

**Congress of the United States**  
**Washington, DC 20515**

March 19, 2018

The Honorable Tom Cole  
Chairman  
Subcommittee on Labor, HHS, Education and  
Related Agencies  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Rosa DeLauro  
Ranking Member  
Subcommittee on Labor, HHS, Education and  
Related Agencies  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

Dear Chairman Cole and Ranking Member DeLauro,

We write today to thank you for your commitment to enabling people with disabilities to participate fully in their communities by investing in the **Independent Living (IL) Program**. As the House Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies continues consideration of fiscal year (FY) 2019 funding levels, we respectfully urge the subcommittee to reaffirm their commitment to the over 57 million Americans with disabilities by increasing funding for the IL Program.

The IL Program provides support and services to all people with disabilities. Centers for Independent Living (CILs) and Statewide Independent Living Councils (SILCs) across the country are dedicated to increasing the availability of the invaluable and cost-effective services they provide. CILs are non-residential, community-based, non-profit organizations designed and operated by individuals with disabilities that provide a set of core services: advocacy, information and referral, peer support, independent living skills training, and transition and diversion. Each of the 365 federally-funded CILs are unique in that they operate according to a strict philosophy of consumer control in which people of any age with any type of disability directly govern and staff the CILs.

In FY 2010, funding for the IL Program was \$103.7 million and in FY 2017, funding for the program was \$101.18 million. Even as funding has been reduced, CILs have been required by the Workforce Innovation and Opportunity Act (WIOA) to provide three additional services: facilitating the transition of individuals with disabilities from nursing homes and other institutional settings to home and community-based residences, diversion services for individuals at risk of entering institutions, and transition services for youth with significant disabilities to postsecondary life. CILs are committed to providing these services and believe they are vital to achieving full participation of people with disabilities; however, without additional funding, there is simply no way such services can be carried out effectively.

Beyond direct services provided, the IL Program has also supported ways to broadly change

traditional service delivery in their communities and throughout the nation to assist people to remain in or return to their homes for over 40 years, including through reform of the long-term care system. Services delivered in an individual's home saves Medicaid, Medicare, states, and individuals and their families tremendous costs.

Research has found that community-based services are significantly less expensive than nursing homes or other institutional placements, with average annual costs per participant of about \$17,200 for home health, personal care, or home and community-based waiver services being significantly less expensive than the median annual cost of \$91,250 for nursing facility care.<sup>1</sup> The IL Program **saves taxpayer dollars** through home and community-based services, and the billions of dollars currently spent to keep people with disabilities in costly Medicaid-certified nursing homes and institutions should wisely be invested in increased funding for the IL Program.

The IL Program provides leadership and common-sense solutions in communities across our country; however, our providers continue to struggle to meet the demands of their communities due to inadequate funding. Without increased funds, the IL community's vision to achieve full integration of people with disabilities in society will be undercut. Taxpayers will continue to pay for more costly Medicaid-certified nursing homes, and bear the economic impact of negative employment outcomes and continued dependence on programs that dis-incentivize independence, work and community involvement.

We appreciate your consideration and attention to the needs of the IL Program and the community it proudly serves.

Sincerely,



COLLEEN HANABUSA  
Member of Congress



JOHN J. FASO  
Member of Congress



ELEANOR HOMLES NORTON  
Member of Congress



SETH MOULTON  
Member of Congress

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<sup>1</sup> Erica L. Reaves and MaryBeth Musumeci, "Medicaid and Long-Term Services and Supports: A Primer," Henry J Kaiser Family Foundation, 15 December 2015, <https://www.kff.org/medicaid/report/medicaid-and-long-term-services-and-supports-a-primer/>. Terence Ng et al., "Medicaid Home and Community-Based Services Programs: 2012 Data Update," Henry J Kaiser Family Foundation, 3 November 2015, <https://www.kff.org/medicaid/report/medicaid-home-and-community-based-services-programs-2012-data-update/>.

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