

National Council on Independent Living

Legislative



Advocacy

Priorities

Spring 2010



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Dear Advocates and Allies,

I am pleased to announce the release of the spring edition of the National Council on Independent Living's 2010 Policy Priorities. This publication will introduce you to a sample of the many legislative issues NCIL is pursuing in order to secure full inclusion and equality for people with disabilities.

I would like to draw particular attention to issues surrounding Independent Living funding. Considering the substantial work left to be done in order to secure the civil and human rights of people with disabilities, it is crucial that we secure appropriate funding for the Independent Living Program while advancing its agenda of full participation, equality, and freedom of choice for all.

I am very proud of our community's hard work to bring these issues to Congress. Together we will see the passage of our legislative priorities, the restoration of our civil rights, and a world in which people with disabilities are truly valued equally and participate fully.

Sincerely,



Kelly Buckland, Executive Director

The Independent Living Program

Centers for Independent Living are **community-based**, cross-disability, non-profit organizations that are designed and operated **by people with disabilities**. CILs are unique in that they operate according to a strict philosophy of **consumer control**, wherein people with all types of disabilities directly govern and staff the organization.

From 2004 – 2008, Centers for Independent Living:

- Moved **11,451 people** out of nursing facilities and institutions, saving state and federal governments **over \$200 million**;
- Provided the core services of advocacy, information and referral, peer support, and independent living skills training to **over 3 million individuals with disabilities**; and
- Attracted **over \$618 million** through private, state, local and other sources annually.

Funding: The average Center receives **only \$218,000** per year in Federal funds, and provides **direct services to over 7,600** and systemic **advocacy for over 138,000** people with disabilities. Centers need Title VII **Part C funding increased by at least \$100 million**.

America is home to:

- 391 Centers for Independent Living
- 330 branch offices
- 56 Statewide Independent Living Councils



In that same period, CILs provided other services to **over 659,000 people with disabilities**, including assistance with **housing and transportation, personal assistants, employment, and technology**.

Independent Living and Reauthorization of the *Rehabilitation Act*

The Rehabilitation Act is an important civil rights law that prohibits discrimination on the basis of disability in all activities of the Federal government and any entities receiving funding from the Federal government. The Act has not been reauthorized since 1998.

The Act establishes the Independent Living Program, an exceptionally unique solution to persistent obstacles facing the disability community and the nation as a whole. Centers for Independent Living and Statewide Independent Living Councils are grassroots, advocacy-driven organizations run by and for people with disabilities that focus on civil rights, empowerment, and inclusion.

The Rehab Act needs to be reauthorized immediately with amendments that maximize the impact and potential of the Independent Living Program. Based on recent trends toward conservative interpretation of the Rehabilitation Act, it is imperative that the following provisions be included in reauthorization.

Suggested Amendments for Centers for Independent Living:

- *The Rehabilitation Services Administration (RSA) Must Be Consumer-Controlled:* The idea of Consumer Control should be applied at the federal level by giving people with disabilities a direct voice over the governance of the IL Program. Title VII should be amended to include the establishment of a consumer-controlled Council to oversee the agency, direct activities, and to hold the commissioner and entire agency accountable to people with disabilities and the taxpayer.
- *Funding Formula Change:* Part C dollars are the funds funneled through RSA that support Centers for Independent Living. S. 1021 (109th Congress) included legislation that would enable all new Part C dollars to be shared among all states and territories. States with the largest populations would receive more funding proportionally.
- *Carryover:* CILs should be allowed to carry over unspent Part C funds into a second year, despite the fact that CILs are “forward funded”.
- *Grandfathered Centers:* Centers that receive Part C funding and meet the standards and assurances, should not need to re-compete for grants if they received Part C funding prior to the first year of reauthorization, but should be grandfathered into the system.



