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**Testimony**

Before the Subcommittee on Social Security, Committee  
on Ways and Means, House of Representatives

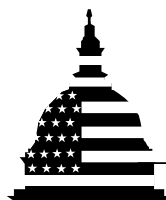
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For Release on Delivery  
Expected at 10:00 a.m.  
Thursday, March 23, 2000

**SOCIAL SECURITY  
DISABILITY INSURANCE**

**Raising the Substantial  
Gainful Activity Level for  
the Blind**

Statement of Barbara D. Bovbjerg, Associate Director  
Education, Workforce, and Income Security Issues  
Health, Education, and Human Services Division



**G A O**

Accountability \* Integrity \* Reliability

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# Social Security Disability Insurance: Raising the Substantial Gainful Activity Level for the Blind

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Mr. Chairman and Members of the Subcommittee:

Thank you for inviting me here today to discuss the substantial gainful activity (SGA) level established for blind beneficiaries of Social Security Disability Insurance (DI). The DI program provides monthly cash benefits to workers who have become severely disabled and to their dependents and survivors. In addition, Medicare coverage is provided to DI beneficiaries after they have received cash benefits for 24 months. In fiscal year 1999, about 6.5 million beneficiaries received DI benefits amounting to \$50.4 billion. Of these, about 100,000 qualified because of statutory blindness.<sup>1</sup> The average benefit paid to disabled workers was \$734 a month in December 1999. In addition to providing evidence establishing their medical impairment, individuals must demonstrate that they are not earning above a certain amount—known as the SGA level—in order to qualify for and maintain eligibility for DI benefits.<sup>2</sup> Since 1977, the SGA levels have been higher for blind than for nonblind DI beneficiaries, and until recently the level for the blind was set equal to the earnings limit for Social Security retirees.

Today I would like to focus my remarks on (1) the differences in employment circumstances affecting people with blindness compared with those affecting people with other disabilities and (2) the potential impact of changes in SGA levels on the DI program and on the Social Security trust funds. My testimony updates and expands on our prior work on the circumstances of blind beneficiaries and on our body of work examining the DI program and SGA levels.<sup>3</sup>

In summary, higher SGA levels have been established for blind beneficiaries primarily on the basis of the assumption that certain adverse economic consequences associated with blindness are unique. Few empirical studies have compared the work-related experiences of blind individuals with those of people who have other disabilities. However, the studies that we reviewed showed many disabled individuals—blind and

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<sup>1</sup>To meet the statutory definition of blindness for Social Security purposes, a person must have either central visual acuity of 20/200 or less in the better eye with the use of a correcting lens or a limitation in the fields of vision so that the widest diameter of the visual field subtends an angle of 20 degrees or less.

<sup>2</sup>Individuals with disabilities other than blindness must also demonstrate an inability to engage in substantial gainful activity.

<sup>3</sup>See *DI Substantial Gainful Activity Levels* (GAO/HEHS-96-109R, Mar. 20, 1996). Other related GAO products are listed at the end of this testimony.

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nonblind—face adverse employment circumstances. Although raising SGA levels for the blind—or even eliminating them—could encourage more blind beneficiaries to work, such changes would perpetuate differences in the treatment of blind and nonblind beneficiaries and could slightly worsen the Social Security trust funds' financial outlook. Moreover, eliminating the SGA level, by removing the connection between benefit eligibility determination and the inability to work, would fundamentally alter the purpose of the DI program.

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## Background

From its origin in 1956, the purpose of the DI program has been to provide compensation for the reduced earnings of individuals who, having worked long enough and recently enough to become insured, have lost their ability to work.<sup>4</sup> The program is administered by the Social Security Administration (SSA) and is funded through payroll deductions paid into a trust fund by employers and workers (currently 1.8 percent of payroll for DI).

