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: Bruce Leon

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

Disability rights are civil rights. Communities worked for generations to win the protections in the ADA, Section 504, and IDEA, and weakening those laws or the agencies that enforce them does real harm to people who rely on them every day. I approach this issue the same way I approach every issue in public life. You do not abandon people in their hardest moments. You stand with them and you protect their dignity and independence.

In Congress, I will fight any effort to weaken or hollow out federal disability rights. That includes restoring funding and staffing for the Office for Civil Rights and the Office of Special Education and Rehabilitative Services, and making sure the Department of Education has the capacity to enforce the laws already on the books. Enforcement only works if agencies have the people and expertise to do the job. Right now they do not, and that needs to change.

I also believe that protecting disability rights means listening to people with disabilities and the advocates who understand how these laws work on the ground. As someone who has spent his life helping people through crisis rather than looking away, I will approach disability policy the same way. With integrity, compassion, and a focus on practical solutions that strengthen independence, inclusion, and the right to live with dignity.

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

Rebuilding the federal infrastructure that protects disability rights is not just a staffing exercise. It is a commitment to restoring the capacity of government to see people, respond to their needs, and uphold their dignity. I have spent my life stepping into situations where systems failed people and rebuilding trust from the ground up. That same approach is needed now.

Congress must restore the staffing and expertise that were lost in the recent reductions in force. Agencies like OCR and OSERS cannot enforce the law if they do not have qualified professionals reviewing cases, monitoring compliance, and supporting states and school districts. Rebuilding those teams must happen quickly so families and individuals are not left without recourse. As we move forward, it's critical to remember that rebuilding requires listening. The disability community understands better than anyone where the gaps are and what supports are missing. My commitment is to bring their voices into the policymaking process and shape a system that reflects real experience, not bureaucracy for its own sake.

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

IDEA is a promise the federal government made to families and never kept. When Washington funds only 10 percent of what it pledged, the burden falls on local schools, teachers, therapists, and parents who are already stretched thin. Underfunding special education does not save money. It shifts costs onto the people with the least ability to absorb them and it hurts the children who need support the most. In Congress, I will push for a clear path to full federal funding of IDEA.

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 plays a unique role for many people with disabilities because it covers services that private insurance often does not, including home and community based supports that allow individuals to live independently, work, and stay connected to their communities. Not every person with a disability relies on Medicaid, but for those who do, it is the difference between independence and institutionalization.

The system is falling short in two ways. Federal cuts threaten the services that allow people to remain in their homes, and limited resources become strained when Medicaid must cover able bodied adults who could be supported through work or engagement programs. When that happens, people with the greatest needs are forced to compete for care that should be reliable.

My approach is to strengthen Medicaid while focusing benefits where they matter most. People with disabilities who rely on home and community based services, older adults, and anyone whose medical condition prevents them from working must have stable access to the supports that protect their health and independence. For adults who can work, Medicaid should encourage engagement so the program remains sustainable and focused on its core mission.

At its heart, Medicaid exists to uphold dignity for people whose circumstances give them the least room for error. People with disabilities who depend on these critical services should be at the front of the line for the care and support that make a healthy and self directed life possible.

ACCESS LIVING

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

People should not be forced into institutions simply because the system is too slow or too underfunded to support them in their own homes. For many Illinois residents with disabilities, home and community based services are the key to living safely, independently, and with dignity. The fact that thousands remain on waitlists even though community living is both more humane and more cost effective shows that the current system is not meeting its obligations.

My plan focuses on three priorities. First, we need stable federal funding so Illinois can expand HCBS slots without shifting the burden onto families or local systems already stretched thin. Second, reimbursement rates must be strong enough to recruit and retain qualified home care workers. HCBS only works when providers are available, well trained, and supported. Third, the system needs more transparency. Families should not wait years with no clear information about timelines or access.

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

People experiencing homelessness are not a single group. Some are living with serious mental illness and cannot stabilize without coordinated treatment. Others fall into homelessness because of short term crises like job loss or family disruption. And some struggle with addiction or simply choose to live an alternative lifestyle. Treating all of these situations the same leads to policies that help no one.

