



NATIONAL ORGANIZATION OF
SOCIAL SECURITY CLAIMANTS'
REPRESENTATIVES
ESTABLISHED 1979

HEARING

“One Million Claims and Growing: Improving Social Security’s Disability Adjudication Process”

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U.S. House of Representatives
Committee on Ways and Means
Subcommittee on Social Security

Written Statement of David Camp
On Behalf of the National Organization of Social Security Claimants’ Representatives
(NOSSCR)

Chairman Ferguson, Ranking Member Larson, and Members of the Subcommittee:

Thank you for inviting me to discuss the disability claim delays at the Social Security Administration (SSA). These delays have led to an extreme and growing backlog at the initial and reconsideration levels of review, dramatically impacting the lives of many of your constituents. This backlog can be corrected if SSA acts now to implement the policy options outlined in this statement.

I am David Camp, Interim CEO of the National Organization of Social Security Claimants’ Representatives (NOSSCR). NOSSCR is a specialized bar association for attorneys and advocates who represent Social Security disability claimants nationwide throughout the adjudicative process. Given our dedicated practice area, we are uniquely positioned to report on cumbersome SSA procedures. As I will detail, many correctable policies currently contribute to delays and result in claimants waiting far longer than necessary for decisions.

Despite a significant decrease in the overall volume of Social Security disability claims,¹ the average initial-stages processing time has increased substantially.² From 2010 to 2022, Disability Insurance claims sent for review to a state Disability Determination Services (DDS) declined by 37%.³ In the same period Supplemental Security Income (SSI) disability claims dropped by 49%.⁴ This historic decline in workload far outpaced changes in SSA staffing, SSA appropriations, DDS staffing, and DDS costs—and yet claimants are now faced with the million-claim growing backlog that is the subject of this hearing.

SSA regulations provide for disability claim adjudication “standards of performance” at the initial stages where SSA engages with state DDS agencies.⁵ SSA’s “threshold level”—the

¹ <https://www.ssa.gov/open/data/program-service-centers.html>;
<https://www.ssa.gov/oact/STATS/dibStat.html>

² <https://www.ssa.gov/open/data/Combined-Disability-Processing-Time.html>

³ <https://www.ssa.gov/oact/STATS/dibGraphs.html>

⁴ <https://www.ssa.gov/OACT/ssir/SSI23/index.html>

⁵ [20 C.F.R. § 404.1641](#)

“minimum acceptable level of performance”—is 49.5 days for SSDI claims and 57.9 days for SSI claims.⁶ These regulations provide steps SSA can take to address poor-performing DDS agencies. Since 1981, when these standards were first established, the threshold level of days has *never* been met, and yet SSA has *never* used its statutory authority to take over for a “substantially failing” DDS.⁷ From 2013 through 2018, the average time from initial claim filing to determination was consistently around 110 days. SSA added another ten days to this process in both 2019 and 2020. Then, in 2021, the average processing time jumped to 165 days, then 184 days in 2022, followed by 217 days in 2023. While field offices closed in the early days of the pandemic, the processing delays were already on the rise in 2019 and have continued to increase dramatically since SSA reopened in April 2022.⁸

Following are straightforward policy improvements that SSA could implement today—using existing authority, appropriations, and staffing. These changes do not require further study, commissions, or reviews. They are based on data and lessons learned from SSA’s failure to prevent this problem over the last 42 years. These policy changes would dramatically accelerate the processing time of initial claims and eliminate the backlog while enhancing decisional accuracy.

I. Eliminate reconsideration

Half of the processing time at the initial (DDS) stages is consumed by the optional second step—“reconsideration.” For almost 40 years, Congress and experts have urged SSA to consider eliminating reconsideration, and SSA has formally questioned the efficacy and efficiency of continuing the reconsideration stage.⁹ SSA has piloted alterations and eliminations of reconsideration several times since 1984. In 1994, SSA planned to eliminate reconsideration by 1998, but it did not do so.¹⁰ SSA announced in 1999 a pilot program eliminating reconsideration in 10 states—covering 20% of applicants—and successfully did so for nearly 20 years.¹¹ SSA’s rationale for elimination of reconsideration still applies: “better determinations at the initial level ... claimants were able to receive benefits months sooner ... the quality of our determinations improved ... permitted the State agencies to redirect their resources so that the individuals who formerly worked on reconsideration claims could work on initial claims ... permitted increased contact with the claimants and improved documentation....”¹²

All these efforts point to the same conclusion—eliminating reconsideration would make the initial stage more meaningful, promoting greater decisional fairness, consistency, efficiency,

⁶ [20 C.F.R. § 404.1642](#)

⁷ <https://www.ssab.gov/research/social-security-and-state-dds-agencies-partnership-in-need-of-attention/>

⁸ <https://blog.ssa.gov/social-security-administration-to-resume-in-person-services-at-local-social-security-offices/>

⁹ See, e.g., 58 F.R. 54533 (Oct. 22, 1993), discussing 1984 study requirements unmet (<https://www.federalregister.gov/citation/58-FR-54533>).

