Issues Guide
Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>2</td>
</tr>
<tr>
<td>Budget and Government Spending</td>
<td>3</td>
</tr>
<tr>
<td>Civil and Human Rights</td>
<td>6</td>
</tr>
<tr>
<td>Community Living</td>
<td>10</td>
</tr>
<tr>
<td>Education</td>
<td>14</td>
</tr>
<tr>
<td>Employment</td>
<td>17</td>
</tr>
<tr>
<td>Health Care, Medicaid, and Medicare</td>
<td>20</td>
</tr>
<tr>
<td>Housing</td>
<td>24</td>
</tr>
<tr>
<td>Social Security</td>
<td>27</td>
</tr>
<tr>
<td>Transportation</td>
<td>28</td>
</tr>
<tr>
<td>Acknowledgements</td>
<td>30</td>
</tr>
</tbody>
</table>

The Ripple Effect of the Disability Vote – A raindrop ripples outward in concentric circles with the icon of a disabled person in the middle. The words Families, Friends, Advocates, Educators, Professionals, Providers, Bureaucrats fill each ripple going from the center to the outside ring.
Introduction

AAPD is pleased to present the REV UP Issues Guide for the 2018 Elections. The Guide provides a comprehensive, yet concise overview of the issues, legislation, and regulations that have a significant impact on the disability community. The Guide is meant to serve as a tool for voters, advocates, candidates, and the media to be better informed on the issues that matter to people with disabilities.

The disability community represents an important and potentially influential voting bloc. To make the disability vote influential, people with disabilities need to be actively involved in the election process and press candidates to give their positions on issues that affect them and their families. Candidates that support the equality and full inclusion of disabled individuals will benefit from the power of the disability vote.

Use this Guide to inform yourself and others on the priorities of the disability community, and to make an informed choice at the ballot box.

Use this guide when meeting with candidates formally or informally. Ask them how they will vote on legislation and what policies they will support. Remind them that the disability vote matters.

Use this Guide when talking with the media about the importance of disability issues in this upcoming election. With 1 in 5 Americans living with a disability, these issues are everyone’s issues.

As Justin Dart said, “Vote as if your life depends on it – because it does.”

If you have any questions, please contact AAPD’s REV UP Campaign at programs@aapd.com.

NOTE: This document is best viewed on the web to access additional linked information. Visit aapd.com/REVUP to access the full Guide.
Budget and Government Spending

Position of the Disability Community:

The nation’s budget priorities must include funding for programs that promote the independence and self-determination of people with disabilities. Federal and state revenue must be sufficient to fund the programs that people with disabilities rely on to be healthy participants in work, school, and their community.

If public officials want the disability vote:

Oppose cuts to Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI).

SSDI currently serves 9 million people with disabilities between ages 18-64, and 2 million dependents. There should be no cuts to this program, which is essential to people with disabilities and qualifying dependents. SSI benefits provide critical income support to families with children with disabilities. This money helps families keep children at home rather than in institutions. The current payout maximum for an individual receiving SSI is $750 per month. Even at these current levels, the majority of low-income families caring for more than one child with a disability struggles to pay for basic needs.

Oppose federal and state cuts to Medicaid.

More than ten million people with disabilities receive health coverage, acute care, and long-term services and supports (LTSS) through Medicaid. The White House has proposed a shift in how Medicaid is structured. Rather than the current system of state matching grants, states would instead receive a set amount of money from the federal government in the form of block grants or per capita caps. As the need for Medicaid continues to grow, state Medicaid programs would have to limit the amount of services they provide per individual, limit the number of people who receive services, or some combination of the two. Either way, this means less services for less people.

Oppose cuts to Medicare.

Medicare covers over nine million people with disabilities under age 65. These members of the disability community rely on Medicare for health insurance and prescription drug coverage. Significant numbers of program recipients with disabilities under age 65 report barriers to accessing health care and cost related issues under current Medicare funding levels. Funding levels for Medicare need to be maintained and, preferably, expanded.

Support safeguarding the ongoing federal funding for independent living programs and centers.

People with disabilities have the right to live independently in the community of their choice. The federal government supports this right by funding centers for independent living – local, community-based organizations run by and for people with disabilities that provide services and supports to help people with disabilities live independently. Level or increased funding for independent living programs is a priority.

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Support safeguarding the ongoing federal funding of our nation’s protection and advocacy systems.

**Federally mandated Protection and Advocacy (P&A) Systems** work to improve the lives of people with disabilities by guarding against abuse; advocating for basic rights; and ensuring accountability in health care, education, employment, housing, transportation, and within the juvenile and criminal justice systems. The disability community must be vigilant in protecting the funding for these vital organizations that help people with disabilities in communities across the nation.

**Oppose funding cuts for State Councils on Developmental Disabilities and for Centers for Excellence in Developmental Disabilities.**

The proposed cuts for [State Councils on Developmental Disabilities](https://www.aapd.com/REVUP) and for [Centers for Excellence in Developmental Disabilities](https://www.aapd.com/REVUP) are unacceptable, as the work they do is vital to the disability community.

**Support a National Paid Family Medical Leave Plan that promotes the health and economic well-being of people with disabilities and their families.**

The United States is the only industrialized nation with no national paid family and medical leave plan. This hurts people with disabilities disproportionately more than non-disabled individuals because workers with disabilities tend to work in part time and low wage jobs that do not offer paid leave. While some states have enacted leave plans, part-time and low-wage workers are typically exempt. The Family Leave plan proposed by the White House does not include provisions for individuals caring for family members with disabilities or those who have personal medical issues.

**Oppose funding cuts for Supplemental Nutrition Assistance Program (SNAP).**

The recent White House budget proposed deep cuts to SNAP over the next decade, which would greatly impact people with disabilities. According to the [Center on Budget and Policy Priorities data analysis of the 2015 National Health Interview Survey](https://www.aapd.com/REVUP), over 1 in 4 SNAP participants, equivalent to over 11 million individuals have a functional or work limitation or receives federal government disability benefits. The [U.S. Department of Agriculture Economic Research Service](https://www.aapd.com/REVUP) reports food insecurity impacts one third of households with a working age adult who is out of the labor force due to disability, and one quarter of households with a working age adult with disability who has stayed in the workforce.

**Support level or increased funding for special education and related services, Part B of the Individuals with Disabilities Education Act (IDEA).**

Part B of the IDEA includes provisions related to formula grants that assist states in providing a free appropriate public education in the least restrictive environment for children with disabilities ages three through 21.

**Oppose cuts to the State Supported Employment Services Grants.**

The latest budget released by President Trump proposes an 18% cut to the [State Supported Employment Services Grants](https://www.aapd.com/REVUP). According to the US Department of Education, these grants “assist states in developing and implementing collaborative programs with appropriate entities to provide supported employment (SE) services for individuals with the most significant disabilities, including youth with disabilities, who require
supported employment services to achieve an outcome of supported employment in competitive integrated employment.”