To qualify for benefits, an individual must have a medically determinable physical or mental impairment that (1) has lasted or is expected to last at least 1 year or result in death and (2) prevents the individual from engaging in substantial gainful activity.<sup>5</sup> Individuals are considered to be engaged in substantial gainful activity if they have countable earnings at or above a certain dollar level. To calculate countable earnings, SSA deducts from gross earnings the cost of items that, because of the impairment, a person needs to work (for example, attendant care services performed in the work setting, wheelchairs, or Braille devices).<sup>6</sup> In addition to determining initial eligibility, the SGA test also applies to determining continuing eligibility for benefits. Beyond a trial work period during which DI beneficiaries are allowed to keep any level of earnings, benefit payments are terminated once SSA determines that a beneficiary's countable earnings exceed the SGA level.

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<sup>4</sup>The DI program was established under title II of the Social Security Act

<sup>5</sup>To qualify for benefits, individuals with blindness need only show that they are not earning at the SGA level. Individuals with disabilities other than blindness must also demonstrate an inability to engage in substantial gainful activity.

<sup>6</sup>Deductions can be made only if (1) the cost of the item or service is paid by the person with the disability and (2) the person has not been, and will not be, reimbursed for the expense.

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The Social Security Act did not initially distinguish between the SGA levels for blind and nonblind DI beneficiaries.<sup>7</sup> This was changed in 1977 when the Social Security Financing Amendments (P.L. 95-216) set the SGA level for individuals who are blind equal to the monthly earnings limit set for Social Security retirees aged 65 to 69.<sup>8</sup> This link also meant that the SGA level for the blind would be indexed to the average wage index (AWI), a measure of average wages of all employees in the country. Linking the SGA level for the blind to the retirement earnings limit meant that whenever the limit was changed, the SGA level for the blind would change to an equal amount.

The provision for linking the blind SGA level to the retirement earnings limit remained in effect until the Senior Citizens' Right to Work Act of 1996 (P.L. 104-121) was enacted. This act mandated a substantial increase in the monthly earnings limits for Social Security retirees over a 5-year period and removed the link between the retirement earnings limit and the SGA level for the blind but retained the SGA level that was in place at that time as well as the annual indexing to the AWI. Currently, the SGA level for the blind is \$1,170 a month of countable earnings.

On March 1, 2000, the House passed H.R. 5, the Senior Citizens' Freedom to Work Act of 2000, which, if enacted into law, would eliminate the earnings limit for retirees between the normal retirement age (currently age 65) and age 70.<sup>9</sup> The Senate passed its version of the bill on March 22, 2000. Currently, recipients aged 65 to 69 can earn up to \$17,000 a year without having their benefits affected.<sup>10</sup> For earnings above this limit, Social Security benefits are reduced \$1 for every \$3 in earnings. The application of this earnings test is generally a deferral of benefit payments to a later time when earnings cease or are lessened. Thus, future benefit levels may be increased as a result of having benefits withheld under the earnings limit. According to SSA's actuarial estimates, eliminating the earnings limit for those reaching the normal retirement age would increase Social Security costs over approximately 20 years but would be negligible

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<sup>7</sup>SGA levels were first published in regulations in 1961 and at that time were set at \$100 a month of countable earnings.

<sup>8</sup>The 1977 law did not affect SGA levels for nonblind DI beneficiaries.

<sup>9</sup>There is a different earnings limit, as well as a different benefit reduction rate, for retirees aged 62 to 64.

<sup>10</sup>The earnings limit does not apply to those over age 69, and it is increased each year on the basis of indexing to average wages in the economy.

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over a 75-year period. H.R. 5 explicitly exempts blind DI beneficiaries from the provision that would eliminate the earnings limit.

For individuals who have disabilities other than blindness, the Social Security Act gives the Commissioner of Social Security the authority to prescribe the SGA level by regulation. Over the years, SSA has increased the SGA level a number of times, the latest increase occurring in July 1999 when the level for nonblind individuals was raised from \$500 to \$700 a month of countable earnings. The SGA level for nonblind beneficiaries is not indexed. The current SGA level for the blind of \$1,170 a month is about 67 percent greater than the \$700 level for people with disabilities other than blindness.