Modify the language regarding SILCs to address the lack of clarity about:

- The council appointment process
- Sole-signatory authority on the SPIL
- The authority of the SILC within the State
- A built-in appeals process to resolve disagreements.
- Who has voting rights
- Who elects the chairperson
- Ex-officio non-voting members

The function of the SILC should include:

- Facilitating the improvement and coordination of services provided to individuals with disabilities by Centers for Independent Living, the Designated State Unit, and other agencies and organizations;
- Resource development activities to obtain funding to support the activities of CILs and SILCs, and;
- Other functions, *including but not limited to systems advocacy.*

Independent Living Administration

People with disabilities are the best equipped to oversee programs that assist them. Consumer control works effectively at the state and local level and should now be implemented at the federal level by giving people with disabilities governance of the Independent Living Program.

NCIL proposes the creation of an Independent Living Administration (ILA) that will administer and monitor the Independent Living Program in America. The Administration should consist of a consumer controlled Commission with a minimum of 67% people with disabilities, 3 appointed by the President, 3 by the Senate, and 3 by the House. The ILA would:

- Direct the Commissioner to coordinate with NCIL, CILs, and SILCs to promoting Independent Living
- Have a Commissioner hired by the consumer controlled ILA Commission
- Establish an appeal process for the State Plan for Independent Living
- Provide for direct funding of SILCs using newly appropriated monies
- Utilize a “Peer Review” process and monitoring for quality improvement
- Provide funding for training and technical assistance, and establish minimum funding level for CILs and SILCs
- Establish a “career ladder” to facilitate movement of qualified CIL and SILC staff to the ILA



For Centers for Independent Living, the ILA would:

- Change the funding formula to equally distribute some funds and proportionately distribute others
- Allow CILs to carryover unexpended funds from one year to the next
- Stop forcing established CILs to compete for funding every year by grandfathering through statute
- Allow and provide clarification for satellite offices
 - Clarify “transitional living”
- Clarify the proposed 5th Core Service by defining youth and institutional transition services

For Statewide Independent Living Councils, the ILA would:

- Direct SILCs to promote the IL philosophy at the state level in collaboration with the CILs
- Clarify the role of the SILC to include leadership and support to maximize the empowerment, leadership, independence, and productivity of individuals with disabilities through systems advocacy, resource development, training and technical assistance, and other strategies outlined in the SPIL
- Direct the SILC to collaboratively support and facilitate the development of the statewide network of Centers for Independent Living through the implementation of the SPIL
- Clarify SILC duties to include resource development, advocacy, and other activities as the Council deems appropriate, consistent with the Independent Living Act
- Give SILCs sole signatory authority over the SPIL to ensure consumer control.

Civil Rights and the Americans with Disabilities Act

ADAAG Rulemaking

NCIL supports examination of the rulemaking process for adopting the Standards for Accessible Design under the ADA. The Department of Justice held an extremely rushed comment period in 2008 as part of the process of adopting radical departures from long-standing positions. NCIL has many concerns, including the definition of service animals, access to recreational spaces, a requirement to attest in writing to disability, and new "safe harbors". The DOJ has worked on this rulemaking for years and should not short circuit the process by finalizing a rule without the public give and take necessary to implement changes of this magnitude. Another comment period of at least 90 days is needed.

Judicial Nominations

NCIL supports the nomination and confirmation of federal judges with disabilities and those who respect the ADA and the civil rights of people with disabilities. NCIL urges the Senate to ask nominees tough questions on judicial philosophy on the civil rights of people with disabilities.



ADA Notification Act

H.R. 2397

This bill would impede ADA enforcement by forcing people to provide written notice to a public entity 90 days prior to filing a complaint. Twenty years after the passage of the ADA, it is unacceptable for public entities to seek safe haven from our most important civil rights law. NCIL vehemently opposes this bill on the grounds that civil rights are intrinsic to all Americans; a violation of which cannot require 'notification' prior to occurrence. Instead of reducing ADA violations outrageously deemed "frivolous" lawsuits, this bill will tie up the court system with unnecessary extensions on clear violations of Federal law. States should address problematic issues within state law; not create additional Federal law that cannot be enforced.