Additional Information and Resources:

- Trump Budget Deeply Cuts Health, Housing, Other Assistance for Low- and Moderate-Income Families – Center for Budget and Policy Priorities
- President’s FY 2019 American Budget is an Un-American Attack on People with Disabilities – Consortium for Citizens with Disabilities
- Security & Stability: Paid Family and Medical Leave and its Importance to People with Disabilities and their Families – Center on Poverty and Inequality at Georgetown Law
- SNAP Provides Needed Food Assistance to Millions of People with Disabilities – Center for Budget and Policy Priorities
- Public Policy Agenda for the 115th Congress 2017-18 – The Arc
- SNAP Matters for People With Disabilities – Food Research & Action Center
Civil and Human Rights

Position of the Disability Community:

Disability rights are civil and human rights, and vice versa. The disability community is diverse and intersects with many other identities and populations. Legislation and programs that strengthen or support any underserved community also benefits people with disabilities. We support the protection and advancement of civil and human rights for all.

If public officials want the disability vote:

Oppose rolling back the civil rights of people with disabilities through attempts to weaken the Americans with Disabilities Act (ADA).

Recent years have seen a number of Congressional attacks on the ADA. For example, earlier this year, the ADA Education and Reform Act (HR 620), which passed the House of Representatives, proposed to amend the ADA to require individuals with disabilities who were denied access to a business due to architectural barriers to send the owner or operator a complex written notice of the access barriers they encountered. Businesses would then have 4 months to make “significant progress” towards addressing the access barrier. This bill would have gutted the ADA’s public accommodations protections, removing any incentive for businesses to comply with the ADA unless they received such a notice. Fortunately, this bill was stopped by the Senate. Other attacks on the ADA have come from executive branch agencies — for example, the Justice Department this year withdrew important guidance documents that helped ensure compliance with the ADA. Living with a disability in the United States has historically meant living with discrimination, segregation, and exclusion – from education, work, housing, and even from routine daily activities. The disability community will guard against any threats to rollback the landmark ADA.

Support safeguarding the right to vote for people with disabilities.

The right to vote is one of the most fundamental and significant rights in the United States. More than 35 million eligible voters in the U.S. — about one in six — have a disability. When we include family members within the same household, that number increases to 62.7 million eligible voters, or 25% of the total electorate. People with disabilities have the potential to be a powerful voting block that influences state and local elections to ensure that elected officials address issues that are important to people with disabilities. Despite this potential power, people with disabilities still face barriers to voting. The U.S. Government Accountability Office found that in the 2016 election, 60% of surveyed polling places had at least one access barrier or impediment. People with mental disabilities also face barriers to voting. Too often they lose their right to vote based on unfounded assumptions by election officials or service providers that they are incompetent to vote, or on state laws that inappropriately disenfranchise people under guardianship. Voter turnout of people with disabilities in the 2016 election was 6% lower than the voter turnout rate of people without disabilities, accounting for 2.2 million votes.
Support robust enforcement of the ADA’s integration mandate and the Olmstead decision, as well as passage of the Disability Integration Act.

The ADA’s integration mandate and the Supreme Court’s Olmstead decision provide people with disabilities with critically important rights—to live, work, and receive services in the most integrated setting appropriate. These rights have enabled tens of thousands of people with disabilities to move from institutions into their own homes and communities, and to get the services they need to secure real jobs at competitive wages in the community. Enforcement by the Justice Department has been particularly important, although it has been dependent on the priorities of each Administration. In addition to the ADA and Olmstead, a bill called the Disability Integration Act (DIA) would strengthen the rights of individuals with disabilities who need long-term services and supports (LTSS) to live in the community setting of their choice. Community-based living, as opposed to institutions, is a choice that all Americans with disabilities should have. The DIA would build on Olmstead to help make that a reality for more people.

Support strong enforcement of the ADA.

The Americans with Disabilities Act (ADA) and other civil rights laws provide a broad set of protections. In addition to the integration mandate, the ADA prohibits discrimination against students with disabilities in primary and secondary schools as well as in colleges and universities, against people with disabilities in the workplace, in publicly funded housing, in health care, in public buildings and public services, in places of public accommodation, and in telecommunications. Other civil rights laws such as the Fair Housing Amendments Act (FHAA) and the Individuals with Disabilities Education Act (IDEA) also provide important protections to people with disabilities.

Support safeguarding the ongoing federal funding for independent living programs and centers.

People with disabilities have the right to live independently in the community of their choice. The federal government supports this right by funding centers for independent living – local, community-based organizations run by and for people with disabilities that provide services and supports to help people with disabilities live independently. Level or increased funding for independent living programs is a priority.

Support safeguarding the ongoing federal funding of our nation’s protection and advocacy systems.

Federally mandated Protection and Advocacy (P&A) Systems work to improve the lives of people with disabilities by guarding against abuse; advocating for basic rights; and ensuring accountability in health care, education, employment, housing, transportation, and within the juvenile and criminal justice systems. In recent years, some in Congress have tried to stop these agencies from doing their job. The disability community must be vigilant in protecting the funding for these vital organizations that help people with disabilities in communities across the nation.

Oppose electronic visit verification.

The 21st Century Cures Act of 2016 mandated that states create and use Electronic Visit Verification (EVV) systems, which often include intrusive tracking procedures for the delivery of Medicaid personal care and home health services. While there are different methods of implementation – GPS tracking, required home phone check-ins, and randomized check-in calls – EVV assumes that many people with disabilities are homebound, violates privacy, and discriminates against non-English speakers. The disability community
Supports repeal of the EVV requirement. Support bills that would eliminate, narrow, or delay EVV requirements, including Senate bill S.2897 (H.R.6042 recently passed in the House).

Support adequate funding for the U.S. Department of Justice to enforce protections for people with disabilities through the ADA and Section 504, as well as the Civil Rights of Institutionalized Persons Act (CRIPA).

The Department plays a key role as the government’s chief enforcer of disability rights. The Justice Department is the primary enforcer of the ADA and Section 504, including the right to community living under Olmstead. The Justice Department enforces other disability rights laws, including the civil rights of institutionalized persons. The Civil Rights of Institutionalized Persons Act (CRIPA) allows the Justice Department to enforce Constitutional and other civil rights to end abuse of incarcerated and institutionalized individuals, including people with disabilities, in state-run facilities, and to protect their rights. It also allows the Justice Department to issue subpoenas compelling facilities, nursing homes, jails, etc., to open their doors to inspection and records review.

Oppose the appointment of key administration and judicial nominees who do not have a track record of supporting the civil and human rights of all Americans with disabilities.
Nominees must believe in protecting the rights of people with disabilities and upholding and enforcing disability rights laws, such as the ADA and IDEA.

Support ongoing enforcement of the Matthew Shepard and James Byrd, Jr. Hate Crimes Prevention Act.

Through the Matthew Shepard and James Byrd, Jr. Hate Crimes Prevention Act, the U.S. Department of Justice provides funding and technical assistance to investigate and prosecute hate crimes, including crimes against people with disabilities.

Support enforcement of the Genetic Information Nondiscrimination Act (GINA).
The Genetic Information Nondiscrimination Act (GINA) prevents health insurers and employers from using genetic information in the workplace and in decision-making regarding health insurance, which helps prevent discrimination against people with disabilities.

Support efforts to ban the electric shock device that is used in the torture, inhumane treatment, and punishment of children and adults with disabilities.
Children and adults with disabilities at the Judge Rotenberg Center in Massachusetts are subjected to painful electric shock as a way to curb behavior. This is torture. The U.S. Federal Drug Administration in 2016 proposed to ban this device, given the lack of evidence that it is effective, the harm experienced by individuals subjected to it, and the existence of effective alternatives. That proposal has never been finalized. The FDA must finalize the regulation banning the use of these devices and end the practice of electric shocks in the name of treatment.

