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: Thomas Fisher

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

"The ADA, Section 504, IDEA, and the full framework of disability rights laws are foundational civil rights protections. Weakening the federal agencies responsible for enforcing them undermines the dignity and freedom of millions of Americans. In Congress, I will work to fully restore and strengthen the Office for Civil Rights and OSERS by ensuring they have the staffing, independence, and authority needed to enforce the law. My vision for rebuilding between now and 2028 includes restoring experienced personnel who were lost in the RIFs, modernizing enforcement systems, expanding investigative capacity, giving these offices stable, protected funding, and congressional hearings to bring the abuses to light and make sure they don't happen again. Disability rights must be treated with the same seriousness as every other civil rights enforcement regime, and I will make that a priority from day one.

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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 goal is to make the federal government functional again for the people who rely on it most. The reductions in force we've seen didn't just shrink agencies on paper. They hollowed them out in practice. They slowed disability determinations, weakened civil-rights enforcement, stretched safety-net programs past the breaking point, and turned basic interactions with government into exhausting ordeals. When that happens, disabled people are the first to feel it and the last to be made whole.

Rebuilding federal administrative capacity starts with restoring staffing where delays cause real harm. Social Security, disability determination services, housing enforcement, Medicare and Medicaid oversight, and civil-rights offices all need enough trained professionals to do their jobs without forcing people into years-long waits or needless appeals. That means rehiring, stabilizing teams, and giving frontline workers the authority and support to resolve cases instead of passing people from desk to desk.

But rebuilding isn't just about numbers. It's about rebuilding trust in public service. We need to make federal work a place where skilled people can stay, grow, and do meaningful work over a career. That requires competitive pay, modern training, and clear career paths, especially for caseworkers, clinicians, investigators, and benefits specialists whose expertise can't be replaced by software or consultants.

Modernization has to be done carefully and humanely. I've spent my career watching systems fail patients not because technology didn't exist, but because it was implemented without regard for how people actually live. Updating federal systems should reduce paperwork, speed decisions, and make appeals fairer and faster, while preserving accessible, human options for people who cannot or should not have to navigate everything online.

We also need to stop outsourcing core government functions because we've starved agencies of staff. Overreliance on contractors costs more, reduces accountability, and weakens institutional knowledge. Public dollars should rebuild public capacity, with strong oversight and transparency.

Finally, federal agencies must be protected from political interference and designed with accessibility as a baseline, not an afterthought. Civil servants should be able to enforce the law and administer benefits based on evidence and fairness, not ideology. Every rebuilt office and system should assume disabled people are part of the public it serves and be accessible from the start.

By 2028, success looks like this: disability claims are processed on time, civil-rights violations are enforced consistently, benefits are delivered without humiliation, and people no longer feel like the government is something they have to survive. I'm running because I've seen what broken systems do to people, and I know that with seriousness and care, we can rebuild them to work."

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

"Congress made a promise to cover 40% of special education costs, and decades later we are still falling far short. This broken commitment leaves districts under-resourced and forces teachers, therapists, and families to fill impossible gaps. I support finally honoring the full 40% federal funding commitment and shifting special education funding from discretionary to mandatory spending so it cannot be cut during political fights. This would come out to roughly $52 billion in a year so if we can fund ICE to the tune of an additional $75 billion then we can find the additional $20 billion we need for IDEA. Fully funding IDEA would allow schools to hire additional special education teachers, reduce caseloads, expand services, and ensure that every child receives a truly individualized, high-quality education. Our commitment to children with disabilities must be real and consistent—not rhetorical.

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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

"I've spent two decades in Chicago emergency rooms seeing how dangerous it is when people lose access to care. Medicaid is not just a health insurance program—it is the foundation of independence for millions of disabled Americans. Cuts like those in H.R. 1 would uproot people from their communities and strip away the supports that allow them to live safely at home.

In Congress, I will oppose all Medicaid cuts, block-grant attempts, and eligibility restrictions. I will work to expand access to HCBS, raise reimbursement rates so more providers participate, and ensure that Medicaid covers the full range of services people need—personal care, therapies, mobility supports, and more.

I will also work to eliminate the punitive rules that cause disabled people to lose Medicaid simply because they get a job, earn slightly more, or choose to live with a partner. No one should be pushed off the services they need for making progress in their own lives.

