Topic A: Disability Insurance Program Growth in the Past and the Future: Why.

Is Fundamental Reform Needed?

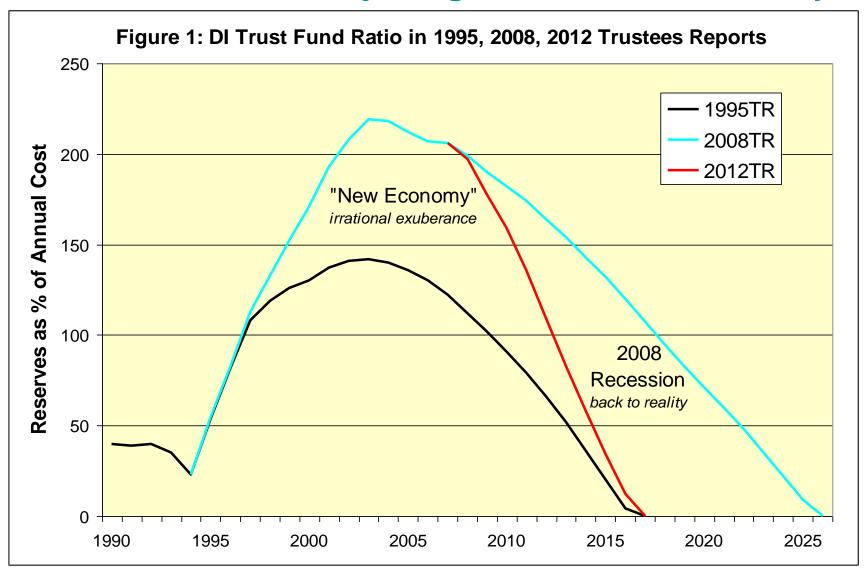
Presentation by Stephen C. Goss, Chief Actuary, Social Security Administration

AEI-Brookings Symposium On Disability Reform B-318 Rayburn House Office Building April 12, 2013

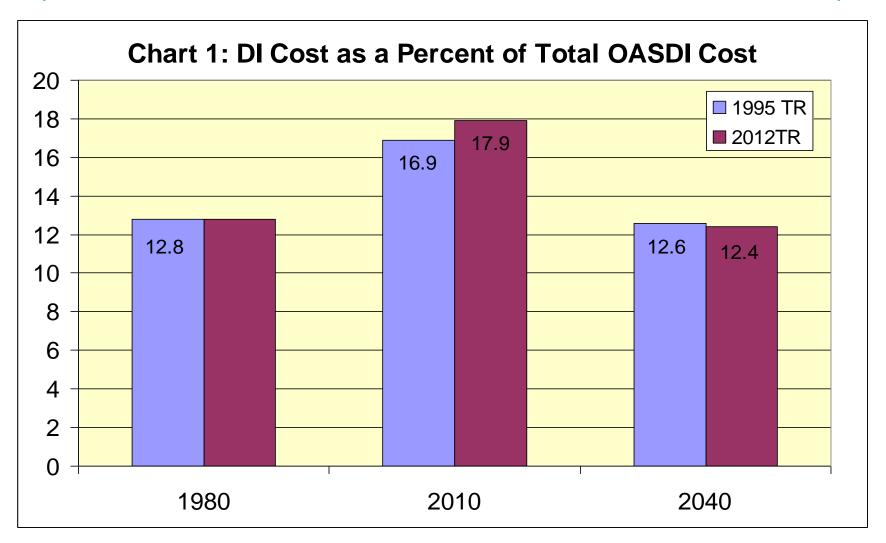
Hypothesis put forth to the panel

- 1) The current federal disability growth trajectory cannot be sustained
 - Obviously not. All factors increasing growth have peaked.
 - Future growth will slow and flatten naturally.
 - This has been understood and projected for decades.
- 2) Fundamental restructuring of the eligibility and disability service system is required to avoid fund exhaustion, increased tax burdens and unacceptable reductions in the active labor force.
 - Obviously not. Tax rate is simply set too low for the cost.
 - Could increase payroll tax by about 0.4% in 2016, or
 - Could reduce benefits by 20% for 2016 and later, or
 - Some combination of the two!

