BENEFITS & BEYOND
Social Security Disability

THE JAN DILS FOUNDATION

SEPTEMBER 2026

August Was Gastroparesis Awareness Month: Can Digestive Disorders Qualify You for Social Security Disability?

In This Issue

Gastroparesis is the medical term for slow stomach emptying. In a healthy digestive system, muscle contractions move food from the stomach into the small intestine on a predictable schedule. With gastroparesis, those contractions weaken or stop altogether, and food sits in the stomach far longer than it should.

The causes vary. Diabetes is the most commonly identified one, because prolonged high blood sugar can damage the vagus nerve that controls the stomach muscles. Other cases follow abdominal or esophageal surgery, viral illness, connective tissue disorders, or long-term use of certain medications, particularly opioids. In a substantial number of cases, no cause is ever identified at all.

The symptoms are far more disruptive than the clinical description suggests: persistent nausea, vomiting of undigested food eaten hours earlier, feeling full after a few bites, bloating, abdominal pain, unstable blood sugar, and, over time, significant weight loss, malnutrition, and dehydration.

Gastroparesis Is Not the Only Culprit

Several other digestive conditions produce similar functional limitations, and they appear regularly in disability claims:

- **Crohn's disease.** A chronic inflammatory bowel disease that causes swelling and irritation anywhere along the digestive tract, most often the small intestine and colon. It brings chronic diarrhea, cramping, fever, and profound fatigue, and it flares unpredictably.
- **Ulcerative colitis.** An autoimmune condition that produces bloody ulcers in the lining of the colon, resulting in bloody diarrhea, urgency, weight loss, and exhaustion. In severe cases, removal of the colon becomes necessary.
- **Chronic liver disease and chronic viral hepatitis.** Loss of liver function from cirrhosis or hepatitis brings loss of appetite, weight loss, jaundice, confusion, and a level of fatigue that does not improve with rest.
- **Short bowel syndrome.** After surgical removal of a large portion of the small intestine, the body cannot absorb enough nutrition, and some patients end up dependent on intravenous feeding.

How Social Security Evaluates Digestive Disorders

The Social Security Administration maintains a catalog of qualifying impairments, commonly called the Blue Book, and Section 5.00 covers the digestive system. There is no listing dedicated to gastroparesis specifically, which is the single most common source of confusion for claimants.

That does not mean gastroparesis cannot qualify. It means the claim usually has to be proven a different way. The listings most often in play are:

- **5.05 — chronic liver disease.**
- **5.06 — inflammatory bowel disease**, documented by endoscopy, biopsy, imaging, or operative findings.
- **5.07 — short bowel syndrome.**
- **5.08 — weight loss due to any digestive disorder**, which requires a BMI below 17.50 documented on at least two evaluations at least 60 days apart within a consecutive 12-month period, despite following prescribed treatment.

If your condition does not meet one of those listings, the claim moves to what SSA calls a medical-vocational allowance. At that stage the question is no longer whether you match a diagnosis code. It is whether your

Continues on back page >>

Letter From Jan

This issue takes on two topics that have generated a lot of questions around our office lately.

August was Gastroparesis Awareness Month, so we are starting there. Our cover article explains how the Social Security Administration evaluates gastroparesis and related digestive conditions such as Crohn's disease, ulcerative colitis, and chronic liver disease, and why the absence of a dedicated listing does not mean these claims cannot be won. We follow it with a breakdown of the newly released 2027 cost-of-living projections, including what a 3.8 percent adjustment would actually put in your pocket once Medicare premiums are accounted for.

We have plenty to celebrate, too. Nine of our team members recently earned their non-attorney representative credentials after months of studying Social Security law and procedure, and we could not be prouder of them. We were also voted best Law Firm, best Lawyer, and best Place to Work in the 2026 Marietta Times Readers' Choice awards. Thank you to everyone who took the time to vote.

Finally, if you are looking for something to bake as the evenings start to cool off, Lisa Stanley's Honey Butter Jalapeño Cheddar Rolls are worth the effort. Fair warning: they do not last long.

