



CONSORTIUM FOR CITIZENS
WITH DISABILITIES

**Disability Policy Recommendations
for the Biden Administration
December 2020**

Message from the Board

The Consortium for Citizens with Disabilities (CCD) is pleased to present our policy recommendations to the Biden Administration 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 your Administration 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 are ready to partner with your Administration to ensure that we can move forward as a nation implementing the changes that will improve the lives of all people with disabilities. In the coming months, we encourage the leaders in your Administration 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 area 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 Developmental Disabilities, Autism and Family Support 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 the Biden Administration to support these priorities by:

Autism Spectrum Disorder (ASD)

- Directing federal agencies to expand safety resources and initiatives available to people with autism and other developmental disabilities. These initiatives should include creating or expanding resources to help people safely navigate the community; prevent accidents and injuries due to wandering from safe places; improve crisis response; effectively address abuse and neglect; and prevent negative interactions with police and the criminal justice system.
- Allocating funding within the National Institute on Minority Health and Health Disparities to fund translational research to address poorer health outcomes, reduced access to quality healthcare, and higher rates of serious co-occurring conditions that lead to premature mortality of autistic people, particularly those of color.
- Directing the Department of Health and Human Services to develop a strategy to address disparities faced by the autistic community and others with developmental disabilities.
- Making permanent the Department of Defense Extended Care Health Option (ECHO) demonstration and making program improvements so that TRICARE beneficiaries with autism have access to the healthcare services they need.
- Expanding the Department of Defense Congressionally Directed Medical Program that funds autism research.

Family Caregiver Support

- Requiring the Secretary of Health and Human Services to develop, maintain and update an integrated national strategy to recognize and support family caregivers, and ensure that any recommendations made by the RAISE Family Caregiving Advisory Council address the needs of family caregivers providing support to children and adults of any age with disabilities and chronic conditions.
- Having the Department of Labor issue clarifying guidance on the eligibility for FMLA of siblings and other caregivers under the in loco parentis (in place of the parent) standard.

Primary Prevention

- Updating the Surgeon General's Report on the use of alcohol during pregnancy and expanding labeling requirements for alcohol products.

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. The Education Task Force advocates for enhanced opportunities for children under these laws.

School Climate and Discipline

Students must have safe environments in which they can learn, free from harsh and ineffective discipline practices. We urge the Biden Administration to:

- Restore the 2014 U.S. Departments of Education and Justice School Discipline Guidance Package to Enhance School Climate and Improve School Discipline Policies/Practices that was rescinded in 2019.
- Enhance the Civil Rights Data Collection so that it is an accurate and timely tool for tracking potential civil rights violations by including non-public schools in which students with disabilities are placed by school districts and rejecting the proposal to eliminate data categories in the 2020-21 data collection.
- Issue further guidance to assist states and districts in determining whether their policies and procedures are contributing to significant racial/ethnic disproportionality in the identification of, placement, and discipline of students with disabilities.

Educational Opportunity, Equity and Transparency

Providing the nearly 7 million school-age students with disabilities inclusive and equitable educational opportunities with high expectations and access to rigorous and well-rounded coursework is directly linked to better employment outcomes, higher wages and lower unemployment that provide opportunities for community living. While the overall high school graduation rate continues to rise and in 2017-2018 was reported at 85 percent, the graduation rate for students with disabilities remained unchanged at just 67 percent. In some states the graduation rate for students with disabilities is as low as 38 percent.

The U.S. Department of Education (ED) including the Office of Special Education and Rehabilitation Services (OSERS), Office for Civil Rights (OCR), Office of Elementary and Secondary Education (OESE), and Office of Postsecondary Education (OPE) must:

- Uphold its statutory and regulatory authority to ensure that all students with disabilities have access to the general curriculum and are held to high achievement standards in schools led by qualified school leaders and personnel who have the resources and tools they need.
- Continue to collect and make public the data we know is critical to making transparent the status of students and helping parents, educators and communities to improve public education for all students.
- Support public charter schools when they, like traditional public schools, uphold and meet the requirements of all federal education and civil rights laws.

Every Student Succeeds Act

To reach the goal of ensuring every student is taught to state academic standards, held to high expectations and given every chance to achieve a high school diploma, the Administration must:

- Provide rigorous oversight, guidance, and technical assistance to states on the Elementary and Secondary Education Act (ESEA) (now known as the Every Student Succeeds Act (ESSA)) to ensure districts and schools implement improvement plans and accountability systems that are inclusive of vulnerable student groups including students with disabilities.
- Promote models of pre K-12 inclusive educational practices and provide support to states and districts to provide the best possible instruction for students with disabilities in the least restrictive educational placement that is most appropriate for each student.
- Ensure the use of alternate assessments are limited to only those students with the most significant cognitive disabilities, no more than 1% of the total student population assessed; and
- Support the development of universally designed digital assessments consistent with nationally recognized accessibility standards, (e.g. Web Content Accessibility Guidelines (WCAG) 2.0) that are accessible and will be compatible or interoperable with assistive technology (AT) devices that students with disabilities routinely use to access instruction, coursework and assessments, particularly due to virtual learning during the COVID-19 pandemic.

