



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: Awisi Quartey Bustos

Party: Democratic

District: Senate

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

Thank you for the opportunity to address these critical issues. As your United States Senator for Illinois, I view disability rights as fundamental pillars of civil rights. Our progress since the passage of the Americans with Disabilities Act (ADA) is significant, but it is currently under threat from judicial rollbacks, administrative deregulation, and chronic underfunding.

Here is my strategic plan to protect and strengthen these protections.

1. Codifying and Expanding Protections

To prevent the dismantling of rights by shifting political winds, we must move beyond executive orders and solidify protections through robust bipartisan legislation that is rooted and supported by the voices of not only the people throughout Illinois but all over the United States.

- The Transformation to Competitive Integrated Employment Act: Section 14(c) of the Fair Labor Standards Act, which allows employers to pay people with disabilities sub-minimum wages Must GO! In order to ensure dignity and respect for all humans across the board everyone should be paid equal wages for equal work irrespective of their disability status or lack thereof.
- The Air Carrier Access Amendments Act: I support legislation that holds airlines accountable by providing a private right of action for passengers with disabilities and requiring higher standards for airplane accessibility. This should also ensure that Wheel Chair and other medically necessary equipment, Durable Medical Equipments (DME's) and other Assistive Technologies with the highest level of care and precaution. And the airline should be financially responsible for not only the replacement of said equipment should they break it, they should also be responsible for compensating affected passengers for the amount of "harm, inaccessibility, hardship" and other consequences we know of often times these instances pose on people with disabilities.



- Strengthening Section 504: I will work to ensure that the Department of Health and Human Services (HHS) has the necessary resources to enforce the newly updated Section 504 regulations, which protect against disability discrimination in federally funded healthcare and human services programs.

2. Protecting the "Olmstead" Mandate

The Supreme Court's Olmstead decision established that people with disabilities have a right to live in their communities rather than in institutions.

- Home and Community-Based Services (HCBS): I will advocate for a massive expansion of Medicaid funding for HCBS. Currently, thousands of Illinoisans are on waiting lists. By making HCBS a mandatory rather than optional Medicaid benefit, we ensure that the "money follows the person" into the community.
- The Latonya Reeves Freedom Act: I am a proud supporter of legislation that prohibits insurance companies and government agencies from denying community-based services to those who need an institutional level of care.

3. Judicial Accountability

Federal disability laws are only as strong as the judges who interpret them.

- Vetting for Disability Literacy: During the Senate Judiciary Committee confirmation process, I will prioritize nominees who demonstrate a clear understanding of disability law and the "spirit of inclusion" intended by the ADA.
- Opposing "ADA Notification" Bills: I will firmly vote against any legislation—like the "ADA Education and Reform Act"—that seeks to weaken the ADA by requiring a "notice and cure" period before a person can file a lawsuit over accessibility barriers. These bills shift the burden of compliance from the business owner to the person whose rights are being violated.

4. Economic Security and Healthcare

You cannot have true independence without economic stability.

- Raising the SSI Asset Limit: The current asset limits for Supplemental Security Income (\$2,000 for individuals) haven't been updated in decades and effectively trap people in poverty. I support the SSI Savings Penalty Elimination Act to raise these limits.
- Protecting the ACA: I will fight any attempt to repeal the Affordable Care Act, which protects the millions of Illinoisans with pre-existing conditions from being denied coverage or charged more. The bigger picture which I explain in later parts of this document would be implementing bipartisan Swiss inspired universal healthcare legislation that ensures that all Illinoisans and Americans do not have to choose



between their medically necessary bills and the affordability of their homes, food, or basic life necessities.

My Commitment to Illinois

In Illinois, we have a proud history of disability activism—from the streets of Chicago to the halls of Springfield. As your Senator, my door is always open to your community!

I believe together, there is nothing we cannot solve and I am committed to ensuring that your voices are echoed in every vote I will make in Washington!

