(9/16?)

Kennedy-Jeffords

Medicare

leave SSDI continue Part A
subsidy so long as
remain disabled
$200 m over 5

Medicaid

Two new options on top
BBA option plus no
250% ...
no asset or resource limit
Still premiums
BBA option plus plus people
who don't meet SSI
disability option but
must cover SSI
criteria people first

$80 m

State grants $300 mil 6
- choose 2 new options
- cover personal assistance service as mandatory service
- non-matched, mandatory under Medicaid

~~Medicaid as payer of last resort → could do guidance~~

Total 1.3 over 5

offsets 16 total

SSA fraud offsets
→ SSA w/ groups → changes to lose $$
Medicare fraud offsets
→ Y2K delays
→ Medicare cancer drug $600
→

HR 3433 IH

105th CONGRESS

2d Session

H. R. 3433

To amend the Social Security Act to establish a Ticket to Work and Self-Sufficiency Program in the Social Security Administration to provide beneficiaries with disabilities meaningful opportunities to return to work and to extend Medicare coverage for such beneficiaries, and to amend the Internal Revenue Code of 1986 to provide a tax credit for impairment-related work expenses.

IN THE HOUSE OF REPRESENTATIVES

March 11, 1998

Mr. BUNNING (for himself and Mrs. KENNELLY of Connecticut) introduced the following bill; which was referred to the Committee on Ways and Means

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A BILL

To amend the Social Security Act to establish a Ticket to Work and Self-Sufficiency Program in the Social Security Administration to provide beneficiaries with disabilities meaningful opportunities to return to work and to extend Medicare coverage for such beneficiaries, and to amend the Internal Revenue Code of 1986 to provide a tax credit for impairment-related work expenses.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the `Ticket to Work and Self-Sufficiency Act of 1998'.

SEC. 2. THE TICKET TO WORK AND SELF-SUFFICIENCY PROGRAM.

(a) IN GENERAL- Part A of title XI of the Social Security Act (42 U.S.C. 1301 et seq.) is amended by adding at the end the following new section:

`THE TICKET TO WORK AND SELF-SUFFICIENCY PROGRAM

`SEC. 1147. (a) IN GENERAL- The Commissioner of Social Security shall establish a Ticket to Work and Self-Sufficiency Program, under which a disabled beneficiary may use a ticket to work and self-sufficiency issued by the Commissioner in accordance with this section to obtain

further legislative action with respect to the amendments made by subsection (a), taking into account experience derived from efforts to achieve full implementation of the Ticket to Work and Self Sufficiency Program under section 1147 of the Social Security Act.

SEC. 4. CREDIT FOR IMPAIRMENT-RELATED WORK EXPENSES OF HANDICAPPED INDIVIDUALS.

(a) IN GENERAL- Subpart A of part IV of subchapter A of chapter 1 of the Internal Revenue Code of 1986 (relating to nonrefundable personal credits) is amended by inserting after section 25A the following new section:

`SEC. 25B. IMPAIRMENT-RELATED WORK EXPENSES OF HANDICAPPED INDIVIDUALS.

`(a) ALLOWANCE OF CREDIT- In the case of a handicapped individual, there shall be allowed as a credit against the tax imposed by this chapter for the taxable year an amount equal to 50 percent of the impairment-related work expenses which are paid or incurred by the taxpayer during the taxable year.

`(b) MAXIMUM CREDIT- The credit allowed by subsection (a) with respect to the expenses of each handicapped individual shall not exceed $5,000 for the taxable year.

`(c) DEFINITIONS- For purposes of this section--

`(1) HANDICAPPED INDIVIDUAL- The term `handicapped individual' has the meaning given such term by section 190(b)(3).

`(2) IMPAIRMENT-RELATED WORK EXPENSES- The term `impairment-related work expenses' means expenses--

`(A) of a handicapped individual for attendant care services at the individual's place of employment and other expenses in connection with such place of employment which are necessary for such individual to be able to work, and

`(B) with respect to which a deduction is allowable under section 162 (determined without regard to this section).

`(d) SPECIAL RULES-

`(1) DENIAL OF DOUBLE BENEFIT- The amount of impairment-related work expenses which is allowable as a deduction under section 162 (determined without regard to this paragraph) for the taxable year shall be reduced by the amount of credit allowed under this section for such year.

