

United States Senate
WASHINGTON, DC 20510

August 5, 2024

The Honorable Martin O'Malley
Commissioner
Social Security Administration
6401 Security Boulevard
Baltimore, MD 21235

Dear Commissioner O'Malley,

We are writing concerning claimants who apply for disability benefits from the Social Security Administration (SSA) because they live with disabling Long COVID. According to recent estimates from the Centers for Disease Control and Prevention (CDC), [18.4 percent](#) of U.S. adults have experienced Long COVID and over [25 percent](#) of people with Long COVID say they experience significant limitations due to their condition. The symptoms of Long COVID vary. However, those with Long COVID [most commonly report](#) post-exertional malaise, cognitive or neurological symptoms (i.e., “brain fog”), fatigue, dizziness, and gastrointestinal symptoms. In some situations, these symptoms can be debilitating and prevent an individual from being able to work, take care of their family, manage their household, or participate in social activities.

At a [hearing](#) before the Senate Committee on Health, Education, Labor and Pensions, Rachel Beale, a witness from Virginia, shared her experience applying for Social Security Disability Insurance (SSDI) benefits after she was separated from her job as a human resource professional due to the severity of her Long COVID symptoms. Rachel took on the arduous task of filling out forms and collecting medical records for her SSDI application as she fought nausea, dizziness, and chronic fatigue. Despite Long COVID being [recognized](#) as a disability under the Americans with Disabilities Act, since her initial application in December 2021, Rachel has been denied benefits twice by SSA and is now awaiting a hearing in front of an Administrative Law Judge.

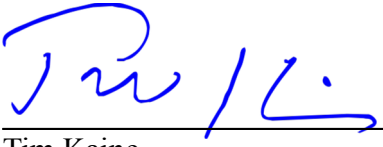
Recognizing the complexity of Long COVID, SSA commissioned a [report](#) from the National Academies of Sciences, Engineering, and Medicine (NASEM) on Long COVID and disability. The report found that Long COVID can result in the “inability to return to work (or school for children and adolescents) ... for 6 months to 2 years or longer after the resolution of

acute infection” with COVID. While the report found some overlap with SSA’s current Listing of Impairments, the report also found “most individuals with Long COVID applying for Social Security disability benefits will do so on the basis of health effects not covered in the [SSA’s Listing of Impairments].” SSA should address the barriers those living with Long COVID face in accessing the benefits they have earned. There are straightforward steps SSA can take to make the disability application process easier and more transparent. We request SSA take the following actions:

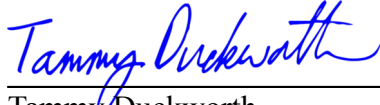
- 1) SSA should track and publish data on applications that may be related to Long COVID by tracking applications that submit documentation related to COVID, Long COVID, and common Long COVID diagnoses. Data published should include number of applications received, number of applications approved, number of applications denied, including the reason for denial, and number of applications appealed.
- 2) SSA should thoroughly review the conclusions of the NASEM report and, if appropriate, create a new Long COVID ruling or expand the Listing of Impairments to include health effects identified in the report. Such ruling or listing should include guidance for evaluating claims involving common Long COVID diagnoses and be developed with input from Long COVID patient groups and attorneys specializing in these cases to establish criteria for evaluating claims related to Long COVID. This will decrease the wait time for benefits by reducing the need for a hearing with a vocational witness.
- 3) Advocates have also highlighted additional changes that would improve the SSDI process and make it easier for people with disabilities, including people with disabling Long COVID, to navigate the SSDI and Supplemental Security Income (SSI) process.
 - a. SSA should allow appointed representatives to see all exhibits at the initial and reconsideration disability claim stages. This would allow claimants’ advocates to explain the basis for SSA’s denials and possibly fix issues with the application.
 - b. SSA should restore the “treating physician rule” so a claimant’s primary care physician or Long COVID specialist can have their medical opinion given the weight it deserves. Prior to 2017, SSA adjudicators could give deference to a patient’s treating physician when a claimant had multiple medical opinions in their application. This meant that the physician a claimant relied upon for their care plan, or had the strong doctor-patient relationship with, had greater weight than physicians a patient only saw once for a consultation. In 2017, SSA eliminated the “treating physician rule.” Restoring this rule would mean SSA applicants’ physicians who are in charge of, and familiar with, their care would be given due consideration.

We request a response by September 30, 2024 on the actions SSA is taking to address issues facing those living with Long COVID. Thank you for your attention to this critical matter.

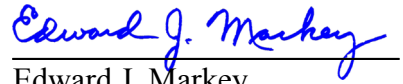
Sincerely,



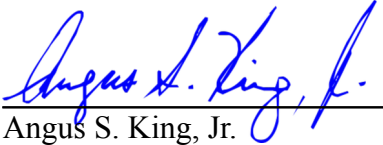
Tim Kaine
United States Senator



Tammy Duckworth
United States Senator



Edward J. Markey
United States Senator



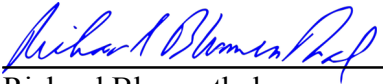
Angus S. King, Jr.
United States Senator



Bernard Sanders
United States Senator



Tina Smith
United States Senator



Richard Blumenthal
United States Senator