



**CONSORTIUM FOR CITIZENS
WITH DISABILITIES**

**Disability Policy Recommendations
for the 117th Congress
December 2020**

Message from the Board

The Consortium for Citizens with Disabilities (CCD) is pleased to present our policy recommendations to the 117th Congress outlining the needs of people with disabilities and their families.

CCD is the largest coalition of national organizations working together to advocate for federal public policy that ensures the self-determination, independence, empowerment, integration, and inclusion of children and adults with disabilities in all aspects of society.

The COVID-19 pandemic has exacerbated the problems effecting people with disabilities, particularly those who are people of color. The pandemic has affected the policy areas under the purview of nearly every CCD task force. From decreased access to public transportation, to limited services for school-aged children with disabilities, to concerns about health care rationing, and the spread of the virus among individuals living in institutions, no area has gone unaffected.

Our recommendations seek to address the critical issues people with disabilities and their families are facing as our nation continues to grapple with the effects of the pandemic. We look forward to working with Congress to implement the solutions outlined in this document that we believe will ensure people with disabilities are able to live fuller lives in their communities. We encourage members of Congress and their staffs to work closely with our task forces and our member organizations to learn more about the programs and policies that will assist the broader disability community.

Sincerely,



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Background on CCD

The Consortium for Citizens with Disabilities (CCD), headquartered in Washington D.C., is the largest coalition of national organizations working together to advocate for federal public policy that ensures the self-determination, independence, empowerment, integration and inclusion of children and adults with disabilities in all aspects of society. Since 1973, CCD has advocated on behalf of people of all ages with physical and mental disabilities and their families. CCD has worked to achieve federal legislation and regulations that assure that the millions of children and adults with disabilities are fully integrated into the mainstream of society.

Task Forces: CCD's work addresses a broad range of issues that affect people with disabilities and their families. The vast majority of CCD's work is carried out by Task Forces which focus on specific areas of policy touching the lives of people with disabilities. Task Forces are established and reviewed annually at CCD's annual meeting. Throughout the rest of the year, the Task Forces are the locus of work on policy areas. Task Forces are led by volunteer Co-Chairs who work with their colleagues across Task Force lines to ensure consistency. The policy areas covered in this document are organized by Task Force. Each topical page includes contact information for the Co-Chairs for the Task Force who taken the lead on that issue. Additional information can be found on CCD's website (www.c-c-d.org) or by contacting the Co-Chairs.

CCD Task Forces are: Developmental Disabilities, Autism, and Family Support; Education; Emergency Management; Employment & Training; Financial Security & Poverty; Fiscal Policy; Health; Housing; Long-term Services & Supports; Rights; Social Security; Technology & Telecommunication; Transportation; and Veterans.

CCD Values

CCD works to ensure that federal policy supports the goals of the Americans with Disabilities Act (ADA), which was signed into law in 1990 with strong bipartisan support: equality of opportunity, full participation, independent living, and economic self-sufficiency. CCD envisions a society in which people with disabilities exercise their full rights and responsibilities and are empowered to participate in and contribute to society to the full extent of their abilities.

For many people with disabilities, programs that provide economic security and individualized supports and services are vital to making this vision a reality. Community integration is not possible without affordable and accessible housing and transportation that enable people with disabilities to live independently instead of in nursing homes or other costly institutions. Education and job training are integral to assisting people with disabilities to learn the skills necessary to maintain and increase their economic self-sufficiency. Access to supported employment, habilitation, personal assistant, and other employment services and supports are essential to ensuring that people with disabilities can obtain and maintain employment and are empowered to take advantage of the career opportunities that arise. Federal and state programs form the bedrock of these essential supports and services.

The importance of affordable access to comprehensive health care, whether financed through private insurance, Medicaid, or Medicare (including robust durable medical equipment and rehabilitation benefits), cannot be overstated. Technology, both assistive technology and accessible commercially available technology, can be crucial to all of aspects of independent living. The availability of wage replacement and income support through Social Security and Supplemental Security Income is critical when a person's disability limits their employment or earnings. Strong enforcement of civil rights laws, including but not limited to the ADA, the Individuals with Disabilities Education Act and the Rehabilitation Act, must be a high priority to

ensure that discrimination does not prevent people with disabilities from achieving the goals of the ADA.

Although each individual with a disability's needs for supports and services will vary and a particular person's needs might change over time, continued progress towards achieving the goals of the ADA for people with all types of disabilities at all ages requires a continued commitment to an adequately funded safety net that contains a full of the array of training, supports, and services.

Developmental Disabilities, Autism and Family Support

The mission of the Task Force is to advocate for federal public policies that directly relate to individuals with developmental disabilities, including research on autism spectrum disorders; family supports; primary prevention; and the prevention of abuse and neglect of children and adults with developmental disabilities. These include, but are not limited to, the Developmental Disabilities (DD) Act; the Autism Collaboration; the Accountability, Research, Education, and Services Act (CARES Act); the Family and Medical Leave Act (FMLA); the Lifespan Respite Care Act; and the Child Abuse Prevention and Treatment Act (CAPTA).

The Developmental Disabilities Assistance and Bill of Rights Act - The DD Act has five main programs: 1) State Councils on Developmental Disabilities – governor-appointed bodies that promote self-determination, integration and inclusion in the community through advocacy and cooperative community grants; 2) Protection and Advocacy Systems (P&A) - provide legally based advocacy to protect civil and legal rights; 3) University Centers for Excellence in Developmental Disabilities (UCEDD) - deliver interdisciplinary training and conduct research; 4) Family Support - help states provide supports and services to families supporting members with disabilities; 5) Projects of National Significance (PNS) - collect longitudinal data and provide technical assistance.

Autism Spectrum Disorder (ASD) - The prevalence of ASD in children, defined as the rate of known cases in the community, has increased from 1:150 in 2002 to 1:54 in 2016. The Autism CARES Act coordinates and invests in research, interdisciplinary training of health professionals, and public education. However, it does not provide direct services; the Medicaid program and the Individuals with Disabilities Education Act (IDEA) fund the vast majority of community-based services for people with ASD. Much more needs to be done to support people with ASD in the community, including early intervention, education, transition, employment, vocational rehabilitation, housing, and transportation programs.

Family Caregiver Support. The vast majority of people with developmental disabilities live at home with their family caregivers. Unfortunately, these caregivers often receive few services and may lose jobs and income as they try to support their loved ones in the community. Counseling, support groups, respite, training, cash assistance, family and medical leave, tax credits, and information and referral programs can support caregivers to help their family members live in their own homes instead of in costly and unwanted institutions. Medicaid home and community-based services waivers provide the vast majority of family support services, and several discretionary programs focus on various needs of family caregivers - the [Lifespan Respite Care Program](#); the [National Family Caregiver Support Program](#); [Parent Training and Information Centers](#); and [Family-to-Family Health Information Centers](#).

Primary Prevention. Disability can often be prevented or mitigated through prenatal health care, limiting prenatal exposure to alcohol and environmental toxic chemicals, and early childhood intervention, among other things. While there is [mounting scientific evidence](#) of the contribution of environmental toxic chemicals (such as air pollution, lead, and pesticides) to the incidence of developmental disabilities, regulation of such harmful exposures is very limited. Medicaid is the primary federal program to ensure healthy birth outcomes through its [prenatal care benefit](#) and for providing early intervention through [Early and Periodic Screening, Diagnostic, and Treatment \(EPSDT\) services](#).

Child Abuse Prevention. Child maltreatment can cause or exacerbate disability and children with disabilities are at greater risk for maltreatment. [Nearly 13 percent of child maltreatment victims had a reported disability in 2013.](#) According to the [2018 Maltreatment report](#), 50,000 children were referred to early intervention services. CAPTA is one of the key laws that guides child protection and provides services to prevent abuse and avoid more costly foster care placements.

The Task Force urges Congress to support these priorities by:

1. DD Act

- Protecting the ability of DD Act's P&A systems to engage in class action litigation.
- Fully implementing and funding all DD Act Programs, including the Family Support program, which has never been funded.
- Fully funding the COVID-19 related activities assumed by the DD Act sister organizations to protect the health and safety of the IDD population during the pandemic.
- Working with DD Act grantees to ensure full stakeholder participation from the IDD community in all regulatory and policy activities at the Agency for Community Living.

