



2016 Issue Statements
National Rehabilitation Association
Government Affairs Summit

NATIONAL REHABILITATION ASSOCIATION'S 2016 ISSUE STATEMENTS

Approved by the National Rehabilitation Association's Board of Directors on March 22, 2016

"The National Rehabilitation Association (NRA) is a member organization whose mission is to promote ethical and state-of-the-art practice in rehabilitation with the goal of the personal and economic independence of persons with disabilities."

TABLE OF CONTENTS

Issue Statement Title	Page
CREDENTIALS COUNT: VALUING THE QUALIFIED REHABILITATION COUNSELOR	3
SOLVENCY OF SOCIAL SECURITY	6
DECREASE THE BACKLOG OF DISABILITY DETERMINATION CLAIMS BY UPDATING THE BLANKET PURCHASE AGREEMENT FOR VOCATIONAL EXPERTS SOCIAL SECURITY ADMINISTRATION	9
OPPOSE CUTS TO CONCURRENT SOCIAL SECURITY DISABILITY INSURANCE AND UNEMPLOYMENT BENEFITS	11
ISSUES STATEMENT ON RELEASE OF NEW REGULATIONS UNDER THE ADA	13
INCREASING RESOURCES FOR MENTAL HEALTH SERVICES	15

CREDENTIALS COUNT: VALUING THE QUALIFIED REHABILITATION COUNSELOR

STATEMENT OF ISSUE:

Today, in America, we are experiencing an alarming increase in insufficient training of Americans across the employment spectrum.

Whether you learn of the increasing cases of insufficient training on your i phone, i pad, newspaper, car radio, or television, the sad story is the same: Improper and insufficient training results in Americans being hurt, or worse.

Proper training affects all of us, whether you are on a plane, a train, a cruise, or providing medical and vocational rehabilitation services to our wounded warriors and many other individuals with disabilities. Having the proper credentials to do your job is critical, not only to the people whom you serve, but to our country, as well.

BACKGROUND AND DISCUSSION:

Qualified Rehabilitation Counselors, in both the public and private sectors, possess the specialized skill sets that are needed by personnel who are providing vocational rehabilitation (VR) services to our wounded warriors, an aging population who in many cases requires additional services to retain or regain employment and to all eligible individuals with disabilities.

These specialized skill sets include: counseling and guidance; knowledge and appreciation of the medical and psychological aspects of disability; knowledge and implementation of vocational assessment strategies and application of transferable skills, working knowledge and integration of labor market data pertaining to employment of individuals with disabilities; skills and abilities to match business workforce needs with the client's skills and talents; and providing services required to develop and implement the individualized career plan that enables the individual to be successfully employed in a competitive, integrated work environment.

According to the Rehabilitation Services Administration (RSA) in the U.S. Department of Education, the Training program under the Rehabilitation Act of 1973, as amended, is designed to support programs that provide training to new Vocational Rehabilitation (VR) staff or to upgrade the qualifications of existing staff.

In recent years, the major focus of the program has been to address the shortage of qualified State VR agency staff by supporting long-term training programs to train new counselors and administrators.

Currently, VR agencies are undergoing dramatic turnover due to the retirement of a large number of qualified VR counselors which also affects their Community Rehabilitation Programs (CRPs) and other qualified private providers.

According to 2013 data from State VR agencies, there were 1,622 vacancies (9.1%) out of 17,655 total positions nationwide in these offices.

Over the next 5 years, these agencies projected an additional 5,201 vacancies. This would mean that, in the next 5 years, State VR agencies may need to successfully fill 39% of existing positions just to maintain current staffing levels.

The Department of Education believes that similar shortages will also affect other providers in the same time frame, including VR's Community Rehabilitation Programs (CRPs) and other qualified private providers.

To address this issue, the Department of Education has focused a considerable amount of Training program resources on long-term training and is seeking to further target funds to address these areas of greatest need.

