Access Living Federal Candidates Questionnaire – Disability Policy Issues

Disability voters are an important voting block. In Chicago, there are over 300,000 people with disabilities, with countless friends and families who also consider themselves disability voters. Furthermore, about one in six voters, or 16.4% of the voting electorate nationwide is a person with a disability, according to the American Association of People with Disabilities.

Candidates nationwide have learned that people with disabilities have a historical interest in policymaking that impacts our lives. The following **10 questions** aim to address major policy areas of concern of disabled voters in the Chicagoland area.

Candidate Name: Kina Collins

Party: Democratic

District: Illinois' 7th District

Disability and Civil Rights:

Context for Question

Over the last fifty years, people with disabilities and our allies have worked tirelessly to create and enforce a critical set of disability rights laws, such as the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, the Individuals with Disabilities Education Act, and much more. In the past several months, both administrative and legal action have made it clear that federal disability rights and enforcement are at tremendous risk. This is evidenced by the recent dismantling of federal entities tasked with enforcing disability laws, notably the Office for Civil Rights (OCR) and Office of Special Education and Rehabilitative Services (OSERS) within the Department of Education.

Question

What would you do to ensure that current federal disability rights laws and regulations are protected, not dismantled?

Answer

Disability rights are civil rights, full stop. The ADA, Section 504, IDEA, and related laws were not gifts from government; they were won through direct action, protest, and organizing by disabled people themselves. Any attempt to hollow them out, whether through court decisions, budget starvation, or administrative sabotage, is an attack on our democracy.

I would fight on three fronts:

Legislative defense and expansion: I would oppose any effort to weaken disability rights statutes and proactively introduce legislation to strengthen enforcement mechanisms, including restoring and expanding the authority and staffing of the Office for Civil Rights (OCR) and OSERS. Rights without enforcement are just paper promises.

Budget power: I would use the appropriations process to fully fund civil rights enforcement. In Illinois alone, OCR complaints related to disability discrimination in education and health care have consistently ranked among the highest categories. Yet enforcement agencies are being gutted. That is a policy choice, and we can choose differently.

Oversight and accountability: I would aggressively use congressional oversight, hearings, subpoenas, public reporting, to expose how dismantling enforcement harms real people, including disabled students in Chicago Public Schools and disabled workers across Illinois.

This is about refusing to allow austerity to masquerade as efficiency when it is, in fact, discrimination by design.

Question

Between now and 2028, what is your vision for rebuilding the federal administrative infrastructure that has been gutted in this year's reductions in force (RIFs)?

Answer

Between now and 2028, my vision is not simply to rebuild what was lost, but to reimagine a federal disability infrastructure that is stronger, more intersectional, and more accountable to disabled people.

That means:

Rehiring and expanding staff at OCR and OSERS, with a focus on investigators, compliance officers, and community liaisons.

Centering lived experience by prioritizing the hiring of disabled people, including disabled people of color, at every level of these agencies.

Modernizing data and enforcement tools, so complaints are resolved faster. Right now, families in Illinois can wait years for IDEA complaints to be resolved, years a child never gets back.

Regional enforcement hubs, including one anchored in the Midwest, to better serve states like Illinois where urban, suburban, and rural disability issues intersect.

We don’t just rebuild, we repair, transform, and democratize.

Education:

Context for Question

The Individuals with Disabilities Education Act (IDEA) is the federal law the governs special education in the United States. This is the law that ensures that ALL students have the right to a “free and appropriate public education.” When the IDEA was passed, the federal government committed to covering 40% of state special education costs. As it currently stands, IDEA is only covering 10% of costs. This shortfall leaves local communities on the hook to make ends meet. teachers and therapists stretched thin, and worse outcomes for students.

Question

What steps would you take to ensure IDEA/Special Education is properly funded going forward?

Answer

My commitment is simple and non-negotiable:

Phase in full federal funding of IDEA to 40%, using mandatory, not discretionary, spending, so it cannot be raided year after year.

Target equity adjustments so districts serving high numbers of disabled students, low-income students, and students of color, like Chicago, receive additional support.

Protect educator pipelines, including loan forgiveness and higher reimbursement rates for special education teachers, speech therapists, and school psychologists.

This is about fully funding inclusion, not pitting students against each other in a zero-sum system.

Health Care:

Context for Question

When we surveyed disabled Chicagoans about their federal policy concerns, access to healthcare was the number one issue for an overwhelming number of respondents.

