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# PRWORA at 30: SSI for Children with Disabilities

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## PRWORA at 30: SSI for Children with Disabilities

The federal Supplemental Security Income (SSI) program—administered by the Social Security Administration (SSA)—pays need-tested monthly cash benefits to adults and children with qualifying disabilities and to older adults, regardless of their disability status. As a need-tested program, SSI is available only to eligible individuals whose income and resources (i.e., assets) are at or below limits set in federal law. In December 2024, SSI made payments averaging \$697 per month to roughly 7.4 million recipients, 1.0 million of which were children under age 18. In 2024, federal SSI payments to all recipients totaled approximately \$63.1 billion, with about \$10.3 billion being payments made to child recipients.

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA, P.L. 104-193) made significant changes to disabled children’s eligibility for SSI. Before PRWORA, children were considered statutorily disabled for purposes of SSI if they had a medically determinable physical or mental impairment(s) of “comparable severity” to one that would disable an adult. The adult disability definition under SSI law is work-limiting, meaning that adults must have medically determinable impairments that prevent them from performing substantial work in order to be considered disabled for program purposes. Because children are not generally expected to work, SSA needed to determine—in its regulations and policies—how it would decide disability for children under the “comparable severity” definition in law. A series of legislative, regulatory, and judicial actions affecting the disability determination process for children in the 1980s and early-to mid-1990s contributed to the almost tripling of the SSI child caseload from 1990 to 1995 and an increased share of children qualifying for SSI payments based on mental impairments.

PRWORA was enacted in 1996 in response to the growth in the child caseload and perception that children with non-severe disabilities were being awarded benefits. PRWORA made changes to the definition of disability and the disability determination process for children that tightened eligibility criteria for certain children relative to prior law. Among other changes, PRWORA replaced the “comparable severity” disability standard with a new statutory definition of disability for children. Under the now current law definition, children under 18 are considered disabled if they have severe medically determinable physical or mental impairments that result in “marked and severe functional limitations” and which can be expected to result in death or which have lasted or can be expected to last for a continuous period of not less than 12 months. Since PRWORA, there have not been major legislative developments in the SSI program for children. Despite a lack of major legislative changes affecting SSI for children after PRWORA, the size of the SSI child caseload has fluctuated noticeably since its enactment. The factors driving those fluctuations are not well understood.

In recent years, a policy focus in the SSI program for children has been improving outcomes for youth entering adulthood (i.e., transition-age youth). Research has found that youth who receive SSI generally face challenges in adulthood—such as with employment, education, criminal justice system involvement, and independent living—whether or not they continue to receive SSI benefits. Past SSA demonstration projects have temporarily tested whether providing various employment and other support services to transition-age youth receiving SSI improves their employment and earnings outcomes and decreases their use of SSI benefits. These demonstrations have generally found some positive short-term effects of the tested interventions on the employment or earnings of participating youth, but have generally not found evidence that these interventions significantly reduced use of SSI benefits. There have also been proposals to simplify SSA’s work incentives and earnings rules to encourage work among transition-age youth or to allow SSA to make direct referrals of these youth to state vocational rehabilitation agencies.

Another issue that has received attention from policymakers is the scope and goals of the SSI program for children. Current SSI law does not include a statement of the purpose of the SSI program for children. The lack of such a statement makes it challenging to assess whether the program is currently serving children with disabilities effectively. Over the years, researchers and policymakers have offered a number of potential purposes of the SSI program for children, such as covering the extra costs of caring for a child with a disability, compensating for lost family income because one or both parents reduced their work activity to care for their child with a disability, and meeting the child’s basic needs for food, clothing, and shelter. There have been recommendations for Congress to provide an explicit statement of the purpose of the SSI program for children to ensure that the program is meeting its intended goals.

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**S**upplemental Security Income (SSI) is a federal public assistance program administered by the Social Security Administration (SSA) that provides monthly cash payments to adults and children with qualifying disabilities and to older adults. The program is restricted to those who have income and resources (i.e., assets) within limits set in law.<sup>1</sup>

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA, P.L. 104-193) tightened SSI eligibility criteria for certain children primarily in response to noticeable growth in the SSI child caseload in the early 1990s and the perception that children with non-severe disabilities were being awarded benefits.<sup>2</sup> Since PRWORA was enacted in 1996, there have not been significant legislative developments in the SSI program for children. Despite a lack of major legislative changes affecting SSI for children after PRWORA, the size of the SSI child caseload has fluctuated noticeably since its enactment. The factors driving those fluctuations are not well understood.

This report provides an overview of the SSI program for children, describes the major legislative developments in the program with a focus on PRWORA, and discusses selected issues for Congress. This report is part of a series of CRS reports that focus on changes in programs affecting low-income children in light of the upcoming 30-year anniversary of PRWORA's enactment. The other reports in the series are the following:

- CRS In Focus IF13261, *The Personal Responsibility and Work Opportunity Reconciliation Act of 1996*
- CRS Report R49012, *PRWORA at 30: TANF*
- CRS Report R49014, *PRWORA at 30: Child Support Enforcement*
- CRS Report R49013, *PRWORA at 30: Child Care*

## SSI for Children Today

SSI is a federal public assistance program administered by SSA that provides monthly cash benefits to eligible adults and children who meet the program's definition of disability and to eligible adults age 65 or older, regardless of their disability status.<sup>3</sup> SSI provides benefits to individuals (as opposed to families or households), and children qualify for benefits in their own right. SSI is *need-tested*, meaning that eligibility is restricted to people whose income and resources (i.e., assets) are within limits set in law. SSI payments are financed by U.S. general revenues. Some states supplement the federal SSI payment using their own funds. In addition to receiving monthly cash payments, SSI recipients in most states automatically qualify for health care coverage under Medicaid.<sup>4</sup> In 2024, SSI paid federal benefits totaling about \$63.1 billion to

<sup>1</sup> For more information on SSI, see CRS In Focus IF10482, *Supplemental Security Income (SSI)*, by Emma K. Tatem and William R. Morton, and CRS Report R44948, *Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI): Eligibility, Benefits, and Financing*, by William R. Morton.

<sup>2</sup> Beyond changes to SSI for children, PRWORA also made other changes to SSI, including to eligibility rules for fugitive felons.

<sup>3</sup> Children under age 18 and adults under age 65 may also qualify for SSI payments if they are statutorily blind. For purposes of this report, "disability" is generally used to mean both individuals who qualify based on blindness or based on an impairment other than blindness. However, note that in some cases, there are differences in SSI eligibility criteria for blind individuals that are not fully discussed in this report.

<sup>4</sup> For more information, see CRS Report R46111, *Medicaid Eligibility: Older Adults and Individuals with Disabilities*, by Kirsten J. Colello and William R. Morton.

an average of 7.4 million monthly recipients, including about 1.0 million disabled children under age 18; SSI payments to children totaled about \$10.3 billion.<sup>5</sup>

This section provides an overview of the disability and financial criteria that children must meet to qualify for SSI and how SSA determines whether children continue to be eligible.<sup>6</sup> It also discusses selected characteristics of child SSI recipients. The SSI eligibility criteria for children are different from the criteria that apply to adults age 18 or older. For more information about SSI, including adult eligibility, see CRS In Focus IF10482, *Supplemental Security Income (SSI)*, and CRS Report R44948, *Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI): Eligibility, Benefits, and Financing*.

## Definition of Disability

To qualify for SSI payments, children must have a disability, as defined in the Social Security Act. To meet the definition of *disability* in law, a child under age 18 must have a medically determinable physical or mental impairment that results in “marked and severe functional limitations,” and which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months.<sup>7</sup> Children typically meet the definition of disability if they have a severe impairment (or combination of impairments) that limits their ability to engage in age-appropriate childhood activities at home, in child care, at school, or in the community. In addition, children must not be performing work for which they earn over a set amount—known as *substantial gainful activity* (SGA).<sup>8</sup>

## Disability Determination Process

SSA uses a three-step sequential evaluation process set forth in its regulations and policies to initially determine whether children meet the definition of disability in law.<sup>9</sup> **Figure 1** illustrates the initial disability determination process for children under SSI. At certain steps of the process, SSA may decide that a child is *disabled* or *not disabled* and the initial determination ends without completing the remaining steps. Children may generally be found disabled at Step 3a based on medical factors or Step 3b based on medical and functional factors. Children may generally be found not disabled at any step except Step 3a. Federally funded state Disability Determination Services (DDS) agencies make disability determinations on behalf of SSA.

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<sup>5</sup> SSA, *Annual Report of the Supplemental Security Income Program, 2025*, August 2025, p. 9, <https://www.ssa.gov/OACT/ssir/SSI25/ssi2025.pdf#page=9>; and SSA, “SSI Monthly Statistics, December 2024,” January 2025, Table 3, [https://www.ssa.gov/policy/docs/statcomps/ssi\\_monthly/2024-12/index.html](https://www.ssa.gov/policy/docs/statcomps/ssi_monthly/2024-12/index.html).

