Disability Action

HFA Disability Policy Working Group

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Framing Premise

The key themes in the disability community focus upon inclusion, equal opportunity, and personal dignity. These humanitarian themes are reflected in the progress made over the last seven years, and help to shape the vision for the next ADA generation. This means rigorous enforcement and protection of this comprehensive civil rights law for people with disabilities.

The focus for the next generation is ensuring that every American, as is their constitutional right, has the opportunity to engage and demonstrate their capability. At over 59 million strong (including 2 million who are institutionalized or who cannot register on census information independently), Americans with disabilities have enormous power and potential to contribute to the growth and richness of American society. In this manner, as with all Americans, it is capability, not disability that will define our meaningful contributions to our nation, and maximizing our power and potential will benefit everyone.

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Civil Rights

Improving police interactions with persons with disabilities

The Problem

People with disabilities face a disproportionate risk of being victims of police violence. This is true for all categories of disabled persons, including people with mobility disabilities, mental health disabilities, sensory disabilities, and intellectual and developmental disabilities. Often police officers are well-intentioned but their lack of preparation and training turns a manageable interaction into a tragedy.

How to Address It

1. The Department of Justice should work with state and local law enforcement to ensure that police officers can recognize certain disabilities, evaluate the needs and limitations of individuals, and adopt strategies to manage interactions calmly and peacefully. Training programs should emphasize:

- Opportunities for officers to hear directly from people with disabilities
- The need to maintain disabled persons' access to equipment or devices that are essential to the health or ability to communicate
- The importance of communicating effectively, e.g., ensuring written materials are available in multiple formats, involving communication specialists if necessary, and recognizing companions' efforts and assistance
- The requirements of federal and state law regarding the rights of disabled persons, e.g., the right to request a reasonable accommodation.

2. The federal government should ban solitary confinement of vulnerable populations, including children and individuals with disabilities, and work with state and local authorities to eliminate it use.

3. The federal government should work with states to document police/community interactions, e.g., through greater use of video recordings, and to improve data collection on interactions in different settings and with different populations.

Increasing options for Institutionalized persons

The Problem

The number of persons housed in institutions in the United States, including prisons, mental hospitals and nursing homes, is at an all-time high in the United States, including prisons, mental hospitals, and nursing homes. Estimates from the American Community Survey suggest that over half of people living in institutional group settings, more than one million people, have a disability.

How to Address It

1. In its 1999 Olmstead decision, the Supreme Court held that unnecessary institutionalization by a state violates the ADA. The Department of Justice has brought a number of cases enforcing the principles of the decision. In a speech in Iowa, Secretary Clinton called for "vigorous enforcement of the Olmstead decision." While modern disability policy is premised on the idea that people with disabilities should be full participants in their communities, live in their own houses, and participate in the workforce, mental health legislation can sometimes unintentionally support institutionalization of people labeled with psychiatric disabilities. When enforcing Olmstead, all disability groups need to be included.

2. We must create alternatives to prisons and mental hospitals. Responsible federal agencies, such as HHS and HUD, should expand alternatives to institutionalization. HUD and other federal agencies need to encourage states to take advantage of incentives built in to the Affordable Care Act to provide Supportive Housing for people with disabilities. Under the ACA, states can expand eligibility for Medicaid, thereby securing federal reimbursement for the range of services they need.

3. We should expand Medical reimbursement for Home and Community Based Services (HCBS) and encourage states to develop creative ways to steer people out of nursing homes and mental hospitals to home and community-based care.

Note: The State of Virginia entered in to a settlement in 2012 that requires the state to offer more opportunities for people with disabilities to live and work in community environments rather than institutions. An event with Governor McAuliffe would provide the opportunity to show how some of the provision of this settlement can be a model for the country.

Access to transportation

People with disabilities are often precluded from accessing all transportation options available in their communities due to a variety of barriers. These barriers range from physical inaccessibility for people with mobility impairments to financial inaccessibility due to low levels of workforce participation in the disability community. Transportation equity for people with disabilities means access to all modes and methods of travel, and access to the transportation industry workforce. Without full access, people with disabilities will be unable to access employment, healthcare, and other basic needs.

Civil rights laws, including the Americans with Disabilities Act (ADA), have opened the doors to transportation options by providing equal opportunity for people with disabilities. However, cuts to public transportation services, including ill-maintained elevators and bus lifts; damaged or non-existent curb cuts; inadequate transportation options; and minimal representation in the transportation industry all impact accessibility, and continue to be areas of concern for people with disabilities. These barriers are often exacerbated for people with disabilities who are people of color, low-income, and/or live in rural areas or on tribal lands. To remove these barriers, our nation must increase funding for public transportation; include people with disabilities in transportation planning and workforce development; adopt performance measures that prioritize Title VI and ADA compliance and ensure equity; and promote connectivity measures that lift up the need for transportation to and from affordable, accessible housing and the community.

While we seek to address inequality in traditional transportation options, technology is vastly changing the way Americans travel. People with all types of disabilities will be unprepared to participate in the economy of tomorrow if they are excluded from the transportation options of today. Our nation must ensure that each mode is accessible to any willing customer, with or without a disability, regardless of the type of disability. We must implement policies and regulations that recognize the rights of people with disabilities in accessing mobility on demand options, which includes ensuring that on demand technology and services are accessible to all people with disabilities. Otherwise, we will create separate and unequal transportation opportunities based solely on disability.

Access to transportation for all also includes access to the skies. The Air Carrier Access Act (ACAA) prohibits disability-based discrimination in air travel. Thirty years have passed since the ACAA was signed into law; however, passengers with disabilities continue to face numerous barriers. Our nation must modify the ACAA to provide increased statutory protections, improved enforcement options, and strengthened training and stakeholder input.

Improving accessibility for persons with disabilities around the world

The Problem

The American disability rights laws provide a model for how other countries can promote equal opportunity. However, most countries are still woefully deficient in ensuring accessibility. This discrimination imposes substantial burdens on Americans living and working abroad, disabled children of military families, and permanent residents of these countries.

How to Address It

While at the State Department, Secretary Clinton recommended that the United States ratify the Convention on the Rights of Persons with Disabilities. It was brought to the Senate floor in

2012 but fell short of the 2/3 needed for ratification. Ted Cruz was a leading opponent. The treaty should be resubmitted and strongly supported by the Administration.

In addition, a Clinton Administration can:

1. Make sure U.S. foreign assistance, grants and contracts include requirements that countries benefiting from this assistance take steps to comply with recognized accessibility standards.

2. Ensure that all U.S. Government departments with overseas programs adhere to the standards of accessibility found in U.S. law, and adopt broad disability inclusion policies for both U.S. citizens and citizens of host countries served by U.S. programs.

3. Create an Ambassador-level position at the State Department with appropriate level of staff and resources to coordinate the work of the Department in promoting the rights of persons with disabilities around the world.

This international rights agenda will extend the work Secretary Clinton did to advance women's rights around the word to guaranteeing rights for persons with disabilities.

Education

Rethinking student assistive services for colleges and universities

Implementation of the IDEA, application of Section 504, and a large contingent of returning wounded warriors have greatly increased the number of students disabilities qualified to receive an equal education opportunity in America's colleges and universities. If provided with an equal educational post-secondary opportunity these students will enrich the classroom experiences of all students and ultimately achieve diversity in the professions.

In most instances this opportunity to access post-secondary educational programs has been provided through the implementation of accommodations, "academic adjustments and auxiliary aides." As more and more students with disabilities seek accommodations in post-secondary education, less bureaucratic and stigmatizing, more efficient and inclusive, approaches will be needed, one that will benefit all students: universal design in instruction. The current access model being used by most post-secondary institutions was developed in 1977, when the regulations for Section 504 were first issued. This outdated model was based on a burdensome eligibility model borrowed from the social security world in which students are not "disabled" or entitled to accommodation absent considerable evaluation and documentation. It was also assumed that whatever modifications where made to provide access to instruction, were of little or no value to other students. At the time, about 1.5% of post-secondary students reported a disability. Today, national data from NCES reports it's 11.1% and steps taken to accommodate students with disability have proven to be of value to a diverse range of students.

Moreover, America's colleges and universities are in the midst of an electronic information technology-based revolution; changing how students can apply for admission, enroll in courses, as well as how teachers communicate with students, conduct class, assign and deliver materials. New computer/ digitally-based approaches to teaching such as on line classes, MOOCs, digital books and readers, provide both great opportunity and great challenges for students with disabilities; particularly those with sensory impairments, such as blind students who may be faced with on-line materials that are not accessible to them through standard adaptive technology. Both the US Justice Deparment and US Department of Education Office for Civil Rights have clearly warned that the provision of instruction through inaccessible electronic media violates both Section 504 and the ADA. Nonetheless, currently few institutions are building accessibility into the acquisition of hardware, software, or instructional planning; preferring to address these issues on inefficient and ineffective *ad hoc* - "work-around"- solutions in response to complaints by students. What's needed today is a new model -- one that treats accessibility as a foundational requirement for the benefit of a broad range of students including student with disabilities. This shifts the focus from "fixing the student" to "fixing the program". We need universal instructional strategies to adapt to new insights and realities.

Examples might be: making accessibility a requirement in the acquisition and dispersal of electronic information technology, classrooms and furniture that can accommodate mobility devices like wheelchairs and scooters as well as persons who are hard of hearing; the provision of instructional information to all students through multiple modalities such as in class instruction reinforced with on-line discussions; recording all classes for all students, notetaking for all students, tests that measure knowledge and aptitude rather than disability such as tests that are not speed intensive, and more. Now, I recognize that some individual fixes will still be needed; but, with universal program adjustments in place, the rights of our students with disabilities will be better upheld. Plus, many nontraditional students will be helped. For example, students who find the old fashion tablet chairs difficult to sit in; or, use English as a second language will benefit.

And, with more students with disabilities successfully graduating, we need to create instruction which teaches them about their employment potential; and, how to be competitive in the world of work. In this way, they can better take advantage of their education and turn it into workplace success and economic security.

Articulation

When I'm President, I will direct the U.S. Department of Education and others, to work with post-secondary institutions on initiatives to both develop universal program design practices, as well as implement a program of instruction for our graduates with disabilities, designed to better prepare them for jobs and careers.

Improving primary and secondary education - all mean all

We must improve our schools so they can educate all children. We can no longer afford to support separate school programs where children with disabilities systematically lose all hope of learning and becoming citizens.

In order to prepare children with disabilities to become fully integrated and engaged citizens in the 21st century, special education must be realized as a service, not a place. To do so, the Clinton Administration will aggressively enforce Olmstead, a ruling that requires states to eliminate unnecessary segregation of persons with disabilities and to ensure that persons with disabilities receive services in the most integrated setting appropriate to their needs, within their communities, whether those students attend public schools or charter schools. We will also use the Americans with Disabilities Act Amendments Act of 2008 and Section 504 of the Rehabilitation Act to further protect students with learning disabilities who do not qualify for an IEP, but may receive additional services, supports, and accommodations under a 504 plan. As a nation, we must fund, repair, and modernize schools to ensure that all students, including students with disabilities, have the services and supports they need to access a world-class education.

We must modernize our schools through investments in technology and translate research into practice, so they can better serve students with a wide range of abilities and disabilities.

School leaders, general education teachers, special education teachers, students, and families all need better technology and access to evidence-based practices. We must invest in better management technologies, communications technologies, assistive technologies, and accessible mainstream technologies to promote a greater degree of inclusion, integration, and independence for students with disabilities within their communities. In addition to calling for the passage of the Keeping All Students Safe Act, which would create federal standards to ensure that every student in every school is protected from being unnecessarily restrained or secluded, the Clinton Administration will increase funding to Office of Special Education Programs Technical Assistance Center on Positive Behavioral Interventions and Supports (PBIS) to encourage collaborative problem-solving, so that meaningful inclusion becomes reality in every community.

We must build a research base that serves students and teachers, not just researchers.

In addition to promoting regional innovation, Clinton Administration will rebalance special education research funding so that all levels of the hierarchy of evidence are supported, and every IEP team, which includes students with disabilities, families, and teachers, have ideas they need to support good decisions and good teaching, even if replicated randomized control trial evidence is not available.

We must ensure equal access to educational opportunities for English language learners with disabilities.

Public school systems must provide the services and supports that ELL students with disabilities need to gain English proficiency. Recognizing the crucial role of families in the IEP process, the Clinton Administration will insist that public school systems provide families with free qualified language assistance.

We must ensure that students with disabilities, their families, and educators have the resources, support, and training they need to educate students with disabilities within their communities.

For too long, we have expected parents and teachers to be enemies, fighting over the IEP contract. It is time to recognize we are all on the same side: meaningful inclusion benefits students with disabilities as well as our communities. Lastly, the Clinton Administration will invest in tools and training empower and organize students with disabilities, families, and educators to bring about systemic changes and advocate for the resources they need in order to bring the IEP to life.

All means all.

We must continue the work of the Obama administration to end the school-to-prison pipeline, to be our brother's keeper, to ensure that our schools are safe, healthy, and free of violence against children, including children with disabilities, poor children, children of color, LGBT

children, and highly mobile children such as military-connected children, unaccompanied immigrant children, refugee and migrant children, children in the foster care system, and children who are homeless.

Prompt and equitable sexual harassment investigations for complainants and respondents

Executive Summary

Secretary Clinton should support the OCR Dear Colleague Letter of 2011 concerning sexual violence on campus, including the, sometimes challenged, "preponderance of the evidence" standard. She should go farther and recognize that recent court decisions have revealed that more training on the guidance issued by OCR is needed to ensure that investigations into alleged harassment are fair to all parties. This can be done by championing a proactive national training for recipient institution personnel on how to successfully conduct prompt, equitable, and impartial sexual harassment investigations for complainants and respondents.

Background

On April 4th, 2011, the US Department of Education's Office for Civil Rights (OCR) issued a "Dear Colleague Letter," (DCL) concerning the responsibility of public elementary and secondary schools and nearly every college and university in America, under Title IX of the Education Amendments of 1972, to address sexual harassment on campus. Announced jointly by Vice President Joe Biden and then Secretary of Education Arne Duncan, the DCL signaled the Obama administration's strong commitment to preventing and rectifying discrimination based on sex, including sexual assault and violence. The DCL highlighted needed improvements with regard to the promptness of administrative responses and resolutions of complaints, as well as enhanced equity in policies, investigations and procedures.

A good number of organizations associated with women's rights applauded the new guidance; most covered institutions accepted it. Nonetheless, particularly at the post-secondary level, it was criticized by some faculty and administrators as failing to accord sufficient due process to alleged perpetrators. Initially, a number of colleges refused to adopt some elements of the guidance, particular in the Ivy League.[1] Following OCR compliance initiatives, even the Ivy League schools revised their policies to comply with the DCL.

[1] For example, in late 2014, 28 Harvard Law School Professors signed a letter calling for the University to withdraw its sexual harassment policy (intended to align with the DCL) as it "lack(s) … the most basic elements of fairness and due process, [and is] overwhelmingly stacked against the accused ….."

Recently, the DCL has been called back into question as a number of individuals found responsible for sexual harassment by colleges and universities have successfully challenged these determinations in court. Most notable are challenges to determinations at Brandeis and UC San Diego (attached). These challenges have reignited a debate that centers on the fact that the DCL contains a provision requiring schools to apply a "preponderance of the evidence" rather than a "clear and convincing" evidence standard. In other words, under the DCL, the alleged perpetrator would be found responsible if it is more likely than not that he or she committed the act of sexual harassment or violence.

