



Legislative & Advocacy

Priorities Guide

Spring 2017



# A Message from the Executive Director

I am pleased to announce the release of the spring edition of the National Council on Independent Living's 2017 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

## Table of Contents

The Independent Living Program	→ Pages 3 - 5
Healthcare and Long-Term Services and Supports	→ Pages 5 - 8
Civil Rights and the Americans with Disabilities Act	→ Page 9
Housing	→ Pages 9 - 13
Transportation	→ Pages 13 - 17
Mental Health	→ Page 17
Education	→ Pages 17 - 18
Employment & Economic Equity	→ Pages 18 - 20
Technology	→ Page 20
Voting Rights	→ Pages 20 - 21
Veterans Issues	→ Pages 22 - 23
Violence and Abuse	→ Pages 23 - 25
Aging & Disability Resource Centers	→ Page 25
Convention on the Rights of Persons with Disabilities	→ Page 25 - 26

# The Independent Living Program →

NCIL continues to work with the Independent Living Administration (ILA) to actualize the significant changes created by the *Workforce Innovation and Opportunity Act (WIOA)* and reauthorization of the *Rehabilitation Act* contained therein. The ILA, within the Administration for Community Living (ACL) in the U.S. Department of Health and Human Services, has worked very closely with NCIL as new regulations have been developed. The regulations are one piece of the various and numerous tasks required to implement the changes required by *WIOA* and many more are in process.

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.

NCIL is requesting \$200 million in additional funding in the 2018 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 services authorized by *WIOA* in Title V are labeled **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 \$365 million in COLA every year. Due to state budget constraints, state VR agencies have returned over \$80 million to the Treasury because they are not able to match with state funds. Clearly, investing in Centers for Independent Living makes sense.

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

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, AND improving the individuals' 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 1915(c) 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 five years to develop ways to measure their outcomes, and they have now succeeded. This is a rare and exciting accomplishment for a Federal program.

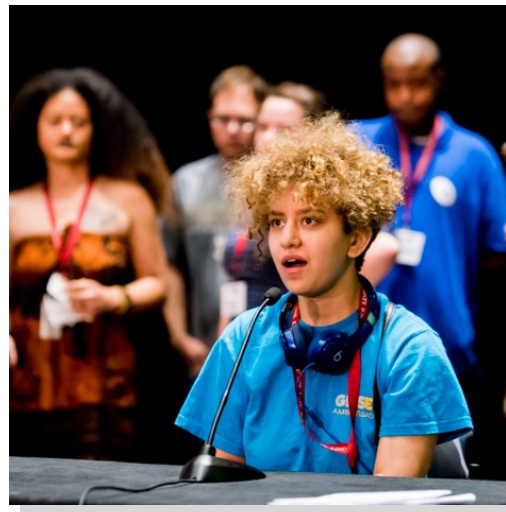
The National Council on Independent Living has led a nationwide effort to develop outcomes, indicators, measurement tools, and ways to gather, analyze, and interpret outcome data. The Independent Living Administration and all segments of the Independent Living community of practice have been closely involved at every step. CILs have field-tested their outcomes over the past three 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 2018 budget.

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* – introduced during the 114th Congress as S. 2427 (Schumer-D) and H.R. 5689 (Gibson-R) – addressed this injustice by:

- 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;

- 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;
- establishing a comprehensive state planning requirement, comparable to the transition planning process required under the *ADA*, that includes benchmarks;
- requiring states to address the need for affordable, accessible, integrated housing that is independent of service delivery; and
- establishing stronger, targeted enforcement mechanisms.

NCIL worked closely with ADAPT and others in crafting this legislation. We are working to secure reintroduction of this important legislation protecting the Constitutional and civil rights of Americans with disabilities.

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

NCIL strongly supports reform of Medicaid (LTSS) 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. Medicaid is the primary payer for Long Term Services and Supports,

which allow disabled individuals to live in the community instead of being denied their Constitutional right to Liberty. Instead of capping Medicaid LTSS or giving states more "flexibility" to deny Americans with disabilities their freedom through Block Grants or Per-Capita Caps, Congress should work with NCIL and the disability community to 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.