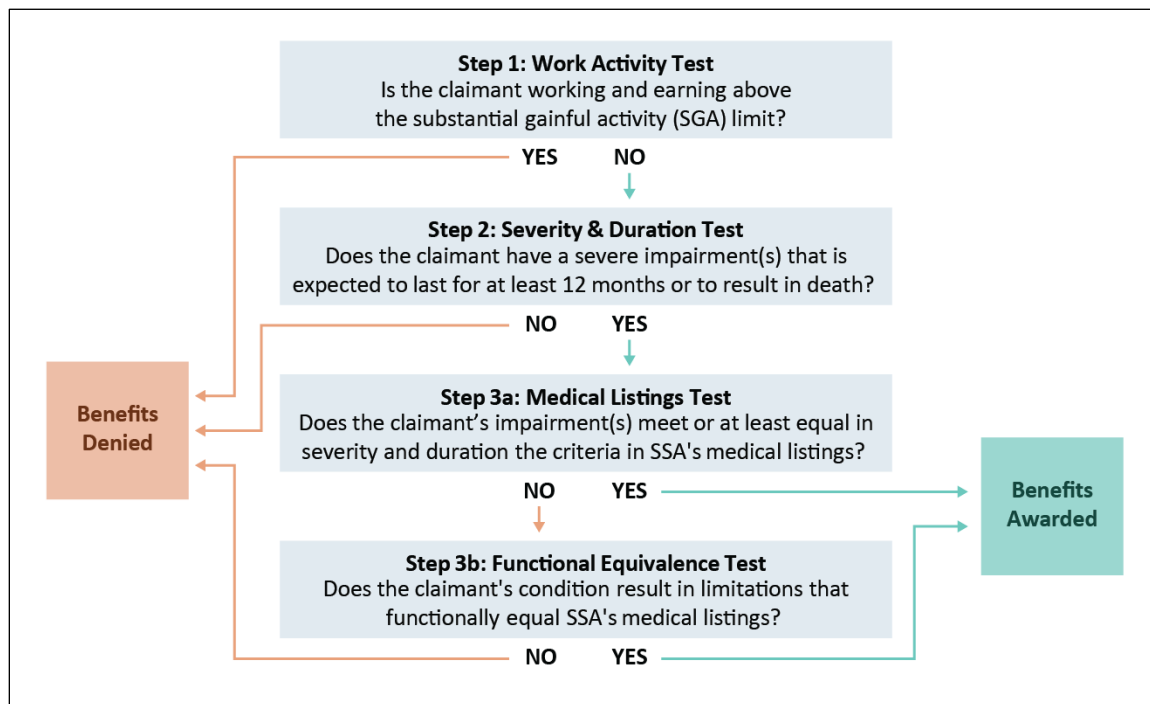
<sup>6</sup> In addition to disability and financial criteria, individuals must meet certain other requirements to be eligible for SSI. For example, individuals must reside in the United States (as defined by the program), be U.S. citizens or qualified noncitizens who meet additional criteria, and apply for certain other benefits for which they may be eligible (e.g., Social Security), among other requirements. For more information about noncitizen eligibility for SSI, see CRS Report R46697, *Noncitizen Eligibility for Supplemental Security Income (SSI)*, coordinated by Abigail F. Kolker.

<sup>7</sup> Social Security Act, §1614(a)(3)(C); 42 U.S.C. §1382c(a)(3)(C).

<sup>8</sup> There is a different statutory definition of disability for adults under SSI. For more information, see CRS Report R44948, *Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI): Eligibility, Benefits, and Financing*, by William R. Morton.

<sup>9</sup> SSA uses a five-step disability determination process for adults. For more information, see CRS Report R44948, *Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI): Eligibility, Benefits, and Financing*, by William R. Morton.

Figure I. SSI Initial Disability Determination Process for Children



**Source:** CRS, based on Subpart I of 20 C.F.R. §416, and Chart 2 in Bernard Wixon and Alexander Strand, *Identifying SSA's Sequential Disability Determination Steps Using Administrative Data*, Research and Statistics Note no. 2013-01, June 2013, <https://www.ssa.gov/policy/docs/rsnotes/rsn2013-01.html>.

**Notes:** In 2026, the SGA earnings limit is \$1,690 per month and applies only at the time of application.

At Step 1 of the disability determination process for children, SSA or the DDS determines whether children have any earnings from work and whether such earnings (if any) constitute SGA. In 2026, the SGA earnings limit is \$1,690 per month under SSI.<sup>10</sup> At Step 2, the DDS determines whether children have medically determinable impairments of sufficient severity and duration. In determining the severity of a child's impairment, the DDS compares the child's functioning to that of children his or her own age who do not have impairments. A child's impairment is considered *not severe* if it is a slight abnormality (or a combination of slight abnormalities) that causes no more than minimal functional limitations. A child's impairment meets the duration requirement if it is expected to result in death or has lasted or is expected to last for a continuous period of not less than one full year.

At Step 3a, the DDS determines whether a child's severe and long-lasting medically determinable impairment meets or medically equals the criteria of a specific listing in SSA's regulatory Listing of Impairments ("listings"). The listings contain examples of impairments that SSA presumes meet the definition of disability in law based on medical factors alone. The listings for children are categorized across 15 major body systems and include common qualifying impairments for each body system along with the specific evaluative criteria needed to confirm the existence of those impairments. Children with impairments that meet (i.e., match) or medically equal (in severity and duration) the criteria of listed impairments are found *disabled*. Children with impairments that do not meet or equal the criteria of listed impairments proceed to Step 3b.

<sup>10</sup> SSA, "Substantial Gainful Activity," <https://www.ssa.gov/oact/cola/sga.html>. Under SSI, the SGA earnings limit applies only at the time of application.

At Step 3b, the DDS determines whether a child’s medically determinable impairment—which does not meet or medically equal the listings—results in limitations that functionally equal the listings. At this stage, a child’s impairment is not evaluated against a specific listing. Rather, it is evaluated on the basis of whether the impairment causes functional limitations at home, in child care, at school, or in the community that are of listing-level severity. The DDS evaluates a child’s functioning across six domains: (1) acquiring and using information, (2) attending and completing tasks, (3) interacting and relating with others, (4) moving about and manipulating objects, (5) self-care, and (6) health and physical well-being. These domains are cross-referenced with age categories that describe age-appropriate child functioning and behavior. A child’s impairment(s) functionally equals the criteria in the listings if it results in marked limitations in at least two of the domains or an extreme limitation in one domain.<sup>11</sup> Children with impairments that result in functional limitations that are of listing-level severity are found *disabled*.

In 2023, 294,129 children applied for SSI benefits.<sup>12</sup> Of those who applied and received disability determinations that year, 56.2% were initially allowed (i.e., found disabled) by the DDS.<sup>13</sup> Children who receive initial allowances from the DDSs may later be denied benefits for technical (i.e., non-medical) reasons. Children who disagree with an initial determination may appeal the decision under certain conditions.<sup>14</sup>

## Financial Eligibility

To qualify for SSI payments, children must also have *countable income and resources*—that is, total income and resources minus applicable exclusions—within limits specified in law.

In 2026, the maximum monthly SSI payment, known as the *federal benefit rate* (FBR), is \$994 per month for an individual.<sup>15</sup> Countable income is subtracted from the FBR, dollar for dollar, in determining a child’s SSI eligibility and monthly payment amount (if any). SSI counts most types of income, including *earned income*, such as wages, and *unearned income*, such as Social Security benefits and cash or shelter provided by others. Certain income is not counted, such as the first \$20 per month of most income and federal food and housing assistance.

The countable resource limit is \$2,000 for an individual.<sup>16</sup> *Resources* are cash or other liquid assets or any real or personal property that a person owns and could convert to cash to be used for the person’s support and maintenance, such as checking or savings accounts, stocks, and certain types of trusts. Certain resources are not counted, such as an individual’s primary residence, household goods and personal effects, one vehicle, and the first \$100,000 in an Achieving a Better Life Experience account.

<sup>11</sup> A *marked* limitation in a domain occurs when a child’s impairment interferes seriously with his or her ability to independently initiate, sustain, or complete activities. An *extreme* limitation in a domain occurs when a child’s impairment interferes very seriously with his or her ability to independently initiate, sustain, or complete activities.

<sup>12</sup> SSA, *SSI Annual Statistical Report, 2024*, Table 69, [https://www.ssa.gov/policy/docs/statcomps/ssi\\_ast/2024/index.html](https://www.ssa.gov/policy/docs/statcomps/ssi_ast/2024/index.html).

<sup>13</sup> SSA, *SSI Annual Statistical Report, 2024*, Table 70. The data exclude cases that were denied for technical reasons before reaching the DDSs. The data are subject to revision and may change over time.

<sup>14</sup> Social Security Act, §1631(c)(1)(A); 42 U.S.C. §1383(c)(1)(A). For more information on SSA’s administrative appeals process, see SSA, “Appeal a Decision We Made,” <https://www.ssa.gov/apply/appeal-decision-we-made>.

<sup>15</sup> The FBR is adjusted annually for inflation. SSA, “SSI Federal Payment Amounts for 2026,” <https://www.ssa.gov/oact/cola/SSI.html>.

<sup>16</sup> The resource limit is not adjusted for inflation. Different income and resource limits apply to couples. For more information, see CRS In Focus IF10482, *Supplemental Security Income (SSI)*, by Emma K. Tatem and William R. Morton.

In addition to a child’s own income and resources (if any), a portion of the income and resources of any SSI-eligible parents living in the same household as the child is generally assumed to be available to meet the basic needs of the child and may be included in the child’s countable income and resources under a process known as *deeming*. Almost all children are assigned representative payees—usually one of their parents—to receive and manage their SSI payments on their behalf.<sup>17</sup> Representative payees are responsible for using the child’s SSI payments to pay for the child’s current and future needs (e.g., for food, shelter, clothing, utilities, medical care, and personal comfort items) and saving any payments not immediately needed for the child’s future benefit.