Policy Recommendation

Secretary Clinton should support the DCL and the preponderance standard for administrative disciplinary proceedings under Title IX:
It is the standard of proof applied in civil litigation when issues of sexual harassment and assault are redressed; and, schools should be authorized to protect their students under the same standard.
It is the standard of proof OCR applies in its investigations into recipient institutions compliance with federal anti-discrimination laws.

Judicial and faculty critiques of the DCL rarely object in theory or in isolation to the preponderance standard. Rather they object to it within the context of a host of other infirmities including inadequate investigations, conflicting roles for investigators, confusing appellate procedures, poor notice and highly limited cross-examination rights for the accused, etc. The rights of the accused do matter and a number of recent decisions suggest that on some campuses, these critical concerns may be well-taken.

The DCL addresses the need for prompt, equitable, and impartial investigations for both parties as well as the need for institutions to properly train personnel who conduct these investigations.[2] To ensure that mandate is met, the administration should proactively provide the necessary training through federal agency technical assistance projects and appropriate federal grantees. This may require the establishment of a technical assistance center to train campus-based and independent Title IX investigators and judicial officers. The skills imparted, of course, would also be of great value in addressing other forms of discrimination including race, national origin and disability claims.

Articulation

As your President, I will ensure that important federal guidance is provided with the necessary training and support. Allegations of sexual harassment and violence must be resolved in a timely manner by investigators with the proper training and experience. We have made great strides, under Title IX and the Clery Act, to improve the response to allegations of sexual

[2] See DCL at page 11

harassment and sexual violence. Together, we will continue to make improvements, and ensure that a just process results in a just outcome for all students.

Employment

Eliminate sub minimum wages

Phase out the 1937 Section 14c provision of the Fair Labor Standards Act, which authorizes employers to pay sub-minimum wages, while creating opportunities for all people to work in competitive integrated employment.

- Partner with private industry and state and local governments to ensure people with disabilities have access to employment opportunities.
- Build an infrastructure for relevant training, mentoring and internships to support employment and future growth opportunities.
- Include a safety net to ensure individual's needs are met so people with disabilities can secure meaningful employment opportunities.
- Empower individuals with disabilities to attain a higher level of work in a job that not only challenges and interests them but also pays them at least the minimum wage, promoting financial independence.

Public-private sector federal contracting policy

In addition to focusing on private and public sector employment policies and those that support paying people with disabilities a fair wage, Secretary Clinton should also consider creating a policy on increasing economic capacity for business owners with disabilities.

Public-private sector federal contracting policy

- Expand access to government contracting and subcontracting opportunities for disability-owned business enterprises, similar to the access afforded to other supplier diversity groups, such as minority, women, and service-disabled veteran.
- Extend preference in federal contracting "set aside" programs to disability-owned business enterprises
- Include disability-owned business enterprises as a group in the small business subcontracting program requirements

- Provide assistance for individuals with disabilities interested in becoming an entrepreneur
- Include disability-owned business enterprises within the AbilityOne program
- Encourage and reward states that include disability-owned business enterprises as part of the state's supplier diversity program
- Disability-owned business enterprises should be certified by an organization with expertise in this area, such as the USBLN (an organization with credibility within the private sector)

Public and private sector employment initiative

Issue a disability employment-focused executive order, to expand the previous Obama and Clinton executive orders, to create specific hiring and advancement goals for individuals with disabilities, including those with significant disabilities. This executive order will also create a presidential task force to provide perspective and monitor hiring and advancement of individuals with disabilities in federal service and with federal contractors.

Affirm and fully implement Section 501 of the Rehabilitation Act, requiring federal agencies to strengthen their affirmative action efforts for people with disabilities.

Strengthen enforcement of Section 503 Regulations to ensure Federal contractors are taking affirmative action to increase representation of employees with disabilities in the workplace. Encourage and reward states that increase hiring of individuals with disabilities by requiring all state contractors over $10,000 to hire individuals with disabilities, much like the Section 503 of the Rehabilitation Act regulations.

Healthcare

Medicaid managed care

Oversight of Transition to Medicaid Managed Care: Utilizing both existing Medicaid-only authorities and the new dual eligible authorities created by the Affordable Care Act, states are increasingly contracting out the operation of their Medicaid programs to both private and non-profit insurers. These managed care arrangements offer opportunities to better manage costs and improve quality, but also come with significant risks requiring federal oversight and regulation. Greater scrutiny of theses risks is necessary to ensure that the transition to managed care does not adversely impact Medicaid and Medicare beneficiaries.

To ensure managed care arrangements do not adversely impact Medicaid and Medicare beneficiaries, Secretary Clinton will:

- Require a Medical Loss Ratio for Medicaid Managed Care Health Plans of not less than 85%, with expenditures spent on social determinants of health, housing support and community inclusion activities counting towards the MLR;
- Instruct CMS to develop and require the utilization of non-clinical quality measures within each approved Managed Long Term Services and Supports framework, including measures specifically referencing self-directed services and integration in the community;
- Require states entering into Managed Long Term Services and Supports frameworks to provide publicly available data disaggregated by region, population and health plan on quality measures, both clinical and non-clinical;
- Require states to submit with their application to shift into Managed Long Term Services and Supports a Re-balancing and Community Incentive plan indicating how they will promote community integration and the expansion of Home and Community Based Services through the design of their Managed Long Term Services and Supports framework;
- Prohibit the carving out of institutional services from a Managed Long Term Services and Supports framework where the corresponding home and community-based service for that population is in managed care.

Reproductive rights and sexual health for people with disabilities

Today, many people with disabilities experience significant barriers to obtaining quality and accessible information, medical care, and services necessary for ensuring their reproductive needs and sexual health. Although disability rights laws mandate that health care providers offer physical and programmatic accessibility, very few are fully accessible. Inaccessible and

inappropriate reproductive health services and information lead to deleterious outcomes for these individuals.

Research indicates that women and afab (assigned female at birth) trans people with disabilities are less likely to receive pelvic examinations, including a Pap test, although these tests are considered routine care for afab adults. This puts these individuals at a much higher risk of delayed diagnoses of ovarian, cervical, and uterine cancer resulting in poorer outcomes. Moreover, women/afab trans individuals with disabilities are less likely to receive cancer screenings for mammograms, and are more likely to die from breast cancer. Similarly, men and amab (assigned male at birth) trans or gender non-conforming individuals lack resources for access to testicular exams, prostate exams, and various other necessary examinations, making them even more likely to be diagnosed with these forms of cancer. Trans and gender non-conforming individuals may also face further stigmatization when seeking hysterectomies, and may be encouraged to be sterilized without thought toward future family planning, which is given to their non-disabled afab trans peers.

People with disabilities, on the whole, are at an increased risk of exposure to HIV/AIDS and other sexually transmitted diseases, because of limited access to education, information, and prevention services. Moreover, for people with intellectual disabilities, not receiving sex education and information results in increased rates of sexually transmitted diseases and victimization of sexual abuse, along with a limited ability to report those abuses due to lack of knowledge.

Recommendations:

- The Department of Justice, in collaboration with the Department of Health and Human Services, must increase its monitoring and enforcement of the ADA and Section 504 of the Rehabilitation Act for reproductive health care facilities and programs.
- The Affordable Care Act must be strengthened to ensure that women with disabilities receive quality and accessible comprehensive reproductive health care services and information.
- Women with disabilities, including disabled veterans, must have access to comprehensive reproductive health care, including assisted reproductive technologies.

Realizing the full force of the ACA and MHPAEA

Secretary Clinton is committed to building on the successes of the Affordable Care Act (ACA) to achieve universal health coverage in the United States. As a result of the ACA, many individuals with pre-existing conditions have access to health insurance for the first time. This has been especially significant for people with disabilities, including those with chronic medical and mental health conditions. The ACA is intended to increase access to medically necessary mental

and behavioral health treatment through its requirement that health plans provide Essential Health Benefits (EHBs), its option for states to expand Medicaid to new populations, and its expansion of the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) to include ACA Plans. Unfortunately, the full force of these changes has yet to be realized. State definitions of EHBs have left room for erroneous interpretations by health plans, 19 states have declined to expand Medicaid, and inconsistent enforcement at the state level has allowed violations of MHPAEA to proliferate in health plan guidelines and benefit authorizations. Secretary Clinton will take the following steps to increase access to, and decrease erroneous denials of, medically necessary mental and behavioral health treatment and ensure that the ACA's full intent is realized:

Defining Essential Health Benefits: Despite clear mandates in the ACA, there is not a standard definition of the mental and behavioral health services that must be provided in ACA plans. Instead, states, health plans, and issuers define these benefits themselves, resulting in inconsistent access to critically important services. This creates inconsistent implementation of the ACA and disproportionately affects people with disabilities, who rely on robust definitions of EHBs to treat chronic conditions.

To ensure people can access essential health benefits, the Clinton Administration will:

- Work with the Secretary of Health and Human Services to determine whether EHB definitions for mental and behavioral health and rehabilitative and habilitative should be standardized as originally intended to ensure consistent access to all of the services the ACA was intended to provide;
- Include a broad array of benefits within the federal EHB definition of behavioral health, including both behavioral and developmental methodologies;
- Ensure that HHS has the resources to audit ACA plans to determine whether EHBs are offered and provided as intended;

Expanding Medicaid to the Final 19 States: The ACA's Medicaid expansion provides the promise of health care coverage to millions of Americans struggling to get needed health care. People with mental health conditions are particularly impacted by Medicaid expansion, in part because the expansion removes barriers they have faced in entering states' traditional Medicaid programs. Yet, 19 states have refused to expand Medicaid, thus denying medically necessary behavioral health treatment and other services to these individuals.

To increase access to health care for our nation's most vulnerable citizens, the Clinton Administration will:

- Incentivize the remaining 19 states to participate in Medicaid expansion by continuing to support President Obama's proposal to allow any state that signs up for Medicaid expansion to receive a 100 percent federal match for the first three years;

- Ensure that states participating in the Medicaid expansion provide the mental and behavioral healthcare services that help individuals live stably in their communities and avoid crises, hospitalization, and criminal justice involvement, such as mobile crisis services, Assertive Community Treatment teams, and other crucial evidence-based mental health services;

Mental Health Parity: Too often, implementation of ACA and MHPAEA is left to health plans and state oversight. As a result, health plans have implemented policies that systemically limit access to medically necessary benefits that Congress intended ACA plans to cover. When medically necessary treatment is wrongly denied, the insured must engage in a lengthy and confusing appeals process. This process culminates in an external review and final decision to authorize or deny medically necessary treatment, often rendered by someone with insufficient expertise. Individuals should not have to go through this difficult process to overcome systemic denials of medically necessary services.

To realize mental health parity, Secretary Clinton will:

- Require external review procedures in state-regulated and self-funded plans to align with federal standards, which adopt the NAIC Uniform Health Carrier External Review Act[3]; Strengthen enforcement of MHPAEA by clarifying state and federal enforcement jurisdictions when health plans violate MHPAEA and increasing understanding of MHPAEA across relevant agencies[4];
- Require group health plans and health insurance issuers to disclose to HHS and publically any NQTL and QTL criteria, how those criteria are applied, the results of that

[3]Uniform Health Carrier External Review Act, Section 10 (D) (4) (a) In selecting clinical reviewers pursuant to paragraph (3)(a), the assigned independent review organization shall select physicians or other health care professionals who meet the minimum qualifications described in section 13 of this Act and, through clinical experience in the past three (3) years, are experts in the treatment of the covered person's condition and knowledgeable about the recommended or requested health care service or treatment.

[4] http://www.gpo.gov/fdsys/pkg/FR-2013-11-13/pdf/2013-27086.pdf: Final ACA implementing regulations clarifying that quantitative treatment limits (QTL) and non-quantitative treatment limits (NQTL) violate MHPAEA. Many health plan guidelines illegally impose QTL and NQTL by imposing hour and/or visit limits or medically necessary criteria that serve as barriers to treatment, such as parent participation requirements that put medically necessary treatment out of reach for working families; burdensome multi-disciplinary diagnostic requirements involving professionals that are in short supply; and limits on the location where medically necessary treatment is delivered, among others.

analysis for each service, and a specific analysis conducted by the plans and issuers to determine if NQTLs and QTLs are applied at parity between medical and behavioral health services; and

- Create a Consumer Parity Unit that will facilitate the centralized collection of, monitoring of, and response to consumer complaints or inquiries regarding parity violations[5].

Improving access to care for people with disabilities – network adequacy

Although the Affordable Care Act (ACA) has made great advances to reform health insurance and increase access to health care, people with disabilities continue to be deprived of health equity. Often, people with disabilities wait longer, travel greater distances, and pay more for health care than people without disabilities while not enjoying the full benefits available to their non-disabled peers. Secretary Clinton recognizes that work remains to be done to ensure that people with disabilities can truly access the full range of health care services. Current network adequacy regulations do not address physical and programmatic accessibility needs, and existing time and distance standards do not take into account lengthy public transit commutes that are often the only viable form of transportation for people with disabilities. To maximize their health and well-being, persons with disabilities require access to the same range of in-network health care providers and medical diagnostic equipment (MDE) as individuals without disabilities. Secretary Clinton will strengthen and build upon the reforms of the ACA to make health care accessible to people with disabilities. Under the Clinton Administration:

1. People with disabilities will not be penalized with increased out-of-network payments if they are forced to seek out-of-network care because their insurer's network lacks accessible primary or specialty providers.
2. The release of the Access Board's Medical Diagnostic Equipment (MDE) standards required under the ACA and incorporation and enforcement by Department of Justice (DOJ) and U.S. Department of Health & Human Services Office of Civil Rights (HHS OCR) will be expedited.
3. To ensure that health care facilities are accessible to people with disabilities, the Department of Justice, in collaboration with the Department of Health and Human Services, will be provided with the resources (with measurable goals and timelines) to increase monitoring and enforcement of the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act and Section 1557 of the ACA for all health care facilities and programs.

[5] Possibly reference H.R. 4276 and S.2647

4. Per *jointcommission.org* "CMS and 46 state agencies substantially rely on the Joint Commission's accreditation of hospitals in lieu of conducting their own inspections." Accrediting bodies - including CARF, The Joint Commission, and other accrediting bodies - must include the above-cited regulations in their metrics, standards and surveys, in order for institutions to earn accreditation, and to build the staff capacity to support this work. Once accrediting processes incorporate ADA compliance, HHS will require plans participating in Medicare, Medicaid, and Affordable Health Care Marketplaces to be accredited for ADA compliance.
5. The Joint Commission includes healthcare equity as a topic, however it pertains strictly to health disparities due to race. This needs to be expanded to include health disparities for persons with disabilities.
6. Healthcare provider accessibility improvements made by health insurance companies will be exempted from administrative costs in medical loss ratio calculations and providers will be supported in promoting accessibility and developing cultural competency in serving people with disabilities through programs funded by the Centers for Medicaid and Medicare Innovations (CMMI) and/or incentives built into Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).
7. Provider directories will be required to include defined specifics on accessibility provisions in their networks that address the needs of people with disabilities.
8. The Medicare Five-Star Quality Rating System will integrate into their topics, categories, and metrics defined specifics on accessibility provisions in their networks that address the needs of people with disabilities. Hospitals that are not in compliance with the ADA and Section 504 of the Rehabilitation Act will not be eligible to earn the Joint Commission's Gold Seal of Approval.
9. Transparency in the health care marketplace will be enhanced by requiring health plan websites to integrate disability-related network adequacy elements that allow consumers to compare key relevant network features among plans.
10. Network adequacy standards must anticipate access and accommodations for people with disabilities and will be updated to incorporate minimum national standards, including a floor for wait times, and additional elements that impact people with disabilities, including travel time using public transportation and physical, programmatic, and MDE accessibility needs.
11. Studies on health care disparities that include people with disabilities will be a top research funding priority.
12. Federally Qualified Health Care Centers (FQHCs) will be required to ensure accessibility and cultural competency for people with disabilities.