Under the current program, a DI beneficiary may earn any amount for 9 months within a 60-month period and still receive full cash and health benefits. At the end of this trial work period, if a beneficiary's countable earnings exceed the SGA level, cash benefits continue for an additional 3-month grace period and then stop, causing a precipitous drop in monthly income from full cash benefits to none. Such a drop in income is a considerable disincentive to work. Indeed, less than 1 percent of DI beneficiaries return to work each year.

In addition to identifying this "income cliff," our prior work has identified other program design and implementation weaknesses—such as limited referral to vocational rehabilitation services and the eventual loss of medical coverage after cash benefits end—that have been disincentives to work.<sup>11</sup> To help reduce such disincentives, the Congress has, over the years, established various work incentive provisions to safeguard cash and medical benefits while a beneficiary tries to return to work, and recently, SSA has begun to place greater emphasis on assisting beneficiaries in returning to work.

In addition, the Ticket to Work and Work Incentives Improvement Act of 1999 (P.L. 106-170) is expected to enhance certain work incentives for people with disabilities through such measures as expanding eligibility for Medicare, creating a Ticket to Work voucher program that will allow people with disabilities a greater choice of vocational rehabilitation and employment service providers, and establishing new demonstration projects for the working disabled. This increased focus on work reflects a shift in societal attitudes, as embodied in the Americans With Disabilities

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<sup>11</sup>See *SSA Disability: Program Redesign Necessary to Encourage Return to Work* (GAO/HEHS-96-62, Apr. 24, 1996).

Act, toward goals of economic self-sufficiency and the right of people with disabilities to full participation in society. In addition, medical advances, new technologies, and changes in the nature of work now provide people with disabilities more opportunities to work than ever before.

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## **Many Disabled Workers Face Adverse Employment Circumstances**

Proponents of a higher SGA level for the blind believe that blind individuals are at a greater disadvantage, particularly from an economic standpoint, than individuals with other disabilities. According to these proponents, the disadvantages facing blind people include (1) greater employment discrimination resulting in low employment rates; (2) greater likelihood that when able to find work, it will be in a low-wage job; and (3) extra costs for supportive services or equipment that are necessary for the blind to find and maintain employment and conduct other daily activities.

Few empirical studies rigorously compare the experience of blind individuals in terms of employment, earnings, and work-related expenses with the experience of those who have other disabilities. The readily available studies that we reviewed relied on data from the mid-1990s. These studies indicate that many disabled workers—blind and nonblind—face adverse employment circumstances and high job-related expenses.

Estimates from the 1997 Disability Statistics Report, published by the National Institute on Disability and Rehabilitation Research, show that although the 1994 labor force participation rates for adults with visual impairments aged 18 to 64 were low in comparison with the rates for some impairments, these rates were higher than the labor force participation rates for those with other impairments, such as mental illness or emphysema (see table 1).<sup>12</sup>

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<sup>12</sup>L. Trupin and others, *Trends in Labor Force Participation Among Persons with Disabilities, 1983–1994*, Disability Statistics Report (Washington, D.C.: U.S. Department of Education, National Institute on Disability and Rehabilitation Research, 1997). This report is based on the most recent available data from the National Health Interview Survey (NHIS). The NHIS, conducted annually by the Census Bureau for the National Center for Health Statistics, is a cross-sectional survey of the civilian noninstitutionalized population of the United States. The labor force participation rate is the primary measure in labor market analysis. It is a measure of everyone in the labor force, including people who have a job, are on temporary layoff, or are looking for work.