¹⁰ *Process Re-engineering Program, Disability Reengineering Project Plan*, 59 F.R. 47887 (Sep. 14, 1994).

¹¹ *Modifications to the Disability Determination Process; Disability Claims Process Redesign Prototype*, 64 F.R. 47218, 47219 (Aug. 20, 1999).

¹² *New Disability Claims Process*, 66 F.R. 5494, 5495 (Jan. 19, 2001).

and integrity while conserving costs and staff time.¹³ NOSSCR members know reconsideration is merely a “rubber stamp,” adding months to the process and resulting in identical findings on more than 90% of claims. Reconsideration findings—despite having been provided by a different paid consultant—normally mirror initial findings word-for-word over several pages. As SSAB recently observed, “stakeholders report that reconsideration does not typically involve more new [medical evidence] or new impairments and leads to a relatively small percentage of claims being allowed....”¹⁴

With SSA’s minimum acceptable number of days processing time at under 60, current data shows that the Georgia DDS takes 267 days to process a claim at the initial stage. Reconsideration adds another 271 days. In Florida, reconsideration adds 323 days to the 300 days at the initial stage. South Carolinians suffer the longest waits—330 days at initial and 374 more unnecessary days for reconsideration.¹⁵

As a starting point, SSA must immediately eliminate reconsideration and thereby cut the initial claims timing in half while upgrading quality and allowing for reallocation of existing resources.

II. Restore the treating physician rule

In recent years, SSA has increased the complexity of disability analysis regulations and removed clear methods for saving time, like refusing to trust the expert opinions of treating physicians—slowing DDS decisionmakers and reducing accuracy.¹⁶ Until 2017, adjudicators were permitted to give weight to opinions provided by a claimant’s treating physician—honoring expertise, the benefits of repeated examinations, longitudinal history, and specialization.¹⁷ Now, those opinions are largely disregarded—SSA will “not defer or give any specific evidentiary weight” to opinions from treating physicians.¹⁸ Restoring the treating physician rule would help DDS adjudicators quickly identify meritorious claims and rule on them while considering the most reliable evidence.

The same rule change (concerning treating physician evidence) has created a bias against veterans in the SSA disability claims process. SSA no longer requires adjudicators to

¹³ Jon C. Dubin, “[Social Security Disability Adjudicative Reform: Ending the Reconsideration Stage of SSDI Adjudication after Sixteen Years of Testing and Enhancing Initial Stage Record Development](#),” *SSDI Solutions*, Committee for a Responsible Federal Budget, 2016, 3-4: “the reconsideration stage lacks meaningful or sound public policy justification. It mandates devotion of agency resources for an entire additional adjudicative stage with attendant personnel and administrative costs for three quarter of a million annual reconsideration decisions, imposes significant delays in adjudicative results for a vast majority of claims initially denied, and produces limited tangible adjudicative benefits.”

¹⁴ <https://www.ssab.gov/research/medical-evidence-collection-in-adult-social-security-disability-claims/>

¹⁵ <https://www.ssa.gov/foia/readingroom.html>, Initial and Reconsideration Processing Times Data as of 02-24-23.

¹⁶ <https://www.ssab.gov/research/social-security-and-state-dds-agencies-partnership-in-need-of-attention/> at 17, *citing* “a survey of DDS directors” confirming “greater adjudicative complexity through regulatory revisions” cause “strain on the system.”

¹⁷ [20 C.F.R. § 404.1527](#)

¹⁸ [20 C.F.R. § 404.1520c](#)

consider the findings of other agencies—particularly the Department of Veterans Affairs (VA). Adjudicators are no longer required to provide analysis of VA findings, and the VA’s decisions are declared “neither valuable nor persuasive.”¹⁹ This has caused veterans—including those already found 100% disabled by the VA—to be denied at higher rates than non-veterans. NOSSCR has provided data from advocates confirming that having served in our nation’s armed forces, including having been found 100% disabled by the VA, causes SSA to be more likely to deny the claim. This is fundamentally offensive and must be remedied immediately.

