



May 4th, 2020

The Honorable Mitch McConnell
Majority Leader
U.S. Senate
Washington, DC 20515

The Honorable Charles Schumer
Minority Leader
U.S. Senate
Washington, DC 20515

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
Washington, DC 20515

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representatives
Washington, DC 20515

Dear Leaders McConnell and Schumer and Speaker Pelosi and Leader McCarthy,

We write in response to the growing outbreak of COVID-19 across the United States and the growing needs of people with disabilities in the face of this pandemic. The disability community includes millions of individuals with underlying or pre-existing conditions, their families, and the direct care workers who support them. People with disabilities are, and will be, particularly at risk as COVID-19 continues to spread across the country, facing high risk of complications and death if exposed to the outbreak. Current policies and system limitations make it incredibly difficult to self-isolate and reduce risk of exposure. The first three COVID-19 relief packages all but ignored the critical needs of the disability community. Our needs are serious and urgent. If they are not addressed right away, people with disabilities will lose important services that support us in our homes, schools, and communities. We will not get the health care that we need, and our civil rights will be violated. We will die. **We urge Congress to focus on the needs of people with disabilities, regardless of immigration status, in the fourth COVID-19 bill, before it is too late.**

Many of our organizations are already signed onto comprehensive letters you have received from large disability coalitions. **This letter highlights five of our most critical priorities.** As the fourth piece of legislation moves forward, we urge Congress to ensure that these crucial elements are included in the next COVID-19 legislative package:

1. Increase funding for home and community-based services
2. Access to PPE for direct care workers
3. Increase production of PPE and ventilators nationally
4. Housing funding and protections for people with disabilities
5. Disaster relief as the pandemic continues

1: Increase funding for Home and Community-Based Services (HCBS)

The COVID-19 pandemic has shown that people with disabilities and older adults are most at risk when in nursing homes and congregate settings. Meaningful investments in Home and Community-Based Services are one of the most important steps Congress can take to safeguard the disability community. The fourth package must fund HCBS grants, such as the ones found in the [Coronavirus Relief for Seniors and People with Disabilities Act](#) (H.R. 6305/S. 3544), to support the Direct Support Professional, Personal Care Attendant, and Home Health Workforce. Without additional resources, aging adults and people with disabilities will be forced out of their homes and communities and into congregate settings, at grave risk to their health, as is demonstrated by severe and persistent outbreaks in nursing facilities. Forcing individuals into congregate facilities not only risks their health, but is also a violation of their rights under the Americans with Disabilities Act (ADA) and the Supreme Court's decision in *Olmstead v. L.C.*

In addition to specific funding for HCBS, we also urge Congress to heed the recommendation of the [National Governors Association](#) and swiftly implement an FMAP increase of at least 12% with no state match requirement as a condition of receiving this aid. While a general FMAP increase **will not replace** the need for targeted, emergency HCBS funding, it will reduce the risk that these services might be further slashed in the coming months as strains on state budgets increase.

2: Access to PPE for direct care workers

Direct Support Professionals, Personal Care Attendants, and other direct care workers are not currently included in the definitions of Essential Workers who are prioritized for access to personal protective equipment (PPE). Direct care workers, both those that work in congregate settings and those that work in the community, are on the frontlines of the COVID-19 response, assisting people with underlying conditions and disabilities with tasks such as toileting, eating, and bathing. Often these services cannot be provided from 6 feet away and require close personal contact. We are already seeing tragic cases of people with disabilities dying after being infected by their direct care workers. Direct care workers' work is essential, and they must have access to the tools they need to do their job safely.

3: Increase production of PPE and ventilators nationally

Because of lack of access to PPE, health care providers are becoming infected, transmitting the virus to other vulnerable patients, and then falling ill themselves. The same is true of professionals working in nursing homes. Nursing home residents are, overwhelmingly, some of those most likely to die due to COVID-19. Our healthcare workforce desperately needs access to PPE so they can continue to protect themselves and save lives. If our healthcare workforce is diminished due to exposure to COVID-19, the impacts to the rest of our population will be even more disastrous. After health care workers and direct care workers, PPE should be provided to all chronically ill and disabled Americans – i.e. those at higher risk of COVID-19 caused morbidity and mortality. But without a federal strategy to massively ramp up production of PPE and coordinate the supply chain, none of that will be possible.