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Emergency Management

The COVID-19 pandemic has revealed multiple, systemic failures to protect those with access and functional needs in public health and disaster planning, resulting in the deaths and forced institutionalization of thousands of people with disabilities. Devolution by the federal government of many emergency preparedness responsibilities has often meant that 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 next Administration to support the steps 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 action by the Executive Branch:

- Include responsibility for disability inclusive disaster preparation, response and recovery within the portfolio of a new Domestic Policy Council Disability Advisor position. The disability community is seeking appointment of a Disability Advisor within the executive branch Domestic Policy Council. It is important that this position provide high level attention to and have the ability to facilitate a coordinated effort of disability inclusive federal response to disasters and public health emergencies.
- Direct the Department of Justice to devote sufficient resources to Project Civic Access to undertake an examination of state and local emergency management compliance with the ADA and Rehabilitation Act. Project Civic Access is a valuable part of the DOJ tool kit for ensuring that communities properly comply with the ADA. Because state and local recipients of federally declared disaster funds are obligated to comply with the Rehab Act and ADA, DOJ should be tasked with reviewing their compliance and effecting appropriate remedial actions through its consent agreement process.
- Revise and expand the list of nonprofits eligible for Category B funds under the Stafford Act to include organizations led by and serving people with disabilities. The Stafford Act currently authorizes states to provide Category B funding to a limited number of nonprofit organizations. As a result, nonprofits with particular subject matter expertise in disability inclusive disaster management are, in many states, excluded from having access to these funds even though they are often called upon to serve people with disabilities in emergencies.

Joint Recommendations

- With the CCD Rights Task Force, we support regulatory and administrative 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, we support regulatory and administrative 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, we support regulatory and administrative 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, we support regulatory and administrative 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

People with disabilities face critical barriers to entering the general workforce. Before the COVID 19 pandemic, [the national employment rate](#) for working-age people with disabilities in the United States was 37.6 percent compared to 77.8 percent of people without disabilities. There are significant racial disparities in disability employment outcomes. Before the COVID 19 pandemic, 38.9 percent of working-age white people with disabilities had jobs compared to [only 29.7 percent](#) of working-age Black people with disabilities, 39.4 percent of working-age Hispanics with disabilities and 43.2 percent of working-age Asian-Americans with disabilities. The pandemic has ravaged the disability community and [more than 1 million](#) workers with disabilities have lost their jobs.

As such, the Consortium for Citizens with Disabilities calls on the Administration to consider the following priorities:

- **Create New Leadership Opportunities Throughout the Administration for People with Disability Experiences.** – Leaders with disability experiences deserve opportunities to serve their country in a variety of administrative roles. Decisions made at the Departments of Health and Human Services, Education, Labor, Housing and Urban Development, Transportation, State, and Justice, and the Consumer Financial Protection Bureau impact people with disabilities in critical ways and those decisions need to be shaped by leaders with disabilities appointed to serve at the highest levels.
- **Appoint a Disability Policy Coordinator to the Domestic Policy Council.** – Since 1993, the Domestic Policy Council (DPC) has been responsible for coordinating the processes involved with domestic policy development and implementation. Given that 61 million Americans live with some form of disability, domestic policy priorities have wide ranging impacts on citizens with disabilities. As such, consideration for appointing a leader with disabilities should be a presidential priority to ensure the policy processes reflect an understanding of disability issues.
- **Challenge Business Leaders to Prioritize Recruiting, Hiring and Promoting Individuals with Disabilities to combat disability stigmas.** – It is essential for the President to use the public visibility of his or her office to fight stigmas that impact citizens with disabilities and their access to participate in the general labor market. Suggested ways the President may do this include, conducting site visits to model employers who employ people with disabilities, visiting federal contractors who exceed their goals under [Section 503 of the Rehabilitation Act of 1973](#) and [The Vietnam Era Veterans' Readjustment Assistance Act \(VEVRAA\)](#), implement strategic communications to educate the general public about disability as a normal part of the human condition, hosting meetings with people with lived experience and with disability organizations, and host a recurring White House Conference on Disability Employment.
- **Review and Improve Federal Hiring of Employees with Disabilities** – Early in 2020, the Government Accountability Office (GAO) released [GAO-20-384](#). This report reviewed efforts by the Federal government to recruit, hire and retain workers with disabilities. While the report showed the federal government had exceeded its hiring goals, the government record on retention of workers with disabilities is far from satisfactory. The Federal government must significantly improve its efforts at retention and promotion of workers with disabilities by tracking data for employees with disabilities and fully implement [Section 501 regulations](#) to ensure that each Federal agency successfully meets its hiring goal of people with disabilities.