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**Table 1: Labor Force Participation Rates Across Various Impairment Types**

<b>Impairment type</b>	<b>Participation rate (percentage)</b>
No disability	83.0
Deafness or hearing impairment in one ear only	80.0
Orthopedic impairments of lower extremity	69.4
<b>Blindness or visual impairment in one eye</b>	<b>69.0</b>
Orthopedic impairments of shoulder and/or upper extremities	68.6
Orthopedic impairments of back or neck	62.5
Intervertebral disc disorders	59.8
<b>Visual impairment in both eyes</b>	<b>59.8</b>
Orthopedic impairment of hip or pelvis	59.3
Hearing impairment in both ears	58.7
Amyotrophic lateral sclerosis	50.1
Malignant neoplasm of female breast	46.4
Toxic poisoning and other adverse effects	46.2
Osteoarthritis and allied disorders	45.2
Malignant neoplasm of respiratory and intrathoracic organs	45.0
Rheumatoid arthritis and other inflammatory polyarthropathies	44.0
Heart disease, excluding hypertension	41.5
Hypertensive disease	38.2
Multiple sclerosis	36.9
Absence or loss, lower extremity	35.0
Mental retardation/Down syndrome	33.5
Affective psychoses	30.9
Chronic liver disease and cirrhosis	30.7
Cerebral palsy	30.7
<b>Blindness in both eyes</b>	<b>28.9</b>
Mental illness	27.2
Emphysema	27.1
Depressive disorders	25.4
Cerebrovascular disease	23.3
Nephritis, nephrotic syndrome, and nephrosis	20.1
Schizophrenic psychoses	11.9

Source: 1994 NHIS data, reported by the National Institute on Disability and Rehabilitation Research.

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Data patterns from the 1994-95 Survey of Income and Program Participation (SIPP) are consistent with this finding.<sup>13</sup> The SIPP provides estimates of employment rates and earnings levels of individuals disaggregated by various functional limitations. As shown in table 2, employment rates and earnings of adults (aged 21 to 64) with severe functional limitations were significantly lower than those for adults with no disability. Adults with limitations involving sight had a somewhat higher employment rate than those with limitations involving lifting, walking, or climbing stairs but had a significantly lower employment rate than for those unable to hear normal conversations. Monthly earnings levels of individuals with severe sight limitations were about the same or slightly lower than the monthly earnings for individuals with severe limitations in walking, lifting, and hearing.

**Table 2: Employment Rates and Earnings Across Various Functional Limitations**

Functional limitation	Percentage employed	Earnings
No disability	82.1	\$2,153
Unable to hear normal conversation	59.7	2,047
<b>Unable to see words and letters</b>	<b>30.8</b>	<b>1,252</b>
Unable to lift and carry 10 pounds	27.0	1,536
Unable to climb stairs without resting	25.5	1,257
Unable to walk three city blocks	22.5	1,346

Source: 1994-95 SIPP data, U.S. Census Bureau.

Other studies conducted by researchers in academic institutions and by organizations representing the disabled have provided some information on the work-related costs faced by those with disabilities. While comparisons of results across these studies is difficult given the varying focus, methodology, and measures used in each study, the results, in general, indicate that individuals with disabilities other than blindness also incur high work-related costs.

<sup>13</sup>John M. McNeil, *Americans With Disabilities: 1994-95*, Current Population Reports, Household Economic Studies, P70-61 (Washington, D.C.: U.S. Department of Commerce, Economics and Statistics Administration, Bureau of the Census, 1997). The SIPP, an ongoing study by the Bureau of the Census of the economic well-being of the civilian noninstitutionalized population, is a nationally representative sample of approximately 30,000 households. Information about disability was collected during the period October 1994-January 1995, which represents the most current available SIPP data regarding employment and earnings of people with disabilities.