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

To restore a functional, resilient government by 2028, the vision must focus on three pillars: **Stabilization, Modernization, and Talent Recapture**. In Illinois, the 2025 federal Reductions in Force (RIFs) and broader fiscal cuts have triggered a significant economic and administrative crisis. The impact is felt most acutely in the Chicago metropolitan area, which serves as a major regional hub for federal agencies.

Based on current 2025 data from the U.S. Office of Personnel Management (OPM), Illinois' specific impact is as follows:

1. Workforce Reductions in Illinois

The federal government is one of Illinois' largest employers, with approximately 45,213 federal civilian employees (excluding USPS) as of the start of the year.

- **Mass Terminations:** Since January 2025, an estimated 4,000 to 5,000 federal employees in Illinois have been directly separated through RIFs or the "Deferred Resignation" program.
- **Probationary Firings (Data from office of Attorney General Office):** In the first two months of the year alone, over 446 federal workers in Illinois applied for unemployment after being fired without cause—a number nearly equal to all federal unemployment claims filed in the state for the entirety of 2024.
- **Economic Ripple:** A December 2025 report from the Illinois Economic Policy Institute



(ILEPI) projects that the combined effect of federal layoffs and funding rescissions will cost the state 86,000 total jobs (including private sector contractors) and shrink the state's economy by \$10 billion annually.

Rebuilding the federal administrative infrastructure between now and 2028 is a monumental task that requires more than just "hiring back." The Reductions in Force (RIFs) of 2025—which saw over 317,000 departures, including roughly 17,000 involuntary RIFs—have left deep scars on agency capacity, institutional memory, and morale.

As I stated earlier in this section, in order to restore a functional, resilient government by 2028, the vision must focus on three pillars: **Stabilization, Modernization, and Talent Recapture.**

1. Stabilization: Stopping the Hemorrhage

The first priority through 2026 is to stabilize the remaining workforce and address the legal and operational chaos left by the RIFs.

- **Legal Resolution:** Expedite the resolution of ongoing lawsuits (such as those involving the CFPB and State Department) to provide clarity for employees who were improperly separated.
- **Knowledge Retention:** Implement "Structured Knowledge Transfer" programs. With so many senior experts gone, agencies must use paired teaming (junior staff working with the remaining senior subject matter experts) to capture legacy processes before more "brain drain" occurs.
- **Emergency Contracting:** Use strategic, short-term contract support to fill critical service gaps (e.g., call centers, cybersecurity hardening, and fraud analytics) while long-term hiring pipelines are rebuilt.

2. Modernization: Rebuilding for the 21st Century

We cannot simply rebuild the 20th-century bureaucracy. The 2028 vision leverages the "clean slate" to implement a more agile infrastructure.

- **AI-Augmented Operations:** Deploying AI tools to help "depleted agencies punch above their weight." This includes automating routine administrative tasks (processing forms,



basic data entry –that would still include human oversight and direction so as to not replace the workforce with AI but rather increase capacity and efficiency while ensuring the human aspect of work is kept intact) this allows smaller staff to focus on high-judgment statutory functions.

- **Cross-Agency Mobility:** Create a "Mobile Civil Service" where specialists can be deployed across different agencies based on surge needs, rather than being siloed in a single department that may be targeted for future cuts.
- **Skill-Based Hiring:** Shift from rigid degree requirements to a more balanced competency-based approach and assessments that creates more opportunities. This streamlines the hiring process and opens the door to a wider talent pool, including community college graduates and veterans.

3. Civil Service Talent Recapture: A Strategy to recover lost expertise, we must create pathways for those who left to return or contribute.