`(2) ELECTION TO HAVE SECTION NOT APPLY- No credit shall be allowed under subsection (a) for the taxable year if the taxpayer elects to not have this section apply for such year.'

(b) CLERICAL AMENDMENT- The table of sections for such subpart A is amended by inserting

after the item relating to section 25A the following new item:

'Sec. 25B. Impairment-related work expenses of handicapped individuals.'

(c) EFFECTIVE DATE- The amendments made by this section shall apply to taxable years beginning after December 31, 1997.

END

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United States General Accounting Office

GAO

Testimony

Before the Subcommittee on Social Security and Family Policy, Committee on Finance, U.S. Senate

For Release
Expected at 2:00 p.m.
Wednesday, July 29, 1998

SOCIAL SECURITY DISABILITY INSURANCE

Factors Affecting Beneficiaries' Return to Work

Statement of Cynthia M. Fagnoni, Director, Income Security Issues
Health, Education, and Human Services Division

GAO/T-HEHS-98-230

Mr. Chairman and Members of the Subcommittee:

Thank you for inviting me to testify on factors affecting the return to work of beneficiaries in the Social Security Disability Insurance (DI) program. DI is one of the largest federal programs providing cash assistance to people with disabilities. In 1996, about 4.4 million working-age people (aged 18 to 64) received DI cash benefits. The average monthly cash benefit in 1996 was $704, and the overall amount of cash benefits paid was about $40 billion.

Over the years, the Congress has enacted various work incentive provisions designed to safeguard beneficiaries' cash and medical benefits and encourage them to test their ability to engage in work. For example, for ongoing eligibility determinations, beneficiaries are allowed to deduct from their gross earnings the costs of certain impairment-related items and services needed to work. The Social Security Administration (SSA), which determines beneficiary eligibility, is also responsible for encouraging DI beneficiaries to return to work whenever possible. Despite statutory provisions and SSA efforts--as well as medical and technological interventions that have afforded greater potential for some beneficiaries to work--not more than 1 of every 500 DI beneficiaries has left the rolls by returning to work.

Yet relatively small improvements in return-to-work outcomes offer the potential for significant savings in cash benefit outlays. For example, if an additional 1 percent of the 4.4 million DI beneficiaries were to leave SSA's disability rolls by returning to work, lifetime cash benefits would be reduced by an estimated $2.4 billion.[1] To help improve return-to-work outcomes, Members of the Congress and advocates for people with disabilities have recently proposed various reforms--such as allowing working beneficiaries to keep more of their earnings, safeguarding medical coverage, and enhancing vocational rehabilitation.

Today, I would like to focus my remarks on (1) factors that working beneficiaries believe are helpful in becoming and staying employed and (2) trade-offs and challenges that exist in improving work incentives. My testimony is based on a series of GAO reports on Social Security disability program design and implementation as well as our more recent report on factors facilitating work for a group of DI beneficiaries.[2] (A list of

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[1]The estimated reductions are based on fiscal year 1996 data provided by SSA's actuarial staff and represent the discounted present value of the cash benefits that would have been paid over a lifetime if the individual had not left the disability rolls by returning to work. These reductions, however, would be offset, at least in part, by rehabilitation and other costs that might be necessary to return a person with disabilities to work.

[2]SSA Disability: Program Redesign Necessary to Encourage Return to Work (GAO/HEHS-96-62, Apr. 24, 1996); SSA Disability: Return-to-Work Strategies From Other

related GAO products appears at the end of this statement.) In our recent work, we conducted survey interviews with 69 people who were receiving DI benefits and working in one of three metropolitan areas.

In summary, the group of DI beneficiaries we interviewed identified a range of factors that enabled them to return to work. Factors most prominently cited were an improved ability to function in the workplace as a result of successful health care and encouragement from family, friends, health care providers, and coworkers. On the other hand, DI work incentives–such as purchasing Medicare upon exit from the rolls--and assistance from SSA staff appeared to play a limited role in helping beneficiaries become employed. A number of respondents said, however, that the provisions that allow them to work for a period of time without losing cash and medical benefits and to retain health care coverage for a limited time period after cash assistance ends were helpful.

