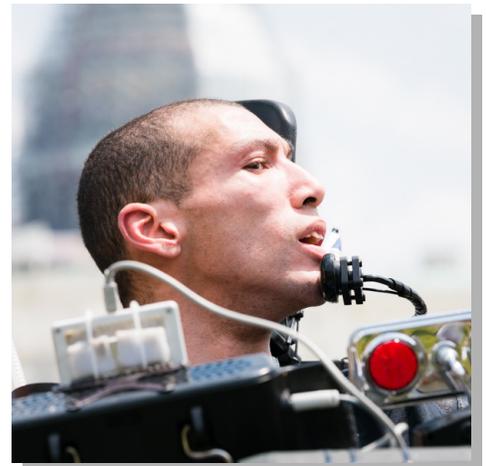




Legislative & Advocacy

Priorities Guide

Summer 2016



# A Message from the Executive Director

I am pleased to announce the release of the summer edition of the National Council on Independent Living's 2016 Policy Priorities. This publication will introduce you to a sample of the many legislative issues NCIL is currently pursuing in order to secure full inclusion and equality for people with disabilities in our great nation.

I would like to draw particular attention to issues surrounding Independent Living funding. CILs and their statewide counterparts are the only organizations directly working to address the issues outlined in this publication. They use shoe-string budgets to successfully advocate for individuals with disabilities facing discrimination while fighting to win an even playing field and ensure the civil and human rights of all Americans.

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.



Kelly Buckland  
Executive Director

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# The Independent Living Program →

NCIL is pleased with the 2014 passage of *Workforce Innovation and Opportunity Act (WIOA)* and reauthorization of the *Rehabilitation Act* contained therein. This historic bill created the Independent Living Administration (ILA), where NCIL advocates believe that the Independent Living Program will flourish. Centers for Independent Living (CILs) stand ready to take on the challenges and opportunities of integrating the additions and changes included in *WIOA*.

In order to effectively carry out the additional core services as authorized in this legislation and to strengthen America's Independent Living Program, it has been determined that additional funding of \$200 million will be required.

## **We are requesting \$200M in additional funding in the 2017 budget for the Independent Living line item.**

CILs are grassroots, advocacy-driven organizations run by and for people with disabilities. CILs envision a society in which people with disabilities are valued equally and participate fully. In order to accomplish this vision, CILs support consumers moving out of nursing homes and into the community, and advocate for individuals facing discrimination in employment, education, housing, transportation, and healthcare to ensure equal opportunity for people with disabilities as citizens of our democratic nation.

The additional core service authorized by *WIOA* in Title V is **Transition**; as defined:

- a) Facilitate the transition of individuals with significant disabilities from nursing homes and other institutions to home and community based residences;
- b) Provide assistance to individuals with significant disabilities who are at risk of entering institutions so that the individual may remain in the community; and
- c) Facilitate the transition of youth (including students) who are individuals with significant disabilities, who are eligible for individualized education programs under section 614(d) of the *Individuals with Disabilities Education Act* (20 U.S.C. 1414(d)), and who have completed their secondary education or otherwise left school, to post-secondary life, including employment.

The Independent Living Program has had tremendous influence for systems change in the delivery of cost-effective long-term care services using home and community-based services (HCBS) and transition of youth. For decades, the Independent Living Program has been woefully underfunded and has not received additional funding. Conversely, Vocational Rehabilitation agencies routinely receive increases of \$365M in COLA every year. Due to state budget constraints, state VR agencies have returned over \$80M to the Treasury because they are not able to match with state funds. Clearly, investing in Centers for Independent Living makes sense.

This \$200M funding request will restore devastating cuts to the Independent Living Program, make up for inflation costs, address the increased demand for independent living services, and fund transition, the new core service.



According to data collected by the Rehabilitation Services Administration, during fiscal years 2012-2014, Centers for Independent Living:

- Provided the core services of advocacy, information and referral, peer support, and independent living skills training to nearly 5 million individuals with disabilities
- Attracted over \$2.26 billion through private, state, local, and other sources, and;
- Moved 13,030 people out of nursing homes and institutions, saving states and the Federal government over \$500 million, not to mention improving people's quality of life.

In that same period, Centers provided other services to hundreds of thousands of individuals with disabilities in their respective communities that included:

- Personal assistance services to nearly 184,240 people with disabilities;
- Assistance to 145,937 people in securing accessible, affordable, and integrated housing;
- Assistance with Assistive Technology for 171,441 people with disabilities;
- Vocational and employment services to 96,492 people with disabilities;
- Advocacy to significantly increase access and opportunities to fully participate in community life;
- Transportation services to over 103,175 people with disabilities, and;
- Services to over 35,137 youth with disabilities.

Independent Living saves taxpayer dollars through home and community-based services. Home and community-based services, accessed through Medicaid or the private sector, allow people with disabilities (including the ever-growing senior population) to remain in their homes rather than living in nursing homes or other institutions. HCBS Medicaid Waivers allow recipients to spend their Medicaid funds on case management, home health aides, personal care attendants, health, and other services. According to research funded by the National Institute on Disability and Rehabilitation Research (NIDRR) and the Kaiser Commission on Medicaid and the Uninsured In 2006:

- Medicaid HCBS expenditures for personal care services, home health, and 1915c waivers were \$39 billion;
- Medicaid HCBS waiver expenditures were \$25 billion;
- Medicaid institutional costs were about \$60 billion;
- National average waiver costs per participant were \$43,039 compared with \$125,019 in institutional costs;
- After including average Community Living Costs of \$14,308 a year, waiver recipients spent \$67,672 less than a resident in a facility;
- Including average Community Living Costs (room, food and other), waiver recipients spent \$44,992 a year, compared to nursing homes costs of \$63,095;
- Community-based services are 21% - 29% less expensive than nursing homes, saving taxpayers \$18,103 a year per participant.



The President, OMB, and Congress want federal programs to measure their outcomes, not just their activities or outputs, and Centers for Independent Living agree. Our network of local CILs, funded by the Department of Health and Human Services to help persons with disabilities remain as independent as possible, agrees that programs cannot improve unless they know their current effectiveness. On their own initiative, CILs have worked with an independent evaluator for the past four years to develop ways to measure their outcomes, and they have now succeeded. This is a rare and exciting accomplishment for a federal program.

The National Council on Independent Living has led a nationwide effort to develop outcomes, indicators, measurement tools, and ways to gather, analyze, and interpret outcome data. The Independent Living Administration and all segments of the Independent Living community of practice have been closely involved at every step. CILs have field-tested their outcomes for each of the past two years. The findings from 2011 are presented below.

What did we learn about Centers for Independent Living?

- 85% of at-risk clients are kept out of institutions
- 30% of institutionalized clients move back into the community
- 72% of callers receive the information they requested
- 52% of callers use a new resource they learned from the Center
- 70% of all clients have new skills, knowledge, or resources because they contacted the Center
- 51% are more independent as a result of using Center services
- 58% are now able to speak up for themselves
- Most CILs also identify barriers and problems in their communities, develop plans to address them, and successfully engage with decision-makers



NCIL respectfully requests your careful consideration to increase funds for the Independent Living line item for the 2017 budget.