13. HHS's focus on value-based payments reform, which shifts volume to value and rewards responsiveness, improved outcomes, and quality models, will be directed to integrate disability-related network adequacy elements into goals and measureable outcomes.

Long-term services and supports

Long-term services and supports (LTSS) is the "unfinished business" of the Affordable Care Act (ACA).

The Need for Policy Solutions in LTSS:

Finding comprehensive and affordable LTSS that promote health and independence is a crisis facing every American family. Accessible LTSS is the unfinished business of our centuries-long effort to provide health care for all Americans. Most people in the United States will provide care, need care, or both. The Medicaid program – which funds most long-term care in the U.S. – requires older Americans and younger people with disabilities to be in poverty to qualify for services, including LTSS. Strict income and asset limits hinder employment opportunities and economic advancement of people with disabilities, and derail the financial planning of middle class older adults. Meanwhile, uncompensated caregiving removes talent from the workforce and strains working families. Caregivers are often unpaid or underpaid; most of these caregivers are women, and most caregivers working for low or no wages are women of color. A comprehensive LTSS policy solution will support middle class families, improve the wages and employment of caregivers, and free many people with disabilities to return to the workforce. Proposing such a solution speaks to the concerns of voters with disabilities, older adults, and the women (especially women of color) to whom providing and coordinating care most often falls.

Support the Disability Integration Act:

More than twenty-five years after enactment of the Americans with Disabilities Act (ADA), people with disabilities and seniors continue to be institutionalized in nursing facilities and other institutions because they cannot get needed community-based long term services and supports. It is time that we address this issue and pass legislation guaranteeing the right of people with disabilities of all ages to live in the community and lead an independent life. As President, I would sign the Disability Integration Act (S.2427) into law so that all Americans with disabilities have the fundamental right to liberty, freedom and community integration.

The legislation requires states and LTSS insurance providers to complete a self-evaluation to evaluate current services, policies, and practices that do not or may not meet the requirements of the Act and to make the necessary changes in services, policies, and practices required to comply with the law. Additionally, public entities are required to develop a transition plan using an extensive public participation process. Public entities that fail to comply with the law

may face legal action for the Attorney General or may be sued directly. People who have been discriminated against may receive damages under the law.

Commitment to Enforcing Existing Disability Laws:

As President, I will also be committed to enforce existing disability laws and court decisions assuring community access and support for Americans with disabilities. In my administration, the Department of Justice and other federal government agencies will be charged with using all appropriate legal means, including both incentives and penalties, to fulfill this Nation's legal and moral obligations to make our communities places where all citizens, including those with disabilities of all ages, can live, learn, work and play together. We will work with States to fulfill their responsibilities as primary agents of inclusion through their administrative responsibilities for the primary programs of support for individuals with disabilities, even as it works for broader reforms of Medicaid such as those included in the Disability Integration Act.

Medicaid Buy-In Program:

The Medicaid Buy-In Program is intended to allow working persons with disabilities to access LTSS needed to live and work due to an increase in earnings. We should expand incentives for states to allow people with disabilities to buy into Medicaid programs and access LTSS. Today, a few states do not even offer a Medicaid Buy-In Program, and those that do have varying income eligibility requirements ranging from 250 percent of FPL to 450 percent of FPL, and often determine assets and income differently. No matter what state you live in, there should be an option to buy into Medicaid so that people with disabilities have the option to continue working and live in their community.

Participants in the Medicaid Buy-In program who leave employment should not have to spend down the assets they have earned in order to retain eligibility for LTSS through HCBS. Additionally, it should be mandatory for all states to have a Medicaid Buy-In program that meets minimum eligibility standards of an income test of no less than 400% of the Federal Poverty Level and an asset test of no less than $20,000, indexed for inflation.

Eliminate the Institutional Bias:

Today, while states are required to cover institutional LTSS, home and community-based services (HCBS) remain optional. Although the ACA made important strides in enhancing HCBS, more work remains. In the Olmstead decision, the Supreme Court found that requiring individuals with disabilities to live in institutions as a condition of receipt of services under Medicaid violated the ADA. However, the inherent bias in the law toward institutions still limits access to HCBS. States limit access to HCBS through caps, waiting lists, and limits on services. All states should make HCBS available to any person eligible for LTSS in that state. We should be building on the success of the Community First Choice Option by incentivizing all states to make HCBS available to anyone that reaches that level of need.

Improve LTSS Financing:

Most Americans have no protection against the high costs of LTSS when they or their loved ones need them. Medicare does not cover LTSS. Private long-term care insurance is unaffordable for middle-class families and excludes many individuals with pre-existing health conditions and disabilities. Medicaid is the primary funder of LTSS, which requires individuals to impoverish themselves in order to get the supports they need. As a country we need to pursue public/private solutions to make front-end long-term care insurance coverage more affordable and accessible to middle-class working Americans. We also need to begin the important process of creating a catastrophic LTSS benefit that would give individuals and families protection from the extraordinary costs of LTSS over time.

Durable medical equipment

Today, our nation leads the world in innovation. Our technology sector has built possibilities for connection and mobility that we wouldn't have dreamed even ten years ago.

Unfortunately, outdated policies continue to leave people with disabilities behind. Health care technology is ready to advance mobility and independence for people with disabilities, but the major federal insurers that most people with disabilities rely on won't pay for it. What's worse, Medicare has made a spate of decisions that threaten to push access to new technology back decades. While we should be finding new ways to ensure that all people have the ability to work, learn, play, and live life to the fullest, Medicare has attempted to balance its books on the backs of people with serious disabilities. And because of its market power, Medicare's decisions shape access to technology and equipment for people across the nation, including those with private insurance.

Under the Clinton administration, Medicare will reverse these decisions and instead invest in the technology and innovation that can ensure people with disabilities live with health and independence. President Clinton will:

- Urge Congress to pass the Ensuring Access to Quality Complex Rehabilitation Technology Act of 2015 (HR 1516 and S 1013), which
    - creates separate benefit category for complex rehabilitation technology separate from standard durable medical equipment;
    - exempts complex rehabilitation technology from the cost-cutting competitive bidding; and
    - removes restrictions which inappropriately restricts people to equipment they can only use in their homes, when people with disabilities need access to shopping, services, religious worship and their broader communities.

- Adopt comparable measures through regulation to ensure appropriate access to CRT through Medicaid and the Affordable Care Act essential health benefits
- Ensure health plans properly implement the Essential Health Benefits of the Affordable Care Act, including rejecting policies with arbitrary restrictions on prosthetics and rehabilitative and hablitative therapies
- Follow California's lead and incorporate adaptive parenting equipment under DME
- Ensure proper implementation of the Steve Gleason Act, and monitor to be certain that full access to speech generated devices has been fully restored for Medicare beneficiaries with ALS and other speech-limiting disabilities

Nondiscrimination and the ACA

Although the Affordable Care Act (ACA) has made great advances, for too many people with disabilities, the promise of the ACA has not been fulfilled. People with disabilities wait longer, travel farther, and pay more for health care than people without disabilities. Essential health care for people with disabilities is denied or limited through benefit design and lack of physical, equipment, communication, and programmatic access. Barriers to access continue to result in reduced health care, including preventive services, and poorer health outcomes for people with disabilities. Tools and protections in the ACA exist to address these barriers but have not been fully integrated and enforced. Secretary Clinton is committed to insuring access to care for all people by strengthening and enforcing the ACA's prohibitions of discrimination on the basis of disability, including prohibitions on discrimination in benefit design and integrating health care enforcement with long-standing civil rights protections for people with disabilities as set forth in the Americans with Disabilities Act and the Rehabilitation Act.

Enforcement of non-discrimination standards must not only address overt discrimination in access to care, such as requirements for issuance and renewal of coverage, but also disparities in physical and programmatic accessibility and the impact on people with disabilities of general exclusions and limitations on covered services and conditions. Non-discrimination provisions must insure access to care, as persons with disabilities are discriminated against in a number of ways, such as limited drug formularies, narrow networks, increased cost-sharing, lack of access to wellness programs, utilization management programs, and limits or caps on certain services. Regulations and guidance must specify that coverage designs that exclude specified disabling conditions or generally accepted standard of care treatments are discriminatory on their face. In addition, medical management provisions and policy limitations and exclusions that disproportionally affect access to medically necessary care by persons with disabilities must be eliminated.

<u>Under the Clinton Administration:</u>

- Guidance on ACA prohibitions on discrimination will be expanded to include extensive and specific examples of prohibited discriminatory practices impacting people with disabilities.
- Stronger enforcement of ACA prohibitions on discrimination will be encouraged through expanded use of administrative and judicial enforcement actions, support of state enforcement initiatives, improved and expanded compliance audits, disability ombudsman, and provisions for ongoing stakeholder engagement.
- To ensure that health care facilities are accessible to people with disabilities, the Department of Justice, in collaboration with the Department of Health and Human Services, will be provided with the resources (with measurable goals and timelines) to increase monitoring and enforcement of the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act, Section 1557 of the ACA and additional ACA prohibitions on discrimination on the basis of disability, including discrimination in benefit design.
- The Department of Justice and the U.S. Department of Health and Human Services will develop policies and resources supportive of disabled persons and their representatives seeking to vindicate these rights in direct enforcement actions.

Marriage equality and Joint adoption

Many individuals with disabilities are denied the right to marry, as a result of archaic regulations, which also often provide disincentives to work and to adopt children. These disincentives are due to the financial limits placed on their income, if they wish to receive healthcare services and other necessary benefits.

Recommendations to address marriage equality and joint adoption:

<u>Make spousal protections for Medicaid home and community-based services permanent:</u>

Under current federal law, spousal impoverishment protections are mandatory for spouses of institutionalized enrollees, but not for spouses of individuals receiving Medicaid Home and Community-Based Services. This policy creates significant hardship for families, leads to separation, and forces individuals into costly institutions. The Affordable Care Act repaired this discrepancy, but this provision is scheduled to sunset in 2019. The need for equivalent protections exists now.

> *Precedent for such Legislation*- In Obergefell v. Hodges, Justice Kennedy made clear that, "[marriage] fulfils yearnings for security, safe haven, and connection that express our common humanity, civil marriage is an esteemed institution, and the decision whether and whom to marry is among life's momentous acts of self-definition" and "the nature

of marriage is that, through its enduring bond, two persons together can find other freedoms, such as expression, intimacy, and spirituality. This is true for all persons..." As such, individuals with disabilities deserve every opportunity to be married, and should not be denied that right due to limiting income qualifiers for necessary programs.

Legislation should accomplish the following objectives:

- Work with Congress to adjust income limits with SSDI and Medicare, so those with disabilities can both work and get married;
- Stop removing people from SSDI simply for getting married;
- Push to make federal spousal protections permanent for those who need Home and Community Based Services including those receiving them through Medicaid and allow states to offer additional protections like those outlined by the ACA, while ensuring those protections do not expire in 2019;
- Stop penalizing disabled couples living together, as though they are married;
- Ensure couples are not penalized by losing one fourth of their SSI when they marry;
- Work with states to change Medicaid limits, so that individuals with disabilities, especially those with complex medical needs, do not lose essential services. To do that we must:
    - Raise the income and asset limit to allow individuals with disabilities to make more money, which will allow them access to jobs (suggested: $85,000 annually, $30,000 in assets). Income limit restrictions remain a huge barrier to unemployment, as well as marriage for those with disabilities.
    - Stop counting spousal income and assets, when individuals with disabilities are trying to qualify for Medicaid and homecare

Housing

Overview of housing needs

According to *Priced Out in 2014* (Technical Assistance Collaborative, 2015), in 2014, the average annual income of a single individual receiving Supplemental Security Income (SSI) payments was $8,995 and the national average monthly rent for a modest one-bedroom rental unit is $780, equal to 104% of the national average monthly income of a one-person SSI household. It is not surprising then that HUD's latest *Worst Case Needs Report to Congress* found that about one in seven renters (14%) with worst case need — or 1.1 million households — included a non-elderly person with disabilities. This statistic does not include the nearly 2 million people with disabilities living in institutions, are homeless or living with aging parents. The lack of affordable housing has taken an egregious toll on the lives of people with disabilities who continue to be warehoused in nursing homes and other institutional settings. Further, it makes it difficult for states to comply with Olmstead requirements.
The following are critical components of a housing plan to address the affordable, accessible housing needs of extremely low income people with significant disabilities. Policy recommendations are broken out by factors such as integration, affordability and availability.

There is a critical shortage of *affordable* housing for people with disabilities

- Expand the number of vouchers available through the Housing Choice Voucher Program; President Obama's FY17 budget provides an excellent example of the kind of expansion that is needed in this program.

- Provide guidance clarifying that National Housing Trust Funds can be used to develop all permanent supportive housing models including integrated housing for people with disabilities. Provide state agencies with guidance for development of these programs ensuring that rents are affordable to people at or below 30% of AMI.

Increasing availability of *integrated,* affordable housing for people with disabilities

- Ensure all federal affordable housing programs including but not limited to the Project Based Voucher Program, HOME Program and the National Affordable Housing Trust Fund can be used to develop integrated housing for people with disabilities including people who prefer community based support services to be available on a voluntary basis

- Ensure that vouchers (new and existing) can be targeted to Olmstead covered populations, even if the target population is disability specific. The Clinton Administration should provide guidance to PHAs indicating that this is allowed without HUD pre-approval and encouraging

PHAs to address this need. Provide PHAs with incentives such as "hard to house" fees to target these populations.

Increasing housing *accessibility* for people with disabilities of all ages and incomes including in urban, suburban and rural areas

- State agencies and recipients of federal assistance should be required to audit all projects/ units in their portfolio to assure that accessible units are actually being lived in by people who need the features. PHAs, Multifamily owners and other owners/property managers should be required to use lease addendum in order to relocate people to non-accessible units when they do not need the access design features.

- Make no-interest loans (payable upon sale or transfer) to low-income homeowners for making access modifications

- Expand the Section 811 Project Rental Assistance Program to ensure this integrated housing model is available in every state, and in quantities that meet the need of people living in institutions or at risk of institutionalization in those states.

Visibility

All federally-funded housing that does not fall under the requirements of the Fair Housing Amendments Act should be required to meet visitability standards

Homelessness

Ensure affordable housing policies treat people with disabilities who are institutionalized and people experiencing homelessness equally and provide equal access to affordable housing programs.

Peer Support and Recovery

Mental health in America

Secretary Clinton has been a champion for the increased availability of mental health resources throughout her life. As President, she will continue to lead the effort to prioritize the needs of the American people, across the lifespan.

Americans are forced to confront the consequences of inadequate mental health resources every day. This impacts the quality of life for children from a very early age, young people at the beginning of adulthood, working age people, our veterans and older adults alike. The lack of resources combined with pervasive discrimination and stigma contribute to a national crisis manifesting in chronic unemployment, addiction, disproportionate incarceration and an earlier death rate.

There is an immediate need for a broader range of effective, accessible, culturally competent and affordable services, support and treatment, fully optimizing medical and innovative, evidence based, holistic recovery options, such as acupuncture, yoga and meditation. Promising practices include consumer-run initiatives utilizing peer support as a fundamental element. Research shows that trained peers can provide assistance in negotiating through complex bureaucracies and a path to recovery.

