groups of workers will experience slight declines in the future. Even with these declines, the actuary projects that the rolls will nearly double—to over 6 million people—in the next 10 years.

The actuary has limited information, however, on which to base these projections. To project future new beneficiary counts, the actuary starts with projections of the future insured population, based on current demographic trends. To predict how many persons from the insured population will receive benefits, the actuary projects future incidence rates. These incidence rates are projected based largely on overall historical experience more so than on results of research into the reasons these rates have changed. Since these rates change often (see fig. II.1), the projection of future incidence rates has been problematic.

SSA's Planned Research Program

The current growth in the rolls and the changes in their composition raise basic questions about the DI program. Without better answers to these questions, it will remain difficult to predict the program's future course. Recognizing the need for better information on the causes of program trends, the trustees of the DI Trust Fund recommended that HHS conduct the "best possible" research into the reasons for DI program changes.

HHS has started research to analyze these program trends.⁵ By mid-1994, SSA, working with HHS' Assistant Secretary for Planning and Evaluation (ASPE), hopes to have completed a thorough analysis of its administrative data and a review of the available literature. In preparation, SSA is reviewing and consolidating data on disability applicants.

As part of this research, SSA and ASPE plan to conduct a medical examination study—a study of the population based on medical examinations of selected individuals. This study will identify persons who

⁵In addition, the National Academy of Social Insurance is currently studying DI at the request of the House Committee on Ways and Means.

would be considered disabled under Social Security program criteria, were they to apply for benefits. In addition to identifying potential enrollees, this study would allow SSA to determine how and why some disabled individuals continue to work despite their impairments.

Key Research Questions Have Been Identified, but It Is Too Early to Assess Progress

Based on our review of the DI program and SSA's research plan, we believe that the key questions to be addressed in a disability research program have been identified. They include the following:

Do current increases in applications reflect real increases in the level of disability? If disability is increasing in the population as a whole, then current increases in applications may be appropriate. On the other hand, if disability in the population is stable or falling, the increase in applications may be due to other factors. SSA plans to start addressing this question with a review of existing literature on disability prevalence, as well as through the medical examination study.

Who applies for disability? Has this changed? An application for disability benefits generally represents a decision on the part of the applicant to seek such benefits. If proportionally more persons—or different types of persons—are making this decision, understanding their motivations may prove useful in forecasting future growth.

SSA plans to address these questions by (1) analyzing its newly consolidated administrative data on applications, (2) supplementing this information with a survey of new applicants, and (3) researching trends in the labor market that may be influencing new applicants. To better project the future of disability applications, the agency plans to synthesize this information in a statistical analysis.

What affects the award rate? Has this changed? The award rate summarizes the results of millions of disability decisions. As such, it can be influenced by factors ranging from changes in program policy to changes in disability adjudicators' subjective attitudes. Better understanding of these factors and their relative impact on the award rate should help to forecast future growth in the rolls.

To identify factors affecting the award rate, SSA plans to (1) identify trends in award and appeal rates at differing levels of adjudication, (2) identify characteristics of applicants likely to win awards, and (3) analyze the

effects of policy changes by comparing award rates before and after the changes.

Do the standards for determining disability result in benefits being awarded only to those unable to work? When making a disability award, decisionmakers apply program standards to determine whether a person is unable to work and thus is entitled to benefits. If the standards are correct and are properly applied, relatively few working persons would have conditions similar in severity to those suffered by beneficiaries. However, if more than a "few" workers suffer from similarly severe conditions, yet continue to work, it may be necessary to review the standards and their application.

SSA's work on the medical examination study will provide information for assessing the extent to which the working population has impairments similar to those of DI beneficiaries. This work is a long-range effort, however.

What causes changes in the DI termination rate? Although we know that the termination rate is heavily influenced by increasing awards to younger mentally impaired persons, we cannot be sure about the rate's future direction.

To provide better information on terminations, SSA plans include (1) conducting research on beneficiary characteristics, including their earnings histories; (2) studying beneficiaries who have medically recovered to determine if they later returned to the DI rolls; and (3) assessing changes in education and workforce participation of the handicapped, including the effects of legislative change on workplace access and hiring.

It is too early to tell whether SSA's efforts will result in adequate answers to these questions; some uncertainty over future growth is likely to remain, even with research. Early results from SSA's program will not become available until mid-1994. However, we believe that these questions provide a good framework for the research effort. To the extent that these questions are left unanswered, predicting the future course of the disability program will remain problematic.

Agency Comments

We requested written comments on a draft of this report from HHS, but none were received within the stated period for incorporation in the

report. However, we discussed the draft with SSA staff and CRS staff. We incorporated their comments where appropriate.

As agreed with your offices, unless you publicly announce the contents of this report earlier, we plan no further distribution of it until 30 days from its issuance date. We will then send copies to SSA, HHS, and other interested parties. Copies of the report will be made available to others upon request.

Please contact me on (202) 512-7215 if you have any questions about this report. Other major contributors are listed in appendix V.

Sincerely yours,

A handwritten signature in cursive script that reads "Jane L. Ross".

Jane L. Ross
Associate Director,
Income Security Issues

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Abbreviations

ALJ	administrative law judge
ASPE	Assistant Secretary for Program Evaluation
CDR	continuing disability review
CRS	Congressional Research Service
DDS	disability determination service
DI	Disability Insurance
HHS	Department of Health and Human Services
OASI	Old Age and Survivors Insurance
SSA	Social Security Administration
SSI	Supplemental Security Income
VR	vocational rehabilitation

Rising Applications for Disability Insurance Benefits

Today, more people are applying for Disability Insurance benefits than ever before. The rate at which the insured apply has varied over the years. Between 1989 and 1992, however, the rate of application increased 28 percent, from 8.5 to 10.9 applicants per thousand insured persons.

Economic factors may account for some of this increase, although research on this issue has not been conclusive. In times of high unemployment, when impaired persons lose their jobs, they may apply for DI. Other evidence suggests that this relationship does not always hold. For example, applications did not increase during the high unemployment rates prevailing in the early 1980s. During that time, very stringent program administration (low award rates and high termination rates) may have dissuaded applications.

The population mix of applicants is changing also. Most of the recent increase in DI applications comes from those who are eligible for SSI supplements to their DI benefits. These concurrent applicants are generally less well off than those whose benefits are entirely paid from DI funds.

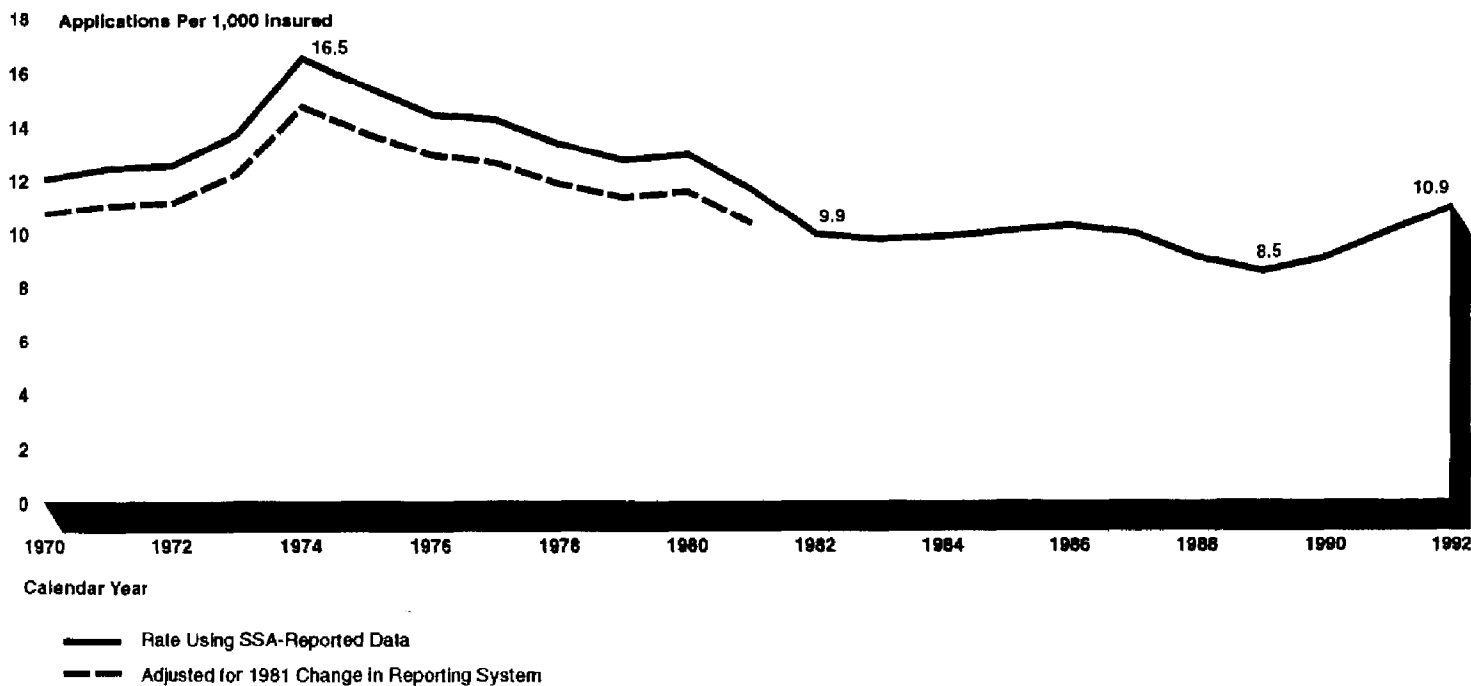
Application Rates Have Varied but Now Are Rising

The number of persons per thousand insured who decide to apply for benefits is reflected in the application rate. For example, in 1992, 10.9 persons per thousand insured applied for DI benefits.