## Housing →

NCIL supports initiatives to increase accessible, affordable, healthy / nontoxic, decent, safe, and integrated housing. NCIL is an inclusive cross-disability organization and applies the term 'accessible' broadly, emphasizing physical accessibility, accommodations for persons with sensory disabilities (visual or hearing), mental health disabilities, developmental and intellectual disabilities as well as persons with chemical and electrical sensitivities. The need for housing that accommodates a wide range of disabilities is increasing due to community living options replacing costly and unjust institutionalization, many veterans returning with disabilities, the high rate of homelessness among people with disabilities, and the aging of the population. Housing is a

complicated subject, with many pieces of the puzzle that must come together in order to have housing for all. NCIL believes that all housing should be designed and constructed to be accessible and used by all.

## **Housing Funding**

Housing affordability continues to be a serious challenge for many households with a person with a disability across the country. In the face of increasing costs of providing housing assistance and the higher need for housing assistance, funding has been stagnant - or worse, when compared to increasing housing costs. As of this writing, Congress is still working on their HUD and USDA Rural Housing appropriations for FY 2017. It's crucial that housing programs be funded according to, at a minimum, existing commitments, along with new funding to serve additional people.



## **Affirmatively Furthering Fair Housing and the *Housing Fairness Act of 2015* (H.R. 372)**

According to the National Fair Housing Alliance, over 50% of all housing discrimination complaints were classified as disability-related in 2014. NCIL believes that housing discrimination should be addressed through increased funding for education and enforcement. NCIL urges the passage of *H.R. 372*, which would increase funding for the Fair Housing Initiatives Program and improve the effectiveness of fair housing enforcement, education and outreach. NCIL also opposes efforts to halt or weaken Affirmatively Furthering Fair Housing (AFFH) regulations and activities, which have been challenged in courts and attacked in Congress.

## **Mortgage Interest Deduction Reform (H.R.1662)**

Representative Ellison introduced *H.R. 1662*, the *Common Sense Housing Investment Act*, which proposes to reform the Mortgage Interest Deduction (MID) that homeowners receive. The MID is estimated by the Office of Management and Budget to cost more than \$100 billion and is the largest housing subsidy. But its effectiveness is questionable as it benefits households that itemize on their tax returns, and disproportionately benefits higher-income households. The bill proposed that the MID would be phased out over five years and replaced by tax credits that would impact more homeowners, including those who don't itemize on their taxes. The reform would also fund the National Housing Trust Fund and the Capital Magnet Fund. While some in Congress have expressed an interest in the MID reform, they would prefer to use the savings toward tax cuts. NCIL supports the reform of the mortgage interest deduction with some of the savings going toward affordable housing.

## ***Eleanor Smith Inclusive Home Design Act* (H.R. 3260)**

The *Eleanor Smith Inclusive Home Design Act* would require that newly constructed, federally assisted single family houses and town houses conform to visitability standards, which include enough accessibility for a guest with mobility disabilities to visit. These features will also make

housing more accessible to persons with mobility disabilities, prevent unnecessary expenses for renovations, and will allow seniors to age in place, negating the need for costly institutionalization. We are seeking a Senator sponsor for this bill.

Note: The *Disability Integration Act* (see Healthcare Section) includes language requiring that each state shall develop a statewide plan to increase the availability of affordable and accessible private and public housing stock for individuals with disabilities.

## Transportation →

In today's society, economic competitiveness and success in the 21st century are dependent upon revolutionary ideas and solutions providing Americans, including individuals with disabilities, with accessible transportation systems that connect our cities, suburbs, rural areas, regions, and states. *NCIL strongly supports and advocates the integration of individuals with disabilities into society through universal (accessible) design in in both public and private transportation systems. In doing so, America honors the equal access intent of the Americans with Disabilities Act (ADA) from over 25 years ago moving forward.*

Given the wide variety of pedestrian transportation options, pedestrian safety and rights-of-way must be designed to maximize accessibility to all community-based services, programs, activities, and employment opportunities that are available to the general public. Increased investment in the current transportation system alone won't solve the problems that affect the lack of continuous, seamless, accessible, and affordable transportation services. Americans, especially individuals with disabilities, are negatively affected on a daily basis by the lack of accessible and affordable transportation. We must embrace innovative ideas that serve to enhance and maximize community integration, connectivity, and independence.

We believe that Congress must move toward a 21st century system that focuses on accountability and results while creating jobs, providing access to opportunity for all Americans (including individuals with disabilities), reducing carbon emissions and our dependence on foreign oil, and improving America's economic competitiveness. This includes vehicles running on compressed natural gas (CNGs) and hybrid vehicles. NCIL supports public policy promoting American companies by providing incentives and subsidies toward the development of new universally designed, wheelchair accessible, energy efficient transportation vehicles. This encompasses transportation for air, land, and waterways.



In order to maximize continuity and efficiency of transportation, a coordinated plan is required that involves representatives from all impacted stakeholders, including the disability community.

**Amtrak / High Speed Rail Systems:** NCIL strongly supports high speed rail, including Amtrak and other regional high speed rail systems. However, they often continue to be out of compliance with

ADA standards. These companies are not government entities, but receive federal and other governmental subsidies and as such must comply with Section 504 of the *Rehabilitation Act*, as well as the *ADA*. In addition to subsidies, they have received technical assistance and directives in this area. NCIL believes that as we just passed the 25th anniversary of the *ADA*, no further excuses should be tolerated for delays on compliance here. See *H.R. 749, the Passenger Rail Reform and Investment Act of 2015*, for more details on Amtrak reforms.

**Livable communities:** Safe and accessible rights-of-way are essential elements of community life. All pedestrians must be able to travel safely with accessible rights-of-way. It is of equal imperative to maximize accessibility and safety for pedestrians as it is for passengers. As states and communities increase their bicycle lanes and related supports, it is important the disability community be at the table. In addition, advocates should seek out local, county, state, and federal guidance, especially from local and state Bicycle-Pedestrian Coordinators where major changes are taking place. For more information concerning livable communities or 'Complete Streets,' see *H.R. 2071, the Safe Streets Act of 2015*.

**Private transportation services:** Legislation and regulations are needed to increase the number and availability of accessible vehicles within the private transportation industry, including taxis, limousines, shuttle service, car rentals, buses, trains, boats and more recently, Transportation Networking Companies (TNCs).

TNCs, also known as Ride Sharing, are both an interesting and challenging development that can increase transportation options, but also raise concerns. Because of the limits on transit and other transportation options utilized by the disability community (i.e., crossing county lines, lack of accessible vehicles, limits on non-traditional hours of services such as evenings, weekends, and holidays), TNCs can be important. They provide options for many people with disabilities and other communities. Unfortunately, TNC drivers have often discriminated against people with disabilities, not provided appropriate treatment of service animals (including trunk placement) and not provided accessible vehicles. TNCs don't offer accessible vehicles across the board and continue to fight accessibility requirements in many regions. This continues to leave people with a wide variety of disabilities and older Americans who use wheelchairs, scooters, and service animals without options. Some states are looking to contract with TNCs to reduce costs and in some cases, seek to address other disability services gaps. NCIL believes that with the right policy practices, TNCs can be part of solving some of our community's transportation needs. Some efforts between TNCs and the disability community are proving helpful, but great challenges remain. NCIL encourages advocates to be at the table on all levels when public policy and practices on TNCs are being discussed.