### Healthcare

Although the *Affordable Care Act* is flawed, it does provide critically important access to health insurance for Americans with Disabilities. Additionally, the *ACA* addressed other critical healthcare issues for people with disabilities. Specifically, the *ACA*:

- prohibited discrimination against people with pre-existing conditions by insurance companies;



- extended Money Follows the Person, a Republican New Freedom initiative that is liberating thousands of disabled people from institutions, but that program is ending because of Congressional inaction;
- established the Community First Choice Option (1915k), a Medicaid option that incentivizes states to provide LTSS in the community instead of nursing facilities and institutions;
- authorized accessibility standards for Diagnostic Medical Equipment so people with disabilities could get access to preventative healthcare screenings and appropriate diagnostic testing.

NCIL urges Congress to maintain these important provisions of the ACA by addressing the problems with the existing law rather than repealing it.

### **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 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* as introduced during the 114th Congress - *H.R. 284* (Tiberi-R) and *S. 148* (Portman-R).



**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 Access to Quality Complex Rehabilitation Technology Act of 2017* - *H.R. 750* (Sensenbrenner-R).

### **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:

- 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.

## **Assisted Suicide**

NCIL has long opposed the legalization of assisted suicide for many reasons. When assisted suicide is legal, it's the cheapest treatment available - an attractive option in our profit-driven healthcare system. Terminal diagnoses and prognoses are too often wrong, leading people to lose good years of their lives. If one doctor says “no,” people can “doctor shop” for that “yes.” No psychological evaluation is required, putting depressed people in danger.

Highly-touted “safeguards” turn out to be truly hollow, with no real enforcement or investigation authority. Assisted suicide is a prescription for abuse: an heir or abusive caregiver can steer someone towards assisted suicide, witness the request, pick up the lethal dose, and even administer the drug - no witnesses are required at the death, so who would know? Many other pressures exist that can cause people with compromised health to hasten their death. Evidence appears to show that assisted suicide laws also lead to suicide contagion, driving up the general suicide rate. We all already have the right to good pain relief, including palliative sedation if dying in pain.

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 Long-Term Services and Supports (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. Because the dangers and harms are so significant, many national disability and medical organizations oppose assisted suicide laws, and many legislatures have repeatedly rejected them.

## Civil Rights and the Americans with Disabilities Act →

Once again, with a new Congress, we see new attacks on the *Americans with Disabilities Act*. Each of the past few years these attacks have intensified yet have failed to move forward. We cannot take for granted that it will happen that way in the new Congress. Pressures have grown in states that allow monetary damages for those filing lawsuits in regards to access.

Because of the increase of “drive-by lawsuits,” as they are labeled by the business community, legislators from those same states are filing legislation that requires notification and cure periods.

### ***H.R. 620 - ADA Education and Reform Act of 2017***

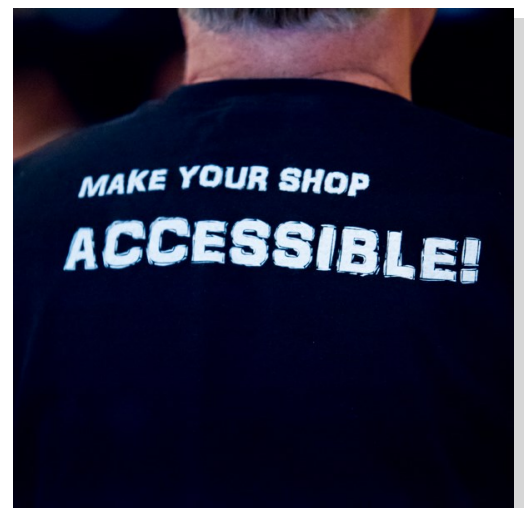
This bill is similar to ADA notification legislation introduced in the 114th Congress. *H.R. 620* states its intention “To amend the *Americans with Disabilities Act of 1990* to promote compliance through education, to clarify the requirements for demand letters, to provide for a notice and cure period before the commencement of a private civil action, and for other purposes”.

