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: Laura Fine

Party: Democratic

District: Illinois' 9th 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

Over the past year, it has been deeply troubling to see programs, regulations, and laws that have protected people with disabilities for decades come under attack. Having stood up to some of the toughest challenges in Springfield, I am prepared to hold the Trump administration accountable for actions that undermine the rights of people with disabilities.

When Democrats regain control of the House next year, one of our top priorities has to be rigorous oversight of federal agencies and strategic use of the power of the purse. This will ensure that any attempts to dismantle protections for people with disabilities must go through Congress.

In addition, I will use my platform to elevate the stories of people with disabilities and work closely with advocacy organizations to identify and respond to threats to their rights. I will also support robust legal resources to defend disability rights in court and challenge any actions by the administration that violate those rights.

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

With the chaos the Trump administration has wrought on our federal agencies and their workforce, this will be a uniquely difficult challenge. I've spoken with several federal workers and a common refrain is that we are losing qualified people with vital institutional knowledge to the private sector to better paying jobs who are unlikely to come back to work for the federal government. As a legislator who went through the gutting of our state agencies and disinvestment of our disability focused non-profits during the Rauner years, I've seen firsthand the difficult task of rebuilding the workforce and I am up for the challenge.
My vision for rebuilding our workforce includes:
Ensuring federal worker union rights are maintained and strengthened
Requiring a President or his administration to get Congressional approval before reducing the federal workforce, especially merit based (non political) roles
Restore faith in government by prioritizing rebuilding in key, public facing sectors like

Social Security or Medicare services, disaster relief, consumer safety, veterans benefits, and environmental protection.
Incentivize people to return to work for the federal government by offering retention bonuses, expanding paid leave, giving childcare support, or offering student loan assistance for former students and tuition assistance for current students.

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

I've built strong relationships with my local superintendents, and a concern they consistently raise is the burden of unfunded mandates. Because the federal government has never fulfilled its funding commitment under IDEA, the law effectively functions as an unfunded mandate, placing significant budgetary pressure on school districts and the taxpayers who support them.

Our first priority must be right-sizing and fully honoring the federal government's original promise to cover 40% of special education costs. To achieve this, I would propose legislation that increases federal IDEA funding by 5% of state special education costs each year until the 40% commitment is met. After reaching that threshold, I would implement automatic annual adjustments to ensure funding remains stable and responsive to real needs.

Additionally, expanding early intervention programs is essential to providing timely support and improving long-term outcomes for students. Finally, given the nationwide shortage of special education teachers, I would create loan forgiveness and tuition assistance programs to encourage more individuals to enter and stay in this critical field.

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

In my 13 years in Springfield, I've led the effort to make health care more affordable and accessible, passing dozens of laws that have helped make Illinois one of the most consumer-friendly states for health care in the nation. While we've made real progress, there is still much work ahead to ensure that every person, regardless of income, disability, or ZIP code, can access the care they need.

In Congress, I will fight to reverse the cruel cuts to Medicaid and ensure that Home and Community-Based Services are fully funded. I will work to expand access to disability-related care by increasing telehealth availability, raising reimbursement rates so more specialists accept disabled patients, and requiring accessible medical equipment in doctors' offices. I will strengthen accountability and enforcement of the ADA and Illinois accessibility laws. And I will continue the work I've championed in Illinois to lower prescription drug costs and expand access to mental health care.

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

As a state legislator, I've increased funding for Community Integrated Living Arrangements (CILAs) and for the direct care workers who support them, helping people with developmental and intellectual disabilities live, work, and thrive in their communities. Illinois has shown that Home and Community-Based Services (HCBS) is a proven model that delivers better outcomes and improves quality of life. Now it's time to adopt and strengthen this approach nationwide.

That begins with making HCBS a mandatory Medicaid service and increasing federal funding to support it. Additional federal investment should be directed to states that raise provider wages and expand benefits, which are essential to hiring and retaining the workforce needed to reduce and ultimately eliminate waitlists.