## Determinations of Continuing Eligibility

After children are initially allowed onto the program, SSA generally reviews their cases from time to time to determine if they are still medically and financially eligible for SSI.

SSA generally performs periodic reviews of children’s continuing medical eligibility for SSI payments on the basis of disability. These evaluations are known as *continuing disability reviews* (CDRs). The frequency of a CDR depends on a child’s future likelihood of medical improvement. Under law, SSA generally conducts CDRs of children with impairments that are likely to improve at least once every three years and CDRs of children with impairments that are unlikely to improve at the discretion of the agency.<sup>18</sup> SSA must find substantial evidence of medical improvement during a CDR to find an SSI recipient no longer disabled and therefore ineligible for benefits. SSA typically considers a child no longer disabled if the CDR demonstrates that there has been substantial medical improvement in the child’s impairment since his or her most recent favorable medical decision such that it no longer results in marked and severe functional limitations.

In addition, SSA reevaluates the eligibility of all child SSI recipients who turn age 18 under the adult disability standard in law. These reevaluations are known as *age-18 disability redeterminations*. SSI uses a work-limiting definition of disability for adults. Under the adult definition of disability in law, individuals age 18 or older must be unable to engage in SGA by reason of any medically determinable physical or mental impairment that can be expected to result in death or that has lasted or can be expected to last for at least one full year.

Finally, SSA also conducts periodic redeterminations of children’s non-medical eligibility factors—such as income, resources, and living arrangements—to verify that they are still eligible for SSI and receiving the correct payment amount. These *nonmedical redeterminations* may be scheduled or unscheduled.

## Selected Characteristics of Child Recipients

In December 2024, the SSI program made monthly payments averaging about \$813 to roughly 1.0 million children with disabilities, representing 13.5% of all SSI recipients that month.<sup>19</sup>

**Figure 2** shows selected characteristics of child SSI recipients in December 2024.

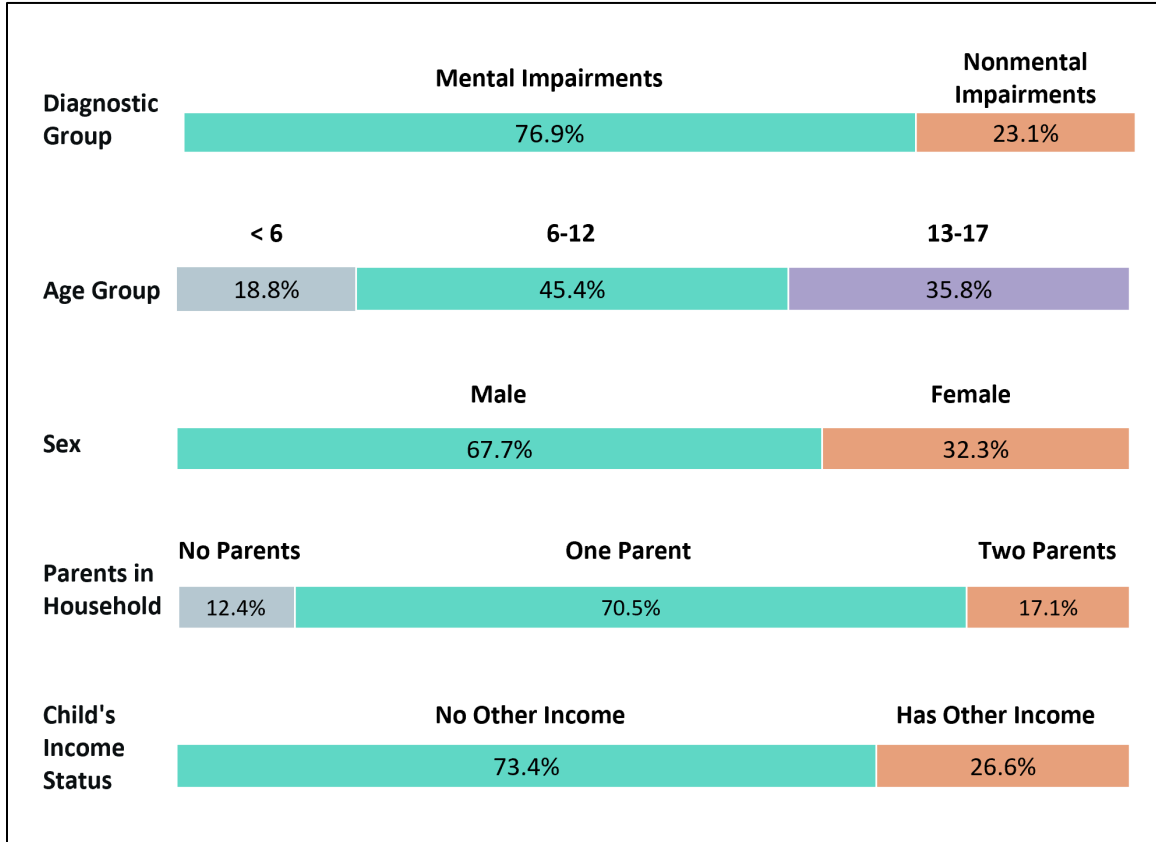
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<sup>17</sup> For more information, see CRS In Focus IF13018, *Social Security Administration Representative Payees*, by Emma K. Tatem.

<sup>18</sup> Social Security Act, §1614(a)(3)(H); 42 U.S.C. §1382c(a)(3)(H).

<sup>19</sup> SSA, “Monthly Statistical Snapshot, December 2024,” January 2025, Table 3, [https://www.ssa.gov/policy/docs/quickfacts/stat\\_snapshot/2024-12.html](https://www.ssa.gov/policy/docs/quickfacts/stat_snapshot/2024-12.html).

**Figure 2. Selected Characteristics of Child SSI Recipients, December 2024**



**Source:** CRS based on SSA, *SSI Annual Statistical Report, 2024*, “Children Under Age 18,” [https://www.ssa.gov/policy/docs/statcomps/ssi\\_asr/2024/index.html](https://www.ssa.gov/policy/docs/statcomps/ssi_asr/2024/index.html).

## History

The SSI program was created in the Social Security Amendments of 1972 (“The 1972 Amendments,” P.L. 92-603). The program underwent a number of significant changes in the 1980s and 1990s that expanded eligibility for some children, namely as a result of the Social Security Disability Benefits Reform Act of 1984 (DBRA, P.L. 98-460), the Omnibus Budget Reconciliation Act of 1989 (OBRA 1989, P.L. 101-239), and the Supreme Court’s *Sullivan v. Zebley* (“*Zebley*,” 493 U.S. 521 [1990]) decision in 1990. These changes, along with other factors, contributed to the nearly tripling of the SSI child caseload during the early to mid-1990s. The last major legislative change to the SSI program affecting children was the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA; P.L. 104-193). PRWORA tightened eligibility criteria for some children in response to the growing caseload and perception that children with non-severe disabilities were being awarded benefits. Since PRWORA, the size of the SSI child caseload has fluctuated noticeably. The factors driving those fluctuations are not well understood. This section discusses key developments in the SSI program for children and trends in the child caseload from the time of the program’s implementation in 1974 to the present.

## Before PRWORA

### Social Security Amendments of 1972

SSI was established under Title XVI of the Social Security Act by the Social Security Amendments of 1972 (“1972 Amendments,” P.L. 92-603) and signed into law by President Richard Nixon on October 30, 1972. The new federal SSI program replaced the Social Security Act’s former federal-state public assistance programs for needy aged, blind, and disabled adults in the 50 states and the District of Columbia, effective in 1974. Those former adult assistance programs had varying eligibility criteria and payment levels. The SSI program as enacted in the 1972 Amendments established uniform federal eligibility and payment standards for qualifying aged, blind, and disabled individuals. While the former federal-state adult assistance programs had generally not provided benefits to children (except, in some cases, blind children), the newly established SSI program would pay need-tested benefits to eligible disabled children under age 18.<sup>20</sup>

The SSI program adopted the existing work-limiting definition of disability for adults used in the Social Security Disability Insurance (SSDI) program under Title II of the Social Security Act.<sup>21</sup> Given the work-based nature of the adult disability definition, guidance was needed about how to apply the disability definition to children, who are generally not expected to work.<sup>22</sup> The 1972 Amendments provided that a child under age 18 would meet the definition of disability if he or she had a medically determinable physical or mental impairment of “comparable severity” to one that would disable an adult (i.e., prevent an adult from performing substantial work or SGA).<sup>23</sup>

The SSI program took effect in 1974. In the early years of implementation, some lawmakers raised concerns about insufficient outreach to potentially SSI-eligible children and a lack of SSA regulations addressing how disability would be evaluated in children.<sup>24</sup> In 1977, SSA published final regulations governing child disability determinations.<sup>25</sup>

<sup>20</sup> Committee on Childhood Disability of the Disability Policy Panel, *Restructuring the SSI Disability Program for Children and Adolescents*, 1996, p. 1, [https://www.nasi.org/sites/default/files/research/Restructuring\\_SSI.pdf#page=12](https://www.nasi.org/sites/default/files/research/Restructuring_SSI.pdf#page=12).

<sup>21</sup> For more information on SSDI, see CRS In Focus IF10506, *Social Security Disability Insurance (SSDI)*, by William R. Morton and Emma K. Tatem, and CRS Report R44948, *Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI): Eligibility, Benefits, and Financing*, by William R. Morton.