Support the DREAM Act.
The disability community supports the DREAM Act, which would restore protections and services under Deferred Action for Childhood Arrivals (DACA) program. The DACA Program gives around 800,000

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undocumented immigrants who came to the United States as children the opportunity to work and study in this country without the threat of deportation. DACA is critical for immigrants with disabilities. Some immigrants with disabilities are in the United States in order to receive disability related supports and care that are not available in their country of origin.

Support expanding the quota of vulnerable refugees with disabilities for resettlement in the US. Refuges with disabilities have extra hurdles when accessing international aid and services in urban and camp environments. As the birthplace of the ADA, the US can play an important role in helping refugees with disabilities seek a life of independence and self-determination. Immigration and border protection officials should receive ongoing training on working with people with disabilities.

Additional Information and Resources:

- Action Alert! The Disability Integration Act has been Introduced in the US Senate and House – AAPD
- DisabilityIntegrationAct.org
- The Olmstead Case – Bazelon Center for Mental Health Law
- Understanding the Fair Housing Amendments Act – United Spinal Association
- Rights Task Force – Consortium for Citizens with Disabilities
- Civil Rights and the ADA – National Council on Independent Living
- Civil Rights Issues for People with Disabilities – The Arc
- ADA.gov
- Olmstead: Community Integration for Everyone – ADA.gov
- Disability Rights – American Civil Liberties Union
- Disability Rights Organizations Oppose the Nomination of Judge Gorsuch – an example of why judicial appointments are important
- Save the ADA: Resources to Combat ADA Notification Bills – Consortium for Citizens with Disabilities
- Electronic Visit Verification (EVV) – Center for Public Representation
Community Living

Position of the Disability Community:

Community living is a right of all people with disabilities, regardless of age or type of disability. Programs and services that help people live in the community, prevent them from being forced into institutions and nursing homes, and that help people move back to the community from institutional settings must be supported, funded, and expanded.

If public officials want the disability vote:

Support the provision of long-term services and supports (LTSS) in the community through the Disability Integration Act (DIA), the EMPOWER Care Act, and the Home and Community Based Services Settings Rule.

The Disability Integration Act (DIA) is federal legislation that has been proposed in both houses of Congress, with bipartisan support (S.910/H.R.2472). The DIA states that every individual eligible for long-term services and supports (LTSS) has a federally protected civil right to receive them in the least restrictive setting of their choice, which is almost always one’s own home. It requires states and service providers to deliver services in a way that allows people with disabilities to have maximum possible control over their LTSS in the most integrated setting. Congress must pass this Act. The DIA will help strengthen the civil right of people with disabilities to community living guaranteed by the Supreme Court in its 1999 decision in Olmstead v. L.C.

The EMPOWER Care Act (S.2227/H.R.5306) reauthorizes the Money Follows the Person (MFP) program through 2022, so that people with disabilities can transition out of institutions and into the home and community of their choice, with the funding to make that possible. A study by the Center for Medicare and Medicaid Services found that those who have moved from institutions to home and community-based care consistently show quality of life improvements. The EMPOWER Care Act reduces from 90 days to 60 days the amount of time one must be in a nursing home before they are eligible to be assisted to transition back into the community. It also improves reporting and accountability for the MFP program. On average, expenditures for those participating in MFP declined by $1,840 per-beneficiary per-month (23 percent) during the first year of transition from a nursing home to home and community-based LTSS.

Home and community based services (HCBS) provide opportunities for Medicaid participants to receive services in their own home and community, rather than in institutions or other isolated settings. HCBS programs serve a variety groups, such as people with intellectual or developmental disabilities, physical disabilities or who are aging, and/or people with psychiatric disabilities. In 2014, the Centers for Medicare and Medicaid (CMS) issued regulations that set requirements for the settings in which home and community based services can be provided. Each state must develop a plan for how it will implement HCBS. The majority of states still need to complete their plans, which includes soliciting input from the public. Check the status of your state’s plan.

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Oppose federal and state cuts to Medicaid.
More than ten million people with disabilities receive health coverage, acute care, and long-term services and supports (LTSS) through Medicaid. The White House has proposed a shift in how Medicaid is structured. Rather than the current system of state matching grants, states would instead receive a set amount of money from the federal government in the form of block grants or per capita caps. As costs and the need for Medicaid continues to grow, state Medicaid programs would have to limit or cut back the amount of services they provide per individual and/or limit the number of people who receive services. Either way, this means less services for fewer people, and the situation would worsen every year as costs escalate.

Oppose the institutional bias in Medicaid.
People with disabilities not only rely on Medicaid for basic health care services, but Medicaid is the only provider of many disability-specific services. These services allow people with disabilities to live independently in the community, but states can limit access to them and create waitlists. In contrast, Medicaid must pay for institutional services. The disability community supports ending this institutional bias through federal legislation, including the Disability Integration Act (DIA) (S.910/H.R.2472), and state efforts to expand access to community-based services and eliminate waitlists.

Support a living wage for Personal Care Attendants (PCA).
PCA’s help people with disabilities with tasks of daily living, which allows people with disabilities to live, work, go to school, and participate in their community. The turnover rate of among PCAs is very high, in part because of low wages, lack of sick and vacation days, and often, no health insurance. Despite the fact that their work is essential to the independence and self-determination of people with disabilities, the mean hourly wage for personal care aides nationally is $10.92. The important work of a PCA must be valued as a career option and paid as such. A living wage and benefits would help people with disabilities retain more reliable, qualified, and longer-term PCAs.

Oppose electronic visit verification.
The 21st Century Cures Act of 2016 mandated that states create and use Electronic Visit Verification (EVV) systems, which often include intrusive tracking procedures for the delivery of Medicaid personal care and home health services. While there are different methods of implementation – GPS tracking, required home phone check-ins, and randomized check-in calls – EVV assumes that many people with disabilities are homebound, violates privacy, and discriminates against non-English speakers. The disability community supports repeal of the EVV requirement. Support bills that would eliminate, narrow, or delay EVV requirements, including Senate bill S.2897 (H.R.6042 recently passed in the House).

Oppose attempts by the Department of Housing and Urban Development (HUD) to increase rent in federally subsidized housing and impose work requirements.
U.S. Housing and Urban Development (HUD) Secretary Ben Carson recently unveiled “The Making Affordable Housing Work Act,” which would impose harmful rent increases on nearly all families across many essential HUD affordable housing programs – including people with disabilities and their families. His proposal also makes it easier for housing authorities to impose work requirements. Rep. Dennis Ross (R-FL) is promoting a draft bill with similarities to Carson’s proposal that also needs to be opposed because of the negative impact it would have on the lives of people with disabilities. The bill titled the “Promoting Resident Opportunity through Rent Reform Act” would make it easier for housing authorities to raise rents on the most vulnerable Americans and impose work requirements.
Support the protection of funding for the Low-Income Home Energy Assistance Program. The White House proposed budget eliminates the Low-Income Home Energy Assistance Program, a utility relief program that enables millions of households, of which 38% have a member with a disability, to keep their homes at safe temperatures.