We agree with the portion of the bill that would include the disability community in the design of any training or education.

We strongly disagree with the section requiring a very specific written notice be provided to the owner or operator of the accommodation. We similarly disagree with the provisions allowing 60 days for the owner or operator to provide “a written description outlining improvements that will be made to remove the barrier” and 120 additional days to “remove the barrier or make substantial progress in removing the barrier.”

We also strongly disagree that “the written notice required under subparagraph (B) must also specify in detail the circumstances under which an individual was actually denied access to a public accommodation, including the address of property, the specific sections of the *Americans with Disabilities Act* alleged to have been violated, whether a request for assistance in removing an architectural barrier to access was made, and whether the barrier to access was a permanent or temporary barrier”.

Businesses have had 27 years to remedy non-compliance with the *Americans with Disabilities Act*. It should not require a notice and cure period to resolve issues that should have been rectified years ago. This legislation puts the onus on the disability community to monitor access and allows businesses to continue with their wait-and-see-if anyone-notices approach and to only resolve issues of access if anyone actually issues a complaint.



## 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. Housing is a key component in rebalancing our long term care system. Diverting individuals with disabilities from nursing homes and other institutions and transitioning them to the community saves money. 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 affordability continues to be a serious challenge for many households with a person with a disability across the country. Despite years of near-stagnant funding in the face of increasing costs of providing housing assistance and the higher need for housing assistance, the Trump Administration reportedly is planning a very large reduction to the Federal budget over the next 10 years, mostly impacting domestic programs such as housing. Even the House Budget Committee plan, approved on March 16, 2016, would cut programs for low- and moderate-income people by about \$3.7 trillion over the next decade. Although it went nowhere, it could be an indication of the direction that Congress may take in the upcoming months. Those potential cuts would reverse a long tradition of bipartisan support in Congress for housing programs.

→ **NCIL opposes cuts to housing and other domestic programs designed to assist low to moderate-income households, including those with disabilities.**

It is a well-known fact that many communities oppose affordable housing construction, and impose regulations designed to increase the cost of housing construction, including larger lot sizes, larger home sizes, façade requirements, minimizing the eligible zoning areas for multi-family housing, and worst of all, sabotaging efforts by developers to provide affordable housing. All this despite the fact that many receive Federal funding that carries an obligation to fight segregation. Although segregation is largely based on racial discrimination, it impacts people with disabilities as well by reducing their housing choices. Some in Congress and in the Executive Branch, including HUD Secretary Carson, have made it known that they desire to block HUD from enforcing recently issued regulations relating to Affirmatively Furthering Fair Housing.

→ **NCIL opposes efforts to weaken or eliminate Affirmatively Furthering Fair Housing regulations and enforcement.**

At the time of writing, there have been two similar bills proposed in Congress that would prohibit HUD from using geospatial databases to analyze patterns of discrimination, as well as imposing a cumbersome process designed to make it impossible to have fair and strong standards to combat housing segregation.

→ **NCIL opposes S. 103 and H.R. 482, the *Local Zoning Decisions Protection Act of 2017***

Systemic discrimination is not the only housing issue that people with disabilities encounter in communities. The National Fair Housing Alliance has reported that 55.1% of all fair housing complaints are disability-related! This is unacceptable for a group that already faces formidable barriers to finding housing. Increased funding is needed for HUD's Fair Housing Initiatives Program to improve the effectiveness of fair housing enforcement, education, and outreach.