Voting Integrity and Verification Act

S. 48

This bill would require new voting systems to provide a voter-verified permanent record and would promote development of improved accessible voting machines. While the Department of Justice must better monitor and enforce the accessibility standards in the polling place, NCIL supports efforts to spur competition and strongly urges Congress to work toward an accessible, verifiable voting system.

Community Mental Health Services Act

H.R. 1011

H.R. 1011 amends the Public Health Service Act to require the Substance Abuse and Mental Health Services Administration (SAMHSA) to award grants to projects that focus on mental illness, provide funding for integrated treatment, and provide mental health services in underserved areas.

U.N. Convention on the Rights of Persons with Disabilities (CRPD)

NCIL strongly supports US ratification of the CRPD. The Administration is currently analyzing the treaty. Advocates should wait until the Administration sends it to the Senate for advice and consent before calling for your Senator's support. NCIL strongly encourages swift action on this crucial civil rights issue.

The Healthcare Reform Process

The 111th Congress has made a remarkable effort to reform America's healthcare system. NCIL has been very involved in the process by advocating to end discrimination in the insurance market, create affordable, comprehensive insurance options that meet the needs of people with disabilities, and finally address the long-term care crisis in our nation. NCIL strongly supports the following provisions and technical changes as the legislative process enters the final stages.

Community First Choice Option

Healthcare reform must include a solution that ends the shameful institutional bias in Medicaid. NCIL's top priority for reform is the *Community Choice Act*, but we strongly endorse the Community First Choice Option as a step towards ending the institutional bias. Both the House and the Senate included the CFC Option in their current reform bills. The CFC Option will give states the option to include home and community-based services in their Medicaid Plan, which means that any Medicaid recipient in need of an "institutional level of care" can get those same services in their home if they choose. States that choose the CFC Option will receive a 6% increase in FMAP (Federal Medicaid funding).

Community Living Assistance Services and Supports (CLASS) Program

The CLASS program would create a national, voluntary long-term care insurance program that would provide a cash benefit to be used for anything an individual sees fit to meet their long-term care needs, including personal care services from a professional or family member, home or vehicle modifications, or even equipment. To qualify for the benefit, individuals must pay into the program for a minimum of five years through a voluntary payroll deduction and be in need of assistance with 2 or more Activities of Daily Living. The average premium is estimated to be around \$125 per month, with a reduced premium of \$5 per month for people below the federal poverty level and college students.

Maintenance of Effort for State Medicaid Programs

The healthcare bills, in their current form, expand Medicaid to individuals at or below 133 - 150% of the Federal Poverty Level. While NCIL applauds the Congress' intent, such an expansion has the potential to force cuts to home and community based services (HCBS). Because of the eventual cost-sharing states will be expected to participate in and the lasting effects of the recession on state budgets, states will cut the optional programs in their Medicaid plans. NCIL has offered language that requires states to safeguard current optional HCBS benefits. This provision supports the Supreme Court *Olmstead* ruling, which held that people with disabilities have the right to receive services and supports in the community, not just costly and unjust institutions. NCIL insists that Congress direct the Secretary of HHS and Attorney General to monitor and report on each state's compliance with the *Olmstead* ruling.

Health Insurance Market Reform

NCIL strongly supports the following market reforms for private insurance companies:

- Prohibition of pre-existing condition exclusions from coverage
- Prohibition of discriminatory premium rates based on health status
- Guaranteed issuance and renewability of coverage, all who apply must be accepted and maintained
- Prohibition of discrimination in coverage; no eligibility requirements can be made by health insurers based on disability, health history or status, genetic information or claims experience

Healthcare and Ending the Institutional Bias

Community Choice Act

H.R. 1670 and S. 683

NCIL strongly endorses the *Community Choice Act*. The Community First Choice Option is a step toward ending the crisis the institutional bias in Medicaid has created, but it is not enough. Currently, every state that receives Medicaid is required by law to provide nursing facility services, but community-based services remain optional, leaving them open to funding cuts year after year as institutions remain prosperous. As a direct result, millions of seniors and people with disabilities are forced into institutions to receive medical or personal assistance services.

