

March 17, 2025

Office of Management and Budget

Attn: Desk Officer for SSA

Social Security Administration, OLCA

Attn: Reports Clearance Director

Mail Stop 3253 Altmeyer, 6401 Security Blvd.

Baltimore, MD 21235

Re: Docket ID Number SSA-2024-0056

To Whom It May Concern:

These comments are submitted on behalf of the National Organization of Social Security Claimants' Representatives (NOSSCR), a specialized bar association for attorneys and advocates who represent Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) claimants throughout the adjudication process and in federal court.

We are grateful for the agency's decision to further extend the Temporary Final Rule (TFR) allowing flexibility in the "close proximity of time" standard through May 11, 2029. This additional flexibility will serve the American people and further the agency's mission. We thank you for the opportunity to submit additional comments.

We encourage SSA to make this TFR permanent. As we noted in our comments before the musculoskeletal listings were revised, and as we noted again in our comments to the prior extension of the flexibility, four months is simply not long enough for most disability applicants to achieve the level of medical documentation required by the listings.¹ This is not because the listing-level impairments do not exist and are not documentable; rather, modern American medical practices are not capable of scheduling patient visits quickly enough to accomplish the documentation required by the listings.²

¹ ECG Management Consultants. (2023). The Waiting Game: New-Patient Appointment Access for US Physicians [White Paper]. <https://www.ecgmc.com/insights/whitepaper/the-waiting-game-new-patient-appointment-access-for-us-physicians>

² Becker's Hospital Review. (2024). The 38-day delay: What the wait time average says about healthcare access. <https://www.beckershospitalreview.com/strategy/the-38-day-delay-what-the-wait-time-average-says-about-healthcare-access.html>

As a recent white paper on the topic revealed, the average nationwide wait time to see a doctor is 38 days (and this assumes that the patient is actually able to schedule an appointment after calling, which the paper revealed is not always possible).³ Even after successfully waiting more than a month to see a doctor, most claimants with musculoskeletal impairments will ultimately receive a referral to a specialist, thereby incurring another month's long wait for the next doctor. While the first doctor may have properly documented some of the claimant's signs and symptoms, if imaging is required, it could easily be another month before the imaging is complete.⁴

The agency acknowledges in this TFR that the original "consecutive 4-month period was consistent with the timeframe medical providers were generally trained to use for scheduling their patients." As the above-cited research shows, the medically acceptable wait time for a doctor's visit is no more than 2 weeks.⁵ Unfortunately, American medicine is simply not meeting the standard on which the agency relied when creating the listings' criteria; as such, the agency should adjust their timeline to better match the realities of American healthcare.

While the complexities surrounding the COVID-19 pandemic certainly created unique and devastating barriers to healthcare, efficient access to care remains a critical problem today.⁶ The Association of American Medical Colleges projects a "shortage of between 20,200 and 40,400 primary care physicians" and a "shortage of between 10,100 and 19,900 physicians" for surgical specialties by the year 2036.⁷ As the evidence bears out, even without the devastating effects of the pandemic in play, the medical system is not equipped to meet the treatment timeline goals set by doctors and previously relied upon by the agency.

We commend the agency's decision to extend the 12-month flexibility in evaluating close proximity of time until 2029. However, as the data forecasts, the U.S. healthcare system will not be able to meet the anticipated timeline standards anytime within the next decade. Should the agency revert to a 4-month standard without a properly accessible healthcare network in place, the listings will fail to capture those that it intends to capture. Thus, the agency will waste valuable

³ ECG Management Consultants. (2023). The Waiting Game: New-Patient Appointment Access for US Physicians [White Paper]. <https://www.ecgmc.com/insights/whitepaper/the-waiting-game-new-patient-appointment-access-for-us-physicians>

⁴ The Cornell Daily Sun. (2018). MRI Wait Times Must be Shortened to Improve Health Care, Cornell Researchers Say. <https://cornellsun.com/2018/02/08/mri-wait-times-must-be-shortened-to-improve-health-care-cornell-researchers-say/>

⁵ Association of Health Care Journalists. (2024). In the U.S., wait times to see a doctor can be agonizingly long. <https://healthjournalism.org/blog/2024/08/in-the-u-s-wait-times-to-see-a-doctor-can-be-agonizingly-long/>


⁶ The Commonwealth Fund. (2024). Mirror, Mirror 2024: A Portrait of the Failing U.S. Health System. <https://www.commonwealthfund.org/publications/fund-reports/2024/sep/mirror-mirror-2024>

⁷ AAMC. (2024). The Complexities of Physician Supply and Demand: Projections From 2021 to 2036. <https://www.aamc.org/media/75231/download?attachment>

resources conducting further case development (at steps 4 and 5 of the sequential evaluation process) for individuals who do meet the requirements of the listing save for an inability to procure the required documentation quickly enough. As such, **we urge the agency to consider making the 12-month standard permanent.**

Thank you for your consideration of our comments.

Sincerely,

A handwritten signature in black ink, appearing to be 'D. Camp', with a stylized flourish at the end.

David Camp
Chief Executive Officer and General Counsel