

LIVING INDEPENDENTLY, PARTICIPATING FULLY

*Defending Against the Trump Administration's
Attacks on People with Disabilities*

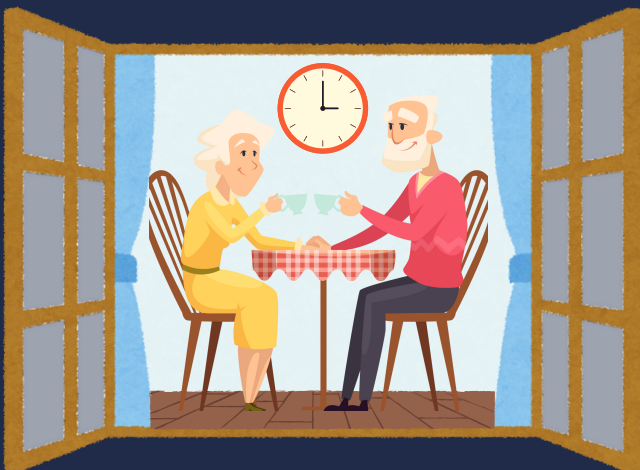


TABLE OF CONTENTS

Introduction	3
History of Home and Community-Based Services and the Movement for Independence	3
<i>The Creation of the Administration for Community Living</i>	5
<i>Congressional Authority Given to ACL</i>	5
<i>Key Programs Within ACL</i>	6
The Disability Community is Facing Threats to Community Living	8
<i>Largest Cut to Medicaid in History</i>	8
<i>Harms of the Administration's Actions on the Direct Care Workforce</i>	9
<i>Reversal of Diversity Initiatives</i>	10
<i>Fearmongering and Misinformation on Autism</i>	11
Trump Administration Moves to Dismantle ACL	12
<i>House Democratic Lawmakers Act</i>	14
<i>Repercussions & Potential Impacts</i>	14
Conclusion	16



LIVING INDEPENDENTLY, PARTICIPATING FULLY

INTRODUCTION

Throughout his second term in office, President Trump has taken actions that run counter to decades of progress toward stronger civil rights protections, greater independence, and expanded opportunities for people with disabilities and older individuals in work, education, and virtually all aspects of life. In March, the Trump Administration announced its intention to dismantle the Administration for Community Living (ACL), which has implemented programs that support disabled and older individuals to live in their own homes and in integrated community settings for over a decade. This report highlights the importance of ACL in the context of the progress that people with disabilities have made in the past 50 years and outlines how many of the Administration's actions are threatening the promise of independence.

HISTORY OF HOME AND COMMUNITY-BASED SERVICES AND THE MOVEMENT FOR INDEPENDENCE

From the middle of the 19th century until the 1970s, people with significant disabilities and older individuals were often relegated to institutional settings and nursing homes. However, in the mid-1960s the view of these facilities began to change after Robert F. Kennedy, father of the current Secretary of the U.S. Department of Health and Human Services (HHS or the Department), visited Willowbrook State Developmental Center in New York. Outraged by the conditions he observed, Kennedy described Willowbrook and institutions like it as “snake pits.”¹ Kennedy's comments helped shift public opinion and helped spark a movement to improve the lives of people with disabilities. Disabled people also began to demand a place in the world, which led to a paradigm shift away from institutionalization of people who needed long-term supports.

The 1970s saw a sea-change in how we understand disability. The *Rehabilitation Act of 1973* (the *Rehabilitation Act*)² prohibited discrimination on the basis of disability by recipients of federal funding. This marked the first time that people with disabilities were identified in federal statute as a group that needed civil rights protections. When the U.S. Department of Health, Education, and Welfare (HEW) failed to finalize regulations implementing Section 504 of the *Rehabilitation Act*, disabled people protested by holding sit-ins at HEW regional offices throughout the country. One such sit-in at the San Francisco office remains the longest take-over of a federal building in U.S. history. These protests prompted the Carter Administration to finalize the regulations in 1977.³ Additionally, the *Rehabilitation Act* established a nationwide network of Centers for Independent Living.