- **Re-entry Incentives:** Offer "Return to Service" bonuses and expedited reinstatement for high-performing employees who were part of the 2025 RIFs or voluntary "fork in the road" resignations.
- **Consulting Firms Led by Ex-Civil Servants:** Encourage the formation of specialized consulting firms comprised of former civil servants. Agencies can hire these firms for project-based work, keeping that deep institutional knowledge accessible to the government.
- **Pipeline Expansion:** Aggressively recruit from HBCUs, HSIs, and professional associations to diversify the entry-level pipeline, ensuring the 2028 workforce is more representative and technically skilled.

The Path to 2028—the goal would be to have recruited and built up a civilian service workforce that is higher in technical capability and protected by clarified legal safeguards that ensures rights are safeguarded.

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

Proper funding of the Individuals with Disabilities Education Act (IDEA) is one of the biggest challenges facing our American education. Since its inception in 1975, the federal government has committed to covering 40% of the "excess cost" of educating students with disabilities, yet current funding levels typically hover between 13% and 15%.

Proposed Solution: A federal legislative solution is generally built around a single, massive objective: moving IDEA funding from "discretionary" to "mandatory" spending. Currently, IDEA funding is decided every year by Congress through the appropriations process (discretionary). This means it competes with every other federal program for a slice of the pie. A "mandatory" solution would make the funding automatic, like Social Security or Medicare, ensuring the federal government meets its 1975 promise to cover 40% of the cost. To close this gap and ensure long-term stability, a multi-layered approach involving legislative reform and state-level restructuring would be necessary.

Deeper Dive & Analysis

In Illinois, special education funding is a complex mix of federal IDEA dollars and a unique



state-level "Evidence-Based Funding" (EBF) model. The impact varies significantly depending on whether you are looking at the state rules generally, urban districts (like Aurora or Rockford), or the unique case of Chicago.

1. State Rules: The Evidence-Based Funding (EBF) Model

In 2017, Illinois replaced its old system with the EBF model. This changed how special education is funded:

- **Weighted Need:** Instead of just "per-pupil" funding, the state calculates an "Adequacy Target" for each district. This target is higher for students with disabilities, English Learners (EL), and low-income students.
- **The Funding Gap:** The state identifies how much "local capacity" (property taxes) a district has. If local taxes can't meet the adequacy target, the state provides more aid.
- **"Hold Harmless":** No district gets less than they did before 2017 (the "Base Funding Minimum"), but new state money is prioritized for the neediest districts (Tier 1 and Tier 2).

2. Urban Districts: The Struggle with "Local Capacity"

For urban districts outside of Chicago, the challenge is often a high concentration of needs paired with a lower property tax base.

- **High-Cost Students:** State law (105 ILCS 5/14-7.02b) provides "Excess Cost" reimbursement. If a student's education costs more than four times the district's average tuition, the state (using federal IDEA funds) helps cover the difference.
- **The Urban "Tier" Reality:** Many urban districts are categorized as Tier 1 or Tier 2. While they get the largest share of new state dollars, they are often the furthest from their "Adequacy Target," meaning they still feel underfunded compared to wealthy suburbs.

3. Chicago (CPS): The "Block Grant" vs. The Formula

Chicago Public Schools (CPS) often functions under different rules due to its size and history of "block grant" funding.

- **The Pension Difference:** For years, CPS was the only district required to pay for its own teacher pensions, while the state paid for everyone else. Recent reforms have the state



contributing more to the Chicago Teacher Pension Fund (CTPF) to fix this disparity.

- **Block Grants vs. EBF:** CPS previously received a "Special Education Block Grant." Under the EBF, CPS's funding is more integrated into the state formula, but they still receive specific "categorical" grants for things like the Early Childhood Block Grant, which is significantly larger for Chicago than other cities.
- **The Funding Gap:** Despite being the largest district, CPS is still roughly \$1.4 billion short of its "Adequacy Target." This gap directly limits the number of special education teachers and social workers the district can hire.