Specific Draft Recommendations

- Provide funding, training and technical assistance to optimize meaningful and significant involvement of mental health consumers as subject matter experts in developing, implementing and assessing mental health peer support and recovery initiatives. All efforts must include peer leaders serving in meaningful roles.
- Fund a SAMHSA led initiative to increase resources for innovation in mental health recovery by 50%.
- Direct NIMH to develop specific strategic research objectives to solicit proposals and fund research studies on successful peer support models and other alternatives to the medical model approach to recovery, such as acupuncture, yoga, meditation, eCPR (e = emotional, C = Connection, P = emPowering, and R = Revitalizing) and consumer driven models.
- Increase affordable, accessible, effective, culturally competent treatment, counseling, medication and evidence based, holistic approaches.
- Support the development and implementation of a peer led education initiative, to advance knowledge about the benefits of peer support in mental health recovery and to dispel the misconception that children and adults who are identified as having mental health issues are more prone to violent behavior than the general population.

- Fund an array of peer support and other evidence-based approaches specifically designed to assist college students to access effective, culturally competent mental health and addiction services throughout the duration of their higher education career.

Addiction and Disability

This piece on addiction takes Secretary Clinton's existing position and edits it to explicitly address addiction and disability.

Secretary Clinton identified heroin epidemic as a major issue while campaigning in New Hampshire & Iowa in May 2015. "When I started running, when I started thinking about this campaign, I did not believe I would be standing in your living room talking about the drug abuse problem, the mental health problem, and the suicide problem," she said at the home of one of the first gay couples in the state to wed. "But I'm now convinced I have to talk about it. I have to do everything I can in this campaign to raise it, to end the stigma against talking about it."

She emphasized the links between problems in the criminal justice system and problems in treating mental health and drug abuse. "The promise of deinstitutionalizing those in mental health facilities was supposed to be followed by the creation of community-based treatment centers," she said. "Our prisons and our jails are now our mental health institutions."

> **Hillary knows that people with disabilities constitute a significant portion of people with addiction issues. Services available to people with addiction must be accessible to and usable by people with disabilities. This means that they should be offered in structurally accessible venues and that communication aids and services, including but not limited to, sign language interpreters and materials in accessible formats, should be made available. These services should be offered in integrated environments with the general population of people receiving addiction services.*

In September 2015 she announced a program to address the issue, which includes:

• Prevention: Hillary will empower communities to implement preventive programming for adolescents about drug use and addiction. She knows that education and early intervention is crucial to fighting this epidemic, so Hillary's plan helps state and local leaders put into place effective, evidence-based programs tailored to their communities.

> **Hillary knows that youth with disabilities need physical and effective communication access to these programs, and she plans to include the reasonable accommodations youth with disabilities need to equally access these programs.*

• Treatment and recovery: Substance use disorders are chronic diseases. Hillary understands that recovery is only possible through effective and ongoing care—not neglect, criminalization,

or stigmatization. Her plan focuses on ensuring that everyone who needs it has access to continuing support and treatment.

**This includes equal access for people with disabilities seeking support and treatment*

• First responders: Her plan ensures that all first responders have access to naloxone, which can prevent opioid overdoses from becoming fatal.

• Prescribers: Hillary's initiative will require licensed prescribers to meet requirements for a minimum amount of training, and consult a prescription drug monitoring program before writing a prescription for controlled medications.

• Criminal justice reform: Her plan will prioritize rehabilitation and treatment over prison for low-level and nonviolent drug offenses, and work to end the era of mass incarceration. Additionally, it focuses on fostering more collaboration and coordination between public health and criminal justice to ensure continuity of care for those who suffer from substance use disorders. Making treatment available on request is a goal of effective public health policy.

**The collaboration and coordination between public health and criminal justice will explicitly address the disproportionate incarceration of addicts with disabilities, and ensure prevention; treatment, support and recovery are equally accessible to individuals with disabilities, including physical access, program access, effective communication access, and reasonable accommodations and program modifications.*

Hillary's initiative is built largely on federal-state partnerships that empower state and local leaders to effectively tailor programs to their communities. States that put forth specific plans for confronting this epidemic will be eligible to receive $4 of federal support for every $1 they commit.

**The Rehabilitation Act of 1978 applies to the use of all federal funds, so providing physical, program and effective communication access, reasonable accommodations and program modifications will be allowable expenditures for these additional federal funds.*

**Schools may adopt practices of early dismissal, detentions, suspensions and even expulsion of students with disabilities who present behavioral challenges. Frequently, these absences from school may result in safety concerns for students while allowing schools to avoid required reporting of student's whereabouts and provide opportunities for unsupervised activities during what would normally be expected to be part of the regular school attendance. Secretary Clinton should direct the Department of Education to:*

Provide demonstration projects for best practices in public schools that include students with disabilities in zero tolerance educational awareness and commitment.

Establish metrics, confirmed by data collection and analysis, to ensure that students with disabilities remain engaged for regular school hours, or if dismissed early, are provided seamless transition to off campus therapies or activities in order to ensure that existing gaps in service are eliminated, and that the safety and security of students with disabilities is preserved.

Hillary's plan also takes or calls for immediate federal actions, including:

- Increasing the Substance Abuse Prevention and Treatment Block Grant
- Ensuring federal insurance parity laws are enforced
- Re-evaluating Medicare and Medicaid payment practices
- Removing obstacles to reimbursement and helping integrate care for addiction into standard practice
- Directing the US Attorney General to issue guidance on prioritizing treatment over imprisonment for nonviolent, low-level drug offenders, *and ensuring that equal access to treatment and support is provided to people with disabilities.*

Protecting the civil rights of children and adults with disabilities before, during and after disasters

The Problem

25 years after passage of the Americans with Disabilities Act (ADA) and 42 years after passage of the Rehabilitation Act, many communities remain unprepared to meet the needs of persons with disabilities in the event of emergencies. For example, a court in 2012 found that the persons with disabilities in the New York City area faced disproportionate risks of catastrophic harm and death during disasters, such as Hurricane Irene and Sandy. A landmark ruling in February 2011 held that the City of Los Angeles violated the Americans with Disabilities Act by failing to meet the needs of its residents with mobility, vision, hearing, mental health, intellectual, and cognitive disabilities in planning for disasters.

Although it required lawsuits, these two major cities have begun to address the problem before another disaster occurs. In 2014, New York City agreed to adopt detailed policies and procedures to address the specific needs of people with disabilities confronting a large-scale disaster in a city with high-rise buildings and a dense population. A 2012 agreement provides for sweeping improvements to the Los Angeles emergency preparedness programs and services, including High Rise Evacuation, Sheltering, Transportation, Effective Communication and Post- Disaster Canvassing.

Across the country, monitoring, enforcement, availability of current, robust guidance and technical assistance for compliance with civil rights protections for people with disabilities

before, during, and after emergencies and disasters continues to be inadequate. Local and state governments, emergency planners and disability advocates are seeking clarity, and some emergency managers want the federal government to quantify what is "enough" compliance. The US Department of Justice (DOJ) has informed states and local governments that the civil rights of people with disabilities cannot be waived in any aspect of emergency preparedness, disaster response, recovery or mitigation and that there are no exceptions to civil rights obligations during emergencies.

Substantial investments of federal funds are made throughout disaster recovery and mitigation after federally declared disasters. All federally conducted and assisted programs, and all federal funds must comply with the Rehabilitation Act. This requirement, when met, brings resources to local communities to invest in universal accessibility.
Failure in monitoring, enforcement and compliance and inadequate funding of guidance and technical assistance for local, state, tribal and territorial governments, and the whole community perpetuates unequal treatment and results in a disproportionate impact on people with disabilities when their equal physical, program and effective communication access rights are not sustained before, during and after disasters. This is not only harmful to people with disabilities, it also harms the whole community by failing to optimize true community resilience.

How to Address It

Two federal agencies play a major role in planning – FEMA and DOJ. We need to increase DOJ's capacity for monitoring and enforcing compliance with ADA and Rehabilitation Act requirements to guarantee persons with disabilities have the same access to resources during emergencies and can take advantage of them before, during and after disasters.

We should provide resources to FEMA to improve training of local officials and first responders and to provide technical assistance in planning for disasters.

We need to provide funding and resources to support local disability stakeholders in planning, response, recovery and mitigation. Emergency management at the local level must include the whole community and must plan with the disability community rather than impose plans on them.

Research

Priority recommendations from the research task force

Integrated National Data System and Annual Report to the President

To ensure continued progress in keeping our national commitment to include all Americans with disabilities in the mainstream of American life, and to ensure that our resources are allocated proactively, as President I will instruct my Secretary of Health and Human Services to work with my Secretaries of Education, Labor, and Housing and Urban Development to establish an integrated national data system and to provide annually a Report to the President with updated statistics and related information and recommendations about national and state-by-state progress in the inclusion of individuals with physical and mental disabilities in education, employment and community living. Such benchmarks will include specified reporting of: persons receiving institutional and community services by service type, financing mechanism and expenditures; people receiving services while living with family members; people waiting for services, including the assessment of their current circumstances, and other pertinent features of the individual's disabling condition and support needs. These data sets will be open and in machine-readable form, thereby facilitating analysis by any interested researchers. The benchmarks will also include specific information about subpopulations including people from diverse cultural and linguistic backgrounds, LGBTQ, veterans, women and girls, specific disability categories, and people living in rural and remote communities, and will be designed to support cross-referencing between subpopulations. Lastly, the Clinton Administration will seek input directly from individuals with disabilities and their families, and ensure their representation and leadership in the creation of policies and programs intended to serve them.

Historic Investments in Data Collection and Independent Living Research

The last comprehensive national survey of individuals with disabilities was a Disability Supplement to the National Health Interview Survey conducted more than 20 years ago. We must have better data to monitor our progress and inform our policy decisions. My Administration will launch a new nationally representative survey of people with disabilities to support the system and reporting described above and enable us to project future demands and develop policy to respond to current and future needs. In addition, I will double funding for the National Institute on Disability, Independent Living, and Rehabilitation Research to promote community living, employment and health of people with disabilities.

Orphan Technology Research and Policy

While 57 million Americans identify as disabled, it is a challenge to meet their millions of diverse needs. Such a challenge, in fact, that traditional market forces rarely provide for access to transportation, work, and independent living (all of which costs society). Despite hundreds of

millions spent on related research, the market often fails to deliver solutions across the "valley of death" that separates successful research from consumers. It is incumbent on government to fill the gap, or make it inevitable that someone else will. We have waited long enough for these solutions to arrive, and government can literally create the market for them, guided by *inclusion, innovation, and implementation.*

Inclusion: Nothing about us without us. It's simple, and often ignored. No one knows what's best for us better than we do. *Innovation:* Progress requires that we take risks and demand results. *Implementation:* Unless the results of research and technology development projects are made available for (or even forced into) commercialization or policy, none of these efforts means anything—they are literally academic exercises, and offer false hope.

Policy tools can make technology for people with disabilities inevitable, often without direct expenditure. Possibilities include: an orphan technology law; changes to CMS reimbursement policy (incentivized or increased coding, eliminating dual-use limitations); Improved and streamlined FDA regulation (incentivize development); regulatory interpretation of Bayh-Dole Act (including march-in); rethinking government research contracting (offering and contracting language requiring commercialization); and creative solutions like grand challenges and partnership with industry.

Traumatic brain injury: causes, prevention and treatment

Issue: Traumatic brain injuries (TBI) result from external physical forces impacting the brain sufficiently to affect how it functions. TBIs may be either from a penetrating object (open) or a blow or recurring blows to the head or the head being shaken violently (closed). TBIs may range from mild, most notably concussions that briefly affect mental status, to severe with prolonged disabling effects. TBIs are the leading cause of death and disability in children and young adults in the US. TBI is also a major cause of death, disability and hospitalization among older Americans, primarily due to falls. TBIs cause a variety of sensory, physical, cognitive and behavioral impairments, but the fingerprint is damage to the frontal areas of the brain. The significance of this is that the frontal areas of the brain control abilities that are critical to to negotiating successful social demands of everyday life (e.g., planning, organizing, paying attention' inhibiting impulses, delaying gratification).

In 2010 the Centers for Disease Control and Prevention estimated that TBIs cost about $76 billion in direct and indirect medical expenses and were associated with more than 50,000 deaths, more than 2 million emergency room visits and 280,000 hospitalizations. From 2000-2012, 244,000 service members acquired a TBI. It has been estimated that more than 5 million Americans have need for long-term assistance with daily living activities as a result of a TBI. Experts believe that such statistics substantially underestimate the prevalence and costs of TBI, with recent state surveys suggesting that 1 in 10 adults are likely to have mild to severe residual problems from a TBI experienced sometime in their life.

Each TBI is unique and although the majority of people injured recover from symptoms due to mild injuries, long-term effects may vary depending on the number and severity of "hits" to the head, spacing of repeated blows, the age and gender of the individual, the speed with which the person received medical and rehabilitation attention, genetics and other factors. Recently, research has expanded from a singular focus on more severe TBIs to a greater awareness about potential long-term consequences and the need to find better ways to diagnose, treat, and prevent all severities of TBI. Many questions remain unanswered regarding causes, risk factors and longer-term impacts of TBIs on functioning, the best methods of prevention, the most effective methods for promoting recovery of brain function, and the long-term implications of TBI on health and needs for services and supports to live independently. Research is needed on all aspects of causes, risks, treatment, prevention and long-term effects.

Research Commitments: The Nation's research commitment to TBI is inconsistent with the seriousness of its individual, societal and economic effects. A substantially greater investment in research is needed to reduce such effects. Within its first 100 days, this administration will host a White House Summit to convene relevant: research bodies; consumer, provider, and family organizations; and federal agencies to affirm and elevate this administration's commitment to continuing, strengthening, and substantially expanding the work and investments of the previous administration with regards to TBI research. Specifically, this administration will commit that:

We will support full funding of the National Concussion Surveillance System, as proposed in the 2017 President's Budget, to provide a systematic public health approach to all TBIs experienced by all age groups.

We will support research of Federal agencies to identify the underlying mechanisms of the full range of causes and severities of TBI, their immediate and delayed effects on the brain, the implications of those effects, and efforts to minimize negative aspects of TBI, through intervention studies and long-term longitudinal studies of individuals incurring TBI.

We will support laboratory studies of brain tissue to better understand the factors that contribute to chronic effects of brain damage, its long-term consequences and associations with other neurodegenerative disorders such as Alzheimer's disease and chronic traumatic encephalitis.

We will support research on the causes, prevention, diagnosis and short- and long-term effects of repetitive blows to the head, especially as experienced in activities of children, youth and young adults in sports and our military personnel through exposure to blasts.

We will support the development of new imaging techniques, as well as other biomarkers of TBI, to improve our tools for understanding specific brain injuries, injury sites and possible links between brain networks that mediate injury effects as well as treatments.

We will recognize more severe TBI as a chronic health condition and will support research to refine disease management approaches to reduce personal and societal costs of loss of health and function resulting from TBIs.

We will invest in community-based participatory research to address gaps in the healthcare and long-term service and support systems that limits the access of persons with severe TBIs and their caregivers to quantity and quality of rehabilitation and long-term services and supports they need to regain functioning and to live independently as much as their injury permits.

We will promote efforts to improve collaboration among US and international researchers, including support for the NeuroBioBank (NBB), integration of findings through NIH's common data elements, the Federal Interagency TBI Research (FITBIR) Informatics System's data sharing platform, and by concerted efforts to reduce legal, ethical and academic barriers to data sharing.

We will support translational research and implementation of evidence-based programs to prevent TBI, such as falls prevention among seniors and younger individuals with disabilities, through the Prevention and Public Health Trust Fund and other funding streams.