2. Autism Spectrum Disorder (ASD)

- Following the recommendation of the Interagency Autism Coordinating Committee (IACC), doubling federal funding of autism research over 2015 levels, and focusing on areas identified by the IACC as needing the most investment, such as adult services and research across the lifespan.

3. Family Caregiver Support

- Reauthorizing the Lifespan Respite Care Program and providing increased appropriations to enable every state to receive a grant to build respite capacity, help families pay for respite, and improve services.
- Expanding eligibility for job protected leave under the FMLA to include siblings, domestic partners, and others who serve as caregivers.
- Ensuring that adult dependents are eligible for any dependent stimulus payments.
- Increasing the value of the tax credit for families with adult dependents, the [Credit for Other Dependents](#).
- Providing increased funding for IDEA's Parent Training and Information Centers, and HRSA's Family-to-Family Health Information Centers; creating a navigator program for family caregivers of adults with IDD who are not served under these existing programs.

4. Primary Prevention

- Enacting and enforcing legislation to limit the use of chemicals that contribute to the incidence of intellectual and developmental disabilities.

5. Child Abuse Prevention

- Reauthorizing CAPTA and fully implementing Title II, the Community-based Child Abuse Prevention program, to ensure that the needs of children with disabilities and their families, and parents with disabilities, receive respite and other critical abuse and neglect prevention services.

The above priorities are those that fall uniquely under the Developmental Disabilities, Autism, and Family Support Task Force. However, there are numerous other priorities that are of great importance to our task force. These include: protecting the structure of and increasing funding for the Medicaid Program, particularly for home and community based services; banning the use of electric shock devices, restraint, and seclusion; and protecting the rights of parents with developmental disabilities.

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Education

The Education Task Force monitors federal laws and regulations that address the educational needs of children with disabilities and their families, including the Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act of 1973 (Section 504). The Education Task Force advocates for enhanced opportunities for children under these laws.

COVID Relief to Schools

CCD urges Congress and the Administration to provide additional relief to states, districts, and public schools. The near-total shutdown of school buildings in the spring of 2020 disproportionately affected the 7 million students served under the Individuals with Disabilities Education Act (IDEA) as well as the more than 700,000 students with 504 plans. As Congress negotiates the next COVID relief package, it is critical that the priorities outlined below be included:

- Protect students' rights and maintain all state and district obligations under the IDEA and Section 504.
- Provide [substantial supplemental funding](#) in public education through dedicated IDEA funding as included in [S. 4100](#): \$11.3 billion in IDEA Part B Section 611 programs; \$500 million in IDEA Part C programs; \$400 million in IDEA Part B Section 619 programs; and \$300 million in IDEA Part D personnel preparation.
- Invest funding to address the expanding teacher shortage through the Teacher Quality Partnership Grants in Title II of the Higher Education Act.
- Provide funding to retain teachers who are losing their jobs due to state budget cuts caused by the COVID pandemic.
- Ensure federal education funds remain in public schools and assure public funds are not used for any voucher or voucher-like programs, whether designed for students or educators (including but not limited to traditional vouchers, education savings accounts, tuition tax credits/scholarships, or microgrants).

K-12 Education

Special Education – IDEA

The IDEA was enacted in 1975 to ensure that all children with disabilities receive a free appropriate public education (FAPE) in the least restrictive environment (LRE) that emphasizes special education and related services, designed to meet their individual needs and prepare them for further education, employment, and independent living. Unfortunately, the IDEA remains significantly underfunded and research shows that too many students are still not educated in the LRE, particularly students with the most significant cognitive disabilities. To address this, Congress must:

- Fully fund IDEA state grants at 40% of the additional cost of educating students with disabilities as authorized in IDEA.
- Prohibit Federal funds (including IDEA funds) from being used to support private school vouchers.

Early Intervention and Preschool – IDEA

IDEA's Part C program continues to serve nearly 500,000 infants and toddlers annually while over 770,000 children ages 3-5 receive preschool services through IDEA's Part B Section 619. Over the past 25 years, both programs have increased the number of children served by approximately 50%. However, Federal funding has failed to keep pace with the needs of these children. Congress must:

- Increase appropriations for IDEA early intervention to \$537 million and preschool programs to \$722 million as provided in [H.R. 4107](#).

School Climate, Discipline & Student Mental Health

Students must have safe and supportive environments in which they can learn, free from harsh and ineffective discipline practices. Congress must pass legislation to:

- Limit the use of restraint and prohibit seclusion by enacting the Keeping All Students Safe Act which will prohibit seclusion, reduce the use of life threatening restraints, and authorize Federal funding for training of school personnel in the use of less restrictive de-escalation techniques and the use of school-wide positive interventions and supports.
- Ban corporal punishment.
- Create partnerships between education, juvenile justice, mental health, social welfare, and community engagement systems and support trauma informed practices, including mental health services.

Higher Education

Higher Education Act

For all youth, but especially for young people with disabilities, higher education levels lead to independent living and greater opportunities for economic self-sufficiency. Congress must:

- Reauthorize the Higher Education Act with provisions supporting access to higher education for all students with disabilities, including a continuation of the expansion of postsecondary education programs for students with intellectual disabilities.
- Fully fund and reauthorize the Teacher Quality Partnership Grant Program under Title II of HEA, which is critical to the preparation of effective teachers for high need students, including students with disabilities.
- Support the passage of the Respond, Innovate, Succeed, and Empower (RISE) Act ([S.1585/H.R. 3086](#)), which requires postsecondary programs to accept an IEP or 504 plan as proof of disability when seeking accommodations and provides technical assistance and resources to students, families, and higher education faculty.

Career and Technical Education

With its focus on skill development in specific career sectors, programs under the Carl D. Perkins Act Career and Technical Education (CTE) Act can create great opportunities for young people with disabilities. Congress must:

- Reauthorize CTE programs and significantly increase the inclusion of students with disabilities in both the secondary and postsecondary Perkins programs.

Special Education Research

Special educators rely on evidence-based practices to help improve academic and lifelong outcomes for students with disabilities. The Congress must:

- Reauthorize the Education Sciences Reform Act (ESRA) which funds the Institute for Education Sciences (IES).
- Restore funding to the National Center for Special Education Research (NCSER) which was cut by 30% in FY 2011 and has seen only minimal increases since then.
- Direct IES to increase research related to instruction and support of students with disabilities with a special focus on both early intervention and transition from school to postsecondary education and the workforce.

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Emergency Management

Failure to consider those with access and functional needs in disaster planning, response and recovery has contributed to countless unnecessary injuries, deaths and institutionalization of people with disabilities over the last 25 years. Too often, emergency managers do not understand or forget their obligations as recipients of federal funding to comply with the Rehabilitation Act (Rehab Act) and Americans with Disabilities Act (ADA) in carrying out their duties. The CCD Emergency Management Task Force urges the 117th Congress to support the legislation outlined below to ensure that the consequences of future natural disasters and public health emergencies do not fall disproportionately on those with disabilities.

The Emergency Management Task Force makes the following recommendations for the 117th Congress:

- Passage of provisions in the Real Emergency Access for Aging and Disability Inclusion (REAADI) for Disasters Act. This legislation creates a comprehensive set of steps to ensure that disability inclusive training and technical assistance are incorporated into disaster planning and response; that reviews are undertaken by appropriate federal agencies to examine compliance with disability rights laws in past disasters; and that people with disabilities are afforded a seat at the table when federal policies and programs are undertaken with regard to public health emergencies and natural disasters.
- Passage of provisions in the Disaster Relief Medicaid Act (DRMA). This legislation aims to prevent unnecessary institutionalization of people with disabilities using home and community-based services must evacuate out of their home state in the face of a natural disaster.