III. Prioritize obtaining existing evidence before spending on consultants

Regulations require DDS to request and receive medical records from all of a claimant’s medical providers.²⁰ Most records are requested using a medical release form (SSA-827)²¹ and sending the request by postal mail or fax.²² Per the regulations, DDS will make “every reasonable effort” to obtain treating source evidence. They will submit an initial request for records, and “at any time between 10 and 20 calendar days after the initial request, if the evidence has not been received, [DDS] will make one follow-up request to obtain the medical evidence necessary to make a determination.”²³ Thereafter, the source will have a minimum of ten days from the date of the follow-up request to reply.

According to HIPAA, healthcare providers can take up to 30 days to deliver records—longer with extensions.²⁴ But per the SSA regulations it is possible the DDS examiner is only waiting 20 days for the records without attempts to verify that the requests were received.²⁵ When medical records are not received within this timeline, DDS will often send the claimant to a paid consultant for examination.²⁶ The agency’s guidelines indicate that the “claimant’s own medical source(s) is generally the preferred [examination] source;”²⁷ however, it is NOSSCR’s practical experience that this is not DDS practice. Informal surveys of our members confirm that we have never seen it done. DDS always opts to use a paid contractor without asking the treating physician first.

Consultative examiners have no treating relationship with the claimant and often review no other evidence. In contrast, treating physicians are more familiar with the claimant’s medical history, longitudinal treatment, and prognosis.

SSA’s Limitation on Administrative Expenses (LAE) confirms SSA is not tracking whether exams are conducted by treating providers. Purchasing consultative examinations cost more than \$300,000,000 in 2021.²⁸ In practice, SSA could first ask treating providers to perform examinations to determine functional limitations.

¹⁹ [20 C.F.R. § 404.1520b\(c\)](#)

²⁰ [20 C.F.R. § 404.1512\(b\)](#)

²¹ <https://www.ssa.gov/forms/ssa-827.pdf>

²² <https://secure.ssa.gov/poms.nsf/lnx/0422505006>

²³ [20 C.F.R. § 404.1512\(b\)\(i\)](#)

²⁴ <https://www.healthit.gov/how-to-get-your-health-record/get-it/>

²⁵ [20 C.F.R. § 404.1512\(b\)\(i\)](#)

²⁶ [POMS DI 22510.005](#)

²⁷ [POMS DI 22510.010](#)

²⁸ <https://www.ssa.gov/budget/assets/materials/2023/2023LAE.pdf>

This practical change could improve the integrity of the information DDS receives and reviews in evaluating claims, resulting in greater decisional accuracy. Ongoing litigation and complaints filed against doctors and other entities performing contracted examinations suggest that SSA is not adequately monitoring its contractors. Midwest CES, a contractor in the Kansas City region, repeated word-for-word important paragraphs in reports for hundreds of claimants. A lawsuit describes that Midwest CES reported that claimants could use their hands and fingers to button and unbutton a shirt and turn a doorknob, for claimants in t-shirts and in an office without a doorknob. Midwest CES was paid over \$900,000 in 2022.²⁹

Relying on examinations done by treating physicians would help DDS make faster, more accurate medical determinations.

IV. Maximize the use of Health Information Technology (HIT)

SSA's use of HIT is a partial success. As of May 2023, SSA had at least one HIT exchange in each state and counted 229 health systems and 35,996 participating providers.³⁰ Use of HIT has a clear effect on processing time. "SSA systems automatically compare treating/medical sources listed in a claimant's application to identify HITMER providers upon receipt. Participating sources are then queried for records once a patient-provider match is confirmed, and the claimant's medical authorization is accepted. [Medical evidence] then populates the electronic claim folder, sometimes even before the claim transfers from the SSA field office to the DDS."³¹ The success of properly utilizing HIT in claims processing is illustrated in Iowa where two of the largest health systems in the nation, plus the Mayo Clinic in neighboring Minnesota, all share records via HIT. Iowa's initial stage processing times are far below average: 139 for initial and 118 for reconsideration.³² This matches prior reports from SSA that claims with some HIT evidence were processed 10% faster than claims without any such evidence.³³

However, a 2022 OIG analysis revealed SSA "reduced the number of staff and contractors involved in health IT outreach and did not fully fund projects to increase electronic medical evidence."³⁴ SSA agreed with OIG's recommendation to reverse that decision, and NOSSCR hopes this Committee will follow up. SSA's use of HIT saves time and money.