**Transportation Funding:** In December 2015, Congress passed and President Obama signed the *Fixing America's Surface Transportation (FAST) Act*. The *FAST Act* is a five year agreement that will have funding for all modes of transportation with three years of guaranteed funding.

While many transportation advocates wanted a longer term, more robust transportation funding package to address all modes with inflationary indexed increases, this was viewed as the best that

could be done under the current political circumstances since it resulted in guaranteed additional funding for states. States generally receive close to half of their transportation funding through the Federal government.

NCIL supports full appropriation of Congressional funding agreed to in prior authorizations. We oppose cuts that impact people with disabilities and those that support them living in the community.

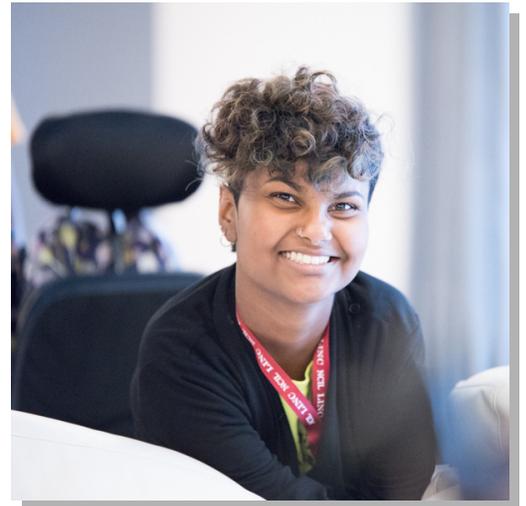
The Transportation – Housing & Urban Development (THUD) Appropriations bills are key to transportation funding, including Community Development Block (CDBG) dollars which are often blended with other government funds for local curb cuts and other accessible community projects.

**Medicaid Transportation:** Transportation is a covered benefit under state Medicaid plans that are approved by the Centers for Medicare & Medicaid. Medicaid or Medical Assistance Transportation Programs are grouped under paratransit, but have different funding streams. With the continuing increased push for Medicaid Managed Care for both behavioral health and long term care, transportation is an issue that advocates will want to watch on state and county / regional levels. Medicaid Managed Care Organizations (MCOs) should be reminded that they have responsibilities for transportation that must adhere to federal and state rules as well as their MCO contracts.

### **Airlines and Air Travel Issues**

**Federal Aviation Administration (FAA) Reauthorization:** In late September 2015, Congress passed and President signed a six month FAA Reauthorization extension that was to expire in early 2016 with no substantive changes. Those discussions are still continuing currently. Airports and air travel have long been a challenge for people with disabilities. Everything in the airport up to the ticket counter is covered under the ADA, but everything beyond the ticket counter is under the FAA. NCIL supports FAA Reauthorization that addresses the concerns of the disability community, including policies and practices promoting cultural competency and inclusion of persons with disabilities similar to other passengers.

***Air Carrier Access Amendments Act*** (Not Yet Introduced in the 114th Congress): The *Air Carrier Access Amendments Act* requires domestic and foreign air carriers to ensure that all visually displayed programming available to flight passengers is accessible, including by making available open captioning, closed captioning, and audio description. It requires in addition that all individual video displays to flight passengers (of entertainment programming or information) that are operated primarily by use of touchscreens or other contact-sensitive controls include a mechanism allowing persons with disabilities to operate such displays independently in accordance with standards the Architectural and Transportation Barriers Compliance Board shall establish. This legislation makes certain penalties under the *ADA* available to persons aggrieved by an air carrier's failure to comply with this Act.



**Non-Discrimination on the Basis of Disability in Air Travel:** NCIL is pleased to see that the *Air Carrier Access Act* might cover kiosks owned by airports in addition to those owned by carriers under prior proposed rules by DOT. However, this proposal should include an explanation that public airports otherwise covered by the *ADA* or the *Rehabilitation Act* are still accountable under those

laws, which may be enforced by private parties.

NCIL supports many of the DOT's substantive accessibility proposals for both websites and kiosks. We agree that the Website Content Accessibility Guidelines (WCAG) 2.0, Level AA, is the appropriate technical standard for websites. However, we strongly believe that it must be paired with a performance standard to maximize accessibility and usability. Technical standards alone will not ensure usability. NCIL recommends adding a performance standard that will guarantee that individuals with disabilities have the same access and website experience as users without disabilities and substantially similar ease of use. Mandates for accessibility of websites and kiosks are long overdue. Simultaneously, DOT must not make the same mistake by neglecting to include mobile devices and apps. It is imperative that we ensure access to the most advanced and accessible communication technologies.

Finally, NCIL continues to work with other national advocates on DOT-OST-2015-0246, also known as a "Reg Neg", addressing accommodations for air travelers with disabilities.

**Transportation Legislative Watch List** - NCIL supports the following legislation and policy:

- Public Policy Change: Increase weight levels on transit lifts to 1000 pounds
- Public Policy around driverless cars
- *H.R. 1448 - Transit Accessibility Innovation Act of 2015*
- *H.R. 749 - Passenger Rail Reform and Investment Act of 2015*
- *H.R. 2071 - Safe Streets Act of 2015*
- *Allowing Local Control of Federal Transit Funds Act* (Not Yet Introduced in 114th Congress)
- Public Policy supporting ADA Compliance with vehicles for water travel



NCIL also encourages its members to be active on all levels in addressing transportation concerns, particularly since most venues are utilizing some federal dollars: Metropolitan Planning Organizations (MPOs), Rural Transit Planning Organizations (RTPOs), county / local transit, airport, state Department of Transportation (DOT) boards and other boards where transportation issues often don't include representatives from the disability community.

## Employment & Economic Equity →

***IF NOT NOW, WHEN?***

NCIL works with Americans with disabilities who use Social Security's two main disability benefit programs to live and work in their communities: Social Security Disability Insurance (SSDI), and the Supplemental Security Income program (SSI).

Since 2006, three federal Advisory Committees and numerous studies urge the federal government to directly address Social Security's one-size-fits-all definition of disability. From the National Council on Disability in 2015:

*“What would a fundamental restructuring of the SSI and SSDI system require to align it with the goals of the Americans with Disabilities Act (ADA), which celebrates its 25th anniversary this year?”*

# CAREER ACCESS

**NCIL Response:** The CareerACCESS Policy Partnership with the World Institute on Disability, PolicyWorks, and Abilicorp

NCIL’s Board of Directors has endorsed a strong statement of support for CareerACCESS. NCIL Members have passed a Resolution calling on NCIL to advocate for reform of Social Security’s current definition of disability.

**NCIL Asks Congress: Appropriate Planning Funds for CareerACCESS pilot projects!** NCIL requests Congress (through the House Ways and Means Committee and the Senate Finance Committee) for funds to start and continue CareerACCESS pilot projects in up to 5 states that will serve young adults who meet SSI medical rules for disability.

Does having a disability mean you cannot work?