Joint Recommendations

- With the CCD Rights Task Force, support measures to ensure that the rights of people with disabilities are not violated when local and state governments adopt policies and procedures to respond to disasters and public health emergencies.
- With the CCD Health Task Force, support measures to ensure that vaccine protocols and other responses to COVID-19 and future pandemics treat people with disabilities equitably in their implementation.
- With the CCD Long Term Services and Supports Task Force, support measures to ensure that people with disabilities have access to home and community-based services in natural disasters and public health emergencies.
- With the CCD Housing Task Force and National Low-Income Housing Coalition's Disaster Housing Recovery Coalition, support measures to protect people with disabilities at risk of homelessness, displacement and forced institutionalization resulting from natural disasters and pandemics.

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Employment & Training

The disability community faces critical barriers entering and maintaining employment in the general labor market. Those barriers have worsened due to the economic crisis created by the pandemic. Prior to the COVID 19 pandemic [the national employment rate](#) for working-age people with disabilities in America was 37.6 percent compared to 77.8 percent of people without disabilities. If you are an African-American and have a disability, disparities in employment outcomes are even more stark, with [only 29.7 percent](#) of working-age Black people with disabilities having jobs before COVID hit. As such, the intersectionality of the disability community and the disparities faced by too many people with disabilities in underrepresented communities needs to be a high priority for the new Congress.

The pandemic has ravaged the disability community and [more than 1 million](#) workers with disabilities have lost their jobs.

The Consortium for Citizens with Disabilities urges the new Congress to consider the following priorities:

- **Pass the Transition to Competitive Employment Act.** –The [Transformation to Competitive Employment Act](#) is a bipartisan bill that modernizes the Fair Labor Standards Act and phases out Section 14 (c). The bill, as drafted, reflects [the insights and ideas from](#) multiple national reviews of current 14(c) practices, efforts to transform business models, and provide the services and supports workers with disabilities need to acquire competitive integrated employment. It would also invest in service providers at a time when so many non-profits are shutting down, businesses are closing, and agencies are losing resources. State agencies would directly benefit from the Transformation bill through a series of competitive grants to further expand competitive integrated employment.
- **Pass the Disability Employment Incentives Act.** –The [Disability Employment Incentive Act \(DEIA\)](#) expands the Work Opportunity Tax Credit for employers who hire a person with a disability through a state Vocational Rehabilitation agency or a person with a disability who is currently on benefits. The credit covers 40 percent of the new hire's salary for the first year of employment, thereby raising the available tax credit to a maximum of \$5,000. The WOTC provision of DEIA also supports retention of workers with disabilities offering a tax credit for employers for a second year of employment. Beyond just hiring, DEIA also addresses accessibility, architectural and transportation barriers for small businesses and by removing existing physical barriers.
- **Support funding for Home and Community Based Services (HCBS) programs that lead to greater employment outcomes.** – Medicaid is a vital part of the lives of millions of Americans with disabilities. Medicaid supports opportunities for around 5 million people with disabilities to access long-term services and supports (LTSS) that directly support their opportunities to live and work in their communities. Critically, Medicaid can directly address critical barriers that keep millions of people with disabilities out of the labor force. [HCBS waivers](#) can help a jobseeker with a disability develop a person-centered employment plan, receive job coaching, secure a job placement, negotiate with an employer, job placement, job development, negotiation with prospective employers, advance their skills, or otherwise access workplace supports. Successful HCBS depends on service providers in states across the country. Those providers have struggled throughout the pandemic to provide services, keep their direct service

professionals (DSPs) safe, and deal with cuts in state budgets. While increases in HCBS funding has been absent from several of the COVID-19 stimulus packages, there is [bipartisan consensus](#) that increased HCBS funding represents a wise investment even in these uncertain times. As such, the new Congress should take this opportunity to ensure that investment of Medicaid dollars in employment-related supports gets more Americans with disabilities back to work or into the labor force for the first time.

- **Congress must adequately fund the Public Vocational Rehabilitation (VR) program.** – 2020 marks the [100th anniversary](#) of the first federal program to advance opportunities for people with disabilities. This program has ultimately become the modern vocational rehabilitation and VR is one of the most federal programs for getting working-age people with disabilities into the workforce. According to the [Annual Disability Statistics Compendium](#), 186,570 Americans with disabilities and 175,542 people with significant disabilities obtained employment through state vocation rehabilitation agencies. Such programs operate by having the federal government match nearly \$4 for every \$1 that is spent by the individual states. Given the significant budgetary cutbacks now being made by state governments, there is a serious risk that state VR agencies will fail to meet their full match requirements in the months ahead. As such, Congress needs to continue to adequately fund the nation’s vocational rehabilitation program at a time when it is so sorely needed. For the duration of the crisis, it may be necessary to prioritize a waive of the state/federal match requirements considering the scope of need and devastated state budgets.
- **Learn from the lessons of Workforce Innovation and Opportunity Act (WIOA) implementation.** –Today, there are over 51 million Americans out of work, putting vastly greater strains on the nation’s workforce development system than ever before. WIOA was passed in 2014 and is currently up for reauthorization. However, before the Congress takes further legislative action, efforts are needed to really reflect on the lessons learned by states’ workforce system over the past four years and implement promising practices for empowering people with barriers back into the labor force. There remain access issues for jobseekers with disabilities at America’s Job Centers and implementation issues for state agencies that are trying to provide pre-employment transition services (Pre-ETS) for youth with disabilities. Critically, many of the recommendations offered by the Advisory Committee on Increasing Competitive Integrated Employment for Individuals with Disabilities (the “Committee”) established by WIOA has not yet been implemented. Before reauthorization is considered, Congress needs to consider convening hearings from key constituencies about what has worked under WIOA, what has not be successful, and where improvements might be made. Further, protecting [the definition](#) of competitive, integrated employment (CIE) remains a critical priority as providers work to improve outcomes and change business models. Any legislative or regulatory attempts to undermine the definition of CIE both undercuts the work done by the provider community and the success of workers with disabilities in the wider labor market.
- **Prioritize the hiring of congressional staff with disabilities.**

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Financial Security and Poverty

The Consortium for Citizens with Disabilities Financial Security and Poverty Task Force congratulates the Members of the 117th Congress on their election. We hope that the 117th Congress is a time of great progress for people with disabilities. Because of the disproportionate number of people with disabilities living in poverty, our task force advocates for public policy that impacts people living in poverty, including the disproportionate number of people of color with disabilities living in poverty, and to improve the financial status of people with disabilities.

The Task Force has many legislative priorities and we detail these below for your review. We stand ready to work with you and other interested Members of Congress on these important issues for people with disabilities living in poverty and impacting the financial security of people with disabilities.

COVID Relief:

- We strongly support additional COVID relief. In particular, adult dependents, including many people with disabilities, were left out of the first round of stimulus payments made in March 2020. We support [fixing this error](#) and ensuring that adult dependents are included in any future stimulus payments. The Senate addressed the issue of excluding certain dependents from stimulus payments through a provision included in the “American Workers, Families, and Employers Assistance Act” and we [support](#) the inclusion of this provision in additional COVID relief packages.
- We [support disregarding unemployment insurance benefits](#) from consideration for means-tested programs such as Medicaid, Supplemental Nutrition Assistance Program (SNAP), and Supplemental Security Income (SSI). We also support improving the benefits of the Earned Income Tax Credit to include more childless adults, including many people with disabilities.
- We [support boosting](#) SNAP maximum benefits by 15 percent and increasing the minimum SNAP benefit to \$30.

Tax Policy:

- We support the Achieve a Better Life Experience (ABLE) Age Adjustment Act ([H.R. 1814](#) and [S. 651](#) in the 116th Congress), which allows people whose disabilities onset after their 26th birthday to open ABLE accounts. ABLE accounts allow people with disabilities who rely on public programs like Medicaid or SSI to save additional resources for disability-related expenses in a tax-advantaged savings account without encountering the strict asset limits of these programs. Unfortunately, ABLE accounts currently are limited to people with disabilities who onset on their 26th birthday. We support access to ABLE accounts for all people with disabilities.
- We also strongly support additional funding for the National Council on Disability to continue and expand their efforts to coordinate the Administration’s implementation of the ABLE program. We believe that current efforts should be strengthened to include a comprehensive, cross-agency education and outreach campaign to increase utilization of ABLE accounts and an annual public report of ABLE program usage data to Congress for oversight purposes. We strongly support additional Congressional funding for these efforts.