Additionally, 75% of the funds awarded to universities under the Long-Term Training Program (LTT) go directly to students for tuition assistance and stipends. Since tuition assistance must be repaid through work in the State VR agencies, the Department of Education believes that the LTT program is the best mechanism for recruiting new graduates in the rehabilitation field.

One of the cornerstones on which our great country was founded was to get a good, solid education, including college, learn a trade and to give back to your communities with the very best knowledge and know-how one individual can impart to another.

That testament to training seems to have changed over the past several decades.

Like so many other countries, America is in a hurry to provide the fastest service so many of us have become accustomed to receiving.

But, fast is not always the best and there is no better example of that than the rehabilitation counseling profession in America.

Many qualified rehabilitation counselors, in both the public and private sector, have earned Master's degrees in rehabilitation counseling to serve to the best of their ability our heroes at home and individuals with disabilities, including those with the most significant disabilities.

According to the Bureau of Labor Statistics, Occupational Handbook, 2016-2017, the need for qualified rehabilitation counselors, whose entry-level education is a Master's degree in rehabilitation counseling, will grow 9 percent faster than the average.

This growth will take into account an aging population who will require rehabilitation services to retain or regain a career, our heroes at home who now require and will require and deserve, the best and the brightest in the rehabilitation field, and so many other deserving individuals with disabilities who require the individualized services and supports that qualified rehabilitation counselors provide.

RECOMMENDATION:

The National Rehabilitation Association respectfully requests that when drafting legislation that those among us who are the most vulnerable, including disabled veterans, an aging population who needs to work, and all individuals with disabilities, be accorded the best and the brightest in the rehabilitation field who are those professionals with a Master's degree in rehabilitation counseling and a bachelor's degree in rehabilitation services education.

The Founding Framers of our great country expected the best from America. Let's give them and so many others the best that our country has to give: Qualified Rehabilitation Counselors with a Master's Degree in Rehabilitation Counseling.

SOLVENCY OF SOCIAL SECURITY

STATEMENT OF ISSUE:

August 14, 2015 marked the 80th anniversary of the signing of the Social Security Act by President Roosevelt in 1935. The program has done much to alleviate poverty among the elderly. The Old Age Survivors Insurance (OASI, retirement benefits) is now running cash deficits as those of baby boomer age are now beginning to retire. The Disability Insurance (DI) program has been running deficits for several years and will exhaust this trust fund in 2016.

BACKGROUND AND DISCUSSION:

On June 8, 1934, President Franklin D. Roosevelt in a message to the Congress, announced his intention to provide a program for Social Security. In his address he stated “This seeking for a greater measure of welfare and happiness does not indicate a change in values. It is rather a return to values lost in the course of our economic development and expansion.” (Social Security History). The bill at that time included employment insurance, old-age insurance, aid to dependent children and grants to states to provide forms of medical care.

It would not be until the Eisenhower Administration with the Social Security Amendments of 1954 which initiated a disability insurance program which provided the public with additional coverage against economic insecurity. On August 1, 1956, the Social Security Act was amended to provide benefits to disabled workers aged 50-65 and disabled adult children. In 1960 President Eisenhower signed a law amending the disability rules to permit benefits to workers of any age and their dependents.

The Board of Trustees of Social Security and Medicare submit annual reports to Congress regarding Social Security. In the 2015 Annual Report it was noted:

Social Security’s Disability Insurance (DI) Trust Fund faces an urgent threat of reserve depletion, requiring prompt correction by lawmakers if sudden reductions or interruptions in benefits payments are to be avoided. Beyond DI, Social Security as a whole, as well as Medicare cannot sustain projected long-run program costs under the current scheduled financing. Lawmakers should take action sooner than later to address these structural shortfalls, so that the uncertainty now facing disability beneficiaries will eventually not be experienced by other programs and so that a broader range of solutions can be considered and more time will be available to phase in these changes while giving the public adequate time to prepare (SSA Board of Trustees Annual Report, 2015).