- **Support the Americans with Disabilities Act (ADA) and enforcement of the Workforce Innovation and Opportunity Act (WIOA).** – The ADA remains the civil right foundation for people with disabilities to earn a living, live in the community and be free from discrimination. As such, the President needs to ensure that the Department of Justice (DOJ) protect the rights of citizens with disabilities and opposes legislation that would weaken rights such as any reintroduction of [ADA Education and Reform Act](#). It is critical that the [Workforce Innovation and Opportunity Act \(WIOA\)](#), in particular its provisions for the [Rehabilitation Services Administration \(RSA\)](#) governing integrated employment, [Section 511](#) and [Section 188](#), is fairly and fully enforced. Lastly assure the Department of Labor holds federal contractors accountable in meeting their disability hiring goals under Section 503 and VEVRAA.
- **Support and Encourage Entrepreneurship for Individuals with Disabilities.** –Prior to 2020, 10 percent of all Americans with disabilities that had jobs were self-employed. This creates a foundation for the Small Business Administration (SBA) to enhance their efforts in empowering and supporting more entrepreneurs with disabilities to become business owners. At SBA, the Office of Diversity, Inclusion & Civil Rights Resources offers a [range of resources](#) around equal opportunity to entrepreneurship and should be a key asset to help more people with disabilities to become business owners. SBA must develop new resources to assist Small Business Development Centers understand opportunities such as [Disability Owned Business Enterprise \(DOBE\)](#) certification and access to capital for people with disabilities under the [Community Reinvestment Act](#).
- **Foster a Cross Agency Data Management System to Improve Available Data to Drive Decision Making.** – Policy and legislative decisions require clear and accurate data to analyze impacts or outcomes. Tracking the labor force participations rates between people with and without disabilities is a key metric needed for future policy decisions to decrease the labor gap for people with disabilities. Likewise, there are serious gaps in tracking data around justice involved youth. There is no national database on justice involvement and inconsistent state level data on disabilities in the justice system. As such, the Administration should seek ways to improve disability data collection and ensure that data-driven decision making reflects disability issues.
- **Making the Future of Work Equitable for Workers with Disabilities.** – The opportunity agenda has gone digital thanks to the telework revolution, the disruption of COVID-19 and the rapid advancement of the gig economy. Ensure that the Department of Labor continues to reinforce universal design in innovative technologies to alleviate biases against people of color /people with disabilities and that people with disabilities have ready access to information about needed skills to succeed in emerging job markets.
- **Ensure Access to Personal Protective Equipment (PPE) and Vaccinations for Essential Workers with Disabilities and Direct Support Professionals.** – Essential workers with disabilities and the direct support professionals that support them have risked their lives for months during this pandemic. Yet, they continue to face shortages of necessary PPE and such workers need to have prioritized access once a safe COVID-19 vaccination is distributed.

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Financial Security and Poverty

The Consortium for Citizens with Disabilities Financial Security and Poverty Task Force congratulates you on your election. We hope that the next four years are 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 several administrative priorities and we highlight them below for your review. We stand ready to work with you and your administration on these important issues for people with disabilities living in poverty and impacting the financial security of people with disabilities.

The Department of Agriculture:

- We urge the Administration not to finalize the Revision of Categorical Eligibility and Standardization of State Heating and Cooling Standard Utility Allowances rules.
- We urge the Administration to proactively expand the Supplemental Nutrition Assistance Program (SNAP) Online Purchasing Pilot program to all states and territories and extend eligibility for the program to more retailers.
- We urge the Administration to proactively expand the SNAP Restaurant Meals Program for people with disabilities and older adults. People with disabilities and older adults may not be able to prepare foods due to their disabilities and this available authority would also allow them to purchase hot prepared foods that are accessible to them. The agency should actively explain this program to states and advocate for it to be adopted.

The Office of Management and Budget:

- In May of 2020, the Office of Management and Budget (OMB) issued a Request for Comment on the Consumer Inflation Measures Produced by Federal Statistical Agencies that asked specifically about inflationary measures related to the federal poverty guidelines. The comments, including [ours](#), were not made public by OMB and we would urge OMB to publish those comments. We would also urge OMB to continue the crucially important work around the Supplemental Poverty Measure and consider other systemic ways to improve the federal measure of poverty.

The Social Security Administration and Department of Education:

- We urge the Administration to ensure that the Social Security Administration (SSA) and the Department of Education work together to share data and automatically discharge student loan debt for all Supplemental Security Income and Social Security disability beneficiaries who meet the statutory eligibility requirements for Total and Permanent Disability discharge. A recent SSA Office of Inspector General [report](#) identified over 20,000 of beneficiaries currently having their benefits offset despite being eligible for loan discharge under the currently unnecessarily strict regulatory process.

The Department of Treasury:

- We urge the Internal Revenue Service to revisit the recently finalized [regulations](#) implementing the Achieve a Better Life Experience (ABLE) program. We are very concerned about some of the decisions made in this final rule, in particular the extension of establishment and signature authority over the ABLE account on behalf of the designated beneficiary to representative payees appointed by the Social Security Administration, and believe the IRS should revisit this rule.

- We would urge the Internal Revenue Service to take active steps to reach out to people who may be eligible for Economic Impact Payments, especially those who may not otherwise need to file 2020 income taxes, working with both state and federal agencies with relevant data sources. If another round of stimulus checks are authorized, we encourage the agency to address all of the procedural issues highlighted in this [letter](#).

National Council on Disability:

- We support the current National Council on Disability efforts to coordinate cross-agency cooperation on the ABLE program. We believe that these efforts should be strengthened to include a comprehensive, cross-agency education and outreach campaign to increase utilization of ABLE accounts and a public report of ABLE program usage data. We strongly support additional Congressional funding for these efforts.

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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 the Biden Administration 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 administration to consider the following priorities:

1. Address Health Disparities & Inequities.

The new Administration should defend the Affordable Care Act (ACA) and immediately ask the Supreme Court for additional briefing in *California v. Texas*. The Administration must quickly restore all of the protections that were eliminated in the [2020 final rule implementing Section 1557 of the ACA](#), and improve upon the rule as we detailed in [our original comments](#). The Administration should also restore and improve upon other anti-discrimination protections that have been undermined through regulations, guidance, and executive orders.