Availability of worksite-based health insurance appears to differentiate respondents who plan to leave the rolls in the future from respondents who plan to stay. In addition, our analysis of some of the proposed changes to work incentives–such as gradually reducing the DI cash benefit level as earnings increase–indicates that there will be difficult trade-offs in any attempt to change the work incentives. Although our work sheds additional light on this issue, the lack of empirical analysis with which to accurately predict outcomes of possible interventions reinforces the value of testing and evaluating alternatives to determine what strategies can best tap the work potential of beneficiaries without jeopardizing the availability of benefits for those who cannot work.

BACKGROUND

Established in 1956, DI is an insurance program funded by Social Security payroll taxes. There are a number of criteria an individual must meet to be eligible for DI benefits, including a sufficient work history and a lost capacity to work due to a disability. Medicare coverage is provided to DI beneficiaries after they have received cash benefits for 24 months (individuals do not have the option to purchase Medicare during this waiting period).

To be considered disabled for DI benefits, an adult must be unable to engage in any substantial gainful activity because of any medically determinable physical or mental impairment that can be expected to result in death or that has lasted or can be expected to last at least 1 year. Moreover, the impairment must be of such severity that a person not only is unable to do his or her previous work but–considering age, education, and

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Systems May Improve Federal Programs (GAO/HEHS-96-133, July 11, 1996); Social Security: Disability Programs Lag in Promoting Return to Work (GAO/HEHS-97-46, Mar. 17, 1997); and Social Security Disability Insurance: Multiple Factors Affect Beneficiaries' Ability to Return to Work (GAO/HEHS-98-39, Jan. 12, 1998).

work experience—is unable to do any other kind of substantial work that exists in the national economy.

The Social Security Act states that SSA is required to promptly refer people applying for disability benefits to state vocational rehabilitation agencies for services in order to maximize the number of such individuals who can return to productive activity.[3] To reduce the risk a beneficiary faces in trading guaranteed monthly income and subsidized health coverage for the uncertainties of employment, the Congress established various work incentives—including a trial work period, an extended period of eligibility, and Medicare coverage buy-in. These incentives are intended to safeguard cash and health benefits while a beneficiary tries to return to work.

The trial work period allows DI beneficiaries to work for a limited time without their earnings affecting their disability benefits. Each month in which earnings are more than $200 is counted as a month of the trial work period. When the beneficiary has accumulated 9 such months (not necessarily consecutive) within a 60-month rolling period, the trial work period is completed. The extended period of eligibility begins the month following the end of the trial work period. The extended period is defined as a consecutive 36-month period during which cash benefits will be reinstated for any month the beneficiary's earnings are less than substantial gainful activity level (in 1997, $500 for people with disabilities; $1,000 for people who are blind). Cash benefits may be paid for an even longer period of time if a person is unable to perform any substantial gainful activity.

Another work incentive allows for continued Medicare coverage for at least 39 months following a trial work period, as long as the individual continues to be medically disabled. When this premium-free period ends, medically disabled individuals may elect to purchase Medicare coverage at the same monthly premium—over $300 for full coverage in 1996—paid by individuals age 65 or older who are not insured for Social Security retirement benefits.

FACTORS THAT AFFECT BENEFICIARIES' MOVEMENT INTO THE WORKFORCE

Most working DI beneficiaries we interviewed reported that financial need and enhancing self-esteem were the main reasons for attempting work. They reported a number of factors as helpful to becoming employed (see table 1). The two most frequently reported factors—health interventions and encouragement—appear to have been the most critical in helping beneficiaries become employed. First, health interventions—such as medical procedures, medications, physical therapy, and psychotherapy—reportedly

[3]State vocational rehabilitation agencies also provide rehabilitation services to people not involved with the DI program.

helped beneficiaries by stabilizing their conditions and, consequently, improving functioning. Not only were health interventions perceived as important precursors to work, but they were also seen as important to maintaining ongoing work attempts. Encouragement to work was also critical. Respondents told us they received encouragement from family, friends, health professionals, and coworkers.

