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: Dr. Pamela Denise Long

Party: Republican

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.

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Question

What would you do to ensure that current federal disability rights laws and regulations are protected, not dismantled?

Answer

Federal disability rights laws are civil rights laws, and I treat them as such—non-negotiable, enforceable, and essential to equal participation in American life. The goal of civil rights laws is to provide access to the bill of rights, ensure quality of service, and hold bad actors accountable to the rule of law.

My perspective is shaped by over 30 years as an occupational therapist, working directly with children, adults, and families navigating healthcare, education, and community-based systems. I have seen firsthand that rights mean very little without consistent enforcement and functional access in schools, workplaces, and communities. From both a clinical and leadership standpoint, rights without enforcement are not rights—they are broken systems, and broken systems harm real people.

As a U.S. Senator, I would use Congress's oversight authority to ensure agencies like the Department of Education's Office for Civil Rights (OCR) and Office of Special Education and Rehabilitative Services (OSERS) are adequately staffed, funded, and empowered to do their jobs...with a focus on outcomes and pay-for-performance. I will oppose administrative actions that weaken enforcement through unqualified attrition or knee-jerk restructuring and support statutory protections that prevent civil rights from being dismantled quietly through executive action.

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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

Effective governance is neither inherently big nor small. We need government that works predictably, lawfully, and compassionately, with accountability for outcomes and no-to-low intrusion on liberty. I will apply my knowledge and engage individuals, families, and service providers to meet those aims.

Any rebuilding of federal capacity must be strategic, accountable, and outcomes-driven, not simply a return to bureaucracy for its own sake. Programs must be well designed, operate efficiently, and deliver substantive results that transform lives toward maximal independence, stabilize communities, and strengthen our nation.

As an experience disability-serving professional and elected official with a doctorate in organizational leadership specializing in organizational development, I understand how reductions in force—when poorly executed—don't just reduce headcount; they break workflows, erase institutional knowledge, and delay services for families who can least afford delays.

My vision is to:

- Stabilize core enforcement and service-delivery functions first
- Rebuild staffing with clear performance expectations and mission alignment
- Modernize systems to reduce backlogs, improve transparency, and shorten resolution timelines

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 was a federal promise, and Congress must keep it. As someone with a master’s degree in educational psychology and decades of experience supporting students with disabilities, I know that chronic underfunding does more than strain budgets—it leads to delayed services, staff burnout, and poorer student outcomes. We can afford neither.

I support a clear, enforceable pathway to evaluating and meeting the federal government’s funding commitment, paired with strong accountability to ensure funds reach classrooms and services, not excess administrative overhead.

As a prospective member of the U.S. Senate’s Health, Education, Labor, and Pension Committee and its subcommittees on Education & the American Family and/or Primary Health & Retirement Security, I would:

- Support predictable, multi-year funding in response to need and funding increases, as required

- Require transparent reporting tied to student outcomes (i.e., pay-for-performance and statistical data on need and reach)
- Encourage evidence-based practices that support both students, families, and educators

<u>Health Care:</u>

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

Access to quality health care is truly life or death. It is foundational to functional independence, human dignity, and economic participation. My clinical background as an occupational therapist gives me a practical understanding of how Medicaid, Medicare, and home- and community-based services (HCBS) directly affect whether someone can live independently, work, or remain connected to family. Preventing unnecessary institutionalization is not just compassionate—it is sound public policy and good stewardship of taxpayer dollars.

I oppose blunt cuts that shift costs onto ill-prepared states and families while increasing long-term institutional and emergency care costs. Programs like HCBS are both humane and fiscally responsible. I have also advocated for restructuring health insurance subsidies such that costs lower and cash prices are more readily provided/accepted by care providers.

I will work to:
- Protect Medicaid and Medicare from destabilizing cuts, especially and particularly for the most needy
- Preserve and strengthen HCBS funding
- Support reimbursement structures that ensure quality care

Context for Question

In Illinois, thousands of people with disabilities remain institutionalized in state-operated developmental centers or nursing facilities, even though most could live safely and independently with proper support. Illinois operates several HCBS waiver, such as the *Persons with Disabilities Waiver*, to help individuals receive care at home rather than in institutions. Expanding access to these programs is vital because community living promotes autonomy, dignity, and inclusion. It is also more cost-effective than institutional care and aligns with the Olmstead v. L.C. decision, which affirms the right to live in the most integrated setting possible.

Question

What is your plan to reduce the number of people with disabilities on waitlists for home and community-based services (HCBS) while ensuring services are high quality? Do you support making HCBS a mandatory Medicaid service*?*

Answer

From both clinical practice and systems leadership experience, I'm keen on expanding HCBS access while strengthening quality oversight and pay-for-performance.

My approach includes:
- Targeted federal incentives for states to expand capacity and monitor outcomes
- Workforce development to ensure service quality
- Outcome-based reporting focused on independence, career development for the capable, and community integration

This approach aligns with Olmstead, improves quality of life, and reduces long-term public costs.

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 ineffective, costly, and inhumane. Yet, in many ways, we've created systems that support homelessness rather than taking a trauma-informed approach to root causes analysis and address the adverse childhood experiences and veteran-related issues that fuel mental illness.

As a healthcare professional, I understand that untreated mental illness combined with housing instability leads to worsening health outcomes and higher public costs.
I support:

- Housing-first and supportive housing models that address root causes
- Access to consistent mental health care and understanding of ACES science
- Federal funding strategies that reduce homelessness rather than criminalize it

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

Yes. Underfunding fixed-route transit undermines paratransit and violates both the spirit and letter of the ADA. From a functional and independence-based perspective—a central concept to occupational therapy—accessible transit is not optional infrastructure. It determines whether people can work, attend school, access healthcare, and participate in daily life.

I support funding models that:
- Treat ADA paratransit as an integral part of transit systems
- Adequately fund operations, not just capital projects
- Tie funding to service reliability and rider outcomes

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 should stabilize lives—not trap people in poverty nor reward fraud.

Drawing on both clinical experience and systems leadership, I support:
- Evaluating and updating asset limits
- Streamlining eligibility and appeals processes
- Removing waste, fraud, and abuse
- Aligning benefits with real-world disability-related costs
- Support efforts to achieve financial independence without immediately penalizing financial gain

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 a proven, efficient program for those who really need it. Abuse and misuse must be addressed so those who need it have greater access, and we are good stewards of taxpayer funds.

I oppose arbitrary cuts that increase hunger and healthcare costs. I support modernizing

SNAP to reflect disability realities, including:

- Flexibility for prepared and accessible food options
- Simplified certification for permanent disabilities
- Better coordination with healthcare and housing programs
- In the remaining years of Trump administration, expediting his mandate to reapply to prevent longer than necessary delays and ensure bias does not factor into application processes

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 end at the border nor the visa/asylum/refugee application. At the same time, longstanding federal law (Immigration and Nationality Act of 1952) has required that a newly arriving immigrant not be a "public charge" (primary source of subsistence being from the U.S. taxpayer).

As a prospective member of the Homeland Security & Governmental Affairs Committee, including the subcommittee on Border Management and Federal Workforce Oversight, I will press for hearings and legislation on:

- Enforceable disability accommodation standards
- Independent oversight and reporting

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- Accountability when agencies fail to meet legal obligations
- Fully enforcing federal immigration laws for the dignity of U.S. citizens, refugees, asylum seekers, and legal immigrants.