<sup>22</sup> Edward Berkowitz and Larry DeWitt, *The Other Welfare: Supplemental Security Income and U.S. Social Policy* (Cornell University Press, 2013), p. 173.

<sup>23</sup> P.L. 92-603, §301.

<sup>24</sup> For example, see U.S. Congress, House Committee on Ways and Means, Subcommittee on Public Assistance, *Development of the Supplemental Security Income Program*, 94<sup>th</sup> Cong., 1<sup>st</sup> sess., June 3, 1975, vol. 1, p. 39, <https://babel.hathitrust.org/cgi/pt?id=mdp.39015081120928&seq=1>; U.S. Congress, House Committee on Ways and Means, Subcommittee on Public Assistance, *Development of the Supplemental Security Income Program*, hearings, 94<sup>th</sup> Cong., 1<sup>st</sup> sess., June 4, 5, 6, 9, 10, 11, 12, and 13, 1975, vol. 2, pp. 103, 253, and 280, <https://babel.hathitrust.org/cgi/pt?id=mdp.39015081120621&seq=1>; U.S. Congress, House Committee on Ways and Means, Subcommittee on Oversight, *Administration of the Supplemental Security Income Program*, hearing, 94<sup>th</sup> Cong., 1<sup>st</sup> sess., September 8, 1975, vol. 1, p. 3, <https://babel.hathitrust.org/cgi/pt?id=mdp.39015069665399&seq=1>; U.S. Congress, House Committee on Ways and Means, Subcommittee on Oversight, *Supplemental Security Income: Program for Drug Addicts and Alcoholics; and the View from the States*, hearings, 94<sup>th</sup> Cong., 2<sup>nd</sup> sess., July 26, 1976, and August 5, 1976, p. 65, <https://babel.hathitrust.org/cgi/pt?id=purl.32754078872755&seq=1>.

<sup>25</sup> SSA, “Rights and Benefits Based on Disability; Determination of Disability or Blindness; Additional Medical Criteria for Determinations of Disability for Children Under Age 18,” 42 *Federal Register* 14705, March 16, 1977, [https://archives.federalregister.gov/issue\\_slice/1977/3/16/14697-14713.pdf#page=9](https://archives.federalregister.gov/issue_slice/1977/3/16/14697-14713.pdf#page=9). The Unemployment Compensation Amendments of 1976 (P.L. 94-566) had directed SSA to publish such guidance within 120 days of that law’s enactment.

Following the program's creation and initial years of implementation, several major legislative, regulatory, and judicial developments during the 1980s and early- to mid-1990s contributed to the almost tripling of the SSI child caseload from 1990 to 1995 and an increased share of children qualifying for SSI payments based on mental impairments.

### Social Security Disability Benefits Reform Act of 1984

The Social Security Disability Benefits Reform Act of 1984 (DBRA, P.L. 98-460) was signed into law by President Ronald Reagan on October 9, 1984. Among other changes to the disability programs administered by SSA, DBRA required SSA to revise the mental disorder criteria in its regulatory medical listings “to realistically evaluate the ability of a mentally impaired individual to engage in substantial gainful activity in a competitive workplace environment.”<sup>26</sup> Congress did not specify how the listings should be revised to evaluate mental impairments in children, who are generally not expected to work.<sup>27</sup>

In accordance with DBRA, SSA published revised mental impairment listings for children in December 1990.<sup>28</sup> The new childhood regulations updated and expanded the childhood mental impairments listings to reflect terminology from the revised third edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, released in 1987. The former regulations for children, published in 1977, had listed four broad mental impairments in children: mental retardation, chronic brain syndrome, psychosis of infancy and childhood, and functional nonpsychotic disorders.<sup>29</sup> The 1990 revisions expanded the number of listed mental impairments to 11.<sup>30</sup> Some newly listed impairments, such as autistic disorder, had been previously assessed under one or more of the broader categories in the former 1977 regulations. Other impairments, such as attention deficit hyperactivity disorder, were completely new to the listings. Under the 1990 regulations, the revised listings for children also placed more emphasis on how mental impairments affected childhood functioning.<sup>31</sup>

<sup>26</sup> P.L. 98-460, §5(a).

<sup>27</sup> General Accounting Office (GAO, now the Government Accountability Office), *Social Security: Rapid Rise in Children on SSI Disability Rolls Follows New Regulations*, GAO-HEHS-94-225, September 1994, p. 8, <https://www.gao.gov/assets/hehs-94-225.pdf>; Berkowitz and DeWitt, *The Other Welfare*, p. 180.

<sup>28</sup> SSA, “Disability Insurance and Supplemental Security Income; Mental Disorders in Children,” *55 Federal Register* 51208, December 12, 1990, [https://archives.federalregister.gov/issue\\_slice/1990/12/12/51201-51236.pdf#page=8](https://archives.federalregister.gov/issue_slice/1990/12/12/51201-51236.pdf#page=8).

<sup>29</sup> SSA, “Additional Medical Criteria for Determinations of Disability for Children Under Age 18,” *42 Federal Register* 14712; GAO, *Social Security: Rapid Rise in Children on SSI Disability Rolls Follows New Regulations*, GAO-HEHS-94-225, p. 9; National Commission on Childhood Disability, *Report to Congress of the National Commission on Childhood Disability: Supplemental Security Income for Children with Disabilities*, October 1995, p. 17, <https://books.google.com/books?id=SKCioklzyRMC&pg=PP1>.

<sup>30</sup> The eleven listed mental impairments for children under the 1990 regulations were organic mental disorders; schizophrenic, delusional (paranoid), schizoaffective, and other psychotic disorders; mood disorders; mental retardation; anxiety disorders; somatoform, eating, and tic disorders; personality disorders; psychoactive substance dependence disorders; autistic disorder and other pervasive developmental disorders; attention deficit hyperactivity disorder; and developmental and emotional disorders of newborn and younger infants (birth to age one). See SSA, “Disability Insurance and Supplemental Security Income; Mental Disorders in Children,” *55 Federal Register* 51210, and National Commission on Childhood Disability, *Supplemental Security Income for Children with Disabilities*, p. 17.

<sup>31</sup> GAO, *Social Security: New Functional Assessments for Children Raise Eligibility Questions*, GAO-HEHS-95-66, March 1995, p. 6, <https://www.gao.gov/assets/hehs-95-66.pdf>; and GAO, *Social Security: Rapid Rise in Children on SSI Disability Rolls Follows New Regulations*, GAO/HEHS-94-225, p. 10.

## Omnibus Budget Reconciliation Act of 1989

The Omnibus Budget Reconciliation Act of 1989 (OBRA 1989, P.L. 101-239) was signed into law by President George H. W. Bush on December 19, 1989. Among other provisions, OBRA 1989 mandated that SSA establish a permanent outreach program for disabled children potentially eligible for SSI.<sup>32</sup> The law directed SSA to work with agencies and organizations that serve blind or disabled individuals and have knowledge of potential SSI recipients and those that focus on the needs of children, such as school systems and public and private social service agencies.<sup>33</sup>

### *Sullivan v. Zebley*

On February 20, 1990, the Supreme Court held in *Sullivan v. Zebley* (“*Zebley*”) that SSA’s approach to deciding disability for children was “manifestly contrary to” the standard of “comparable severity” set forth in the Social Security Act.<sup>34</sup> At the time of the *Zebley* decision, the disability standard for children was linked to the standard for adults. Under then-current law, children had to have medically determine physical or mental impairments of “comparable severity” to impairments that would be disabling to adults in order to qualify for SSI.

Adults are considered disabled under the Social Security Act for purposes of SSI if they have medically determinable impairments that prevent them from engaging in SGA. Adults must have impairments that are severe enough to prevent them from performing any substantial work that exists in significant numbers in the national economy, taking into consideration their age, education, and work experience (i.e., their vocational factors). Under SSA’s regulatory disability determination process, adults are presumed disabled if they have medically determinable impairments that meet or medically equal the criteria in SSA’s regulatory Listing of Impairments (“listings”) for adults. Those listings define impairments that would prevent any adult, regardless of their vocational factors, from performing *any gainful activity*. In other words, the listings are set at a stricter disability standard than the statutory standard, which only requires that adults be unable to perform *substantial* gainful activity. Adults with impairments that meet or medically equal SSA’s listings are found presumptively disabled without further inquiry. Adults with impairments that do not meet or medically equal the listings undergo a subsequent individualized medical-vocational assessment, which considers the functional impact of their impairments on their ability to work, given their age, education, and work experience.

Under SSA’s pre-*Zebley* regulations, the agency determined that children with impairments that met or medically equaled SSA’s listings for children (which were set at the same level of severity as the adult listings) were disabled—similar to the adult process.<sup>35</sup> However, different from the adult process, SSA determined that children whose impairments did not meet or medically equal the listings were not disabled—and thus ineligible for SSI—without a subsequent individualized assessment of the functional implications of their impairments. The Supreme Court held that SSA’s listings-only approach to determining disability in children was stricter than the approach used to determine disability in adults and thus, was inconsistent with the Social Security Act’s disability standard of “comparable severity.” When determining disability in children, the Court

<sup>32</sup> The law also made other changes affecting the SSI program for children, such as continuing SSI eligibility for children who had been receiving payments while in the United States who now live with a parent who is a member of the U.S. Armed Forces assigned to permanent duty ashore outside the United States, except where the parent is stationed in Puerto Rico or the U.S. territories.