Table 1: Factors That Facilitated Working DI Beneficiaries' Employment, by Frequency of Reporting[4]

Factor	Description	Significance
Primary		
Health intervention	Health interventions provided medical stabilization and improved functioning.	Early return to work without health intervention may be difficult for some.
Encouragement	Family, friends, coworkers, and health professionals provided encouragement and emotional support.	Desire to work can be influenced positively, and possibly negatively, by social forces.
Secondary		
Flexible work schedule	Number of hours and work schedule were responsive to respondents' needs and capabilities.	Typical 5-day, 40-hour work week may be unrealistic for some beneficiaries.
Job-related training and services	Training and services were directly related to finding and performing a job.	Has implications for retaining workers in the labor force who otherwise might apply for Social Security disability benefits.
Trial work period/ extended period of eligibility	SSA provisions allowed beneficiaries to test their work capacity without jeopardizing benefits and ease transition to work force.	Trial work period reported as useful, although some felt that 9 months is too short and $200 earnings level is too low.
High self-motivation	Respondents strongly wanted or needed to work, especially compared with disabled peers without jobs.	Motivation to work may develop over time, as about 3 in 10 did not expect to work upon program entry.
Tertiary		
Religious faith	Religious faith reported as providing source of strength and guidance.	Interview did not specifically address religious faith; it may be more important than reported.
Job coaches	On-site job coach or similar specialist taught work skills.	Has implications for retaining workers in the labor force who otherwise might apply for Social Security disability benefits.
Assistive devices and equipment	Among most frequently mentioned items were back/leg braces, canes/crutches, adapted computers/keyboards, and wheelchairs.	Usefulness of assistive devices and equipment is largely limited to people with physical impairments.
Provisions provided by Americans With Disabilities Act (ADA)	Respondents reported that ADA provided rights, accommodations, and hiring opportunities.	About one-third were aware of ADA, and over one-half of those who were aware said ADA was not helpful.

[4]Factors are categorized into three groups—primary, secondary, and tertiary—on the basis of how often all respondents reported them. In some instances, we combined related areas of support and services in developing the factors and assigning relative importance.

A number of beneficiaries described the factors that helped them return to work. For example, Carol, an administrative support worker in her thirties with a manic depressive disorder, pointed to encouragement and medical intervention as factors that enabled her to continue working:

> My family members. . . .encourag[ed] me to go to work and not rely on disability income. They were helpful to me in assessing the merits and benefits of potential job offers. . . . I am using a combination of Prozac and Lithium medications to control my condition and [allow] me to work regularly where I don't use my sick days. Therapy with my counselor for over 4 years has really allowed me to work and function in a work environment.

Similarly, Mark, a maintenance worker in his thirties with epilepsy, said

> Medication[s] for [my] epilepsy help keep [my] condition under control, which minimizes seizures and the risk of getting fired. . . .[My supervisor] check[s] from time to time to make sure everything is okay [and] even suggests taking days off.

Stephen, a bartender in his thirties with HIV, identified various individuals in the community who support him:

> [My] infectious disease doctor [is] encouraging and is very supportive. He wrote a letter to [my] employer explaining [my] condition and my capabilities. [My] parents are very supportive [and my] medications have made me physically able to work. [Coworkers are] providing emotional support.

In addition to medical intervention, Louis–a financial counselor in his twenties who has cancer–credited the ADA for providing him rights to continue working:

> All my treatments–chemo, radiation, and my eye surgery–helped me to get well and become physically able to work. If I did not have treatments, I would be dead. [The ADA] keeps employers aware that employees cannot be dismissed because of . . . .disabilities.

Yvonne, a cashier in her forties with an anxiety disorder, also found–in addition to medical intervention and community support–ADA helpful:

> Psychotherapy and group therapy [have] been helpful. Also, medication has been helpful. . . . My psychotherapist has gone out of his way to help me. I can call him at any time. The pastor of my church has also counseled me. At the college I attended, a director of the disabled talks to my professors and tells them about my condition so that they can take this into account when assigning work and evaluating my performance. . . ADA has helped because I believe that they would not have hired me because of my problems.

Other, less frequently reported factors also enabled beneficiaries to work. Although these factors were less prominent overall, any single factor may be the key determinant in an individual's becoming employed. These factors include a flexible schedule (particularly to have time off to visit a health professional), job-related training and vocational rehabilitation services (especially job search and on-the-job training), the trial work period and extended period of eligibility, and high self-motivation. To a somewhat lesser extent, religious faith, job coaches, assistive devices and equipment, and ADA provisions were useful. In general, similar proportions of respondents with physical impairments and those with psychiatric impairments cited these factors as helpful to being employed. However, people with physical impairments found coworkers and the trial work period more helpful than did those with psychiatric impairments.