²⁹ <https://www.kansascity.com/news/local/article264793779.html>

³⁰ <https://www.ssa.gov/hit/materials/pdfs/HealthITPartnerOrganizations.pdf>

³¹ <https://www.ssab.gov/research/medical-evidence-collection-in-adult-social-security-disability-claims/> at 8.

³² <https://www.ssa.gov/foia/readingroom.html>, Initial and Reconsideration Processing Times Data as of 2/24/2023.

³³ House Subcommittee on Social Security, "[Post-Hearing Questions for the Record Submitted to Patricia Jonas Deputy Commissioner Office of Analytics, Review, and Oversight SSA From Representative John B. Larson](#)," *Hearing on Examining Changes to Social Security's Disability Appeals Process*. July 25, 2018, 4.

³⁴ <https://oig.ssa.gov/assets/uploads/a-01-18-50342.pdf>

V. Accept signed faxed applications

For many years, SSA accepted signed applications that were submitted via fax. While faxing is becoming less popular, claimants dealing with SSA consider faxing a positively modern step. In August 2023, SSA announced that they would no longer be accepting signed faxed applications. SSA cited no rationale other than the end of the pandemic, although using fax machines to file applications predated the pandemic. Faxing applications, particularly for SSI benefits, is a reliable point of access for our most vulnerable claimants. While these claimants may not have reliable permanent addresses or means to visit and wait at local SSA offices, they can typically access a fax machine at a shelter, church, or public library.

As with the electronic signature verification process, SSA implemented unnecessary and costly steps to a system that could work efficiently. Accepting faxed applications saves agency time since claimants are less reliant on making in-person appointments or spending more than an hour on the phone to complete applications. Since SSA's announcement that faxed applications will not be accepted, representatives have had to resort to faxing (to mark the date) then mailing the application with the fax confirmation sheet, and then repeating that cycle until SSA finally acknowledges the submission. This adds weeks or months to a process that was already functional, and NOSSCR demands an immediate correction.

VI. Revise the “all evidence” rule

Since 2015, claimants must provide “all evidence” that “relates” to the claim. This is more evidence than the prior standard requiring “relevant” evidence. While seemingly a minor change in one word—the difference between “relates” and “relevant” evidence is hundreds and sometimes thousands of pages. A claimant may have an irrelevant need for eyeglasses, and yet this evidence must be purchased and submitted because it “relates” despite being irrelevant to disability. SSA's rules do not clarify what constitutes a duplicate, causing cautious advocates to submit additional pages. The Social Security Advisory Board (SSAB) recently found some “stakeholders report that the volume of evidence in claim files has increased in part due to duplicative or irrelevant submissions to assure compliance....”³⁵

The “all evidence” rule adds hundreds of irrelevant pages to claim files without increasing accuracy. Revising and clarifying this rule would control file sizes and reduce processing time.

VII. Improve phone call assistance

SSA publishes its average hold time for its 1-800 number. In 2022, the average hold time was 32.7 minutes.³⁶ For 2023 to date, the average hold time is 36.3 minutes. In 2023 SSA has received 42,733,577 calls and 8.7% of calls resulted in a busy signal.³⁷ When a representative has successfully connected with SSA staff after this wait, the representative

³⁵ <https://www.ssab.gov/research/medical-evidence-collection-in-adult-social-security-disability-claims/> at 7.

³⁶ <https://www.ssa.gov/open/data/800-number-average-speed-to-answer.html>

³⁷ <https://www.ssa.gov/open/data/FO-Answer-Busy-Rate.html>

can inquire about only a single claimant. To inquire about more than one claimant requires the representative to end the call, call SSA again, hold for another 30+ minutes, and connect with another (or the same) SSA staff person. If representatives could inquire about more claimants per call, it would significantly reduce the total call volume.

As a standard practice, SSA should provide representatives with the phone number and extension for the SSA staff person managing a claimant's file. This would allow representatives to more efficiently provide or receive updates or communicate other important information to SSA.