<sup>33</sup> P.L. 101-239, §8008 and Social Security Act, §1635; 42 U.S.C. §1383d.

<sup>34</sup> *Sullivan v. Zebley*, 493 U.S. 521 (1990), <https://supreme.justia.com/cases/federal/us/493/521/>.

<sup>35</sup> Children also had to not be performing SGA and meet the 12-month duration-of-impairment requirement.

affirmed that SSA must consider whether the limitations caused by children's impairments substantially reduced their ability to function in age-appropriate ways.

Pursuant to the *Zebley* decision, SSA published revised final regulations on February 11, 1991.<sup>36</sup> Under the revised regulations, SSA would assess children's functioning at two points in the disability determination process. First, SSA would consider functioning at the listings level: children who did not medically meet or equal a listing could be found disabled at the listings level if their impairments were *functionally equivalent* to a listing. Second, SSA would also consider functioning after the listings level: children who did not medically or functionally meet or equal a listing could be found disabled if an *individualized functional assessment* (IFA) showed that their impairments were of comparable severity to those that would disable adults. Under the new IFA step, SSA would assess a child's skills and abilities in several domains of functioning or development, such as cognition, communication, motor abilities, social abilities, responsiveness to stimuli, personal/behavioral patterns, and concentration. Children would generally be found disabled if they had a moderate limitation in three areas of functioning or a marked limitation in one area and moderate limitation in another area.

In accordance with related court proceedings, SSA was also required to readjudicate SSI child cases that had been denied or ceased on medical grounds from January 1, 1980, through February 11, 1991, using the new regulations.<sup>37</sup> Some children who were found eligible under the new standards also qualified for large lump-sum retroactive payments.<sup>38</sup>

### Caseload Trends Before PRWORA, 1974-1995

SSI was implemented in 1974. The SSI child caseload grew steadily in the years following the program's implementation, reaching about 265,000 child recipients in December 1989. Between 1990 and 1995, the number of child SSI recipients nearly tripled, growing from about 309,000 child recipients in December 1990 to about 917,000 recipients in December 1995. During the 1990-1995 period, the composition of the SSI child caseload also changed such that an increased share of children were being awarded SSI on the basis of mental impairments than had been previously.<sup>39</sup> **Figure 3** shows the number of child SSI recipients and percentage of child SSI awardees with mental impairments in selected years.

The marked growth of the child caseload during the early- to mid-1990s has been generally attributed to four main factors: (1) the 1990 *Zebley* decision, which made it easier for some children to qualify for SSI and required SSA to readjudicate previously denied child claims; (2) SSA's 1990 revision to the mental listings for children pursuant to DBRA, which expanded the number of mental impairments under which children could qualify for SSI and placed more emphasis on the functional limitations of impairments; (3) outreach to potentially SSI-eligible disabled children mandated by OBRA 1989 and following the *Zebley* decision, which may have raised awareness about the SSI program for children; and (4) increased childhood poverty rates,

<sup>36</sup> SSA, "Supplemental Security Income; Determining Disability for a Child Under Age 18," 56 *Federal Register* 5534, February 11, 1991, [https://archives.federalregister.gov/issue\\_slice/1991/2/11/5527-5565.pdf#page=8](https://archives.federalregister.gov/issue_slice/1991/2/11/5527-5565.pdf#page=8).

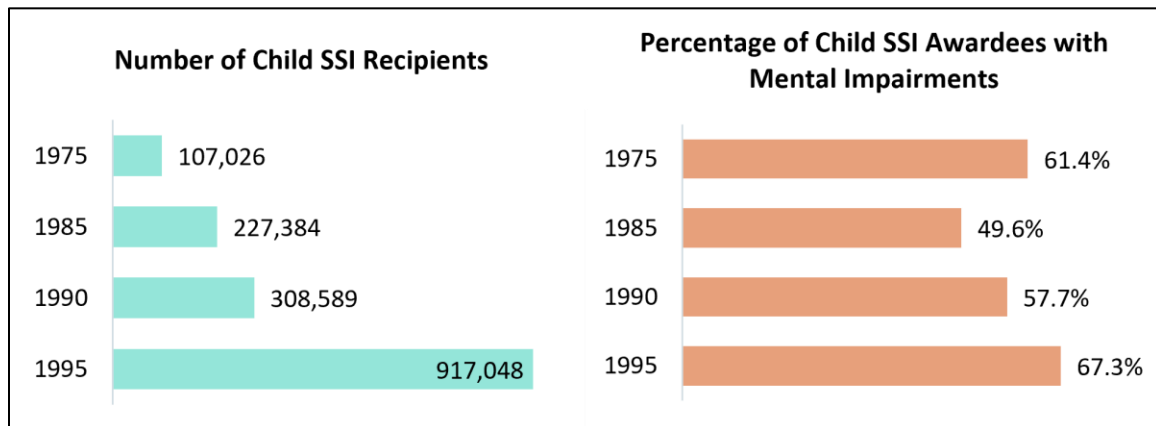
<sup>37</sup> SSA, Program Operations Manual System (POMS), "HA 01540.028 Sullivan v. Zebley," May 20, 1992, <https://secure.ssa.gov/apps10/poms.nsf/lnx/2501540028>; and GAO, *Social Security: Rapid Rise in Children on SSI Disability Rolls Follows New Regulations*, GAO/HEHS-94-225, p. 10.

<sup>38</sup> National Commission on Childhood Disability, *Supplemental Security Income for Children with Disabilities*, p. 17.

<sup>39</sup> SSA, *Trends in the Social Security and Supplemental Security Income Disability Programs: Entry Into and Exit From the Disability Programs*, August 2006, Chart 33, [https://www.ssa.gov/policy/docs/chartbooks/disability\\_trends/sect02.html#chart33](https://www.ssa.gov/policy/docs/chartbooks/disability_trends/sect02.html#chart33).

which may have caused more children to meet SSI’s financial eligibility criteria.<sup>40</sup> Around the same time, there were also concerns, which received attention in the popular press, that parents may be “coaching” their children to feign mental impairments in order to fraudulently qualify for SSI payments.<sup>41</sup> However, studies by SSA, the Department of Health and Human Services’ Inspector General, and the Government Accountability Office did not find widespread evidence of coaching.<sup>42</sup>

**Figure 3. Number of Child SSI Recipients and Percentage of Child SSI Awardees with Mental Impairments, in Selected Years**



**Source:** CRS based on SSA, *SSI Annual Statistical Report, 2024*, Table 4; SSA, *Trends in the Social Security and Supplemental Security Income Disability Programs: Entry Into and Exit From the Disability Programs*, Chart 33, [https://www.ssa.gov/policy/docs/chartbooks/disability\\_trends/sect02.html#chart33](https://www.ssa.gov/policy/docs/chartbooks/disability_trends/sect02.html#chart33); and Satya Kochar, “Blind and Disabled Persons Awarded Federally Administered SSI Payments, 1975,” Table 2, <https://www.ssa.gov/policy/docs/ssb/v42n6/v42n6p13.pdf#page=3>.

## PRWORA

In the context of the trends in the SSI child’s caseload during the 1990-1995 period and associated concerns that children with non-severe disabilities were being allowed onto the program, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA, P.L. 104-193) was signed into law by President Bill Clinton on August 22, 1996. PRWORA made several changes to the SSI program for children that were primarily “designed to

<sup>40</sup> National Commission on Childhood Disability, *Supplemental Security Income for Children with Disabilities*, p. 20; Committee on Childhood Disability of the Disability Policy Panel, *Restructuring the SSI Disability Program for Children and Adolescents*, p. 1; and Lynn A. Karoly et al., “Effects of the 1996 Welfare Reform Changes on the SSI Program,” in *The New World of Welfare*, eds. Rebecca Blank and Ron Haskins, *The Brookings Institution*, 2001, pp. 483-484.

<sup>41</sup> For example, see Bob Woodward and Benjamin Weiser, “Cost Soar for Children’s Disability Program,” *Washington Post*, February 3, 1994, <https://www.washingtonpost.com/archive/politics/1994/02/04/cost-soar-for-childrens-disability-program/aeee22bf-e912-49be-aa5c-3606be8e2630/>; and “Opinion: Contention Over Children’s Benefits,” *Washington Post*, March 1, 1994, <https://www.washingtonpost.com/archive/opinions/1994/03/02/contention-over-childrens-benefits/b0e35f78-0431-43fc-8007-0e4763be97f6/>.

<sup>42</sup> GAO, *Social Security: New Functional Assessments for Children Raise Eligibility Questions*, GAO/HEHS-95-66, pp. 16-17; and National Commission on Childhood Disability, *Supplemental Security Income for Children with Disabilities*, pp. 23-24.

maintain the SSI Program’s goal of providing benefits for severely disabled children while preventing children without serious impairments from receiving benefits.”<sup>43</sup>

PRWORA made changes to the definition of disability and the disability determination process for children that were intended to tighten eligibility criteria for certain children relative to prior law. PRWORA replaced the “comparable severity” standard of disability with a new definition of disability for children. Under that now-current law definition, children under 18 are considered disabled if they have severe medically determinable physical or mental impairments that result in “marked and severe functional limitations” and which can be expected to result in death or which have lasted or can be expected to last for a continuous period of not less than 12 months.<sup>44</sup> PRWORA also required SSA to remove references to “maladaptive behavior” from its regulatory mental disorder listings for children and to stop using the regulatory IFA process—instituted after the *Zebley* decision—in child disability determinations. Per the conference report accompanying the legislation,

The conferees intend that only needy children with severe disabilities be eligible for SSI, and the Listing of Impairments and other current disability determination regulations as modified by these provisions properly reflect the severity of disability contemplated by the new statutory definition. In those areas of the Listing that involve domains of functioning, the conferees expect no less than two marked limitations as the standard for qualification. The conferees are also aware that SSA uses the term “severe” to often mean “other than minor” in an initial screening procedure for disability determination and in other places. The conferees, however, use the term “severe” in its common sense meaning.<sup>45</sup>

PRWORA’s changes to SSI’s definition of disability and determination process for children applied to new child applicants at the time of enactment. PRWORA further required SSA to redetermine the eligibility of previously allowed children who SSA determined might lose eligibility under the new disability standards.