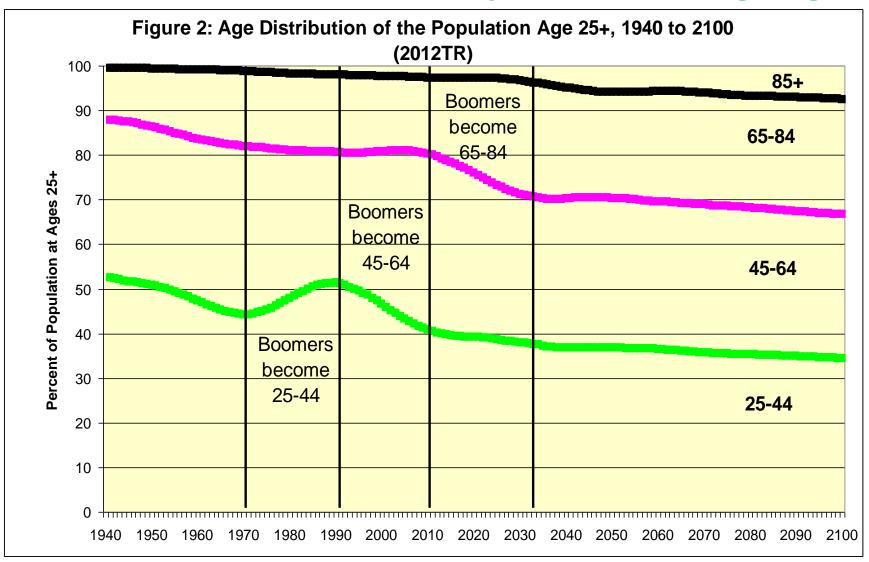
How Have We Done Projecting DI Trust Fund Solvency?



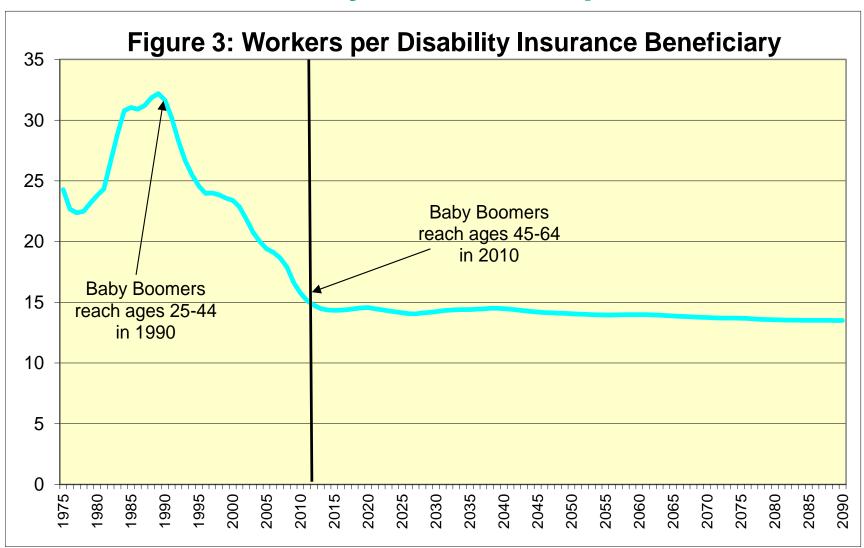
Is DI Out of Control, Taking Over OASDI OASDI? (Note 7% increase in DI Cost for 2010 Due to Recession)



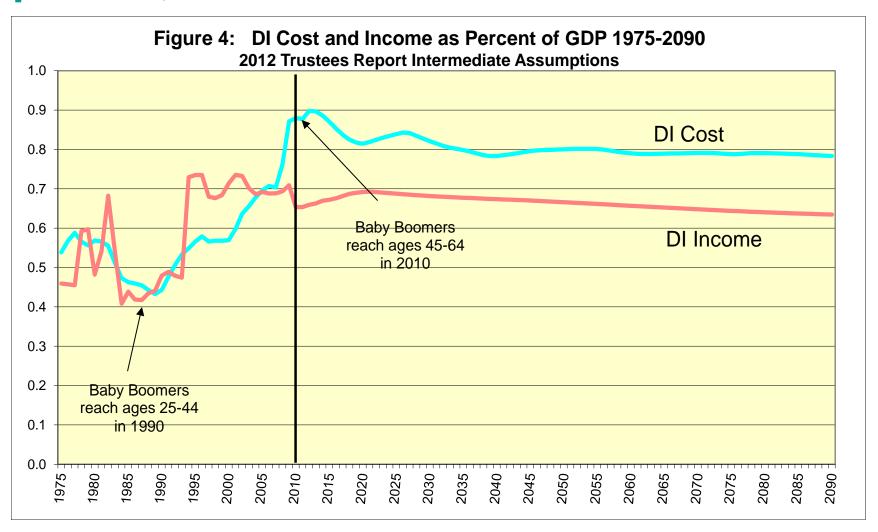
As usual, it is mostly about "Aging"