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For example, the American Foundation for the Blind and Mississippi State University found that legally blind individuals spent an average of \$884 per year on readers, \$57 per year on tapes related to reading, \$50 per year on recruiting new readers, \$469 per year on work-based adaptive devices, and \$150 per year on mobility aids. Also, over 50 percent of the legally blind spent less than \$500 for devices used at work.<sup>14</sup> In comparison, the literature we reviewed and researchers we contacted indicate that people with severe mental illness may also require many work-related services, including on-the-job coaching, money management assistance, and mental health services. Cost estimates ranged from \$1,400 to \$3,600 annually for supportive employment services and \$3,200 to \$7,000 annually for mental health services.<sup>15</sup> In addition, researchers have noted that people with hearing impairments incur costs for interpreter services, telecommunications devices for the deaf, answering machines and ancillary services, retrofitting of items that use sound to operate, and the care of hearing dogs. Researchers have pointed out that most of these items require significant initial and continuing investment.<sup>16</sup>

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**Increasing or  
Eliminating SGA  
Levels Could Increase  
Work but Would Have  
Costs**

Recently, proposals have been put forth that would either raise or eliminate the SGA level for the blind. In particular, proposals raising the SGA level for blind individuals have been focused on restoring the link between this level and the retirement earnings limit that existed from 1977 to 1996.<sup>17</sup> Restoring this link would allow working beneficiaries to keep more of their benefits, thereby reducing a significant disincentive to work. However, SSA estimates of the impact of these possible changes indicate that they all would have some negative effect on DI costs and the actuarial balance of the Old-Age, Survivors, and Disability Insurance (OASDI) trust funds. Moreover, if enacted, the proposals to eliminate the SGA requirement, by removing the connection between benefit eligibility

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<sup>14</sup>C. Kirchner and others, *Lifestyles of Employed Legally Blind People: A Study of Expenditures and Time Use*, Technical Report (Mississippi State, Miss.: Mississippi State University, Rehabilitation Research and Training Center on Blindness and Low Vision, 1992).

<sup>15</sup>G. Bond and others, "Toward a Framework for Evaluating Cost and Benefits of Psychiatric Rehabilitation: Three Case Examples," *Journal of Vocational Rehabilitation*, Vol. 5 (1995).

<sup>16</sup>W.A. Welsh, "The Economic Impact of Deafness," *Journal of the American Deafness and Rehabilitation Association*, Vol. 24, No. 3 and 4 (Jan./Apr., 1991).

<sup>17</sup>S. 285 and H.R. 1601, introduced on January 21, 1999, and April 28, 1999, respectively, both propose to "restore the link between the maximum amount of earnings by blind individuals permitted without demonstrating ability to engage in substantial gainful activity and the exempt amount permitted in determining excess earnings under the earnings test."

determination and the inability to work, would fundamentally alter the purpose of the DI program.

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**Increasing or Eliminating  
the Blind SGA Level Could  
Increase Work Effort but  
Would Raise Program  
Costs**

Under the current DI program, earning even one dollar above the SGA level for a sustained period results in loss of DI cash income and Medicare benefits. The prospect of losing cash and health benefits can reduce motivation to work, especially when low-wage jobs are the likely outcome. Increasing or eliminating the SGA level for the blind would reduce this disincentive to work and thus could result in more work effort by blind beneficiaries. However, by making the program more generous, this change would also increase the number of beneficiaries through the effects of both increased entry to and decreased exit from the program. Some working individuals not currently on the DI rolls would be newly eligible to enter the program, and those already on the rolls would be able to increase their work and earnings without losing their eligibility and thus would not exit the program.

The extent to which these increased entry and decreased exit effects occur will affect DI benefit costs and OASDI trust fund balances. SSA's Office of the Actuary has estimated the financial impact of several options for increasing or eliminating the SGA level for the blind. Ten-year estimates of increased DI benefit payments range from \$2.7 billion, if the SGA level for the blind is set equal to the current-law earnings limit for retirees, to \$6.8 billion, if the SGA level for the blind is completely eliminated.<sup>18</sup>

Table 3 shows that increasing the SGA level for the blind also would have varying effects on the OASDI actuarial balance, depending upon the proposed option.<sup>19</sup> In discussing these proposed increases, it is important to view their effect on trust fund costs within the context of an already large Social Security shortfall. Under current SSA actuarial projections, the OASDI trust funds will be exhausted in 2034, with the Old-Age and Survivors Insurance trust fund being depleted in 2036 and the DI trust fund

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<sup>18</sup>The short-range estimates cover the period 2000-09.