4. How State Rules Layer Over IDEA

While IDEA (Federal) provides the legal right to a "Free Appropriate Public Education" (FAPE), Illinois state rules (23 IL Admin. Code 226) are actually stricter:

- **Timelines:** Federal law requires a "reasonable timeframe" for evaluations; Illinois mandates 60 school days.
- **Service Delivery:** Illinois requires services to begin within 10 school days of a parent being notified of the IEP.
- **The Problem:** These stricter state rules create higher costs, but because the federal government only covers ~15% of the cost (instead of the promised 40%), the state and local districts must scramble to cover the difference.

Solution: As stated earlier, A "mandatory" solution would make the funding automatic, like Social Security or Medicare, ensuring the federal government meets its 1975 promise to cover 40% of the cost. To close this gap and ensure long-term stability, a multi-layered approach involving legislative reform and state-level restructuring would be necessary.

1. Legislative Action: The Path to "Full Funding"

The most direct way to fix the funding gap is through federal legislation that shifts IDEA funding from "discretionary" (optional) to "mandatory" (guaranteed).

- **Support the IDEA Full Funding Act:** This bipartisan bill (reintroduced regularly, most recently as S. 1277 / H.R. 2598) proposes a 10-year "glide path" to incrementally increase



federal spending until the 40% commitment is met.

- The Keep Our PACT Act: Another critical piece of legislation that seeks to make both IDEA and Title I (funding for low-income schools) mandatory spending, protecting them from the annual political battles of the appropriations process.

2. State and Local Formula Reform

Since states and local districts currently shoulder roughly 85% of the cost, they must optimize how those funds are distributed.

- Weighted Funding Models: States should move toward "weighted" formulas that provide funding based on the specific needs of the student (e.g., higher weights for students requiring 1-on-1 support or assistive technology) rather than "census-based" models that assume every district has the same percentage of students with disabilities.
- High-Cost Risk Pools: States can establish "safety net" funds to reimburse local districts for "high-cost" students whose needs might otherwise bankrupt a small school's budget.

3. Improving Operational Efficiency

Funding isn't just about the amount of money; it's about how it's managed to maximize the impact on students.

- **Medicaid Reimbursement:** Schools can significantly bolster their budgets by aggressively pursuing Medicaid reimbursement for health-related services (like speech or physical therapy) provided to eligible students under their IEPs.
- **Focus on Early Intervention (Part C):** Increasing funding for Part C (infants and toddlers) can reduce long-term costs. Research shows that high-quality early intervention can sometimes reduce or eliminate the need for more intensive special education services later in a child's life.

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

As a lifelong advocate who has overseen statewide disability policy and human rights work at Illinois Guardianship and Advocacy Commission as well as the Illinois Department of Human Services where my work focused on stakeholder engagement, policy research and statewide social services infrastructures and frameworks that span across various disciplines inkling but not limited to disability rights, I know that for many Illinoisans, healthcare isn't just a service—it's the difference between independence and institutionalization. Currently, over 1 million Illinoisans lack consistent healthcare, and those with disabilities are twice as likely to face these gaps. With 41% of our disabled community living in poverty, the "cost of care" is often a barrier to the "right to live."

We must move past "kicking the can down the road" on Medicare and Medicaid. It is time for a bold, bipartisan solution that ensures no Illinoisan is denied care due to a pre-existing condition, an inaccessible exam table, or an inability to pay gut punching premiums, copays and medical expenses.

My Plan: is a simple Universal Healthcare Model that blends Swiss and Japanese infrastructures—because why reinvent the wheel when you can make it better?

As your Senator, I will champion a universal healthcare transition inspired by the Swiss Model. This is not a "government takeover," but a regulated, universal private insurance mandate that bridges the gap between progressive goals and conservative principles.

- **Universal Mandate with Subsidies:** Like the Swiss system, we will mandate coverage for all, but provide robust federal subsidies to ensure that no Illinoisan pays more than a fixed



percentage of their income (e.g., 8%) on premiums.