- We support the improvements to the Earned Income Tax Credit (EITC). The current EITC provides a smaller credit to the approximately 6 million low-wage childless workers, many with disabilities, and the credit phases out more quickly for childless workers. These EITC improvements would also benefit many of the low-wage direct care workers who support people with disabilities and help alleviate the chronic shortage of such workers across the country.

Agriculture Policy:

- We support the SNAP Online Purchasing Flexibility Act of 2020 ([H.R.6510](#)) which would automatically expand the SNAP Online Purchasing Pilot nationwide.
- We support the Food Assistance for Kids and Families During COVID-19 Act of 2020 ([S.3563](#)) which would provide authorization and funding for grocery delivery services via SNAP.
- We support the SNAP COVID–19 Anti-Hunger Restaurant Relief for You Act of 2020 ([H.R. 6688/S. 3697](#)) which would which would automatically extend the SNAP Restaurant Meals Program across the United States for the duration of the emergency and ensure that low-income individuals who rely on SNAP can access the food that is available to them.
- We strongly [support](#) the Committee’s inclusion of both bill and report language in the FY 21 Agriculture-Rural Development-FDA Funding Bill which would block the U.S. Department of Agriculture’s (USDA) Standard Utility Allowance (SUA) rule. Additionally, we also support the corresponding bill report language which encourages USDA to withdraw the Broad Based Categorical Eligibility rule (BBCE).
- We support a legislative repeal of the prohibition on using SNAP benefits to pay delivery, ordering, convenience, or other fees or charges or a proposal to expand SNAP benefits to cover these fees or charges. The widespread expansion of the SNAP Online Purchasing Pilot program has shifted nutrition assistance into the modern era of online ordering which has become even more common and oftentimes a necessity given the COVID-19 pandemic. We should empower people with disabilities on SNAP to retain the agency to make their own decisions on how to spend their benefits in a way that is most appropriate for their individual circumstances.
- We support the Expanding SNAP Options Act of 2020 ([H.R. 7535/S.4202](#)) which would expand online SNAP purchasing choices by enabling additional retailers to participate in the program and would provide funding for the creation of a universal online and app-based portal to make access to nutritious foods from the full variety of SNAP retailers possible and easy to navigate for consumers.

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Fiscal Policy

The Fiscal Policy Task Force is responsible for monitoring, analyzing and responding to the federal budget and appropriations process. The Task Force develops budget and appropriations documents and plans strategy for information dissemination.

Federal fiscal policy is a primary tool used by Congress and the Administration to address critical societal issues. In the past several years, fiscal policy has been focused on addressing annual federal deficits and long-term debt.

Reductions in both mandatory programs (including “entitlement” programs) and discretionary programs threaten our constituents. Medicaid, Medicare, Social Security, and Supplemental Security Income (SSI) – lifelines for people with disabilities - are mandatory programs that have been major targets to secure deficit reduction. However, discretionary programs (such as those for education, housing, employment, and transportation) have been the ones that have been cut the most.

Further, deviation from the traditional process used to fund the federal government (passing a budget resolution that sets annual revenue and spending limits and annual appropriations bills for discretionary programs) due to a Congress that is deeply divided over the role and size of the federal government has resulted in a series of continuing resolutions. This level-funding approach has not only eroded funding by not keeping pace with inflation, but has not allowed for adjustments between funding lines to reflect actual demand.

Federal fiscal policy can and should be used to decisively address the crises facing people with disabilities and their families. **Therefore, we urge Congress to:**

- Oppose a Constitutional balanced budget amendment and other proposals that would adversely affect funding for programs for people with disabilities.
- Ensure that any modifications in the budget process to entitlement programs on which people with disabilities depend for their health, long-term supports and income security as their lifeline (such as Medicaid, Medicare, Social Security, Supplemental Security Income, and veterans’ disability compensation and pension benefits) must not result in reduced access to needed services either directly, through eligibility restrictions or benefit cuts, or indirectly, through inadequate provider reimbursement rates.
- Raise revenue in a progressive manner without increasing poverty or income inequality in order to finance the federal government’s role in providing essential supports, services, and benefits for people with disabilities.
- Ensure that any deficit reduction strategies must limit the harm to essential supports and services for people with disabilities and their families. Any plan must include an analysis of how it will impact people with disabilities of all ages and other vulnerable populations.

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Health

People with disabilities depend on access to appropriate, adequate, and affordable health care to live full lives in their communities. Therefore, it is imperative that every individual with a disability has access to a full range of comprehensive coverage options through Medicaid, Medicare, the Children's Health Insurance Program, Qualified Health Plans and other private insurance. Disabilities can be acquired at any stage of life, and there is wide racial, ethnic and other demographic heterogeneity among persons with disabilities. Our nation's health programs must be continually improved to address health disparities by eliminating the inequities and systemic discrimination that causes them.

The CCD Health Task Force urges the new Congress to consider the following priorities:

1. Pass a robust COVID relief package

The first order of business for the new Congress must be to pass a comprehensive COVID-19 relief package that includes:

- An increase in the general Federal Medical Assistance Percentage (FMAP) to 14% with strong maintenance of effort provisions, as well as an additional enhanced FMAP of at least 10% for home and community-based services;
- Data collection requirements that include stratification of reporting by key demographic groups, including disability status, age, sex, sexual orientation, gender identity, race, ethnicity, primary language, residential setting and treatment setting;
- Special enrollment periods for Marketplace insurance and for Medicare Parts A & B;
- Anti-discrimination protections that prohibit providers from turning people away due to their age, disability, sex (including sexual orientation, gender identity, and pregnancy, childbirth, and related medical conditions), race, color, national origin, immigration status, or religion; and
- Federal subsidies for COBRA coverage that will help some workers who lose their jobs from also losing insurance during the pandemic.

2. Strengthen Medicaid

Medicaid expansion is a critical source of coverage for many individuals with disabilities. Congress should ensure that this coverage is available to residents of every state by allowing 100% FMAP for the first three years of expansion for states newly expanding.

Congress should also pass legislation that triggers an automatic FMAP increase during economic downturns so that states can continue to provide quality and comprehensive Medicaid coverage after the current public health emergency ends and during future recessions.

3. Improve and Expand the Coverage and the ACA

The Affordable Care Act (ACA) coverage and related insurance reforms provided crucial access to coverage for people with disabilities. To protect and promote this coverage, Congress must:

- Restore any consumer protections and coverage expansions that have been repealed;
- Expand subsidies to increase affordability;
- Fix the "family glitch" to ensure access to Marketplace plans when employer-provided insurance is unaffordable for a family;

- Adjust the definition of unaffordability to include deductibles and cost-sharing, not just premiums, to allow those with unaffordable employer-sponsored coverage to access Marketplace plans with subsidies; and
- Protect health plan beneficiaries from surprise medical bills.

4. Ensure Equitable Access to Telehealth

As Congress considers extending current public health emergency telehealth flexibilities and making more permanent changes, they must ensure such policies improve health care services and access for people with disabilities and follow civil rights law, as outlined in our [Task Force Telehealth Principles](#).

5. Improve Prescription Drug Access & Affordability

Prescription drugs are an essential aspect of daily life for many people with disabilities and chronic conditions. We strongly support creating an out-of-pocket cap in Medicare Part D. A cap, combined with smoothing and eliminating the coverage gap, would greatly simplify the benefit and make it easier for beneficiaries to navigate. In addition, we urge Congress to improve and simplify the Part D appeal process and improve Medicare for low income beneficiaries by expanding and simplifying the Low-Income Subsidy (LIS) program and eliminating cost-sharing on generics for LIS enrollees.