Support affordable and accessible housing for people with disabilities. This housing should be in mainstream buildings rather than in segregated buildings for people with disabilities. The current White House budget proposal includes a cut of $8.8 billion to the U.S. Department of Housing and Urban Development’s (HUD) Section 811 program that provides affordable and accessible housing in integrated settings. The disability community is committed to protecting this funding.

Oppose funding cuts for Supplemental Nutrition Assistance Program (SNAP). The recent White House budget proposed deep cuts to SNAP over the next decade, which would greatly impact people with disabilities. According to the Center on Budget and Policy Priorities data analysis of the 2015 National Health Interview Survey, over 1 in 4 SNAP participants, equivalent to over 11 million individuals have a functional or work limitation or receives federal government disability benefits. The U.S. Department of Agriculture Economic Research Service reports food insecurity impacts one third of households with a working age adult who is out of the labor force due to disability, and one quarter of households with a working age adult with disability who has stayed in the workforce. The Senate’s bipartisan Agricultural Improvement Act of 2018 would strengthen and reaffirm SNAP, and also make targeted investments in SNAP to help people with disabilities and seniors.

Oppose work requirements for eligibility to federal programs, including housing subsidies, food stamps, and Medicaid. Recent proposals have included work or community service requirements for people accessing government supports. These proposals would harm people with disabilities by creating additional barriers to securing the supports needed for independent living. Taking away services because of an inability to find work should not be a penalty for low-income and middle-income individuals and families, including those with disabilities. Imposing work requirements unacceptably jeopardizes necessary health coverage for people with disabilities.

Support Inclusive Disaster Response and Management. The Americans with Disabilities Act (ADA) of 1990 mandates equal access before, during, and after disasters. The Rehabilitation Act of 1973 mandates communication accessibility when disasters occur. Despite these two laws, people with disabilities continue to be disproportionately impacted before, during, and after disasters. As a result, too many disabled people have lost their homes, their families, their freedom, their assistive technology, and even their lives. Emergency management officials must include people with disabilities at every stage of planning and response.
Additional Information and Resources:

- Action Alert! The Disability Integration Act has been Introduced in the US Senate and House – AAPD
- DisabilityIntegrationAct.org
- Rights Task Force – Consortium for Citizens with Disabilities
- Long Term Services and Supports Task Force – Consortium for Citizens with Disabilities
- Civil Rights and the ADA – National Council on Independent Living
- Civil Rights Issues for People with Disabilities – The Arc
- Disability Rights Section – US Department of Justice
- Disability Rights – American Civil Liberties Union
- FEMA Office on Disability
- Federal Housing Administration Section 811 Supportive Housing for People with Disabilities – Benefits.gov
- Empower Care Act – Center for Public Representation
- Portlight Inclusive Disaster Strategies
- Join the Fight to Protect Medicaid – Center for Public Representation
- HCBS Advocacy Coalition
Position of the Disability Community:

All students have the right to a public education, including students with disabilities. This must be provided with the appropriate supports, including assistive technology, and students with disabilities must be offered the same opportunities to succeed and pursue higher education alongside their non-disabled peers.

If public officials want the disability vote:

Support implementation and oversight of the Individuals with Disabilities Education Act (IDEA). Since the enactment of IDEA, high school graduation rates for people with disabilities have increased from less than 30% in the mid-1990s to 70% two decades later. Dropout rates have also declined. Similarly, enrollment in college has doubled for students with disabilities. Nevertheless, local school districts struggle to serve students with disabilities, and those seeking higher education continue to face enormous barriers to success.

Support improving high school and college graduation rates of students with disabilities. Students with disabilities lag behind non-disabled peers in graduation rates in high school and college. Additional supports and services are needed to increase graduation rates, and to ensure individuals are prepared for the 21st century workforce. High schools need integrated instruction by certified and effective teachers, appropriate assessments, and positive behavioral supports. Colleges and universities need to fund disability service offices to ensure the success of students of disabilities.

Support the U.S. Department of Education improving oversight of charter schools. A 2012 Government Accountability Office report of charter schools found discrimination against children with disabilities by enrolling less students with disabilities and not having not adequate resources to meet the needs of the students with disabilities. Action is needed to ensure these schools are fulfilling their obligations to properly educate children with disabilities under the ADA, IDEA and Section 504 of the Rehabilitation Act.

Oppose the seclusion and restraint of students with disabilities and support federal legislation to reduce the use of seclusion and restraints.

In 2016, the U.S. Department of Education issued a guidance letter to school districts which noted that the use of seclusion and restraint can violate federal laws including Section 504 of the Rehabilitation Act. Oversight must be improved to ensure the safety of students with disabilities. The use of restraint and seclusion is a pervasive, nationwide problem. Federal legislation is necessary to provide children in all states equal protection from these dangerous techniques, and create a cultural shift toward preventive, positive behavior intervention strategies that create positive school culture and climate.

Oppose the school to prison pipeline for students with disabilities.

Schools must utilize positive behavior interventions and supports and must find alternatives to suspensions and expulsions, which unfairly targets students with disabilities and other disadvantaged children. The U.S. Department of Education must stop delaying its data collection of significant disproportionality in discipline of...
students with disabilities with regard to race and ethnicity. Further delay puts students at risk, and data must be collected to address systemic barriers to the success of these children. In addition, the U.S. Department of Education must keep in place its 2014 guidance on school discipline to create safe, supportive, and welcoming environments for all students.

Support ongoing enforcement of Free and Appropriate Public Education (FAPE) and Least Restrictive Environment (LRE).
Free and Appropriate Public Education (FAPE) and Least Restrictive Environment (LRE) principles are the cornerstones for the education of students with disabilities. Monitoring and oversight of schools are necessary to ensure students with disabilities are accessing their rights under FAPE and LRE. Section 504 of the Rehabilitation Act protects the rights of individuals with disabilities in programs and activities that receive federal financial assistance, including schools. Section 504 requires a school district to provide a “free appropriate public education” (FAPE) to each qualified person with a disability.

Support the reauthorization of the Higher Education Opportunity Act (HEOA).
The Higher Education Opportunity Act (HEOA) expands opportunities for students with intellectual disabilities to have access to postsecondary education by improving student financial assistance, accessibility, teacher quality, and universal design for learning.

Support ongoing federal and state funding of assistive technology.
Technology is an essential part of classroom learning, social experience, and daily life. Many people with disabilities need technology to fully access academic curriculum and to fully participate alongside their peers. Often these needs are not met due to a lack of funding or professional expertise. Section 508 of the Rehabilitation Act requires electronic and information technology be made accessible wherever federal funds are used. Since many schools use federal funds, they must comply with Section 508.

Support education models that are integrated and inclusive.
Evidence gathered by the Harvard Graduate School of Education shows that students have higher levels of achievement in inclusive schools. Educating children with disabilities alongside their peers – or providing opportunities for them to regularly interact if they are attending school-based programs geared towards students with disabilities – builds understanding, empathy, and the skills children need to lead fulfilling lives and contribute to their communities.