Under current Supplemental Security Income (SSI) rules, an individual with a disability 18 and over must prove they cannot work to be eligible for disability benefits, including their health care and other independent living supports.

After an SSI award, available work incentives are difficult to navigate and little used. Many youth and families think work will risk access to health care, personal care services, and the reliability of their monthly SSI check.

**CareerACCESS pilot projects would offer an alternative** for SSI eligible youth to escape poverty and dependence. The CareerACCESS goal is to make it easy to work. A young adult working with a Career Coach would develop an Individualized Career Plan to achieve personal and professional goals.

**CareerACCESS** rules would allow for increased earnings and remove asset limits even for those without an ABLA Account.

**CareerACCESS** will be piloted in several states to serve individuals up to the age of 30. SSI eligible youth from age 18 to 28 will automatically enter CareerACCESS.

- Eligibility will NOT require an “incapacity to work” test.
- Adult Coaching, Counseling, and Employment Support Services will be managed through an Individualized Career Plan to increase success.
- Health Care and Independent Living Supports will remain available.

SSI Cash Benefit Retention and Removal of Asset Limits will offset the cost of managing a disability while building a career.

Young adults in CareerACCESS may decide to opt out or return to the current SSI benefits program



at any time. CareerACCESS will not change the SSI definition of disability currently used for blind individuals and it makes no changes in the SSI benefits currently available to blind individuals.

NCIL Members and Centers for Independent Living are hard at work in California, Maine, Massachusetts, Michigan, Nebraska, Tennessee, and Vermont, educating state officials and young adults with disabilities on CareerACCESS.

### **Congress: Fund CareerACCESS Planning Grants and Pilot Projects!**

- Visit the website [www.ourcareeraccess.org](http://www.ourcareeraccess.org)
- Like the Facebook page: [www.facebook.com/ourcareeraccess](http://www.facebook.com/ourcareeraccess)
- Follow on Twitter: [@ourcareeraccess](https://twitter.com/ourcareeraccess)
- Read personal stories of SSI youth experiences on the blog, and share your own stories at: [www.ourcareeraccess.org/index.php/blog](http://www.ourcareeraccess.org/index.php/blog)
- Ask your elected Members of Congress to support CareerACCESS.

### **Congress: Amend Current Law for Baby Boomers with Jobs!**

NCIL strongly requests Congress to eliminate the age 65 limit for Medicaid Buy-Ins for workers as currently found in the *Ticket to Work and Work Incentives Improvement Act* (PL 106-170). Many workers with a disability need to retain Medicaid to pay for personal assistance services, for example.

NCIL requests Congress to align this law with the same Medicaid Buy-In language in the *Balanced Budget Act of 1997*, allowing for eligibility into Medicaid Buy-Ins for workers with a disability age 65 and older. The two laws need to read as one on this matter to support all workers with disabilities.

### **Congress: Pass these Pending 2016 Bills to Build Economic Equity for All!**

#### ***ABLE Act Improvements***

On March 17, several US senators and House Representatives introduced bills to enhance the *ABLE Act*. The *ABLE to Work Act* builds on the success of the *ABLE Act* by making it possible for individuals with disabilities to increase their ABLE accounts in various ways. This will encourage individuals to work without impacting their federal benefits or current ABLE accounts.

*The ABLE Age Adjustment Act (H.R. 4813 and S. 2704)* would raise the age limit for eligibility for ABLE accounts to individuals disabled before age 46. The current legislation limit is age 26.

*The ABLE Financial Planning Act (H.R. 4794 and S. 2703)* would allow families to rollover savings from a Section 529 college savings plan to an ABLE account.

*The ABLE to Work Act (H.R. 4795 and S. 2702)* would allow individuals and their families to save more money in an ABLE account if the beneficiary works and



earns income.

### **The Time Is Now for the *TIME Act*!**

*Transitioning to Integrated and Meaningful Employment (TIME) Act (H.R. 188)*

The *TIME Act* directs the Secretary of Labor to discontinue issuing to any new profit or non-profit or governmental entity special wage certificates (which permit individuals with disabilities, including individuals employed in agriculture, to be paid at lower than minimum wages). This bill requires a three-year phase-out of all certificates.

NCIL Members and the Americans we work with can move closer to the middle class with these economic policies and laws in place!



## Healthcare and Long-Term Services and Supports →

### **Disability Integration Act**

Even though community-based services are overall more cost effective and the Supreme Court's *Olmstead* decision requires community integration, people with disabilities are still forced into institutions and denied their inalienable right to liberty as guaranteed under the Declaration of Independence and Constitution. The *Disability Integration Act (S. 2427)* addresses this injustice by:

1. clarifying in statute that every individual who is eligible for Long Term Services and Supports (LTSS) has a federally protected right to a real choice in how they receive services and supports;
2. assuring that states and other LTSS funders provide services and supports in a manner that allows individuals with disabilities to live in the most integrated setting (including their own home), have maximum control over their services and supports, and lead an independent life;
3. establishing a comprehensive state planning requirement, comparable to the transition planning process required under the *ADA*, that includes benchmarks;
4. requiring states to address the need for affordable, accessible, integrated housing that is independent of service delivery; and
5. establishing stronger, targeted enforcement mechanisms.

NCIL worked closely with Senator Charles Schumer (NY), ADAPT, and others in crafting this legislation. We urge members of Congress to show their support for our civil rights by cosponsoring and passing this critically important disability rights legislation.

### **Reform Medicaid, Don't Gut It!**

NCIL strongly supports reform of Medicaid long-term services and supports in order to better serve people with disabilities and low income communities. Such reforms should promote consumer

choice and also help ensure that disabled people who work are able to get and keep the LTSS they need to be independent. Instead of gutting Medicaid, Congress should implement real Medicaid reform by:

- **Expanding the use of community-based services:** studies have demonstrated that by reducing the over-reliance on institutions and nursing facilities and shifting toward more cost-effective community-based services, states can contain Medicaid spending;
- **Demedicalizing services:** by reducing the reliance on costly medical personnel to provide assistance by allowing attendants to perform these tasks, states could use the same amount of Medicaid funding to support more seniors and people with disabilities living in their own homes;
- **Expanding consumer-directed service options:** by empowering people to manage their own services and reducing the need for administrative overhead, states can also reduce Medicaid expenditures; and
- **Reorganizing Medicaid services to eliminate wasteful bureaucracy:** the current system wastefully organizes services based on diagnosis and age, even though people may have the same functional needs. By organizing services based on functional needs, states can eliminate redundant and needlessly expensive bureaucracies and reduce Medicaid expenditures.

### **Durable Medical Equipment (DME)**

NCIL supports access to DME and opposes efforts to cut funding or restrict access, as this is a hindrance to the independence and integration of disabled people and seniors.

**Competitive Bidding:** The Centers for Medicare and Medicaid Services (CMS) created the 'Competitive Bidding' program for purchasing Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS). While various administrations have started and abandoned it, the program has been in effect since the late 2000s and is now in Round 2. The program establishes rates for certain categories of equipment, but doesn't require vendors to fulfill their contracts. Although it was intended to prevent fraud, cut costs, and reduce billing discrepancies through cuts to DME providers, it has instead resulted in a lack of local providers and delays in deliveries, which have lengthened hospital stays and driven up costs. Because of the problems we have already seen, NCIL has supported measures aimed at ending the CMS Competitive Bidding program, and supports similar efforts in this Congress. Consequently, NCIL supports the *Medicare DMEPOS Competitive Bidding Improvement Act of 2015 (H.R. 284 and S. 148)*.