6. Strengthen & Expand Medicare

Millions of individuals with disabilities rely on Medicare to access the services and devices they need to remain healthy, functional, and live independently in their homes and communities. We urge Congress to improve Medicare to better serve individuals with disabilities by eliminating Medicare's 2-year waiting period after receipt of Social Security Disability Insurance (SSDI); simplifying Part B enrollment by passing the BENES Act; eliminating barriers to enrollment for people leaving incarceration; eliminating the "in the home" restriction for coverage of mobility devices (e.g., wheelchairs and scooters); and improving the benefit package (including adding dental, vision, and hearing benefits as well as coverage of intensive community-based behavioral health services); improving affordability (including expanding and simplifying LIS and MSPs); and improving the notice and appeals processes to expedite coverage decisions. We also encourage Congress to support the pending National Coverage Determination request before CMS that seat elevation and standing systems in power wheelchairs are covered benefits and that beneficiaries with mobility impairments should have access to these systems.

In addition, Congress must ensure that Medicare remains strong for people with disabilities and seniors by supporting the payroll taxes that fund the Trust Fund, not allowing eligible individuals to opt out, and opposing reforms to privatize the program.

7. Disability Considerations for Further Health Reform

If Congress decides to take up health care reform legislation, including a public option, such legislation must not simply compete with existing coverage, it must meaningfully expand coverage and meet with the [CCD Principles for Health Care Reform](#). As Congress considers any health reform (including adjustments to help low-income beneficiaries afford the cost of prescription medications and treatments), we strongly urge that such legislation include a ban on use of discriminatory measures of value, such as the quality adjusted life year (QALY), as [recommended by the National Council on Disability](#). Finally, health reform must center health equity by including the Health Equity and Accountability Act (HEAA).

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Housing

People with disabilities need accessible, affordable housing options in the community. The lack of sufficient safe, accessible, affordable housing is a continuing and significant barrier to community living, making it difficult for people with disabilities to move from segregated facilities into the community, and putting many people with disabilities at risk of unnecessary institutionalization or homelessness. Black Indigenous People of Color (BIPOC) with disabilities also face additional barriers to affordable housing rooted in historical and structural racism. The Supreme Court's *Olmstead* decision recognized the rights of people with disabilities to live and receive needed services and supports in the community, but this "integration mandate" cannot be fully realized without adequate housing opportunities.

People with disabilities and their families face a national housing shortage, particularly the lowest-income people with disabilities. For example, in 2020, rental housing was so expensive that it was virtually impossible for an adult receiving SSI to obtain decent and safe housing in the community without some type of rental assistance. The lack of accessible housing presents another barrier; for instance, for people who use wheelchairs or other mobility devices, finding appropriate housing with even basic accessibility features (e.g. an entrance with no steps) can be nearly impossible. Far too often, people with disabilities encounter discrimination when seeking housing. The U.S. must ensure at minimum that construction of new housing complies with the accessibility requirements of the Fair Housing Amendments Act or other critical civil rights laws.

The housing needs of people with disabilities have been exacerbated by the COVID crisis. Many people with disabilities face significant health disparities, and many have underlying health conditions that too often mean experiencing complications and death if exposed to COVID-19. This risk has been further elevated by severe outbreaks in institutions and other congregate settings for people with disabilities and older adults, especially settings who serve BIPOC with disabilities. Unnecessary isolation and segregation of people with disabilities is a form of discrimination, and in the current health crisis, may mean exposure to COVID-19 and a higher rate of death from the virus. It is critical to accelerate opportunities for integrated, affordable and accessible housing options in community-based settings for people transitioning from institutions or congregate settings or those at serious risk of institutionalization.

Specific [COVID-related CCD Housing Task Force Priorities](#) include:

- Ensure stable housing for the duration of the public health emergency, and beyond, including sufficient eviction and foreclosure protections for as long as necessary and funding for rent and utility arrears to prevent eviction.
- People with disabilities exiting institutions and congregate settings are equitably prioritized in decompression efforts, and eligible for emergency funds (including, but not limited to Emergency Solutions Grants (ESG), FEMA funds, Community Development Block Grant (CDBG) Program). People with disabilities must be able to isolate safely, with the supports and services they need, and must not be forced to remain in or move to dangerous or segregated settings in response to the coronavirus emergency.
- Pass a package of emergency funds that can address critical COVID-related shelter and housing needs. This should include:
 - \$100 Billion for Emergency Rental Assistance;
 - An extended, uniform moratorium on evictions;
 - At least \$11.5 billion in Emergency Solutions Grant (ESG) funds; and
 - At least \$10 billion for Housing Choice Vouchers.

The CCD Housing Task Force top recommended housing priorities for Congress include:

- Roll back:
 - Preserving Community and Neighborhood Choice” [final rule](#) and restore and support full implementation of Affirmatively Furthering Fair Housing;
 - Disparate Impact [final rule](#);
 - Mixed-Status Families and Eligibility for Certain HUD Housing Programs,
 - Proposed modification of the Equal Access [rule](#); and
 - Equal Participation of Faith-Based Organizations in HUD Programs and Activities proposed [rule](#).
- Fully fund important affordable housing programs, including but not limited to:
 - Housing Choice Voucher program, including, but not limited to, additional Mainstream Vouchers;
 - Section 811 Project Rental Assistance;
 - Homeless Assistance Grants (including ESG);
 - National Housing Trust Fund;
 - Expand availability of the Low Income Housing Tax Credit, ensuring that some of rental production is affordable to households at or below 30% of Area Median Income; and
 - HOME funding.
- Preserve existing supportive housing programs for people with disabilities by expanding the Rental Assistance Demonstration (RAD) program to include Section 811 capital advance projects. Provide funds to ensure these smaller projects can be restructured, preserved and ensured access to property management and resident service coordination funding.
- Monitor and insist on accountability for the effectiveness of housing programs administered by HUD, the Department of Agriculture, and the Department of Veterans Affairs, in addressing the needs of people with disabilities.

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Long-term Services and Supports

Expanding HCBS and Addressing the Medicaid Institutional Bias

Making Home and Community Based Services (HCBS) a mandatory Medicaid benefit

The institutional bias in Medicaid creates an entitlement for some institutional services, while allowing states to limit access and create wait lists for HCBS. Lack of access to HCBS adversely impacts people with disabilities' quality of life and causes segregation in violation of their civil rights under the Americans with Disabilities Act and the Supreme Court's *Olmstead* decision. This is a structural problem with the Social Security Act and could be addressed by making HCBS a mandatory Medicaid service.

Expanding & Strengthening HCBS Infrastructure by passing the HCBS Infrastructure Investment Act

Priorities for a new grant program include funding to assist states with implementing the HCBS Settings Rule, implementing quality measurement, expanding employment opportunities, workforce development, employment for people with disabilities, case management and assistance with community housing, transportation, and funding to address necessary changes in the way HCBS is delivered to address COVID-19 risk.

Permanent Reauthorization of Money Follows the Person and HCBS Spousal Impoverishment Protections

The Task Force is advocating for permanent reauthorization of both programs.

Medicaid for Workers with Disabilities

The Task Force would like to work on creating national standards to improve the utility and adoption of the Medicaid Buy-In programs. In addition, there should be a statutory change to allow individuals with disabilities over the age of 65 to pursue employment opportunities and maintain Medicaid benefits.

DSP Workforce

Pipeline Programs for Direct Service Providers (DSPs)

To support the DSP workforce and the disability community, Congress and CMS must pursue policies to increase DSP wages and benefits. In addition, enhanced administrative match funding should be made available to states and providers to support pipeline initiatives that will train, recruit, and retain the DSP workforce and improve the likelihood of their beginning, success, and continuation.

Creation of a Standard Occupational Classification (SOC) for DSPs

DSPs need a federal designation specific to their occupation to recognize the profession and inform policy-making. Congress should direct the Bureau of Labor Statistics to create this designation.

Technology

Medicaid Directors Letter Encouraging Use of Technology in HCBS

Congress should direct CMS to provide explicit guidance to confirm Medicaid payments are authorized for the use of innovative technology solutions to deliver HCBS services.

Technology Infrastructure, Adoption, and Training Grants for States and Providers

The Task Force proposes a Medicaid Modernization Grant Program through which states can receive grants specifically for developing provider capacity to use technology, in three buckets: 1. building quality reporting infrastructure to feed into the state's data IT systems; 2. purchasing technology that can be used either to modernize employee practices or to improve direct services; and 3. training people on the use of said technology.