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Two years after the *Rehabilitation Act*, the *Developmentally Disabled Assistance and Bill of Rights Act*⁴ was enacted in 1975 and created Developmental Disabilities Councils, Protection and Advocacy for people with developmental disabilities, and the University Centers for Excellence in Developmental Disabilities. Together, these three programs gave people with developmental disabilities and their families a voice in policy making; legal and advocacy services to help them access services and combat discrimination; and university-affiliated research and services to address the needs of individuals with developmental disabilities. In total, there was widespread recognition through these federal laws that people with disabilities should be afforded equal opportunity and the ability to thrive in their communities.

Parallel to the progress being made for the disability community, the *Older Americans Act of 1965* (OAA)⁵ addressed the need for more social services that would provide greater opportunities for older individuals to live longer, healthier and more independent lives in their communities. Many of the programs created through OAA have benefited individuals with disabilities while, conversely, the advancements in civil rights for people with disabilities have improved the lives of aging individuals. During this time, a movement to create a national health insurance program that had begun with President Harry Truman came to fruition when President Lyndon Johnson signed the *Social Security Amendments of 1965*, thereby creating Medicare and Medicaid.⁶ Prior to Medicaid in 1965, long-term care was generally funded by state and local authorities. Medicaid only pays for long-term care in institutional settings as a mandatory service, this is known as the “institutional bias” in the Medicaid system. However, in 1981, a young disabled girl named Katie Beckett gained the support of Representative Tom Tauke (R-IA) and President Ronald Reagan, and the rules were changed so that Medicaid could pay to support her in her home with her family instead of in a facility.⁷ This original “Katie Beckett waiver” led every state to ultimately apply to the Health Care Financing Administration (now Centers for Medicare and Medicaid Services or CMS) for a home and community-based services (HCBS) waiver to Medicaid rules that would allow states to support at least some populations of disabled people in their homes and communities, rather than in institutions.

In 1990, Congress passed the *Americans with Disabilities Act* (ADA)⁸ which prohibited discrimination in employment, public accommodations (such as restaurants, movie theaters, and stores), and public services. In the mid-1990s, two women, Lois Curtis and Elaine Wilson, filed suit under the ADA, arguing that the state of Georgia was discriminating against them by providing the long-term care they needed in a state hospital rather than in the community.⁹ In 1999, the Supreme Court agreed and held in *Olmstead v. L.C.* that unjustified segregation of disabled people in institutions constitutes discrimination in violation of Title II of the ADA.¹⁰ The Court held that states must provide



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community-based services to disabled individuals receiving long-term care through Medicaid when: (1) such services are appropriate; (2) the affected person does not oppose community-based treatment; and (3) community-based services can reasonably be provided in light of available resources.¹¹ Following the *Olmstead* decision, the movement away from institutional care in favor of community-based services expanded dramatically. In 1995, 18 percent of Medicaid long-term care spending went toward HCBS; by 2012, that number was nearly 50 percent.¹² In 2022, 65 percent of Medicaid long-term care spending was for HCBS.¹³

The Creation of the Administration for Community Living

With the expansion of both legal protections and access to services, in 2012, HHS Secretary Kathleen Sebelius created the Administration for Community Living (ACL). ACL was established within HHS and merged the Administration on Aging, the Office on Disability, and the Administration on Developmental Disabilities into a single unit, with the goal of bringing together the various agencies within HHS that worked to help older adults and people with disabilities live healthy, productive lives in their communities.¹⁴ The new agency aligned with other federal efforts to implement *Olmstead*, including Executive Order 13217,¹⁵ which directed federal agencies to assist states in implementing *Olmstead*, and the “Money Follows the Person” demonstration program that provides funding for individuals to transition from institutional settings to the community. Additionally, there was hope that the creation of ACL would create synergy between the disability and aging communities that had not always worked together to address barriers to community living.¹⁶ True to its intended purpose, bringing the functions within HHS that support community integration under one umbrella has led to improved coordination, collaboration, and partnerships across aging and disability networks, reduced duplication of effort and gaps in services, and improved program reach and effectiveness.¹⁷

Congressional Authority Given to ACL

Although ACL was created by the Secretary of HHS, since its creation in 2012, Congress has recognized ACL’s role in implementing numerous bipartisan laws that promote community living. Notably, the *Workforce Investment and Opportunity Act of 2014*,¹⁸ the *Recognize, Assist, Include, Support, and Engage (RAISE) Family Caregivers Act of 2017*,¹⁹ the *Supporting Grandparents Raising Grandchildren Act*,²⁰ and the *21st Century Assistive Technology Act*²¹ are among the important laws that have identified and fortified an implementation or advisory role for ACL.