VIII. Improve electronic verification of representation

When a representative files an application on behalf of a claimant or is hired to assist a claimant on an existing application, the representative must wait for SSA to process the representative paperwork (SSA-1696)³⁸ and attach it to the claimant's file before the representative can access any information about the claim electronically. According to SSA's "Tips and Best Practices for Appointed Representatives," after submitting this paperwork, a representative must "wait 30 days before contacting by phone your client's servicing SSA field office or workload support unit (WSU) to follow up on a submitted SSA-1696, unless you have an urgent need."³⁹ Unfortunately, after 30 days, many representatives find that their paperwork still has not been processed, resulting in important missed notices and deadlines.

Moreover, the mechanism to determine if the representative has been attached to the claimant's file is inherently flawed, resulting in hours of extra work for the agency, the representative, and additional costly delays for the claimant.

To determine if the representative paperwork has been processed, the representative has two options. The first option requires the already overburdened telephone system.⁴⁰ The representative can regularly call each field office to verbally verify whether they have been attached to each claim. As you are aware, SSA struggles to answer the phones,⁴¹ making this a burdensome option. Typically, after an extensive hold time, if a representative connects with an SSA staff member without their call being dropped (and no hangup), the staff person only allows for one case inquiry per call. This creates a time-consuming process of calling, waiting, and repeating. With thousands of claimants applying for benefits yearly, the administrative burden on both SSA and the representatives is too high.

The second option that most representatives employ is to attempt to electronically access the claimant's file. This process requires a representative to log in to SSA's Appointed Representative Services⁴² system using a unique representative identification provided by SSA (after a verification process) and a unique (and frequently changing) password. After

³⁸ [Form SSA-1696](#)

³⁹ <https://www.ssa.gov/representation/documents/Best%20Practices%20and%20Tips.pdf>

⁴⁰ SSA's data recorded average telephone wait times over 2,000 seconds for every month in 2023, <https://www.ssa.gov/open/data/800-number-average-speed-to-answer.html>

⁴¹ <https://waysandmeans.house.gov/wp-content/uploads/2022/05/WAMR-Ltr-to-Neal-SSA-Hearing-Request-04072243.pdf>

⁴² <https://www.ssa.gov/ar/>

login, the representative must receive a code as part of a dual-factor authentication process before they can attempt to access the claimant's eFolder by inputting the claimant's Social Security number. If the representative paperwork has not been processed, the representative cannot access the claim, and there is a "strike" against their login. A representative can only have ten "strikes" against their login in a twenty-four-hour period before they are locked out of their account. The remedy to being locked out is for the representative to call SSA's Help Desk to unlock the account.

No rule, regulation, or sub-regulatory guidance mandates a representative's login be locked after ten "strikes." There is no security or other rationale. If SSA increased the number of strikes on a representative's account, even to just twenty, representatives could more efficiently review and submit evidence without the need for additional phone calls to SSA to confirm representation or to unlock accounts.

IX. Provide representatives with status updates at the initial and reconsideration levels via the existing platform

Currently, when a claim is at the hearings or Appeals Council levels, an appointed representative can log in and check the status of each claim for which they are appointed. The representative can also run a report of all claim statuses. These efficiencies give appointed representatives the information they need without calling SSA.

However, this status report is not available at the initial or reconsideration levels. This results in repeated calls to SSA, limited to one claim per call, simply to assess the status of the claim. This represents hundreds of hours of calls for local SSA field offices.

SSA already has the platform and capacity to make a status report available at the initial and reconsideration levels. It is already functioning well at later stages. Including such a status report at the first stages would reduce status-update calls to SSA, saving hundreds of hours of agency time per office.

X. Define *mySocialSecurity* status updates and provide representatives with the same claim status information as claimants

Even though SSA does not currently provide electronic status updates for representatives at the early stages, claimants with *mySocialSecurity*⁴³ accounts can view the progress of their applications. This information is provided in both a percentage complete and an estimated number of days it will take to complete review. Unfortunately, SSA has not published a guideline explaining what these percentages mean. For example, if an application is 40% complete, does it mean that SSA has collected all of the required medical evidence, the evidence from 40% of the providers, or something else entirely?

Without real definitions, claimants are left with more questions than answers. To get these answers, they call SSA or, if represented, their representative to get more information. As representatives, we want to guide our claimants through the process, ultimately reducing the burden on the agency. However, in addition to failing to define these status percentages, SSA does not make the same status information available to representatives.

⁴³ <https://www.ssa.gov/myaccount/>

Thus, when claimants call their representatives with questions about their status, representatives cannot provide meaningful information and the needed clarity a claimant deserves. As a result, the representative again calls SSA to clarify the claimant's status update, using more staff time and causing more delay.