The Administration should also ensure immigrants have access to public health programs, including by rescinding the 2019 public charge regulations and sponsor deeming requirements, and allowing DACA recipients to access Medicaid, CHIP, and the Marketplace.

We also urge the Administration to improve language access for people with disabilities, including translating the Medicare & You Handbook into languages beyond English and Spanish. In all programs, the administration should ensure effective communication with people with disabilities, including by providing plain language versions and ensuring that Internet communications are made screen reader accessible and adhere to the guidelines created by the Web Accessibility Initiative (WCAG).

Finally, the Administration should prioritize and improve data collection and quality measures to ensure that our health programs are meeting the needs of BIPOC and LGBTQ+ individuals with disabilities.

2. Protect, Restore, and Improve Medicaid

We urge the Administration to repeal all harmful waivers and guidance, including the [Healthy Adult Opportunities block grant guidance](#) and [work requirements guidance](#). The Administration should end approval of Section 1115 waivers that create barriers to care: charging premiums and cost-sharing for emergency care, eliminating retroactive eligibility, eliminating non-emergency medical transportation, implementing work requirements and lock out periods, and eliminating EPSDT for 19 & 20-year olds.

CMS should revise regulations governing [Medicaid managed care](#) to restore and strengthen requirements for network adequacy, actuarial soundness, and grievance and appeal procedures in Medicaid managed care.

In 2019, CMS rescinded regulations governing section 1903(a)(30)(A) regarding [access to services under Medicaid](#). We urge the administration to create strong protections that go beyond the Obama-era regulations and include services provided through a waiver.

3. Ensure a Strong and Equitable COVID-19 Response

The COVID-19 pandemic has had a disproportionate impact on people with disabilities and older adults, BIPOC, essential workers, and other groups. Still, the full impact is unknown. The Administration must immediately begin a real-time, nationwide analysis of the disparate impact of COVID-19 on disabled BIPOC and other marginalized groups. Allocation of scarce medical resources, including treatment and vaccines, should not discriminate against people with disabilities. The Administration should continue its enforcement of civil rights protections in crisis standards of care. When a vaccine is developed, [allocation](#) phases should be based on risk, taking into account health risk from underlying conditions, as well as risk from work or living situation, and address health disparities. Vaccine [distribution](#) must be accessible to people with disabilities.

4. Promote Comprehensive Coverage

The Affordable Care Act coverage and related insurance reforms provided crucial [access to coverage for people with disabilities](#). To protect and promote this coverage, the administration should:

- Adequately fund education and outreach, including restoring funding for navigator services to 2016 levels;
- Limit use of plans that do not provide comprehensive coverage, including rescinding the [short-term limited duration plan rule](#);
- Extend the open enrollment period for the Marketplaces to begin October 15 (the same as Medicare open enrollment) and end December 15;
- Rescind the State Relief and Empowerment Waivers guidance regarding section 1332 of the ACA;
- Strengthen requirements for essential health benefits (EHBs), and specifically reverse ability to [benchmark EHBs from another state](#); and
- Reverse changes to the premium adjustment factor.

The Administration should also ensure prompt approval of the pending Medicare National Coverage Determination request for Mobility Assistive Equipment to ensure that: 1) seat elevation and standing systems in power wheelchairs are determined “primarily medical in nature,” and 2) coverage for these systems is extended for qualifying beneficiaries with mobility impairments.

The past two administrations have promoted the use of “wellness programs” in commercial insurance. Health-contingent wellness programs that incur financial penalties or require disclosure of private information to employers [discriminate against people with disabilities](#), and evidence now shows that they also [do not improve health or control costs](#). We call on the new administration to end the use of [wellness programs in employer-sponsored insurance](#), end the demonstration promoting wellness programs in Marketplace plans, and reverse the decision to allow issuers to include wellness programs in quality improvement activities.

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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 the Administration include:

- Vigorous enforcement of all fair housing and civil rights laws by the Department of Housing and Urban Development (HUD) and Department of Justice (DOJ), including the Fair Housing Act, Section 504 of the Rehabilitation Act, and the Americans with Disabilities Act.
- HUD must develop new guidance for state and local housing agencies on permissible tenant selection preferences in multifamily properties. Such guidance should clarify how disability specific preferences can align with the Fair Housing Act to target both tenant-based and project-based rental assistance to high priority populations in need of integrated housing such as individuals covered in an *Olmstead* settlement who are receiving Medicaid HCBS or exiting chronic homelessness.
- Renew the HUD Disability Task Force, including regular meetings with representatives of the disability community.
- Vacate:
 - Preserving Community and Neighborhood Choice [final rule](#) and restore and support full implementation of Affirmatively Furthering Fair Housing, including specific language about individuals in institutional settings who must be included in fair housing planning processes;
 - Disparate Impact [final rule](#);
 - Mixed-Status Families and Eligibility [rule](#);
 - Proposed modification of the Equal Access [rule](#), and
 - Equal Participation of Faith-Based Organizations in HUD Programs and Activities proposed [rule](#).
- Promote effective and accurate gathering and dissemination of data on the housing needs of people with disabilities through Census surveys and by requiring states, communities, public housing agencies (PHAs), and tax-credit developers to document the needs of people with disabilities in applications for federal housing funds and in reports to HUD.
- Remove barriers and promote access to affordable, accessible housing for people with disabilities who have been involved in the criminal legal system or juvenile justice systems.