Our study results are generally consistent with published research regarding factors associated with employment for people with disabilities. For instance, many of the respondents we talked to reported a high motivation to work, were educated beyond high school, or were in their thirties or forties. For many, work seemed to be economically advantageous because they were earning at least moderate-level wages and receiving very few program benefits—such as housing assistance and food stamps—that are contingent upon low earnings. Consistent with other research, medical interventions, technology, accommodations, and social support were found to facilitate return to work. Unlike other studies, transportation appears to be neither a strong facilitator for nor an impediment to employment. However, this may be due to the fact that our respondents were selected from major metropolitan areas.

Role of SSA Work Incentives and Staff Involvement

Based on our discussions with beneficiaries, DI program incentives for reducing risks associated with attempting work appear to have played a limited role in beneficiaries' efforts to become employed. Although the trial work period was considered helpful by 31 respondents, several indicated it had shortcomings. For instance, they indicated the amount signifying a "successful" month of earnings ($200) was too low, an all-or-nothing cutoff of benefits after 9 months was too abrupt, and having only one trial period did not recognize the cyclical nature of some disabilities. Respondents' mixed views of the design of the trial work period suggest that while they value a transitional period between receiving full cash benefits and losing some benefits because of work, they might be more satisfied with a different design. Finally, over one-fifth were unaware of the trial work period and therefore may have unknowingly been at risk of losing cash benefits.

Many respondents were unaware of other work incentives as well. Consequently, fewer respondents reported these incentives as helpful than might have had they been better informed. For example, 41 respondents were unaware of the provision that allows beneficiaries to deduct impairment-related work expenses from the amount SSA considers

the threshold for determining continued eligibility.[13] Using the deduction could make it easier for a beneficiary to continue working while on the rolls without losing benefits. Moreover, 42 respondents were unaware of the option to purchase Medicare upon leaving the rolls. As a result, some of these beneficiaries may decide to limit their employment for fear of losing health care coverage, while others, planning to leave the rolls, may think they are putting themselves at risk of foregoing health care coverage entirely upon program termination.

Generally, respondents told us SSA staff with whom they interacted provided neither much help in nor much of a hindrance to return-to-work efforts. Fifty-nine respondents answered "no" when asked if people from SSA assisted them in becoming employed. However, 52 respondents told us that they did not have experiences with SSA that made it difficult to become employed. For the 17 people reporting difficulties, the most common examples cited were the limited assistance offered and poor information provided by SSA. Also, some beneficiaries noted that the $500 monthly earnings threshold used in the formula to determine if a person with a disability other than blindness is working at gainful activity level (and therefore no longer eligible for benefits) is set too low.

When examining respondents' comments indirectly related to our questions, we found that about one-third indicated frustration or dissatisfaction with some aspect of SSA or the DI program. For example, some respondents told us they felt that the program was humiliating and lost sight of people's needs. Moreover, some respondents indicated that SSA suddenly informed them that they needed to repay cash benefits mistakenly paid to them in the past.

We previously reported that DI beneficiaries were confused by program provisions and recommended that SSA better implement existing return-to-work mechanisms.[14] Recently, SSA told us that its strategy to better promote return to work is evolving and that it envisions a partnership between field office staff and the private sector. SSA noted it continues to train field office staff about work incentives and to disseminate multimedia publications about work incentives. In addition, SSA said it has been using the private sector to help inform beneficiaries and encourage them to work and expects to do so more in the future. Also, SSA has funded (in conjunction with the Department of Education's Rehabilitation Service Agency) a research project that developed models for training private sector disability case managers about Social Security DI provisions

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[13]Examples of expenses likely to be deductible include attendant care services performed in the work setting, structural modifications to a vehicle used to drive to work, wheelchairs, and regularly prescribed medical treatment or therapy that is necessary to control a disabling condition.

[14]See GAO/HEHS-96-62, Apr. 24, 1996.

and work incentives. Moreover, SSA expects that private vocational rehabilitation providers, participating under its experimental Alternate Provider Program and other proposed initiatives, will provide beneficiaries information and encourage them to work.

Longer Term Work Decisions Were Also Affected by Health Concerns

Not surprisingly, personal health appears to be an overriding issue as beneficiaries consider their future status in the DI program and at the worksite. Among the 44 respondents without employer-based health insurance coverage, 29 plan to stay on the DI rolls into the foreseeable future or are unsure of their future plans. In contrast, 15 of 24 respondents with such coverage plan to exit the rolls. Moreover, when asked if anything would make it harder to work, about one-half of the 46 respondents who responded affirmatively said that poorer health would inhibit employment. Similarly, some said that improved health would facilitate work. Again, we found little difference in future work and program plans between people with physical and psychiatric impairments.