The *Community Choice Act* requires states to offer community-based supports for Medicaid-eligible consumers who want to stay in or return to their homes and communities. It will provide a real alternative to institutional care that many states lack and save Medicaid billions of dollars per year.

Genworth Financial recently released its 2009 Cost of Care Survey, which analyzed data from more than 14,000 nursing facilities and other long term care providers. In 2009, the average rate for nursing facilities increased 4.5%, while the rate for personal care assistance only increased by 0.5%. NCIL urges Congress to pass the *Community Choice Act* immediately in order to stop the shameful pillaging of taxpayer dollars and the civil rights of Americans with disabilities by the nursing home lobby.



Ending the Medicare Waiting Period Act

H.R. 1708 and S. 700

NCIL supports elimination of the 24-month Medicare waiting period. If a person qualifies for Social Security Disability Insurance, they are by definition disabled and usually in need of medical attention. This bill will immediately eliminate the two year waiting period for those that need immediate, life-saving medical attention. For those without a life-threatening condition, the waiting period will be eliminated within 10 years of enactment. Currently, there are about 600,000 Americans with significant disabilities who have no insurance and go without healthcare. Many go into debt, are forced into bankruptcy, or die while waiting the required two years for Medicare coverage to begin after they are deemed eligible for Social Security Disability. Twelve percent of people in the Medicare waiting period die each year while waiting for coverage to begin. This practice must stop. Death and illness do not wait on bureaucracy. *H.R. 1708* is currently in the Railroads, Pipelines, and Hazardous Materials Committee and *S. 700* has been referred to the Finance Committee.

Competitive Bidding

H.R. 3790

The Centers for Medicare and Medicaid Services (CMS) created a competitive bidding program for purchasing Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS). The program establishes rates for certain categories of equipment. CMS says the program seeks to reduce costs and prevent fraud and abuse to Medicare, and will save consumers money by requiring all vendors in target areas to meet CMS's eligibility, quality and financial standards. In 2008 the program was delayed, but again resumed stage one in 2009. Because of this, NCIL supports *H.R. 3790*, a bill to *Amend part B of Medicare to repeal the Medicare competitive acquisition program for DMEPOS in a budget neutral manner.*

Healthcare and Ending the Institutional Bias

Medicare Independent Living Act

H.R. 3184 and S. 1186

The Medicare Independent Living Act will eliminate an incorrect and devastating interpretation of the “In-Home Rule” by the Centers for Medicare and Medicaid Services (CMS). Medicare’s mobility device benefit has never been generous. In fact, Medicare will only provide wheelchairs and scooters to those beneficiaries who need them to eat, bathe, groom, dress, or use the bathroom inside their home. In many communities, CMS takes a hard line on the issue and insists that if the provided medical device is used outside the home, the recipient is no longer entitled to the device.

The current rule prevents beneficiaries from living independently by returning to work or school, regaining self-sufficiency, accessing their place of worship, the voting booth, and the homes of family and friends. Medicare continues to pursue such myopic and irrational policies that genuinely harm beneficiaries in the name of reducing fraud and abuse. NCIL calls on CMS to address Medicare’s restrictive “In-Home Rule” policy, which was originally meant to define durable medical equipment as devices provided outside an institution, hospital, or nursing facility, which therefore warranted separate reimbursement under Medicare Part B.



Project 2020: Building on the Promise of Home and Community-Based Services

H.R. 2852 and S. 1257

This legislation increases authorized funding and provides mandatory funding for full national implementation of Aging and Disability Resource Centers (ADRCs), authorizes funding for wellness and disease prevention programs for older adults, and implements nursing home diversion projects for eligible seniors over the age of 75.

