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U.S. House of Representatives

COMMITTEE ON WAYS AND MEANS
1139 LONGWORTH HOUSE OFFICE BUILDING
Washington, DC 20515

August 5, 2026

Ms. Orice Williams Brown
Acting Comptroller General
U.S. Government Accountability Office
441 G St NW
Washington, DC 20548

Dear Ms. Williams Brown:

We write to request that the Government Accountability Office (GAO) review the Social Security Administration's (SSA's) federalization of medical Continuing Disability Reviews (CDRs) for Social Security and Supplemental Security Income (SSI) beneficiaries.

At our request, GAO has previously reviewed numerous aspects of SSA's service for individuals receiving or applying for disability benefits. GAO's findings have been invaluable in shedding light on the administrative challenges that have all too often created unnecessary hardships for SSA's customers with disabilities.

We monitor Social Security's disability programs closely because they provide a basic but essential income for people who have been objectively determined to be unable to work at a substantial level because of severe and long-lasting medical impairments. We rely on SSA to apply the Social Security Act's extremely stringent eligibility standards fairly, correctly, and quickly. To qualify, applicants provide extensive medical evidence and undergo a rigorous eligibility determination process. SSA finds fewer than 4 out of every 10 applicants eligible, after all levels of appeal. People who have been found eligible for disability benefits typically rely on their SSA monthly payments to meet everyday needs, and could not withstand the wrongful loss of benefits.

Each year SSA conducts approximately 1.4 million periodic continuing disability reviews (CDRs) to identify beneficiaries who have potentially experienced medical improvement. The agency terminates benefits if a full medical CDR finds that a person's impairments have improved in a way that would allow the person to work and earn at a substantial level – a very small share of beneficiaries. CDRs are necessary for program integrity but can be extremely complex and difficult for beneficiaries to navigate. With so much at stake, it is vital that SSA administer CDRs accurately, fairly, and ensure the process does not harm individuals who continue to meet the stringent disability standard.

SSA recently announced plans to transition the processing of full medical CDRs from state Developmental Disability Services (DDS) agencies to its federal processing site, the Disability Case Review (DCR) unit. While the agency has stated it intends to free up DDS resources to handle more applications for disability benefits, we have many questions and concerns about the ultimate impact on both beneficiaries and claimants. The CDR process often causes severe stress as beneficiaries fear they will lose their main or only source of income, even if their impairments have not improved and they remain unable to support themselves through work. This is in addition to the stress that many beneficiaries have already experienced when applying for benefits and often enduring delays of a year or more before receiving an approval. Any changes to the CDR process have the potential to add to that stress or create new hurdles that beneficiaries must successfully navigate to avoid loss of SSA income.

In addition, DDS agencies typically use some of their most experienced staff to process CDRs, supported by dedicated program integrity funding; these same staff often also handle complex benefit claims and train more junior staff. If funding and experienced staff instead shift to the federal DCR unit, state DDS agencies are potentially left with reduced capacity to process complex initial claims and reconsideration appeals, and may struggle to maintain a steady pipeline of new staff capable of handling more and more challenging reviews.

We therefore request that GAO review SSA's federalization of medical CDRs, to address the following questions:

1. Did SSA set goals, expected outcomes, and an evaluation plan for the federalization of medical CDRs? How, if at all, has SSA adjusted its process based on evaluation findings?

2. Under the new federalized system, how is SSA coordinating actions across agency components that are involved with medical CDRs (including the DCR unit, field offices, and other components) and with state DDS agencies, and what, if any, challenges do beneficiaries experience under this new system? For example, what challenges, if any, exist with regard to collection of medical evidence; consultative examinations; medical consultants and psychiatric consultants; and appeals of CDR cessations including requests for in-person services for pre-hearing and Disability Hearing Unit cases? Did SSA adjust its plans or processes for disability examiners at state DDS agencies, including hiring and training, to compensate for lost training and apprenticeship resources at the state agencies?

3. Do medical CDRs completed by the federal DCR unit differ from those completed by state DDS agencies on key measures (such as decisional outcome, processing time, cases pending, age of cases pending, quality, and accuracy) and costs (including staff time, productivity, consultative examinations, and other factors)? If so, how?

4. Has the federalization of medical CDRs affected claimants (such as, with regard to DDS initial claims and reconsideration processing times, backlogs, and quality) or state DDS agency capacity (such as examiner staffing and experience levels, hiring, and retention)? If so, how?

Thank you for your prompt attention to this request. Should you or your staff have any questions, please contact Jennifer Hanson, the Social Security Subcommittee Minority Staff Director, and Morna Miller, the Worker and Family Support Subcommittee Minority Staff Director, at (202) 225-4021.

Sincerely,

The Honorable John B. Larson
Ranking Member
Subcommittee on Social Security

The Honorable Danny K. Davis
Ranking Member
Subcommittee on Worker and Family Support