PRWORA made several changes to continuing eligibility reviews for children receiving SSI. PRWORA required SSA to conduct medical CDRs at least once every three years for children with impairments that are expected to improve or as requested by the Commissioner in the case of children with impairments that are not expected to improve. PRWORA additionally required CDRs of children within one year of birth if low birth weight was material to their disability determination.<sup>46</sup> Furthermore, PRWORA required redeterminations of eligibility for children at age 18 under the adult disability standard.<sup>47</sup>

<sup>43</sup> U.S. Congress, House Committee on Ways and Means, Summary of Welfare Reforms Made by P.L. 104-193, The Personal Responsibility and Work Opportunity Reconciliation Act and Associated Legislation, 104<sup>th</sup> Cong., 2<sup>nd</sup> sess., WMCP 104-15, November 6, 1996, p. 25, <https://www.govinfo.gov/content/pkg/CPRT-104WPRT27305/pdf/CPRT-104WPRT27305.pdf#page=27>. The changes specific to the SSI program for children were contained in Subtitle B of Title II of the legislation.

<sup>44</sup> Social Security Act, §1614(a)(3)(C), 42 U.S.C. §1382c(a)(3)(C).

<sup>45</sup> U.S. Congress, Conference Committee, *Personal Responsibility and Work Opportunity Reconciliation Act of 1996*, conference report to accompany H.R. 3734, 104<sup>th</sup> Cong., 2<sup>nd</sup> sess., H.Rept. 104-725, July 30, 1996, p. 327, <https://www.congress.gov/104/crpt/hrpt725/CRPT-104hrpt725.pdf#page=330>.

<sup>46</sup> SSA generally considers LBW to be *material* to a disability determination if factoring in the LBW changes the outcome of the determination from not disabled to disabled. See SSA, POMS, “DI 25235.006 Medical Diary Criteria for Low Birth Weight (LBW) Infants under Title XVI,” August 1, 2023, <https://secure.ssa.gov/poms.nsf/lnx/0425235006>.

<sup>47</sup> Before PRWORA, SSA would have been required to reevaluate at least one-third of children who turn age 18 under the adult disability standard in each of the fiscal years 1996, 1997, and 1998. See Conference Committee, *Personal Responsibility and Work Opportunity Reconciliation Act of 1996*, H.Rept. 104-725, p. 331.

PRWORA made other changes to SSI children's payments, such as requiring the representative payees of children to establish dedicated accounts to receive certain large past-due payments and limiting SSI payments to institutionalized children whose medical costs are primarily covered by private insurance to \$30 per month (in line with existing provisions that apply to children whose costs are primarily paid by Medicaid).

SSA issued interim final regulations implementing the children's disability provisions of PRWORA on February 11, 1997, and published final regulations on September 11, 2000.<sup>48</sup> Under the final regulations, SSA would determine that children met the new statutory disability standard of "marked and severe functional limitations" if their medically determinable impairments met or medically equaled the child listings or resulted in limitations that functionally equaled the listings.<sup>49</sup> Children's impairments would be considered to functionally equal the listings if they resulted in marked limitations in two of six specified domains of functioning or an extreme limitation in one of the six domains.<sup>50</sup>

SSA also had to identify child cases potentially impacted by the legislation, notify those children that their cases would be redetermined, and perform eligibility redeterminations under the new criteria. At the time, SSA estimated that it would need to redetermine eligibility for about 288,000 of the roughly one million children receiving SSI benefits and that about 135,000 of those children would be determined ineligible under the new criteria.<sup>51</sup> In 1997, then-SSA Commissioner Kenneth Apfel initiated a "top-to-bottom" review of the agency's implementation of the child disability provisions in PRWORA. Based on the review's findings, SSA rereviewed certain terminations and provided extended appeal rights in certain other cases. As a result of those corrective actions, SSA revised its estimate of the number of children that it expected would lose eligibility because of the law to 100,000.<sup>52</sup>

## Since PRWORA

There have not been major changes to the SSI program for children since PRWORA. There have been minor legislative changes that have affected the SSI program for children. For example, among other provisions, the Balanced Budget Act of 1997 (P.L. 105-33) "grandfathered" Medicaid eligibility for children who lost SSI benefits due to a redetermination following PRWORA, extended the time period for SSA to conduct PRWORA-related eligibility redeterminations, and modified the time periods within which SSA was required to schedule certain child CDRs and age-18 redeterminations. Later, the Social Security Protection Act of 2004 (P.L. 108-203) extended SSI eligibility to certain blind or disabled children who are U.S. citizens living with a parent who is assigned to permanent U.S. military duty outside of the United States and were not receiving SSI while in the United States. Previously, children had to have been receiving SSI in the month before their parent reported for permanent duty abroad in order to continue receiving such benefits while abroad.<sup>53</sup>

<sup>48</sup> SSA, "Supplemental Security Income; Determining Disability for a Child Under Age 18," 65 *Federal Register* 54747, September 11, 2000, <https://www.govinfo.gov/content/pkg/FR-2000-09-11/pdf/00-22753.pdf>.

<sup>49</sup> SSA, "Determining Disability for a Child Under Age 18," 65 *Federal Register* 54778.

<sup>50</sup> SSA, "Determining Disability for a Child Under Age 18," 65 *Federal Register* 54782.

<sup>51</sup> SSA, *Social Security: Review of SSA's Implementation of New SSI Childhood Disability Legislation*, December 17, 1997, p. 2, in National Archives, "Welfare—SSI—Kids—Implementation of New Rules [1]," <https://catalog.archives.gov/id/26412528?objectPage=4>.

<sup>52</sup> SSA, *Social Security: Review of SSA's Implementation of New SSI Childhood Disability Legislation*, p. 2.

<sup>53</sup> Individuals are generally ineligible for SSI for months in which they are not physically present in the United States, (continued...)

## Caseload Trends Since PRWORA, 1996-2024

Despite a lack of major policy changes to the SSI program for children since PRWORA, the size of the SSI child caseload has fluctuated significantly since its enactment. Following the passage of PRWORA, the SSI child caseload declined from about 955,000 child recipients in December 1996 to about 847,000 child recipients in December 2000. The child caseload then grew year over year from 2000 to 2013, reaching a peak of about 1.3 million child recipients in December 2013. **Figure 4** shows the trend in the number of SSI recipients under age 18 from December 1974 to December 2024.

The reasons for the growth in the SSI child caseload during this period are not well understood. Available evidence suggests that factors contributing to the growth during this period may include an increasing number of mental impairment cases, state or local factors (e.g., special education participation), changes in other cash assistance programs (e.g., Aid to Families with Dependent Children/Temporary Assistance to Needy Families), increases in the number of children living in poverty, and SSA administrative actions, such as the agency conducting fewer medical CDRs.<sup>54</sup>

Following the period of growth from 2000 to 2013, the SSI child caseload declined year over year from 2013 to 2023, decreasing to 983,169 child recipients in December 2023. This more recent caseload decline is also not well understood. Available evidence suggests that potential factors contributing to the decline may include field office closures, the COVID-19 pandemic, and SSA administrative factors, such as the agency conducting more medical CDRs.<sup>55</sup>

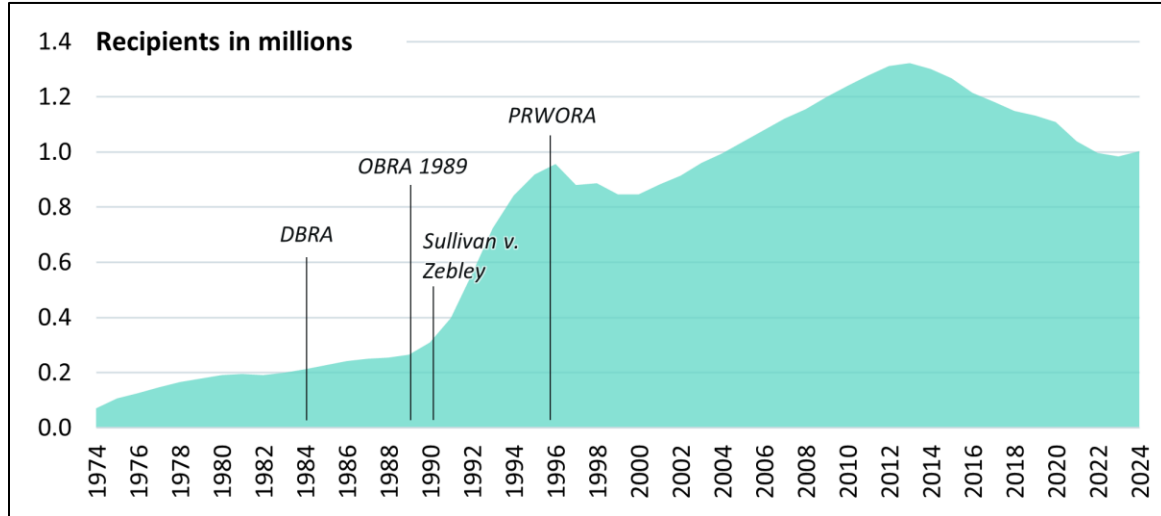
In December 2024, the SSI child caseload increased to 1,002,887 child recipients.