As shown in figure I.1, the application rate has varied over the past 22 years. From 1982 through 1986, the application rate appeared relatively flat. After a drop to a low point in 1989, this rate started rising sharply.

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 Rising Applications for Disability Insurance
 Benefits

Figure I.1: History of DI Application Rate, 1970-92



Note: SSA techniques for reporting the number of applications changed in October 1981, resulting in a drop of about 11 percent in the reported number of applications. The adjusted rate (dashed line) shows the effect of such an 11-percent drop in prior years. However, since the reporting change may have affected prior years' data to a greater or lesser extent, caution should be used in relying on this adjustment.

Does Unemployment Affect the Application Rate?

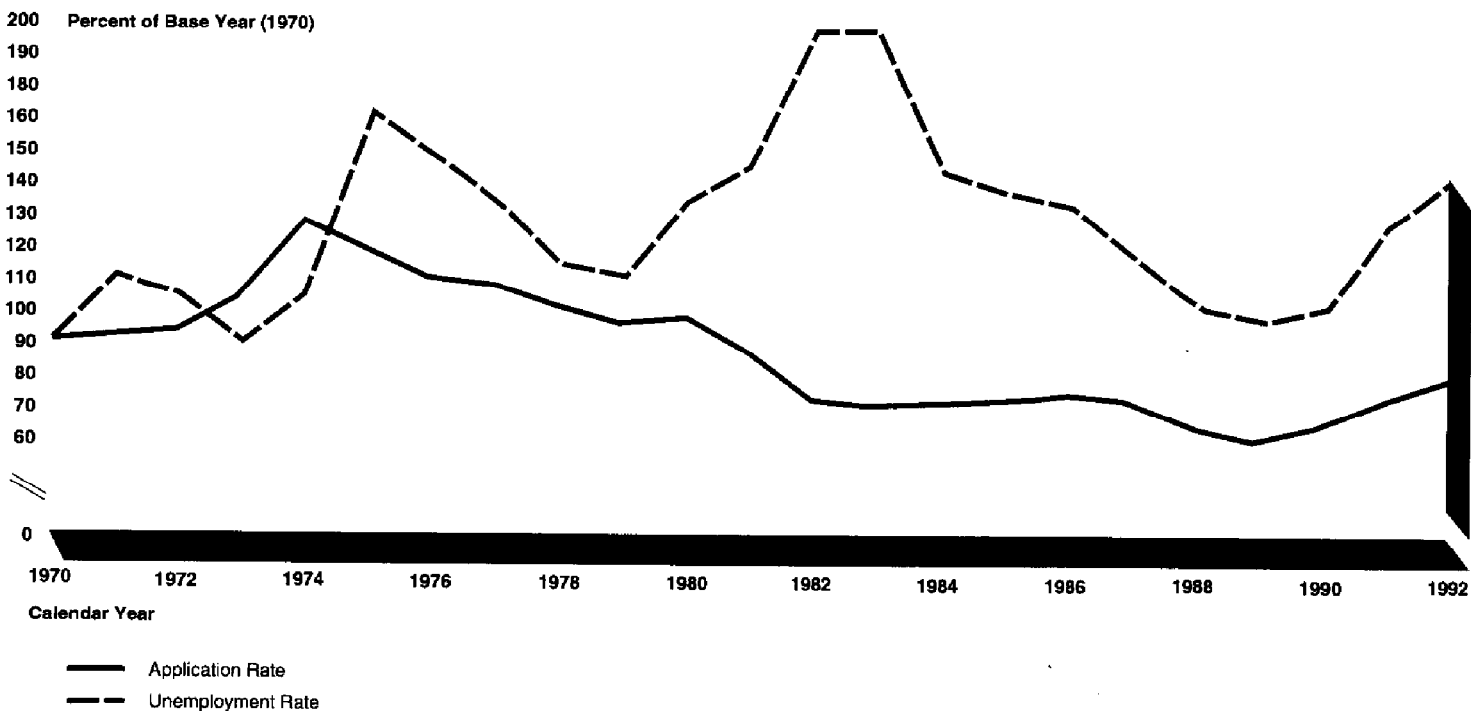
Some data suggest that rises in unemployment may explain the increase in application rates. Persons with impairments may find it difficult to obtain and keep jobs during periods of high unemployment. As a result, they may find disability benefits relatively more attractive.

However, research on this point has not been conclusive. HHS points out that past quantitative studies by SSA researchers had "disagreed on the existence of such a relationship between unfavorable levels of unemployment and the number of disability applications. Where a statistically significant relationship has been found, it generally has been weak."

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Rising Applications for Disability Insurance
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Other data suggest that the relative difficulty applicants experience in obtaining and keeping a disability award may also play a role in the application and unemployment rates since 1970. As shown in figure I.2, the unemployment and application rates were particularly far apart in the 1981 to 1984 period.

Figure I.2: DI Application Rate Compared to Unemployment Rate, 1970-92



Some of the difference in the rates during 1981 to 84 may be due to stringent program conditions that prevailed at that time, during which SSA was awarding benefits to relatively few applicants. (See app. II, fig. II.2.) Also, SSA was removing large numbers of persons from the rolls through continuing disability reviews. (See app. III.) These initiatives were well

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known and publicized. As a result, SSA believes that the stringent conditions of that time discouraged people from applying for DI.

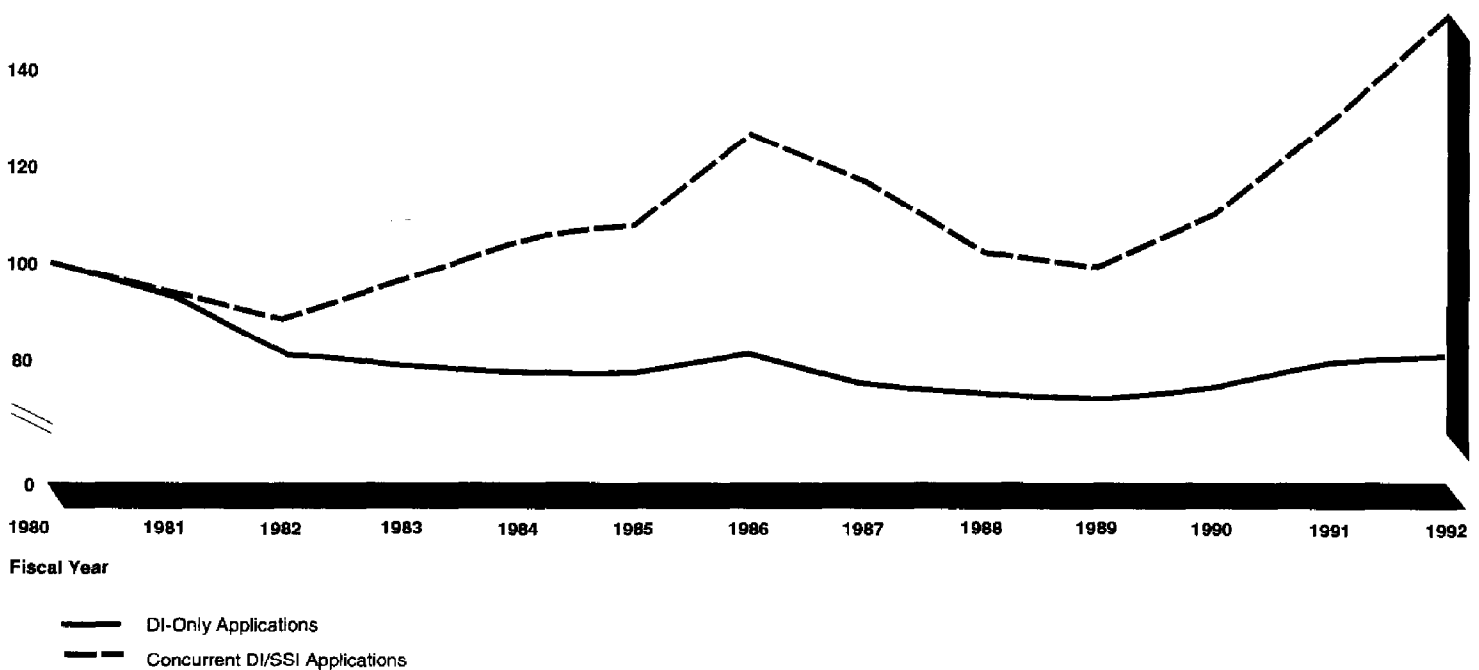
We identified a 1991 study that also reached the same conclusion.¹

**Connection Between
Applications for SSI
and DI**

As shown in figure I.3, much of the growth in the number of persons applying for DI benefits comes from those who were applying for both DI and SSI. In 1980, concurrent DI/SSI applications made up about one-third of the DI total. By 1992, concurrent applications made up almost half.

Figure I.3: Concurrent SSI/DI Applications Rose Faster Than DI-Only Applications, 1980-92

160 Percent of Base Year (1980)



This change suggests that factors that increase SSI applications may also be contributing to the DI rolls. For example, SSA has recently conducted outreach efforts for its SSI program, publicizing the availability of benefits

¹This study, *Self-Screening in Target Public Assistance Transfer Programs*, by Donald O. Parsons of Ohio State University (*Journal of Political Economy*, Vol. 99, No. 4, (1991)), found that a 10-percent decrease in the initial allowance rate induces a 4-percent reduction in applications.

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and explaining how they can be obtained. SSA believes these efforts served to increase SSI participation. Because of the overlap between SSI and DI, the outreach efforts may also have helped to increase DI applications.

This SSI/DI connection was also evident in 1974, when the SSI program first started paying benefits. At that time, the DI application rate reached its highest point in the period we examined. (See app. I, fig. I.1.)