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The *Workforce Innovation and Opportunity Act of 2014* (WIOA) authorized and transferred three programs from the U.S. Department of Education to HHS and expressly placed them within ACL: the Independent Living Services Programs; the Assistive Technology Act Programs; and the National Institute on Disability, Independent Living, and Rehabilitation Research.²² Subsequently, when Congress reauthorized the *Assistive Technology Act* in 2022 through the *21st Century Assistive Technology Act*,²³ it provided that the Administrator of ACL shall be responsible for administering the Act. Within the context of ACL's established role, the *Older Americans Act* (OAA) was reauthorized twice, in both 2016²⁴ and 2020.²⁵ The OAA reauthorizations provided the Assistant Secretary for Aging, which has been a hat worn by the Administrator of ACL since its inception, with various new responsibilities in support of the aging network and programs supporting seniors and their families.

Key Programs Within ACL

The responsibility for a variety of aging and disability programs has been centralized within ACL. While not an exhaustive list of programs, these are some of the key aging programs implemented by ACL:

Elder Abuse Prevention Intervention Demonstrations - support states and Tribes in developing, testing, and evaluating interventions to prevent elder abuse, neglect, and exploitation.²⁶

Elder Justice Innovation Grants - fund research to develop and advance new and emerging issues related to elder justice. Issues include the impacts of elder abuse on health and long-term care systems; costs of care; risk factors associated with being a victim or becoming a perpetrator of elder abuse; and effective prevention, intervention, and remediation practices.²⁷

State Grants to Enhance Adult Protective Services - support states in improving their adult protective services (APS) systems, such as through data collection and reporting.²⁸

National Adult Maltreatment Reporting System - reporting and data collection system for APS programs. The system also collects outcomes of investigations into maltreatment of older adults and adults with disabilities.²⁹

Long-term Care Ombudsman - programs in states that aim to improve long-term services and address the health, safety, welfare, and rights of eligible individuals, such as those in nursing homes or other residential care communities.³⁰



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Nutrition Services - deliver meals to older Americans by partnering with approximately 5,000 local providers.³¹

Supportive and Caregiver Programs - promote at-home care for older adults by supporting families and informal caregivers.³²

Aging and Disability Resource Centers - support older adults and people with disabilities in obtaining access to long-term services through counseling and sharing objective information.³³

Senior Centers and Supportive Services for Older Adults - fund states and territories to help older adults live at home. Services include access to transportation, case management, information, homemaker assistance, legal services, mental health services, and adult day care.³⁴

These are some of the key disability programs implemented by ACL:

Americans with Disabilities Act National Network - ten regional centers that facilitate training and guidance on ADA implementation to help individuals with disabilities achieve independent living and economic self-sufficiency.³⁵

Assistive Technology - programs that promote access to assistive technology devices for individuals with disabilities. The State Grant for Assistive Technology Program supports states in providing assistive technology to individuals with disabilities. The Assistive Technology National Activities Program helps individuals, service providers, states, protection and advocacy entities, and others implement the *Assistive Technology Act of 2004* through technical assistance.³⁶

Centers for Independent Living (CILs) - support people with disabilities with independent living services. CIL services provide information and referrals; independent living skills training; peer counseling; individual and systems advocacy; and facilitation of transitions, such as from a nursing home to other institutions and from youth to postsecondary life. These services aim to integrate people with disabilities into their communities and advance equal opportunities, self-determination, and respect.³⁷

Protection and Advocacy Systems - protect the civil rights of individuals with disabilities. These systems empower and act on behalf of individuals with disabilities to promote independent living and decision-making.³⁸



LIVING INDEPENDENTLY, PARTICIPATING FULLY

State Councils on Developmental Disabilities - self-governing organizations that address identified needs for people with developmental disabilities. The Councils promote self-determination and inclusion through advocacy, systems change, and capacity-building.³⁹

