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April 28, 2014

Office of Regulations and Reports Clearance  
Social Security Administration  
107 Altmeyer Building  
6401 Security Boulevard  
Baltimore, MD 21235

Re: Docket No. SSA-2006-0140

Dear Sir or Madam:

On behalf of the American Heart Association (AHA) and the American Stroke Association (ASA), and over 22.5 million AHA and ASA volunteers and supporters, we appreciate the opportunity to comment on the Revised Medical Criteria for Evaluating Neurological Disorders.

The medical criteria address a wide range of neurological conditions. However, in this letter we limit our comments to the introductory text and the neurological disorder listing for vascular insult to the brain (stroke).

### **Adult Listings**

#### **11.00A - Which neurological disorders do we evaluate under these listings?**

The Social Security Administration has proposed adding this new section to explain the neurological disorders it evaluates under these listings. The proposed language includes “epilepsy, amyotrophic lateral sclerosis, coma or PVS, and neurological disorders that cause disorganization of motor function, bulbar and neuromuscular dysfunction, or a combination of functional limitations”, but does not specifically mention vascular events or stroke. We recommend that SSA add “stroke” or “vascular insult to the brain” (as used elsewhere in the listings) to this language. Stroke is a leading cause of disability in the United States and should be highlighted here.

#### **11.00B - What evidence do we need to document your neurological disorder?**

This section describes the types of medical evidence that may be used to assess the effects of a neurological disorder, including computerized tomography (CT)

and magnetic resonance imaging (MRI). We agree that CT and MRI are valuable imaging techniques that can be used to help evaluate the cause and severity of stroke. However, the usefulness of imaging modalities can be limited by nuances of timing of the study, reader experience, and other factors that limit the association between anatomic defects detected on imaging study and the corresponding clinical severity and manifestation of disease. Therefore, when the imaging study is inadequate, non-diagnostic, or not congruent with the clinical scenario, we recommend that the SSA place greater emphasis on the physical assessment of the individual.

**11.00G - How do we evaluate a combination of functional limitations under these listings?**

According to this section, the SSA will find an individual to have “marked” functional limitations if their symptoms, such as pain or fatigue, seriously limit physical function/motor abilities or the ability to perform activities of daily living. We agree that pain and fatigue levels should be included as part of the evaluation. Pain, for example, can alter mental functioning capacity and affect an individual’s ability to work. Medication used to treat pain can also have a cognitive impact.

In addition to pain and fatigue, we recommend that the SSA consider the impact of bladder or bowel incontinence. In addition to physical disabilities such as paralysis and cognitive residuals of stroke, many stroke patients are left with incontinence. Depending on the severity of the problem and the work performed, this may alter an individual’s ability to work. Specific consideration should also be given to other issues afflicting patients with stroke including swallowing difficulties, depression and mood changes, and difficulties performing other activities of daily living, e.g., grocery shopping.

**11.00I - What is vascular insult to the brain and how do we evaluate it under 11.04?**

The neurological listings refer to stroke as a “vascular insult to the brain” or a “cerebrovascular accident”. We recommend that the SSA delete the term “cerebrovascular accident” from the listing. The term “cerebrovascular accident” is being phased out of the literature.

The listing also describes a stroke as an interruption of blood flow within or leading to the brain (an ischemic stroke) or as a ruptured blood vessel or aneurysm in the brain (hemorrhagic stroke). We agree with this description, but also request that SSA add “silent cerebral infarction” to the description of strokes. A silent stroke is likely caused by a blood clot interrupting blood flow to the brain and can leave the individual with impairment.

The section continues to describe how the SSA evaluates disability due to stroke, including looking for evidence of sensory or motor aphasia that results in ineffective speech or communication. We note that visual impairment appears to be absent from the Agency’s evaluation. Vision problems related to stroke are fairly common and can adversely impact an individual’s ability to drive or perform work that requires the use of a computer or extensive reading. We recommend that visual impairment be added to the types of sensory impairments the SSA will consider.

## **Childhood Listings**

### **111.00A - Which neurological disorders do we evaluate under these listings?**

As recommended above for the adult listings, the SSA should add “stroke” or “vascular insult to the brain” to the description of neurological disorders the agency evaluates under these listings.

### **111.00B - What evidence do we need to document your neurological disorder?**

The language in this section mirrors the language used in the corresponding adult listing (11.00B), including the final sentence which reads: “We consider statements you or others make about your impairments, your restrictions, your daily activities, or your efforts to work.” Because the childhood listings apply to children under the age of 18, we recommend eliminating the reference to a child’s ability to “work”. It would be more appropriate to consider school-based observations and a child’s ability to attend or participate in school.

### **111.00G - What is vascular insult to the brain and how do we evaluate it under 111.04?**

As above, we request that that SSA delete the term “cerebrovascular accident” from the listing.

In closing, we appreciate that the SSA has undertaken the important task of updating the medical criteria for neurological disorders. Overall, we agree with the proposed revisions; however, we request that the agency make the minor modifications discussed above to better reflect advances in medical knowledge, treatment, and methods of evaluating stroke. The changes will help ensure appropriate access to Social Security disability benefits for individuals affected by stroke.

Thank you for consideration of our comments.

Sincerely,

A handwritten signature in blue ink, appearing to read "Mariell Jessup". The signature is fluid and cursive, with a large loop at the end.

Mariell Jessup, MD, FAHA  
President  
American Heart Association