→ **NCIL supports H.R. 149, the *Housing Fairness Act of 2017***

Reducing housing discrimination, both systemic and individual, is only a small part of the picture. There simply isn't enough accessible, affordable, healthy / nontoxic, decent, safe, and integrated housing available for everyone who needs it. A large part of the reason is because our nation's housing assistance is poorly designed. Each year, 75% of almost \$200 billion in housing assistance dollars spent by the Federal government is used toward homeownership subsidies. The largest housing subsidy is the home mortgage interest deduction, which is used by homeowners who can benefit from itemized deductions on their taxes. Although homeowners at different income levels can take advantage of the deduction, half of all homeowners do not benefit. Those with pricey homes use bigger deductions. Frustratingly, homeowners with incomes over \$100,000 receive eight out of every ten dollars for mortgage interest deductions, which is more assistance than low-income households receive from HUD! In short, those who need the assistance the least receive the most, making this a very ineffective program.

A proposed reform would provide a nonrefundable tax credit for homeowners and cap the amount of the tax write-off from \$1 million to \$500,000. Because it will be a tax credit, it will impact more homeowners and is a more effective policy while saving money. The reform would also fund the National Housing Trust Fund and the Capital Magnet Fund through the savings, building potentially 2.4 million new affordable housing units over the next decade! More homeowners can use the mortgage interest credit, AND more affordable units are built, with zero new cost to the Federal budget!



→ **NCIL supports H.R. 948: the *Common Sense Housing Investment Act of 2017***

But housing affordability is only part of the solution. There has to be greater accessibility as well, both for private and Federally-subsidized housing. Currently, there are no nation-wide accessibility standards for privately owned single-family (1 to 3 units) housing. This is a huge gap in accessibility standards that covers government offices, commercial buildings, and multi-family residences. Some communities and states have taken the lead in promoting home accessibility standards, commonly known as Visitability. Visitability is the idea that homes should have standards that include enough accessibility features for a guest with mobility disabilities to visit. These features will also make housing more accessible to persons with mobility disabilities, reduce unnecessary expenses for renovations, and will allow seniors to age in place, negating the need for costly institutionalization. The previous Congressional Sessions have seen a proposal which would require that newly constructed, Federally-assisted single family houses and town houses conform to Visitability standards. The basic design features are already in the International Codes Commission's

accessibility standards as a voluntary Type C unit.

→ **NCIL supports the *Eleanor Smith Inclusive Home Design Act (formerly H.R. 3260)***

Many cities and regions suffer from a shortage of affordable and accessible housing. This is one of the few sources, and the primary source, of “new money” for housing that can be affordable with other subsidies. Many Low Income Housing Tax Credit (LIHTC) properties are multi-family housing, which fall under the Fair Housing Act’s design and construction requirements. Even though there are no Section 504 obligations for greater accessibility, it has been beneficial for many people with disabilities. A bipartisan push to expand the LIHTC program has been underway, introduced as S. 3237 in the previous Session.

NCIL supports the program and the additional tax credits proposed, but NCIL believes that given the desperate need for accessible units, the LIHTC program has to do better on accessibility. A recent study in the Housing Policy Debate, “The Characteristics and Unmet Housing Program Needs of Disabled HUD-Assisted Households” by Casey Dawkins and Mark Miller, found that hundreds of thousands of people with disabilities were in housing that did not suit their needs. Startlingly, in public housing, seventy percent of residents did not receive a requested disability-related accommodation, and ninety percent of public housing residents with disabilities did not live in accessible units.



Since Congress has chosen to not significantly increase funding for subsidized housing, the only avenue left for increasing the number of accessible units is through the LIHTC program.

→ **NCIL proposes that reforms to the LIHTC program should require that LIHTC properties follow a 15% requirement for accessible units in both single-family housing and multi-family housing, as well as 100% Visitability requirement for single-family housing.**

As evidenced by the news from Flint, Michigan last year, lead contamination is very much an issue in many older neighborhoods and communities. Much of our current housing stock, particularly in older communities - rural, urban and suburban - contains unhealthy levels of lead-based paint, which has been linked to adverse health conditions in children. There are also lead-contaminated dust and soil in the neighborhood. When children become adults, the medical issues often continue, leading to breathing difficulties, lower IQ scores, impulsivity, seizures, reduced educational attainment, and loss of attention span, among other effects. NCIL believes that HUD and USDA Rural Housing need to do more to mitigate the impact of lead through providing additional resources and guidance on its removal. They should also identify the overall health and fiscal impacts. This was an issue that incoming HUD Secretary Carson brought up in his Senate confirmation hearing.