University Centers for Excellence in Developmental Disabilities (UCEDDs) - promote research and education to address the needs of individuals with developmental disabilities and their families. UCEDDs liaise between academia and the disability community and perform interdisciplinary preservice preparation, research, information circulation, and community services.⁴⁰

National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) - performs research to improve community integration and self-determination for older adults and individuals with disabilities as well as accessibility in society. NIDILRR fosters knowledge translation, research capacity-building, and support for minority-serving institutions (MSIs).⁴¹

THE DISABILITY COMMUNITY IS FACING THREATS TO COMMUNITY LIVING

Largest Cut to Medicaid in History

In early July, President Donald Trump signed into law a partisan budget reconciliation bill—sometimes referred to by opponents of the law as the “Big, Ugly Law”—that includes the largest cut to Medicaid in history.⁴² More than 71 million people rely on Medicaid,⁴³ including 4.5 million people who rely on Medicaid to pay for home and community-based services.⁴⁴ Although much of the discussion around these drastic Medicaid cuts has centered around the work reporting requirements from which some people with disabilities may be exempt, requiring recipients to prove they qualify for an exemption still imposes an onerous paperwork and administrative burden on individuals.⁴⁵ Even those with exemptions on paper, such as some individuals with disabilities, will not be fully protected from the mandated work reporting requirements and potential Medicaid coverage loss. Ultimately, approximately “50 percent of the loss of Medicaid coverage from the [work requirements] would be due to the ‘friction effect,’ which represents coverage loss related to applicant confusion over the process for verifying work and exemption status, as well as challenges in providing sufficient evidence of such status.”⁴⁶ Indeed, more than two-thirds of people with disabilities who get their health insurance through Medicaid qualify through pathways such as Medicaid expansion rather than because they receive Supplemental Security Income (SSI), which means they will need to jump through



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bureaucratic hoops to demonstrate that they should be exempt from work reporting requirements.⁴⁷

Moreover, although congressional Republicans have insisted that “traditional” recipients of Medicaid, such as disabled individuals, will not be harmed by the Medicaid cuts in the law, this is almost certainly not the case. Medicaid enrollees who are eligible because of disability or being over age 64 account for more than half of Medicaid spending even though they make up only a quarter of the Medicaid population.⁴⁸ As the provisions of the law restrict states from using certain financing options for their Medicaid budgets, states will be required to make tough choices to make up the difference.⁴⁹ Simply put, it is difficult to reduce Medicaid spending without limiting access for individuals who are likely to incur large medical bills or who need expensive long-term services and supports.

Additionally, when a state agrees to participate in Medicaid, it agrees to provide certain mandatory services, such as inpatient hospital services, laboratory and x-ray services, physician services, and facility-based long-term care, such as nursing home services. States can receive federal matching funds for optional services, including home and community-based services. In fact, 86 percent of optional Medicaid spending is on services that support people with disabilities and older adults.⁵⁰ Because these services are optional, states often look to capping enrollment or limiting the amount or types of HCBS they provide in order to make up budget shortfalls. The Congressional Budget Office (CBO) projected that the reconciliation law’s Medicaid provisions will cause 7.5 million people to lose Medicaid coverage—with a cut of \$900 billion from the Medicaid program.⁵¹ However, a cut of this magnitude cannot be achieved through the 7.5 million coverage loss alone. CBO expects that in response to the Medicaid cuts in the bill, states would also curtail their spending by reducing provider payment rates and reducing the scope or amount of optional services.⁵²

Harms of the Administration’s Actions on the Direct Care Workforce

People with disabilities will also suffer from this Administration’s attacks on the direct care workforce. Direct care workers who provide HCBS to disabled and older individuals—including paid professionals and family members—often rely on Medicaid for their own health coverage and may be unable to continue providing care for someone else if they lose their own health insurance.⁵³ Additionally, the U.S. Department of Labor’s Wage and Hour Division issued a proposed rule in July 2025 that would revoke the *Fair Labor Standards Act’s* (FLSA) minimum wage and overtime protections for home care workers,⁵⁴ undoing a President Obama-era change that had sought to increase pay for these workers to meet the growing demand. Finally, 28 percent of direct care workers are immigrants,



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with approximately one-third of these workers being non-citizens and the rest naturalized citizens.⁵⁵ The Trump Administration's aggressive—and often inhumane—approach to immigration will almost certainly have an impact on the availability of workers to provide HCBS and exacerbate already critical labor shortages in this sector.⁵⁶

The direct care workforce is the backbone of the community-based services system, to the extent that this Administration's actions negatively impact the direct care workforce they undermine the entire HCBS system. Individuals with disabilities or older individuals who rely on HCBS will be less safe and more likely to be institutionalized if fewer people are able and willing to become direct care workers.