- **Non-Profit Basic Coverage:** We will require that all insurance companies offer a standardized, comprehensive "basic" plan on a not-for-profit basis. These plans must include specialized disability needs: durable medical equipment, complex rehabilitation technology, and long-term home-care services.
- **Eliminating the "Disabled" vs. "Old" Gap:** In Switzerland, disability insurance (IV) provides specialized technology and integration support that often exceeds standard care. I will work to harmonize our federal programs so that Illinoisans don't lose access to specialized assistive technology just because they reach retirement age.
- **Competitive Free Market:** By allowing insurance companies to compete for supplemental plans while regulating the basic tier, we maintain the freedom of choice of Illinoisans value while ensuring the "competitive market" never comes at the expense of human rights.

Ending the Institutional Bias

Healthcare for the disability community must be community-based. Thousands of Illinoisans remain in state-operated institutions because our current funding structures favor beds over homes.

- **The Latonya Reeves Freedom Act:** I will co-sponsor and fight for this legislation to ensure that individuals eligible for institutional care have a legally enforceable right to receive those same services in their own homes.
- **Mandating Accessibility Standards:** Universal healthcare must be physically accessible. I will move to tie federal reimbursement rates to provider compliance with SIA 500 "Barrier-Free" building standards and the presence of height-adjustable diagnostic equipment.

"Nothing About Us Without Us" is a fundamental principle I stand by —by implementing a Swiss-style universal system, we can provide a bipartisan path to coverage that protects the 752,700 uninsured Illinoisans and at the same time respects the dignity of every person with a disability by ensuring their advocates, perspectives and voices are not just included but are the cornerstone and center for every policy enacted that I cast a vote for based on the the will of illinoisans.



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

The short answer: Make HCBS a Mandatory Medicaid Service. Currently, institutional care is a mandatory Medicaid benefit, while Home and Community-Based Services (HCBS) are "optional," allowing states to create waitlists. I fully support and will co-sponsor legislation to make HCBS a mandatory Medicaid service. This will eliminate the "institutional bias" and ensure that funding follows the individual, not the facility.

2. Eliminating the Illinois PUNS Waitlist

Illinois has a significant backlog for developmental disability services. As of late 2025:

- 14,800+ Illinoisans are on the PUNS (Prioritization of Urgency of Need for Services) list seeking or planning for services.
- The average wait for those in the "Seeking" category is still approximately 3 to 5 years.

My Solution: I will advocate for a federal "HCBS Infrastructure Fund" to provide Illinois with the matching funds necessary to clear the PUNS list over a four-year period, transitioning the state to a "no-wait" model.

3. Solving the Direct Support Professional (DSP) Crisis



Quality care is impossible without a stable workforce. In Illinois, DSP reimbursement rates have historically lagged behind a living wage.

- **Legislation:** I support federal mandates to ensure Medicaid reimbursement rates are high enough to pay DSPs at least 150% of the state minimum wage.
- **Quality Assurance:** I will push for federal grants to expand Illinois' Independent Service Coordination (ISC) agencies, providing robust, conflict-free case management to monitor service quality and safety.

4. Direct Support for Family Caregivers

Over 50,000 Illinoisans with disabilities live with a caregiver age 60 or older. We are one crisis away from mass institutionalization. I will champion the Credit for Caring Act to provide a federal tax credit for family caregivers, helping them maintain the home-based care that prevents institutional placement.

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

As someone who has worked for a few Statewide Agencies Illinois Guardianship and Advocacy Commission as well as the Illinois Department of Human Services on deep statewide policy research and infrastructure, I have seen the various challenges and fully understand the barriers people living with mental illness and experiencing being unhoused face. At IDHS- I co-lead a statewide- multi agency and government partnership to implement 988 statewide, I also worked closely with the state's first homelessness czar on issues as they related and intersected with my distinct policy portfolio.



