The Arc. Washington State

Many Voices / One Vision

The Community Advocacy Coalition for Developmental Disabilities

2026 Congressional Candidate Survey

Questions for Congressional Candidates — The Arc of Washington

The Community Advocacy Coalition for Developmental Disabilities

The Children's Campaign Fund

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1. Do you have a personal connection or professional experience with someone who has an intellectual/developmental disability? (I/DD) If yes, would you describe its impact on you and your candidacy? If not, what have you learned about people with intellectual or developmental disabilities and how has it impacted your candidacy?

During my career, I worked with multiple individual with a range of disabilities, many of which were intellectual or developmental, and it has been a positive experience. In my candidacy and overall life, I have been made more aware that everyone is facing different challenges, and our job is not to penalize people for facing those challenges but instead ensure that society is inclusive without forcing people to accomodate themselves into the broader infrastructure, but making the infrastructure itself accommodating.

2. What policies and systems are you aware of that impact the lives of people with IDD and their families? If elected, what responsibility would you have to change those policies or systems?

A pinnacle of my campaign is moving towards single-payer universal healthcare. In the status quo, medicaid funding is often not nearly enough for people with IDD and their families to receive adequate healthcare. Additionally, the issues surrounding sub-minimum wage for those with I/DDs are absolutely horrific. We need to push for an economic system that adequately compensates workers with I/DDs.

3. If elected, what are your top three priorities, and how would people with IDD and their families benefit from each priority?

1. Healthcare - As I indicated prior, our current system of healthcare is in horrific shape. We need to progress to a single-payer universal healthcare system that accommodates all without setting in place a massive financial hurdle. Care for people with IDDs can often be overwhelmingly expensive, creating a massive gap in service access for individuals with IDDs and their families based on class. This gap is unacceptable.

2. Education - Currently, the USFG in their funding role is supposed to be funding inclusive education programs, and they are absolutely failing in that role. I want to ensure that the needs of the IDD community in the education sphere are intact and granted actual adequate resources to maximize their educational opportunities for future growth.

3. Infrastructure - The Americans with Disabilities act continues to require updating to ensure we are constantly maximizing access for those with IDDs. However, the ADA is simply a baseline. We should focus on making ALL of our infrastructure accessible to those with IDDs and other disabilities, and making sure these pieces of infrastructure are updated. Even a broken elevator can have massive ramifications on those with disabilities. We need to keep our facilities in working order and ensure that infrastructural improvements are properly funded.

4. When you have questions about how to best support people with IDD and their families, what or who are your trusted resources?

Traditionally, the person themselves if they are in a capacity to answer, as well as/alternatively any caregivers or educators who are equipped to answer in the most maximal extent, especially those who have as much experience with IDDs as possible.

5. Home and Community Based Services (HCBS) are Medicaid services that are essential for individuals with IDD. They provide support for daily living (such as bathing, dressing, eating, and managing medication), having a job, accessing the community, and giving families a break from providing 24/7 care. Currently HCBS services are optional but nursing home services are an entitlement. The average US cost per year for a nursing home is $111,000, compared to $17,000 to provide in-home supports. Currently, HCBS services are under threat because of the HR1 cuts to Medicaid. Many states have years-long waiting lists for HCBS services. Do you support strengthening Home and Community Based Services (HCBS) and making them an entitlement? Why or why not?

Absolutely. For many individuals and families, HCBS are simply a far more suitable option of care. I think we should remove any barriers to access for individuals seeking HCBS, including making them an entitlement. Whilst HCBS costs may be lower, they are still very cost-prohibitive for many families,

6. People with IDD frequently rely on The Supplemental Security Income (SSI) program as their basic source of income. SSI has not been updated since 1984. Currently, individuals on SSI will lose their benefits if they have assets of more than $2000 (Excluding their home and care) and married couples can only have $3000. This creates a disincentive for individuals with IDD to marry. Do you support raising the asset limit, and eliminating the "marriage penalty" for recipients of SSI? Why or why not?

I absolutely support raising the asset limit and eliminating the marriage penalty, but furthermore we need to strongly reform SSI into a more robust system for members who need that assistance. So many people fall through the cracks as it is due to a mix of funding mis-allocations and strict limits that desperately need updating to modern times and our contemporary economy.

7. Is there any other information you'd like constituents with intellectual or developmental disabilities and their family and friends to know?

I worked a lifetime in the theater industry as a project manager, and much of my job was making our facilities as accessible as possible for those with different needs. I think it's absolutely vital that our broader society be accessible for everyone, not just a select few. I also am always willing to learn more about our community with IDDs, and I invite anyone to reach out at info@brenthennrich.com if they would like to discuss issues with me personally.