NCIL and its membership highly value ADRCs, but we also have high expectations. The disability community must become an equal partner in the development, implementation and administration of ADRCs. There are serious flaws that need to be addressed to avoid costly duplication of services and strengthen language that addresses the needs of people with disabilities. To address this inequity, Congress should eliminate the right of first refusal given to Area Agencies on Aging for ADRC grants. Centers for Independent Living (CILs) and Statewide Independent Living Councils (SILCs) should have equal opportunity to compete for these grants.



Stronger legislative language is needed to produce full and equal partnerships where CILs and ADRCs coexist. It is unacceptable that legislation to expand ADRCs creates a nursing home diversion program only for people age 75 and older while the majority of people trying to escape nursing facilities are under the age of 75. NCIL will gladly support this legislation when these issues have been addressed, as NCIL values our partnership with the aging community.

Accessible, Affordable, Non-Toxic, Integrated Housing

NCIL supports initiatives to increase accessible, affordable, integrated housing. NCIL applies the term accessible broadly, emphasizing physical accessibility, accommodations for persons with sensory, emotional, developmental and intellectual disabilities, and separated, protected, healthy / non-toxic housing for persons with chemical and electrical sensitivities. The need for universal design in housing is increasing dramatically and NCIL encourages increased funding to Community Development Block Grants, Housing Choice Vouchers, the Choice Neighborhoods program, and Project-based Vouchers.

National Housing Trust Fund

Congress created the National Housing Trust Fund in 2008 with funding from Fannie Mae and Freddie Mac, but the economic crisis has impeded its funding. President Obama has proposed in 2010 to fund the Trust Fund at \$1 billion. NCIL applauds this proposal, which will allow the Trust Fund to create and preserve housing for people with the lowest incomes, which disproportionately includes people with disabilities and their families. NCIL urges Congress to support this funding allocation.

Frank Melville Supportive Housing Investment Act

H.R. 1675 and S. 1481

Efforts to reduce unjust and expensive institutionalization are thwarted because of the lack of affordable and accessible housing. NCIL supports reauthorizing Section 811 and reforming the production program to allow for mixed-finance, mixed-use projects; streamlining the processing requirements; and increasing production by authorizing a Project Rental Assistance Contract (PRAC) Demonstration program that includes leveraging set-asides of supportive housing units in federal Low Income Tax Credit properties and HOME-funded projects. NCIL supports using Section 811 to create separate and protected housing for persons with chemical and electrical sensitivities.

Inclusive Home Design Act

H.R. 1408

The Inclusive Home Design Act requires that newly constructed, federally assisted houses include at least one level with accessible: entrance, interior doors, environmental controls, habitable space, and bathroom. These features will increase housing available to persons with disabilities, prevent unnecessary expenses for renovations, and allow seniors to age in place.

Section 8 Voucher Reform Act (SEVRA)

H.R. 3045

NCIL cannot support *SEVRA* in its current form due to its work disincentives, including replacing the Earned Income Disregard for people returning to work and elimination of deductions for child care. Reductions in income adjustments for medical expenses and the expansion of the unproven Moving to Work program will make subsidized rent unaffordable for many seniors and people with disabilities. While this bill was well-intentioned, the people who can least afford it will see their portion of the rent increase. We urge members of Congress to improve *SEVRA* by addressing these concerns.

Achieving a Better Life Experience (ABLE) Act

H.R. 1205 and S. 493

The ABLE Act would create accounts to be used for housing expenditures such as home modifications, assistive technology, and other tools that empower persons with disabilities to remain in their homes.

Employment and Economic Empowerment

National public policy on employment and disability is stuck in a morass of confusing program rules and conflicting objectives. The high rate of poverty linked to disability is unacceptable on moral and economic grounds. We must uncouple and demystify the conflicting goals of today's disability benefit and health coverage programs.

NCIL proposes the creation of an employment support insurance program that would provide health coverage through new models of Medicare, benefits planning services, and referrals to employment support services. Employment Support Insurance (ESI) is the missing policy link between worker's compensation and today's Social Security disability programs. ESI would be similar to the social insurance model SSDI uses now, with FICA payroll deductions to fund some of its services. ESI would provide needed supports missing between seeking work, employment, and receiving SSI or SSDI.