Reversal of Diversity Initiatives

The Trump Administration has aggressively pursued an agenda to rid the federal government, and indeed the country, of diversity, equity, inclusion, and accessibility (DEIA) programs and initiatives. In his first few days back in office, President Trump issued two Executive Orders (EOs) targeting DEIA in the public and private sectors.⁵⁷ Included in these EOs was the rescission of an Executive Order that had been signed by President Lyndon Johnson instituting affirmative action in hiring with regard to race and other protected categories.⁵⁸

This rescission did not end affirmative action in the hiring of individuals with disabilities in federal contracts, which is required by Section 503 of the *Rehabilitation Act*, but as a result of the EOs, the Administration began to dismantle the Office of Federal Contract Compliance Programs (OFCCP), which had heretofore been responsible for enforcing affirmative action, including enforcement of Section 503.⁵⁹ Section 503 is still the law of the land. However, the Department of Labor has proposed a rule that weakens Section 503's protections. That proposal, in tandem with the Administration's plan to dismantle OFCCP, calls into question whether the law still carries any weight and whether civil rights—including those of people with disabilities—are being respected.

In support of affirmative action, President Johnson famously noted that it was unfair to simply refrain from discrimination and allow groups that had been held back to compete, likening it to unchaining a man at the start of a race.⁶⁰ Disabled people have historically been subject to institutionalization, denial of employment opportunities, and even exclusion from public spaces. DEIA initiatives attempt to correct for these historical disadvantages in order to ensure that disabled people truly have opportunities to live, work, and thrive in their communities. The rollback of DEIA is not only harmful to disabled



LIVING INDEPENDENTLY, PARTICIPATING FULLY

people; it also raises doubts about this Administration's commitment to protecting people from discrimination.

In response to the Administration's anti-DEIA measures, HHS issued a "Grants Policy Statement" that requires grantees to certify that, "they do not, and will not during the term of this financial assistance award, operate any programs that advance or promote DEI [or] DEIA."⁶¹ It is worth noting that the statement specifically prohibits HHS grantees from promoting accessibility, which is the "A" in DEIA, which is nonsensical when accessibility is a legal requirement for all federally funded programs under Section 504 of the *Rehabilitation Act* and when accessibility is the point of much of NIDILRR's grant-making activities. Although numerous lawsuits were filed in response to the anti-DEIA EOs and subsequent agency actions, the Supreme Court's recent pronouncement that universal injunctions exceed the equitable authority vested in the federal courts by Congress has enabled previously-enjoined agency actions to move forward.⁶² Still, lawsuits that rely on the *Administrative Procedure Act*⁶³ to halt or reverse agency action or class-action suits are still possible legal avenues.⁶⁴ What is clear is that the many federal grant recipients now face a complicated legal landscape as they attempt to comply with both the Trump Administration's anti-DEIA orders and with existing anti-discrimination laws.

Fearmongering and Misinformation on Autism

The number of children who are identified as having autism is growing, and many of these children and their families rely on supports and will need even more support as they grow into adulthood. Unfortunately, for the past two decades, Robert F. Kennedy, Jr., the current Secretary of HHS, has falsely contended that vaccines cause autism, particularly in children.⁶⁵ As Secretary, he has continued to perpetuate misinformation about the cause of autism and stereotypes about autistic individuals, falsely asserting that autistic people "will never pay taxes, they'll never hold a job, they'll never play baseball, they'll never write a poem, they'll never go out on a date. Many of them will never use a toilet unassisted."⁶⁶

In actuality, the increased number of youth autism diagnoses is attributable to increasing awareness and services and an expanded definition of autism.⁶⁷ The slight true increase in the number of autistic people⁶⁸ is attributable to the increase in infants with birth complications and children born to older parents.⁶⁹ Determinants of autism also include parental exposure to air pollution or pesticides and certain maternal health conditions.⁷⁰ Secretary Kennedy's stigmatization of neurodivergence—specifically autism—is very problematic and actively harms the community. Autistic people, just like their neurotypical counterparts, can thrive and be successful members of their workplaces and communities.