Electronic Visit Verification (EVV)

The Task Force is seeking a legislative delay of EVV-related penalties and is advocating for guidance that would allow CMS to exercise discretion in assessing penalties.

COVID-19

Expand Funding for Home and Community-Based Services to Address COVID-19

Ensuring that community service providers have sufficient PPE, telehealth equipment and training are also critical, as is ensuring that housing subsidies are allocated for people with disabilities transitioning out of or diverted from institutions.

Data collection analysis and public reporting

It is crucial to understand and respond to the way that COVID-19 is disproportionately impacting people with disabilities and older adults, particularly Black, Latinx, Indigenous and other people of color. Therefore, it is crucial that legislation require disability status data collection and reporting.

Other

Inclusion of LTSS in Health Care Reform

A universal or “for all” health care system must continue this progress by establishing and guaranteeing access to a standard benefit package that includes LTSS in all health insurance. Any new system must also preserve the decades of progress that provides protections for people with disabilities, including the Early and Periodic Screening, Diagnostic and Treatment mandate and other consumer protections.

Address impact of climate change and environmental disasters on LTSS

The Task Force will continue to support approaches such as those in the Disaster Relief Medicaid Act, that seek to create national solutions to ensure those who receive LTSS can relocate safely in response to such disasters.

Anti-Racism

CCD LTSS Task Force commits to considering the equity impact of any legislative proposal we support, and to incorporating anti-racism into all our work, in accordance with the LTSS anti-racism principles and objectives.

For more information on the CCD LTSS Task Force, see our [webpage](#).

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Rights

COVID-19 Relief

If no COVID relief bill has been passed before the next Congress, or if what passes is insufficient and further legislation is warranted, we will advocate for relief legislation that includes expansion of home and community-based services targeted to people with disabilities discharged or diverted from institutional settings (through enhanced Medicaid match or otherwise), data collection that includes people with disabilities and is also disaggregated by race and ethnicity and types of living settings, accessibility of COVID-19 testing services, and non-discrimination in services, programs and activities receiving relief funding.

Preserving the Americans with Disabilities Act

The last several Congresses have seen multiple bills aimed at weakening the ADA. Most of these involved “notification” requirements that must be met before Title III claims concerning architectural barriers may be pursued. Some aimed to limit claims concerning website accessibility. We anticipate that these types of bills may be introduced in the next Congress. Educating Congressional offices about the problems with these types of bills is a high priority.

Strengthening Measures to Promote ADA Compliance and Enforcement

We will encourage and support legislation to promote compliance with the ADA, including measures such as increasing the tax credits for businesses making structural modifications to comply with the ADA, expanding those tax credits to apply to website access, and increasing funding to the ADA TA Centers. It is also critical to ensure that Congress appropriates funding to revitalize ADA enforcement by administrative agencies—particularly the Justice Department, where Civil Rights Division resources have been significantly scaled back.

Policing Reform and Alternative Responders

We expect that there will be continued focus on policing issues, including alternative responses to police and 911 calls, and that there will be important opportunities to address the concerns of people with disabilities and particularly BIPOC disabled people.

Expanding Competitive Integrated Employment

Various pieces of legislation were introduced in the last Congress to repeal or phase out the subminimum wage provision of the Fair Labor Standards Act. The recent report of the US Civil Rights Commission provides new momentum to efforts to secure a phase-out of subminimum wages. It is also priority to expand opportunities for competitive integrated employment, including through supported employment services, and reduce the use of segregated sheltered work and day services.

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Social Security

The Consortium for Citizens with Disabilities Social Security Task Force congratulates the Members of the 117th Congress on their election. We hope that the 117th Congress is a time of great progress for people with disabilities, including the millions of Americans who receive Social Security benefits including Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI). We supported several bills last Congress that proposed important improvements to the Title II and SSI programs. We also have several legislative priorities that were not introduced as legislation.

General Improvements

- Pass [legislation](#) addressing COVID-related overpayments.
- Provide [adequate administrative funding](#) so SSA can meet the service needs of the public and ensure program integrity.
 - Increase funding for SSA's Protection and Advocacy for Beneficiaries of Social Security (PABSS) and Work Incentives Planning and Assistance (WIPA) programs.
- Decouple eligibility for health care and long-term services and supports from eligibility for SSI or Title II benefits. While access to healthcare via Medicare and Medicaid should not be jeopardized in any way for current recipients, we believe there should be pathways to accessing public health insurance for all individuals with disabilities, without needing to apply and be found eligible for income support benefits.
- We support the [Know Your Social Security Act](#) (H.R. 5306) that would require SSA to mail paper statements providing accurate information about individual's earnings and future benefits.
- [Raise the Substantial Gainful Activity \(SGA\) level](#) for people who are disabled to match the SGA level for people who are blind.
- [End the current reconsideration level of review](#). We believe that providing more time and effort to better develop disability claims at the initial level is a better use of SSA resources.
- Make Administrative Law Judges part of the competitive service and establish minimum qualifications in keeping with bipartisan [proposals](#).
- Remove the "negligent failure" standard so that all people whose benefits are misused by their representative payees can be repaid.
- Renew SSA's demonstration authority with the protections for claimants and beneficiaries listed in the [SSTF's demonstration principles](#).

Title II (Retirement, Survivors, and Disability Insurance) Improvements

- Pass revenue-based measures that achieve long-term solvency in the OASDI programs with no cuts.
- Merge the two Social Security trust funds with the [One Social Security Act](#), ensuring that benefits are equally available to workers and their families in times of retirement, death, or qualifying disability.
- Eliminate the five-month waiting period for SSDI benefits and the two-year waiting period for Medicare benefits through the [Stop the Wait Act](#) (S. 2496/H.R. 4386).
- Improve Disabled Adult Child (DAC, also known as Childhood Disability Benefits or CDB) benefits by:
 - Eliminating the work disincentive that even a single month of work at the "substantial gainful activity" level can cause lifelong ineligibility for DAC benefits.

- Eliminating the marriage penalty that causes DAC beneficiaries who marry non-DAC beneficiaries to lose their DAC benefits, permanently in most cases.
- Excluding DAC beneficiaries from the family maximum if they live outside the family home.
- Eliminating the loss of Medicaid benefits for individuals with disabilities, whose parents die, retire, or become disabled themselves, solely because the individuals began receiving SSDI childhood disability benefits prior to being eligible for SSI benefits.
- Include caregiver credits towards an individual's Social Security record when the individual has taken time off to provide care to a family member as [proposed](#) and expand [childcare dropout years](#).
- Expand eligibility and benefits for disabled widows and widowers, including [modifying or eliminating restrictions on when a disabled widow/er is allowed to collect benefits](#).
- Use a formula that ensures that in years where the Average Wage Index (AWI) drops below the previous year's level, the formula for calculating a person's Social Security benefits does not leave them worse off than they would have been if the AWI had stayed the same as the previous year.

Supplemental Security Income (SSI) Improvements

- Modernize SSI with [the Supplemental Security Income Restoration Act of 2019](#), (H.R. 4280/S. 2753). The bill increases and inflation-adjusts income and asset limits that have not changed in decades, ends marriage penalties, and excludes in-kind support and maintenance from countable income. We would also support the inclusion of additional provisions in the bill to end dedicated accounts, holding out, and installment payments of retroactive SSI while allowing people to maintain ongoing benefits.
- [Expand SSI to Puerto Rico, Guam, the US Virgin Islands, and American Samoa](#). The current restrictions leave many people with disabilities unable to travel or live where they choose without losing necessary benefits.
- Allow people whose disabilities begin after their 26th birthdays to save money and maintain SSI and Medicaid eligibility through ABLE accounts using the ABLE Age Adjustment Act ([H.R. 1814/ S. 651](#)).
- Increase the income and resource thresholds for participation in the 1619(b) program, which allows certain SSI recipients to maintain their Medicaid benefits while they work.
- Expand the [Student Earned Income Exclusion](#) by eliminating the cap on earnings, not requiring school enrollment for SSI beneficiaries who have already obtained a high school diploma or equivalent degree, and extending eligibility past age 22 for those who are enrolled in school or vocational training. These changes would encourage SSI recipients to maximize their education and earnings.
- Equalize treatment of relocation assistance with the [Stable Benefits and Housing Assistance Act](#) (H.R. 6028).