Applicants Are More Frequently Successful

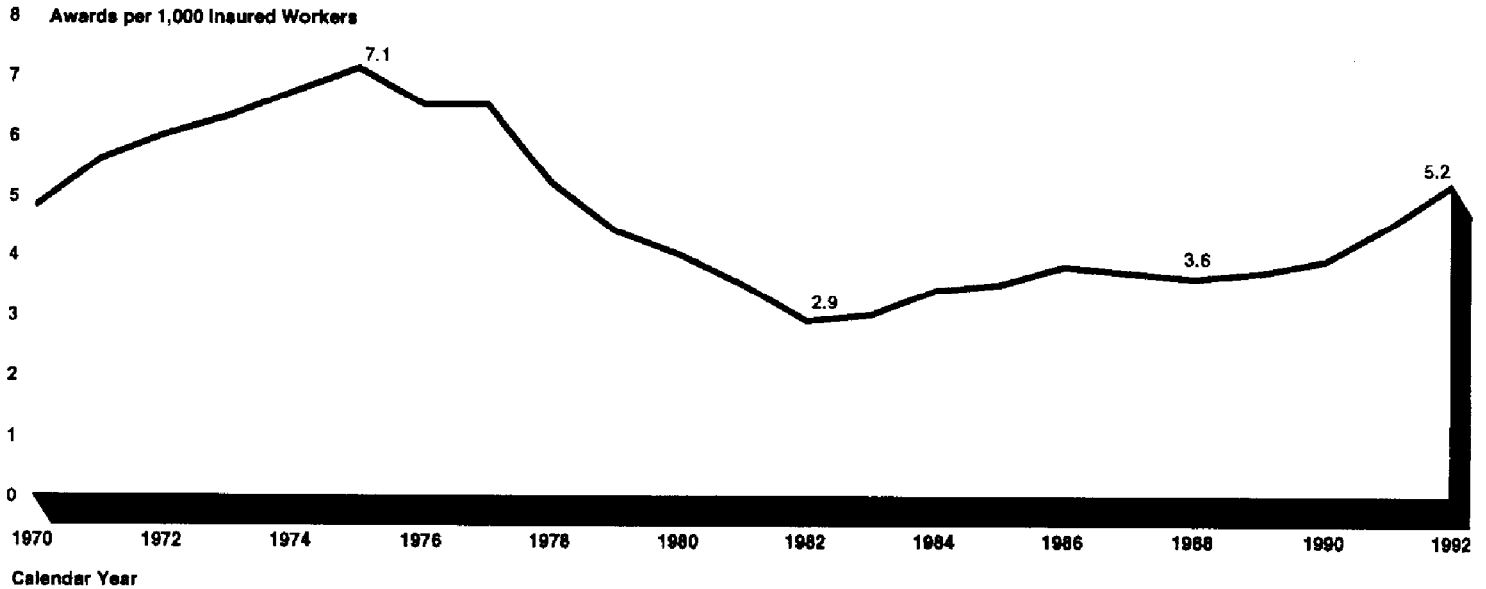
During the last decade, the percentage of applicants who were successful in obtaining DI awards increased each year. These increases occurred at both the initial and appellate levels of decisionmaking. In 1992, about 48 percent of DI applicants were found eligible to receive benefits. This number represented a substantial increase in the rate of awards from the low levels of the early 1980s. Award rates in 1992 appeared similar to those prevailing in the mid-1970s.

The growth in the award rate should be seen in perspective, however. For example, if application rates were to decline, higher award rates would have a limited input on the rolls. In 1992, although applications were rising, the application rate was not as high as it had been in the past.

One measure, the "incidence rate," or number of new awards per thousand insured persons, combines the effects of the award and application rates into one index. In 1992, this rate was not as high as in the 1970s. As shown in figure II.1, higher incidence rates occurred from 1971 through 1977. The 1992 incidence rate was equivalent to that prevailing in 1978.

Appendix II
Applicants Are More Frequently Successful

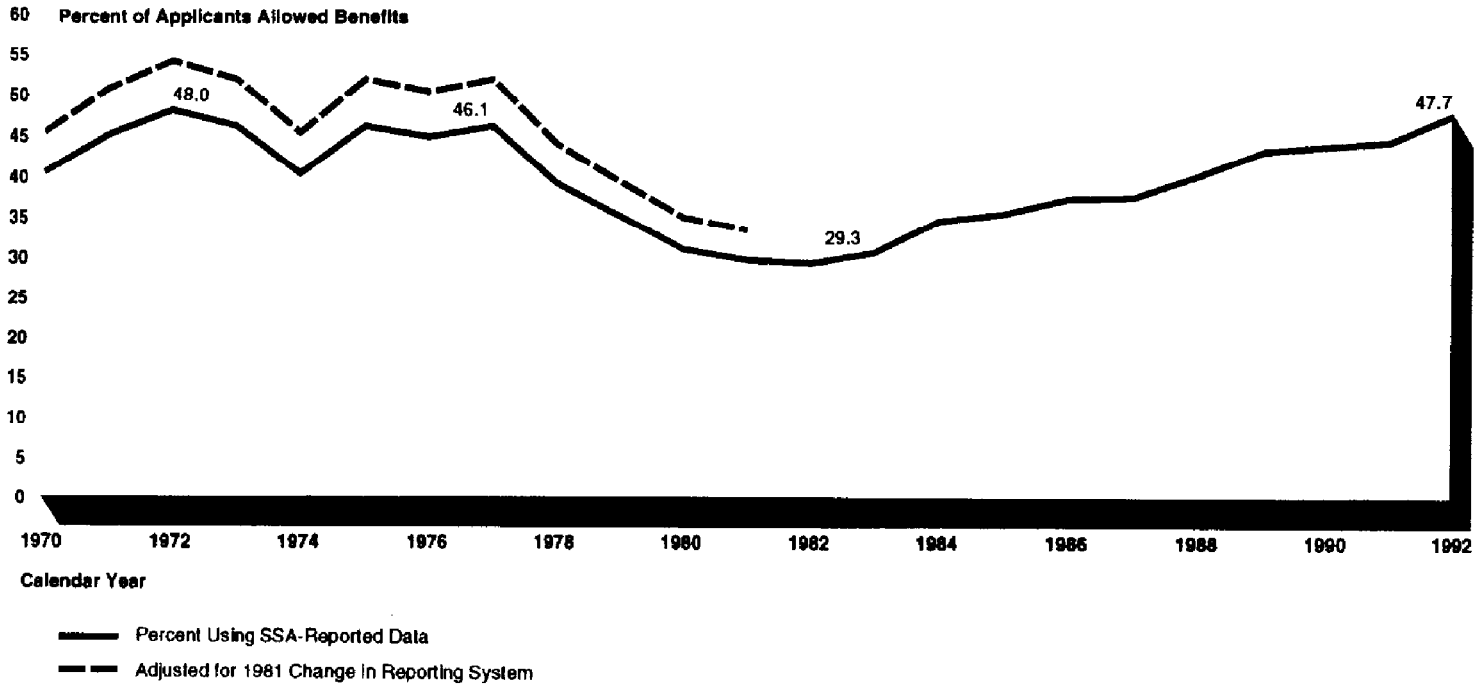
Figure II.1: History of DI Incidence Rate, 1970-92



Increases in DI awards are due in part to changes mandated by the Congress and the courts. Changes in the adjudicative climate—the subjective attitudes of decisionmakers—may also play a role. A small portion of the increases in the award rate may be due in part to more persons' winning their appeals before administrative law judges, who now make awards in more than two-thirds of their cases.

As shown in figure II.2, the award rate has changed in two directions since 1970. The rate declined from a high of 48.1 percent in 1972 to its low of 29.3 percent in 1982. Since 1982, the rate has been rising, reaching 47.7 percent in 1992.

Figure II.2: History of DI Award Rate, 1970-92



Note: SSA's change in technique for reporting applications also affects these data. (See app. I, fig. I.1.)

How Have Legislative and Regulatory Changes Affected the Award Rate?

“Disability” is defined in law and regulation; then further policy guidance is provided in SSA operational instructions. Changes in any of these criteria can be expected to have an impact on the rate of DI awards. Generally, recent legislation and policy changes have tended to liberalize the requirements for determining disability. Amendments to the Social Security Act adopted in 1984 required SSA to (1) place greater emphasis on the opinions of the applicants’ treating physicians, (2) focus more attention on the combined effect of multiple impairments, and (3) increase attention to the role of pain in restricting a person’s ability to work.

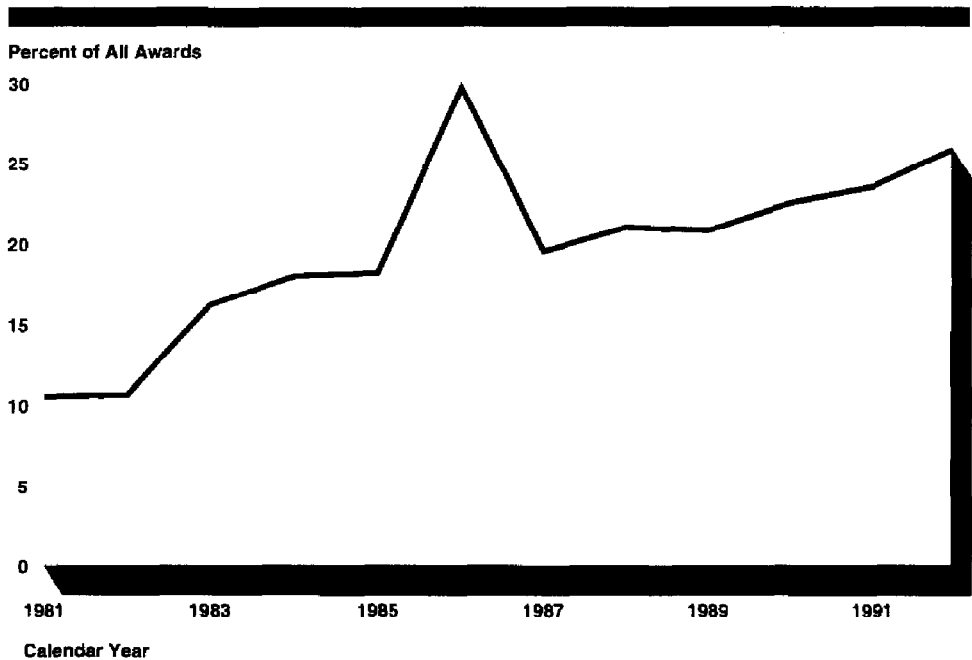
These amendments also required SSA to develop new criteria for evaluating mental impairment disabilities to better judge an applicant’s ability to work in a competitive environment. Available data suggest that policy

changes regarding how mental impairments should be evaluated have had a significant effect on the award rate.

