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Artificial Intelligence and the Medical Record in the Context of Social Security Disability Evaluations: A Workshop

April 6-7, 2026

Opening Session



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The United States Social Security Administration



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Purpose

To explore current and upcoming implementations of artificial intelligence (AI) systems or software that create, modify, edit, or otherwise interact with medical records – with a focus on how AI may impact information contained in medical records received by SSA for the purposes of disability evaluation, and how SSA might identify and accurately consider such information.

Workshop Agenda

Monday, April 6

Opening Plenary: Social Security Administration

Session 1: Foundations & Landscape of AI Adoption in Medical Settings

Session 2: AI Quality and Trustworthiness

Tuesday, April 7

Opening Plenary: Envisioning the Future of AI in Medical Records

Session 3: Clinical Use Cases in Diagnosis, Testing, and Imaging

Part a: AI Use Cases for Clinical Evaluation and Diagnosis

Part b: Benefits and Risks in AI for Clinical Imaging and Diagnosis

*Part c: Clinical Corroboration & Functional Proof – AI and the
Medical Record for Claims Outcomes*

Session 4: Third-Party AI Interpretation, Governance, and Risk Management

Leadership Roundtable & Open Floor Discussion

Virtual attendees should enter questions and comments in SLIDO beneath the webcast.

In-person attendees, please queue at the two microphones to ask your question.

To view the discussion on SLIDO use the QR Code.





SOCIAL SECURITY

Disability Adjudication Policy

April 6, 2026



SSA Disability Programs

Disability Insurance (SSDI) – 1956

- Funded through FICA/SECA tax
- Eligibility based on covered work record
- Benefit amount based on previous earnings

Supplemental Security Income (SSI) – 1972

- Funded through general revenues
- Eligibility based on need
- Benefit amount based on total income.

Both have same medical and vocational eligibility requirements

Both only for total disability





SSA Disability Claims Process

Field Office

Receives disability applications and verifies non-medical eligibility requirements
Processes and pays benefits

Disability Determination Services

Each State has its own DDS
Develops medical evidence
Initial and Reconsideration-level Disability Decisions
All DDSs utilize the same policy for determining disability

Administrative Law Judge

Appeal for review by a Federal ALJ





How Did Congress Define SSA Disability for Adults?

The inability to engage in any substantial gainful activity (SGA) because of a medically determinable physical or mental impairment(s):

- That can be expected to result in death, or
- That has lasted or that we can expect to last for a continuous period of not less than 12 months.

In 2026, SGA is considered earnings of \$1,690 or more per month (\$2,830 for blind).





How Did Congress Define SSA Disability for Children?

A medically determinable physical or mental impairment or combination of impairments that causes ***marked and severe functional limitations***, and that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less than 12 months.

An impairment(s) causes marked and severe functional limitations if it ***meets or medically equals*** the severity of a set of criteria for an impairment in the listings, or if it ***functionally equals the listings***.





Adult Disability Adjudication Process

Adult five-step sequential evaluation process (SEP)

Step 1 Engaging in SGA?

Step 2 Impairment that is severe & meets duration?

Step 3 Meets or medically equals a listing?

Step 4 Impairment(s) prevent past relevant work?

Step 5 Ability to adjust to other work?





Establishing an Impairment

Step 2

“a severe medically determinable physical or mental impairment that meets the duration requirement”

Medically Determinable Impairment (MDI): An impairment(s) must result from anatomical, physiological, or psychological abnormalities that can be shown by medically acceptable clinical and laboratory diagnostic techniques.

Therefore, a physical or mental impairment must be established by objective medical evidence from an acceptable medical source. We will not use the individual’s statement of symptoms, a diagnosis, or a medical opinion to establish the existence of an impairment(s).





Establishing an Impairment

Step 2

Objective Medical Evidence: Signs, laboratory findings, or both.

Acceptable Medical Source:

Broadly: Licensed Physician, Licensed Psychologist;

Within scope of practice: Optometrist, Podiatrist, Speech-Language Pathologist, Audiologist, Licensed Advanced Practice Registered Nurse, or Licensed Physician Assistant.

Note: once an MDI is established, we consider all relevant evidence.





Impairment Severity & Duration

Step 2

“a severe medically determinable physical or mental impairment that meets the duration requirement”

Severity: If you do not have any impairment or combination of impairments which significantly limits your physical or mental ability to do basic work activities, we will find that you do not have a severe impairment and are, therefore, not disabled. We will not consider your age, education, and work experience.

Duration: Unless your impairment is expected to result in death, it must have lasted or must be expected to last for a continuous period of at least 12 months.





The Listing of Impairments

Step 3

The Listing of Impairments (the listings) are special rules that help us identify claims that we should clearly allow (clearly meet definition of disability)

The listings are a “Screen In” step of the sequential evaluation process.

Claimants are never denied disability for failure to meet or medically equal the requirements of the listings.

The listings describe for each major body system impairments that we consider to be severe enough to prevent an individual from doing any gainful activity, regardless of his or her age, education, or work experience.

Or, in the case of children under age 18 applying for SSI, severe enough to cause marked and severe functional limitations.

The listing criteria can be met or medically equaled.





Medical-Vocational Analysis

Steps 4 & 5

Residual Functional Capacity (RFC): the most the claimant can still do in a work setting despite their limitations.

Based on all the relevant evidence in the case record and considering all medical determinable impairments (MDIs) even those not deemed severe.





Medical-Vocational Analysis

Steps 4 & 5

Step 4: Can the claimant do past relevant work (PRW) as he or she performed it or as generally performed in the national economy?

Step 5: Can the claimant make an adjustment to other work considering their age, education, and work experience?





Child Disability Adjudication Process

Child three-step sequential evaluation process (SEP)

Step 1 Engaging in SGA?

Step 2 Impairment that is severe?

Step 3 Meets, medically equals, or functionally equals the listings?





Child Disability Adjudication Process

Functionally Equals

By "functionally equal the listings," we mean that an impairment(s) must be of listing-level severity; i.e., it must result in "marked" limitations in two domains of functioning or an "extreme" limitation in one domain.

We compare the child's functioning in each domain to children of the same age who do not have impairments.

- **Marked** = functioning in the domain is "seriously limited"
- **Extreme** = functioning in the domain is "very seriously limited"





Child Disability Adjudication Process

Functionally Equals

Six domains of functioning:

1. Acquiring and using information;
2. Attending and completing tasks;
3. Interacting and relating with others;
4. Moving about and manipulating objects;
5. Caring for yourself; and
6. Health and physical well-being.





Evidence Needs

SSA needs records to:

- Establish a Medically Determinable Impairment
- Establish Duration
- Evaluate the extent to which reported symptoms can reasonably be accepted as consistent with the objective medical evidence and other evidence

To do this, SSA uses:

- Objective Medical Evidence
- Medical Opinions
- Longitudinal Evidence
- Claimant Reports
- Third Party Evidence





Evidence Collection

We ask claimants for their medical evidence and sources. We do not require claimants to provide evidence to us themselves; we will request evidence from any medical source they identify. SSA is required to make every reasonable effort to obtain medical evidence from the claimant's own medical sources before seeking evidence from other sources.

Records can be shared with SSA or the DDS through an automated data exchange such as HIT (our Health Information Technology exchange), through non-HIT electronic portal uploads (Electronic Records Express), or by mailing or faxing paper records.