For those who show they are unable to work, the current SSDI program would maintain its earnings replacement components under an Earnings Replacement Insurance (ERI) program. Medicare coverage would be available right away in the ERI program. The ESI program would provide income support, health coverage, benefits planning, and referral services to people transitioning off the ERI program when returning to work. This two-plan model protects life-saving aspects of current disability systems while addressing their gross deficiencies.



The tax code should be reformed to combine, simplify, and expand existing tax credits under a new disabled access credit. The broad definition of disability in the ADA should be used as criteria and be applied to a revised Work Opportunity Tax Credit, making more employers eligible for the credit.

On the 20th Anniversary of the ADA, NCIL encourages focus on the following priorities:

- **Establish by Executive Order a Commission on People with Disabilities, Employment, Economic Empowerment and Social Security**, to present a concrete set of proposals to increase the employment rates and asset building potential of veterans and civilians with disabilities.
- **Prioritize implementation of Schedule A** within the Office of Personnel Management and make the federal government a model employer of Americans with disabilities. Representative Edolphus Towns (D-NY) should conduct oversight hearings on federal employment of people with disabilities.
- Reauthorize by October 2010, improve, and **double the funding for the Work Incentives Planning and Assistance (WIPA) grants** to include their increased use of online tools. WIPA benefits counselors have a potential caseload of 5,000 Social Security disability beneficiaries taking concrete steps to seek work, an impossible caseload by any standards.
- **Reauthorize Medicaid Infrastructure Grants (MIGs)**, which promote support-infrastructures and increase Medicaid Buy-Ins for workers at the state level, and take steps to develop a single, national Medicaid Buy-In with a minimum threshold set of worker earnings and asset-building provisions.
- **Reform and expand the use of the SSI Plan for Achieving Self-Support (PASS)** program among the 10 million+ recipients of SSI and SSDI based on individual needs and preferences.
- **Expand the Disability Program Navigator initiative** at One Stop Career Centers through the Department of Labor and work towards permanent codification of the DPN initiative via reauthorization of the Workforce Investment Act of 1998 (WIA).
- **Expand outreach on Social Security's Ticket to Work Program and Social Security's initiative to directly hire its beneficiaries.**

Transportation: The Lynchpin to Independence

Transportation is one of the most significant barriers facing people with disabilities and often affects the opportunity to live independently. When America honors the equal access intent of the Americans with Disabilities Act by ensuring accessible and affordable public transportation, people with disabilities will have the same travel options available to everyone else, allowing them to attend school, maintain employment, travel within the communities of their choice, and fully participate in the American Dream. NCIL supports a federal standard requiring all taxi fleets in America to be wheelchair accessible by January 1, 2013 and encourages the Access Board to develop and adopt a minimum standard of universal design for all taxicabs.

Complete Streets Act

H.R. 1443 and S. 584

The *Complete Streets Act* requires all federally-funded transportation projects to use the “complete streets principles,” which provide safety and convenience standards. By establishing compliance standards, all users, including people with disabilities, will have better access to transportation and increased independence.

Allowing Local Control of Federal Transit Funds Act

H.R. 2746

H.R. 2746 increases local transit systems’ flexibility with federal funds through an incentive program. State and local governments will be able to use a percentage of their funds for operations. NCIL supports this bill because it will reduce fare increases and services cuts to public transportation, which is widely used by people with disabilities.

National Transportation Objectives Act

H.R. 2724

NCIL supports the *National Transportation Act*, which establishes national transportation objectives to improve transportation system conditions, provide equal access to transportation users in urban, suburban, and rural communities, and set performance standards. This pivotal legislation will implement standard procedures necessary for efficient and reliable public transportation.