→ **NCIL supports the reintroduction of S. 2631 and H.R. 4694 from the 114th Congress, the *Lead-Safe Housing for Kids Act of 2016*.**

→ **NCIL also supports an increase in the Healthy Homes & Lead Hazard Control line item, which will lead to greater savings through healthier lifestyles.**

The demand for housing that people with disabilities can actually use has far outgrown the available supply, and the shortage will only get worse with our nation's aging population and the corresponding increase in the number of people with disabilities. Congress has to act to ensure that there will be an adequate supply of housing, both private and public.

Note: *The Disability Integration Act* (see Healthcare Section) includes language requiring each state to 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 for the integration of individuals with disabilities into society through universal (accessible) design 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 26 years moving forward. We cautiously hope that the Trump Administration will provide appropriate enforcement through the Department Of Justice.*

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 have passed the 26th anniversary of the *ADA*, no further excuses should be tolerated for delays on compliance. See *H.R. 749, the Passenger Rail Reform and Investment Act of 2015* (new version to be reintroduced in 115th Congress) 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 is 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* (new version to be reintroduced in 115th Congress).

**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 overcharged members of the disability community (i.e. price gouging). 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 policies and 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 policies 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. President Trump has indicated an interest in increasing investment in transportation, but it's not clear how much, which sectors, (public and / or private), or which modes.

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, including 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 Grant (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 July 2016, Congress passed and President Obama signed a short term *FAA Reauthorization* extension that is now set to expire in September 2017. Two changes of interest are that the Federal DOT is to report back to Congress on findings regarding disability-related complaints and the air travel industry is to incorporate 'best practice' models to address disability related concerns by July 2017. *FAA Reauthorization* hearings have already started in this Congress. 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** (bill number not yet assigned in 115th 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" and other issues noted in this section addressing accommodations for air travelers with disabilities.

### Transportation Legislative Watch List

NCIL supports the following legislation and policy:

- *FAA Reauthorization* legislation that includes addressing the issues addressed here related to air travel for the disability community
- 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*
- 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.

## Mental Health →

Mental health continues to have prominence in the news and in Washington after another year of gun violence blamed on people with psychiatric disabilities. NCIL recognizes that mental health disabilities are common - half of Americans can expect a diagnosis during their lifetime. NCIL also recognizes that people with disabilities, including those with mental health labels, are more likely to become victims than perpetrators of violence.

Congress has focused on legislation to restructure federal mental health laws over the last decade 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 consumers has been left out of these very important conversations and we cannot tolerate this.

NCIL calls on the Administration, Congress and other policy-makers to include persons with disabilities in this most important policy work. People with psychiatric disability must be represented in equal proportion to other stakeholders when developing mental health policy.

NCIL opposes all legislation or administrative action that continues or strengthens denial of rights based on a diagnosis or disability and deprivation of liberty based on disability rather than criminal activity.

In addition, advocates must be certain that legislation does not single out people who have a disability for involuntary treatment. Legislation should assure continued support for mental health peer support and advocacy.



## Education →

### **Maintain *Every Student Succeeds Act (ESSA)* Regulations**

In 2016, the Department of Education finalized the regulation implementing the *Every Student Succeeds Act (ESSA)*. The regulation includes school accountability provisions regarding students with disabilities. February 7, 2017 the House of Representatives passed *H.J. Resolution 57*, which would overturn the *ESSA* regulation. The regulation helps to ensure effective state accountability plans and other provisions that provide a framework for school accountability. NCIL urges the U.S. Senate to maintain the federal *ESSA* regulation with requirements that schools take specific steps to ensure accountability for the education of students with disabilities.

