April 6, 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 four 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. Increased funding for home and community-based services
2. Access to PPE for direct care workers
3. Increased production of PPE and ventilators nationally
4. Technical fixes to the recovery rebate and paid leave provisions of other COVID-19 legislation to ensure inclusion and equity for the disability community

1: 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 Corona Virus Relief for Seniors and People with Disabilities, to support the Direct Support Professional (DSP), Personal Care Attendant (PCA), 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.

2: Access to PPE for direct care workers
Direct Support Professionals (DSPs), Personal Care Attendants (PCAs), 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 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: Ramp up production of PPE and ventilators nationally
Without the Personal Protective Equipment which they currently lack, 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 COVID19. 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 COVID19 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. We fear that, if there are not a sufficient number of ventilators to meet need, states may continue to create rationing policies that violate Federal civil rights laws and deny disabled people ventilators. 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: Include people with disabilities in paid leave and stimulus checks.

The paid sick days and paid leave provisions in both the Families First Coronavirus Response Act and the CARES Act did not explicitly include all caregivers who can’t work because they are caring for an adult with a disability or aging family member whose program has closed or whose care worker or other usual source of care is sick nor did the paid leave provisions cover individuals who must isolate themselves because of their disability. Through regulatory action, the Department of Labor has expanded these definitions to include some of these circumstances, but not all. Similarly, in order to access the recovery rebates, an individual must file taxes, which excludes millions of people with disabilities relying on Supplemental Security Income and some Veterans benefits who receive no other income and therefore do not file. Thankfully, these problems are both easily fixed. Congress should amend the paid sick days and paid leave provisions of the Families First Coronavirus Response Act to explicitly include all caregivers for people with disabilities and older adults and to include paid leave for individuals who must isolate themselves because of their disability. And Congress should mandate that the Social Security Administration, the Department of Veterans Affairs, and Treasury share the necessary data to automatically process Recovery Rebates to low-income individuals with disabilities and older adults who rely on Supplemental Security Income and certain Veterans benefits.

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).

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