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which the program defines as the 50 states, the District of Columbia, and the Commonwealth of the Northern Mariana Islands. A person who leaves the United States for 30 consecutive days or more is treated as remaining outside the United States until he or she has returned to and remained in the United States for a period of 30 consecutive days.

<sup>54</sup> GAO, *Supplemental Security Income: Better Management Oversight Needed for Children's Benefits*, GAO-12-497, June 26, 2012, <https://www.gao.gov/products/gao-12-497>; Kalman Rupp, "Factors Affecting Initial Disability Allowance Rates for the Disability Insurance and Supplemental Security Income Programs: The Role of the Demographic and Diagnostic Composition of Applicants and Local Labor Market Conditions," *Social Security Bulletin*, vol. 72, no. 4 (November 2012), <https://www.ssa.gov/policy/docs/ssb/v72n4/v72n4p11.html>; Lucie Schmidt, "The New Safety Net? Supplemental Security Income after Welfare Reform," *Williams College Department of Economics*, Working Paper 2013-07, September 2013, [https://web.williams.edu/Economics/wp/schmidt\\_ssi\\_sept\\_2013\\_final.pdf](https://web.williams.edu/Economics/wp/schmidt_ssi_sept_2013_final.pdf); Anna Aizer et al., "Exploring the Growth of the Child SSI Caseload," *NBER*, NB-13-02, September 20, 2013, <https://www.nber.org/sites/default/files/2020-04/NB13-02%20Aizer%2C%20Gordon%2C%20Kearney.pdf>; Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Office of Human Services Policy, *The Child SSI Program and the Changing Safety Net*, April 2015, [https://aspe.hhs.gov/sites/default/files/migrated\\_legacy\\_files/113476/rb\\_ChildSSInet.pdf](https://aspe.hhs.gov/sites/default/files/migrated_legacy_files/113476/rb_ChildSSInet.pdf); Lucie Schmidt and Purvi Sevak, "Child Participation in Supplemental Security Income: Cross- and Within-State Determinants of Caseload Growth," *Journal of Disability Policy Studies*, vol. 23, no. 3 (June 28, 2017), <https://journals.sagepub.com/doi/full/10.1177/1044207317714746>; Jeffrey Hemmeter et al., "The Role of Continuing Disability Reviews in Child Supplemental Security Income Program Participation Patterns," *Social Security Bulletin*, vol. 84 no. 4 (November 2024), <https://www.ssa.gov/policy/docs/ssb/v84n4/v84n4p1.html>.

<sup>55</sup> Manasi Deshpande and Yue Li, "Who Is Screened Out? Application Costs and the Targeting of Disability Programs," *American Economic Journal: Economic Policy*, vol. 11, no. 4 (November 2019), <https://www.aeaweb.org/articles?id=10.1257/pol.20180076>; Gabrielle Emanuel, "Why the Number of Kids Enrolled in a Federal Benefit Program has Dropped Dramatically," *NPR*, June 19, 2023, <https://www.npr.org/2023/06/19/1183097974/why-the-number-of-kids-enrolled-in-a-federal-benefit-program-has-dropped-dramati>; Michael Levere et al., "The Local Declines in Child SSI Applications and Awards During COVID," *Journal of Disability Policy Studies*, vol. 36, no. 2 (October 25, 2024), <https://journals.sagepub.com/doi/10.1177/10442073241289090>; Jeffrey Hemmeter et al., "The Role of Continuing Disability Reviews in Child Supplemental Security Income Program Participation Patterns."

**Figure 4. SSI Recipients under Age 18, December 1974-2024**

**Source:** SSA, *SSI Annual Statistical Report*, 2024, Table 4.

**Note:** DBRA = Social Security Disability Benefits Reform Act of 1984 (P.L. 98-460); OBRA 1989 = Omnibus Budget Reconciliation Act of 1989 (P.L. 101-239); PRWORA = Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L. 104-193). The DBRA, OBRA 1989, and PRWORA lines represent the year the law was enacted. The *Sullivan v. Zebley* line represents the year of the Supreme Court decision.

## Selected Issues for Congress

### Transition-Age Youth

A primary policy focus in the SSI program has been improving outcomes for youth entering adulthood (i.e., transition-age youth). At age 18, children receiving SSI are reassessed under SSI's work-based adult definition of disability. Those who meet the adult eligibility criteria continue to qualify for benefits; those who do not meet the adult criteria lose SSI cash payments and may also lose health care coverage under Medicaid. Research has found that youth who receive SSI generally face challenges in adulthood—such as with employment, education, criminal justice system involvement, and independent living—whether or not they continue to receive benefits.<sup>56</sup>

<sup>56</sup> Pamela J. Loprest and David C. Wittenburg, "Posttransition Experiences of Former Child SSI Recipients," *Social Service Review*, vol. 81, no. 4 (December 2007), <https://www.jstor.org/stable/10.1086/523877>; Paul S. Davies et al., "A Life-Cycle Perspective on the Transition to Adulthood among Children Receiving Supplemental Security Income Payments," *Journal of Vocational Rehabilitation*, vol. 30, no. 3 (May 2009), <https://journals.sagepub.com/doi/epdf/10.3233/JVR-2009-0459>; Jeffrey Hemmeter et al., "Changing Circumstances: Experiences of Child SSI Recipients before and after Their Age-18 Redetermination for Adult Benefits," *Journal of Vocational Rehabilitation*, vol. 30, no. 3 (May 2009), <https://journals.sagepub.com/doi/epdf/10.3233/JVR-2009-0462>; Jeffrey Hemmeter, "Health-Related Unmet Needs of Supplemental Security Income Youth after the Age-18 Redetermination," *Health Services Research*, vol. 46, no. 4 (February 2011), <https://pmc.ncbi.nlm.nih.gov/articles/PMC3165185/>; Manasi Deshpande, "Does Welfare Inhibit Success? The Long-Term Effects of Removing Low-Income Youth from the Disability Rolls," *American Economic Review*, vol. 106, no. 11 (November 2016), <https://www.aeaweb.org/articles?id=10.1257/aer.20151129>; David Wittenburg and Gina Livermore, "Youth Transition," in *Lessons from SSA Demonstrations for Disability Policy and Future Research*, eds. A. Nichols et al., Abt Associates, 2021; Manasi Deshpande and Michael G. Mueller-Smith, "Does Welfare Prevent Crime? The Criminal Justice Outcomes of Youth Removed from SSI," *The Quarterly Journal of Economics*, vol. 137, no. 4 (November 2022), <https://academic.oup.com/qje/article-abstract/137/4/2263/6581195>; Michael Levere, "The Labor Market Consequences of Receiving Disability Benefits During Childhood," *Journal of Human Resources*, vol. 61, no. 3 (May 2026), <https://jhr.uwpress.org/content/early/2019/09/10/jhr.56.3.1118-9883R1>.

Since the 1980s, SSA has conducted several temporary demonstration projects targeting transition-age youth, including the Structured Training and Employment Transitional Services (STETS) demonstration, the Transitional Employment Training Demonstration (TETD), the Youth Transition Demonstration (YTD), and the Promoting Readiness of Minors in SSI (PROMISE) demonstration. The goal of these demonstrations has primarily been to test whether providing various employment and other support services—such as job placement and training, case management, and/or benefits counseling—to transition-age youth receiving SSI improves their employment and earnings outcomes and decreases their use of SSI benefits. These demonstrations have generally found some positive short-term effects of the tested interventions on the employment or earnings of participating youth, but have generally not found evidence that the interventions significantly reduced use of SSI benefits.<sup>57</sup>

Other SSA-funded demonstrations—such as the Ohio Direct Referral Demonstration (ODRD) and the Youth Transition Exploration Demonstration (YTED)—were designed to test whether provision of vocational rehabilitation (VR) services improves the employment outcomes and reduces the use of SSI benefits among transition-age youth with disabilities. Evaluation results are not yet available for these demonstrations. Under current law, SSA does not have authority to refer youth to state VR agencies, except in the context of temporary demonstration projects. Past SSA budget justifications have included legislative proposals to provide SSA this authority.<sup>58</sup>

There are some existing rules in the current-law SSI program that are designed to encourage work among youth receiving benefits (i.e., work incentives). For example, the *student earned income exclusion* (SEIE) allows working students under age 22 to exclude from their countable income a portion of their monthly earnings from work, up to an annual limit. However, the use of work incentives like the SEIE is generally low.<sup>59</sup> Complexity of the incentives may be one reason for their low use.<sup>60</sup> Existing SSI rules may also discourage work among SSI recipients approaching age 18. For example, a work-limiting adult disability standard begins to apply at age 18; working may prevent recipients from meeting that definition of disability. Further, under existing work incentives, there usually remains a threshold at which additional earnings will begin to reduce SSI benefits and eventually result in the loss of SSI eligibility. There have been proposals to simplify SSA's work incentives and earnings rules to encourage work among transition-age youth. For example, SSA's FY2019 congressional budget justification included a legislative proposal to disregard earned income and eliminate income reporting for SSI youth through age 20 and provide a higher earned income disregard with a gradual phase-down for those ages 21 to 25.<sup>61</sup>

## Program Scope and Goals

Another issue that has received attention from policymakers is the scope and goals of the SSI program for children. When Congress created SSI in 1972, it largely continued the purpose of the former adult assistance programs it replaced: to provide cash assistance for meeting basic needs. As such, the SSI program for adults is designed to help cover basic living expenses, such as food,

<sup>57</sup> David Wittenburg and Gina Livermore, "Youth Transition," in *Lessons from SSA Demonstrations for Disability Policy and Future Research*, eds. A. Nichols et al., Abt Associates, 2021.