## ***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.

## **Restraint and Seclusion of Students Must End**

Restraining and secluding students causes harm and is proven to be ineffective. Yet restraint and seclusion remains a practice in many schools. The Government Accountability Office reported widespread misuse of restraint and seclusion. Federal legislation is needed to:

- 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 the event occurred;
- ban restraints that impede breathing, mechanical restraints, and chemical restraints; and
- prevent restraint / seclusion from being used when less restrictive alternatives would eliminate any danger.



## Employment & Economic Equity →

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

NCIL maintains its strong requests to Congress to eliminate the age 65 limit for Medicaid Buy-In eligibility for workers as currently found in the *Ticket to Work and Work Incentives Improvement Act* (PL 106-170). We know many workers with a disability need to retain Medicaid to pay for personal assistance services, for example, which in turn help pay for their continued independence, integration, and economic and community contributions.

NCIL requests Congress to align this law with the same Medicaid Buy-In language in the *Balanced Budget Act of 1997*, allowing for continued Medicaid Buy-In eligibility 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: Create An Equal Playing Field and Remove Barriers to Employment for Older Workers!**

NCIL also asks Congress to change Social Security rules and regulations (POMS) to eliminate earnings limitations for CDB/childhood disability beneficiaries (who draw benefits attributable to another's account) upon reaching full Social Security retirement age (currently 66) to equate with rules of SSDI beneficiaries who have established their own account. This would eliminate such work disincentives as Substantial Gainful Employment (SGA) requirements for this group, encouraging all aging workers to continue to work if they so choose.

### **The *ABLE Act*: Now More Than Ever!**

In 2017, the *ABLE Act* still continues to be an important policy priority for NCIL! Over 45 states have opted to enable ABLE legislation with many (18 at last count with more to come) actively launching programs. Other states are having ABLE legislation heard in their own statehouses in 2017.

As ABLE gains momentum nationwide, NCIL still implores Congress to consider:

- The *ABLE to Work Act*, which 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. This legislation would allow individuals and families to save more money in an ABLE account if the beneficiary works and earns income.
- The *ABLE Age Adjustment Act* 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* would allow families to rollover savings from a Section 529 college savings plan to an ABLE account.



### **Subminimum Wages: The *TIME Act***

In 2017, the *Transitioning to Integrated and Meaningful Employment (TIME) Act* still commands considerable interest by NCIL, Congress, DOL, and a myriad of advocacy groups across the nation. In the wake of the 114th Congress, as of July 2016, there were 69 sponsors of the *TIME Act*, including 16 who signed in 2016.

What 2017 will bring for *TIME* remains to be seen, though NCIL and the Act continue to direct the Secretary of Labor to discontinue issuing to any new profit, 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.

### **The CareerACCESS Policy Initiative**

NCIL strongly supports the Congressional funding needed now to allow at least two states to pilot CareerACCESS projects by 2018 for young adults with a disability building careers. The three states to date with the strongest NCIL member interest in launching the pilot projects are Vermont, Michigan, and Massachusetts. Visit [www.ourcareeraccess.org](http://www.ourcareeraccess.org) for more information.

NCIL, its members, and the Americans we work with and for can move closer to the middle class and true economic integration with these economic policies and laws in place!

## 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.

Thirteen 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 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.

## 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 a photo ID to cast a ballot; and
- the 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.

## 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 115th Congress and urges swift action on these measures.**

### **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.

**NCIL also supports the following bills from the 114th Congress that have not yet been reintroduced in the 115th.**

### **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 2017 and expands the successful pilot program. This legislation has been awaiting full Committee action since 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.