<sup>19</sup>Although the DI trust fund is affected by changes in SGA levels, SSA only estimated the effects on the combined OASDI trust funds.

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being depleted in 2020.<sup>20</sup> Over a 75-year period, the OASDI deficit is currently estimated to be 2.07 percent of taxable payroll—approximately \$3 trillion.

Setting the blind SGA level equal to the current-law earnings limit for retirees (\$1,416.67 per month)<sup>21</sup> would have a negligible effect, less than 0.005 percent of taxable payroll,<sup>22</sup> on the OASDI actuarial balance. However, other options for increasing or eliminating the SGA level for the blind could reduce the actuarial balance, up to .01 and .03 percent of taxable payroll. Although these proposed increases would have a relatively small impact on the actuarial balance, the trust fund shortfall would be exacerbated under any increase to the SGA level.

**Table 3: Estimated Change in the OASDI Actuarial Balance as a Result of Changes in the Blind SGA Level**

SGA option	SGA level	Impact on OASDI actuarial balance (as a percentage of taxable payroll)
Set the SGA level for blind individuals equal to the 2000 earnings limit for retirees, <sup>a</sup> and index thereafter.	Beginning in 2000, increase the SGA level from \$1,170 to \$1,416.67, and index thereafter.	Less than -0.005
Set the SGA level for blind individuals equal to the 2000 earnings limit for retirees, <sup>a</sup> allowing it to rise to the 2002 limit, and index thereafter.	Beginning in 2000, increase the SGA level from \$1,170 to \$1,416.67, then raise the SGA level through 2002 to \$2,500, and index thereafter.	-0.01
Eliminate the SGA level.	Permit blind individuals to earn any amount and still retain full DI benefits.	-0.03

<sup>20</sup>The combined OASDI trust funds will be in cash surplus until 2014. At that point, the trust funds will start redeeming some of their assets to obtain the funds necessary to pay benefits, and expenditures will begin to exceed revenues. By 2034, the trust funds will be exhausted; that is, OASDI will meet only 71 percent of its benefit obligations.

<sup>21</sup>This earnings limit refers to that set for Social Security retirees aged 65 to 69.

<sup>22</sup>Taxable payroll is the amount of wages or self-employment income that is subject to the Social Security tax. For long-range forecasting, Social Security's income and costs are expressed as a percentage of taxable payroll. Measuring the program's income and outgo over long periods (75 years) by describing what portion of taxable earnings they represent is more meaningful than using dollar amounts, because the value of the dollar changes over time.

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Note: Although the DI actuarial balance is affected by changes in SGA levels, SSA estimated the effect on only the OASDI actuarial balance.

<sup>a</sup>This earnings limit refers to that set for Social Security retirees aged 65 to 69.

Source: SSA Office of the Chief Actuary.

Some advocacy and interest groups representing people with disabilities other than blindness have proposed establishing a uniform SGA level for both blind and nonblind individuals. Because relatively few DI beneficiaries are blind, the DI benefit cost of raising or eliminating the SGA level for the nonblind would be even higher than it would be for the blind, although DI benefit cost estimates for either of these changes were not available from SSA at the time of our review.

However, SSA has estimated the financial impact on the OASDI actuarial balance of various options affecting the nonblind SGA level. Changes in the nonblind SGA level would have greater adverse effects on the OASDI trust funds than would changes in the blind SGA level. For example, table 4 shows that raising the current nonblind SGA level of \$700 a month to that of the blind SGA level of \$1,170 a month would significantly affect the OASDI actuarial balance. These effects would be even greater if the SGA level for the nonblind were set equal to the current-law earnings limit for retirees or were completely eliminated. Such changes would represent a significant worsening of an already dire situation.