And I will support expanding 1115 waiver flexibility so Illinois can pilot additional supports for disabled people—such as expanded HCBS slots, strengthened care coordination, and community-based crisis services—while protecting the services people already rely on.

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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 support making HCBS a mandatory Medicaid service. No one should be forced into an institution because the services that support independent living are optional in federal law. Reducing HCBS waitlists in Illinois requires increased federal investment, fair wages and training for direct support professionals, and a more efficient enrollment and eligibility system that moves people into services without years-long delays. Community living should be the default, not the exception, and federal policy must reflect the mandate of Olmstead. Expanding HCBS is essential to dignity, self-determination, and quality of life for people with disabilities, and I will make that expansion a priority.

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 cruel, ineffective, and especially harmful to people living with serious mental illness. My uncle lived with bipolar disorder, and I saw firsthand how critical stable housing and family support were to his safety and well-being. Punishing people for sleeping outside or in their cars only pushes them further into crisis.

In Congress, I will work to end these criminalization policies and instead invest in supportive housing, mobile crisis response teams, street outreach, and mental health services funded through Medicaid. We know that treating housing as health care is essential, even as research continues to show gaps in our understanding of which models work best for long-term stability. That's why we need sustained federal investment, strong data collection, and a commitment to scaling programs that demonstrate real improvements in health and housing outcomes.

Housing First programs work, they reduce homelessness, improve health outcomes, and provide real stability. People with mental illness need treatment and housing, not tickets, fines, or arrests.

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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

"I absolutely support a more equitable funding model for both mainline and paratransit services. My aunt, who has been blind since birth, depended on paratransit to get around Topeka, Kansas. Even with an education from the Kansas School for the Blind and the University of Kansas, her independence still hinged on having reliable public transit. Accessible transit is foundational to independence, employment, health care access, and full participation in civic life. Unfortunately, she often had to rely on friends and family because the public transit resources available to her were so inadequate.

A more just system must include stable federal operating support so transit agencies are not forced to cut routes, reduce service frequency, or limit paratransit availability when budgets tighten. Paratransit should be treated as essential infrastructure, not a secondary service. States like California are showing what's possible with programs that expand on-demand accessible transportation and invest in modern dispatching, giving riders more flexibility, shorter wait times, and greater control over their mobility. Those innovations demonstrate that when we fund accessibility intentionally, we can dramatically improve reliability and independence for disabled riders.

Increased federal support, modernized scheduling systems, improved reliability, and expanded service areas are all necessary to build a system that truly serves disabled riders. Transit equity is economic equity and every resident of Chicagoland deserves a system that works for them.

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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

"SSI forces millions of disabled people to live far below the poverty line. No one can build a stable life on $700 a month, and outdated asset limits punish people for saving or forming households. I support raising SSI benefit levels above the poverty line, eliminating asset limits, modernizing income rules to allow beneficiaries to work without risking coverage, and hiring more staff to dramatically reduce the years-long delays in the application and appeals process. SSI should promote independence, not trap people in poverty.

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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

"SNAP is essential for millions of disabled Americans, and I will oppose any cuts or punitive administrative barriers like those proposed in H.R. 1. Our government must feed the hungry. We also need to modernize SNAP to reflect the realities disabled people face. That includes allowing the purchase of prepared and hot foods, expanding online grocery delivery options, simplifying recertification and reporting requirements, and ensuring automatic enrollment for SSI recipients. A program designed to prevent hunger must meet people where they are and disabled Americans deserve a SNAP system that supports dignity and autonomy.

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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 do not stop at the border, and every person in federal custody—regardless of immigration status—deserves safety, dignity, and accommodation. In her recent tour of the Broadview facility, Rep. Lauren Underwood described the conditions as “unacceptable” and said, “It does not meet what I would consider to be the minimum criteria for a detention cell.”

In Congress, I will push for enforceable standards for disability access and medical care in detention facilities, require independent monitoring with public reporting, and ensure that asylum interviews, screenings, and hearings include disability-competent evaluations. Underwood also noted that when she visited, “there were no detainees or staff members inside … they were, quote, ‘updating their security systems,’” a reminder of how easily facilities can evade scrutiny.

Transparency, accountability, and strict enforcement are essential. Protecting immigrants with disabilities is both a legal obligation and a moral one, and I will work to ensure federal agencies meet that responsibility.