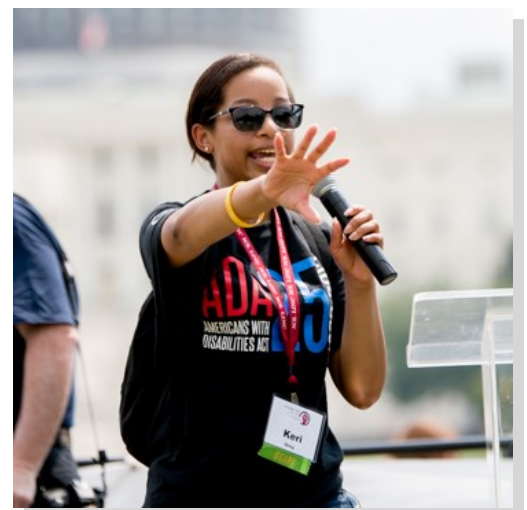
### **Providing Reservists Improved Opportunities for Careers in the Federal Workforce**

**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.

## Violence and Abuse →

As reported in *The Hill* on January 19th, the Trump budget is closely following a blueprint that was laid out by the conservative Heritage Foundation last year. Staff from this think tank organization has moved to assist in the Administration's transition. At the Department of Justice, the blueprint calls for the elimination of Violence Against Women Act Grants and the Legal Services Corporation and reducing funding for DOJ's Civil Rights Division.

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



The *Violence Against Women Act (VAWA)* grants create and support comprehensive, effective, and cost saving responses to the crimes of domestic violence, dating violence, sexual assault and stalking in thousands of communities across the United States. Currently a designated grant program exists within the Office of Violence Against Women and funded by VAWA entitled “Training and Services to End Violence Against Women with Disabilities.” Since its inception, nearly 60 communities have been funded to create sustainable change by addressing gaps in services, accessibility, and safety in order to better serve individuals with disabilities who have been impacted by domestic violence, sexual assault, and stalking. We must support this critical legislation for the benefit of victims of domestic violence, sexual assault, dating violence and stalking. Once secured, we must continue to push for people with disabilities to be funded as a designated grant program in this continuing work.

### **Legal Aid**

Another target is the Legal Services Corporation (LSC). This is an independent nonprofit established by Congress in 1974 to provide financial support for civil legal aid to low-income Americans. LSC promotes equal access to justice by providing funding to independent non-profit legal aid programs in every state. These grantees serve thousands of low-income individuals, children, families, seniors, and veterans.

### **Civil Rights Division, Department of Justice**

Also included in the blueprint is reducing funding for the Civil Rights Division. It is unclear what this would involve, but in this climate, it is imperative not only to maintain current civil rights division efforts but to look at mechanisms to ensure the civil rights of all Americans in the future, especially those with disabilities.

Together, the *Violence Against Women Act (VAWA)* programs, the legal aid grants from the Legal Services Corporation and the Civil Rights Division of DOJ, support the needs of victims of violence and other civil rights. We urge you to act now to protect VAWA funding from these and any other proposed cuts.

### **Cascading Effects**

In addition to the points made above, the issue of violence and abuse are woven into the issues addressed in other parts of this document.

Repeal of *Affordable Care Act (ACA)* and associated block grants for Medicaid create a situation in which individuals with disabilities may lose their choice to live independently in the community. Institutional settings, such as nursing homes, are a breeding ground for neglect and abuse. The risk to health and safety of individuals with disabilities therefore is directly affected by the actions being taken by Congress and the White House.

The changes within the Education Department, including the possible elimination or moving money from public to school choice programs may have a drastic effect on the safety of students with disabilities. The *Individuals with Disabilities Education Act (IDEA)* mandates that schools investigate and respond to incidents of bullying, plus Individualized Education Plans (IEPs) have been used as a tool in combating bullying. Seclusion and restraint policies are guided by federal mandates in response to the states’ inability to ensure the safety of students. These Federal protections are



essential and must not be reverted back to the state.

Hate crimes against people with disabilities have always been underreported so the actual impact of this election on this is not clear, but what is known is that there has been a spike in hate crimes since the election. The hateful rhetoric used during the campaign and continuing since the election puts people in already marginalized groups at risk for being victimized.