My focus is on protecting people facing short-term crisis and those suffering with serious mental illness. When cities spend those limited resources on people who are not facing serious mental illness, the people who truly need treatment end up waiting the longest and suffering the most. We need to expand access to psychiatric care, outpatient support, and stable housing environments that allow people to recover safely. These are health issues, and they should be met with health solutions, not criminalization.

At the same time, we need targeted support for people in short term crisis that helps them get back on their feet quickly, and treatment driven approaches for people struggling with addiction that do more than move people from block to block. The goal is to match services to the real situation instead of using a one size fits all approach that wastes resources and fails the people who are suffering the most.

People living with serious mental illness who are unhoused deserve a system that sees them, prioritizes them, and invests in the treatment and stability they need. That is how we use our resources responsibly and uphold the dignity of the people who rely on them.

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

Illinois has made significant new investments in the Chicagoland transit system in 2025, and that creates an important opportunity. As these dollars begin to move, we need to make certain that the unique needs of people with disabilities are not an afterthought. Accessible transit and paratransit must be built into the plan from the beginning, not fought for at the end.

I support a funding approach that protects accessible transit and ensures that these new investments actually reach the people who depend on them. That means requiring agencies to demonstrate how new funding will strengthen ADA paratransit, improve reliability, and expand access. It also means strict oversight so money is not lost to red tape, delays, or cost overruns that never improve service for riders.

A better system is one where accessible transit is fully integrated into planning and budgeting, where paratransit is treated as vital infrastructure, and where every dollar is tied to measurable improvements in service. People with disabilities rely on transit for work, medical care, and independence. They deserve a system that reflects those realities, and I will work to ensure that the new investments Illinois is making produce real results for them.

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 is supposed to provide stability, but outdated rules and years long delays keep many people with disabilities trapped in poverty. We need to modernize the program so it supports independence instead of limiting it.

I support raising the SSI asset limits to a realistic level, such as ten thousand dollars for an individual and higher for couples, and indexing them so people are not punished for saving.

I also support streamlining the application and appeals process so people are not waiting years for a decision, and improving benefit adequacy so the program actually covers basic living costs.

SSI should give people with disabilities enough security to live with dignity, not force them to stay one crisis away from losing everything. Modernizing the program is essential to making that promise real.

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 many people with disabilities, and any policy that pushes them off benefits or buries them in red tape does real harm. I have seen this up close through years of work in my own Orthodox community, including supporting food pantries that serve families with high rates of disability. When people cannot safely cook or shop, the system has to meet them where they are.

I support protecting SNAP benefits for people with disabilities and modernizing the program so it reflects real needs. That includes allowing the purchase of prepared or hot meals for those who cannot cook safely, improving delivery and online access, and simplifying recertification rules for people managing serious health conditions.

At the same time, maintaining reasonable work or engagement expectations for able bodied adults helps keep the program strong and focused on the people who depend on it most. Any savings from efficiency should go toward higher benefit adequacy and better access for people with disabilities.

Food assistance should provide stability and dignity. People with disabilities who rely on SNAP should be able to get the food they need in ways that work for their health, safety, and independence.

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

Federal disability rights laws apply to every person in government custody, including immigrants with disabilities. When agencies fail to provide adequate medical care or accommodations, they are not just breaking policy. They are violating basic dignity. I will work to hold agencies accountable by requiring transparent standards of care, regular independent audits, and public reporting on compliance. Facilities that fail to meet federal disability requirements should face corrective action and lose eligibility for federal contracts until they do.

Protecting people with disabilities in detention also means strengthening medical screening, ensuring access to medication and assistive devices, and making sure communication needs are met for people with sensory or cognitive disabilities. These are minimum obligations under existing law, not new burdens.

My approach is simple. If the federal government detains someone, it is responsible for their safety and their care. Immigrants with disabilities should not lose their rights at the door of a detention center. They deserve treatment that reflects their humanity, and I will make that accountability a priority in Congress.