Thank you for trusting us to stand beside you. Have a safe and wonderful September!

Warmly,

Jan Dils

Community Corner

Voted Best in the 2026 Marietta Times Readers' Choice

We are honored to share that Jan Dils, Attorneys at Law was voted best in three categories in the 2026 Marietta Times Readers' Choice awards:

- ***Law Firm***
- ***Lawyer***
- ***Place to Work***

Recognition from a community is a different thing than recognition from an industry. These awards were not handed out by a panel. They were decided by neighbors, clients, and the people we run into at the grocery store, and that makes them mean quite a bit more to us.

The third category may be the one we are proudest of. A firm cannot take good care of its clients if it is not taking good care of the people doing the work. Being named a best place to work by our own community suggests we are getting that part right.

Thank you to everyone who voted, and congratulations to all of the other winners. We have an extraordinary community here, and we are grateful for the chance to serve it.

EMPLOYEE SPOTLIGHT

Nine New Non-Attorney Representatives

Congratulations are in order, and this month there is a whole group of them. Nine of our team members recently passed the examination to become accredited non-attorney representatives before the Social Security Administration:

- *Amanda Nolan*
- *Brittany Hart*
- *Brittany Stevens*
- *Camy Dight*
- *Melissa Lamb*
- *Pamela Peters*
- *Sabrina Stanley*
- *Shaderika Mitchell*
- *Shawna Bennett*

This is not a credential anyone picks up over a weekend. It takes months of study and a working command of Social Security law, regulations, policy, and procedure. That is the kind of detailed knowledge that separates a form that simply gets filed from a claim that gets built.

Here is why it matters to the people we serve:

- **Stronger case development from day one.** Knowing what an adjudicator will look for changes what gets gathered at the very beginning of a claim, not months later.
- **More informed guidance through a complicated process.** Clients get clear answers from the person they actually talk to, rather than a referral up the chain.
- **A higher standard of advocacy,** backed by real, tested expertise and applied to every file.

Continuous improvement is one of our core values, and this group lived it, on their own time and on top of full caseloads. Congratulations to all nine of you!

New Social Security COLA Projections: What a 3.8% Increase Would Actually Mean

THE SENIOR CITIZENS LEAGUE (TSCL) has updated its projection for the 2027 Social Security cost-of-living adjustment, and the estimate is holding at 3.8 percent. That figure is unchanged from the group's previous forecast, slightly below the 3.9 percent it projected in the spring, and a full percentage point above the 2.8 percent adjustment beneficiaries received for 2026.

In practical terms, a 3.8 percent COLA would raise the average monthly benefit by roughly $74, from about $1,937 to about $2,011. The Social Security Administration will not announce the official number until October.

How the COLA Is Actually Calculated

The annual adjustment is not voted on by Congress, and it does not require any action from you. It is automatic, and it is driven entirely by one measurement: the Consumer Price Index for Urban Wage Earners and Clerical Workers, or CPI-W, published by the Bureau of Labor Statistics.

SSA averages the CPI-W readings for July, August, and September and compares that average to the same quarter of the previous year. The percentage difference becomes the COLA. That is why projections shift month to month through the summer, and why nothing is final until the September figures are published.

The increase applies broadly. Social Security retirement, SSDI, SSI, and VA disability compensation all move with it. Social Security increases generally appear in January payments, while SSI increases typically take effect at the end of December.

Why the Projection Keeps Moving

TSCL's estimate has drifted through the year, peaking near 3.9 percent in the spring before settling back to 3.8 percent. That movement is normal. With only one of the three measurement months on the books, a single volatile category can swing the forecast.

Energy prices are usually the biggest lever. Fuel costs feed into transportation, utilities, and the price of nearly everything that has to be shipped, so a sharp move in either direction shows up quickly in the index. Housing and medical care tend to move more slowly but carry more weight for the households receiving these benefits. Until the September CPI-W is published, every number you see is an educated projection rather than a decision.

Why the Number Often Feels Too Small

The CPI-W tracks the spending patterns of working-age urban households. That is a reasonable proxy for a lot of Americans, but it is a poor match for the people who actually receive these benefits.