Shift down in tax-paying workers per DI beneficiary is now complete



Thus, DI cost as percent of GDP has peaked, but scheduled income is too low



Drivers of increased DI cost between 1980 and 2010

Disabled worker beneficiaries up by 187%

- I. A 41% increase in population age 20-64
- II. "Aging" added 38% -- Boomers now 45-64
- III. An 8% increase in insured (net of undocumented population increase) Insured alone much more
- IV. A **42%** increase in age-adjusted prevalence: female incidence, younger incidence, lower death rates

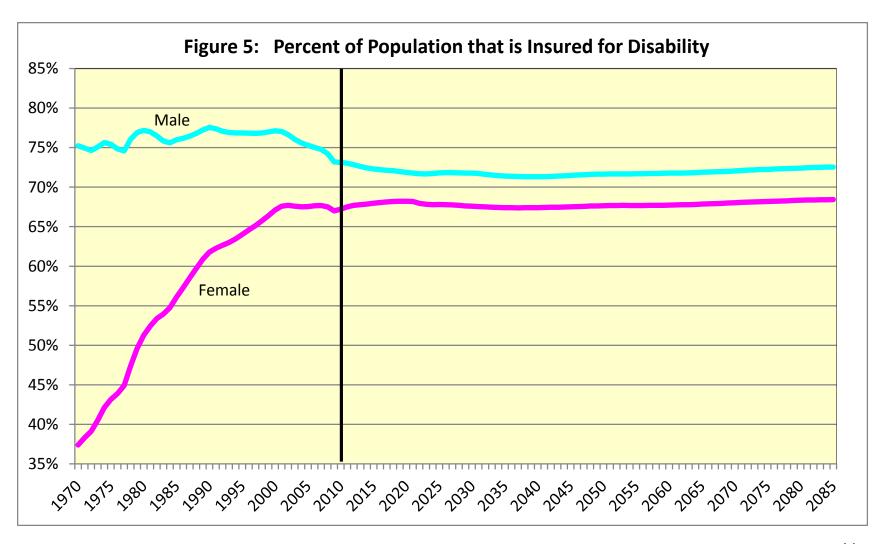
So Where Are We on DI?

- Is the sky falling, cost out of control? No.
- Or are we following a path foreseen? Yes.

- Actuarial Deficit for DI is 0.37 percent of Payroll
 So we could---
 - Increase tax rate or eliminate the Tax Max for DI
 - Or lower the benefit (PIA level)
 - Time limit Benefits, increase vocational grid ages,
 These would have some small effects
 - Note, Increasing NRA shifts cost to DI