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Technology and Telecommunication

The CCD Technology and Telecommunications Task Force deals with issues related to access to telecommunications and assistive technology in education, employment, and independent living.

Technological solutions can offer people with disabilities the opportunity to more fully engage in society. Assistive technology, including devices and adaptations ranging from mobility devices to hardware and software solutions, including speech generating devices, facilitates functions and activities of daily living that might otherwise be difficult or impossible for individuals with disabilities. These important technologies can increase an individual's ability to access information and participate in their communities. The widespread COVID-19 public health emergency (PHE) has highlighted the necessity of assistive technology and the importance of the federal programs that support access to and acquisition of these essential devices.

To address these critical issues, *the Task Force urges Congress to address priorities in **Assistive Technology, Telehealth, Information & Communication Technology, Broadband Access, Complex Rehabilitation Technology & Therapies, and Education.***

Assistive Technology

- Reauthorize the **Assistive Technology (AT) Act and fully fund State AT Programs** at \$41 million to offer quality services in the states and territories including:
 - Equipment loan, reuse, financing and other supports that enable people with disabilities to acquire AT as needed and especially during times of emergency (such as the COVID-19 pandemic);
 - Equipment demonstration and training to raise awareness of and ability to select and use AT to enable people with disabilities to participate fully in education, employment and community living;
 - Ensure that the AT provisions in enacted legislation are fully implemented for the growing aging and disability populations the Act was meant to serve; and
 - Support additional federal investment efforts in assistive technology and research and development activities.

Telehealth

- Expand access to **appropriate telehealth services** for Medicare beneficiaries with disabilities and functional impairments, and:
 - Ensure that telehealth services are accessible to all beneficiaries; and
 - Expand coverage of remote treatment during the PHE for a broader range of speech, language, cognitive, and swallowing disorders, especially those that relate to evaluating and treating individuals who utilize speech-generating devices.

Information & Communication Technology (ICT)

- Congress and the Department of Justice should continue to reaffirm and communicate the **obligation to operate accessible websites** in accordance with the requirements of Titles II and III of the Americans with Disabilities Act and consider updating references to WCAG standards in regulation to reflect version 2.1. Website operators can and should look to the WCAG 2.0 (and later) A and AA standards as a guideline for developing accessible websites and other forms of ICT.
- Support a sustained federal investment to ensure deployment and maintenance of a high capacity, secure and reliable 5G broadband national network that is accessible, affordable, adoptable for all Americans.

- Significantly increase funding and support for the **Lifeline program**, which provides discounted or free phone services and devices for low income households who qualify based on federal or state-specific eligibility criteria, such as Medicaid and Medi-Cal. Lifeline is critical to bridging the digital divide during the crisis, as more than 10% of U.S. households do not presently have a computer (including hand-held devices) and only 19% have a broadband Internet subscription.
- Significantly invest in and expand the **E-Rate program**, which is the sole federal technology program to support internet connectivity for students and schools. E-Rate is a necessary program to help connect millions of students to the internet to continue their education in the 2020-2021 school year.
- Support adequate appropriations to develop **secure voting systems that are accessible** to and usable by people with disabilities, as required by the Help America Vote Act (HAVA) to ensure full civic participation by people with disabilities, including when voting during a pandemic.

Complex Rehabilitation Technology (CRT) & Therapies

- Establish a **separate benefit category for CRT** that recognizes and reimburses for the skilled professional services provided by the rehabilitation technology supplier.
- Support efforts to determine that **seat elevation and standing systems** in power wheelchairs are “primarily medical in nature” and establish Medicare coverage of these critical systems for beneficiaries with mobility impairments.

Accessible Education

- Ensure all **websites affiliated with State Education Agencies (SEAs) and Local Education Agencies (LEAs)** are fully accessible and conform to a set of national accessibility standards, such as WCAG 2.0 AA.
- Encourage the Administration to issue guidance that ensures effective and meaningful opportunity for students with disabilities to participate in assessments consistent with guidance issued by the Department of Justice regarding testing accommodations. Ensure that all **educational assessments** are accessible and properly assess students’ abilities, and not their abilities to utilize assistive technology, and that all assessments conform to a set of nationally accepted accessibility standards such as WCAG 2.0 AA.
- During the PHE and beyond, ensure that all **digital learning platforms** are fully accessible and any student using assistive technology has proper access to the digital learning platform, even when learning in a remote location such as their home.

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Transportation

Transportation is necessary for 57 million people with disabilities in the U.S. to contribute to and participate in their communities, support and spend time with family and friends, and live their lives to the fullest; however, significant barriers to safe, affordable, accessible, equitable, reliable transportation remain across modes. The 117th Congress will have numerous opportunities to transform mobility access for people with disabilities, including Black, Indigenous, and people of color (BIPOC) with disabilities. The Task Force urges Congress to act upon the following priorities.

Reauthorize the surface transportation legislation, [prioritizing equity and accessibility for people with disabilities.](#)

- Include provisions of Disability Access to Transportation Act (HR 6248) and Freedom to Move Act (HR 7389, S 4278).
- Ensure the availability of accessible, integrated transit and on-demand mobility services.
- Address continued discrimination in transit and on-demand mobility services through partnerships and public accommodation, including requiring the FTA Office of Civil Rights to improve its complaint report process.
- Require minimum standards for pedestrian facilities based on the proposed Access Board 2011 Public Rights of Way Guidelines.
- Collect data on and fund more accessible and equitable infrastructure (e.g., sidewalks, audible pedestrian signals, cross walks, bus stops and on demand pick-up/drop-off zones). Disaggregate data by race and income and prioritize funding the most underserved. Redirect traffic safety efforts from enforcement to infrastructure improvement.
- Increase the authorization for Section 5310 and 5311 grant funds.
- Fund and support provision of technical assistance to ensure transit agency and public entity compliance with the ADA, Title VI and the Executive Order 12898 on Environmental Justice for existing and new services.
- Fund and support Amtrak ADA compliance for customer service, facilities, website, applications, and rail cars. Oppose long distance rail and station staff cuts.
- Support efforts to implement fare-free transit programs, address transit equity gaps, and review and eliminate punitive fare evasion policies.

Appropriate [federal funding that supports and increases mobility access](#) and [accessibility for people with disabilities.](#)

- Fund the federal formula grant programs that support mobility for people with disabilities: 5307 and 5311 grants for urban and rural transit and Section 5310 programs that provide services for people with disabilities and older adults.
- Fund targeted technical assistance and training through Section 5314 grants.
- Fund the FTA Office of Civil Right to support increased activities to investigate discrimination, and ensure ADA and Title VI of the Civil Rights Act compliance.
- Fund investments in a national accessible rail network.
- Fund the U.S. Access Board activities to develop accessible transportation standards, including for autonomous vehicles and innovative mobility.
- Fund NHTSA positions to promote and lead research and development of safe, fully accessible AVs and standards.
- Honor trust and treaty responsibilities by funding tribes, so they can provide accessible transportation based on their nation's needs.

- Adequately support and fund territorial transportation infrastructure development.

Ensure Autonomous Vehicles and other transportation innovations live up to their promise by prioritizing accessibility in AV development.

- Require full accessibility for all types of common and public use AVs.
- Prohibit discrimination on the basis of disability by states, and any other governmental authorities, in licensing and insurance.
- Establish an Office of Accessibility, and establish and prioritize accessibility and equity in an AV Advisory Committee. Include cross-disability and BIPOC representation.
- Incentivize and prioritize inclusive research, testing, design from the ground up and deployment of accessible passenger vehicle AVs with fully accessible human machine interface (HMI) systems, ramps, and wheelchair securement.
- Protect the privacy of passengers' health and disability status and locations visited.
- Collect disabled passenger and disabled pedestrian crash data to identify needed vehicle and infrastructure improvements and ensure safety.
- Support studies examining AVs potential impacts on transportation and land-use patterns, congestion, pollution, road safety and public transit, members of low-income, indigenous, and disability communities, and communities of color.