Retirees and people living with disabilities spend a substantially larger share of their income on health care, prescriptions, and housing, and those categories have consistently risen faster than the overall index. They spend proportionally less on the transportation and apparel costs that help hold the CPI-W down. The result is an adjustment that technically tracks inflation while quietly falling behind the inflation a beneficiary actually experiences.

An alternative index does exist. The CPI-E, an experimental measure built around the spending of Americans 62 and older, has been proposed as a replacement more than once. None of those proposals has passed Congress.

The Medicare Part B Catch

There is one more variable worth watching closely. For most beneficiaries enrolled in Medicare, the Part B premium is deducted directly from the monthly payment. When that premium rises, and it usually does, it takes a bite out of the raise before the check ever arrives.

A 3.8 percent COLA on paper can end up considerably smaller in the bank. The Part B figure is typically announced in the fall, close to the COLA announcement, and it is the number that determines what the increase is really worth.

What This Means for Your Benefits

A cost-of-living adjustment is a percentage. It scales whatever benefit amount you are already receiving, which means it magnifies an accurate award and does absolutely nothing to correct an inaccurate one.

That distinction matters more than the projection itself. Many veterans remain underrated for conditions that have worsened since their last evaluation, and many Social Security claimants are receiving nothing at all because a denial went unappealed. In both situations, the money at stake dwarfs any annual adjustment.

A few things are worth doing before the October announcement:

- Check your earnings record through your my Social Security account. SSDI benefits are calculated from your work history, and errors in that record depress your benefit permanently until they are corrected.
- Confirm that SSA has your current mailing address and direct deposit information on file.
- If your claim was denied, note the date immediately. Appeal deadlines are short and unforgiving, and a missed one usually means starting over from the beginning.
- If your condition has worsened, document it now rather than waiting for a scheduled review.

One more figure from TSCL's latest survey is worth sitting with: 44 percent of older Americans now report relying entirely on Social Security for retirement income, the highest share the organization has ever recorded. For a growing number of households, this annual percentage is not a supplement to the budget. It is the budget.

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PERSONAL INJURY / VETERANS DISABILITY / SOCIAL SECURITY DISABILITY

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Continued from front cover >>

residual functional capacity leaves any work you could realistically sustain, full time, week after week.

This is often where digestive disorder claims are won. Vocational experts routinely acknowledge that competitive employment does not tolerate frequent unscheduled absences, or a worker who is off task for a significant portion of the day. A condition that sends you to the bathroom unpredictably, forces you to lie down after eating, or puts you in the hospital for IV fluids several times a year can be disabling even when no single listing fits neatly.

What the Evidence Needs to Show

•**Objective testing.** Gastric emptying studies, endoscopy, imaging, biopsy results, and lab work such as albumin, prealbumin, and electrolyte panels. Documented weights tracked over time matter enormously.

•**Duration.** A treating physician's statement that your symptoms have lasted, or are expected to last, at least 12 consecutive months.

•**Treatment compliance, and its limits.** Evidence that you have followed dietary modifications, prokinetic and antiemetic medications, and any recommended procedures, and that your symptoms persist anyway.

•**Hospitalizations and interventions.** Records of emergency visits, IV hydration, enteral or parenteral nutrition, and feeding tube placement.

•**Functional detail.** How many days a month you are unable to function, how long a flare lasts, how often you need a bathroom, and what you can no longer lift, carry, or concentrate on.

A dated symptom journal is one of the most useful things a claimant can bring to a hearing. Memory blurs under questioning; a calendar with the bad days marked does not.

Two Mistakes Worth Avoiding

The first is waiting. Some people delay filing until they have been out of work a full year, but the 12-month rule is a medical prognosis requirement, not a mandatory waiting period. Filing early starts a clock that already moves slowly.

The second is unexplained gaps in treatment. If cost, transportation, or a lapse in insurance is the reason you missed appointments, say so out loud and make sure it lands in your medical record. An unexplained gap looks like improvement on paper, and reviewers read paper.