With this said, my focus as your next US Senator is on ending the revolving door between Illinois' streets, jails, and emergency rooms as that is critical. Our state is currently facing a critical juncture: while the overall unhoused population in Illinois saw a recorded spike of 116% between 2023 and 2024, the underlying crisis of chronic homelessness—often tied to untreated mental health needs—remains an urgent moral and economic priority.

My plan is to implement the following:

1. Close the Housing Gap with Supportive Services

In Illinois, people experiencing homelessness die nearly 20 years younger than their housed counterparts, often from preventable health crises.

- **Federal Vouchers for Illinois:** I will fight for a massive expansion of HUD's Permanent Supportive Housing (PSH) vouchers. These aren't just apartments; they include on-site mental health professionals.
- **Targeting "Functional Zero":** I support the Home Illinois goal of making homelessness rare and brief, specifically by funding the "Supportive Housing Program" which provided over 800,000 nights of housing in mid-2025.

2. Modernize Mental Health Crisis Response

- **Replace Jails with Care:** In Chicago and throughout the state, roughly 25% of those experiencing homelessness report needing mental health treatment. I will advocate for federal "Reentry Grants" to ensure that no one is discharged from Cook County Jail or state prisons directly onto the street without a warm handoff to a community clinic.
- **988 & Mobile Crisis Expansion:** I will push for federal funding to scale up Illinois' mobile crisis units, ensuring that a mental health professional—not a police officer—is the first responder for a psychiatric crisis on the CTA or in our neighborhoods.

3. Strengthening the Medicaid Safety Net

Illinois has one of the widest racial disparities in homelessness; Black Illinoisans are 8 times more likely to experience homelessness than White residents.

In Conclusion: I will champion federal legislation to allow Medicaid to pay for "housing-



related support services," such as security deposits and tenancy support, which are currently major barriers for those with disabilities living on a fixed income.

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

Accessible, reliable transportation is not a luxury—it is a civil right. In the U.S. Senate, I will fight for a funding system that recognizes that paratransit is an essential link to employment, healthcare, and community for millions.

In Illinois, our transit agencies are currently staring down a \$750 million "fiscal cliff" projected for 2026. Without federal intervention and a fundamental shift in how we fund disability access, Pace and the CTA face service cuts that would reduce the paratransit service area by 66% on weekends. This is unacceptable.

My Plan for Equitable Transit Funding: I support a federal funding overhaul that moves away from the "fixed route first" mentality. My proposed system includes:

- **Establishing a Dedicated Federal Paratransit Fund:** ADA Paratransit is a federal mandate, yet it has no dedicated federal funding stream. In 2024, the State of Illinois provided only \$10 million toward a program that costs \$249 million annually. I will champion legislation to create a federal match specifically for ADA Paratransit to bridge this 96% state-funding gap.
- **Reforming the "Institutional Bias" in Transit Grants:** Current federal formulas often



reward high-ridership fixed routes while ignoring the higher per-trip cost of paratransit. I propose a "Cost-of-Service" formula that ensures federal dollars account for the fact that a paratransit trip in the Chicago suburbs can cost \$70+ per ride, compared to significantly less for fixed-route bus service.

- **Incentivizing "All Stations Accessibility":** 30% of Chicago's "L" stations remain inaccessible. I will push to double the funding for the All-Stations Accessibility Program (ASAP) to ensure that the CTA and Metra reach 100% vertical accessibility by 2040, reducing the over-reliance on paratransit by making the main system usable for everyone. These strategies would also be employed to ensure downstate and rural counties are accounted for and served in ways that are directly tied to their unique pain points and specific community challenges.
- **Protecting On-Demand Innovation:** Programs like Pace's Rideshare Access Program (RAP) are popular but currently face a \$65 million shortfall for 2025. I support federal subsidies for "Microtransit" and taxi-partnership programs to ensure riders have same-day flexibility without being capped at 30 rides per month.