LIVING INDEPENDENTLY, PARTICIPATING FULLY

Some view autism as a strength, especially in a society where autistic people feel able to unmask themselves.⁷¹

Unfortunately, Secretary Kennedy's dangerous rhetoric on vaccines has also gained traction in Congress. A July 15, 2025, Senate hearing before the Committee on Homeland Security and Governmental Affairs' Permanent Subcommittee on Investigations led by Senator Ron Johnson (R-WI)⁷² centered on stories about the perceived harmful effects of vaccines despite hundreds of large-scale and long-term studies concluding that childhood vaccines are very safe, do not lead to autism or sudden infant death, and have saved millions of lives.⁷³

TRUMP ADMINISTRATION MOVES TO DISMANTLE ACL

Since Trump has taken office for his second term, HHS—along with many other Departments and federal agencies—has faced unprecedented internal attacks on its work and its workforce, particularly through the actions of the Department of Government Efficiency (DOGE). After the start of the second Trump Administration and before March 27, 2025, approximately 10,000 employees left HHS, including probationary employees who were laid off and other employees who took a buy-out offer.⁷⁴

On March 27, 2025, HHS announced the “Make America Healthy Again” initiative (March 27 Directive)⁷⁵ in accordance with an Executive Order issued on February 11, 2025.⁷⁶ The March 27 Directive called for mass layoffs and the consolidation of several of HHS' operating divisions, including the complete elimination of ACL.⁷⁷ The March 27 Directive further directed ACL's functions to be integrated into other HHS divisions, indicating that “critical” programs would be maintained. However, it remains unclear which programs are “critical” and whether any programs not deemed critical would be eliminated.⁷⁸ Subsequently, the President's Fiscal Year (FY) 2026 proposed budget would eliminate some of ACL's disability programs, including University Centers for Excellence in Developmental Disabilities and a program that helps ensure people with disabilities have access to voting and consolidate remaining programs into the newly renamed Administration for Children, Families, and Communities.⁷⁹

On April 1, 2025, HHS undertook a reduction in force (RIF) pursuant to the March 27 Directive and sent termination notices to 10,000 additional employees. ACL was heavily impacted as the Department closed many HHS offices and relieved all ACL regional administrators of their duties.⁸⁰ Of additional concern, many HHS employees received termination notices by mistake.⁸¹ These actions caused chaos regarding program delivery and continue to hamper the ability to HHS to deliver effective and quality services nationwide.⁸²



LIVING INDEPENDENTLY, PARTICIPATING FULLY

On May 5, 2025, a lawsuit was filed against Secretary Kennedy and others regarding HHS' RIF and reorganization under the March 27 Directive; the suit was filed by state attorneys general from Arizona, California, Colorado, Connecticut, Delaware, Hawaii, Illinois, Maine, Michigan, Maryland, Minnesota, New Jersey, New Mexico, Oregon, Rhode Island, Vermont, Washington, Wisconsin, and the District of Columbia.⁸³ The states seek “declaratory and injunctive relief to prevent the unconstitutional and illegal dismantling of the Department.”⁸⁴ The lawsuit alleges that the Defendants violated the Separation of Powers,⁸⁵ the Appropriations Clause,⁸⁶ and the *Administrative Procedure Act*.⁸⁷ The Plaintiffs focus on the unconstitutionality of HHS' actions through bypassing congressional spending authority and rendering the Department unable to fulfill its statutory duties.⁸⁸