WORK INCENTIVES ILLUSTRATE DIFFICULT TRADE-OFFS IN DISABILITY REFORM

As noted earlier, some work incentives were perceived to be more helpful than others. However, changes to work incentive may help some individual beneficiaries or groups of beneficiaries more than others. Data from Virginia Commonwealth University's Employment Support Institute illustrate this point.[15] For example, figure 1 shows that under current law, a DI beneficiary's net income may drop at two points, even as gross earnings increase. The first "income cliff" occurs when a person loses all of his or her cash benefits because countable earnings are above $500 a month and the trial work and grace periods have ended. A second income cliff may occur if Medicare is purchased when premium-free Medicare benefits are exhausted.

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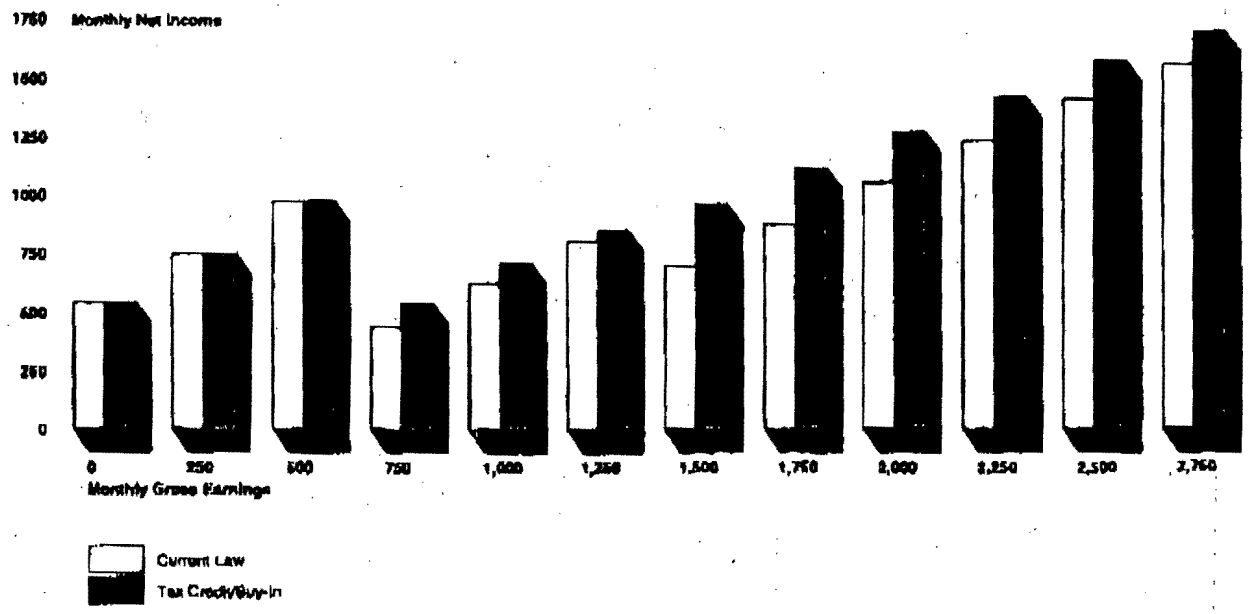
[15]The Employment Support Institute at Virginia Commonwealth University developed WorkWORLD software, which allows individuals to compare what happens to their net income (defined as an individual's gross income plus noncash subsidies minus taxes and medical and work expenses) as earnings levels change under current law and when work incentives are changed.

Figure 1: Comparison of Net Income for DI Beneficiaries Under Current Law and Under Proposed Tax Credit and Sliding-Scale Medicare Buy-In



Source: Employment Support Training Institute, Virginia Commonwealth University.

Figure 1 also illustrates what happens to net income when a tax credit is combined with a Medicare buy-in that adjusts premiums to earnings.[16] In this particular example, although the tax credit may cushion the impact of the drop in net income caused by loss of benefits, it does not eliminate the entire drop. However, as figure 2 shows, this income cliff is eliminated when benefits are reduced $1 for every $2 of earnings above substantial gainful activity level.

