

## Appendix

### Business Plan for Updating the Medical Listings

#### Background

SSA first included the listings in its regulations in 1968 to help expedite the processing of disability claims under the Disability Insurance program. The listings have also been used for the Supplemental Security Income program since it began in 1974. The listings for each body system describe impairments that are considered severe enough to prevent an adult from doing any gainful activity or to cause marked and severe functional limitations in a child younger than 18 years old. Most of the listed impairments are permanent or expected to result in death; however, some include a specific statement of duration. For all others, the evidence must show the impairment has lasted or can be expected to last for a continuous period of at least 12 months.

The listings are organized by major body systems—14 for adults and 15 for children, although adult criteria can be applied to children if the disease processes have a similar effect on adults and children. Altogether, SSA has over 100 listed impairments.

The listings help ensure disability determinations have a sound medical basis, claimants receive equal treatment based on specific criteria, and disabled individuals can be readily identified and awarded benefits if appropriate. All disability claimants who are not performing substantial gainful activity and have severe impairments are screened against the listings to quickly identify individuals who clearly meet the definition of disability. If the claim is not allowed based solely on the medical evidence, then the agency determines whether the claimant can do his or her past work. If the claimant cannot do his or her past work, the agency makes a disability determination based on the claimant's abilities, age, education and vocational history. Quick identification of cases in which the agency can make a favorable determination allows SSA to avoid time-consuming and resource-intensive inquiries into all of the facts of many cases.

From 1968 to the mid-1980s, SSA revised the listings for various reasons by adding or deleting information/criteria as necessary. The last comprehensive update of the listings was made in 1985, when expiration dates ranging from 3 to 8 years were inserted for listing sections. SSA stated that expiration dates were necessary to ensure the Agency periodically reviews (and, if necessary, updates) the listings to consider medical advances in the treatment and evaluation of disabilities and program experience.

#### SSA'S New Process for Updating the Medical Listings

In 2003, SSA implemented a new process for revising the listings. This new process was designed to ensure there are continuous updates and monitoring of the listings about every 3 to 4 years. Under this new process, the agency conducts a review within 1 year of the newly published listing and determines whether an action is necessary—such as training, formal instructions, or a new regulation. If no action is needed, SSA will continue to monitor the listing, conduct another review 4 years before the expiration date of the listing and begin the process of updating the listing.

Under this new model, SSA has incorporated a feedback loop to allow for increased input. After a regulation is published, SSA solicits questions from agency components and performs internal and external studies 1 year after the listing is published. SSA solicits questions from agency components and looks at cases to see how adjudicators are applying the new listing. An Advance Notice of Proposed Rulemaking (ANPRM) may be published in the *Federal Register*. The agency solicits comments regarding the ANPRM through outreach efforts to medical experts, advocacy groups, patients, and

adjudicators and receives input from SSA Regional staff and Medical Specialists. SSA develops the proposed listing and the Office of Management and Budget reviews the draft notice of proposed rulemaking (NPRM). SSA then publishes a Notice of Proposed Rulemaking (NPRM) and again seeks input before publishing the final regulation.

In 2004, SSA awarded a contract to the Institute of Medicine (IOM), seeking advice on improving the listings. The IOM recommended that SSA increase the value and utility of the listings by examining and monitoring their performance, evaluating and improving their effectiveness in expediting awards in obvious cases, and making timely changes in response to these evaluations.

In October 2008, SSA contracted with the IOM to establish a Standing Committee of medical experts to advise the agency in keeping the listings up to date. In FY 2009, the Standing Committee--consisting of approximately 15 members--began serving a 3-year term to survey literature, look for ideas to improve the listings, hold meetings, and organize workgroups and public sessions. Subsequently, the Standing Committee formed two Consensus Study Committees to research and survey literature to look for ideas to improve the Cardiovascular and Immune (specifically HIV) body systems. In August 2010, SSA received IOM Consensus Committee reports that included recommendations for updating and revising the Cardiovascular and Immune (HIV) body systems for which work is already underway.