



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: Donna Miller

Party: Democratic

District: Illinois' 2nd 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

Not Answered



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

The Trump administration has created fear and chaos across the board, from top to bottom, in interconnected governmental resources designed to protect the welfare of the country's diverse populations – healthcare, education, the environment, housing, individual's ability to contribute to our democracy's direction and economy. Defenders of these fundamental rights are scrambling to prioritize and determine remediation which may take years to implement and fall far short of what we had.

I have a long, solid history in the healthcare field professionally, as an elected official and advocate. I envision myself in Congress continuing to foster new resources to improve upon the vital areas mentioned above. I now see my first term devoted to restoring and rebuilding the rights, laws and infrastructure we mistakenly thought "secure." On the upside, we do not need to "reinvent the wheel." Unless otherwise noted, my strategy for all the areas mentioned below would include:

- Working to restore the previous legislation, funding and staffing achieved after decades of research, collaboration with affected groups, bi-partisan support and – despite any shortcomings – proven to be groundbreakingly successful in many ways.
- Ensuring watchdogs appropriate restoration at every level – cancelled, discontinued, stripped programs; funding; staffing numbers, with preference given to previous employees lost to workforce reductions.
- Developing remediation strategies for beneficiaries harmed by backlogs, payment disruptions, unenforced regulations, unresolved complaints.
- Holding Congressional hearings and public-education campaigns in consultation with disability-rights advocates, to educate both lawmakers and the public about restoration efforts.
- Reinforcing the vital role both national and local disability-rights groups can play in successful restoration. Many are associated with universities and already have



prepared vehicles for the public (e.g., form letters, events) targeted to address specific threats and consequences.

- Counteracting claims that the Trump administration’s destructive policies affect a small minority who abuse government largesse. In fact, more than 1 in 4 Americans (even related to lawmakers) comprise the impacted community, many of whom face life-threatening results and/or would be less self-reliant and able to contribute to society. Most do not realize they, their children or parents actually fit the wide dimensions covered by impairment, activity limitation and participation restrictions. Many safety, easier access and other accommodations benefit the larger society.

Education:

Context for Question

The Individuals with Disabilities Education Act (IDEA) is the federal law that 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

As the second-largest funding source for K-12 schools, the federal government had been delivering about \$15 billion a year nationally for students with disabilities. I would fight plans to redirect IDEA funds into block grant programs not subject to legal requirements; seek to restore Medicaid cuts that fund related services for students with disabilities; and restore staff at the Department of Education who oversee complaints at schools and universities.



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

According to a 2022 CDC study, the state reflects the nation, with 1 in 4 (24%) representing the disability community. In Congress, I would seek to restore the \$715 billion proposed Medicaid cuts, which affect state programs providing access to personal care, in-home nursing, durable medical equipment and avoidance of large-scale institutionalization, especially affecting SNAP.

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

I understand over 700,000 individuals with disabilities are on waiting lists for community-based services. I would work with officials and advocates in my district to address local ways to offset this situation and the trend toward private equity firms buying up already strapped provider services. Yes, I support making HCBS a mandatory Medicaid service.

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



In restoring our protection systems, I would focus on DHHS, especially plans to dismantle the Administration of Community Living, estimated to cover over 400 centers for independent living, 68 university centers of excellence and 57 legal aid providers upon which the disability community depends, free of charge.

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, and Chicagoland in particular, seems to be keeping up with advances in accessible and paratransit, with expansions and improvements currently under discussion. I would support funding for that, with emphasis on addressing long wait times and limited coverage areas.



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

In the immediate term, I would oppose changes in service delivery (e.g., closing field offices, web-based communication) that make it more difficult for people to get information on their benefits. For the longer term, I would support increasing benefits for those with disabilities.

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



As previously mentioned, I would work to restore SNAP benefits. I would work in collaboration with the disability community to identify modernizing food access programs. A major concern I have now is ensuring the quality of the food, as fast delivery systems often rely on mass produced, less nutritious fare. I would like to see more programs that utilize local farmers/farmers markets.

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. ²

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

The Trump administration's actions on illegal immigration are only the tip of the iceberg in terms of the destruction of our democracy and basic human rights. I would first work with lawmakers and advocacy organizations to stop these detentions, period. At the same time,



I would work to insist on more oversight of those currently detained, especially the needs of those suffering physical, mental or emotional disabilities.