On July 1, 2025, District Judge Melissa R. Dubose granted a preliminary injunction, holding that the mass layoffs constitute “irreparable harm.”⁸⁹ Judge Dubose's court order blocked certain HHS layoffs announced in the March 27 Directive and prevented the Department from issuing further firings.⁹⁰ Unfortunately, ACL and many other HHS divisions were ultimately not protected by the preliminary injunction. On July 8, 2025, a Supreme Court ruling allowed the Trump Administration to move forward with a portion of its RIFs.⁹¹ On July 14, 2025, thousands of HHS employees received termination emails stating that the July 8 Supreme Court ruling permitted them to “move forward with a portion of its [reduction in force].”⁹² Unfortunately, 4,623 dedicated public servants have been laid off, including 90 full-time ACL employees.⁹³

As legal proceedings evolve, the disability community and other stakeholders have continued to fight for the importance of affected HHS programs and staff. In March 2025, the Human Rights Campaign held a “die-in” in front of the Department's office building to protest HHS cuts.⁹⁴ In April, over five hundred patient advocacy groups signed a letter to congressional leaders to express opposition to the FY 2026 proposed budget cuts to HHS.⁹⁵ The March 27 Directive was also met with statements and letters of opposition from groups, such as those from: the Disability and Aging Collaborative (representing over 40 national aging and disability organizations); the Leadership Council of Aging Organizations (representing nearly 70 national aging groups); and the American Association of People with Disabilities, joined by over 450 organizations.⁹⁶ The Partnership for Inclusive Disaster Strategies said that “[t]he loss of ACL as a centralized, disability-focused federal agency is not merely a bureaucratic reallocation. It is an assault on the rights and safety of disabled people and older adults across this country.”⁹⁷ Another advocacy group, Justice in Aging, asserted that losing an agency focused on older adults and people with disabilities may well result in needs being overlooked and worse outcomes for older adults.⁹⁸



LIVING INDEPENDENTLY, PARTICIPATING FULLY

House Democratic Lawmakers Act

On April 8, 2025, the Ranking Member of the House Committee on Education and Workforce (Committee), Robert C. “Bobby” Scott (D-VA), sent a letter to Secretary Kennedy expressing concerns about the March 27 Directive, the proposed RIFs at HHS, and the ramifications of the elimination of ACL.⁹⁹ The Trump Administration did not respond.

That same day, all Committee Democrats sent a joint letter to Committee Chairman Tim Walberg (R-MI) requesting that the Committee hold a hearing with Secretary Kennedy to examine the March 27 Directive.¹⁰⁰ No response was received.

On April 24, 2025, Representative Suzanne Bonamici (D-OR) and Ranking Member Scott joined with several Democratic Committee colleagues to introduce a resolution of inquiry regarding the dismantling of ACL.¹⁰¹ Given the refusal of the Republicans in Congress to hold the Trump Administration accountable for its catastrophic implementation of laws and funding as prescribed by Congress, the resolution of inquiry is an important tool intended to elicit answers from a reticent Administration. Specifically, the resolution of inquiry requesting documents from the Administration and specifically from HHS that would enable Congress to perform its oversight responsibility by examining the elimination of an entire agency and hundreds of highly specialized workers. Unfortunately, instead of appropriately advancing the resolution of inquiry, the Republican Majority in the House amended the language of its own House Rules to effectively kill the resolution of inquiry and others like it.¹⁰²

Following the July 14, 2025, RIFs at HHS, Ranking Member Scott sent another letter to Secretary Kennedy requesting details about the terminated positions and the impact these terminations will have on services.¹⁰³ No response has been received to date.

Congressional Democrats will continue to conduct oversight and demand answers from the Trump Administration about its harmful actions.

Repercussions & Potential Impacts

States, service providers, older adults and people with disabilities, and families have relied on the funding, support, expertise, and technical assistance that ACL has provided since its inception in 2012. ACL also played an important role in ensuring that the \$2.6 billion that the agency was responsible for was spent wisely to sustain vital programs, such as Meals on Wheels, senior centers, centers for independent living, Area Agencies on Aging, Developmental Disabilities Councils, and others nationwide.



LIVING INDEPENDENTLY, PARTICIPATING FULLY

Because of ACL's focus on community living, the agency was staffed with experts who were uniquely qualified to provide support and technical assistance to the various programs that it oversaw. It remains to be seen whether HHS will be able to maintain the quality of oversight and stewardship of disability and aging programs that ACL provided. Dismantling ACL also raises serious legal questions about whether HHS will be able to fulfill the statutory mission and responsibilities that Congress gave ACL through various laws enacted over the past 13 years.