In addition to the production of PPE, the disability community is put profoundly at risk by the national shortage of ventilators. States are already creating rationing policies to address a lack of ventilators and other life-saving treatments to meet the need. Many of these rationing policies violate Federal civil rights laws and threaten the lives of people with disabilities. Clinicians will be faced with untenable decisions that will cost disabled people our lives. Congress must do whatever is necessary, up to and including nationalizing production and distribution of PPE and ventilators, to ensure a rapid, whole-of-country response that mobilizes all of America's production and logistical capacity to meet these production challenges.

4: Increase housing funding and protections for people with disabilities

Housing is critical to the health and community integration of people with disabilities. The COVID-19 emergency has exacerbated the severe housing crisis people with disabilities, and particularly the lowest-income people with disabilities, already face. As we work to keep people with disabilities in their own homes and out of dangerous congregate settings where COVID-19 outbreaks are rampant, protections and funding for housing become a matter of life and death. Even before the pandemic began, the lack of housing resources was a barrier to many people with disabilities who wanted to transition from nursing homes and other congregate settings to the community. As we witness the extraordinarily high rates of infection and death amongst people with disabilities in congregate settings due to COVID-19, the need to transition individuals out of congregate settings is dire. The housing system is already under significant strain--in order to enable it to meet these critical demands, the next package must include increased funding for housing resources that can be targeted to divert people from, and transition people out of, institutions and other congregate settings, including the Mainstream Housing Choice Voucher program, the Section 8 Housing Choice Voucher program, the Section 811 Supportive Housing for Persons with Disabilities Project Rental Assistance program, and Emergency Solutions Grant (ESG) funding. We also ask that the next package include a broad, comprehensive moratorium on evictions and foreclosures, with all protections for renters and homeowners extended for the duration of the emergency.

5. Disaster relief as the pandemic continues

With the effects of the COVID-19 pandemic stretching into the year, older adults and people with disabilities are at disproportionate risk of death, injury, displacement, and institutionalization due to compounding disaster events. As the US has already witnessed 10

non-COVID-19 FEMA major disaster declarations and two billion dollar storms in 2020, it is imperative that Congress be proactive in implementing policy that will help to prepare for additional disaster events that will create further barriers to ensuring the health and safety of disabled and aging communities during the pandemic response. Passage of the [Real Emergency Access for Aging and Disability Inclusion \(READI\) for Disasters Act](#) (S. 1755) will prepare federal and regional supports to respond to the additional disaster events we may encounter during the pandemic and help to mitigate the additional strain on services and resources available to respond. Passage of the [Disaster Relief Medicaid Act \(DRMA\)](#) (HR. 3215/S. 1754) will ensure that Medicaid beneficiaries continue to have access to their necessary services, such as HCBS, despite displacement across state lines due to COVID-19 or other disasters that may affect a region during this time.

We thank you for your attention to the pressing needs of our community. We know that we must act now to prevent much of the worst impact of this outbreak. We urge Congress to act quickly, incorporate urgent disability community priorities in the 4th COVID-19 legislative package, and promptly pass this crucial legislation. If you have any questions, feel free to contact Nicole Jorwic (jorwic@thearc.org).

Developed by: Lindsay Baran, National Council on Independent Living; Alison Barkoff, Center for Public Representation; Julia Bascom, Autistic Self Advocacy Network; Rebecca Cokley and Valerie Novack, Center for American Progress; Matthew Cortland; Elena Hung, Little Lobbyists; Nicole Jorwic and Bethany Lilly, The Arc of the United States; Winn Periyasamy; and Maria Town, American Association of People with Disabilities.