Existing background work in progress that supports the recommendation**:** There have been in the last few years a number of Federal agency action plans around TBI, including plans to address TBI acquired in the military. These reports and the recommendations they make are consistent with the commitments noted above, and include: The 2014 Brain Research through Advancing Innovative Neurotechnologies Working Group Report (NIH-led in response President Obama's 2013 BRAIN Initiative); 2013 National Research Action Plan (by 2012 Executive Order involving DOD, VA and DHHS), 2013 Institute of Medicine Report of Sport Related Concussions in Youth, CDC's 2015 Report to Congress on Traumatic Brain Injury in the United states: Epidemiology and Rehabilitation.

Population impact: TBI is a very common and serious condition. It has major economic and social consequences. Attention to TBI has increased dramatically in recent years in large part because of the concussions experienced by soldiers in the Afghanistan and Iraq theaters, but also because of increased awareness of TBIs experienced by children and youth participating in sports. The technologies of brain research, diagnosis, and treatment remain at a basic level, but are advancing steadily. The pace of discovery could be increased with more and better coordinated funding.

Roles for each Agency: Major and coordinated roles must be played by Federal research agencies (in HHS: NIH/NINDS/NIBIB/NICHD, CDC, ACL/NIDILRR/TBI Program; DOD/DARPA; VA; ED/OSEP/RSA; DOL/ODEP)

Target population: Target populations are persons with TBI (including concussions), families, community-based organizations, researchers and clinicians

Anticipated Challenges: Challenges include: 1) getting Congress and Federal agencies to give priority to the full spectrum of research, not just concussions and not just diagnosis and acute care; 2) coordinating a national research agenda (research priorities, funding and information sharing activities) across federal agencies; and 3) continuing efforts to build collaboration across government agencies and research entities by addressing legal, legislative and academic barriers to collaboration.

Anticipated policy and programmatic changes:

- Roles for each Agency: Because of budget demands, numerous federal agencies would be asked to contribute expertise and likely funding to the enterprise.

- Timeframe to implement: Efforts are largely ongoing and could be supplemented and prioritized

- Other non-federal partners to consider: Patient Centered Outcomes Research Institute (PCORI), private foundations, professional organizations, military and veterans organizations, sports organizations, and university research entities and collaborative focused on TBI.

Commitment to ADA / Olmstead

Commitment to Fulfilling the Goals and Enforcing the Requirements of the ADA and Olmstead

Issue: Full inclusion in American society is the promise of four decades of laws and court decisions, including the Americans with Disabilities Act (ADA), the 1999 Supreme Court Olmstead decision affirming the rights contained within the ADA, the Individuals with Disabilities Education Act, the Rehabilitation Act and others. These statutes and rulings promise Americans with disabilities that they will not be segregated and they will have access to the opportunities available to all Americans. Yet segregation of Americans with disabilities of all ages continues in schools, in housing, in employment, and other aspects of daily community life.

Proposed action: The Department of Justice and other Federal government agencies will be charged with using all appropriate legal means, including both incentives and penalties, to fulfill this Nation's legal and moral obligations to make communities places where all citizens, including those with disabilities of all ages can live, learn, work and play together, and to work with States to fulfill their responsibilities as primary agents of inclusion through their administrative responsibilities for programs of support for individuals with disabilities (e.g., education, Medicaid, vocational rehabilitation).

Existing background work in progress that supports the recommendation and other collaborative programs

Population impact: The Obama Administration and its Department of Justice made a substantial commitment to enforcing the ADA/Olmstead and to expanded incentives for states to increase community services for persons with disabilities in the Affordable Care Act, new Medicaid Home and Community Based Service options and through support of the Disability Integration Act. Still many tens of thousands of persons with disabilities are needlessly institutionalized.

Roles for each Agency: This effort will engage federal agencies of enforcement, administration and policy in the Departments of Justice, HHS administrative and policy entities (CMS, ACL), the Education (RSA) and others.

Anticipated Benefits (including expected outcomes)

Target population: The target group would be primarily persons with substantial disabilities who need long-term services and supports, but also family, friends and others.

Anticipated Challenges: There remain interests in sustaining institutions among a dwindling number of family members, unions, communities and states who perceive disruptions from reduced numbers of segregated persons with disabilities.

Anticipated policy and programmatic changes:

- Roles for each Agency: Enforcement and establishing reasonable settlements and assisting states and local communities to develop and sustain alternatives.
- Timeframe to implement: This would be primarily a continuation of Obama Administration policy and would be ongoing as there is still much to do.
- Other federal partners to consider: DOJ, HHS, ED, NCD, EEOC, etc.
- Other non-federal partners to consider: Advocacy and consumer groups (e.g., NCIL, The Arc, AAPD)who will be extremely supportive, media, certain unions (principally SEIU)
- Questions to Address: How much pressure; how much incentive?

National statistical foundation on persons with disabilities

Issue: Too little is known about the housing, employment and educational status, demographic and impairment characteristics, service use and needs, family engagement and other basic

aspects of the lives of Americans with disabilities. An absence of current and comprehensive population statistics impedes the Nation's ability to assess its success in meeting the needs of individuals with disabilities and to project needs of the population in future years. Such limitations are especially notable given the aging the US population and the association between aging and disability. It is contrary to the National interest that the last comprehensive national survey of individuals with disabilities was conducted more than 20 years ago.

Proposed action: To understand the current and evolving demands on the Nation in meeting appropriately the needs of our the current and projected population of persons with disabilities, a Clinton Administration will support a national disability survey capable of estimating the size and status of the child and adult population with respect to types and severities disabilities; their economic, housing, transportation, employment, educational and social circumstances; the paid and unpaid services received and needed by individuals with disabilities; the sources of health, social and other services received and/or needed; the role of families in supporting persons with disabilities; and other factors central to evaluating National performance in supporting individuals with disabilities, identifying areas of needed improvement, and permitting projections of future demands as our population ages.

Existing background work in progress that supports the recommendation: Although it is now arguably obsolete in 1994 and 1995 there was a major Disability Supplement to the National Health Interview Survey that was unique in depth and breadth of information gathered.

Population impact**:** The primary beneficiaries will be persons with disabilities will be aided by improved knowledge of their needs and by better informed responses to those needs.

Roles for each Agency: Major roles will be played by current Federal statistical programs in HHS and Commerce with guidance with policy and program agencies (ASPE, ACL, CMS, etc.)

Target population**:** All persons (especially non-institutionalized persons) with disabilities

Anticipated Challenges: Major household surveys are expensive and in recent years Congress has been less than generous in valuing and funding national data collection.

Anticipated policy and programmatic changes:

- Roles for each Agency: Because of budget demands, numerous federal agencies would be asked to contribute expertise and likely funding to the enterprise.
- Timeframe to implement: Three years of planning, two for fielding, and 5 years of active analysis within government and academia.
- Other federal partners to consider: All agencies needing knowledge on disability in the US

- Other non-federal partners to consider: Academic and policy researchers, advocacy and consumer groups (e.g., NCIL, AAPD), professional organizations (e.g., APA, AUCD)

- Questions to Address: How to obtain multi-agency engagement, commitment and contribution, securing direct or indirect contribution from Congress

Assuring a well-prepared stable direct support workforce

Issue: Next to family members and friends, direct support workers (DSWs) (personal care attendants, home health aides, direct support professionals, etc.) are the most important people in supporting people with disabilities to live safely and successfully as integrated and contributing community members. DSWs provide supports needed by persons with disabilities at home, work, school, and/or other community settings. As the number of individuals with disabilities increases along with the number and variety of places in which they live, the role of DSWs has become increasing demanding and sophisticated. The Bureau of Labor Statistics has estimated that DSW positions will increase by 48% or 1.6 million new positions in the decade ending in 2020. It is the Nation's most rapidly growing occupational category. Without significant changes in demand and/or recruitment and retention the need for DSWs will far outpace supply over the next 25 years. This problem is substantially worsened by decreasing unemployment and the negative on hiring and retention in low wage/poor benefits jobs, like DSWs.

Proposed action: Current practices of recruitment, training and compensation hold little promise to adequately provide a workforce sufficient to meet the Nation's growing needs. An active program of experimentation and evaluation is needed to increase recruitment, preparation, and retention of direct support workers and to identify alternatives that reduce dependence on paid DSWs to meet the needs of persons with disabilities. Such efforts will be directed toward:

- Improving compensation and health benefits of direct support workers. Hillary Clinton is committed to assuring that all DSWs receive compensation and health care services to live decently while fulfilling the important roles they play. She will support increased wages, overtime pay requirements, affordable health care, and career ladder initiatives to that end.
- Assuring high quality training and continuing education. Hillary Clinton is committed to assuring that high quality training is available to all DSWs consistent with their role and the needs and desires of the people they support. This commitment includes support for and expansion of Title III of the Developmental Disabilities Assistance and Bill of Rights Act to provide scholarships for DSWs, and to support creation of career ladders for DSWs who seek increasingly skilled and/or responsible roles.

- Provide for ongoing research and knowledge translation. Hillary Clinton is committed to providing adequate funding for research, evaluation and knowledge translation efforts to address the high turnover, inadequate preparation and limited opportunities for advancement of DSWs. These interests include attention to minority and immigrant workers who make up large and growing proportions of DSWs. This research must identify effective practices in recruitment, training and retention, and models of support that reduce dependence on paid DSWs, and be supported with knowledge translation programs to effectively disseminate what is learned.

Existing background work in progress that supports the recommendation: CMS funds a National Direct support Workforce Center, but the funding is limited and does not support the levels of research and dissemination needed to address this serious national challenge. Congress has requested two studies of DSW supply, but the problem has not been addressed.

Population impact: Sustaining and growing the DSW workforce is one of the most serious problems facing individuals with disabilities and their families. The problem will grow worse.

Roles for each Agency: Major roles must be played by Federal policy and program agencies (in HHS: CMS, ASPE, ACL; and in DOL, DSWs being the Nation's fastest growing occupation).

Target population: Public and private agencies providing services to persons with disabilities.

Anticipated Challenges: Getting Congress and Federal agencies to recognize the importance and professional content of DSW roles and to act with the urgency the National crisis deserves.

Anticipated policy and programmatic changes:

- Roles for each Agency: Because of budget demands, numerous federal agencies would be asked to contribute expertise and likely funding to the enterprise.

- Timeframe to implement: Efforts could begin immediately working through existing Departments. The challenge will begin ongoing given the Nation's aging population.

- Other non-federal partners to consider: Unions (especially SEIU), disability and human resources researchers, advocacy and consumer groups, professional organizations

Expanding family caregiver support

This Nation will experience a substantial increase in the number of residents with disabilities over the next decades. It is assumed that without changes in current policies and practices the

approximately $310 billion per year that are spent on formal services and supports will increase proportionally. Although, formal services and supports occupy a steadily growing proportion of federal, state and local budgets, the most important source of care and support for individuals with disabilities is the informal assistance provided by family members. The Congressional Budget Office reported that in 2011 the value of informal care provided to elders was estimated to about 122% of the cost formally provided care. Obviously as a Nation as our disabled population increases we will become increasing dependent on the contributions that family and friends make to supporting individuals with disabilities in their homes and communities. However, we must recognize that such informal services and supports do not come without cost. Informal care givers make substantial personal and economic sacrifices to support individuals with disabilities of all ages. These sacrifices include considerable time, out-of-pocket costs, diminished career opportunities. Just as the airlines advise passengers to put on their own oxygen mask before helping others, so, too, we need to recognize that unless we recognize, value and sustain family caregivers who play such vital role in sustaining our Nation's support of citizens with disabilities, we will be unable to meet the needs of Americans with disabilities. To this end, a Clinton Administration will be committed to better meet the needs of family caregivers.

Proposed action:

- Expanding the Lifespan Respite Care Program. Respite care is care provided for the temporary relief of primary caregivers of individuals with "special needs" requiring assistance with basic needs and to avoid out of home placement. The Lifespan Respite Care Act authorizes programs within states to improve access to respite care, and to raise awareness of the importance of respite care to caregivers. Currently 34 states have received federal assistance for programs designed by the states to meet specific state needs. Hillary Clinton is committed to expanding the Lifespan Respite Care Program to all states and to expanding its modest levels of total federal funding from $2.5 million per year to $5 million per year to help states meet the rapidly growing number of family caregivers.

- Creating incentives in Medicaid HCBS for expanding family support services. The projection of rapid growth in the elderly and disabled population of the Nation, the high costs of non-home based long-term services and supports, and the very high financial and emotional of family-based caregiving necessitates a national investment in family caregiving. Hillary Clinton is committed to expanding Medicaid-financed supports for Medicaid-eligible individuals living with family members through incentives for state Medicaid programs that design and implement support programs that offer family caregivers maximum flexibility in their use of service dollars within capitated amounts.

- Providing reasonable and appropriate compensation for family caregivers. Family caregivers often are compelled to make financial and career sacrifices to care for a family member with disabilities. Most do this without consideration of such sacrifices, but in some instances these sacrifices produce high levels of financial burden. Variations exist among the states in the extent to which such burdens are shared through federal/state programs. Hillary Clinton will support opportunities, support and technical assistance to expanding financial compensation as needed and appropriate for family caregivers.

- Supporting the Social Security Caregiver Credit Act. Americans who leave their jobs or limit their hours in order to care for a relative should be able to continue accruing credits with Social Security as proposed in the Social Security Caregiver Credit Act. As proposed these credits, which are earned for each year of employment, are needed to qualify for Social Security benefits. As proposed caregivers who provide at least 80 hours per month of unpaid assistance to a relative with disabilities will able to earn Social Security credits for up to five years. The credit would be applied on a sliding scale based on the caregiver's earnings, with a maximum credit equal to half of the average national wage.

- Provide for ongoing research and knowledge translation. Hillary Clinton is committed to providing adequate funding for research, evaluation and knowledge translation to understand and support family caregiving, including cross-generational sibling caregiving and variations in needs among diverse racial, ethnic and socio-demographic communities. This research should identify effective means to addressing family needs for planning and providing ongoing support; cost-benefit of family support generally and across different approaches, including models of paying family caregivers; effective programs of training, counseling and peer support of caregivers; and knowledge translation programs to share learning across states, family support providers and individual communities. In addition federal household surveys must better identify family caregivers and their circumstances and needs.

Existing background work in progress that supports the recommendation: The Administration on Aging/ACL manages the National Lifespan Respite Care Program. Medicaid/CMS funds long-term services and supports for about 2 million people who are also receiving support from family members.

Population impact: Sustaining caregiver support is one of the greatest challenges in assuring its ability to provide for Americans with disabilities. This challenge will grow greatly in the future.

Roles for each Agency: Major roles must be played by Federal policy and program agencies focused on long-term services and supports and on aging and disability for more generally (CMS, ASPE, ACL, CDC).

Target population: State and federal agencies, advocacy organizations.

Anticipated Challenges: Getting Congress and Federal agencies to recognize the importance of the topic.

Anticipated policy and programmatic changes:

- Roles for each Agency: Because of budget demands, numerous federal agencies would be asked to contribute expertise, and coordinate actions.

- Timeframe to implement: Efforts could begin immediately working through existing Departments. The challenge will begin ongoing given the Nation's aging population.