**Complex Rehabilitation Technology (CRT):** Additionally, Medicare currently does not have unique coverage for the more complex needs of individuals with disabilities and chronic medical conditions that require medically necessary individually configured products and services. We believe the creation of a separate recognition of CRT will result in decreased Medicare expenditures by averting hospitalizations due to conditions such as severe pressure sores and blood clots. In the interest of quality healthcare and optimal functionality for individuals with disabilities and chronic medical conditions, recognition of a separate category for CRT is needed, so NCIL supports the *Ensuring*

## **Prohibiting Discrimination Based on Disability in Healthcare**

Comprehensive implementation and enforcement of nondiscrimination laws, regulations, and principles will help reduce healthcare disparities based on disability and reduce the impact of societal prejudice and negative stereotypes on access to quality healthcare. Discrimination based on disability should be addressed through a combination of protection and advocacy enforcement efforts, regulatory development focused on preventing disability-based discrimination, and policy work guided by the principle “nothing about us without us.” Among the most urgent areas of concern are:

- discrimination due to inaccessibility of medical and diagnostic equipment or failure to provide effective communication and access to information to individuals with communication and sensory disabilities;
- discrimination in policies and procedures concerning decisions to withhold or withdraw life-sustaining treatment, including but not limited to advance care planning that discourages the choice to receive life-sustaining treatment based on messages suggesting that it is “better to be dead than disabled”;
- discriminatory “futile care” policies allowing healthcare providers to use quality of life judgments to overrule the decision to receive life-sustaining treatment made by individual, surrogate, or advance directive;
- discriminatory relaxing of constitutional and statutory constraints on the power of guardians to withhold or withdraw life-sustaining treatment from disabled people;
- discrimination in organ transplant eligibility, organ procurement policies, and related services; and
- discriminatory rush to judgment and denial of life sustaining treatment of newly injured persons based on hasty and unsupportable diagnosis of “persistent vegetative state” (PVS) earlier than 90 days for an anoxic brain injury, or one year for a traumatic brain injury, and before careful testing consistent with guidance from research studies on misdiagnosis of PVS.



*Illustration by Amy Hasbrouck and Elissa Small for Second Thoughts*

## **Assisted Suicide**

NCIL has long opposed the legalization of assisted suicide. In Oregon and Washington, data indicates that people request assisted suicide for reasons directly related to disability-based oppression, such as feelings of loss of autonomy and dignity, and feelings of being a burden on

others. These factors are the direct result of both negative stereotypes and public policies that deny people the consumer-controlled LTSS that they need to feel respected and valued throughout life to a natural death.

Assisted suicide laws set up a double standard whereby most suicidal people get suicide prevention while certain others get suicide assistance. For those who are old, ill, or “disabled enough”, society will not only agree that suicide is appropriate but will provide the lethal means to complete the act. This form of discrimination violates the *ADA* and must be opposed.

## Civil Rights and the Americans with Disabilities Act →

### **ADA Notification Bills: Help Us Stop Attacks on the ADA!**

Each year we see new versions of ‘ADA Notification’ bills introduced in Congress. To this point they have failed to move, but they continue to build support. This year alone we’ve seen three bills introduced, and members of both parties are signing on. The common thread among all three bills, as well as previous iterations, is that they create additional barriers to filing a complaint under the *ADA*, making people with disabilities wait even longer to exercise our civil rights.

When the *ADA* was passed 26 years ago, it represented a compromise between people with disabilities and the business community. However, after more than a quarter of a century, many businesses have failed to fully comply with our civil rights law, and people with disabilities still lack access in our communities. Because of this, the disability community relies on people with disabilities who know our rights to challenge *ADA* violations that remain. People with disabilities don’t want more lawsuits; we want more access! But these bills will have the opposite effect. Adding a notification requirement won’t make the lawsuits go away. Rather, it will send a message to business owners that they don’t have to worry about complying with the *ADA* until they receive notice.



The problem Congress is trying to fix will not be solved with these bills, because it is not a problem with the *ADA*. In fact, Title III of the *ADA* does not authorize damages; any monetary damages for accessibility violations are based on state laws in only a handful of states. Adding a notice requirement in those states will do nothing to prevent businesses from being subject to damages, and notice requirements in the rest of the states will only make our rights harder to enforce.

The three *ADA* Notification bills introduced in the 114th Congress are outlined below.

### ***Correcting Obstructions to Mediate, Prevent, and Limit Inaccessibility (COMPLI) Act (H.R. 4719)***

This bill amends the *ADA* to prohibit an individual who has been discriminated against under Section 302(b)(2) from commencing a civil action unless they provide the owner/operator with written notice of the barrier by certified mail, then give the owner or operator 90 days to remove or correct the violation (with an additional 30 days to comply if the owner/operator has made a “good faith effort”

but has been unable to correct the violation). During that 90-day period, the individual must refrain from communicating with the owner/operator, including demand letters or requests for settlement.

### **ADA Compliance for Customer Entry to Stores and Services (ACCESS) Act of 2015 (H.R. 241)**

This bill amends the ADA to prohibit an individual from commencing a civil action for discrimination under Section 302(b)(2) based on the failure to remove a structural barrier to entry into an existing public accommodation unless the owner/operator is provided written notice. The owner/operator must then be given 60 days to provide a written description outlining plans to remove the barrier and 120 additional days to remove the barrier before civil action can be started.

### **ADA Education and Reform Act of 2015 (H.R. 3765)**

This bill takes ADA notification bills to a new and even more dangerous level. In addition to prohibiting people from sending a pre-suit notification alleging a violation of section 302 or 303 without including a list of specific details, it also makes a crime to file without meeting all of the requirements by imposing a fine. The owner/operator then has 60 days to provide a 'written description outlining improvements that will be made to remove the barrier,' and an additional 120 days to 'remove the barrier or make substantial progress in removing the period.' Only after that can a civil action be taken. This bill also requires the Disability Rights Section of the Department of Justice to develop a program to educate state and local governments and property owners on strategies for promoting access to public accommodations for persons with a disability.

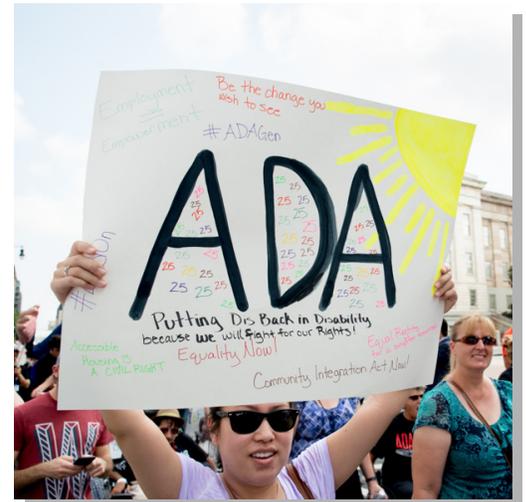
## Mental Health →

Mental health continues to have prominence in the news and around the Capitol after years of mass shootings across the nation. To be clear, research supports no connection between mass shootings and psychiatric disability.