Support increased accessibility and inclusion of students with disabilities in the nation’s colleges and universities.
While there has been improvement in the physical accessibility of campuses, more needs to be done to ensure students with disabilities can fully engage in the curriculum and access the facilities. All postsecondary institutions in the U.S. are required by law to be fully accessible to students with disabilities. Under the Rehabilitation Act, any colleges or universities that receive federal funding must not exclude or discriminate against anyone on the basis of disability. Title II of the Americans with Disabilities Act makes discrimination illegal in publicly funded universities, and community colleges, and Title III covers privately funded schools.
Support accountability for protecting the rights of students with disabilities with implementation of the Every Student Succeeds Act (ESSA).

The Every Student Succeeds Act (ESSA) requires that states improve student performance, prepare all students for college and careers, and make advances in equity by upholding critical protections for America’s disadvantaged and high-need students. ESSA recognizes that our education system must ensure that all children have access to a high-quality standards-based education and that schools provide services and supports to disadvantaged students who are not making progress in school, including students with disabilities.

Additional Information and Resources:

- **Individuals with Disabilities Education Act (IDEA)** – U.S. Department of Education
- **Children and Youth With Disabilities** – National Center for Education Statistics
- **Supporting Higher Education for People with Disabilities** – National Conference of State Legislatures
- **How Can ESSA Help Students With Disabilities?** – American Institutes for Research
- **School to Prison Pipeline** – Disability Rights Education & Defense Fund
- **Pipeline to Prison: Special education too often leads to jail for thousands of American children** – The Hechinger Report
- **NCIL Policy on Youth and Education: Overview** – National Council on Independent Living
- **Education** – The Arc
- **Principles and Recommendations for the Higher Education Act** – Consortium for Citizens with Disabilities
- **Disability Provisions in the Higher Education Opportunity Act** – Association of University Centers on Disabilities
- **Perkins Career and Technical Education Act Reauthorization Recommendations** – Consortium for Citizens with Disabilities
- **School Discipline Guidance and Students’ Civil Rights** – The Leadership Conference Education Fund
Employment

Position of the Disability Community:
People with disabilities want to work, and their ability to get and keep jobs must be protected through enforcement of the Americans with Disabilities Act (ADA). Employment programs and supports must be expanded to ensure opportunities for people with disabilities to work in competitive and integrated work environments.

If public officials want the disability vote:
Oppose cuts to Medicaid and support expanding Medicaid eligibility.
Medicaid provides home and community-based services that help people live and work in the community. Cuts to Medicaid would cause people to lose the services that help them work, including personal care to help them get dressed and ready for work, transportation to work, and on-the-job supports. Expanding eligibility for Medicaid will also help more people work. More states should replicate successful Medicaid Buy-In programs, which allow people with disabilities to work and earn money without losing access to critical home and community-based services. Medicaid expansion, through the Affordable Care Act, has also helped millions of working people with disabilities obtain affordable, nondiscriminatory health care coverage.

Oppose efforts to weaken or make cuts to the Workforce Innovation and Opportunity Act (WIOA).
The Workforce Innovation and Opportunity Act (WIOA) funds employment and training programs across the U.S., which help people with disabilities secure and retain work in competitive and integrated environments. Oppose any efforts by Congress and the Department of Education to weaken the definition of competitive integrated employment in the statute and rules.

Support the continuation and use of the Work Opportunity Tax Credit.
The Work Opportunity Tax Credit (WOTC) is a Federal tax credit available to employers who hire and retain veterans and individuals from other target groups with significant barriers to employment, including people with disabilities.

Oppose allowing companies to pay people with disabilities subminimum wages.
The U.S. Department of Labor, under the 14c waiver, is able to certify certain employers to pay wages less than the federal minimum wage to workers who have disabilities. This discriminatory practice keeps people with disabilities from reaching their vocational and socio-economic potential. Congress should support the Transition to Integrated and Meaningful Employment Act (Time Act) so that 14c waivers can be phased out responsibly over a three-year period as well as the Raise the Wage bill, which would end the ability of employers to pay subminimum wage to people with disabilities.

Section 501 of the Rehabilitation Act prohibits employment discrimination against qualified individuals with disabilities in the federal sector. Federal agencies have a 12% representation goal for individuals with disabilities and 2% for individuals with targeted disabilities.

Section 503 of the Rehabilitation Act prohibits employers with federal contracts (or subcontracts) from discriminating against applicants and employees with disabilities and requires affirmative steps to hire, retain, and promote qualified individuals with disabilities. Updates to Section 503 set a 7% representation goal for people with disabilities. Resources must be made available to reach this goal and for the ongoing enforcement of Section 503. More information can be found on the U.S. Department of Labor’s Office of Federal Contract Compliance Programs (OFCCP).

Section 508 requires federal agencies’ information and communications technology to be accessible to people with disabilities. While Section 508 only applies to federal agencies, many private employers have adapted its standards as a way to ensure their technology infrastructure is accessible. The U.S. Access Board issued a final rule in 2017 that updated requirements for technology under 508. Federal agencies must stay current with accessibility, and private companies must be encouraged to adopt accessibility practices.

Support eliminating work disincentives and the Social Security income limit.

The Social Security Administration puts a limit on the amount of money that an individual can earn through work when he/she receives Social Security disability benefits. This extremely low limit often creates and perpetuates people with disabilities living at, or under, the poverty level. In addition, it can inhibit them from taking higher paying positions within the workforce as they do not want to, or cannot, risk the loss of their disability benefits.

Support adequate funding for transition planning for young people with disabilities.

Transitioning young people with disabilities from school to the adult world requires careful planning and a cooperative effort among families, school staff, and community service providers. A transition plan should focus on career development, employment preparation, and community integration through work-based learning, functional academics, and life skills experiences. With adequate support and planning, the transition to the workforce can be positive and employment should be seen as one important destination on their road to independence.

Support a National Paid Family Medical Leave Plan that promotes the health and economic well-being of people with disabilities and their families.

The United States is the only industrialized nation with no national paid family and medical leave plan. This hurts people with disabilities disproportionately more than non-disabled individuals because workers with disabilities tend to work in part time and low wage jobs that do not offer paid leave. While some states have enacted leave plans, part time and low wage workers are typically exempt. The family leave plan proposed by the White House does not include provisions for individuals caring for family members with disabilities, or those who have personal medical issues.


The Transition to Independence Act of 2018 (H.R. 4931) would create a demonstration program, within which states will receive bonus payments from the federal government for achieving increases in the number of

Revised June 25, 2018

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people with disabilities in competitive integrated employment and reducing the number of people with disabilities in segregated sheltered workshop and facility based day habilitation settings.

Oppose work requirements for eligibility to federal programs, including housing subsidies, food stamps, and Medicaid. Recent proposals have included work or community service requirements for people accessing government supports. These proposals would harm people with disabilities by creating additional barriers to securing the supports needed for independent living. Taking away services because of an inability to find work should not be a penalty for low-income and middle-income individuals and families, including those with disabilities. Imposing work requirements unacceptably jeopardizes necessary health coverage for people with disabilities.

Support the employment of veterans with significant disabilities.
Data from the Bureau of Labor Statistics consistently shows workforce participation of veterans with the most significant disabilities lagging behind their veteran counterparts without disabilities. Federal contractors are obligated under the Vietnam Era Veterans’ Readjustment Assistance Act (VEVRAA) to recruit and hire targeted veterans – including those with disabilities. The Department of Labor’s Veterans Employment and Training Service (VETS) directs Disabled Veterans Outreach Personnel (DVOP) through America’s Job Centers. DOL resources for enforcement of and attention to VEVRAA and DVOPs could be another recommendation.