Medicaid is integral to the independence of people with disabilities because of home and community-based services (HCBS). H.R.1 will implement drastic cuts to Medicare and Medicaid, leaving many disabled folks without access to health coverage. HCBS is particularly at risk of cuts should their federal funding be lost, because HCBS is not mandatory. Without Medicaid HCBS, many people with disabilities will be forced to leave their communities and live in institutions.

Question

What will you do to protect Illinoisans' access to health care, especially people with disabilities?

Answer

Medicaid is not just health insurance, it is freedom infrastructure.

In Illinois, over 3.4 million people rely on Medicaid, including hundreds of thousands of disabled residents. Home and Community-Based Services (HCBS) are what make it possible for people to live, work, and thrive outside of institutions. Cuts proposed under H.R. 1 would be catastrophic.

I would:

Vote unequivocally against any cuts to Medicaid or Medicare, including block grants or per-capita caps.

Protect and expand HCBS funding, recognizing that community-based care is both more humane and more cost-effective than institutionalization.

Enforce the Olmstead decision, ensuring states meet their legal obligation to serve people in the most integrated setting possible.

In Illinois, institutional care can cost twice as much as HCBS, yet thousands remain on waitlists. That is a moral failure and a policy failure.

Context for Question

In Illinois, thousands of people with disabilities remain institutionalized in state-operated developmental centers or nursing facilities, even though most could live safely and independently with proper support. Illinois operates several HCBS waiver, such as the *Persons with Disabilities Waiver*, to help individuals receive care at home rather than in institutions. Expanding access to these programs is vital because community living promotes autonomy, dignity, and inclusion. It is also more cost-effective than institutional care and aligns with the Olmstead v. L.C. decision, which affirms the right to live in the most integrated setting possible.

Question

What is your plan to reduce the number of people with disabilities on waitlists for home and community-based services (HCBS) while ensuring services are high quality? Do you support making HCBS a mandatory Medicaid service?

Answer

Yes, I unequivocally support making HCBS a mandatory Medicaid benefit.

To reduce waitlists while protecting quality, I would:

Substantially increase the federal match (FMAP) for HCBS, allowing Illinois to expand waiver slots without shifting costs onto the state.

Invest in the direct care workforce, including higher wages, benefits, and training. In Illinois, chronic understaffing, not lack of need, is a major driver of waitlists.

Set federal quality standards, co-designed with disabled people, to ensure expansion does not come at the expense of safety or dignity.

No one should be warehoused in an institution simply because the waitlist is long.

Context for Question

We have seen a rash of laws across Illinois and the country that criminalize homelessness. Homelessness is an issue that disproportionately impacts people with disabilities. People with serious mental illness are more likely to end up homeless and not having a house leads to all kinds of health problems. Some ordinances even go as far as penalizing people sleeping in their own cars.

Question

What will you do to protect people living with mental illness who are also unhoused?

Answer

Criminalizing homelessness is not public safety, it is state-sanctioned cruelty.

People with disabilities, particularly those with serious mental illness, are dramatically overrepresented among the unhoused population in Chicago. Ordinances that penalize sleeping in cars or public spaces punish people for surviving systemic failure.

I would:

Oppose federal funding for jurisdictions that criminalize homelessness, and instead incentivize Housing First models.

Expand supportive housing, including permanent supportive housing with on-site mental health services.

Protect civil rights by ensuring DOJ enforcement against discriminatory policing and municipal practices.

Housing is health care. Dignity is non-negotiable.

Transportation:

Context for Question

Systemic underfunding of transit systems, particularly on the operations side, has left the Chicagoland transit system in funding peril. Many disabled people cannot drive and rely on both mainline transit and paratransit systems to be independent and participate in society. Because the availability of paratransit is tied to the availability of mainline transit, fixed route funding cuts directly impact ADA paratransit service as well. Unfortunately, despite the high need for paratransit, it remains insufficiently funded and frequently overlooked, rather than considered a vital part of the transit system overall.

Question

Would you support a more equitable funding system that better funds accessible transit, including paratransit specifically? And, if so, what do you think that system should look like?

Answer

Yes, because transit is a civil right.

In Chicagoland, disabled riders depend on CTA, Metra, Pace, and ADA paratransit. When mainline service is cut, paratransit collapses too. Yet paratransit is often treated as an afterthought.

I support:

Dedicated, protected operating funds for both fixed-route and paratransit service.