NCIL recognizes that mental health disabilities are common - half of Americans can expect symptoms during their lifetime. People with disabilities are even more likely to have emotional and substance use problems. And people with disabilities, including those diagnosed with mental health or substance use disabilities, are more likely to become victims than perpetrators of violence.

Since 2012, the Administration and Congress have both focused on policies to restructure federal mental health laws rather than deal with guns and violence. NCIL has concerns about many of these approaches and the lack of outreach and inclusion in such efforts. The voice of mental health and substance use consumers has been left out of these very important conversations and we cannot tolerate this.

- NCIL calls on both the Administration and Congress to include persons with disabilities in this most important policy work.
- NCIL opposes all legislation or administrative action that requires involuntary "treatment" or other denial of rights based on a diagnosis or disability rather than for crimes or other activity posing a "direct threat" as defined in the ADA.



NCIL supports substance abuse and mental health services program legislation reforms to:

- Provide a majority voice for people with disabilities who use mental health and/or substance use services on advisory and other SAMHSA committees affecting programs and policies, including state mental health planning and advisory councils and
- Assure continued support for advocacy and mental health peer support, including requiring each state to provide for consumer peer support organizations and/or consumer-run community mental health services in its MHBG plan.
- NCIL opposes *H.R. 2646*, the *Helping Families in Mental Health Crisis Act of 2015*, which reauthorizes programs but includes provisions that threaten civil rights of people with psychiatric disability, including privacy of health care information and restrictions on advocacy by state "protection and advocacy" systems and promotes institutional and involuntary services.
- NCIL supports *S. 2680*, the *Mental Health Reform Act of 2016*, as passed by the Senate HELP Committee as a better way to reauthorize mental health and substance use services, although it does not include the reforms.

In January, President Obama took "Executive Action" on gun control. This action reduced privacy rights for people with psychiatric disabilities. It is also the basis of a Social Security proposed rule to require the agency to report beneficiaries who have a payee to the National Instant Criminal Background Check System (NICS). These provisions are based on fear rather than real evidence that they would reduce gun violence.

NCIL opposes reducing health privacy based on disability and reporting people to the NICS based on having a social security representative payee.



## Violence and Abuse →

### ***Violence Against Women Act***

Although the *Violence Against Women Act (VAWA)* was successfully reauthorized in 2013, appropriations are done on a yearly basis. We must continue to work diligently on behalf of survivors with disabilities and continue the efforts to recognize this group with targeted funding. Some entities have pushed a return to a category for underserved populations, thus eliminating targeted funding for people with disabilities. Currently, for example, a designated grant program exists within the Office of Violence Against Women entitled "Training and Services to End Violence Against Women with Disabilities." We must continue to work for people with disabilities to be funded as a designated grant program in this critical legislation.

### ***Elder Justice Act***

The *Elder Justice Act* was signed into law by President Obama on March 23, 2010, as part of the *Patient Protection and Affordable Care Act*. This act devotes quite a bit of resources to education, research, leadership, and guidance in establishing programs to stop elder abuse. We are beginning

to see a lot of coordination of these efforts. The disability community needs to be watching and participating. Much of the funds going towards Adult Protective Services are coming from this effort. We must remain diligent to ensure that rights are protected. Eventually, a People with Disabilities Justice Act may be needed.

According to the latest report by the Bureau of Justice Statistics, the National Crime Victimization Survey revealed that people with disabilities in the U.S. experienced about 1.3 million violent victimizations in 2013. Rates of serious violent victimization - rape, sexual assault, robbery, or aggravated assault - were more than three times higher for those with disabilities than for those without. We must continue the momentum to educate our policy makers and our membership so that we can work together to establish welcoming, accessible, and integrated services.

**Violence and Abuse Legislative Watch List** - NCIL supports the following legislation:

***Lori Jackson Domestic Violence Survivor Protection Act (S.1834)*** amends federal firearms provisions to expand the definition of “intimate partner” and “misdemeanor crime of domestic violence” offering more protections while prohibiting the sale of firearms or ammunition to a person subject to a court order related to engaging in conduct that would put an individual in reasonable fear of bodily injury.

***Protecting Domestic Violence and Stalking Victims Act of 2015 (H.R. 2216 and S. 1520)*** amends the Brady handgun Violence Prevention Act to revise the definition of “intimate partner” to include dating partner and any other person similarly situated to a spouse who is protected by the domestic or family violence laws and “misdemeanor crime of domestic violence” to include the use or attempted use of physical force or a deadly weapon by a current or former intimate partner. It also prohibits the sale of and possession of firearms to any person convicted of a misdemeanor crime of stalking.

***Pet and Women Safety Act of 2015 (H.R. 1258 and S. 1559)*** amends the federal criminal code to prohibit threats or acts of violence against a person’s pet under the offenses of stalking and interstate violation of a protection order.

***Security and Financial Empowerment Act of 2015 (H.R. 3841 and S. 2208)*** promotes the economic security and safety of survivors of domestic violence, dating violence, sexual assault, or stalking, and for other purposes.

***Stop Child Abuse in Residential Programs for Teens Act of 2015 (H.R. 3060)*** directs the Department of Health and Human Services (HHS) to require each covered program to prohibit child abuse and neglect and meet specified minimum standards. It amends the *Child Abuse Prevention and Treatment Act* to establish additional eligibility requirements for grants to states to prevent child abuse and neglect at residential programs.



Voting Rights →

NCIL's top three voting priorities are: election reform to maintain accessibility in the voting

processes; disability engagement in the development of new and innovative voting technology; and ensured accessibility and increased disability participation during the entire election cycle to build electoral power. These will remain essential objectives of our organization and its members until all barriers to the full electoral participation of people with disabilities have been eliminated. NCIL looks forward to the day when Americans with disabilities are a powerful voting bloc.

To reach this goal, we have a multi-tiered grassroots strategy:

- We will work to improve disability community engagement and accessibility of all policy regulating the voting process; this includes federal funding to improve accessibility, accuracy, and security in voting.
- We will advocate with policy makers, technology makers, and election officials to ensure that any new voting technology has been created to serve the most universal access needs of all voters with disabilities.
- We will work to train leaders, develop strategic plans, foster collaborations, and provide resources and help for disability community-driven non-partisan voter registration, education, and get-out-the-vote campaigns in primaries and general elections at the local, regional, state, and national levels.
- We will work to encourage and recruit people with disabilities to run for public office and hold appointed positions in government.

In order to achieve these ends, we must set a high standard of integrity for the voting process, which must include:

- the right to read and mark a ballot privately and independently;
- the right to access reliable and accessible voting technology and equipment;
- the elimination of difficulty and discriminatory actions and attitudes towards people with disabilities during the registration, education, and voting processes by election volunteers and personnel;
- the removal of all architectural and physical barriers to polling centers;
- enforcement by the Justice Department to ensure the rights afforded to all citizens by America's voting laws are upheld equally for voters with disabilities;
- the elimination of regressive and discriminatory voter ID laws that require as a photo ID to cast a ballot; and
- removal of state guardianship laws that continue to be barriers in participation to the entire voting process, from registration to casting a vote, for many people with disabilities.