In 2014, 10.9 million individuals received SSDI benefits. \$141.7 billion dollars was spent in 2014 in benefits payments for disability insurance.

Disability Trust Fund Reserves, which have been declining since 2008, are projected to be fully depleted in late 2016. Payment of full Disability Insurance benefits beyond 2016 when tax income would cover only 81 percent of scheduled benefits and would require legislative action to address this imbalance.

Factors that may have influenced why more individuals are receiving Disability Insurance today are based on some demographic trends including: 1) a growing labor force which also includes an increase in working women. This allows them to acquire enough work experience in order to be eligible for disability benefits, more workers overall have disability protection; 2) the aging baby boomers and the risk of disability that comes with entering the disability prone years. Baby boomers turn ages 49 to 67 in 2013, more people become disabled and thus receive benefits;

3) the increase of the full retirement age from 65 to 66. When Disability Insurance beneficiaries reach the full retirement age, they shift from disability to retirement benefits. The increase in the retirement age has delayed that shift. (Reno, Walker, Bethell, 2013.)

For many Social Security Disability beneficiaries, this is all of the income that they have. Nearly half (46 percent) of disabled workers beneficiaries rely on benefits for 90 percent or more their total personal income. (DeCesaro & Hemmeter, 2008)

RECOMMENDATIONS:

The National Rehabilitation Association urges members of Congress to address the declining Trust Fund Reserves for Disability Insurance in 2016 as it is a necessary lifeline for individuals with disabilities and their families. The National Rehabilitation Association also recommends that long term solutions be developed for this issue.

The National Rehabilitation Association also urges members of Congress to review and act upon the recommendations of the 2015 Annual Report of the Board of Trustees of Social Security and Medicare so that a broader range of solutions can be discussed and time for implementation of solutions be allowed.

REFERENCES:

2008 DeCesaro, Anne and Jeffrey Hemmeter, "Characteristics of Non-institutionalized DI and SSI Program Participants." Research and Statistics Note No.2008-02. Washington, DC: Social Security Administration.

2013 Reno, Virginia, Elisa Walker, and Thomas Bethell, "Social Security Disability Insurance: Action Needed to Address Finances." National Academy of Social Insurance. Social Security Brief No. 41

2015 Lew, Jacob, Thomas Perez, Sylvia Burwell, Carolyn Colvin, Charles Blahous III and Robert Reischauer “Status of the Social Security and Medicare Programs: A Summary of the 2015 Annual Reports” Social Security Administration.

Historical Background and Development of Social Security, Social Security Administration.

DECREASE THE BACKLOG OF DISABILITY DETERMINATION CLAIMS BY UPDATING THE BLANKET PURCHASE AGREEMENT FOR VOCATIONAL EXPERTS SOCIAL SECURITY ADMINISTRATION

STATEMENT OF ISSUE:

Social Security Vocational Experts (SSVE) are highly educated professionals (75% have a Master's degree or higher) primarily engaged in providing vocational rehabilitation services to individuals with injuries or disabilities to assist them in returning to work. A few days a month they take time from their private VR practices to contract with the Social Security Administration to serve as vocational experts in disability hearings. Their impartial expert opinions are a crucial component of the disability-determination process and help to assure that ALJs reach a correct decision that is supported by evidence. VE services are requested in more than 75% of hearings. And yet, the SSVE per-hearing pay rate falls well below competitive market rates for their services. SSVE fees have remained essentially unchanged since 1979. This is affecting both the availability of VE's willing to provide services to SSA and the quality of VE's who do participate in SSA's disability determination process.

BACKGROUND AND DISCUSSION

SSVE's are an essential resource to Administrative Law Judges as they adjudicate claims for Social Security disability benefits. SSVE's provide information concerning the existence of jobs in the national economy as well as an individual's ability to perform job functions based on work capacity. ALJ's draw on SSVE's impartial expert opinions to provide a factual basis for determining whether a claimant meets Social Security's strict definition of disability and therefore is eligible to receive disability benefits. The 37-year-old compensation schedule which included mileage and parking reimbursement for SSVE fees did have a 10% increase in 2009, but the reduction in mileage reimbursement and no longer covering parking negated the increase. The compensation fee schedule is compromising SSA's ability to attract qualified VEs to participate in disability-determination hearings and violates Federal Acquisition Regulations requiring contracting officers to establish fair and reasonable prices supported by valid cost/pricing data.