Support implementation of the ABLE Act and bills to expand ABLE.
The Achieving a Better Life Experience (ABLE) Act allows individuals with disabilities to save money in a special account for the purpose of covering disability-related expenses. The resources in an individual’s ABLE account are not considered for eligibility for means-tested programs, like Medicaid. ABLE accounts help people with disabilities work and save, without losing access to critical healthcare services through Medicaid due to Medicaid’s asset limitations. The ABLE National Resource Center provides information on states that are currently implementing the law. Support bills that expand ABLE, including the ABLE Age Adjustment Act (S.817/H.R.1874) that would expand the benefits of ABLE to even more people with disabilities.

Additional Information and Resources:
- Job Accommodation Network
- Rehabilitation Services Administration
- US Equal Employment Opportunity Commission
- Raise the Wage Act of 2017 will Eliminate Subminimum Wages for People with Disabilities – National Council on Independent Living
- Work Requirements for Medicaid Don’t Work for People with Disabilities – The Arc
- Fair Wages for Workers with Disabilities – National Federation of the Blind
- Office of Disability Employment Policy (ODEP), US Department of Labor
- ABLE National Resource Center
- Final Report – Advisory Committee on Increasing Competitive Integrated Employment for Individuals with Disabilities

Revised June 25, 2018

www.aapd.com/REVUP
Health Care, Medicaid, and Medicare

Position of the Disability Community:

People with disabilities, and all Americans, need access to affordable health care coverage that covers comprehensive services. The Affordable Care Act should not be repealed and there should be no budgetary or service reductions to Medicaid, the Children’s Health Insurance Program, or Medicare.

If public officials want the disability vote:

Oppose repealing the Affordable Care Act (ACA).
The ACA expanded access to health care and coverage of comprehensive services, in addition to creating fundamental non-discrimination protections for people with disabilities. The disability community led the fight to prevent the repeal of the ACA throughout 2017. The ACA helps more people with disabilities gain health insurance, access the services they need, and eliminates discrimination due to pre-existing conditions (including lifetime caps on services). The ACA, and all protections for people with pre-existing conditions should be preserved. A lawsuit filed by Texas and 19 other states seeks to invalidate the Affordable Care Act and eliminate protections for people with pre-existing conditions. Learn more about the disability community and the ACA.

Oppose cuts to Medicaid.
More than ten million people with disabilities receive health coverage, acute care, long-term services and supports (LTSS), and home and community based services (HCBS) through Medicaid. The ACA repeal bills last year and the White House this year proposed changing how Medicaid is structured, leading to massive cuts. Instead of the current federal-state funding partnership, states would instead receive a set amount of money from the federal government in the form of block grants or per capita caps. This means that Medicaid funding would no longer be directly linked to the services that people need and, in all proposals, the funding will be slowly reduced—Medicaid programs would have to limit the amount of services they provide per individual, limit the number of people who receive services, eliminate optional services (including HCBS), or some combination of the two. Either way, this change would result in major funding cuts and fewer services for fewer people. The disability community opposes repeal of the ACA and consumer protections for people with pre-existing conditions.

Oppose the institutional bias in Medicaid.
People with disabilities not only rely on Medicaid for basic health care services, but Medicaid is the only provider of many disability-specific services. These services allow people with disabilities to live independently in the community, but states can limit access to them and create waitlists. In contrast, Medicaid must pay for institutional services. The disability community supports ending this institutional bias through federal legislation, including the Disability Integration Act (DIA) (S.910/H.R.2472), and state efforts to expand access to community-based services and eliminate waitlists.
Support expanding Medicaid.

The ACA allows states to expand Medicaid eligibility based on income levels while prohibiting enrollment caps and waiting lists. Many people with disabilities, especially mental health disabilities, gained coverage for the first time through the Medicaid expansion. In addition, researchers have found that people with disabilities are more likely to work in Medicaid expansion states than in non-expansion states. The ACA repeal bills from last year would have eliminated the Medicaid expansion, cutting off health care for millions of people. The disability community opposes efforts to repeal the expansion and supports expanding Medicaid everywhere. To see which states have not yet expanded Medicaid, visit A 50-State Look at Medicaid Expansion.

Oppose work requirements, time limits, and other barriers to eligibility that jeopardize access to Medicaid coverage.

Some states have implemented or are trying to implement work requirements (sometimes referred to as community engagement), time limits, and other burdens on Medicaid eligibility, placing major barriers between people and needed health insurance. Taking away health care because someone can’t find a job or can’t find a job with health care jeopardizes necessary health coverage for millions of low-income and middle-income individuals and families, which include people with disabilities. States should not implement these barriers. Federal proposals to expand these barriers should be rejected.

Oppose cuts to Medicare and the Children’s Health Insurance Plan (CHIP).

Medicare covers over nine million people with disabilities under age 65 and at least a quarter of the nine million children on CHIP have disabilities. These members of the disability community rely on Medicare for health insurance and prescription drug coverage. Significant numbers of program recipients with disabilities under age 65 report barriers to accessing health care and cost related issues under current Medicare funding levels. The White House has proposed cutting funding for CHIP. Funding levels for Medicare and CHIP need to be maintained and, preferably, expanded.

Support the EMPOWER Care Act.

The EMPOWER Care Act (S.2227/H.R.5306) reauthorizes the Money Follows the Person Program (MFP) through 2022, so that people with disabilities can transition out of institutions and into the home and community of their choice. A study by the Center for Medicare and Medicaid Services found that those who have moved from institutions to home and community-based care consistently show quality of life improvements. On average, per-beneficiary per-month expenditures for those participating in MFP declined by $1,840 (23 percent) during the first year of transition from a nursing home to home and community-based long-term services and supports. The disability community supports the EMPOWER Care Act and other legislation that expands home and community based services (HCBS).

Support the strong and transparent state implementation of the Medicaid home and community-based services setting rule (HCBS Settings Rule).

Home and community based services (HCBS) provide opportunities for Medicaid participants to receive services in their own home or community, rather than in institutions or other isolated settings. These programs serve a variety of targeted population groups, such as people with intellectual or developmental disabilities, physical disabilities, and/or psychiatric disabilities. In 2014, the Centers for Medicare and Medicaid (CMS) issued regulations that set requirements for the settings in which home and community-based services can be provided. Each state must develop a plan for how it will implement HCBS. The majority of states still
need to complete their plans, which includes soliciting input from the public. Check the status of your state’s plan.

Support a living wage for Personal Care Attendants (PCA).
PCA’s help people with disabilities with tasks of daily living, which allows people with disabilities to live, work, go to school, and participate in their community. The turnover rate of among PCAs is very high, in part because of low wages, lack of sick and vacation days, and often, no health insurance. Despite the fact that their work is essential to the independence and self-determination of people with disabilities, the mean hourly wage for personal care aides nationally is $10.92. The important work of a PCA must be valued as a career option and paid as such. A living wage and benefits would help people with disabilities retain more reliable, qualified, and longer-term PCAs.