- Other non-federal partners to consider: Advocacy and consumer groups, professional organizations

Using technology and research to promote inclusion and advance civil rights

"We are going to have to take a look what do we need in the 21st century to really involve families to help kids who have more problems than just academic problems. A lot of what has happened, and honestly it really pains me, a lot of people have been scapegoating teachers because they don't want to put the money into the school systems that deserve the support that comes from the government doing its job. Here is what I would do as president. Number one, I would reinstate a program we did have during the 1990s where the federal government provided funding to repair and modernize public schools because a lot of communities can't afford to do that on their own. Secondly, I would use every legal means at my disposal to try to force the Governor and the state to return the schools to the people of Detroit — to end the emergency management, which, I believe, if you look at the data, the situation has only gotten worse with these emergency managers that have put the system further in debt. I want to set-up inside the Department of Education, for want of a better term, kind of an education SWAT team, if you will. Where we've got qualified people, teachers, principals, maybe folks who are retired, maybe folks who are active, but all of whom are willing to come and help. When Detroit gets back their schools, they should have all the help they can get to be able to get teachers in the classroom, to be able to find spaces while schools are being repaired. And, I also would look at how we could through the federal government support more teachers because we're going to have a teacher shortage in some of the hardest to teach districts."
- Secretary Hillary Clinton, Flint, Michigan, March 2016

Issue: The Individuals with Disabilities Education Act (IDEA) is the federal law whose purpose is to ensure that a Free Appropriate Public Education (FAPE) is available to all students with disabilities. For children with disabilities, the local public school system is required by law to develop an Individualized Education Plan (IEP) to address each child's specific needs, including assistive technology (AT). Assistive technology includes products and services to help people who have difficulty speaking, typing, writing, remembering, pointing, seeing, hearing, learning, walking, etc. AT is an item that is often skipped, ignored, or disregarded in the IEP process. An unintended consequence is the unnecessary segregation of individuals with disabilities into the most restricted settings. Research has shown that AT can help individuals with disabilities, regardless of the nature or severity of their disability, to express their ideas, connect with and share experiences with people in their community. Families that cannot access AT through their local public school systems have to pay for it on their own, or spend a lengthy amount of time to get insurance to pay for the item. Because the market does not support AT, high-tech devices can be extremely expensive. If students and their families succeed in getting insurance to pay for AT, insurers may have limits on the number of devices that can be provided under the plan, i.e. one AT device every five years. Because technology is always changing and the market does not support innovation, some devices or software can become orphaned technology. This means a family who has made a significant financial investment in a device may be left with something completely obsolete, setting them back financially and most importantly, leaving the student with disability without an effective way to be included and integrated within his or her own community.

Proposed action: Not only will the federal government provides funding to repair and modernize public schools to bring them into the 21st century, the Clinton Administration will fund research and promote cross-sector collaboration for assistive technology that will help promote a greater degree of inclusion, integration, and independence for individuals with disabilities. Education SWAT Teams will also include qualified individuals who can provide training to educators, students, and families about how to use AT to promote inclusion and integration.

Technology

Finalizing pending regulations to existing laws

The Obama Administration has embraced the disability community and made progressive reform in a manner not seen for decades. For example, the Executive Order to hire 100 thousand persons with disabilities in the federal workforce, the 21st Century Communications and Video Accessibility Act to open accessibility of modern technology, and the regulations under Section 503 of the Rehabilitation Act to expand opportunity with federal contractors, have all increased the ability of Americans with disabilities to engage in society and reach their potential.

Yet, the pace of technological development continues at unprecedented speed in the absence of universal design, occurring in a legal context established before such technology was envisioned, thereby creating troublesome gaps in accessibility. Many of these gaps, though certainly not all, may be reduced by finalizing pending regulations to existing law.

Consistent standards for accessible and interoperable design would benefit all stake holders, including Consumer constituencies, government agencies, and producers of both mainstream and assistive technology. As explained in the article "Federal Regulations Face Historic Delays"*, implementing regulations to modernize laws are necessary in the following areas:

- Section 508 of the Rehabilitation Act - mandating that federal agencies use accessible information and communication technology (ICT), as regulated by the U.S. Access Board.
- Title II of the Americans with Disabilities Act (ADA) – requiring accessibility of websites hosted by state and local governments, as regulated by the U.S. Department of Justice (DOJ).
- Title III of the Americans with Disabilities Act (ADA) – requiring accessibility of commercial websites, as regulated by DOJ.
- Title III of the Americans with Disabilities Act (ADA) – requiring text captions and audio description in movie theaters, as regulated by DOJ.
- Guidelines for the accessibility of health information technology (HIT) under the Affordable Care Act (ACA) and other health care laws, as regulated by the U.S. Department of Health and Human Services (HHS) and the U.S. Access Board.
- Completing these regulations will solidify part of the Obama legacy, while paving the way for a new Clinton Administration to build on current law and regulation as pathways for progress. Let us ensure that Technological innovation raises all Americans!

* "Federal Regulations Face Historic Delays" can be found at the following link: http://www.beyondchron.org/inexcusable-delay-in-federal-disability-regulations

Promote universal design as a political unifier and mobilizer

A major innovation in technological inclusion of people with disabilities is universal design (UD): the idea that technology products and services should be designed to include the largest possible range of users. Usability and accessibility features help everyone, often in unexpected ways. For example, captions were originally required to provide equal access to video for people with hearing loss, but captions are used in noisy sports bars and quiet legislative offices, for news updates. Simple language serves many people with cognitive disabilities, and also serves anyone under stress or in an emergency situation.

- Does UD have political potential? There are clear opportunities for integrating UD issues across several political constituencies, both the people involved and the programs that support them:
- People with disabilities, as a major, primary community of beneficiaries, would be able to use technology independently and successfully right out of the box, with no need for costly, exotic add-ons.
- Seniors, who would find everyday life easier and more welcoming, especially in order to live fully and independently for a longer time.
- Employers and employees, for whom comfort and productivity would be mutually enforcing with the right kinds of workplace technologies.
- Ergonomics as an issue in employment and labor, with ease of use reducing the incidence of both accidents and repetitive injuries in the workplace.
- Education, allowing easy and effective learning for much younger children, and lifelong learning for the rest of the population.
- Consumer product safety: anything that jeopardizes health or safety is an extreme design flaw. Attention to user interactions with products is the first step in avoiding those dangers.
- Emergency and first-responder equipment. Anyone who needs to use devices under stress or when injured should be guaranteed that they are as easy to use as possible.

Everyone encounters, every day, a thousand inconveniences, annoyances, and barriers to effectiveness in the designed world, which erode quality of life in both large and small ways as well as reduce productivity. We believe that the role of government in this area is as a market stimulator, public sector coordinator, and disseminator of information to all. We recommend:

- that the campaign promise to address usability and accessibility across the board, and make the case during the campaign that these issues affect everyone, and are a hidden tax on quality of life, productivity, and inclusion.
- that the Clinton Administration act in the first 100 days to convene federal experts and program managers from all relevant agencies to develop a public policy agenda that integrates usability and accessibility across the board
- that the Administration act in the first 100 days to convene private sector experts, including companies with a good track record on usability and accessibility, to develop a public-private partnership4. that the Administration promote economic incentives and/or regulation to realize technology usability and accessibility
- that the Administration foster the development of a public awareness campaign, including such elements as a dashboard, an online information resource of highly usable/accessible products and features, and curricular materials for K-12 students in STEM

Cognitive disabilities and technology

Who are they? Individuals with cognitive disabilities include those with intellectual and developmental disabilities, acquired and traumatic brain injury and dementia and Alzheimer's disease. They may experience learning and reading disabilities, and attention, perception, memory and communication processing limitations. This cohort represents an estimated 30 million people, approximately, 9% of the population. Cognitive disabilities may also be secondary to mental health issues and as an artifact of aging, such that these populations may also experience similar cognitive challenges. They have the highest rates of poverty and unemployment of any disability group, and, within the realm of technology they are often under-supported.

What do they need? People with cognitive disabilities need access to universally designed, commercially available devices, software and web based digital technologies and to a full range of technologies designed specifically to address impairments in cognition such as memory, organization, or attention. Technology tools that responds to human speech, provides facial and picture recognition, and anticipates individual needs and personalization of these tools can improve the lives of persons with cognitive disabilities, by increasing their full participation in work, and community participation.

What should be done? Endorse the Declaration of the *Rights of People with Cognitive Disabilities to Technology and Information Access.*
http://www.colemaninstitute.org/declaration-text

Provide leadership by pursuing the following: a) making available innovation grants for small business, especially for owners and staff with disabilities; b) making available implementation grants especially for work and for training; c) integrating technology and training into vocational programs for persons with cognitive disabilities; d) ensuring collaborations with technology centers and industry leaders; and d) leveraging of established funding sources for technology innovation and advancement. Visionary leadership and action in bringing technology to people with cognitive disabilities will end a long-term gap between their needs for work and community inclusion and realization of these objectives.

Promote inclusive broadband

There is a growing recognition that for the last 15% of the population who are not online, the reasons and the dynamics of non-use are different from earlier adopters[6]. The cause is not only cost – even if broadband were free, millions still would not get online. Some of that is inevitable, but much is not. *Technological pessimism* among people with disabilities and seniors is part of the explanation: "I tried this a while ago, and it didn't work and was embarrassing, so I may not try it again."

In addition, the concept of digital literacy as a barrier is a form of blaming the victim. If the last 20% find the most common digital tools too complicated and hard to use, isn't the tool designer really to blame? Digital literacy should go both ways – providers (and digital literacy programs) must learn more about these last adopters, and change the way they do things.
HFA should consider the inclusion of people with disabilities as a theme to elaborate the President's new ConnectALL initiative, or any other broadband program. We recommend the following actions:

- Development and dissemination of community-based digital literacy > materials that cover accessibility/usability. Train-the-trainer > materials and programs should be similarly modified.
- Identification of best practices in outreach and engagement of > broadband non-users with disabilities, including working with > advocacy organizations.
- Identification of people with disabilities as an especially > jeopardized group in communities that do not have broadband > available yet.

[6] "Decreasing numbers, increasing problems: Non-users have more barriers to Internet adoption to overcome than ever before" Bianca C. Reisdorf, PhD., Benton Foundation, 2016. *https://www.benton.org/blog/decreasing-numbers-increasing-problems-non-users-have-more-barriers-internet-adoption-overcome*

Transportation

The transportation challenge

As Americans travel, they use many different transportation options. Every day they get into cars, buses, subways, trolleys, trains, shuttles vans, taxis, airplanes and walk or roll on neighborhood sidewalks. To be able to travel seamlessly without worrying whether or not you will get to your destination is critical. For passengers with disabilities, the lack of connectivity and accessibility across all transportation modes is not yet a reality. Barriers to accessible transportation options continue to prevent millions of Americans from getting to regular activities like work, school, shopping, voting, community activities and back home again. While there are over 80 federal programs that support transportation services for people with disabilities, older adults, and people with low incomes these programs still do not fully support the people they serve.

There are many unique challenges associated with accessible transportation in urban, suburban and rural communities. Obstacles between different jurisdictions need to be taken down to make traveling as seamless and barrier-free as possible. People with disabilities must often match multiple forms of transportation with incongruent schedules and differing payment systems resulting in long delays and leaving folks as targets at unstaffed payment and transfer points. Lack of accessible information makes each part of a trip difficult or impossible. Often passengers are left with no choice but to accept conditions others would not tolerate in order to reach the end of their journey. Meanwhile, many new, innovative and evolving transportation options offer opportunities for greater mobility for people with disabilities.

Accessible Path of Travel

Often the first and last mile of travel proves to be the most challenging. When the Americans with Disabilities Act was passed in 1990, most of the public buses in the country were not accessible. Fast forward 25 plus years and the busses have the accessibility but will it stop, is there room, are the stops being announced? Under the ADA, states are responsible for creating a plan for building out accessible sidewalks and curbcuts. But according to the Federal Highway Administration, only 50% of states have completed a comprehensive plan to make communities more accessible. With these barriers still remaining and access points still lacking, individuals who use wheelchairs or mobility devices sometimes have no other option than to travel in the middle of a busy street in communities across America. Moreover, blind and low vision are not served when audible signals are not installed or maintained at busy intersection to signal when it is safe to cross the street. Even more frustrating is entrance and exit elevator and escalator outages, or the availability of wheelchair spaces with tie downs. For travelers with disabilities errors or missed connections often result in wasted time, frustration,

and humiliation. Such difficulties can discourage or prevent disabled riders from using the transportation system.

Recommendations:

- Create new measures to increase enforcement on states or other public agencies who have not completed and/or implemented their ADA plans for building out accessibility. The completed plans must be implemented in 1, 5 and 25 year plans with identified funding. The quality of the plans must be consistent and of high quality.
- Advance "complete streets" policies in communities serving individuals of all abilities, including those who use mobility devices, to create a plan for safe and convenient crossings.
- Work with the U.S. Access Board to pass and implement that Public Rights of Way Guidance

Technology solutions

Transportation is an essential part of modern life. Airplanes, ferries, trains, light rail, subways, buses, vans, taxis and cars provide a necessary link for people to work, interact with family and friends and participate in community activities. And people with disabilities are no different. Innovative technology holds the opportunity to address many barriers to transportation equity and efficiency. In the great American tradition of invention and risk-taking we should challenge ourselves to break these barriers. Technology offers exciting new approaches to transportation independence through the use of global positioning systems (GPS), mobile data terminals (MDT), and automatic vehicle locators (AVL) tactile print maps, geographic information systems, remote infrared audible signs (RIAS), robotics, handheld devices, video phones, dedicated short range communication (DSRC), Intelligent Transportation Systems (ITS), artificial intelligence and object detection.

In the ever advancing technological society we live in, new technologies are being introduced all the time. Many of these new technologies can be used for navigation, wayfinding, and be built into fully accessible transportation facilities, vehicles and services. In addition to providing close-range object detection, well designed technologies can improve overall spatial awareness and knowledge, while also building confidence of travelers with disabilities.

<u>Wayfinding Technologies</u>

To use public transit, the person must be able to identify that they have arrived at the correct location, locate a fare machine and pay their fare, board the correct vehicle, exit at the right stop and exit the transit station. These difficult transfers can result in long delays leaving passengers at unstaffed payment and transfer points.

Technologies can be instrumental in enhancing seamless travel for people with disabilities. To improve continuity of travel let's imagine and create a computer or hand-held device app that could near-instantly connect schedules, reduce distances and wait times, alert service outages, reserve accessible spaces or seating. The ability to connect air, rail, bus, Paratransit and taxi service through one program, regardless of destination or distance, will increase access to jobs, school, healthcare, shopping, social life, participating in family celebrations and milestones and even elections for people with disabilities. And just as parents with strollers or delivery people have enjoyed curb cuts intended for wheelchair users, the adoption of a cloud or other technological pay point would increase independence and efficiency for all travelers.

Shared Use Mobility

There are a number of various transportation options that include 'shared mobility'. In addition to the public transportation fixed route buses, ADA paratransit services is essentially a shared use service. However, these services often require eligible passengers to schedule their trips in advance making it difficult for scheduling real time rides. Other social service programs may provide transportation, but only for a specific destination (e.g., medical appointments) or for a specific population (e.g., older adults). This fragmented system, means some individuals with disabilities who may need a door to door transportation option, may not be able to get transportation services for their day to day needs. In other situations, riders with disabilities may have access to taxi's or systems like Uber or LYFT, however, riders with disabilities often experience difficulty entering or finding the correct pickup locations, connecting with the driver, forms of payments…each inconsistent factors in planning travel. In addition, not all of these systems offer full accessibility across their systems. Technology can be instrumental in facilitating real time ride times, communication between providers and riders, coordination of rides available between various providers.

Integrated and Seamless Payment Systems

During multi-provider travel, there is always the possibility of multiple forms of payment. These can be cash transactions to credit and debit cards or even a third option like pre-paid travel cards or accounts. The adoption of a cloud or other accessible technological pay point would increase safety, independence and efficiency for all travelers regardless of the mode(s) used. Currently, online travel agencies give some of this ability by offering options to purchase some additional transportation services for some travelers, but they often do not provide options for all travelers.