In May 2012, the Social Security Administration Inspector General in an Audit Report (A-12-11-11124) raised concerns about the quality and availability of SSVEs and recommended that SSA conduct a compensation study to determine whether Social Security Vocational Experts' fees are reasonable and consistent with VE fees paid in the national economy or by other Government entities. SSA has not acted on the recommendation, and recently issued an extension of the existing Blanket Purchase Agreement which continues to pay SSVEs at the 37-year-old rate into 2018, while adding additional responsibilities.

A 2010 Social Security Vocational Experts Compensation and Availability Survey conducted by the International Association of Rehabilitation Professionals concluded that the outdated rate schedule for SSVE's has a significant impact on Vocational Experts' availability for hearings, and suggested that the below-market fees were compromising SSA's ability to schedule hearings in a timely fashion. The survey showed that based on the Consumer Price Index, which is the cost-of-living measure used by SSA, or the Department of Labor Average Annual Wage increases over the past 30 years, the current fee schedule is 163.9% to 202.6% below what it would be if it had been indexed. Translating the per-hearing fee schedule to an average hourly rate for VE services paid by SSA suggests the rate is 261.2% to 284.5% below the market hourly rate paid to VE's by other federal agencies and in the private sector. Evidence suggests that fewer practicing VR professionals are willing to take time out of their schedules to participate in SSA disability hearings, and more SSVE's are no longer actively providing VR services, but instead are using their work as Social Security Vocational Experts to supplement their retirement incomes.

RECOMMENDATION:

In order for SSA to recruit and retain a viable and qualified VE cadre, SSA must provide fair and equitable compensation to Social Security Vocational Experts going forward. Congress should direct SSA to document how it determines fair market rates for the services required as well as how it assesses and monitors the quality of SSVE services it receives.

OPPOSE CUTS TO CONCURRENT SOCIAL SECURITY DISABILITY INSURANCE AND UNEMPLOYMENT BENEFITS

STATEMENT OF ISSUE:

Legislation has been introduced in the Senate and House to cut concurrent Social Security Disability Insurance (SSDI) and Unemployment Benefits (UI). These bills, S.499, S.2005 and H.R. 918 are entitled

“Social Security Disability Insurance and Unemployment Benefits Double Dip Elimination Act” and disqualify individuals with disabilities from receiving Social Security disability benefits when this individual is also paid or eligible for unemployment benefits. A 2012 Government Accountability Office (GA) report, indicates less than one percent of individuals served by SSDI also receive concurrent UI benefits.

BACKGROUND AND DISCUSSION:

SSDI and UI were established for different purposes and largely service different populations. UI insures workers against the loss of a job through no fault of their own. SSDI insures workers in the event of a severe disability that prevents the worker from engaging in substantial gainful activity.

Encouraging SSDI beneficiaries to return to work has long been a cornerstone of bipartisan Congressional policy. The Social Security Administration permits SSDI beneficiaries to participate in work incentive programs, such as trial work periods, without losing their benefits. Penalizing these individuals with disabilities who are attempting to work but are laid off through no fault of their own (and are eligible or receive unemployment benefits) may have the consequence of discouraging attempts to return to work.

Like all Americans SSDI beneficiaries who work seek greater economic security for themselves and their families. To qualify, SSDI beneficiaries must meet some of the strictest standards in the world. At the same time, some individuals with significant disabilities who receive SSDI may be able to work part-time. Beneficiaries who are eligible to participate in SSDI and UI should be able to collect from both programs without penalty if they meet the eligibility requirements and have lost their job through no fault of their own.