Changes in Mental Impairment Standards Have Resulted in Increased Awards

Mental impairment awards have increased substantially. In 1992, nearly 26 percent of all disability awards were made on this basis, compared to nearly 11 percent in 1982.¹ Mental impairment awards are now the largest single category of awards. As shown in figure II.3, this increase started in 1982, when SSA first began considering revisions to its mental impairment regulations.

Figure II.3: Mental Impairment Awards: An Increasing Percentage of All DI Awards, 1981-92



When the new SSA standards were adopted in August 1985, the increase accelerated. SSA attributes the “spike” in 1986 mental impairment awards shown in figure II.3 to processing of pending applications, which had been stockpiled waiting for the new standards to take effect. After the spike, mental impairment awards continued an upward trend, although at a slower rate.

¹These data include only cases where mental impairment is the primary cause of disability.

This increase in mental impairment awards may reflect (1) an increase in the number of mentally impaired persons seeking awards and/or (2) an increase in the rate at which applicants are awarded benefits. Available data did not permit us to determine how much each of these possibilities contributes to the overall increase. SSA data, however, indicate that applicants whose disability is based on mental impairment have a higher allowance rate than many other types of applicants.

Specifically, in 1992, when the overall award rate on all claims was 47.7 percent, mental impairment claims had a higher success rate. DI applicants with mental impairments were successful nearly 66 percent of the time. Concurrent DI/SSI applicants with such impairments achieved a 54-percent success rate. Overall, persons applying on the basis of mental impairments were successful 58 percent of the time, whereas persons applying on the basis of physical impairments were successful only 39 percent of the time.²

Impact of Other Legislative and Program Changes Difficult to Assess

The impacts of legislative, regulatory, and other program changes are more difficult to assess. For example, no data or studies have quantified the impact of the mandates for increased emphasis on the opinions of treating physicians, multiple impairments, and pain. The effects of such changes on decisionmaking can be subtle. However, they can also be significant, especially in borderline cases where much subjective judgment is needed.

Subjective judgment is an important part of disability decisionmaking, despite SSA efforts to make decisions more objectively. HHS explains that even with the extensive operating guidance provided by SSA, "...deciding whether a person is able to perform other work in the economy, given his or her age, education, and work experience, frequently involves a certain degree of judgment on the part of the disability adjudicator. Similarly, disabilities involving pain or mental impairments are inherently more difficult to evaluate than conditions with more overt physical manifestations."

In these judgmental cases, the "adjudicative climate" can play an important role. This climate is defined by SSA as "...the perceptions of individual disability adjudicators, based on the prevailing national attitudes regarding disability, that may affect how they apply existing

²Data on success rates are based on SSA's 831 file. Our analysis included 93 percent of awards reported by SSA in 1992. This file provides a "snapshot" of the decisions made in that year, irrespective of whether the application was filed in that year or a previous year.

formal policy in instances where some judgment is required within the specified evaluation procedures.”

In such a decisionmaking environment, subtle changes in regulation may have a significant effect. For example, it may not be possible to directly assess the effect of a requirement to give “increased emphasis” to the opinion of a treating physician. Nonetheless, to the extent it alters the adjudicative climate, such a requirement can have a significant impact.

What Has Been the Impact of Court Decisions?

Since more than half a million new DI awards are now being made each year, the number of awards to successful litigants appears relatively inconsequential. For example, according to SSA, the two largest DI class action decisions against the agency have resulted in 8,440 and 2,621 new awards, respectively, to class members. However, SSA indicates that court decisions may have had a significant impact in increasing awards by causing SSA to liberalize policies and rulings in favor of applicants.

SSA materials indicate that the mental impairment regulations discussed above were influenced by a 1982 decision of the U.S. District Court in Minnesota, Mental Health Association of Minnesota v. Schweiker³. In other situations, SSA has responded to court decisions by changing regional policies—by issuing acquiescence rulings to comply with a decision only within the applicable judicial circuit. Today, 13 such rulings pertaining to DI are in effect.

And SSA records show that adjudicators in the Seattle region significantly increased their rate of allowances, from 39 to 52 percent, in the 2 years following the implementation of a decision of the U.S. District Court there. Such a major change took place despite the fact that the ruling directly benefitted only 300 DI applicants—representing less than 2 percent of a total of 17,000 DI applicants in the Seattle area in that year.

Known Errors in Decisionmaking Do Not Contribute to Increased Awards

One of our requesters asked us to examine whether errors made by decisionmakers were causing the growth in awards. Our analysis of available information points in the other direction. That is, if decisionmaking errors had never been made, more awards could have resulted.

³554 F. Supp. 157 (D. Minnesota 1982).

In our analysis, we started with decisionmaking at the initial disability determination services decision level, since about two-thirds of benefit awards and denials are made at this level. SSA reviews these decisions to assure their quality.⁴ SSA conducts these reviews on a statistical sample of cases, then uses the results to measure DDS performance. Generally, these reviews find that DDSs achieve more than 96-percent accuracy in award decisions. In benefit denials, DDSs usually reach about 93-percent accuracy.

Because DDSs produce about 40 percent more denials than awards, the higher error rates on DDS denials may have a significant effect in reducing the number of awards. Specifically, an analysis of quality assurance data indicates that about 30,500 of the 713,300 DDS denials in 1992 would have been awards if no errors had been made. In addition, about 7,000 of the 503,100 awards would have been denials.⁵ Thus, if DDSs had made no errors at all, a net increase in awards would have resulted. Analysis of data from other years reaches similar conclusions.

What Has Been the Impact of Increased Allowances Occurring at the ALJ Level?

Although ALJs currently award benefits to more than 70 percent of applicants who appeal, and although the number of appeals has increased, available data do not suggest that ALJ decisions are the major cause of recent award rate increases. Instead, most of the increase in total awards occurred at the DDS level.

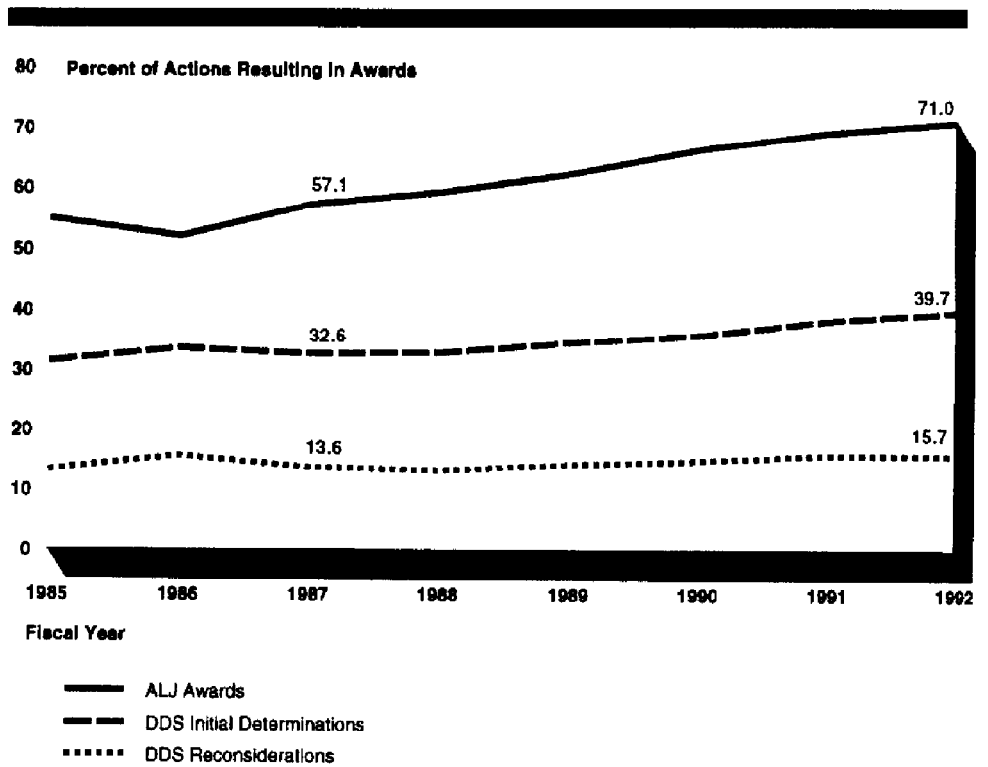
As shown in figure II.4, the award rate increased at both the initial determination and reconsideration stages in the DDSs. The rate also increased at the ALJ level, but more rapidly.

⁴We are currently working on a request from the Senate Committee on Finance to review SSA's quality assurance process.

⁵Quality assurance data indicated that about 6.8 percent of denials had to be returned to DDSs for correction. When developed and corrected, about 63 percent of these denials were reversed. About 3 percent of awards were returned, of which 47 percent were reversed. The denial data do not include the effects of eventual appeals.