Advancing Use of Single Occupancy Vehicles for People with Disabilities

Many people with disabilities are also drivers, often at great expense if the vehicle needs to be modified after purchase. Additionally, we will also be experiencing the largest group of Americans aging into disability at one time in our history – in the next decade the baby boomers, yuppies and generation X will all be 50-90 years old. The auto industry must be encouraged to build accessible and/or adaptable vehicles off the factory line instead of asking

drivers with disabilities to make costly modifications after spending thousands to purchase a vehicle.

Two decades ago another Clinton administration challenged industry to develop technology for autonomous vehicles. Today these self-driving cars exist and are being tested in places like Texas, Nevada and California. And just recently the UK announced it is taking steps toward developing regulations for these autos to drive on their roads. Self-driving cars, especially when a single ride in one could be ordered and paid for on an app, would be a leap forward to providing equal access for people with disabilities. Now people who are blind or have low vision or folks with motor dexterity issues for example, could have the freedom to travel as employees, parents and more like anyone else.

The federal government can play a key role in the development and design of new technologies. Through research, demonstration projects, tax incentives, challenge grants and funding, these needed technologies and more can become a reality.

Recommendations

- Support research that advances wayfinding technology and safe travel for individuals with visual and cognitive disabilities
- Offer federal subsidized challenge grants and foster public-private partnership collaborations to develop technology that will facilitate a single source for integrated travel planning and payment.
- Work with federal authorities like the National Highway Transportation Safety Administration to advance testing and certification of autonomous vehicles
- Connect auto manufacturers with the growing number of new car consumers in the market, encouraging them to design and build for accessibility from the start.

Challenges with various modes

There is no question that transportation is the key to independent living and full integration into American society. Without access to transportation, Americans with disabilities can't get to school, to work, or around their neighborhoods to participate in the regular activities that people without disabilities navigate seamlessly. Recent innovations in technology are presenting new opportunities for Americans with disabilities to access existing and emerging transportation options, but many barriers remain. In order to obtain fully inclusive transportation with the same level of ease and access as everyone else, scrutiny and universal design, inclusive methodology and accommodations need to be considered, to, at a minimum, transportation options such as:

Private/Public Partnerships in Innovative Technology:

Emerging technology is literally overhauling many of the methods of transportation currently in use. For example, inner city taxicab systems are quickly being supplemented or usurped by the replacement of dispatchers with TNC's or Transportation Network Companies. Operating through the use of smart phones and apps, these TNC's enable consumers to access a variety of private payment services, including taxi, limousine, car pools and a variety of sedan and SUV car services. While controversy remains as to the validity of these TNC's and the extent to which regulatory and insurance bodies apply, and oversight of their practices, it appears that TNC's are here to stay. Unquestionably, for segments of the disability community, TNC transportation has provided tremendous increased independence and access. Particularly for those with sensory or intellectual disabilities, the TNC technology has increased the viability and ease of use. For others, and most notably, persons with mobility disabilities and particularly, wheelchair users, TNC technology continues to be largely unavailable due to a lack of accessible vehicles. The challenge presented requires a balance between preservation of the enhanced freedom of access to Americans with disabilities who are able to utilize TNC's with the need to remove barriers for persons using wheelchairs or with mobility disabilities. Similarly, accessible taxicabs have been a controversial subject as the aging fleets of taxis in urban environments are updated, and often replaced with energy efficient, and therefore, , smaller vehicles. Recent litigation in New York addressed this issue, emphasizing the need for inclusion of accessibility in both dispatch methods and the provision of sufficient numbers of taxis that are accessible for persons with mobility disabilities and wheelchair users, as well as resolution of universal training regarding the ADA and accessibility for those with service animals and intellectual disabilities. Demonstration projects in taxicabs that allow blind or low vision users to access auditory information via touch screens with auditory directions have proved successful in the New York market and are beginning to appear across the nation. In addition, taxis and TNC technology may be utilized to supplement, or even replace costly and sometimes ineffective para-transit operations. Properly organized, and in collaboration with existing government sponsored para-transit services, taxis and TNC's may reduce or eliminate many of the existing para-transit challenges and frustrations, including no shows, extreme waiting times for accessible vehicles, and elimination of problems in transition from fixed route interface.

Another area of emerging technology that may present potential enhanced transportation options for Americans with disabilities is the development and introduction of the autonomous vehicle. Private sector development, which commenced as early as 1994, has led to the creation and testing of 'self-driving' cars on American roads, and recently, several such vehicles completed cross-country trials. In late January, President Obama supported fast-tracked development and introduction of autonomous vehicles, and at least six states, including Florida, which has developed a legislative infrastructure for self-driving cars, and California, which has authorized testing regulations, indicate that the autonomous vehicle will soon be a reality on American roadways. The autonomous vehicle presents tremendous opportunities for increased independence for Americans with disabilities who do not currently qualify for driver's licenses. However, universal design that will allow full participation by Americans with disabilities n this emerging technology means that action must be taken now in order to facilitate inclusive development.

Rural Transportation:

Due to the lack of funding within rural communities, individuals with disabilities experience significant lack of transportation options in general, let alone accessible transportation options. According to the Rural Disability and Rehabilitation Research Progress Report, nearly 12 million people with disabilities are living in rural communities without any public transportation options. For communities that do offer public transportation, various challenges are faced making access to employment, healthcare, recreation, and necessary shopping trips difficult. Specifically, access to healthcare and employment is difficult when transportation providers have to follow several boundary rules and regulations making scheduling using multiple transportation modes between communities nearly impossible. This is especially true for communities that have minimal transit options, i.e. one to two operational busses, where schedules are severely limited and unable to fully accommodate a passenger's transportation needs. For those who require wheelchair accessible vehicles and facilities, transportation becomes an even bigger issue. Due to the low income status of the typical rural community, the physical accessibility of public transportation options and bus stations tends to be minimal if not completely absent.

There are some transit options in more developed rural areas allowing for "dial-a-ride" type services but recently, transportation providers like PACE have begun limiting where they will transport a passenger. These limitations include providing transportation to healthcare, employment, and places of worship but exclude recreation and social outings. Section 5311 of the Transportation Act provides funding to operate rural transportation systems with basic guidelines that need to be followed in order to use the funds. These guidelines require a community to organize a transportation agency and develop means to match Federal operating funds by 50%. Communities who take advantage of this system typically acquire the 50% match through rider fees and local taxes however this becomes difficult for communities with a low population and low income.

Aviation:

There are two major concerns for people with disabilities when traveling by air. The first concern is the damaging of wheelchairs and mobility devices by ramp personnel which could leave the person immobile. The second is the negative stigma and bullying that happens to disabled passengers as they enplaning or deplaning the aircraft. Both of these situations can be remedied with proper training. The ramp personal should be trained in best practices when stowing and retrieving mobility equipment. Front line personal must have a disability etiquette and awareness training to depose of the mistaken fear and stigma surrounding people with disabilities.

Passenger Rail:

People with disabilities who travel on passenger rail, like Amtrak continue to face barriers when traveling between cities by train. Travelers with disabilities too often face significant barriers that limit seamless travel, including inaccessible ticket windows, inaccessible bathrooms, broken pathways between parking lots and stations, and challenges with entering, exiting, and navigating train cars. In a 2013 report conducted by the National Disability Resource Network (NDRN), advocates found that 89 of 94 stations surveyed (25%) had at least one or more accessibility problem. This is unacceptable since the 25 years that have passed since the signage of the Americans with Disabilities Act. We must advance policies that lead to level boarding of train cars, accessible station design, inaccessible signage, and seamless connections between passenger rail with other modes, like buses, accessible taxi cabs, and air travel. As a nation, we must ensure full accessibility for all passengers, including travelers with disabilities. We must accelerate station accessibility, innovations for level boarding, and seamless connections to other modes of transportation --- supported by adequate funding that provides individuals with disabilities with the same access that all Americans deserve. We must also ensure that our nation advances passenger rail travel that includes safe and efficient travail options between American cities---so we can visit family, travel for business, or take a vacation.

Pedestrian Access:

The primary goal of a transportation system is to safely and efficiently move people and goods. We are all pedestrians—each and every day. From the moment we step out of their house, their office, or their classroom. We are all pedestrians. Yet, for too many individuals, especially people with disabilities, there is a significant lack of access in and around communities. This includes challenges with sidewalks having large obstacles mid-block, street corners without curb cuts, or complex crosswalks that don't have accessible pedestrian signals, and lack of accessible bus stops--leaving people to board the bus in the middle of the street. These barriers make it difficult for individuals with disabilities to safely go to work, to school, to the grocery store, out with friends, and other community destinations. We must help communities take a complete streets approach, invest in pedestrian access, and change the way every day transportation decisions are made, including creating design guidelines that lead to greater mobility. The ultimate goal will be that pedestrians, bicyclists, motorists and transit riders of all ages and abilities including individuals with mobility devices to be able to safely, conveniently, and easily use roads, sidewalks, bike paths, transit and rails to get to their destination.

Seamless Travel

As Americans travel, they use many different transportation options. Every day they get into cars, buses, subways, trolleys, trains, shuttles vans, taxis, airplanes and walk or roll on neighborhood sidewalks. To be able to travel seamlessly without worrying whether or not you will get to your destination is critical. For passengers with disabilities, the lack of connectivity and accessibility across all transportation modes is not yet a reality. Barriers to accessible

transportation options continue to prevent millions of Americans from getting to regular activities like work, school, shopping, voting, community activities and back home again. While there are over 80 federal programs that support transportation services for people with disabilities, older adults, and people with low incomes these programs still do not fully support the people they serve. Meanwhile, many new, innovative and evolving transportation options offer opportunities for greater mobility for people with disabilities.

There are many unique challenges associated with accessible transportation in suburban and rural communities. Obstacles between different jurisdictions need to be taken down to make traveling as seamless and barrier-free as possible. People with disabilities must often match multiple forms of transportation with incongruent schedules and differing payment systems resulting in long delays and leaving folks as targets at unstaffed payment and transfer points. Often passengers are left with no choice but to accept conditions others would not tolerate in order to reach the end of their journey.

During multi-provider travel, there is always the possibility of multiple forms of payment. These can be cash transactions to credit and debit cards or even a third option like pre-paid travel cards or accounts. The adoption of a cloud or other accessible technological pay point would increase safety, independence and efficiency for all travelers regardless of the mode(s) used. Currently, online travel agencies give some of this ability by offering options to purchase some additional transportation services for some travelers, but they often do not provide options for all travelers.

Often the first and last mile of travel proves to be the most challenging. When the Americans with Disabilities Act was passed in 1990, most of the public buses in the country were not accessible. Fast forward 25 plus years and the busses have the accessibility but will it stop, is there room, are the stops being announced? Under the ADA, states are responsible for creating a plan for building out accessible sidewalks and curbcuts. But according to the Federal Highway Administration, only 50% of states have completed a comprehensive plan to make communities more accessible. With these barriers still remaining and access points still lacking, individuals who use wheelchairs or mobility devices sometimes have no other option than to travel in the middle of a busy street in communities across America. Moreover, blind and low vision are not served when audible signals are not installed or maintained at busy intersection to signal when it is safe to cross the street

A Clinton administration should take several actions to address these long term issues:

- Seek, through federal subsidized challenge grants, University Transportation Programs or in collaboration with the private industry, the development of technologies that will serve as a single source for integrated travel planning and payment. This should not only assist the traveler in single payment access to multiple forms of transit, but should also assist travelers in the location of transportation services and coordination of schedules to eliminate or minimize excessive wait times.

- Create new measures to increase enforcement on states or other public agencies who have not completed and/or implemented their ADA plans for building out accessibility. The completed plans must be implemented in 1, 5 and 25 year plans with identified funding. The quality of the plans must be consistent and of high quality.
- Advance "complete streets" policies in communities serving individuals of all abilities, including those who use mobility devices, to create a plan for safe and convenient crossings.
- Revitalize the Federal Interagency Coordinating Council on Access and Mobility. Require participation at the highest levels of government to assess where coordination is possible and how to best serve those citizens with disabilities in the most integrated and independent manner possible. Create incentives for partnerships between health, employment, transportation and other service providers to develop strategies that connect individuals with disabilities and public transportation options.

Appendix—framing memo

When the group was created, the senior partners wrote a framing memo that touched on these points:

Employment

The disparity between the employment of Americans with disabilities (approximately 34%) and those without disabilities (over 80%) continues to pose a critical barrier to meaningful inclusion in our society and economy. Employment of Americans with disabilities may be significantly increased by:

- Mandated payment of equal and fair wages to Americans with disabilities, eliminating sub-minimum wage waivers.
- Increase the hiring of people with disabilities and veterans with disabilities in the federal workforce by issuing an Executive Order, similar to EO s issued by President W Clinton and President Obama.
- Encourage and reward States that increase hiring of individuals with disabilities by requiring all state contractors over $10,000 to hire individuals with disabilities much like Sec 503 regulations of the Rehabilitation Act.
- Incentivize State's to expand their diversity supplier preferences to businesses certified as owned by people with disabilities. (See Massachusetts Ex Order recently issued by Gov. Baker)
- Ensuring access to the modern employment applications process-on-line applications made accessible, virtual training and job fairs made accessible for sensory, mobility and intellectually disabled Americans;
- Further progressive federal programs, enforcement of Section 503 encouraging 7% of federal contractor work force with disabilities, hiring goals for disabled workers into federal and state government.
- Continued and expanded use of supported employment programs that engage private sector as partners in promoting employment of Americans with disabilities through incentives and credits;
- Rigorous application and enforcement of the Workforce Innovation and Opportunity Act, enacted in 2014.

Education

- Full participation in American society rests on the fundamental infrastructure of education and training. Access to quality education improves employment

opportunities, expands participation in American culture and society, and enriches the American community and economy. Educational focus includes:

- Re-authorization of the Individuals with Disabilities Education Act and the Elementary and Secondary Education Act, currently in process
- Stop the school to jail pipeline that significantly impacts children with disabilities from a minority communities.
- Eliminate the use of Restraint and Seclusion of children with disabilities in our public schools.
- Stop public schools from establishing separate education facilities for individuals with disabilities.
- Ensure full funding of IDEA for every state that addresses the issues mentioned above; school to jail pipeline and usage of restraint and seclusion in our schools.
- Continued and expanded use of Individual Education Plans and Section 504 plans to facilitate best learning practices designed for individual students with disabilities;
- Use of cutting edge technology to ensure accessible instructional materials and assistive technology.

Transportation

Inclusion and opportunity is not even a possibility if Americans with disabilities cannot get to school, to work, and around their neighborhoods and communities. Significant numbers of people with disabilities cannot drive and must depend on public and private transportation services in order to participate in everyday life activities. Because transportation is the lynchpin to full inclusion and because it is changing rapidly, good policy must mandate accessibility for individuals with disabilities. Initiatives include:

- Full enforcement of the ADA requirements for Transportation Access.
- Universal design in emerging technology controlling taxi service and paratransit that ensures accessibility in computer applications and vehicles;
- Incentives and collaborative programs to extend transit services to rural and suburban areas;
- Modification of surface, rail and air transportation to create greater access for Americans with mobility, sensory and intellectual disabilities;
- Ensuring that emerging technology developing the “self-driving” car is universally designed to meet the needs of the diverse population of Americans with disabilities and the aging community.

HealthCare

The Affordable Care Act has broadened access to healthful living for the post ADA generation. However, good health care continues to be elusive to many individuals with disabilities, especially women with disabilities. Additional health care issues include:

- Full Access to Health Care for women with physical disabilities by ensuring all health care providers have accessible diagnostic and examination equipment.
- Ensure that any health care provider receiving Medicaid or Medicare reimbursements must be fully accessible to all people with disabilities.
- Resolution of support funding streams to ensure long term care is provided to individuals who need assistance to maintain their health, safety and independence in the community, while ensuring that care-givers are accorded fair and equal wages
- Engagement with stakeholders, ombudsmen and advocates to ensure full accessibility of health care, architecture, information and technology.
- Redefining mental health care to address the increasing needs of Americans with psychiatric or emotional disabilities, including: wounded warriors with PTSD and TBI
- Ensure that the delivery of mental health care throughout the nation includes the Peer led recovery movement.