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Long-term Services and Supports

The [LTSS Task Force](#) addresses the services and supports that enable individuals with disabilities of all ages to live in their own homes and communities, known as Home and Community-Based Services (HCBS). HCBS, which are primarily provided through Medicaid, are necessary for the community integration, full participation, independent living, and economic self-sufficiency for many people with disabilities and older adults and makes it possible for them to fully exercise their civil and human rights. The Task Force federal agency priorities include:

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

- *Home and Community Based Services Settings Rule*: Prioritize strong implementation of the HCBS Settings Rule, including by providing additional guidance, technical assistance (TA) to states, and ongoing monitoring, with a focus on the heightened scrutiny process.
- *COVID19 Protections*: Expand regulations regarding mandatory COVID19 reporting, notification of residents, and testing of residents and staff in nursing homes to all Medicaid-funded or certified institutional and congregate settings. Prioritize funding and TA to states to transition individuals from, and divert individuals from entering, institutional and large congregate settings where COVID19 risks are highest.
- *HCBS Improvements*: Work with states and stakeholders on strategies for unwinding emergency waivers and Appendix Ks and permanently incorporating beneficial changes into HCBS programs; allow Appendix Ks up to 12 months after the PHE.
- *Electronic Visit Verification*: Issue guidance to extend implementation deadlines due to COVID19, address concerns about privacy, clarify that EVV is not required in adult foster care or shared living arrangements, and permit dual verification strategies.
- *HCBS Quality Measures*: Finalize and work with states to implement core quality measures for HCBS that emphasize person-centered services, compliance with the HCBS Settings Rule, equity in access to HCBS, and best practices.
- *Preadmission Screening and Resident Review (PASRR) Regulations*: Revise and reissue for additional notice and comment the PASRR NPRM to address the serious concerns of stakeholders that the NPRM weakens the statute's diversion and transition provisions.
- *Rescind Harmful Medicaid Guidance*: Rescind CMS's "Healthy Adult Opportunity" guidance, and rescind/disapprove any state 1115 proposals to use block grants or per capita caps in Medicaid. Rescind CMS' guidance permitting work requirements and rescind/disapprove any state proposals with work requirements. Rescind CMS' guidance and waivers that increase funding for psychiatric institutional placements instead of investing in community-based behavioral health care.
- *Public charge rule*: Collaborate with the Department of Homeland Security to rescind the public charge rule, particularly its consideration of Medicaid (including HCBS), and ensure the new rule complies with *Olmstead* requirements.
- *Equity in Access to HCBS*: Work with ACL and OCR to identify racial and other inequities in HCBS and develop strategies for addressing those inequities, including requiring states to develop equity plans for their HCBS programs, providing TA and funding for outreach to Black, Indigenous, and other communities of color, including non-native English speakers and LGBTQ+, and providers that serve them, and prioritize transition efforts in institutions disproportionately with residents from those communities.

- *Olmstead*: Provide guidance on how states can further *Olmstead* implementation in their Medicaid systems, particularly in light of COVID19 laying bare the risks of institutional and large congregate settings; work with the Department of Justice to support their *Olmstead* enforcement activities.
- *HCBS 1915(c) budgeting and transparency*: Require states to explain how a person's needs will be met when they hit a service cap; create transparency requirements around LTSS assessment tools and use of budgets/calculations of budgets.
- *Linkages with housing*: Collaborate with the U.S. Department of Housing and Urban Development (HUD) regarding targeting affordable, integrated, accessible housing to people transitioning from, or at risk of entering, institutions; provide technical assistance to states about leveraging Medicaid for housing-related supports.
- *Workforce*: Together with ACL, work with states and stakeholders to develop strategies to address workforce shortages in Medicaid HCBS programs.

Administration for Community Living (ACL)

ACL was created to be a force across the federal government to advance community living for people with disabilities and older adults. Recently, ACL has focused heavily on older adults to the detriment of people with disabilities and has failed to consistently prioritize community living for all. ACL should give equal focus to disability and aging, prioritize policies that advance community living for all, and work to bridge gaps between the two communities. ACL should also prioritize research to identify, and policies to address, inequities in access to HCBS and coordinate interagency initiatives including with CMS, OCR, and the National Institute of Health's Institute on Minority Health and Health Disparities.

Office for Civil Rights

- *COVID19 Vaccine Allocation*: Ensure that people with disabilities and older adults, particularly those in any institutional or congregate setting or receiving HCBS in a setting where it is not possible to socially distance, are prioritized for the COVID19 vaccine and are not discriminated against in violation of federal disability laws; engage in culturally competent, accessible outreach to ensure that people with disabilities and older adults are given information to make an informed choice about the vaccination; ensure long-term care facilities do not discriminate against people who decline vaccination. See [principles](#).
- *Visitation in Institutional and Congregate Settings*: Work with CMS on expanding guidance regarding nursing home visitation, including when in-person supports are required under federal disability laws, to all Medicaid-funded or certified institutional and congregate settings; prioritize enforcement of visitation violations in a range of institutional and other congregate settings.

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Rights

Reinvigorating ADA Enforcement

Federal government enforcement of the ADA has fallen sharply during the last several years. Reinvigorating ADA enforcement by the Justice Department and the EEOC is critical. DOJ enforcement must include enforcement of Olmstead, including as applied to employment and day services, education, and criminal justice; enforcement of web accessibility (including just “bricks and clicks” but websites that are not attached to brick and mortar businesses); systemic enforcement challenging child welfare system discrimination against parents with disabilities; enforcement challenging discrimination in emergency preparedness; and voting rights. DOJ must reverse the operating principles that currently impose severe restrictions on its ability to enter consent decrees or settlement agreements and the terms of those agreements.