Federal transit formulas that explicitly account for disability access, not just ridership volume.

Full ADA compliance enforcement, including penalties for chronic service failures.

Accessible transit is not charity, it is participation in public life.

Economic Justice:

Context for Question

Supplemental Security Income, also known as SSI, serves as a critical safety net to provide some level of income for many people with disabilities. However, the process to obtain benefits can stretch over two years. Recipients of SSI only receive an average of $700 / month, and outdated asset limits of $2,000 per person and $3,000 per couple trap people with disabilities in a vicious cycle of poverty.

Question

What concrete steps would you take to modernize and reform the SSI program so that it benefits and uplifts people with disabilities?

Answer

Supplemental Security Income should be a pathway to dignity and stability—not a bureaucratic maze that locks disabled people into poverty. The reality is stark: an average SSI benefit of roughly $700 a month is not enough to survive anywhere in this country, let alone in Illinois, where the fair-market rent for a one-bedroom apartment is more than double that amount. In Chicago, disabled people on SSI are often forced to choose between rent, medication, and food. That is not a personal failure, it is a policy choice.

Here is how I would modernize and reform SSI in concrete, structural ways:

First, raise SSI benefits to a livable standard.

I would support legislation to increase SSI benefits to at least the federal poverty level and permanently index them to inflation. No one with a disability should be expected to survive on an income that guarantees poverty. This is about economic justice, not charity.

Update and eliminate punitive asset limits.

The current asset limits, $2,000 for an individual and $3,000 for a couple, have not been meaningfully updated in decades and actively punish people for saving, marrying, or planning for emergencies. I would fight to dramatically raise or eliminate these limits altogether so disabled people in Illinois and across the country can build stability without fear of losing lifesaving benefits.

Shorten the application and appeals process.

Waiting up to two years for benefits is unacceptable. I would push for increased funding and staffing at the Social Security Administration to speed up determinations, expand presumptive eligibility, and simplify paperwork, especially for people with clear, documented disabilities. People should not be forced into homelessness or institutionalization while waiting for help they are legally entitled to receive.

End marriage penalties and family punishment.

SSI rules still treat marriage and shared households as liabilities. I would support reforms that eliminate benefit reductions based on marital status or family structure. Disabled people deserve love, community, and family without financial punishment.

Align SSI with other anti-poverty programs.

I would work to automatically connect SSI recipients to SNAP, Medicaid, and housing assistance, reducing red tape and preventing people from falling through the cracks. In Illinois, where disabled residents are overrepresented among those experiencing housing insecurity, coordinated benefits are a matter of survival.

Finally, center disabled voices in reform.

Any modernization of SSI must be shaped by people who rely on it. That means ongoing consultation with disabled advocates, particularly disabled people of color, who are most impacted by SSI's failures.

SSI should uplift people, not surveil them, restrict them, or keep them poor. Reforming SSI is about recognizing that disabled people deserve economic security, autonomy, and the freedom to live full lives.

Context for Question

SNAP is a critical lifeline for millions of Americans and is especially important for people with disabilities. However, H.R. 1 will force millions of Americans off critical SNAP benefits, as well as create excessive bureaucratic red tape for people with disabilities. Regardless, the SNAP program in many ways does not account for the unique needs of people with disabilities, particularly with the program's restriction on purchasing ready-made / hot meals.

Question

What concrete steps would you take to protect SNAP benefits AND modernize food access programs to be more accessible to the disability community?

Answer

Food is a human right, and access to food should never depend on whether someone's disability fits neatly into outdated bureaucratic boxes. SNAP is one of the most effective anti-poverty programs we have, and for disabled people in Illinois and across the country, it is often the difference between eating and going hungry. Efforts like H.R. 1 that slash SNAP and pile on new red tape are not about efficiency; they are about exclusion.

Here are the concrete steps I would take to both protect SNAP and modernize it to meet the real needs of the disability community:

First, stop the cuts and block harmful legislation.
I would vote unequivocally against H.R. 1 and any proposal that cuts SNAP benefits, imposes harsher eligibility rules, or expands punitive work requirements. Disabled people are already more likely to experience food insecurity, nearly one in three disabled adults nationally, and policies that push people off SNAP will hit communities like Chicago hardest, where cost of living continues to rise.