Pedestrian Safety Enhancement Act

H.R. 734 and S. 841

The *Pedestrian Safety Enhancement Act* requires the Secretary of Transportation to study and report to Congress on the minimum amount of sound that should be emitted from a motor vehicle. Minimal sound requirements will help ensure the safety of pedestrians, especially those with visual impairments and other disabilities.

Safe, Accountable, Flexible, Efficient Transportation Equity Act

The *Safe, Accountable, Flexible, Efficient Transportation Equity Act (SAFETEA)* authorizes funds for highways, highway safety and transit programs, and paratransit, including fixed route and demand responsive services. Reauthorization of this legislation is critical to providing equal access to public transportation in accordance with the Americans with Disabilities Act.

Education

All students with disabilities have the right to an equal education. Furthermore, students with disabilities must be assured a high quality education that provides the opportunity to acquire the same knowledge and skills as their peers through participation in the general curriculum and access to teachers qualified to teach students with diverse learning needs.

Implementation and enforcement of the *Individuals with Disabilities Education Act (IDEA)* and the *Elementary and Secondary Education Act (ESEA)* must be improved. Reauthorization of *ESEA* provides Congress with the opportunity to reaffirm and strengthen provisions that will ensure that all students receive a quality education. Specific items that need strengthening include:

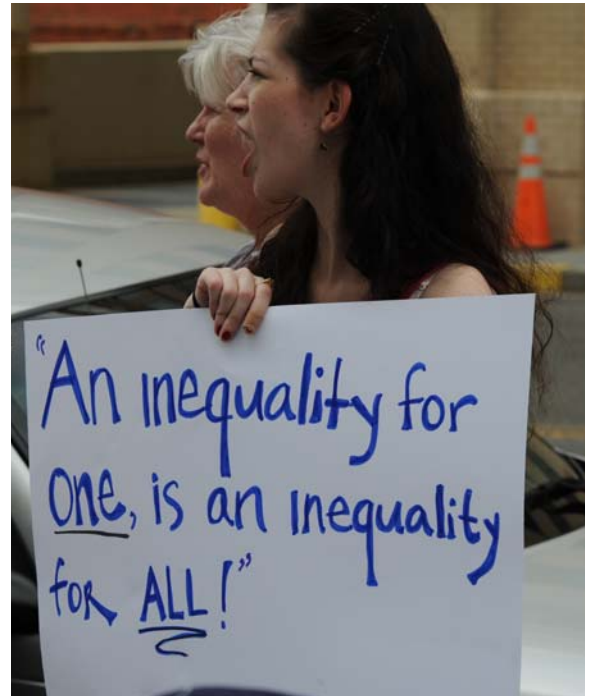
- Empowerment of students with disabilities with information about education rights, services and expectations
- Integration of academic instruction, school activities, and planning to promote successful transition from school to adult life
- Accountability standards focused on improving the graduation rate of students with disabilities
- Integration of *IDEA*, *ESEA* and Section 504 of the *Rehabilitation Act* requirements
- Development of standards to ensure all students have full, meaningful access to quality instruction in the regular curriculum
- Assessment programs aligned with the curriculum and used as a means to make schools accountable to students and their families
- Requirements for disaggregation of assessment data and use of the data to improve educational opportunities

Preventing Harmful Restraint and Seclusion in Schools Act

H.R. 4247 and S. 2860

After the Government Accountability Office (GAO) reported widespread misuse of restraint and seclusion, bipartisan legislation was introduced to curb the abuse of students with disabilities in our nation's schools.

This bill directs the Secretary of Education to establish safety standards to prevent inappropriate restraint and seclusion and require training in first aid and effective management techniques that will provide a safe school environment.



Available and Accessible Technology

NCIL strongly advocates for access to mainstream and assistive technologies (AT) that enable and enhance independence for people with disabilities through supporting the principles of universal design, inclusion, consumer control, and peer support as they apply to the use, development and delivery of mainstream and assistive technologies. People with disabilities are best served by available and affordable “hands on” exposure to technology. NCIL encourages the use of universal design to make technology inclusive and accessible to people with disabilities and supports legislation and efforts that develop and enforce access standards in existing and emerging technology.