<u>Housing</u>

- Creating inclusive accessible housing in numbers sufficient to address the rising population of Americans with disabilities (e.g., adults with disabilities on the autism spectrum)
- Providing expansion of home and community based support as healthy alternatives to institutions, while ensuring that support is designed for the specific recipient involved.
- Ensure that any tax credits or deductions are provided to developers of mixed use/income housing that ensure no more than 15% of units will be designated as units for people with disabilities.

<u>International Disabilities Treaty</u>

The disability community extends to more than one billion people worldwide, and the final element is therefore the disability community's encouragement for U.S. ratification of the international disabilities treaty, the Convention on the Rights of Persons with Disabilities. Ratified by 154 countries, the United States has yet to ratify this human rights treaty based on the ADA.

Ratification by the United States would afford all Americans protection under the tenets of the ADA regardless of where they live and work in the world, and enable America to help extend the ADA rights and protections globally.

Overview of Secretary Clinton's record on disability policy

Hillary Clinton has steadfastly defended equal opportunity, access and inclusion for every American, and in doing so, promotes empowerment, engagement and prosperity for millions of Americans and their families challenged by physical and intellectual disabilities.

Secretary Clinton stated in 2007 in celebration of international Disabilities Day, "we are one people, one world, and that kindness and justice are the seeds of the American dream."

Secretary Clinton has sponsored and supported many initiatives to empower Americans with disabilities. Commencing with her work with the children's Defense Fund, her door to door conversations with parents of children with disabilities who were not attending school because they could not obtain the supports and accommodations they needed to benefit from mainstream schooling led to Hillary Clinton's work supporting the passage of the IDEA, a bill which is at this moment seeking reauthorization, along with the Elementary And Secondary Education Act, the ESEA. She has long recognized education as the cornerstone of prosperity for Americans who wish to elevate their quality of life and participate in the American dream, and we are grateful that she has always fully included students with disabilities in her aspiration to give all children the tools that they need to succeed.

As First Lady, Secretary Clinton gained accolades for her focus on universal health care, and the long awaited passage of the Affordable Care Act, which eliminates life time caps, prohibits exclusion based on pre-existing conditions, and seeks to eliminate holes in prescription drug coverage for Americans aging into disability.

As Senator for New York, Hillary Clinton focused on health care, emergency support and care for veterans with disabilities, sponsoring the Veterans Long Term Securities Act in 2006. She sponsored or supported proposed legislation that expanded rights and sought progressive protections and reforms on issues; critical to providing inclusion and re-entry for wounded warriors, reservists and national guard, and was deeply engaged with emergency response and preparations in the wake of the 9/11 attacks and the natural disasters which hammered the country at the beginning of the 21st century.

As Secretary of State, Secretary Clinton recognized the challenges and hardships of one billion people around the world who live with disability. She sought support for U.S. ratification of the Convention on Rights of Persons with Disabilities with a White House event that demonstrated the value of extending dignity and respect to disabled people globally. She was instrumental in appointing the first disability liaison in the Department of State, who has sought to ensure accessibility, increased opportunities and inclusion in American missions and embassies around the world, and to instill and spread the values of the Americans with Disabilities Act worldwide.

The impact of Secretary Clinton's inclusive philosophy has enabled more Americans with disabilities than ever before to live, learn and work like everyone else. By encouraging us to

work together to improve the lives of us all, her candidacy and Presidency will serve millions of Americans with disabilities, as it promotes the most basic and pervasive of American values, equal rights, dignity, and opportunity.

Secretary Clinton's priorities in her campaign, on the welfare of American families, global economy, security of our nation, mending political infrastructure all touch the interests and values of Americans with disabilities, and we believe that our community will continue to be a powerful and vocal component of her campaign and her inclusive Presidency.

Appendix 2— Best Practices for Campaign Event Accessibility

Campaign events are held at all sorts of different venues from college assembly halls to private homes. Some of these venues are physically accessible and some are not. It is important to know what access is available at a venue early in the planning process. Events advertised on the HFA website should include access symbols (see attached). For ticketed events access information should be shared, information about accessibility at a ticketed event should be included with the event information.

If the venue is not physically accessible for individuals with mobility impairments, there will still be other attendees with disabilities that may need accommodations to attend and participate.

The following are six event-related topics that we believe are important to ensure that Hillary for America events are accessible events.

1. Event Announcement/Invitation

An inclusive event announcement contains language indicating that the event is accessible and the event planner is able to provide accommodations that will allow participation of individuals with disabilities. Depending on the type of venue, the organization owning the venue may be able to assist the campaign with information they have about access, parking and other accommodations for participants with disabilities.

Include the following information on all flyers/invitations to HFA events:

For questions about accessibility or to request accommodations please contact (name) at (include phone and an e-mail address so that someone with a hearing or verbal disability can make inquiries). You must notify us ___weeks in advance to allow the time necessary to obtain accommodations.

I will need the following accommodations in order to participate:
___ASL Interpreter
___Communication Access in Real Time (CART services)
___Large print
___Braille
___Wheelchair access
___Assistive Listening Device
___An Assistant will accompany me
___Closed captioned videos
___Audio Described Videos
___Other _____

"Other accommodations may include support for those who cannot stand for long periods of time, people susceptible to extreme weather, persons who need clear visual access to the speakers in order to read lips, or guides for those who are blind or low vision. Every State has their own process for obtaining and paying for accommodations. It is important to know that information before you get requests.

2. Disability Access Area

No matter the size of the event, reserving an area close to the podium or stage is important. This will ensure full access for individuals with mobility impairments as well as those with communication access needs.

- Mark off a section in front of the room that has an unobstructed view of the speakers and interpreters.
- Designate a staff member or volunteer to monitor the area so that seats are saved for individuals who need them.
- Make a few folding chairs available as well to help accommodate fragile or elderly persons.

3. Wheelchair Users and other Mobility Disabilities

Make sure you know if there is an accessible entrance at the event venue. If different from the entrance all other event attendees will use, the following tips will help make the event more inclusive:

- Ensure that wheelchair access for public venues is well marked.
- Brief staff and volunteers about the accessible entrance.
- Designate a team member to guide wheelchair users to accessible entrances.
- Similarly volunteers and staff should be able to direct wheelchair users to accessible restrooms if in different location from other restrooms.
- Keep an open space for wheelchair users and others with mobility impairments near the front of the event to ensure the opportunity to see and hear the speakers.

Private Homes/Venues:
If a home event is open to the public, indicate on the flyer/invitation if the home is accessible or not. If a home event organizer is willing to provide other accommodations, use the access language above so that attendees needing accommodations are able to request them in advance.

4. People who are Deaf or Hard of Hearing

For people who are deaf or hard of hearing, communication access such as provision of ASL interpreters, CART transcription, or offering clear line of sight visibility so that lip reading is possible is critical.

- Include an RSVP "request for accommodation section" so the event team knows whether such services are necessary. See language above in #1.
- Place deaf and hard of hearing persons in an area with unobstructed view of the speakers and interpreters.
- Video presentations during the event should be captioned.

5. People who are Blind or Low Vision

For persons who are blind or low vision, staff guidance may be necessary to support the guest through the venue and to the disability area.

- Designate a team member to guide guests to accessible entrances.
- Provide signs in alternate formats such as braille or large print.
- Where the presentation includes video or visual presentations alternate formats should be provided. This can be accomplished by:
- Transmitting the visual presentation to the guest in advance of the event so they may use their translation assistive technology, or by
- Providing video description added (VDA) by recording descriptive material about the presentation and allowing the guest to access the description through recording devices. There are also several apps that facilitate VDA.

6. Respect for Personal Dignity

Respect for the dignity and inclusion of ALL event attendees, including those with disabilities is important.

- Staff and volunteers should be trained to treat every visitor with respect.
- Staff and volunteers should be encouraged to identify ways in which to create safe and welcoming environments for persons with disabilities.

Appendix 3—Disability Voter Data

Highlights

- The disability community is the largest minority group in America, but is rarely recognized as such

- 1 in 5 Americans are disabled, over 56 Million according to the US Census Bureau

- In the 2012 election 15.6 million Americans with disabilities voted, the third largest voting bloc in the entire election

  2012 demographic voter breakdown (Rutgers study)
  - White, non-Hispanic -98 million voters
  - African Americans- 17.8 million voters
  - Americans with Disabilities- 15.6 million voters
  - Latino Americans- 11.2 million voters
  - Asian Americans-3.9 million voters

- Disability organizations across the country are registering voters with the goal of adding an additional 3 million voters, making the disability community the second largest voting bloc in the country

- Disability unemployment rate double national average at 9.7, non-disabled 4.3

- Disabled workers earn 30-40% less than non-disabled workers, US Census Bureau

- People with disabilities are three time more likely to live in poverty

- Disability is only minority group who can be legally segregated both in school and in the workplace

Source materials

#CripTheVote
http://rise.huffingtonpost.com/watch/cripthevote-election-year

Rutgers University
http://smlr.rutgers.edu/research-centers/disability-and-voter-turnout

Appendix 4—Young Disability Advocates

Goals

1. Appoint state captains in all Battleground states
    - community outreach
    - plan/execute local disability events
    - Organize disability presence at HFA events
2. Engage 200+ young people
3. Engage young people with disabilities in all 50 states (aspirational)

Phase 1: Summer, Build Network in Battleground States
Phase 2: Fall, Start of school for Universities—campus outreach and visibility events
Phase 3: Late Fall, GOTV in swing states—spread voter access information

Outreach Days

- Public meetups to show support for Hillary in the community
    - Public parks, pedestrian plazas, prominent intersections, etc.
- Have people sign voter pledges
    - For young Americans with disabilities, voter registration is often first step
- Give out copies of the autism agenda/Cards with disability voter data
- Recruit new volunteers
- Take video testimonials/pictures with written statements
    - why they support HRC
    - answers to the question: what should candidates know about people with disabilities?
- Sign ideas
    - "57 million Americans with Disabilities"
    - "Hillary is our champion"
    - "Stronger Together"
    - "Building Electoral Power"
    - "Young Disability Advocates for Hillary"
    - "I'm with Her"
    - "E Pluribus Unum / Under Many One"

Voter Pledge cards

- ways to collect emails and phone numbers
    - Allow for follow up before election, do you need help finding a polling station, a ride to the polls or special assistance
    - members of YDA can sign up their friends and community
    - set goals for each state and make it a friendly competition between state captains

Outreach to Bernie Supporters

- Events in CA, OR, VT

Debate viewing parties

Appendix 5—Platform Recommendations

Democratic Party Platform Draft 2016
Inclusion of Issues Impacting the Lives of People with Disabilities

Below is a summary review of the 2016 Democratic Party Platform Draft and how the document touches people with disabilities.

The platform focuses on values for all communities, rather than specific policies, as a way to bring all parties together. People with disabilities are included in many ways throughout the document. Sometimes our community is mentioned specifically (**highlighted in bold**) and sometimes we are included in a broader policy without specific mention (noted in green text).

People with disabilities are mentioned specifically in the following sections:

- Preamble
- Minimum Wage
- Equal Pay, Paid Leave, And Caregiving
- Housing
- Research, Science And Tech
- Civil Rights
- Disability Rights
- Voting Rights
- Education
- Protect Our Values

In addition to specific mention, there are examples of other sections below that include individuals with disabilities without specific mention but we know the DNC knows it applies or is specific to people with disabilities.

Preamble

We believe in protecting civil liberties and guaranteeing civil rights and voting rights, women's rights and workers' rights, LGBT rights and rights for ***people with disabilities.***

Minimum Wage

We also support creating one fair wage for all workers by ending the sub-minimum wage for tipped workers and **people with disabilities.**

Democrats support a model employer executive order or some other vehicle to leverage federal dollars to support employers who provide their workers with a living wage, good benefits, and the opportunity to form a union.

Equal Pay, Paid Leave, and Caregiving

We will take steps to expand and strengthen the homecare workforce. We will increase childcare investments to make quality childcare more affordable, boost wages for childcare workers, and support the millions of people paying for, coordinating, or providing care for aging relatives **or those with disabilities.**

Housing

Democrats also believe that we should provide more federal resources to the people struggling most with unaffordable housing: low-income families, **people with disabilities**, veterans, and the elderly.

We will reinvigorate federal housing production programs, increase resources to repair public housing, and increase funding for the housing choice voucher program. And we will fight for sufficient funding to end chronic homelessness.

Social Security

The Democratic Party is also committed to providing all necessary financial support for the Social Security Administration to provide timely benefits and high-quality service for those it serves. Inclusive of individuals with disabilities on SSI/SSDI

Create Good Paying Jobs

We need a major federal jobs program that puts millions of Americans back to work in decent paying jobs in both the public and private sectors. Inclusive of individuals with disabilities.

Research Science Technology

Democrats also believe we must harness the promise of technological innovation to promote community participation and enhance opportunities to achieve greater economic self-sufficiency **for people with disabilities.**

Youth Jobs

Democrats will create millions of jobs for our young people. Roughly one in ten Americans between the ages of 16 and 24 is unemployed, more than twice the national average. The unemployment rates for African American, Latino, Asian American, Pacific Islander (AAPI) and American Indian teenagers are far too high. That is why Democrats will provide direct federal funding for a range of local programs that will put young people to work and create new career opportunities. Inclusive of teenagers with disabilities.

Bring Americans Together and Remove Barriers to Create Ladders of Opportunity

Instead of investing in more jails and incarceration, we need to provide greater investment in jobs and education, and end to the school-to-prison pipeline. Inclusive of young students with disabilities who are also Black or Hispanic.

Civil Rights

Democrats will always fight to end discrimination on the basis of race, ethnicity, national origin, language, religion, gender, sexual orientation, gender identity, or disability. We need to promote civility and speak out against bigotry and other forms of intolerance that have entered our political discourse. It is unacceptable to target, defame, or exclude anyone because of their religion, race, ethnicity, national origin, or sexual orientation.

We condemn Donald Trump's demonization of prisoners of war, women, Muslims, Mexicans, and **people with disabilities;**

Disability Rights

No one should face discrimination based on disability status. Democrats are committed to realizing the full promise of the Americans with Disabilities Act. We will improve access to meaningful and gainful employment for people with disabilities. We will provide tax relief to help the millions of families caring for aging relatives or family members with chronic illnesses or disabilities. And we will continue to fight for ratification of the Convention on the Rights of Persons with Disabilities.

Voting Rights

And we will continue to fight against discriminatory voter identification laws, which disproportionately burden young voters, diverse communities, people of color, low-income families, **people with disabilities,** the elderly, and women.

Education

Democrats believe that all students should be taught to high academic standards. Schools should receive adequate resources and support. We will hold schools, districts, communities, and states accountable for raising achievement levels for all students —particularly low-income students, students of color, English Language Learners, **and students with disabilities.**

Protect Our Values

Our values of inclusion and tolerance inspire hope around the world and make us safer at home. The world will be more secure, stable, and peaceful when all people are able to reach their God- given potential and live in freedom and dignity. We strive to ensure that the values upon which our country was built, including our belief that all people are created equal, are reflected in everything our nation does. That is why we will promote peace building and

champion human rights defenders. We will fight to end child labor. And we will seek to safeguard vulnerable minorities, including LGBT people **and people with disabilities.**