Promulgating New ADA/Section 504 Regulations and Restoring ADA/Section 504 Guidance

DOJ should promulgate rules concerning web accessibility, accessible medical equipment, Next Generation 911 and 988. It must also issue new guidance concerning the ADA’s application to voting issues including private independent voting, accessible polling sites and equipment, and guardianship, as well as its application to emergency preparedness. DOJ must reinstate the guidance that it withdrew concerning Olmstead’s application to sheltered workshops and day programs. That guidance was withdrawn in 2017 “to afford further discussion with relevant stakeholders” and without “expressing any view on the legal merits of the principles set forth” in the guidance. The guidance set forth important principles and should be reinstated. It should also be strengthened to make clear its application to segregated day treatment programs as well as sheltered work.

EEOC should halt its rulemaking concerning the application of the ADA and GINA to workplace wellness programs; those regulations, if finalized, would weaken important confidentiality protections for people with disabilities. It should also halt the rulemaking concerning conciliation requirements for the agency. EEOC should issue guidance clarifying its views concerning discipline for disability-caused conduct to ensure that employees are not unfairly penalized for their disabilities. It should also update its reasonable accommodation guidance issued in 2002. It should also issue further guidance on the COVID-19 pandemic including modifying the description of the direct threat defense and clarifying that: the COVID-19 infection is, predictably, an ADA-covered disability; mask-related accommodations may be needed for some employees; and lengthy or indefinite leaves of absence may be reasonable during the pandemic.

Enforcement of Affirmative Action Requirements for Federal Contractors and Federal Agencies

The Department of Labor should significantly step up enforcement of the affirmative action provisions of Section 503 of the Rehabilitation Act. Enforcement of Section 503 has been inadequate even after the regulations were strengthened in 2013 and has diminished over the last several years. Among other things, Section 503 enforcement should be ensuring that people with the most significant disabilities are meaningfully included and prioritized in affirmative action efforts.

Similarly, EEOC enforcement of affirmative action requirements under Section 501 of the Rehabilitation Act must be strengthened and greater transparency afforded concerning agency compliance and EEOC enforcement efforts.

Restoring and Strengthening Fair Housing Rules

HUD must reverse the new rules recently promulgated eviscerating the Fair Housing Act's Affirmatively Furthering Fair Housing mandate and its Disparate Impact rule. It must restore the prior rules that were in place and strengthen the AFFH rule to include specific information about individuals in institutional settings who must be included in fair housing planning processes.

Restoring and Clarifying Non-Discrimination in Health Care

HHS Office of Civil Rights must vacate its rulemaking concerning Section 1557 of the Affordable Care Act, which prohibits discrimination in health care based on disability and other factors. It should do a new rulemaking building on the prior Section 1557 regulations and strengthening them to clarify discrimination in benefit design that is prohibited by Section 1557. HHS OCR must also vacate its religious conscience rules to ensure that non-discrimination mandates may be enforced. OCR should also issue guidance concerning the application of Section 504 and Section 1557 to disability discrimination in crisis standards of care, organ transplantation, and medical futility decisions.

Restoring Fairness in Immigration Policy

Department of Homeland Security must rescind the "public charge" rule issued by the Trump Administration and issue a new regulation or guidance ensuring that public charge determinations do not discriminate based on disability. DHS must also rescind and reform policies that discriminate against and exclude asylum seekers with disabilities.

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Social Security

The Consortium for Citizens with Disabilities Social Security Task Force congratulates President-elect Biden and Vice President-elect Harris on their victory. We hope that the next four years are a time of progress for people with disabilities, including the millions of Americans who receive Title II Social Security benefits and/or Supplemental Security Income (SSI). We would be happy to discuss the ideas below in greater detail with your administration.

Rescind Harmful Regulations and Subregulatory Guidance: the following rules and subregulatory guidance make it harder for people to obtain and maintain disability benefits:

- The rule [removing inability to communicate in English as a vocational factor](#)
- The “[all evidence](#)” rule, which has made case files excessively lengthy
- Rules on [setting the manner of hearing](#) that reduce the notice SSA provides when the date or other factors about a hearing change.
- The portion of the “[program uniformity](#)” rules that allow decisionmakers to ignore evidence or documents submitted close to the date of a hearing.
- The portion of rules on [evaluating medical evidence](#) that weaken the weight given to the opinions of treating providers and VA disability findings.
- The rule allowing [hearings to be performed by Administrative Appeals Judges](#).
- Social Security Ruling 17-4p, which in addition to being impermissibly vague, violates Executive Order 13891 about guidance documents.

SSA should also revise Administrative Message (AM) 18029 and other guidance to clarify that collateral estoppel applies when individuals who are already eligible for disability benefits via either Title II or Title XVI file a subsequent application for a different disability benefit.

Withdraw and Avoid Harmful Proposed Rules and Proposals

- SSA should withdraw its proposed rules about [Continuing Disability Reviews \(CDRs\)](#) and [musculoskeletal disorders](#). These rules would make it more difficult for people with disabilities to obtain and maintain benefits.
- SSA should not raise the age categories on its disability determination “grids” or otherwise adjust consideration of vocational factors to the disability standard stricter.
- SSA should not make policies, or encourage Congress to make any changes that weaken HIPAA, HITECH, or state and local laws protecting medical data.