Additionally, the expertise within ACL informed important policy changes elsewhere at HHS. ACL staff were consulted in the development and implementation of the groundbreaking HCBS settings rule, which ensures that people receiving HCBS truly have access to the community, live in the most integrated setting that will meet their needs, and have the ability to make choices that most people take for granted such as what to eat, who to invite into their home, and when they want privacy.¹⁰⁴ More recently, ACL worked with CMS to develop the HCBS Access Rule, which strengthens the HCBS system. The rule provides that 80 percent of federal HCBS dollars must go directly to providing services, establishes transparency around the availability of HCBS, and creates procedures for addressing incidents that occur in HCBS settings.¹⁰⁵ Additionally, in 2024, ACL published a final rule that for the first time established federal regulations for adult protective services.¹⁰⁶ These regulations were informed by ACL's focus on community living, choice, and autonomy.¹⁰⁷ While CMS has primary responsibility for drafting regulations regarding Medicaid, including HCBS, ACL has strong relationships with the providers and recipients of home and community-based services as well as with researchers and others who can inform ACL's thinking on the regulatory framework for HCBS. Finally, ACL played a pivotal role in the most significant update to HHS's section 504 regulations, which protect against disability discrimination by recipients of funding from HHS. These regulations codify the holding in *Olmstead* and subsequent decisions that built on it.¹⁰⁸

Apart from the lack of technical experience and coordination if ACL vanishes, there is likely to be direct harm to people with disabilities and seniors. As the number of older adults in the U.S. population increases—with over 11,000 people turning 65 on a daily basis in 2024¹⁰⁹—the deterioration of ACL poses greater danger each day. The number of older adults is predicted to outnumber children by 2034.¹¹⁰ One in every four adults experiences a disability, including most adults over age 75.¹¹¹



LIVING INDEPENDENTLY, PARTICIPATING FULLY

CONCLUSION

The decision to dismantle ACL runs counter to the alleged goal of the Trump Administration to make government more efficient, and it threatens to undermine the services that disabled and older individuals receive that enable them to live in their homes and communities. It is unclear what the Administration hopes to achieve by firing thousands of staff and dismantling ACL, and more importantly, how HHS could faithfully execute the law and deliver on the promise of true community living.

The record is clear; the dismantling of ACL is not happening in a vacuum. This Administration has also attacked Diversity, Equity, Inclusion, and Accessibility. Following the deadly crash at Reagan National Airport on January 29, 2025, the President chose to make absurd and offensive remarks blaming the Federal Aviation Administration's longstanding policies that promote hiring people with disabilities for the deadly crash instead of comforting a grieving nation.¹¹² Additionally, the Secretary of Health and Human Services has made false and insulting remarks regarding autistic individuals.¹¹³ These actions combined with the deep cuts to Medicaid demonstrate that the Administration lacks any commitment or desire to improve the lives of those with disabilities. Understandably, many in the disability community believe there has been a government-wide attack on the disabled since President Trump began his second term in office.¹¹⁴

Whether or not it is part of a multifaceted attack on disabled people, the Administration's rash and ill-considered decision to dismantle ACL will ultimately undermine the services that enable disabled and older individuals to lead healthy and fulfilling lives in our communities. **After more than 50 years of progress during both Republican and Democratic administrations toward greater autonomy, independent living, and equal economic opportunity for people with disabilities, dismantling ACL threatens to move this country backwards.**

¹ Aryeh Neier, *Cleaning Up the Snake Pit*, Am. Civil Liberties Union (Nov. 8, 2019), <https://wp.api.aclu.org/news/disability-rights/cleaning-up-the-snake-pit>.

² Pub. Law No. 93-112 (1973).

³ Kitty Cone, *Short History of the 504 Sit-in*, Disability Rights Educ. & Defense Fund (Apr. 4, 2013), <https://dredf.org/short-history-of-the-504-sit-in/>.

⁴ Pub. Law No. 94-103 (1975).

⁵ Pub. Law No. 89-73 (1965).



LIVING INDEPENDENTLY, PARTICIPATING FULLY

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