The Goal: Universal Mobility

We must stop treating paratransit as a "special service" and start funding it as the backbone of an integrated network. By making paratransit a core component of federal transit authorization bills, we ensure that a person's ability to get to work or a doctor's appointment doesn't depend on which side of the city line they live on.

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

To truly uplift the nearly 240,000 Illinoisans who rely on Supplemental Security Income



(SSI), we must move beyond incremental adjustments and implement structural reforms that end the "poverty trap."

As your Senator, I will prioritize a modernization of the SSI program that rewards work, supports families, and reflects the true cost of living in 2025 and beyond.

My legislative plan focuses on four concrete pillars:

1. Eliminating the "Savings Penalty"

For over 30 years, the SSI asset limit has been frozen at \$2,000 for individuals and \$3,000 for couples—a figure that has lost over half its value to inflation.

- The Action: I will co-sponsor and push for the immediate passage of the SSI Savings Penalty Elimination Act.
- The Goal: Raise asset limits to \$10,000 for individuals and \$20,000 for couples and index these limits to inflation moving forward so Illinoisans can maintain emergency savings without losing their lifeline.

2. Ending the Marriage Penalty

Currently, two SSI recipients who marry receive a combined benefit that is 25% less than if they remained single and living together.

- The Action: I support the Eliminating the Marriage Penalty in SSI Act (EMPSA).
- The Impact: This bill ensures that marital status is disregarded when calculating benefit amounts for adults with disabilities, protecting the fundamental right to marry without the threat of financial ruin.

3. Raising Benefits Above the Poverty Line

The 2025 federal benefit rate of \$967 per month for individuals falls well below the federal poverty level, particularly in high-cost areas like the Chicago metro.

- The Action: I will advocate for the SSI Restoration Act to bring the base benefit to at least 100% of the federal poverty level.
- Modernizing In-Kind Support: I will fight to eliminate the "In-Kind Support and



Maintenance" (ISM) rule, which currently cuts benefits by up to one-third if a friend or family member provides food or a place to sleep.

4. Strengthening the "Pathway to Work"

Illinois has a vibrant community of entrepreneurs and workers with disabilities, yet SSI's strict income limits often force people to choose between a paycheck and their healthcare.

- Update the Income Exclusion: The current \$65 earned-income exclusion has not changed since 1972. I will push to increase this to \$400 per month and index it to inflation.
- Protecting IL ABLE Accounts: While Illinois ABLE accounts provide a vital workaround for the \$2,000 asset limit, I will work to increase the federal contribution limits and ensure these accounts are better integrated into the social safety net.

The Illinois Reality

In Illinois, approximately 210,000 of our SSI recipients are blind or have a disability. When we trap these residents in extreme poverty through outdated federal rules, we weaken our state's economy and social fabric. Modernizing SSI is not just a disability rights issue—it is an economic necessity.

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

To ensure that no Illinoian with a disability goes hungry due to bureaucratic red tape or



physical barriers, my Senate platform focuses on protecting the integrity of SNAP while aggressively modernizing the program for the 2020s.

In Illinois, nearly 2 million residents rely on SNAP, and approximately 19.6% of those living in extreme poverty in our state have a disability. Recent federal shifts, including the "One Big Beautiful Bill" of 2025, have introduced stricter work requirements and administrative hurdles that disproportionately threaten the disability community.

1. Strengthening the Benefit Shield

- **Codify Disability Exemptions:** I will fight to permanently codify broad exemptions from "Able-Bodied Adult Without Dependents" (ABAWD) work requirements for anyone receiving disability-related benefits or who has a self-attested limiting condition. We must ensure Illinoisans don't lose food because they are stuck in a 3-year waitlist for an SSI medical determination.
- **Raise the Minimum Benefit:** I support federal legislation to raise the SNAP minimum benefit from the current federal floor of \$23 to at least \$75 per month. In Illinois, where food costs in the Chicago Metro have outpaced inflation, \$23 is not a safety net; it's an afterthought.

