



March 28, 2025

**Consortium for Constituents with Disabilities' Task Force Co-Chairs
Statement on the Reduction in Force at the Department of Health and Human
Services and Efforts to Dismantle the Administration of Community Living**

The Consortium for Constituents with Disabilities (CCD) is the largest coalition of national organizations working together to advocate for federal public policy that ensures the self-determination, independence, empowerment, integration, and inclusion of children and adults with disabilities in all aspects of society.

The undersigned co-chairs of the Task Forces of the Consortium for Constituents with Disabilities are alarmed by the [announcement of widespread cuts](#) to the Department of Health and Human Services (HHS). We are dismayed that the essential programs in the Administration for Community Living (ACL) will be split across multiple agencies. At the same time, both the Substance Abuse and Mental Health Administration (SAMHSA) and Health Resources and Services Administration (HRSA) will be moved into the “Administration for a Healthy America.” These changes risk eroding years of bipartisan efforts to support the inclusion and well-being of people with disabilities.

ACL was established to coordinate efforts to advance the independence and inclusion of people with disabilities and older adults and improve their access to community living. ACL helps implement Home and Community Based Services (HCBS) and support programs for families and caregivers; it oversees the Developmental Disabilities Councils and Centers for Independent Living, delivering support across the states and in every hometown; it funds innovative research on the needs of people with disabilities; and it protects people with disabilities from abuse and neglect. The responsibilities of ACL are core to CCD’s mission. Nothing in yesterday’s announcement outlined how these and the other critical functions of the Administration for Community Living will be absorbed into other administrations or agencies. In the agency’s absence, we are deeply concerned about what this means for the health, safety, well-being, and independence of people with disabilities and older adults, their families, and their caregivers.

Similarly, we cannot see how folding the Substance Abuse and Mental Health Administration (SAMHSA) into a new administration, in conjunction with the proposed



more than [50% reduction in staff](#), can do anything but undermine supports for people with mental health disabilities and substance use disorders (SUD). Through its guidance and oversight of grants, SAMHSA's work prevents death by suicide and overdoses, supports people with mental health disabilities and substance use disorders to live in the community, and protects individuals with mental health disabilities from abuse and neglect.

HRSA provides healthcare for underserved populations, including those with disabilities. It oversees programs that improve health care providers' expertise, skills, and competency to provide quality care for people with neurodevelopmental disabilities. HRSA also funds Family-to-Family Health Information Centers that help families navigate challenges involving health, education, and social services for children with special health care needs. HRSA also conducts critical research on the best standards of care, including the physical, behavioral, and communication needs of autistic people.

Last, we are deeply troubled that the proposed changes could undermine the Office for Civil Rights (OCR)'s ability to enforce civil rights. OCR plays an important role in ensuring that health care services and programs are available to people with disabilities, free from discrimination.

Dismantling ACL and folding SAMHSA and HRSA into a larger agency puts the needs and health of people with disabilities at unnecessary risk. Community living is both a right and a means to improve health outcomes. We need guarantees that people with disabilities, older adults, their families, their caregivers, and direct care workers will continue to receive the support and services provided by these agencies and that stakeholders are given seats at the table to uphold that promise. We cannot afford to move backward after all the progress that has been made to advance the health, independence, and integration of people with disabilities. For more information, please contact John Poulos (jpoulos@autisticadvocacy.org) or Jennifer Lav (lav@healthlaw.org).

Sincerely,

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