Appendix II
Applicants Are More Frequently Successful

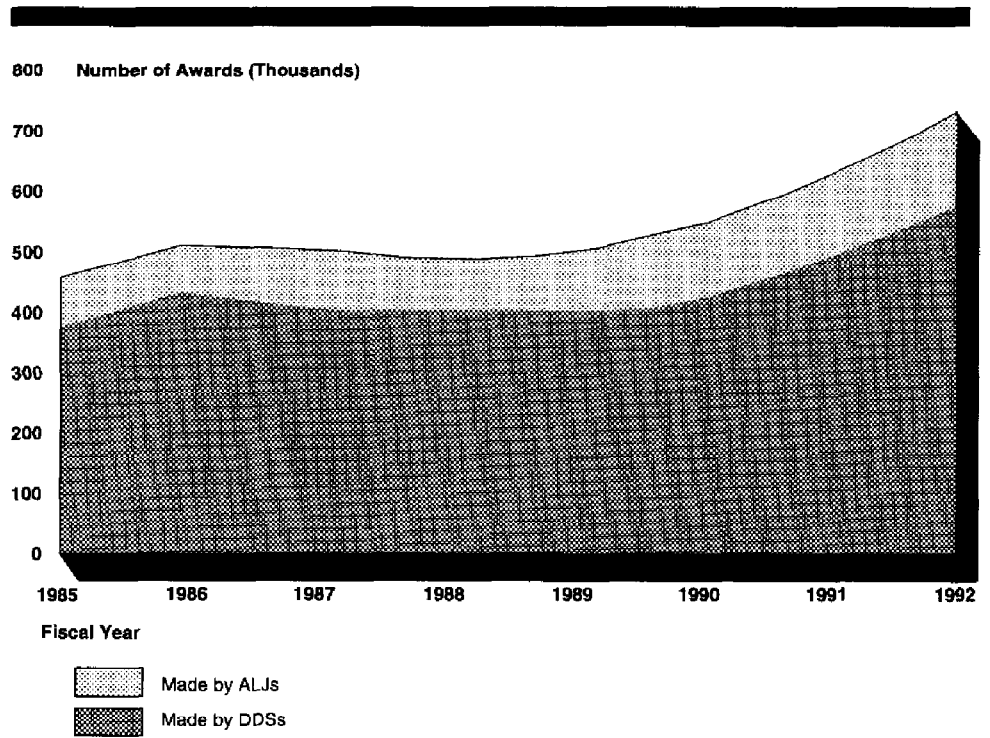
Figure II.4: DI Award Rate Rose at Both
the DDS and ALJ Levels, 1985-92



The slower change at the DDS level, however, had a greater impact on the rolls because DDSs provide roughly three-and-a-half times as many awards as ALJs. Figure II.5 shows the sources of awards.

Appendix II
Applicants Are More Frequently Successful

Figure II.5: Number of DI Awards Made by DDSs and ALJs, 1985-92



Note: Data include awards for disabled dependents. Awards made by SSA's Appeals Council and federal district courts, which represent less than 2 percent of the total, are not included.

Thus increases at all levels of the decisionmaking process are playing a role in increasing total awards.

More Beneficiaries Remain on the Rolls

The rate at which beneficiaries leave the DI program has generally been declining for more than 20 years. Since 1985, over 90 percent of terminations from the DI rolls have occurred when beneficiaries died or converted to retirement payment under Social Security's Old Age and Survivors Insurance fund at age 65. These types of terminations can be expected to further decrease in the future, since new awardees are coming on the rolls at younger ages and staying longer. Increasing numbers of awards to younger persons with mental impairments have contributed to this decrease in awardee age.

In recent years, persons recovering¹ from disability have represented less than 5 percent of terminations. CDRs and vocational rehabilitation have had little impact on the DI rolls. For example, VR reduced the DI rolls by less than 0.2 percent in 1992.

How Beneficiaries Leave the Rolls

DI beneficiaries leave the rolls (benefits are terminated) under several circumstances. About 5 percent of beneficiaries die each year. This is a higher rate than the rate of death in the population aged 18 to 64 as a whole, because DI beneficiaries are usually severely physically impaired and thus have lower life expectancies than the average person.

Second, persons who reach age 65 on the DI rolls are automatically converted to retirement payments under the OASI fund. This is the same fund that pays benefits to all Social Security retirement beneficiaries. Thus, a person can process into general retirement status from the disability rolls.

Third, persons leave the rolls when SSA determines they are no longer disabled. SSA is required to make such CDR determinations every 3 years on all cases where medical improvement is expected or possible.

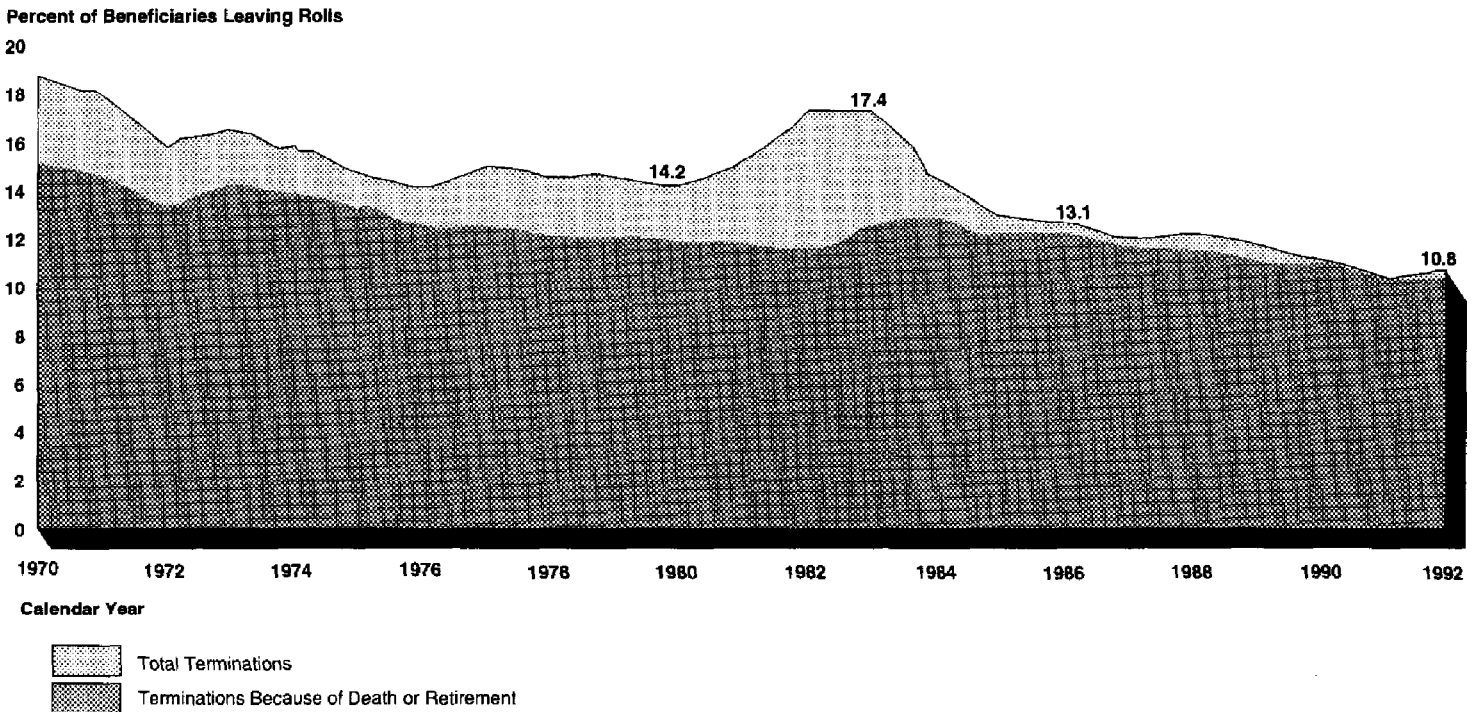
Also, some persons return to work as a result of receiving VR services or finding work without such services.

¹Persons are considered "recovered" when they leave the rolls because of a CDR, rehabilitation, or voluntary return to work.

Termination Rates Have Generally Been Declining

As shown in figure III.1, the rate at which beneficiaries leave the program has generally been declining, with the exception of the period from 1981 through 1983. During this period, SSA conducted over a million CDRs and attempted to remove about 442,900 persons from the DI rolls.²

Figure III.1: History of DI Termination Rate, 1970-92



Note: 1991 data omit terminations for reasons other than death or retirement.

This initiative was not sustainable, however. Because of opposition to it, the Secretary of HHS halted CDR activity in October 1984. Legislation also prevented SSA from terminating benefits unless the agency could find medical improvement in a beneficiary's condition. Since 1984, the DI termination rate has resumed its decline.

²As of 1987, about two-thirds of former beneficiaries who were determined by SSA, between 1981 and 1984, to be ineligible for benefits had been reinstated on the benefit rolls. See *Social Security Disability: Denied Applicants' Health and Financial Status Compared with Beneficiaries* (GAO/HRD-90-2, Nov. 6, 1989).

Awardee Age Has Significant Role in Decline of Termination Rates

The age of new awardees has been dropping. Because more than 90 percent of terminations are due to death or conversion to retirement, this continuing decline in awardee age is significant.