We should also provide grant funding to states to reduce the administrative burdens that keep people from accessing services. By modernizing systems, improving technology, and streamlining eligibility and reassessment processes, we can shorten processing times and ensure people get the support they need more quickly.

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

First and foremost, having a mental illness or being homeless is not a crime. As a state legislator, I have made it a priority over the past 13 years to expand mental health access. I've worked to start and expand the 988 system, ensure that mental health is covered the same as physical healthcare by insurance providers, incentivize more students to go into the mental health field, and cut red tape so people can more readily access in-network mental healthcare. In addition, I've provided millions in grant funding for organizations in my legislative district that work to end homelessness and support those who are unhoused that have mental health issues like Connections for the Homeless, Impact Behavioral Health Partners, and the Niles Respite Center.

Although I have made progress in Illinois, we can do more with federal assistance. Some policies I would support and champion:
More robust funding for homelessness prevention programs
Building more supportive housing
Integrate mental healthcare into places unhoused individuals go like libraries or shelters
Expand street level outreach and mobile response teams
Continued expansion of the 988 system
Ensuring someone isn't penalized or criminalized for being homeless

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

Many residents in my state Senate district rely on the accessible transit services provided by CTA and PACE, including PACE On Demand, dial-a-ride, ADA Paratransit, and accessible fixed-route buses. I have seen first-hand the benefit these programs provide this community, which is why I was an enthusiastic supporter of the public transportation funding package that passed recently in Springfield. This $1.5 billion in stable funding will ensure these programs are able to continue for years to come.

In Congress, I will work with my colleagues to improve the national accessible transit and paratransit system in a few crucial ways:
Ensure a dedicated funding stream for accessible transit
Improve service by instituting same-day scheduling, real-time tracking, and route planning with other services to shorten trips
Better enforcement mechanisms when transit systems don’t meet service standards
Funding accessibility improvements at train stations and bus stops

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

The asset limit for recipients of SSI has not changed since 1984. Having a fixed limit in statute has not kept up with inflation and placed economic strain on those who need these benefits for everyday necessities. To start, I would raise the asset limit to $10,000 for individuals and $20,000 for couples, then index it to inflation to ensure SSI keeps its purchasing power. Second, current maximum SSI benefits keep recipients well below the federal poverty threshold, covering only about 74% of it. I propose increasing the SSI maximum benefit to fully meet the federal poverty level (100%). Third, I would advocate eliminating the marriage penalty, as this pushes people to remain single to stay financially stable. Couples should be treated as individuals for benefit calculations. Finally, I would update disability evaluations to ensure it reflects current medical science and includes things like psychiatric disabilities and cognitive impairments

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

I can't imagine the physical and mental strain that those who rely on SNAP benefits have had to endure this year. From the cruel cuts and changes in H.R. 1 to the pause in benefits during the government shutdown, this administration has punished people just trying to feed themselves and their families.

In Washington, I would work with my colleagues on the following crucial steps:
Reverse the additional work requirements from H.R. 1
Increase the minimum SNAP benefit levels (the current $24 in IL is a slap in the face)
Make SNAP applications more accessible by ensuring applications online are accessible and allowing phone interviews for applications or recertifications
Allow SNAP to cover delivery fees on grocery delivery services
Increase funding to Meals on Wheels and like programs who will expand to deliver to SNAP recipients who are disabled

Expand funding for food pantries, especially those that partner with disability-led organizations

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

Right now, ICE operates with near impunity, free from meaningful oversight. When Democrats regain control of the House, that era of unchecked power must end. The agency's bloated budget should be significantly reduced, and its mission refocused on humane, compassionate enforcement.

Every detention facility should be required to employ an on-site disability coordinator responsible for ensuring compliance with the ADA and IDEA, as well as conducting disability-specific assessments. DHS must also guarantee full legal access for all detainees, including ensuring communication with counsel in formats accessible to individuals with disabilities.

In addition, each facility should undergo weekly medical, disability, and human-rights audits so that conditions are regularly evaluated and staff are held accountable. Whistleblower protections must be restored, and the Office of the Inspector General should have explicit authority to conduct unannounced inspections.