



*For people with intellectual
and developmental disabilities*



April 10, 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,

The undersigned organizations are reaching out about the very critical and specific needs of the disability community, service providers and the workforce. Our organizations collectively represent the vast provider network that supports individuals with disabilities in their home and communities.

We write in response to the growing outbreak of COVID-19 across the United States and the urgent 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 extremely 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 their homes, schools, and communities. **We urge Congress to focus on the needs of people with disabilities in the fourth**

COVID-19 bill, before it is too late. In order to address these needs, the service system, the providers who provide those services and the workforce that supports them must be invested in. The priorities outlined below, highlight the need for a \$20 billion investment for the provision of home and community based services, and support of the workforce providing those services.

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
5. Include charitable nonprofits serving people with disabilities with up to 1,500 employees in the Paycheck Protection Program and EIDL Loan program.

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 [To Assist Older Americans and People with Disabilities Affected by COVID-19 Act](#), to support the Direct Support Professional (DSP) and Home Health Workforce.

2: Access to PPE for direct care workers

Direct Support Professionals (DSPs), Personal Care Attendants (PCAs), and other direct care workers are not consistently 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 six 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 and for the safety of the people they serve

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

support professionals, 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 the need, states may continue to create rationing policies that violate Federal civil rights laws and deny people with disabilities use of ventilators. Clinicians will be faced with untenable decisions that will cost people with disabilities our lives. Congress must do whatever is necessary, up to and including nationalizing production and distribution of PPE and ventilators, to ensure a rapid, nationwide 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 cannot 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.

Sincerely,

Julie Christensen
julie@apse.org

Kate McSweeney
KMcSweeney@accses.org

Connie Garner
cgarner@easterseals.com

Sarah Meek
smeek@ancor.org

Nicole Jorwic
jorwic@thearc.org