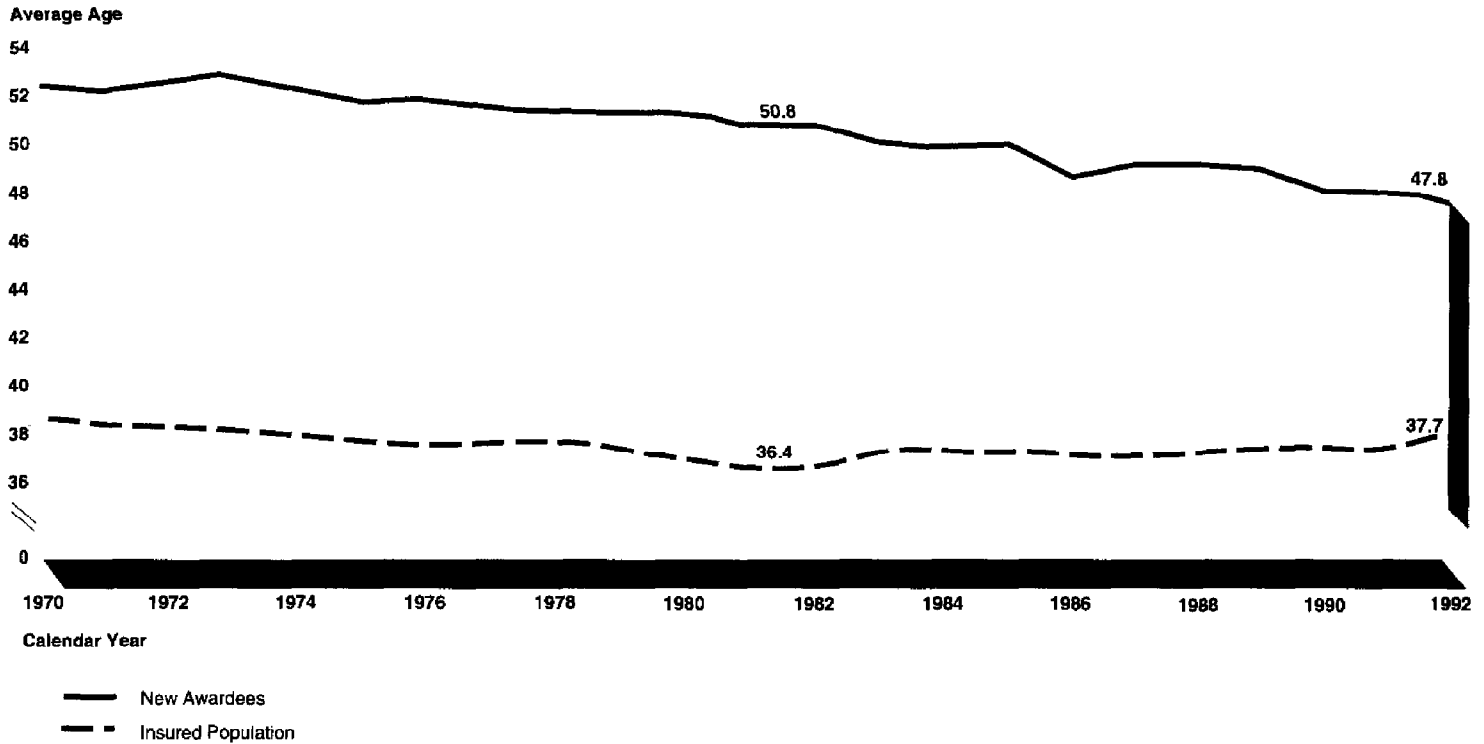
Beneficiaries are coming on the rolls at a younger age and staying longer. The average awardee age dropped from 52.3 years in 1970 to 47.8 years in 1992. (See fig. III.2.) At the same time, beneficiaries are staying on the rolls longer. SSA data indicate that 14 percent of beneficiaries in 1992 had been on the rolls for 15 years or more. The percentage is a sharp increase from 1980, when the comparable figure was 5 percent.

Several factors contribute to the decline in awardee age. Through 1981, the decline could be explained by a parallel decline in the average age of the insured population. More "baby-boom" workers were achieving insured status. As more younger workers came into the insurance pool, the pool's average age declined. As the pool grew younger on average, awardees did also.

Beginning in 1982, the situation changed. The average age of the insured started to increase. This event occurred because the baby-boom group was now starting to work its way through the insured population. Between 1981 and 1992, the insured pool's average age grew by more than a year, from 36.4 to 37.7. Despite this increase in the age of the insured, the age of new awardees continued to drop. Specifically, the average awardee age fell by 3 years, from 50.8 in 1981 to 47.8 in 1992. (See fig. III.2.)

Appendix III
More Beneficiaries Remain on the Rolls

Figure III.2: Age Trends in Insured and New Awardee Populations, 1970-92



Differing rates of awards to younger and older persons explain some of the decline in average awardee age since 1982. As shown in table III.1, incidence rates (awards per thousand insured persons) for younger workers have been rising faster and for a longer period than incidence rates for older workers. In the 12 years between 1980 and 1992, incidence rates for younger workers rose 51.5 percent, from 1.7 persons per thousand to 3.3 per thousand. For older workers, the rate has generally been declining, with increases coming only in 1991 and 1992. Between 1990 and 1992, the older workers' rate rose 25.5 percent, from 10.6 to 13.3.

Table III.1: Incidence Rate Trends Differ for Younger and Older Workers, 1970-92

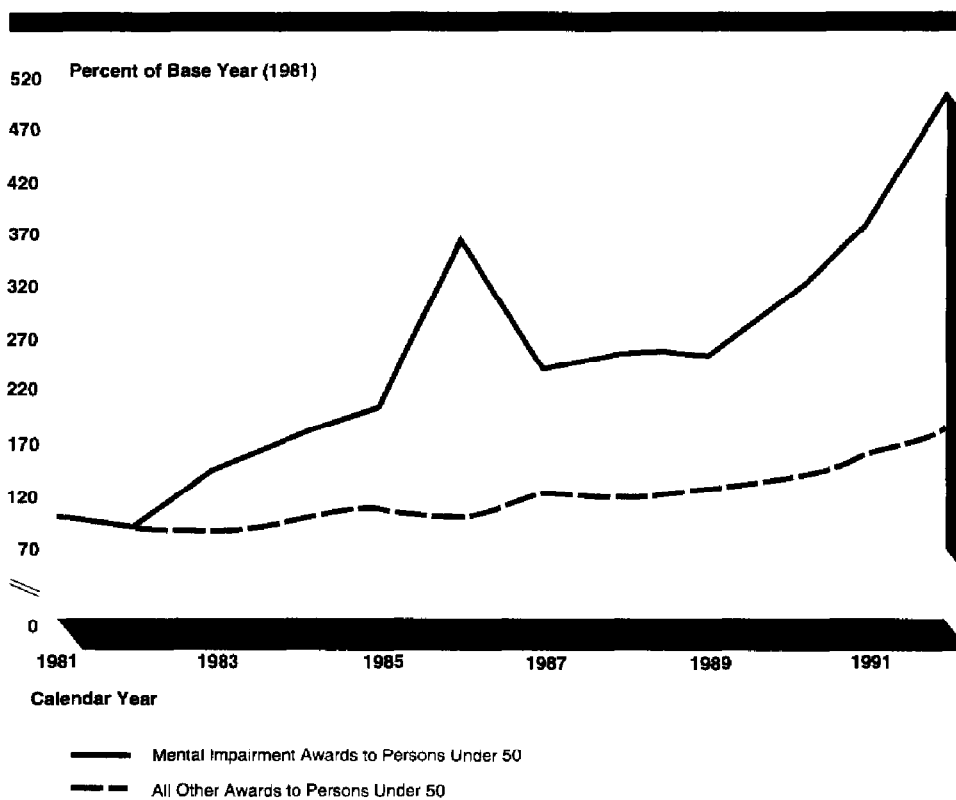
	1970	1980	1985	1990	1991	1992
Awards per 1,000 workers under 50	2.0	1.7	1.9	2.3	2.6	3.3
Awards per 1,000 workers age 50 or older	13.1	12.2	11.0	10.6	11.3	13.3

What Has Caused the Recent Decline in Average Awardee Age?

The divergence between the disability experience of those younger and older than age 50 has two causes. For younger workers, increased mental impairment awards appear to be the major factor. For older workers, decreases in awards to persons with cardiovascular problems seem to play an important role.

As shown in figure III.3, mental impairment awards account for most of the increase in awards to persons younger than 50. The changes in mental impairment standards discussed in appendix II appear to be the major cause of this increase, although other factors may also play a role.

Figure III.3: Many Awards to Younger Persons Are Due to Mental Impairment, 1981-92



For older workers, a decline in DI awards based on cardiovascular impairment appears to play a role in decreasing their incidence rates. These types of awards dropped from 177,300, or 30 percent of all awards in 1975, to 89,800, or 14 percent of all awards in 1992. Since most

cardiovascular awards go to persons older than 50, declines in such awards have coincided to some extent with reductions in awards to older persons.

However, the overall causes of the decline in awards to older persons are not clear. New, more rigorous, standards for evaluating cardiovascular impairments were established in 1979, which contributed to the decline in this type of award. The shift from a manufacturing to a service economy may also contribute to declining disability among the older population. As more workers spend time in less strenuous service jobs, they may experience lower physical demands from employment, and thus suffer less work-induced disability.

Minimal Recent Impact of CDRs

Although SSA is required to take steps to remove ineligible beneficiaries from the DI rolls, SSA has experienced difficulty in doing so. Funding and legal constraints have hampered its efforts.

The Social Security Act requires that every 3 years SSA review disability cases where medical improvement is expected. SSA has been unable to meet this requirement for more than 6 years, due in part to heavy workload demands caused by the recent increase in applications. SSA estimates that it now has over 1 million CDRs backlogged.

We believe CDRs remain necessary. For example, in our November 1989 report on denied applicants³, we found that 15 percent of persons removed from the rolls during the 1981 to 1984 period of heavy emphasis on CDRs had returned to work and were still working in 1987. SSA has estimated that the net cost of not performing CDRs in fiscal years 1990 through 1993 will be \$1.4 billion, projected through 1997.⁴

However, it should be realized that CDRs, even if fully pursued, have limited ability to affect the size of the rolls. SSA has estimated that performing overdue CDRs could remove around 30,000 persons from the rolls. This figure is less than 1 percent of the 3.5 million beneficiaries on the rolls.