Expand Outreach to Potential Beneficiaries

- SSA should follow the law and mail the Social Security Statement annually.
- There should be a moratorium on field office closures for at least one year after the end of the covid-19 public health emergency.
- SSA should alter the retirement benefits application to better identify and assist those who may also be eligible for disability benefits.
- The iSSI system should be expanded so more people can apply for SSI online.
- SSA should mail notices to Title II beneficiaries with low benefit levels to inform them about SSI. This program [has already been piloted and increased SSI uptake by 340%](#).
- SSA should develop a comprehensive outreach plan for the child SSI program in accordance with 42 U.S.C. § 1383d(a).

Improve the Disability Determination Process

- SSA should use the SSTF’s recommendations to [improve initial and reconsideration-level decision making](#).

- SSA should amend its regulations to reduce the period of time considered for past relevant work from the current 15 years.
- SSA should improve access to the entire electronic file for cases at the initial and reconsideration levels through Appointed Representative Services (ARS).
- SSA should end its “single submission” procedure for iAppeals, which forces claimants to supply more information than regulations require.
- SSA should gather and publish [data about the race and ethnicity](#) of claimants and beneficiaries.

Effectuate Favorable Decisions More Efficiently

- SSA should collect and publish data on the time it takes from when a favorable decision is issued to when people receive monthly and retroactive benefits, then use this information to set and track goals in its Annual Performance Plans and Reports.
- SSA should improve processing of representative fees by recognizing firms as representatives and [adjusting the cap on fees payable under a fee agreement](#).
- SSA should not direct claimants and beneficiaries to mail green cards to the agency and should offer in-person appointments, even while offices are closed to the public for the pandemic, to anyone who needs important personal documents (passports, birth certificates, marriage licenses, etc.) verified.

Simplify SSI Rules

- We support Congressional action to remove in-kind support and maintenance (ISM) from consideration as income for the SSI program, but SSA could improve efficiency and accuracy by removing provision of food from consideration, no longer inquiring about “earmarking,” better identifying public assistance households, creating online and phone reporting for ISM and living arrangement changes, and raising the \$5 tolerance rule.
- Improve and streamline documentation requirements for “temporary institutionalization” so people who are hospitalized can more easily keep their benefits.
- Exclude a household’s second car as “essential to the means of self-support of such individual (and such spouse)” when a spouse uses the automobile in the course of their job or for travel to and from work. This would require amending 20 CFR 416.1218(b)(2).

Streamline Processes for Beneficiaries and SSA

- SSA should [revisit](#) the interim final rule on overpayments and automatically the relief process for COVID-related overpayments and extend the timelines to reflect the true length of the pandemic.
- Work with the Department of Education so that all SSI and SSDI beneficiaries who are statutorily eligible for Total and Permanent Disability discharges of their federal student loans have their loans automatically discharged.
- Ensure that comparison point decisions are included in each Continuing Disability Review (CDR) case, and set goals for accuracy in processing requests statutory benefit continuation.
- Enhance SSA’s wage reporting systems to inquire about work incentives. This might increase uptake of work incentives and ensure payment accuracy.

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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 the Administration to address priorities in **Assistive Technology, Telehealth, Information & Communication Technology, Broadband Access, Complex Rehabilitation Technology & Therapies, and Education.***

Assistive Technology

- Continue implementation of and support for the **Assistive Technology (AT) Act and State AT Programs** at \$41 million to offer quality services nationwide, 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)

- 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 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 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.
- 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.
- 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 nationally accepted accessibility standards.
- 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 accessible, equitable, reliable transportation remain across modes. The administration 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 action on the following priorities.

Convene an annual USDOT cross-modal listening session with disability and civil rights stakeholders and modal administrators to discuss ongoing issues and solutions.

Ensure an equitable recovery from the pandemic for people with disabilities through transportation access, a [key to accessing employment, healthcare, and all aspects of life](#).

- Ensure funding reaches agencies 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 transit and transportation providers can continue to use vehicles to deliver meals, groceries and medications through the pandemic if they are meeting all obligations.
- Ensure that policies to mitigate the pandemic do not discriminate against people with disabilities, including by requiring alternatives to drive-up testing and recognizing the applicability of the Americans with Disabilities Act 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. Disaggregate data by disability, race, gender and income.
- Convene the Coordinating Council on Access and Mobility to address the impacts of transportation access changes during the pandemic.

Address continued discrimination across modes, including new mobility.

- Ensure FTA-funded partnerships between FTA and local authorities provide fully accessible service to all passengers, including wheelchair users.
- Highlight and prioritize accessible, equitable services, including wheelchair accessible ride-hailing and taxi service, concierge services (for those without a smartphone), and adaptive bikeshare and micromobility models. Update the 2016 Dear Colleague letter on equity and access obligations for shared mobility and include autonomous vehicles.
- Improve the accessibility of FTA Office of Civil Rights complaint reporting.

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

- Convene stakeholders on a regular basis to identify barriers and solutions to ensuring access and safety to AVs for all people with disabilities. Develop safety and accessibility standards with the US Access Board and NHTSA.
- Ensure the needs of disabled passengers, including disabled Black, Indigenous and people of color (BIPOC), are taken into account when considering changes and additions to FMVSS requirements.
- Provide a list of all available accessibility resources and technical assistance to OEMs, transit agencies and public entities.