Expand allowable food purchases to reflect disability realities.
SNAP's restriction on hot and prepared foods ignores the lived experience of many disabled people who cannot safely cook due to mobility impairments, chronic pain, fatigue, or lack of accessible kitchens. I would support federal legislation to:

Allow SNAP to be used for hot and ready-made meals for disabled and elderly recipients

Expand and modernize the Restaurant Meals Program nationwide, ensuring Illinois has the resources to fully implement and scale it across Cook County and beyond

Access to food should not depend on physical capacity.

Reduce administrative barriers and red tape.

I would push for automatic SNAP eligibility and recertification for people receiving SSI, SSDI, and Medicaid, eliminating duplicative paperwork and frequent re-verification. Bureaucratic complexity is not a neutral policy choice, it disproportionately locks out people with cognitive, psychiatric, and physical disabilities.

Increase benefit adequacy and account for disability-related costs.

Disabled people often face higher food costs due to dietary restrictions, reliance on delivery services, or the need for specialized nutrition. I would support increasing SNAP benefit levels and exploring supplemental disability-related food allowances so benefits reflect real costs, not theoretical averages.

Protect access through technology and outreach.

I would ensure SNAP modernization includes accessible online applications, mobile-friendly platforms, and language access, while protecting in-person assistance for those who need it. In Illinois, where many disabled SNAP recipients rely on community-based help centers, accessibility must be built into every level of implementation.

Finally, center dignity and lived experience.

SNAP should be a program that meets people where they are, not one that polices poverty. I would work alongside disabled advocates, anti-hunger organizations, and community leaders in Illinois to ensure SNAP reforms are guided by those most impacted.

Protecting and modernizing SNAP is about more than nutrition, it is about dignity, autonomy, and justice. Disabled people deserve food access that reflects their realities and honors their humanity.

Immigration:

Context for Question

While federal disability rights laws apply to people with disabilities regardless of citizenship status, there are significant unaddressed enforcement gaps in protecting immigrants with disabilities. According to an April 2024 Congressional Research Service report on medical care in immigrant detention facilities, significant gaps remain in ensuring adequate treatment and accommodations for detained individuals with disabilities.

Question

How would you work to hold federal agencies accountable for protecting the rights and dignity of immigrants with disabilities in detention and during the immigration process?

Answer

Disability rights are human rights, and human rights do not end at the border. The fact that immigrants with disabilities continue to face neglect, abuse, and denial of basic accommodations in detention is not an oversight; it is the result of systems built without accountability and sustained by silence. We have a moral and legal obligation to act.

Here is how I would work to hold federal agencies accountable and protect the dignity of immigrants with disabilities throughout the immigration process:

First, enforce the law, fully and without exception.
Federal disability rights laws, including the Rehabilitation Act and the ADA, apply regardless of immigration status. I would push for clear, binding guidance requiring ICE, CBP, and all contracted detention facilities to comply with disability rights laws, no carve-outs, no excuses. Rights delayed are rights denied.

Strengthen independent oversight and transparency.
I would fight to establish robust, independent monitoring of detention facilities, including regular inspections focused specifically on disability access, medical care, and accommodations. That includes public reporting on disability-related complaints, medical neglect, use of solitary confinement for disabled detainees, and deaths in custody. Sunlight is a tool of accountability.

Use congressional oversight aggressively.
I would use hearings, subpoenas, and budgetary authority to hold DHS, ICE, and CBP accountable when they fail to meet legal standards. Agencies that violate disability rights should face real consequences, including loss of funding and termination of contracts with private detention operators that profit from neglect.

Expand access to legal counsel and disability advocates.
Immigrants with disabilities, particularly those with intellectual, psychiatric, or sensory disabilities, are often unable to navigate the immigration system alone. I would support guaranteed access to legal representation and trained disability advocates during detention and immigration proceedings, ensuring meaningful participation and due process.

Prioritize release and community-based alternatives.
Detention is especially dangerous for people with disabilities. I would push to expand parole, community-based case management, and alternatives to detention for disabled immigrants, consistent with both disability rights law and basic human dignity. No one should be locked in a cage because the system failed to provide accommodations.

Finally, center humanity, not punishment.
Immigration enforcement that relies on incarceration and deprivation will always fail disabled people. I would work alongside immigrant justice organizations and disability advocates to ensure policies are shaped by lived experience, not fear.

Protecting immigrants with disabilities is not a niche issue, it is a test of who we are. We can choose cruelty and neglect, or we can choose justice, dignity, and accountability. I choose justice.