<sup>58</sup> SSA, *FY2020 Congressional Justification*, March 2019, p. 35, [https://www.ssa.gov/budget/assets/materials/2020/FY20-JEAC\\_2.pdf](https://www.ssa.gov/budget/assets/materials/2020/FY20-JEAC_2.pdf); SSA, *FY2019 Congressional Justification*, February 2018, p. 26, <https://www.ssa.gov/budget/assets/materials/2019/2019CJ.pdf>.

<sup>59</sup> GAO, *Supplemental Security Income: SSA Could Strengthen Its Efforts to Encourage Employment for Transition-Age Youth*, GAO-17-485, May 2017, <https://www.gao.gov/assets/gao-17-485.pdf>.

<sup>60</sup> GAO, *Social Security Disability: Ticket to Work Helped Some Participants, but Overpayments Increased Program Costs*, GAO-22-104031, October 2021, p. 22, <https://www.gao.gov/assets/gao-22-104031.pdf#page=27>.

<sup>61</sup> SSA, *FY2019 Congressional Justification*, p. 26.

clothing, and shelter.<sup>62</sup>

Lawmakers were somewhat less clear on the purpose of the SSI program for children, in part because the House and Senate were initially at odds over whether to extend SSI to children. The House Report accompanying the House-passed version of the 1972 Amendments stated that “[i]t is your committee’s belief that disabled children who live in low-income households are certainly among the most disadvantaged of all Americans and that they are deserving of special assistance in order to help them become self-supporting members of our society.”<sup>63</sup> The House report did not elaborate on the specific ways in which children with disabilities are disadvantaged or how exactly the SSI program would help children with disabilities to become self-supporting. The Senate-passed version of the bill did not include SSI payments for children under age 18. The Senate Report accompanying the bill stated that disabled children’s needs are “generally greater only in the area of health care expenses,” which are usually covered under the Medicaid program.<sup>64</sup> In conference, the Senate ultimately accepted the House provision to include children in the SSI program, but the conference report did not discuss the rationale for the decision.<sup>65</sup> None of the reports accompanying the legislation commented on what the “comparable severity” standard of disability for children should be or why direct cash payments were the preferred method of providing assistance to children with disabilities. In addition, none of the reports included specific metrics for gauging program effectiveness or recipient outcomes.

In the lead up to PRWORA, there was discussion among some Members of Congress about the appropriate level of severity at which to set the new definition of disability for children and more broadly, the purpose of the SSI program for children.<sup>66</sup> In earlier iterations of the legislation, the House and Senate also differed on whether SSI for certain children should be in the form of cash or in-kind benefits.<sup>67</sup> Ultimately, PRWORA included cash benefits for children with “marked and severe” disabilities. According to the conference report accompanying PRWORA, “the conferees intend that only needy children with severe disabilities be eligible for SSI, and the Listing of Impairments and other current disability determination regulations as modified by these provisions properly reflect the severity of disability contemplated by the new statutory definition.”<sup>68</sup> The conference report further stated that “the conferees contemplate that Congress may revisit the definition of childhood disability and the scope of benefits, if deemed

<sup>62</sup> SSI Modernization Project Experts, *Supplemental Security Income Modernization Project: Final Report of the Experts*, August 1992, p. 31, <https://www.ssa.gov/history/reports/ssixperts.html>.

<sup>63</sup> U.S. Congress, House Committee on Ways and Means, *Social Security Amendments of 1971*, report to accompany H.R. 1, 92<sup>nd</sup> Cong., 1<sup>st</sup> sess., H.Rept. 92-231, May 17, 1971, pp. 147-148, <https://www.ssa.gov/history/pdf/Downey%20PDFs/Amendments%20to%20the%20Social%20Security%20Act%201969-1972%20Vol.%201.pdf#page=217>.

<sup>64</sup> U.S. Congress, Senate Committee on Finance, *Social Security Amendments of 1972*, report to accompany H.R. 1, 92<sup>nd</sup> Cong., 2<sup>nd</sup> sess., S.Rept. 92-1230, September 26, 1972, p. 385, <https://www.finance.senate.gov/imo/media/doc/Rpt92-1230.pdf#page=391>.

<sup>65</sup> U.S. Congress, Conference Committee, *Social Security Amendments of 1972*, conference report to accompany H.R. 1, 92<sup>nd</sup> Cong., 2<sup>nd</sup> sess., H.Rept. 92-1605, October 14, 1972, p. 27, <https://www.finance.senate.gov/imo/media/doc/ConfRpt92-1605.pdf#page=27>.

<sup>66</sup> Sens. Kent Conrad, Robert Dole, and John Chaffee, “Children’s SSI,” remarks in the Senate, *Congressional Record*, September 14, 1995, pp. S13613-S13614, <https://www.congress.gov/104/crc/1995/09/14/141/143/CREC-1995-09-14-pt1-PgS13581.pdf#page=33>.

<sup>67</sup> U.S. Congress, Conference Committee, *Personal Responsibility and Work Opportunity Act of 1995*, conference report to accompany H.R. 4, 104<sup>th</sup> Cong., 1<sup>st</sup> sess., H.Rept. 104-430, December 20, 1995, pp. 376-378, <https://www.congress.gov/104/crpt/hrpt430/CRPT-104hrpt430.pdf#page=379>.

<sup>68</sup> Conference Committee, *Personal Responsibility and Work Opportunity Reconciliation Act of 1996*, H.Rept. 104-725, p. 327.

appropriate.”<sup>69</sup> In the years immediately following PRWORA, some Members of Congress objected to SSA’s interpretation of the new statutory definition of disability for children, maintaining that it was more limiting than the standard intended by Congress.<sup>70</sup>

Current SSI law does not include a statement of the purpose of the SSI program for children.<sup>71</sup> The lack of such a statement makes it challenging to assess whether the program is currently serving children with disabilities effectively. Over the years, researchers and policymakers have offered a number of potential purposes of the SSI program for children, such as covering the extra costs of caring for a child with a disability, compensating for lost family income because one or both parents reduced their work activity to care for their child with a disability, and meeting the child’s basic needs for food, clothing, and shelter.<sup>72</sup> Congress may wish to consider providing an explicit statement of the purpose of the SSI program for children, either in statute or in a congressional report accompanying relevant legislation. In 1995, a congressionally-mandated commission recommended that Congress amend SSI law to include a four-part purpose statement, noting that “Legislative clarification of the purpose of the program is needed in order to ensure that the program is meeting its objective.”<sup>73</sup> In providing a statement of purpose, Congress could also specify how the SSI program for children fits within the larger system of programs and services available to children with disabilities today, as well as include metrics for evaluating program effectiveness and recipient outcomes.

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<sup>69</sup> Conference Committee, *Personal Responsibility and Work Opportunity Reconciliation Act of 1996*, H.Rept. 104-725, p. 327.

<sup>70</sup> U.S. Congress, Senate Committee on Finance, Subcommittee on Social Security and Family Policy, *Children’s SSI Policy*, hearing, 105<sup>th</sup> Cong., 2<sup>nd</sup> sess., July 7, 1998, S.Hrg. 105-965, pp. 84, 86, and 88, <https://books.google.com/books?id=WO4XdmKr2JgC&pg=PA84>; U.S. Congress, Senate Committee on Finance, *Nominations of Rita Hayes, Kenneth S. Apfel, Nancy-Ann Min DeParle, Olivia A. Golden, David A. Lipton, Timothy F. Geithner, Gary Gensler, and Nancy Killefer*, hearing, 105<sup>th</sup> Cong., 1<sup>st</sup> sess., September 10, 1997, S.Hrg. 105-428, pp. 29-31, <https://www.finance.senate.gov/imo/media/doc/hr105-428.pdf#page=33>; Letter from Rep. Jim McCrery to Sen. Kent Conrad, September 23, 1997, and Letter from Sen. Kent Conrad to Rep. Jim McCrery, September 28, 1997, in National Archives, “Welfare—SSI—Kids [3],” pp. 9-15, <https://catalog.archives.gov/id/26412527?objectPage=9>.

<sup>71</sup> SSI law includes a general purpose statement: “to provide supplemental security income to individuals who have attained age 65 or are blind or disabled.” See Social Security Act, §1601; 42 U.S.C. §1381.

<sup>72</sup> See, for example, National Commission on Childhood Disability, *Supplemental Security Income for Children with Disabilities*, p. 40; Committee on Childhood Disability of the Disability Policy Panel, *Restructuring the SSI Disability Program for Children and Adolescents*, p. 19.

<sup>73</sup> National Commission on Childhood Disability, *Supplemental Security Income for Children with Disabilities*, p. 40.

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