**Table 4: Estimated Change in the OASDI Actuarial Balance as a Result of Changes in the Nonblind SGA Level**

SGA option	SGA level	Impact on OASDI actuarial balance (as a percentage of taxable payroll)
Set the SGA level for nonblind individuals equal to the current SGA level for blind individuals.	Beginning in 2000, increase the SGA level from \$700 to \$1,170, and index thereafter.	-0.09
Set the SGA level for nonblind individuals equal to the 2000 earnings limit for retirees, <sup>a</sup> and index thereafter.	Beginning in 2000, increase the SGA level from \$700 to \$1,416.67, and index thereafter.	-0.15
Set the SGA level for nonblind individuals equal to the 2000 earnings limit for retirees, <sup>a</sup> allowing it to rise to the 2002 limit, and index thereafter.	Beginning in 2000, increase the SGA level from \$700 to \$1,416.67, then raise the SGA level through 2002 to \$2,500, and index thereafter.	-0.44
Eliminate the SGA level.	Permit nonblind individuals to earn any amount and still retain full DI benefits.	Not estimated <sup>b</sup>

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Note: Although the DI actuarial balance is affected by changes in SGA levels, SSA estimated the effect on only the OASDI actuarial balance.

<sup>a</sup>This earnings limit refers to that set for Social Security retirees aged 65 to 69.

<sup>b</sup>Although not estimated, eliminating the nonblind SGA level would have the greatest adverse effect on the OASDI actuarial balance.

Source: SSA Office of the Chief Actuary.

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**Proposals to Eliminate the  
SGA Level Would Alter the  
Fundamental Role of the  
DI Program**

Elimination of SGA levels for blind or other disabled individuals would fundamentally alter the purpose of the DI program. The DI program's historic role of providing compensation for reduced earnings due to a disability and the program's emerging role of facilitating severely disabled individuals in their return-to-work efforts are both based on the concept of assisting individuals whose impairments have adversely affected their work capabilities. The very definition of disability includes the requirement that a person be unable to perform substantial work, and the purpose of the SGA level is to determine if, regardless of one's medical condition, a person demonstrates by working that he or she is not in fact work-disabled. Without an SGA standard, cash benefits would be offered to individuals incurring a physical or mental disability regardless of their earnings. Removing the connection between benefit eligibility determination and the inability to work would fundamentally alter the program's emphasis.

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**Conclusions**

Current proposals ranging from increasing the SGA level for the blind to eliminating it completely would have the likely effect of increasing beneficiaries' work effort but would raise program costs and could widen the differences in the program's treatment of blind and nonblind beneficiaries, even though both groups face adverse employment circumstances. Moreover, raising the SGA level for the blind could result in further calls to increase the SGA level for nonblind beneficiaries, leading to significantly higher program costs and adverse effects on trust fund solvency. In addition, eliminating the SGA level would fundamentally alter the purpose of the DI program. Other changes to the work incentives—some of which are being implemented or will be tested by SSA as a result of the Ticket to Work and Work Incentives Improvement Act of 1999—are likely to increase work without fundamentally changing the nature of the DI program.

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

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**Contact and  
Acknowledgment**

For information regarding this testimony, please contact Barbara Bovbjerg at (202) 512-7215 or [bovbjergb.hehs@gao.gov](mailto:bovbjergb.hehs@gao.gov). Individuals making key contributions to this testimony include Carol Dawn Petersen, Mark Trapani, Gretta L. Goodwin, and Michael J. Collins.

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# Related GAO Products

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Social Security Disability: Multiple Factors Affect Return to Work (GAO/T-HEHS-99-82, Mar. 11, 1999).

Social Security Disability Insurance: Factors Affecting Beneficiaries' Return to Work (GAO/T-HEHS-98-230, July 29, 1998).

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).

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/HEHS-96-62, June 5, 1996).

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

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