- Engage the disability community, public entities and industry in identifying barriers to a complete trip, including safe onboarding and offloading of an on-demand AV or existing ride-hailing vehicle.
- Build upon the current disability community ties across its University Transportation Centers (UTC) Program. Offer financial and other technical resources to UTCs needed to strengthen their ties with the disability community.

Address the inaccessibility of public rights of way.

- Adopt the 2011 PROW Access Board guidelines.
- Develop best practices for micromobility including scooters and bikeshares that are shared with stakeholders to ensure the safety of disabled pedestrians and the accessibility of sidewalks, curb cuts, and transit facilities.
- Consider and engage the BIPOC community on the harmful impacts of racial bias in enforcement of bicycle, micromobility, pedestrian and state highway safety laws.
- Collect data on and incentivize remedies for inaccessible sidewalks and bus stops nationwide. Disaggregate neighborhood data by race, income and disability.
- Ensure state highway safety plans provide access for people with disabilities at all crosswalks, as required.

Promote disability employment by removing barriers to employment in the transportation workforce.

- Allow Deaf and hard of hearing individuals to obtain a commercial driver’s license and end discriminatory testing requirements.
- Study the barriers to employment in transportation for people with disabilities.

Complete the Accessibility Strategic Plan by establishing a rigorous plan for eliminating discrimination. Promote equitable mobility for people with disabilities that prioritizes diverse voices from the disability community including Black, Indigenous and people of color.

Actively promote mobility justice for minority and low-income populations.

- Support enforcement of Title VI of the Civil Rights Act and Executive Order 12898 on Environmental Justice in Minority Populations and Low-Income Populations.
- Honor trust and treaty responsibilities by supporting tribes in creating accessible transportation infrastructure.
- Adequately support and fund territorial transportation infrastructure development.

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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 administration to address these administrative and regulatory issues that have a significant impact on this population of veterans.

Swiftly implement the DOL VETS Disabled Veterans Outreach Program - In 2019, Congress created a Disabled Veterans Outreach Program within DOL VETS to focus on the particular challenges faced by veterans with significant disabilities in returning to the workforce. Unfortunately, the agency has been slow in filling this position. When fully activated, this program can leverage the resources of DOL to draw attention to employment barriers and opportunities for veterans with significant disabilities, facilitate coordination with other federal agencies affecting their employment and foster outreach to the private sector to enhance the focus on hiring and retention of these veterans. Given the impact of COVID-19 on labor force participation by veterans and other people with disabilities, it is vital that this program be fully implemented as soon as possible.

Reverse FCC policy governing automated voice recognition technology and Preserve the Lifeline Program - In mid-2020, the Federal Communications Commission (FCC) approved an application from MachineGenius to provide Internet Protocol Captioned Telephone Service (IP CTS), also known as captioned telephone service, using automatic speech recognition (ASR) only technology. ASR can be problematic for many veterans and others with disabilities. Recently, FCC announced that it was considering updates on Internet Protocol Captioned Telephone Service (IP CTS) and may issue a Further Notice of Proposed Rulemaking proposing quantitative measures and testing methods to better evaluate the performance of IP CTS providers against the Commission's standard of "functional equivalence" to voice communications. Because the agency's plans could have a harmful impact on veterans and other people with disabilities who rely on captioned telephone services, the task force urges policymakers to ensure that disability stakeholders have a seat at the table when any formal changes are contemplated.

Lifeline is a federal program created in 1985 to help low-income consumers afford telephone service. The program now includes wireless service and broadband internet, and helps low income veterans in every state and territory afford voice and broadband service. But the FCC may devastate the program by drastically reducing the number of eligible service providers and limiting the reach of Lifeline. The FCC's proposals would increase costs and boot nearly 70% of Lifeline households from their current carrier.

Make improvements in Social Security Administration processing of Wounded Warrior/VAPT disability insurance claims – Claims for SSDI by service members and veterans with catastrophic disabilities are supposed to receive expedited processing by the Social Security Administration. However, an SSA Inspector General report in July, 2019 found that the Social Security Administration had no consistent processes in place for handling SSDI claims of service-injured service members or veterans with 100% permanent and total disability ratings from the VA. According to the SSA OIG, at the initial claims level, SSA processed MC/WW and VAPT claims only 1 day faster than it processed all disability claims. Moreover, SSA could not provide evidence that it followed its policies and procedures to ensure staff and

management properly tracked or monitored MC/WW and VAPT claims. The OIG recommended that SSA define what it means by “expeditious” for processing MC/WW and VAPT claims and measure processing time pursuant to the definition. The OIG also recommended that SSA implement controls to monitor, track, and measure the processing of MC/WW and VAPT claims. While SSA agreed with the OIG recommendations, the next administration should ensure that SSA has followed through.

Caregivers Program Expansion

VA's Program of Comprehensive Assistance for Family Caregivers (PCAFC) expansion was implemented on October 1, 2020. This extended eligibility to pre-9/11 eligible veterans from WWII, Korea, and Vietnam to begin applying under the newly expanded program. The administration must assure that VA is consistent in implementing eligibility based on policy. Moreover, the VA should be held accountable for consistent eligibility decisions across the VA system and assure that current participants are not dropped from PCAFC based on new guidelines.

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