[16]The tax credit used in this example assumes that the credit is refundable and supplements the existing Earned Income Tax Credit.

Figure 2: Comparison of Net Income for DI Beneficiaries Under Current Law and Under Proposed 50-Percent Benefit Reduction Rate and Sliding-Scale Medicare Buy-In

Source: Employment Support Training Institute, Virginia Commonwealth University.

These illustrations underscore the complex interactions between earnings and benefits. Changing work incentives may or may not increase the work effort of current beneficiaries, depending on their behavior in response to the type of change and their capacity for work and earnings. But even if the changes in work incentives increase the work effort of the current beneficiaries, a net increase in work effort may not be achieved. This point is emphasized by economists who have noted that improving work incentives may make the program attractive to those not currently in it.[17] Allowing people to keep more of their earnings would make the program more generous and could cause people who are currently not in the program to enter it. Such an effect could

[17]See Hillary Williamson Hoynes and Robert Moffitt, "The Effectiveness of Financial Work Incentives in Social Security Disability Insurance and Supplemental Security Income: Lessons From Other Transfer Programs," in Disability, Work, and Cash Benefits, edited by Jerry L. Mashaw and others (Kalamazoo, Mich.: W. E. Upjohn Institute for Employment Research, 1996), and Hillary Williamson Hoynes and Robert Moffitt, "Tax Rates and Work Incentives in the Social Security Disability Insurance Program: Current Law and Alternative Reforms," May 1997, unpublished.

reduce overall work effort because those individuals not in the program could reduce their work effort to become eligible for benefits. Moreover, improving the work incentives could also keep some in the program who might otherwise have left. Allowing people to keep more of their earnings would also mean that they would not leave the program, as they once did, for a given level of earnings. Such a decrease in this exit rate could reduce overall work effort because people on the disability rolls tend to work less than people off the rolls. The extent to which increased entry occurs and decreased exit occurs will affect how expensive these changes could be in terms of program costs.

The costs of proposed reforms are difficult to estimate with certainty because of the lack of information on entry and exit effects. Moreover, determining the effectiveness of any of these proposed policies in increasing work effort and reducing caseloads would require that major gaps in existing research be filled.

Mr. Chairman, this concludes my formal remarks. I will be happy to answer any questions you or other Members of the Subcommittee may have.

RELATED GAO PRODUCTS

Social Security Disability Insurance: Multiple Factors Affect Beneficiaries' Ability to Return to Work (GAO/HEHS-98-39, Jan. 12, 1998).

Social Security Disability: Improving Return-to-Work Outcomes Important, but Trade-offs and Challenges Exist (GAO/T-HEHS-97-186, July 23, 1997).

Social Security: Disability Programs Lag in Promoting Return to Work (GAO/HEHS-97-46, Mar. 17, 1997).

People With Disabilities: Federal Programs Could Work Together More Efficiently to Promote Employment (GAO/HEHS-96-126, Sept. 3, 1996).

SSA Disability: Return-to-Work Strategies From Other Systems May Improve Federal Programs (GAO/HEHS-96-133, July 11, 1996).

Social Security: Disability Programs Lag in Promoting Return to Work (GAO/T-HEHS-96-147, June 5, 1996).

SSA Disability: Program Redesign Necessary to Encourage Return to Work (GAO/HEHS-96-62, Apr. 24, 1996).

PASS Program: SSA Work Incentive for Disabled Beneficiaries Poorly Managed (GAO/HEHS-96-51, Feb. 28, 1996).

Social Security Disability: Management Action and Program Redesign Needed to Address Long-Standing Problems (GAO/T-HEHS-95-233, Aug. 3, 1995).

Supplemental Security Income: Growth and Changes in Recipient Population Call for Reexamining Program (GAO/HEHS-95-137, July 7, 1995).

Disability Insurance: Broader Management Focus Needed to Better Control Caseload (GAO/T-HEHS-95-164, May 23, 1995).

Social Security: Federal Disability Programs Face Major Issues (GAO/T-HEHS-95-97, Mar. 2, 1995).

Social Security: Disability Rolls Keep Growing, While Explanations Remain Elusive (GAO/HEHS-94-34, Feb. 8, 1994).

Vocational Rehabilitation: Evidence for Federal Program's Effectiveness Is Mixed (GAO/PEMD-93-19, Aug. 27, 1993).

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