Oppose electronic visit verification.
The 21st Century Cures Act of 2016 mandated that states create and use Electronic Visit Verification (EVV) systems, which often include intrusive tracking procedures for the delivery of Medicaid personal care and home health services. While there are different methods of implementation — GPS tracking, required home phone check-ins, and randomized check-in calls — EVV assumes that many people with disabilities are homebound, violates privacy, and discriminates against non-English speakers. The disability community supports repeal of the EVV requirement. Support bills that would eliminate, narrow, or delay EVV requirements, including Senate bill S.2897 (H.R.6042 recently passed in the House).

Support COMPREHENSIVE Universal health care.
The disability community strongly supports universal health care and has been interested in the various proposals under consideration on Capitol Hill. The disability community would be particularly supportive of any proposal that not only provided universal access to affordable health insurance, but that also ensured that all health care provided access to community-based long-term services and supports, including HCBS and other services that people with disabilities require to live independently in the community.

Additional Information and Resources:
- Protect Our Medicaid — Center for Public Representation
- Medicaid Enrollees by Enrollment Group — Kaiser Family Foundation
- Medicaid Per Capita Caps and Block Grants: Devastating for People with Disabilities — Consortium for Citizens with Disabilities (CCD)
- 1115 Waiver Element: Work Requirements — Families USA
- Section 1115 Medicaid Demonstration Waivers: The Current Landscape of Approved and Pending Waivers — Kaiser Family Foundation
- Statement on Work Requirements — Collaboration to Promote Self-Determination
- Medicaid and Work Requirements: New Guidance, State Waiver Details and Key Issues — Kaiser Family Foundation
- Medicaid Work Requirements Will Reduce Low-Income Families’ Access to Care and Worsen Health Outcomes — Center on Budget and Policy Priorities
- Many Working People Could Lose Health Coverage Due to Medicaid Work Requirements — Center on Budget and Policy Priorities
- EMPOWER Care Act — Center for Public Representation

Revised June 25, 2018

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- The Problem With Work Requirements for Medicaid – JAMA Forum
- Information about the HCBS Settings Rule and Its Implementation in your state – HCBSadvocacy.org
- Medicaid expansion & what it means for you – HealthCare.gov
- Electronic Visit Verification (EVV) – Center for Public Representation
- Public Policy Agenda for the 115th Congress 2017-18 – The Arc
Housing

Position of the disability community:

The lack of affordable and accessible housing leaves people with disabilities vulnerable to homelessness, institutionalization, and incarceration. Currently, the need for affordable, accessible, and integrated housing for people with disabilities far outstrips the supply. Rental subsidies play a key role in making such housing more available, including state and local subsidies as well as federal subsidies such as those provided through the Section 811 supportive housing program and the Section 8 voucher program. Funding must be directed to increase housing opportunities for people with disabilities in community settings.

If public officials want the disability vote:

Support affordable and accessible housing for people with disabilities. This housing should be in mainstream buildings rather than in segregated buildings for people with disabilities. Housing affordability continues to be a monumental issue for people with disabilities. The 2016 Priced Out report found that the 4.9 million non-institutionalized people with disabilities who rely on Supplemental Security Income (SSI) make only $8,995 per year, which is lower than most of the income requirements to rent a one room apartment. In addition to federal and state rental subsidies, low-income housing tax credits have been another means of expanding affordable, accessible housing for people with disabilities. The Affordable Housing Credit Improvement Act of 2017 would expand opportunities to develop housing with low-income housing tax credits. Under this program, states receive credits they allocate to entities developing affordable housing units for low-income families or individuals, including people with disabilities. Units developed with low-income housing tax credits should be in integrated buildings. The current White House budget proposal includes a cut of $8.8 billion to the U.S. Department of Housing and Urban Development’s (HUD) Section 811 program that provides affordable and accessible housing in integrated settings. The disability community is committed to protecting this funding.

Support enforcement of the Fair Housing Amendments Act to combat discrimination against people with disabilities.

Individuals with disabilities continue to face discrimination in housing. For example, people with disabilities are frequently excluded from housing based on the need for a reasonable accommodation such as an assistance animal or transfer to an accessible unit. The National Fair Housing Alliance reported in 2016, that 55% of all federal, state, and local housing discrimination complaints received were on the basis of disability. Increased enforcement and funding is needed to combat discrimination and to increase opportunities for community living.

In January 2018, HUD announced that it was suspending until 2020 or later the obligations of HUD grantees including public housing authorities, states, and local governments to submit fair housing assessments under HUD’s regulation implementing the Fair Housing Act’s mandate to “affirmatively further fair housing.” The “affirmatively furthering fair housing” regulation required HUD grantees to take steps to ensure that housing segregation – including the needless institutionalization of people with disabilities – was addressed as part of

Revised June 25, 2018
Support enforcement by HUD of the integration mandate and Olmstead. **HUD issued a guidance in 2013 on the Role of Housing in Accomplishing the Goal of Olmstead.** It described how HUD-financed housing programs must comply with the integration mandate of Section 504 of the Rehabilitation Act, requiring them to administer services to individuals with disabilities in the most integrated setting appropriate. HUD stated that “communities that have historically relied heavily on institutional settings and housing built exclusively or primarily for individuals with disabilities” must take into account the need for more integrated housing options scattered throughout the community.

Support national accessibility standards for homes. Currently, there are no national accessibility standards for privately owned single-family housing. New single-family homes should be constructed with basic accessibility features to allow a guest with a mobility disability to visit (this is known as Visitability). This is important to advance the community integration of people with disabilities.

Oppose attempts to increase rent in federally subsidized housing and impose work requirements for benefits. U.S. Housing and Urban Development (HUD) Secretary Ben Carson recently unveiled **“The Making Affordable Housing Work Act,”** a legislative proposal that would impose large, harmful rent increases on nearly all families across many essential HUD affordable housing programs – including people with disabilities and their families. His proposal also makes it easier for housing authorities to impose work requirements. Rep. Dennis Ross (R-FL) is promoting a draft bill with similarities to Carson’s proposal that also needs to be opposed because of the negative impact it would have on the lives of people with disabilities. The bill titled the **“Promoting Resident Opportunity through Rent Reform Act”** would make it easier for housing authorities to raise rents on the most vulnerable Americans and impose work requirements.

Support improving accessibility in publicly funded housing units. A **study on the characteristics and unmet housing program needs of disabled HUD-assisted households** found that significant numbers of people with disabilities living in public assistance housing did not meet their accessibility needs. 70% of residents did not receive a requested disability-related reasonable accommodation, and 90% of public housing residents with disabilities did not live in accessible units.

Oppose cuts to housing vouchers. The White House budget proposal includes **deep cuts in rental assistance** for families, including thousands of people with disabilities. Eliminating vouchers will increase homelessness and hardship for people with disabilities.

Support keeping language in the U.S. Department of Housing and Urban Development (HUD) mission statement calling for “inclusive and sustainable communities free from discrimination.” There are recent reports that HUD is considering removing language from its mission statement that signals strong support for equality for people with disabilities. As the federal agency that enforces the Fair Housing
Act, HUD must ensure communities across the nation are free from discrimination. Removing language from its mission statement would send the message that inclusion of people with disabilities is not a priority.