2. Modernizing Food Access for Limited Mobility

- **Universal Online Grocery Delivery:** I will co-sponsor the Expanding SNAP Options Act to provide federal funding for the technical infrastructure needed so all SNAP-authorized retailers—including local Illinois grocers—can support online EBT and home delivery.
- **Expand the Restaurant Meals Program (RMP):** For many Illinoisans with physical disabilities, "cooking at home" is not always an option. I will advocate for federal incentives to expand Illinois' RMP, allowing elderly and disabled residents to use SNAP at authorized prepared-food vendors and restaurants.

3. Reducing the "Paperwork Penalty"

- **The "Standard Medical Deduction":** Currently, many Illinoisans miss out on higher benefits because tracking every medical receipt is a burden. I will push for a federal Standard Medical Deduction of at least \$150–\$200, allowing disabled SNAP recipients to claim a flat deduction for health costs without the "receipt chase."
- **Continuous Eligibility:** I propose 24-month certification periods for households where all adult members have a disability, reducing the frequency of high-stress recertification interviews that often lead to "churn" and benefit loss.

4. Direct Support for Medically Tailored Meals



In Illinois, food insecurity is a health crisis. I support the Medically Tailored Home-Delivered Meals Demonstration Pilot Act to allow Medicaid and SNAP to cover the delivery of specialized nutrition for individuals with chronic conditions or disabilities, keeping Illinoisans out of hospitals and in their homes.

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

As a proud Ghanaian American immigrant, protecting the rights of immigrants with disabilities is not just a matter of immigration policy; it is a matter of upholding federal civil rights law. As your Senator, I will work to ensure that federal agencies like ICE and CBP are held to the same standards of accessibility and dignity as any other government entity.

In Illinois, nearly 2 million immigrants call our state home, and as detention numbers nationwide have surged to over 60,000 in 2025, the risk to those with physical and mental disabilities has reached a crisis point.

1. Mandatory Section 504 Compliance & Oversight

Under Section 504 of the Rehabilitation Act, federal agencies are prohibited from discriminating based on disability. I will:

- **Mandate Independent Audits:** I will introduce legislation requiring the DHS Office of Civil Rights and Civil Liberties (CRCL) to conduct unannounced, independent disability-access audits of all facilities housing detainees in or near Illinois.



- Enforce Language and Communication Access: I will fight for funding to ensure all detainees have access to sign language interpreters and braille materials, ensuring that a person's disability never prevents them from understanding their legal rights or medical care.

2. Prioritizing Alternatives to Detention (ATD)

Detention centers are inherently ill-equipped to provide the intensive medical and mental health support many disabled individuals require.

- Presumption of Release: I advocate for a "vulnerable populations" presumption that would prioritize release on recognizance or community-based monitoring for individuals with documented disabilities, keeping them connected to Illinois' community-based healthcare networks instead of isolated in a cell.
- End For-Profit Detention: With 86% of detainees nationally held in private, for-profit facilities as of 2025, the incentive is often "beds over bedsides." I support phasing out private contracts to ensure public accountability for care standards.

3. Strengthening Legal and Medical Protections

- Right to Counsel for Vulnerable Groups: I will co-sponsor legislation to provide federally funded legal counsel for immigrants with intellectual or developmental disabilities who cannot represent themselves in complex proceedings.
- The "Standard of Care" Act: I will push for a federal law that requires ICE to maintain the same standard of medical care as the Bureau of Prisons, including uninterrupted access to life-sustaining medications and mobility devices, which are frequently confiscated upon arrival.

The Illinois Impact: With the Trump administration's 50% increase in detention levels in 2025, Illinois families are facing unprecedented separation. When a person with a disability is detained without their walker, their medication, or their interpreter, it is not "enforcement"—it is a violation of the American promise of justice. I will be a watchdog in the Senate to ensure these agencies answer to the law.