³See GAO/HRD-90-2, Nov. 6, 1989.

⁴This figure includes amounts saved by removing from the rolls those whose medical condition had improved to the extent that they were no longer disabled. The figure is net of the increased administrative costs necessary to perform CDRs.

Rehabilitation Contributes Little to Terminations

Rehabilitation has had very little impact on the disability rolls. The Social Security Act provides that DI applicants be referred to VR agencies. However, in 1992, less than 6,300 DI beneficiaries, or less than 0.2 percent of the rolls, were returned to work via this route. In that year, SSA spent only \$32 million on VR, or about 0.1 percent of benefit costs.

In 1987, we reported that VR agencies were having little success with DI beneficiaries.⁵ In that study, rehabilitation counselors told us VR efforts were unsuccessful mostly because (1) the disabilities of DI recipients were generally too severe to warrant rehabilitation and (2) DI recipients generally feared losing their DI and Medicare benefits if rehabilitation resulted in a permanent return to work.

⁵Social Security: Little Success Achieved in Rehabilitating Disabled Beneficiaries (GAO/HRD-88-11, Dec. 1987).

Statistical Data for Figures Used in This Report

Table IV.1: History of DI Application Rate, 1970-92 (Figure I.1)

Numbers in thousands

Calendar year	Number of applications		DI-insured workers ^b	Applications per 1,000 insured workers (application rate) ^a	
	Reported data	Adjusted data ^a		Based on reported data	Based on adjusted data ^a
1970	868.2	772.7	72,400	12.0	10.7
1971	924.4	822.7	74,500	12.4	11.0
1972	947.8	843.5	76,100	12.5	11.1
1973	1,066.9	949.5	77,800	13.7	12.2
1974	1,330.2	1,183.9	80,400	16.5	14.7
1975	1,285.3	1,143.9	83,300	15.4	13.7
1976	1,232.2	1,096.7	85,300	14.4	12.9
1977	1,235.2	1,099.3	87,000	14.2	12.6
1978	1,184.7	1,054.4	89,300	13.3	11.8
1979	1,187.8	1,057.1	93,700	12.7	11.3
1980	1,262.3	1,123.4	98,000	12.9	11.5
1981	1,161.3	1,033.6	100,000	11.6	10.3
1982	1,020.0		102,600	9.9	
1983	1,017.7		104,500	9.7	
1984	1,035.7		105,400	9.8	
1985	1,066.2		107,100	10.0	
1986	1,118.4		109,600	10.2	
1987	1,108.9		111,600	9.9	
1988	1,017.9		113,500	9.0	
1989	984.9		115,800	8.5	
1990	1,067.7		118,500	9.0	
1991	1,208.7		120,300	10.0	
1992	1,335.1		122,100	10.9	

^aThe application rate is the number of applications per 1,000 workers insured for disability.

^bThe numbers of DI-insured workers are rounded to hundreds of thousands.

^cComputed by GAO. GAO reduced the number of applications by 11 percent to compensate for 1981 changes in SSA's reporting techniques.

Source: Annual statistical supplements to the Social Security Bulletin.

**Appendix IV
Statistical Data for Figures Used in This
Report**

**Table IV.2: DI Application Rate
Compared to Unemployment Rate,
1970-92 (Figure I.2)**

Calendar year	Application rate		Unemployment rate ^a	
	Rate	Percent of base year	Rate	Percent of base year
1970	12.0	100.0	4.8	100.0
1971	12.4	103.3	5.8	120.8
1972	12.5	104.2	5.5	114.6
1973	13.7	114.2	4.8	100.0
1974	16.5	137.5	5.5	114.6
1975	15.4	128.3	8.3	172.9
1976	14.4	120.0	7.6	158.3
1977	14.2	118.3	6.9	143.8
1978	13.3	110.8	6.0	125.0
1979	12.7	105.8	5.8	120.8
1980	12.9	107.5	7.0	145.8
1981	11.6	96.7	7.5	156.3
1982	9.9	82.5	9.5	197.9
1983	9.7	80.8	9.5	197.9
1984	9.8	81.7	7.4	154.2
1985	10.0	83.3	7.1	147.9
1986	10.2	85.0	6.9	143.8
1987	9.9	82.5	6.1	127.1
1988	9.0	75.0	5.4	112.5
1989	8.5	70.8	5.2	108.3
1990	9.0	75.0	5.4	112.5
1991	10.0	83.3	6.6	137.5
1992	10.9	90.8	7.3	152.1

Note: Percentages calculated based on current year rate divided by 1970 rate.

^aUnemployed as percent of labor force, including resident armed forces.

Source: Application rate as shown in table IV.1. Unemployment rate from Economic Report of the President, Jan. 1993.

**Appendix IV
Statistical Data for Figures Used in This
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**Table IV.3: Concurrent SSI/DI
Applications Rose Faster Than DI-Only
Applications, 1980-92 (Figure 1.3)**

Fiscal year	DI-only applications		Concurrent applications	
	Number	Percent of base year	Number	Percent of base year
1980	803	100.0	395	100.0
1981	748	93.2	371	93.9
1982	651	81.1	349	88.4
1983	631	78.6	381	96.5
1984	622	77.5	414	104.8
1985	621	77.3	429	108.6
1986	653	81.3	502	127.1
1987	604	75.2	463	117.2
1988	593	73.8	407	103.0
1989	580	72.2	396	100.3
1990	604	75.2	440	111.4
1991	648	80.7	519	131.4
1992	661	82.3	603	152.7

Note: Data include all disability decisions made by DDSs, including cases involving disabled dependents. Percentages calculated based on current year numbers divided by 1970 numbers.

Sources: SSA's State Agency Operations Reports and CRS Report for Congress: Status of the Disability Programs of the Social Security Administration (Sept. 8, 1992).

**Appendix IV
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**Table IV.4: History of DI Incidence
Rate, 1970-92 (Figure II.1)**

Numbers in thousands

Calendar year	Number of awards	DI-insured workers	Awards per 1,000 insured workers (Incidence rate)
1970	350.4	72,400	4.8
1971	415.9	74,500	5.6
1972	455.4	76,100	6.0
1973	491.6	77,800	6.3
1974	536.0	80,400	6.7
1975	592.0	83,300	7.1
1976	551.5	85,300	6.5
1977	568.9	87,000	6.5
1978	464.4	89,300	5.2
1979	416.7	93,700	4.4
1980	391.6	98,000	4.0
1981	345.3	100,300	3.5
1982	298.5	102,600	2.9
1983	311.5	104,500	3.0
1984	357.1	105,400	3.4
1985	377.4	107,100	3.5
1986	416.9	109,600	3.8
1987	415.8	111,600	3.7
1988	409.5	113,500	3.6
1989	425.6	115,800	3.7
1990	468.0	118,500	3.9
1991	536.4	120,300	4.5
1992	636.6	122,100	5.2

Source: Annual statistical supplements to the Social Security Bulletin.

**Appendix IV
Statistical Data for Figures Used in This
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Table IV.5: History of DI Award Rate, 1970-92 (Figure II.2)

Numbers in thousands

Calendar year	Number of applications		Number of awards	Percent of applications resulting in award (Award rate)	
	Reported data	Adjusted data ^a		Based on reported data	Based on adjusted data
1970	868.2	772.7	350.4	40.4	45.3
1971	924.4	822.7	415.9	45.0	50.6
1972	947.8	843.5	455.4	48.0	54.0
1973	1,066.9	949.5	491.6	46.1	51.8
1974	1,330.2	1,183.9	536.0	40.3	45.3
1975	1,285.3	1,143.9	592.0	46.1	51.8
1976	1,232.2	1,096.7	551.5	44.8	50.3
1977	1,235.2	1,099.3	568.9	46.1	51.8
1978	1,184.7	1,054.4	464.4	39.2	44.0
1979	1,187.8	1,057.1	416.7	35.1	39.4
1980	1,262.3	1,123.4	391.6	31.0	34.9
1981	1,161.3	1,033.6	345.3	29.7	33.4
1982	1,020.0		298.5	29.3	
1983	1,017.7		311.5	30.6	
1984	1,035.7		357.1	34.5	
1985	1,066.2		377.4	35.4	
1986	1,118.4		416.9	37.3	
1987	1,108.9		415.8	37.5	
1988	1,017.9		409.5	40.2	
1989	984.9		425.6	43.2	
1990	1,067.7		468.0	43.8	
1991	1,208.7		536.4	44.4	
1992	1,335.1		636.6	47.7	

^aAdjusted application data as shown in table IV.1.

Source: Annual statistical supplements to the Social Security Bulletin.

**Appendix IV
Statistical Data for Figures Used in This
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**Table IV.6: Mental Impairment Awards:
an Increasing Percentage of All
Awards, 1981-92 (Figure II.3)**

Numbers in thousands			
Calendar year	Total awards to disabled workers	Mental impairment awards	
		Number	Percent of total
1981	345.3	36.3	10.5
1982	298.5	31.5	10.6
1983	311.5	50.6	16.2
1984	357.1	64.1	18.0
1985	377.4	68.6	18.2
1986	416.9	124.0	29.7
1987	415.8	81.2	19.5
1988	409.5	85.8	21.0
1989	425.6	88.5	20.8
1990	468.0	105.2	22.5
1991	536.4	126.2	23.5
1992	636.6	164.1	25.8

Source: Annual statistical supplements to the Social Security Bulletin.