In addition to these goals and standards, we must work to maintain the access we have achieved so far. We seek to make sure all election officials, campaigns, and organizations engaging in voter education have accessible websites and provide alternative formats for all voter education materials as spelled out in the *Americans with Disabilities Act*. We support modernizing and improving the nation's voter registration system, including a robust implementation of the agency-based



registration requirements of the *National Voter Registration Act*.

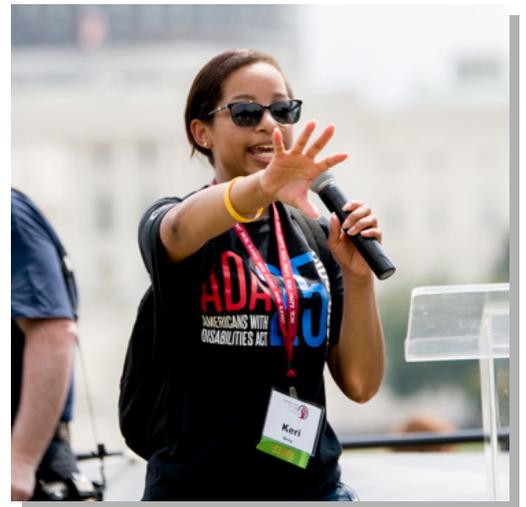
We promote a strong and vital partnership with the U.S. Election Assistance Commission that continues to improve accessibility of the entire voting process. Finally, we continue to engage the President's Commission on Election Administration and support its recommendations to increase access and protect equality for voters with disabilities.

## Education →

### ***Individuals with Disabilities Education Act (IDEA)***

NCIL believes that *IDEA* as a civil rights law is a good and necessary law that must be fully implemented and aggressively enforced. Amendments to *IDEA* must ensure that students with disabilities are afforded the following:

- An educational program that includes the development of self-advocacy skills, information about their rights, and opportunities to connect with adult role models with disabilities;
- Full access and benefit of education, including academics, extracurricular activities, physical education and social opportunities;
- Appropriate assessments and necessary technology and supports in order to participate in the learning process actively with peers;
- An equal opportunity to be appropriately challenged in their educational endeavors;
- Schools that are accountable for the success of all students; and
- Due process rights when their civil rights are being denied, regardless of financial resources.



### ***Keeping All Students Safe Act (H.R. 927)***

Restraining and secluding students must be ended. The Government Accountability Office reported widespread misuse of restraint and seclusion. The *Keeping All Students Safe Act* will protect from restraint and seclusion, specifically:

- ban restraint / seclusion except in emergencies where someone is in danger of physical harm;
- require that parent notification if a student is restrained / secluded on the same day that the event occurred;
- ban restraints that impede breathing, mechanical restraints, and chemical restraints; and
- prevent restraint / seclusion from being used when less restrictive alternative would eliminate any danger.

## 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 technologies.

### ***Assistive Technology Act***

NCIL supports funding of the *Assistive Technology Act* by Congress because it assists consumers in learning about, experimenting with, and acquiring assistive technology in pursuit of their independence.

Twelve years after the 2004 amendments, many of the state AT Programs, not including the territories, have yet to receive the \$410,000 minimum grant award authorized in the *Assistive Technology Act*. Many states have no alternative finance program or have a limited program. By supporting the Alternative Financing Programs and increasing its funding, Congress can help people with disabilities purchase the technology they need.

NCIL was encouraged by Congress’s support of the *Assistive Technology Act* by infusing an additional two million dollars into the *Act* to support Alternative Finance Programs and strengthen consumer control measures for new entities competing for those funds.



## Veterans Issues →

NCIL supports efforts to provide all veterans and their families with services and benefits in the most effective and efficient manner possible in recognition of their service. Specifically, NCIL supports:

- Reform by the VA and Congress for the Veterans Health Administration (VHA) to process appointments in a timely manner.
- Reform by the VA and Congress for the Veterans Benefits Administration (VBA) claims process to ensure consistency, true reforms with timely processing, and adjudication of claims.
- A focus by the Department of Defense (DOD), VA, and Congress to provide proper supports for veterans who have PTSD, Traumatic Brain Injury, and mental health issues as a result of service.
- Transition from military to civilian life involves the veteran’s ability to work competitively. Congress must provide funding for education, employment, and training programs to meet increasing needs.

- Congress must ensure that the VHA receives appropriate and sufficient funding for veterans' healthcare while sustaining quality and satisfaction. This would include continued expansion of community-based living options such as Veterans Directed Home and Community Based Services and Medical Foster Homes.
- Our President and Congress should continue to address the issue of homeless veterans and support efforts to prevent homelessness.
- Congress must ensure that benefits received by veterans and their families are not reduced.
- Since September 2001 there have been benefits created specifically for post-9/11 military members and deservedly so. It is time to examine the availability of those benefits for veterans who served pre-9/11.
- There are factors affecting the daily lives of families and veterans that require needed services to be available in the communities where they live. There needs to be continued effort by Congress, DOD, and the VA to engage and collaborate with community-based organizations like Centers for Independent Living, which stand ready to continue serving veterans and their families.



**NCIL supports the following bills from the 114th Congress and urges swift action on these measures.**

Workable Solutions: Reducing the Backlog and Creating Better Access

**The Quicker Veterans Benefits Delivery Act (H.R. 1331 and S. 666)** will establish workable solutions by maximizing the use of private medical evidence to conserve VA resources and allowing the VA the authority to award partial or temporary benefits when clearly supported by evidence. *H.R. 1331* is awaiting action in the full Committee on Veterans' Affairs. *S. 666* is awaiting Senate action.

**The Disabled Veterans' Access to Medical Exams Improvement Act (H.R. 2214)** provides VA contract physicians the ability to conduct disability examinations at any location in any state on behalf of the VA. This legislation extends the temporary authority to December 31, 2017 and expands the successful pilot program. This legislation has been awaiting full Committee action since summer 2015.

**The Access to Veterans Benefits Improvement Act (H.R. 3335)** provides access to VA case-tracking information for accredited individuals tasked with helping veterans. VA trained and accredited County Veteran Service Officers (CVSOs) have explained that they cannot answer simple questions about VA actions because they lack access. This will ease the administrative burden on VA employees, allowing their focus to remain on claims processing. This legislation is awaiting Subcommittee action.

Providing Reservists Improved Opportunities for Careers in the Federal Workforce

**The Military Reserve Jobs Act of 2015 (S. 594)** provides qualified members of the Military Reserve Components a tiered preference in hiring for civil service jobs. For many veterans, careers with the

federal government present a fantastic opportunity to continue their lifelong mission of public service. S. 594 is awaiting Senate action in Committee.

Doing What's Right for Our Navy Veterans Exposed to Agent Orange

**The *Blue Water Navy Vietnam Veterans Act* (H.R. 969 and S. 681)** clarifies presumptions related to veterans who served in the Republic of Vietnam by including its territorial seas for the VA's service connection to Agent Orange. *H.R. 969* is awaiting Subcommittee action. Hearings were held on *S. 681* but it is awaiting further action.