Additionally, many of the most vulnerable claimants cannot perform basic tasks online because SSA's *mySocialSecurity* platform requires verification of a physical address. Individuals who are homeless could readily make use of SSA's online services (at public libraries, churches, shelters, etc.) if SSA would verify identity another way.

XI. Accept electronic signatures without requiring a subsequent verification call

Pursuant to SSA EM-20022 REV 3,⁴⁴ SSA accepts electronic signatures on multiple forms, including applications and representative appointment forms.

Despite this leap forward, which NOSSCR hopes will become permanent, SSA uses staff to call claimants to verify their electronic signatures. This is an extraordinary waste of resources, particularly since electronic signatures are verified by the electronic signature platform that includes information like the signer's name, email address, phone number, and IP address. This impedes the processing of valid documents since many claimants don't answer the call or don't have reliable access to a phone.

Removing the requirement that electronic signatures be verified by phone would immediately save staff resources and speed up claims processing.

XII. Recognize firms as representatives

SSA currently only recognizes individuals as appointed representatives⁴⁵ rather than entities such as law firms.⁴⁶ Most law firms employ several representatives who may work on any given claim. Because SSA fails to recognize the practical reality of how firms operate, each time one of the employee-representatives from within the firm must enter an appearance on the claim, that representative must execute and submit new appointment of representative paperwork, which includes getting another signature from the claimant. SSA must process each of these forms, creating more administrative burden.

Recognition of firms as representatives would significantly reduce the administrative burden on SSA.

XIII. Rely on modern vocational data

In determining whether claimants can return to their past work or perform other work in the national economy, SSA relies on the *Dictionary of Occupational Titles* (DOT), which was last updated in 1991.⁴⁷ Changes to occupations in the last thirty-two years cannot be found

⁴⁴ <https://secure.ssa.gov/apps10/reference.nsf/links/11122021125633PM>

⁴⁵ [20 C.F.R. § 404.1705](#)

⁴⁶ [20 C.F.R. § 404.1703](#)

⁴⁷ <https://www.dol.gov/agencies/oalj/topics/libdot>

in the DOT. To put this into perspective, the last time the DOT was updated, George H. W. Bush was President. In 1991, less than 50% of Americans used a computer at home or work.⁴⁸ NOSSCR is told that there are no remaining copies of the DOT in the Department of Labor’s offices, and they no longer support using it.⁴⁹

A replacement for the DOT has already been paid for and produced for SSA’s use by the Department of Labor—the Occupational Information System (OIS).⁵⁰ NOSSCR’s members use it to question vocational witnesses. However, despite having spent more than \$239 million⁵¹ on the project thus far, SSA has still not told adjudicators to use it.

Instead, SSA relies on occupational data from generations ago to get decisions wrong. Many of the DOT occupations are obsolete. For example, a tube operator (DOT 239.687-014) “[r]eceives and routes messages through pneumatic-tube system.” This occupation was replaced by email, and yet SSA routinely cites it to claimants. Often SSA cites “addresser” (DOT 209.587-010). An addresser “[a]ddresses by hand or typewriter, envelopes, cards, advertising literature, packages and similar items for mailing.” Courts agree that this isn’t done in modern computerized times. In *Hardine v. Comm’r of Soc. Sec.*, the district court found: “Why the vocational experts continue to rely on this particular [obsolete] job rather than so many others provided in the enormous DOT is a puzzle, but the Court will not accept it any more than it would accept the job of lamplighter.”⁵²

SSA must switch to the OIS immediately, allowing for reliable decisions and resulting in fewer appeals. NOSSCR expects SSA’s use of modern vocational data will produce greater confidence in SSA’s findings, fewer appeals, and conserve SSA’s resources.

Thank you for the opportunity to testify. NOSSCR looks forward to continuing to work with the Committee to protect SSA’s vital mission.

Sincerely,



David Camp
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National Organization of Social Security Claimants’ Representatives

⁴⁸ <https://www.pewresearch.org/internet/2014/02/27/part-1-how-the-internet-has-woven-itself-into-american-life/>

⁴⁹ <https://www.dol.gov/agencies/oalj/topics/libraries/LIBDOT>

⁵⁰ <https://www.bls.gov/ors/>

⁵¹ <https://www.ssa.gov/disabilityresearch/documents/Fact%20Sheet%20-%20Occupational%20Information%20System%20Project.pdf>

⁵² No. 4:19-cv-147-DAS, 2021 WL 1098483, at *1 (N.D. Miss. Feb. 26, 2021).