Twenty-first Century Communications and Video Accessibility Act

H.R. 3101

The Twenty-first Century Communications and Video Accessibility Act of 2009 amends the Communications Act of 1934 to include the definition of "disability" as defined under the Americans with Disabilities Act of 1990, "advanced communications" as interconnected VoIP (Voice over Internet Protocol) service, non-interconnected VoIP service, electronic messaging, video conferencing, and other specified terms. Also, it requires that equipment and services for advanced communications be made available to people with disabilities. NCIL supports H.R. 3101 that makes technology accessible to people with disabilities.

Assistive Technology Act

NCIL supports the reauthorization of the Assistive Technology Act to further access to mainstream and assistive technology for people with disabilities and looks forward to working with Congress on this important legislation.


Veterans' Issues

NCIL supports legislation to provide expanded services and benefits to all veterans. NCIL applauds Federal and state efforts to provide better services to returning Operation Enduring Freedom and Operation Iraqi Freedom era veterans and their families in recognition of their service and sacrifice for their country. Specifically, NCIL supports:

- Additional Veterans Administration (VA) focus on homeless veterans and their needs.
- Continued efforts by the VA and Congress to provide proper care to veterans who have Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI) and Mental Health issues as a result of their service.
- Legislation that enables Veterans with disabilities to remain in the community-based setting of their choice and improved housing options so veterans with disabilities have viable community options.
- Partnerships between the VA and community-based organizations like Centers for Independent Living in planning and providing services to veterans in their communities, in the location of the veteran's choice.
- Implementation of programs to divert veterans living and dealing with PTSD, TBI and other Mental Health issues from the criminal justice system and offer community alternatives.



Legislation NCIL Supports:

- H.R. 1670 and S. 683 • Community Choice Act
- H.R. 1708 and S. 700 • Ending the Medicare Waiting Period Act
- H.R. 3790 • A bill to Amend part B of Medicare to repeal the Medicare competitive acquisition program for DMEPOS in a budget neutral manner
- H.R. 3184 and S.1186 • Medicare Independent Living Act
- H.R. 2852 and S. 1257 • Project 2020: Building on the Promise of Home and Community-Based Services Act
- S. 48 • Voting Integrity and Verification Act
- H.R. 1011 • Community Mental Health Services Act
- H.R.1675 and S.1481 • Frank Melville Supportive Housing Investment Act
- H.R.1408 • Inclusive Home Design Act
- H.R. 1205 and S. 493 • Achieving a Better Life Experience (ABLE) Act
- H.R. 3101 • Twenty-first Century Communications and Video Accessibility Act
- H.R. 1443 and S. 584 • Complete Streets Act
- H.R. 2746 • Allowing Local Control of Federal Transit Funds Act
- H.R. 2724 • National Transportation Objectives Act
- H.R. 734 and S. 841 • Pedestrian Safety Enhancement Act
- H.R. 4247 and S. 2860 • Preventing Harmful Restraint and Seclusion in Schools Act
- Reauthorization of: • Rehabilitation Act, with increased funding for Independent Living
- Safe, Accountable, Flexible, Efficient Transportation Equity Act
- Twenty-first Century Communications and Video Accessibility Act
- Assistive Technology Act

Legislation NCIL Opposes:

- H.R. 2397 • ADA Notification Act



Founded in 1982, the National Council on Independent Living is one of America's leading and the oldest cross-disability, national grassroots organization run by and for people with disabilities. We represent Centers for Independent Living (CILs,) Statewide Independent Living Councils (SILCs,) and other disability rights organizations serving hundreds of thousands people with disabilities in every state and territory of the country.

Mission: As a membership organization, NCIL advances Independent Living and the rights of people with disabilities through consumer-driven advocacy.

Vision: The National Council on Independent Living envisions a world in which people with disabilities are valued equally and participate fully.

The National Council on Independent Living

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