Protecting Children of Veterans Who Gave up So Much for Our Country

**The *CHAMPVA Children's Care Protection Act of 2015* (S. 170)** and the *Veterans Dependents' Parity Act* (H.R. 220) allow children of veterans eligible for medical care under the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) to continue coverage up to age 26. The *Patient Protection and Affordable Care Act* left a coverage gap for children of eligible veterans from 23 to 26 years of age. *S. 170* is awaiting Senate action in Committee, and *H.R. 220* is awaiting House action in Subcommittee.

## Convention on the Rights of Persons with Disabilities →

### Status of the CRPD in the United States

The United States signed the Convention on the Rights of Persons with Disabilities treaty in 2009 and transmitted it to the U.S. Senate for their advice and consent for ratification in May of 2012. The U.S. International Council on Disabilities (USICD) has led the community's call for ratification (expressed by over 800 disability, faith, business, and veteran organizations), rallying Senate support, and working with leaders like Senator Bob Dole to ensure bipartisanship and secure the 2/3 Senate vote needed.

On December 4, 2012, the United States Senate considered the ratification of the CRPD but fell short of the super-majority vote required, much due to falsehoods spread by opponents of human rights treaties. In 2013, a new process in the Senate Foreign Relations Committee was initiated and a resolution for ratification passed out of the Senate Foreign Relations Committee in July 2014. Unfortunately, the Senate's progress on the issue ended there, and no vote for ratification was called during the final 6 months of the 113th Congress.

Now in the 114th Congress, the CRPD must again be passed from the Senate Foreign Relations Committee. The national coalition for ratification, including our allies in the veterans, business, faith and civil rights communities, remains committed to ratification of the CRPD. As advocates from the local to national levels, we must continue to pursue opportunities to elevate the CRPD and the global disability community in the minds of policymakers and our constituents through education on the issues, inclusion of international perspectives in disability rights advocacy, and enforcing



disability rights principles in U.S. foreign affairs. This is an important election cycle. In November we will elect a president and 1/3 of the senators. Senator Bob Corker (R-TN), current Chairman of the Senate Foreign Relations Committee, is up for re-election. This is an opportunity for us to expand our education of everyone on the importance of the treaty and to ask politicians where they stand on the topic of ratification of the CRPD. Each of us could play a role in educating ourselves and others. Each of us can let politicians up for election know the treaty's value, what it means to us, and why ratification is the best choice, especially if we want the U.S. to be the strongest voice in promoting disability rights around the world.



### **The Treaty Needs Our Commitment**

Grassroots support will continue to be vital in order to ensure widespread Senate awareness of the one billion persons with disabilities in the world, our human rights, the need to tear down barriers and support freedom and inclusion of all people, and support the implementation of the Convention both in the United States and around the world. NCIL supports U.S. ratification of the CRPD, and will continue working with USICD and the coalition in this advocacy.

USICD offers a speakers bureau that connects CRPD presenters to diverse audiences. Anyone who is interested in a presentation on the treaty can contact David Morrissey [dmorrissey@usicd.org](mailto:dmorrissey@usicd.org) to plan a presentation. Please consider including the CRPD in your organization's work.

### Legislation NCIL Supports

- Air Carrier Access Amendments Act (Not Yet Introduced)
- Allowing Local Control of Federal Transit Funds Act (Not Yet Introduced in 114th Congress)
- ABLE Age Adjustment Act (H.R. 4813 and S. 2704)
- ABLE Financial Planning Act (H.R. 4794 and S. 2703)
- ABLE to Work Act (H.R. 4795 and S. 2702)
- Access to Veterans Benefits Improvement Act (H.R. 3335)
- Blue Water Navy Vietnam Veterans Act (H.R. 969 and S. 681)
- CHAMPVA Children's Care Protection Act of 2015 (S. 170)
- Common Sense Housing Investment Act (H.R. 1662)
- Disability Integration Act (S. 2427)
- Disabled Veterans' Access to Medical Exams Improvement Act (H.R. 2214)
- Eleanor Smith Inclusive Home Design Act (H.R. 3260)
- Ensuring Access to Quality Complex Rehabilitation Technology Act of 2015 (H.R. 1516 and S. 1013)

- Housing Fairness Act of 2015 (H.R. 372)
- Keeping All Students Safe Act (H.R. 927)
- Lori Jackson Domestic Violence Survivor Protection Act (S.1834)
- Medicare DMEPOS Competitive Bidding Improvement Act of 2015 (H.R. 284 and S. 148).
- Military Reserve Jobs Act of 2015 (S. 594)
- Passenger Rail Reform and Investment Act of 2015 (H.R. 749)
- Pet and Women Safety Act of 2015 (H.R. 1258 and S. 1559)
- Protecting Domestic Violence and Stalking Victims Act of 2015 (H.R. 2216 and S.1520)
- Quicker Veterans Benefits Delivery Act (H.R. 1331 and S. 666)
- Safe Streets Act of 2015 (H.R. 2071)
- Security and Financial Empowerment Act of 2015 (H.R. 3841 and S. 2208)
- Stop Child Abuse in Residential Programs for Teens Act of 2015 (H.R. 3060)
- Transit Accessibility Innovation Act of 2015 (H.R. 1448)
- Transition to Independence Act (S. 1604)
- Transitioning to Integrated and Meaningful Employment (TIME) Act (H.R. 188)
- Veterans Dependents' Parity Act (H.R. 220)

Full funding of:

- Assistive Technology Act

Ratification of:

- Convention on the Rights of Persons with Disabilities Treaty

## Legislation NCIL Opposes

- ADA Compliance for Customer Entry to Stores and Services (ACCESS) Act of 2015 (H.R. 241)
- ADA Education and Reform Act of 2015 (H.R. 3765)
- Correcting Obstructions to Mediate, Prevent, and Limit Inaccessibility (COMPLI) Act (H.R. 4719)
- Helping Families in Mental Health Crisis Act (H.R. 2646)

# About the National Council on Independent Living

The National Council on Independent Living is the longest-running national cross-disability, grassroots organization run by and for people with disabilities. NCIL advances Independent Living and the rights of people with disabilities. The National Council on Independent Living envisions a world in which people with disabilities are valued equally and participate fully.

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.

An outcome of the national Disability Rights and Independent Living Movements, NCIL was founded to embody the values of disability culture and Independent Living philosophy, which consumer control, the idea that people with disabilities are the best experts on their own needs, having crucial and valuable perspective to contribute and deserving of equal opportunity to decide how to live, work, and take part in their communities, particularly in reference to services that powerfully affect their day-to-day lives and access to independence.

Since its inception, NCIL has carried out its mission by assisting member CILs and SILCs in building their capacity to promote social change, eliminate disability-based discrimination, and create opportunities for people with disabilities to participate in the legislative process to affect change. NCIL promotes a national advocacy agenda set by its membership and provides input and testimony on national disability policy.



## America's 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. Centers for Independent Living Provide:

- Peer Support
- Information and Referral
- Individual and Systems Advocacy
- Independent Living Skills Training
- Transition

Find your local CIL or SILC by visiting [ncil.org](http://ncil.org).



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