Table IV.7: Award Rate Rose at Both the DDS and ALJ Levels, 1985-92 (Figure II.4)

Numbers in thousands

Fiscal year	ALJ rate			DDS decisions					
	Actions taken on appeals	Awards		Initial rate			Reconsideration rate		
		Number	Rate	Initial actions taken ^a	Awards	Rate	Actions taken on appeals	Awards	Rate
1985	168.1	92.1	54.8	1,016.1	318.2	31.3	286.4	37.9	13.2
1986	151.7	78.7	51.9	1,138.5	381.7	33.5	282.0	43.9	15.6
1987	171.9	98.2	57.1	1,096.1	357.2	32.6	325.7	44.2	13.6
1988	188.7	111.7	59.2	1,010.5	331.8	32.8	303.6	39.8	13.1
1989	196.0	122.1	62.3	962.0	331.6	34.5	297.0	42.0	14.1
1990	192.3	127.7	66.4	1,013.5	363.3	35.8	336.0	49.6	14.8
1991	209.4	144.9	69.2	1,101.6	421.7	38.3	344.8	54.4	15.8
1992	231.3	164.2	71.0	1,268.8	503.1	39.7	400.0	62.6	15.7

Note: Data include all disability decisions made by DDSs, including cases involving disabled dependents.

^aIndicates clearances by DDSs at initial stage.

Sources: SSA's State Agency Operations Report and data from SSA's Office of Hearings and Appeals.

**Appendix IV
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**Table IV.8: Number of DI Awards Made
by DDSs and ALJs, 1985-92 (Figure
II.5)**

Numbers in thousands

Fiscal year	Awards		Total
	Made by ALJs	Made by DDSs	
1985	92.1	356.1	448.2
1986	78.7	425.6	504.3
1987	98.2	401.4	499.6
1988	111.7	371.6	483.3
1989	122.1	373.6	495.7
1990	127.7	412.9	540.6
1991	144.3	476.1	621.0
1992	164.2	565.7	729.9

Note: Data include awards to disabled dependents. Awards made by SSA's Appeals Council and federal courts, which represent less than 2 percent of the total, are not included.

Sources: SSA's State Agency Operations Reports and data from SSA's Office of Hearings and Appeals.

**Appendix IV
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Table IV.9: History of DI Termination Rate, 1970-92 (Figure III.1)

Numbers in thousands

Calendar year	Number of beneficiaries			Death and retirement termination	
	On rolls at beginning of year	Terminated during year	Percent terminated	Number	Percent terminated
1970	1,394.3	260.4	18.7	208.7	15.0
1971	1,492.9	266.5	17.9	216.9	14.5
1972	1,647.7	261.7	15.9	215.0	13.0
1973	1,832.9	304.8	16.6	261.0	14.2
1974	2,016.6	321.0	15.9	277.8	13.8
1975	2,236.9	329.5	14.7	297.4	13.3
1976	2,488.8	351.5	14.1	310.1	12.5
1977	2,670.2	401.3	15.0	334.6	12.5
1978	2,837.4	413.6	14.6	337.6	11.9
1979	2,879.8	422.5	14.7	347.2	12.1
1980	2,870.6	408.1	14.2	342.8	11.9
1981	2,858.7	434.2	15.2	333.4	11.7
1982	2,776.5	483.8	17.4	319.5	11.5
1983	2,603.6	453.6	17.4	328.0	12.6
1984	2,569.0	371.9	14.5	319.7	12.4
1985	2,596.5	340.0	13.1	322.9	12.4
1986	2,656.6	341.3	12.8	321.5	12.1
1987	2,728.5	331.5	12.1	313.7	11.5
1988	2,785.9	346.3	12.4	315.4	11.3
1989	2,830.3	336.3	11.9	318.6	11.3
1990	2,895.4	327.8	11.3	319.5	11.0
1991	3,011.3	320.3	10.6	319.2	10.6
1992	3,194.9	345.9	10.8	334.7	10.5

Note: 1991 data omit terminations for reasons other than death or retirement. Retirement equates with conversion to Old Age and Survivors Insurance benefits.

Sources: Annual statistical supplements to the Social Security Bulletin and The Social Security Disability Insurance Program: An Analysis, HHS, (Dec. 6, 1992).

**Appendix IV
Statistical Data for Figures Used in This
Report**

**Table IV.10: Age Trends in Insured and
New Awardee Populations, 1970-92
(Figure III.2)**

Calendar year	Average age	
	New awardees	Insured population
1970	52.3	38.5
1971	52.2	38.2
1972	52.7	38.2
1973	52.9	38.2
1974	52.2	37.9
1975	51.7	37.6
1976	51.8	37.4
1977	51.6	37.4
1978	51.4	37.3
1979	51.4	37.3
1980	51.2	36.6
1981	50.8	36.4
1982	50.8	36.6
1983	50.1	36.9
1984	49.9	37.1
1985	50.0	37.2
1986	48.7	37.2
1987	49.2	37.2
1988	49.2	37.3
1989	49.0	37.4
1990	48.2	37.4
1991	48.1	37.5
1992	47.8	37.7

Source: Analysis of data in annual statistical supplements to the Social Security Bulletin.

**Appendix IV
Statistical Data for Figures Used in This
Report**

**Table IV.11: Many Awards to Younger
Persons Are Due to Mental
Impairment, 1981-92 (Figure III.3)**

Numbers in thousands				
Calendar year	Awards to persons under 50 years old			
	Mental impairment		Other impairments	
	Number	Percent of base year	Number	Percent of base year
1981	24.6	100.0	98.5	100.0
1982	21.7	88.2	87.6	89.0
1983	35.3	143.5	85.3	86.6
1984	43.7	177.6	97.1	98.6
1985	49.3	200.4	108.8	110.5
1986	89.8	365.0	98.5	100.1
1987	59.0	239.8	125.5	127.5
1988	63.3	257.3	119.7	121.6
1989	64.1	260.6	125.6	127.6
1990	77.9	316.7	137.5	139.6
1991	94.3	383.3	161.1	163.6
1992	125.6	510.6	187.6	190.5

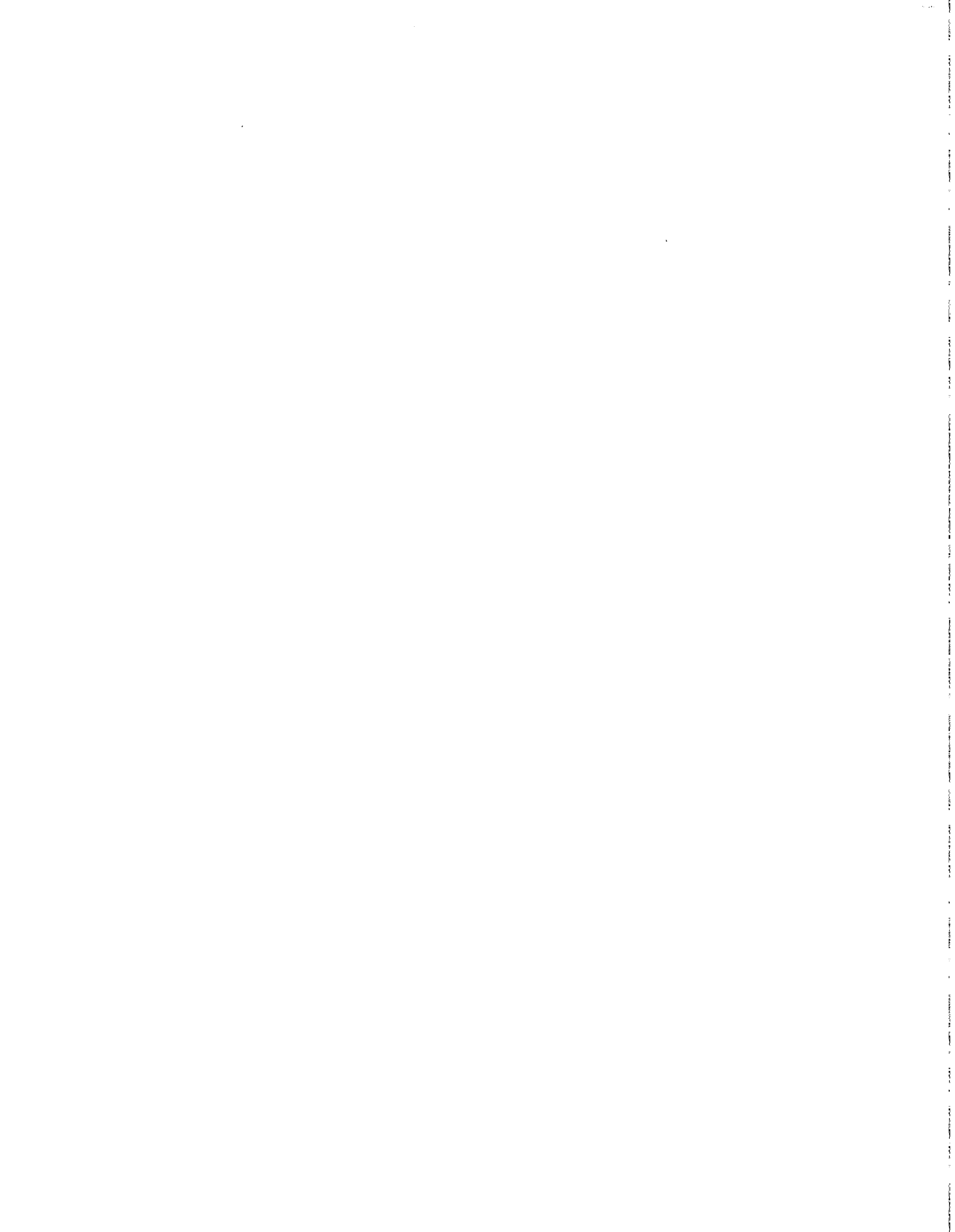
Note: Percent of base year computation based on unrounded number of awards, with 1981 as the base year.

Source: Annual statistical supplements to the Social Security Bulletin.

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