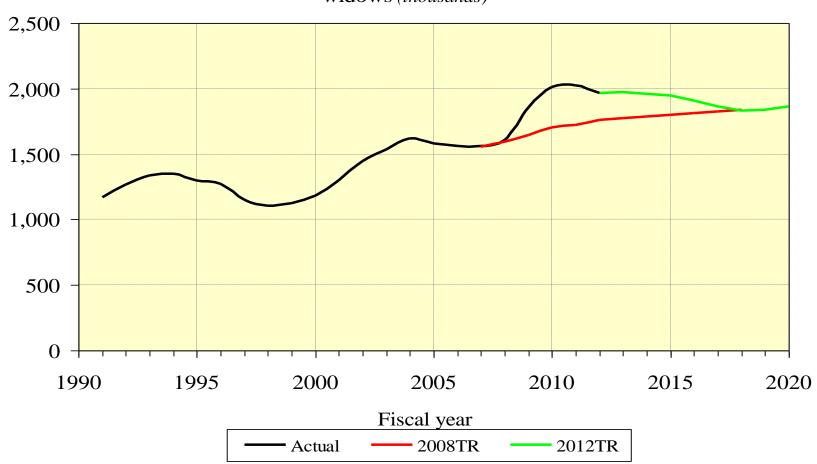
• 2) ADDITIONAL MATERIAL FOR DISCUSSION

2) Increased work by women raised insured; partially offset by more undocumented

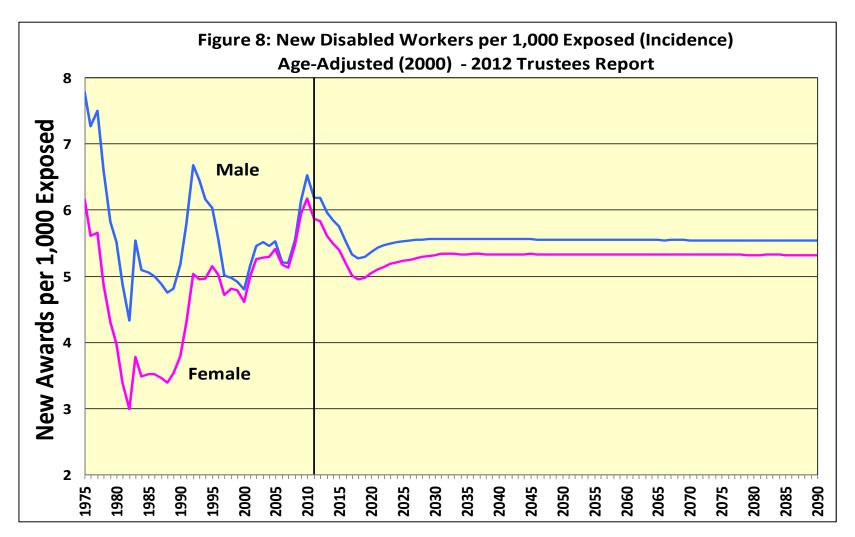


3) Recessions matter: applications jumped in recent recession

Figure 7: OASDI DDS Applications: Disabled workers, children and widows (thousands)