The United States also has a history of banning people with disabilities from entering this country. Recent travel bans and deportation rules include a focus on banning and deporting individuals based on their need for support. This targets individuals with disabilities and puts them at risk. The deportation orders have already made it difficult for victims to come forward seeking help. Going to the police or court puts victims at risk of coming into the view of officials, who may deport them or break up families - leaving children born in this country “orphaned” to the system.

## Aging & Disability Resource Centers →

Aging & Disability Resource Centers (ADRCs) must embrace our principle of “nothing about us without us” at the national level (by working with NCIL), at the state level (by working with Statewide Independent Living Councils - SILCs), and at the local level (by working with Centers for Independent Living - CILs). This includes a commitment to consumer control, consumer direction, self-determination, autonomy, and dignity of risk for all consumers. It also means that policy decisions about serving people with disabilities must include the disability community.

All ADRCs must serve seniors and people of all disabilities of all ages from day one and every day. Existing ADRCs that have not adhered to this and all key elements are not truly ADRCs because they are not cross-age and cross-disability.

All ADRCs must implement the “No Wrong Door” model versus the “Single Point of Entry” model.

All ADRCs’ design, development, and implementation are required to include a mandatory partnership between the senior agencies and CILs & SILCs, unless one entity chooses not to participate.

Specifically, NCIL’s ADRC Subcommittee will work with Administration for Community Living (ACL) / Independent Living Administration (ILA) on the development of the guidelines that reinforce this partnership at the federal, state and local levels.

## 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 115th 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. Each of us can play a role in educating ourselves and others. Each of us can let politicians 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@usidc.org](mailto:dmorrissey@usidc.org) to plan a presentation. Please consider including the CRPD in your organization's work.

### Legislation NCIL Opposes

- ADA Compliance for Customer Entry to Stores and Services (ACCESS) Act
- ADA Education and Reform Act
- American Health Care Act (AHCA)
- Correcting Obstructions to Mediate, Prevent, and Limit Inaccessibility (COMPLI) Act
- Local Zoning Decisions Protection Act
- Mental Health and Substance Abuse Treatment Accessibility Act

## Legislation NCIL Supports ✓

- Air Carrier Access Amendments Act
- Allowing Local Control of Federal Transit Funds Act
- ABLE Age Adjustment Act
- ABLE Financial Planning Act
- ABLE to Work Act
- Access to Veterans Benefits Improvement Act
- Blue Water Navy Vietnam Veterans Act
- CHAMPVA Children's Care Protection Act
- Common Sense Housing Investment Act
- Disability Integration Act
- Disabled Veterans' Access to Medical Exams Improvement Act
- Eleanor Smith Inclusive Home Design Act
- Ensuring Access to Quality Complex Rehabilitation Technology Act
- Housing Fairness Act
- Keeping All Students Safe Act
- Lead-Safe Housing for Kids Act
- Lori Jackson Domestic Violence Survivor Protection Act
- Medicare DMEPOS Competitive Bidding Improvement Act
- Military Reserve Jobs Act
- Mortgage Interest Deduction Reform
- Passenger Rail Reform and Investment Act
- Pet and Women Safety Act
- Protecting Domestic Violence and Stalking Victims Act
- Quicker Veterans Benefits Delivery Act
- Safe Streets Act
- Security and Financial Empowerment Act
- Stop Child Abuse in Residential Programs for Teens Act
- Transit Accessibility Innovation Act
- Transition to Independence Act
- Transitioning to Integrated and Meaningful Employment (TIME) Act
- Veterans Dependents' Parity Act

### Full funding of:

- Assistive Technology Act

### Ratification of:

- Convention on the Rights of Persons with Disabilities Treaty



# 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).



2013 H Street, NW / 6th Floor • Washington, D.C. 20006

voice: (202) 207-0334 • fax: (202) 207-0341 • tty: (202) 207-0340

website: [www.ncil.org](http://www.ncil.org) • email: [ncil@ncil.org](mailto:ncil@ncil.org)