Ensure an equitable recovery from the pandemic for people with disabilities by supporting transportation access, which is key to accessing employment, healthcare, and all aspects of life.

- Ensure funding exists to support the continued operation and development of accessible public transportation, rail, rural transportation and services such as non-emergency medical transportation (NEMT) during and after the pandemic.
- Provide sufficient personal protective equipment and supplies for bus, rail, paratransit, and NEMT workers as the pandemic continues.
- Ensure that policies to mitigate the pandemic do not discriminate against people with disabilities, including by requiring alternatives to drive-up testing and vaccine provision, and recognizing the applicability of the ADA to mask requirements.
- Study the effects of the pandemic on transportation access for people with disabilities, their caregivers, and support workers to inform ongoing policy and future emergency preparedness.

Pass the Air Carrier Access Amendments Act (HR 1549 / S 669).

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Veterans

Because veterans with disabilities are people with disabilities, the CCD Veterans Task Force seeks to draw particular attention to cross-cutting issues affecting this population as part of the broader community of those with disabilities in addition to highlighting issues directly affecting veterans with disabilities, both service-connected and non-service-connected. The task force urges the next Congress to address the following legislative issues.

Support the CHAMPVA Children’s Protection Act – Young dependents of catastrophically disabled veterans can be covered for health insurance under this program operated by the Department of Veterans Affairs. When the Affordable Care Act passed in 2010, CHAMPVA was not included in the provisions allowing dependents to remain on their parents’ insurance until age 26. As a result, young people on CHAMPVA are the only population of dependents that lose their coverage at age 22. It is critical that this inequity be corrected by enacting legislation similar to the CHAMPVA Children’s Protection Act.

Support legislation to restore reproductive rights of service-disabled veterans – Veterans who have lost the ability to have children through their service to the nation should not be denied the opportunity to have a family. The “Veterans Infertility Treatment Act is legislation aimed at addressing veteran infertility. Similar to the “Women Veterans and Families Health Service Act,” this new legislation would make permanent fertility services at VA, open Assisted Reproductive Technology (ART), like IVF, to any veteran using VA health care and repeal the ban on donated gametes and embryos, require reporting to Congress on services rendered, and direct research on infertility among veterans.

Other bills addressing veteran infertility include the “Access to Infertility Treatment and Care Act,” which focuses on the provision of fertility preservation, counseling, and ART to those with iatrogenic infertility. The “Black Maternal Health Momnibus Act,” would authorize funding to improve maternity care coordination at VA; require listing of veteran status of mother in fetal death records and in maternal mortality review committees of pregnancy-related deaths and pregnancy-associated deaths by state; and give the authority for a GAO report on maternal morbidity and severe maternal morbidity of veterans with ethnic and racial disparities in material health outcomes.

Support legislation to improve mental health care for veterans – Some wounds of war are invisible but nonetheless deserve the same level of attention and care as those that can be seen. A major step forward in addressing the mental health needs of veterans was taken with the enactment of P.L. 116-171, the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act* in the 116th Congress. More can be done, however, and the Veterans Compact Act is a package of bills aimed at improving mental health benefits for veterans that should be enacted as soon as possible. In addition, the Protection and Advocacy for Veterans Act would create a demonstration project in which the VA Secretary would be authorized to grant four P&A agencies to monitor the mental health and substance use care and treatment veterans are receiving at VA facilities. For over forty years, P&As have provided independent, and objective advocacy and protection for people with disabilities receiving care in hospitals, clinics, and other facilities. Veterans should have access to P&A advocacy and protection when in the care of a VA medical facility for mental health and/or substance use issues.

Support legislation to remove work disincentives and barriers to employment for veterans with significant disabilities – Veterans with significant service-connected disabilities do not receive adequate transition guidance concerning their rights as persons with disabilities

when retiring from the military and the VA vocational rehabilitation program often fails to serve these veterans other than preparing them for a life outside the workforce. Veterans with serious non-service-connected disabilities often fall through the cracks of systems intended to serve veterans. Legislation such as the Veterans Economic Recovery Act would strengthen the VA Veterans Readiness and Employment (VR&E) program to provide consistent and predictable benefits for veterans with disabilities. It would also improve and modernize the VRE case management system to track progress as well as increase staffing and provide comprehensive training for VRE counselors. Additional legislative changes should be made to the Department of Labor's Veterans Employment and Training Service (DOL VETS) to enable programs under its jurisdiction to serve veterans with non-service-connected disabilities.

Modernizing the VA Automobile Adaptive Grant program – Congress authorizes VA to provide one-time grants in the amount of \$21,058.69 to service-connected disabled veterans to purchase a new or used automobile with appropriate adaptive equipment to accommodate their disability. On average, the cost to replace modified vehicles ranges from \$40,000 to \$65,000 when the vehicle is new and \$21,000 to \$35,000 when the vehicle is used. These substantial costs, coupled with inflation, present a financial hardship for many disabled veterans who need to replace their primary mode of transportation once it reaches its life of service. We ask Congress to establish multiple automobile grants, for veterans to use once every ten years, equaling the current grant maximum in effect at the time of vehicle replacement.

Establish DIC equity with other federal survivor benefits - Dependency and Indemnity Compensation (DIC) is a benefit paid to surviving spouses of service members who die in the line of duty or veterans who die from service-related injuries or diseases, and includes additional payments for dependent children. When a veteran receiving compensation passes away, the surviving spouse often suffers a devastating loss of income because the rate of survivors' compensation is less than 50 percent of what a totally disabled veteran receives. The economic consequences may be amplified if that spouse had been the veteran's caregiver and that compensation was their sole income source. In contrast, monthly benefits for survivors of federal civil service retirees are calculated as a percentage of the retiree's benefits up to 55 percent. To address this inequity, the rate of compensation for DIC should be indexed to 55 percent of a 100 percent disabled veteran's compensation.

Moreover, current law only allows surviving spouses receiving DIC to retain this benefit if they remarry at age 57 or older. The Civil Service Retirement System as well as the military Survivor Benefit Plan (SBP) allow surviving spouses to remarry at age 55 without a loss of benefits. Congress should lower the remarriage age requirement from 57 to 55 to continue DIC payments for survivors of veterans who have died on active duty or from service-connected disabilities. Equity with beneficiaries of other federal programs should govern congressional action for this deserving group.

Reduce the 10-Year Rule for DIC – For the survivor of a veteran with a 100 percent disability rating to receive DIC, the veteran must have had that rating for 10 consecutive years. However, if the veteran passes away due to a nonservice-connected condition before reaching 10 consecutive years of being totally disabled, the dependents are not eligible for any DIC benefit. This happens despite the fact that many of these survivors put their careers on hold to act as primary caregivers for the veteran, and now with the loss of their veteran, could potentially be left destitute. The DIC program would be more equitable for all survivors if they were eligible for a partial DIC benefit starting at five years of the veteran being rated totally disabled and reaching full entitlement at 10 years to protect against spousal impoverishment after the loss of their veteran spouse.

Toxic Exposure in American Military (TEAM) Act - More than six million veterans of all eras have been exposed to toxic substances in the course of their military service such as herbicides, burn pits, radiation, engine fumes, and chemically laced improvised explosive devices and more. These exposures can potentially lead to serious illnesses including, but not limited to, cancers, respiratory diseases, autoimmune disorders, and skin conditions. Unfortunately, many veterans suffering from these illnesses still lack access to the lifesaving care they need and deserve. If enacted, provisions like those in the TEAM Act would reform the way the Department of Veterans Affairs (VA) evaluates and provides care for veterans suffering from conditions that may be associated with toxic exposures.

Clinical TEAM Culture Act – Provisions like those contained in the Clinical TEAM Culture Act would require VA to develop standards for the provision of care by non-VA providers through the Community Care Program, and require community care providers to complete specified training, including training on suicide and military sexual trauma.

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