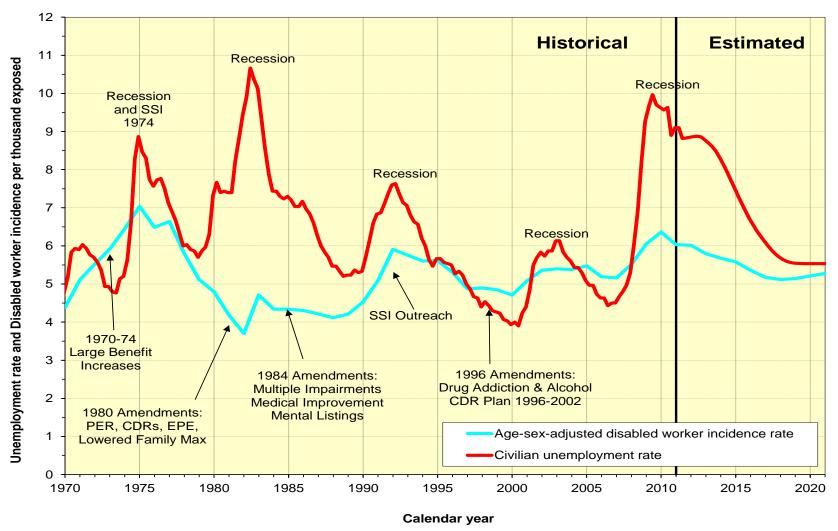


3) Incidence rates for women have risen to male level

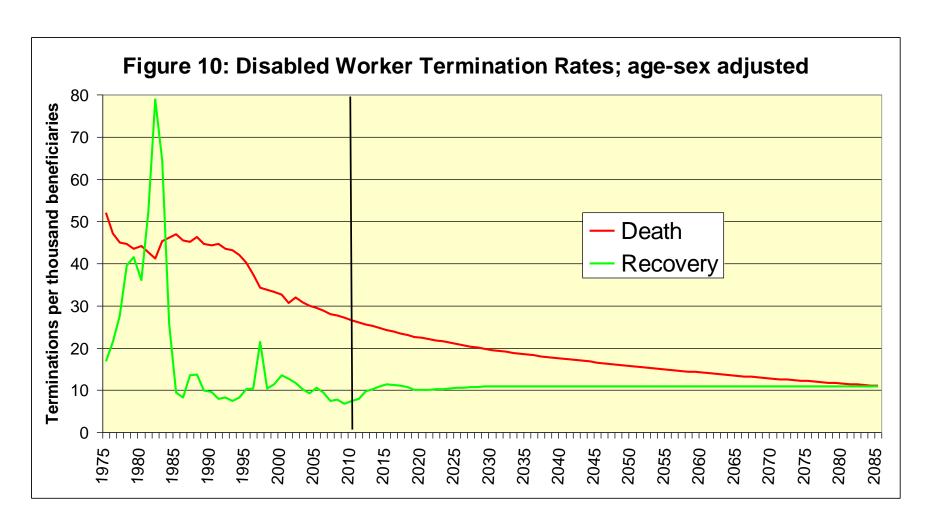


3) Economic cycles and policy changes fluctuate

Figure 9: Effects of Economic Cycles and Policy Changes on DI Incidence Rates

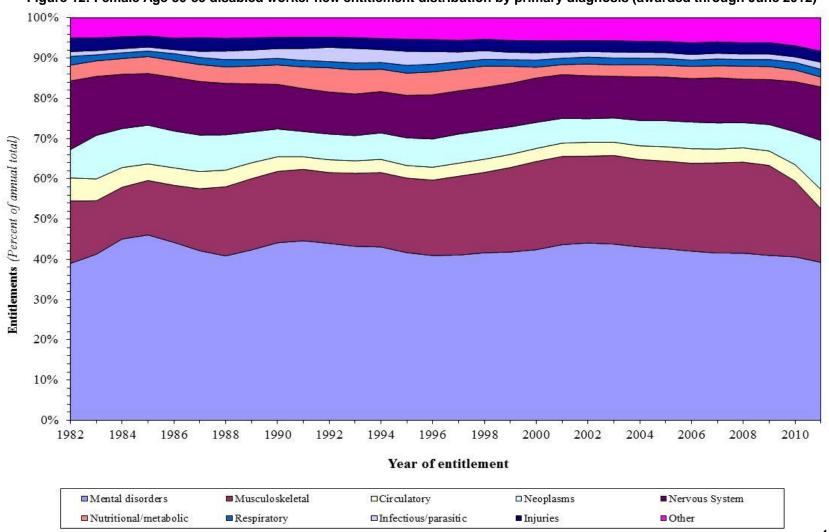


3) Death rates dropping: recovery rates steady since 1985 (half medical, half work)



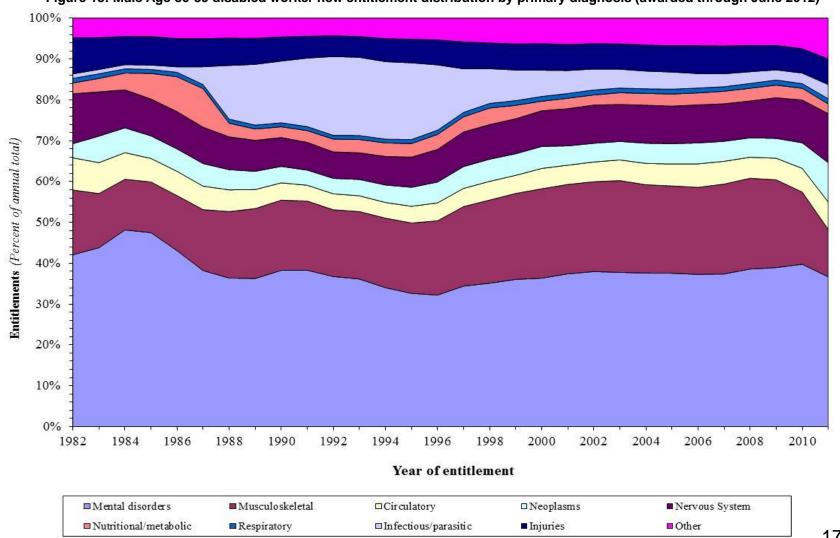
4) Young females: steady distribution by medical impairment

Figure 12: Female Age 30-39 disabled worker new entitlement distribution by primary diagnosis (awarded through June 2012)



4) Young males: steady but for HIV bulge in 1986-2000

Figure 13: Male Age 30-39 disabled worker new entitlement distribution by primary diagnosis (awarded through June 2012)



4) Older females: increased musculoskeletal impairment

Figure 14: Female Age 50-59 disabled worker new entitlement distribution by primary diagnosis (awarded through June 2012) 100% 90% 80% 70% Entitlements (Percent of annual total) 60% 50% 40% 30% 20% 10% 0% 1982 1984 1986 1988 1994 1996 1998 2000 2002 2004 2006 2008 2010 1990 1992 Year of entitlement ■ Mental disorders ■ Nervous System ■ Musculoskeletal □ Circulatory ■ Neoplasms ■ Nutritional/metabolic ■ Respiratory □Infectious/parasitic ■ Injuries Other

18

4) Older males: increased musculoskeletal impairment; less cardiovascular

Figure 15: Male Age 50-59 disabled worker new entitlement distribution by primary diagnosis (awarded through June 2012)