Additional Information and Resources:

- **Olmstead enforcement guidance** – US Department of Housing and Urban Development
- **Housing Issues for People with Disabilities** – The Arc
- **Housing Task Force** – Consortium for Citizens with Disabilities
- **Housing Subcommittee** – National Council on Independent Living
- **NCIL Position Paper: Housing** – National Council on Independent Living
- **Priced Out Report** – Technical Assistance Collaborative & Consortium of Citizens with Disabilities
- **Trump Plan Would Raise Rents on Working Families, Elderly, People With Disabilities** – Center on Budget and Policy Priorities
- **House Finance Subcommittee Holds Hearing on Rent Reform** – National Low Income Housing Coalition
- **Cutting Housing Benefits Would Increase Homelessness and Housing Poverty** – National Low Income Housing Coalition
- **What Fair Housing Means for People with Disabilities** – Bazelon Center for Mental Health Law
- **A Place of My Own** – Bazelon Center for Mental Health Law
- **Public Policy Agenda for the 115th Congress** – The Arc
Social Security

Position of the Disability Community:
Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) are essential programs and funding must be fully protected.

If public officials want the disability vote:
Oppose cuts to SSDI and SSI.
SSDI currently serves 9 million people with disabilities between ages 18-64, and 2 million dependents. There should be no cuts to this program, which is essential for people with disabilities and qualifying dependents. SSI benefits provide critical income support to families with children with disabilities. This money helps families keep children at home rather than in institutions. The current payout maximum for an individual receiving SSI is $750 per month. Even at these current levels, the majority of low-income families caring for more than one child with a disability struggles to pay for basic needs.

Oppose privatizing SSDI.
SSDI is an essential program for people with disabilities and funding for SSDI should not be tied to the volatility of private markets. This would leave people with disabilities vulnerable to market swings, which could affect their care, supports, and independence.

Support reducing the SSDI decision time.
SSDI judgement wait times have grown to unacceptable levels. The Washington Post reported in November 2017 that the national average wait time for a SSDI decision has ballooned to 596 days. This means record numbers of people are dying while waiting to receive care through SSDI. The Social Security Administration needs appropriate funding to reduce this backlog.

Oppose reducing SSDI retroactive benefits.
SSDI recipients are eligible for twelve months of retroactive benefits. The current White House budget proposes to cut this benefit in half. While waiting for the SSDI decision, the applicant is unable to work lest s/he be found ineligible for benefits. Twelve months of retroactive benefits should be maintained to lessen the financial hardship experienced by people with disabilities.

Additional Information and Resources:
- Public Policy Agenda for the 115th Congress 2017-18 – The Arc
- Fast Facts – Centers for Medicare & Medicaid Services (CMS), Office of Enterprise Data and Analysis, Office of the Actuary
- SSI Federal Payment Amounts for 2018 – Social Security Administration
Transportation

Position of the Disability Community:

Accessible transportation is vital to the inclusion of people with disabilities in work, school, and community life. People with disabilities have the right to access mass transportation facilities and services. Rural communities especially need resources to improve accessible transportation opportunities.

If public officials want the disability vote:

Support continued development and enforcement of accessible transportation as called for by the Americans with Disabilities Act (ADA).

The ADA applies to both public and private transportation providers. Our nation’s transportation routes must remain accessible for travelers with disabilities and is a right guaranteed in the ADA. Rider information must be made accessible and all modules must be fully accessible.

Support the Air Carrier Access Amendments Act.

In 2016, passengers filed 32,445 disability-related complaints as reported by 184 domestic and foreign air carriers, which represents a nearly five percent increase over 2015. The two largest complaint areas were “failure to provide assistance” for a wheelchair and “failure to provide other disability assistance.” The Air Carrier Access Amendments Act (H.R. 5004/S. 1318) would increase access to air travel for people with disabilities by improving the accessibility of aircraft and expanding enforcement of air carrier responsibilities to passengers with disabilities. It would also require the Secretary of Transportation to work with stakeholders to develop an Airline Passengers with Disabilities Bill of Rights and create a U.S. Department of Transportation Advisory Committee on the Air Travel Needs of Passengers with Disabilities.

Support inclusion of disability-related provisions in a long-term FAA Reauthorization.

The House’s FAA Reauthorization Act of 2018 includes sections that specifically address the concerns of air passengers with disabilities. The bill calls for improvements in the training of airline personnel when meeting the needs of travelers with disabilities. It establishes a Select Subcommittee for Aviation Consumers with Disabilities to the Advisory Committee for Aviation Consumer Protection. It calls for a study to highlight areas for improvement in airport accessibility and training. Also, it requires the U.S. Access Board and the U.S. Department of Transportation (DOT) to investigate the feasibility of in-cabin wheelchair restraint systems for people with disabilities. The Senate’s FAA Reauthorization of 2017 also includes several provisions that will improve the air travel experience of people with disabilities. We need a final FAA Reauthorization this year that includes these and other disability-related provisions.

Support universal design for autonomous vehicles (AV).

Congress must ensure that universal design is applied in the development of AV’s so that ALL people with disabilities can benefit from these technological advances alongside people without disabilities.

Revised June 25, 2018

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Support Amtrak becoming fully accessible.
As mandated by the ADA, Amtrak must ensure accessibility of its trains and stations throughout the U.S. so that all people with disabilities can utilize train travel.

Support holding transportation network companies accountable to the Americans with Disabilities Act.
Transportation network companies (TNCs’ – such as Uber, Lyft, and Via) must provide fully accessible service to people with disabilities including wheelchair users, individuals with service animals, deaf and hard of hearing individuals, and others.

Oppose cuts to the transportation benefit under Medicaid.
A significant number of people with disabilities rely on the Medicaid transportation benefit to get to needed medical appointments. In a 2014 survey of Medicaid users, the Center for Medicare and Medicaid Services (CMS) found that lack of transportation was the third-greatest barrier to care for adults with disabilities, with 12.2% of those patients reporting they could not get a ride to a doctor’s office. There is concern that the federal government will allow a growing number of states to make transportation optional, which will create more obstacles to health care services for people with disabilities.

Support safeguarding funding for transit (including paratransit) and Section 5310, Enhanced Mobility of Seniors and People with Disabilities, programs.
Accessible transportation and ADA complementary paratransit, as well as Section 5310, are often used to provide on-demand accessible taxi services. These critical transportation services for people with disabilities are essential to independent living; their funding must be protected.

Additional Resources and Information:
- Public Policy Agenda for the 115th Congress 2017-2018 – The Arc
- Transportation Issues for People with Disabilities – The Arc
- Autonomous Cars Could Drive Up Opportunities for the Disabled – DMV.org
- Air Carriers’ Disability-Training Programs and the Department of Transportation’s Oversight – Government Accountability Office
- Annual Report on Disability-Related Air Travel Complaints Received During Calendar Year 2016 – Department of Transportation
- The ADA and Accessible Ground Transportation – ADA National Network
- Air Carrier Access Act Myths and Facts – Paralyzed Veterans of America
- Transportation – Disability Rights Education & Defense Fund
- Autonomous Vehicles (AVs), Also Known as Self-Driving Cars – Disability Rights Education & Defense Fund
- Transportation Update: Where We’ve Gone and What We’ve Learned – National Council on Disability
- Self-Driving Cars: Mapping Access to a Technology Revolution – National Council on Disability
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