RECOMMENDATION:

The National Rehabilitation Association (NRA) strongly supports individuals with disabilities, including those with significant disabilities who want to work. NRA opposes the “Social Security Disability Insurance and Unemployment Benefits Double Dip Elimination Act” which cuts SSDI benefits if an individual with a disability gets laid off through no fault of their own and is eligible or receives unemployment insurance. To do otherwise is to cut a lifeline to those

individuals with disabilities and their families who want to work, have worked, and just like their non-disabled peers have been laid off.

*SSA classifies UI benefits as unearned income, which is subject to the substantial gainful activity limit.

ISSUES STATEMENT ON RELEASE OF NEW REGULATIONS UNDER THE ADA

STATEMENT OF ISSUE:

The landmark legislation, The Americans With Disabilities Act (ADA), was signed into law in 1990.

This important civil rights law was supposed to level the playing field for all individuals with disabilities, including those with significant disabilities, and to provide equal access to all information that is accessible to their non-disabled peers.

Yet, the recent decision by the Administration to delay until 2018 issuing new regulations on much-needed guidance on how businesses can meet their legal obligation to make their websites accessible to all individuals with disabilities is counter-intuitive to the intent of the ADA and is hurtful and harmful to individuals with significant disabilities and others.

BACKGROUND AND DISCUSSION:

It has been 5 years since the Administration announced its intention to issue what it described as: "the important updates to the ADA since its original enactment."

Yet, nothing has happened in this regard until recently when the Administration announced its inexplicable delay in issuing these important regulations.

The inability to access websites is not just an inconvenience, but also a major barrier to education and employment.

Indeed, the graduation rate for individuals with disabilities, especially those with significant disabilities, is 34% which in part may be attributable to the lack of access to online technology which is being increasingly used by today's colleges and universities and will be into the foreseeable future.

RECOMMENDATION:

The National Rehabilitation Association strongly encourages the Administration to release these critically-important regulations to the Americans with Disabilities Act as soon as possible.

To do less denies individuals with significant disabilities, including those who are blind, the same access to the American Dream, which is enjoyed by so many of their non-disabled peers.

The Sixth President of the United States, President John Quincy Adams stated on the issue of leadership:

"If your actions inspire others to dream more, learn more, do more and become more, you are a leader."

The Administration should lead by example and release these long-awaited and much-anticipated regulations as soon as possible.

INCREASING RESOURCES FOR MENTAL HEALTH SERVICES

STATEMENT OF ISSUE:

There is an urgent need for substantial, additional resources to respond adequately to the dramatic increase in the incidence of mental health issues in our country.

Approximately 1 in 5 adults in the United States, 43.8 million people, experience mental illness in a given year.(1)

Approximately 1 in 25 adults in the U.S., 10 million people, experience a serious mental illness in a given year that substantially interferes with or limits one or more major life activities." (2)

Over one-third (37%) of students with a mental health condition age 14-21 and older who are served by special education drop out -- the highest dropout rate of any disability group. (19).

BACKGROUND AND DISCUSSION:

For far too long, additional funding for mental health services in our country has languished in Congress.

With the increased incidence of mental health issues in this country, coupled with the fact that more than 90% of children who die by suicide have a mental health condition (23) and the alarming fact that each day an estimated 19-22 veterans die by suicide (24), the National Rehabilitation Association respectfully requests that the Administration's budget request of an additional \$500,000,000 for mental health services be approved by Congress.

There should never be a time in our great country when an individual with a serious mental issue seeking help be turned away from a hospital or any other appropriate place to seek help because of a lack of adequate hospital beds and/or staffing.

RECOMMENDATION:

Mental health services in this country need to be adequately funded to respond to the increased incidence of mental health issues in our society, including, but not limited to, our wounded warriors returning home with sometimes undiagnosed disabilities like post-traumatic stress disorder and other brain injuries.

The National Rehabilitation Association respectfully recommends that Congress appropriate an additional \$500,000,000 as recommended in the President's budget request.