SOCIAL SECURITY IS AN OPEN BOOK

By Alan Edwards, Social Security Public Affairs

President Obama has called for greater transparency in government. In response, Social Security has released its Open Government plan, which you can read online at www.socialsecurity.gov/open. The plan reflects Social Security’s commitment to expand opportunities for citizen participation and collaboration, and make open government more sustainable at Social Security. The agency is particularly proud of three flagship initiatives: a Spanish-Language Retirement Estimator, an Online Service Enhancement Initiative, and an Online Life-Expectancy Calculator. These three initiatives support the agency’s mission, goals, and objectives, and showcase the value of open government principles.

“I applaud President Obama’s commitment to opening the federal government to the people it serves and I am especially proud of the three flagship initiatives we have chosen to implement by the end of this year,” said Michael J. Astrue, Commissioner of Social Security.

Social Security’s Spanish-language Retirement Estimator will be the federal government’s first non-English interactive Internet application — a tool that furthers transparency by offering the Spanish-speaking public an opportunity to get instant, personalized estimates of future retirement benefits. Last year, more than three million people used the English-language version of this popular online service available at www.socialsecurity.gov/estimator.

As part of its Online Service Enhancement initiative, Social Security will unveil a new service-channeling tool that will help people more easily find the information and services they seek on the agency’s website, www.socialsecurity.gov. A key feature will be the opportunity to go online to schedule an in-office appointment for those who are unable to use our online services to conduct all of their business.

The agency also is developing an Online Life-Expectancy Calculator — a simple, but important tool to assist the public with retirement planning. Many people substantially underestimate their life expectancy. This new online service will add a measure of accuracy to retirement planning by providing average life expectancies at different ages based on the person’s gender and date of birth, and drawing on assumptions provided in the annual Social Security Trustees’ report.

“I look forward to continuing to translate the values of open government into lasting improvements in the way the agency makes decisions, solves problems, and addresses its challenges,” said Commissioner Astrue. “Social Security’s flagship initiatives will improve our services and further break down barriers between the American people and their government.”

We encourage you to read Social Security’s Open Government plan at www.socialsecurity.gov/open.
If you wonder why a person who is already receiving a private disability payment should apply for Social Security disability benefits, here are some facts. These other disability payments might be coming from workers compensation, the VA, a private long term disability plan, or even a settlement from an injury lawsuit. There are several factors that make concurrent Social Security disability eligibility beneficial.

- All of us pay into the Social Security system, buying what are called "covered quarters". If you earn $1120 in a calendar quarter in 2005, you buy coverage for that quarter. These covered quarters maintain your eligibility for Social Security disability, much as an insurance policy payment would.

A worker needs coverage in 20 out of the last 40 quarters (5 out of the last 10 years) in order to be eligible for Social Security disability payments - there are some exceptions for very young workers. After five years without work (or on other private disability) your coverage expires. Those tax dollars stay in your Social Security account until you retire or reactive your coverage by more work activity. If you stop working and paying FICA taxes, your eligibility for Social Security disability lapses after five years, like an insurance policy would terminate for lack of payment. This means that you cannot draw disability payments, no matter how many years you worked prior to that. (There are exceptions if your disability onset can be shown to be within the covered period.) Your Social Security taxes remain in your account until retirement.

- If you have been found disabled by Social Security, the quarters for which you get benefits are called "frozen quarters," and do not count against you as uninsured time periods, either at retirement or for future disability claims. Typically private disability programs pay benefits, but no FICA taxes. No "quarters" are purchased because no FICA taxes are paid, and Social Security disability eligibility can laps. This could also reduce the eventual retirement benefit. Other disability programs may not provide medical insurance coverage. The Medicare benefits that come with Social Security disability benefits may cover some unreimbursed medical expenses, and last longer. Social Security is calibrated to calculate appropriate offsets - to workers comp, state benefit programs and VA benefits. Private disability programs often require an application for Social Security disability and then do their own offsets. Sometimes these insurance companies do not appeal claims that might be won, and this creates the disadvantage of lapse of coverage. A disabled person should always apply for every available benefit.

Please call us if we can help your clients navigate this confusing area.
There are few long term studies of the potent HIV treatments used as current standard of care, either NNRTI or boosted-PI based regimens. Typically HIV medication studies follow patients for about 1 to 2 years, a few out to 3 years. We are now seeing a few studies that have following patients for closer to 10 years, I will highlight three here today.

The UK Collaborative HIV Cohort Study\(^1\) followed 7891 patients over 8 years. A cohort study is an observational study in which a defined group of people (the cohort) is followed over time. In this example, the UK Collaborative HIV Cohort Study includes patients from 11 major centers in England, data for all their patients is included. Results from cohort studies tend to reflect 'real world settings'.

In this UK cohort, patients who started modern cART, development of resistance by 8 years was measured. When starting HIV meds for the first time, 82% started with an NNRTI and 17% with a boosted PI. The cumulative risk of virological failure (VL>400) by 8 years was 28% with 17% having measurable drug resistance. The probability of detecting PI mutations in people who started PI/r based regimens was lower than that of detecting NNRTI mutations in those starting NNRTI based (7% vs 15%). The risk of detecting nucleoside resistance did not vary according to whether an NNRTI or a PI/r was used in the regimen.

Two longer term randomized clinical trials that have been published include one lopinavir/ritonavir (Kaletra) based and one efavirenz (Sustiva) based. A randomized clinical trial only includes voluntary participants who are often very motivated to take their meds and participate in care. Results are often better than 'real world setting' but are considered the gold standard for scientific purposes.

The longest-running study of lopinavir/ritonavir (LPV/r) therapy (Study 720\(^2\)) followed patients for up to 7 years. 100 antiretroviral (ARV)-naive patients received LPV/r plus stavudine (d4T) and lamivudine (3TC). At 7 years of follow-up, 95% of those still on treatment had HIV RNA<50 copies/mL. A significant number of patients stopped treatment for reasons such as lost to follow up, personal choice or non-compliance (20%), or side effects (13%). Resistance tests were completed for 19 patients. No patient demonstrated LPV resistance or d4T resistance, 3TC resistance was observed in 4 patients.

An efavirenz (Sustiva) based study (Study 903E\(^3\)) plans to evaluate up to 10 years of follow-up. 86 participants taking Tenofovir, lamivudine and efavirenz who completed the 3 yr study were rolled over to extension study. 7 year data has been published. Of those who stayed on treatment, 97% had HIV Viral Load <50. Only 9% participants either withdrew consent, were non-compliant or lost to follow-up and 2 discontinued due to pregnancy. Four participants discontinued due to virologic failure, 2 of which were found to have developed resistance to efavirenz and lamivudine.

These three studies demonstrate the durability of modern HIV antiretroviral treatments. As would be predicted, resistance development to first line treatments was observed more often in the cohort study than in the clinical trials.

1. Clinical Infectious Disease, May 2010
2.Seven Year Follow-up of a Lopinavir/ritonavir (LPV/r)-Based Regimen in Antiretroviral (ARV)-Naive Subjects, 10th European AIDS Conference (EACS), Nov 17-20, 2005