



2017 Legislative Priorities

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Appropriations

The State Budget is the critical factor to support and promote independence for Texans with disabilities. Successful advocacy is near impossible without an eye on appropriate funding, which is why we give it its own section.

Increase Community Attendant Wages: Increase the base wage to \$10.50 in 2018 and \$13.00 in 2019. Cost is \$1.25 B in General Revenue (GR).

Inexplicably, HHSC has requested Exceptional Item funding less than the agency proposed in 2015. In 2015, HHSC proposed a base wage of \$8.86, *lowering* the request to \$8.50 this year. Instead, CTD believes recruitment and retention of this crucial workforce is at high risk due to an extremely low base wage, no benefits, increasing demand, and alternative employers paying much higher wages.

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Interest List Reduction: Support the HHSC Exceptional Item #15 funding 19,010 new waiver slots. In particular, CTD recognizes there is a rare window of opportunity to eliminate the Medically Dependent Children's Program (MDCP) interest list for kids at Social Security Income (SSI) level as it transitions to STAR Kids managed care, at a modest \$20 M GR cost.

People with disabilities who are considered to require an institutional level of care and meet poverty guidelines are eligible for Medicaid Community Services Waivers to live in the community (as opposed to an institution). According to the Department of Aging and Disability Services (DADS), as of October 2016, 129,598 unduplicated Texans are on the Medicaid Waivers Interest Lists. Some have been waiting for over 12 years, and the list is only growing.

Promoting Independence: Support the Exceptional Item #14 for community waiver slots for people moving out of institutions or at imminent risk of institutionalization at \$50.1M GR. In addition, CTD recommends that Health & Human Services Commission (HHSC) should report an offset of money saved from the high-cost institutions.

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Restore Relocation Contracts to Community-Based Organizations: Require the reporting of offset of funds saved from relocations and restore relocation contracts to the budget.

Texas is the national leader in relocations from nursing facilities. Consumer-orientated, community-based organizations have an important, distinct role. Combined with funds for supporting Transition to Community Living, the contracts are a bargain at \$5M. Successful relocations save tremendous amounts of money, but relocations have been zeroed out of the proposed budget.

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Early Childhood Intervention (ECI) and other programs serving kids with disabilities: Support Exceptional Item #6 \$44.8 M in All Funds to maintain current level of services.

Community Services

The freedom for all to work, live, learn, play, and participate fully in one's community of choice is written directly into our mission. CTD seeks out opportunities to encourage policy that increases independence and access for Texans with disabilities, wherever they choose to be.

We recommend the full restoration of the following programs, all of which are low-cost and proven effective:

- **Lifespan Respite** for family caregivers
- **In-Home and Family Support** to address flexible needs
- Recovery-based **Clubhouse** model for mental health peer services

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We recommend funding for the **Office of Court Administration's guardianship monitoring** to protect rights.

Children with Disabilities

After years of budget cuts and inattention, the support system for children with disabilities is on the verge of collapse. Misguided cuts to reimbursement rates have limited access to crucial therapies, overburdened case management has led to a staggering number of children (many of them with disabilities) in imminent danger, and arbitrary policies have excluded more than 250,000 children from receiving the special education services that they deserve and need to become successful independent adults.

Medicaid therapy cuts - Rider 50: Support restoring reimbursement rate cuts made during the previous session by Rider 50. Whether in the supplemental budget or during the regular session, funding should be restored to eliminate the budget cuts made by Rider 50 which have limited the access to therapies for many Medicaid dependent families and has pushed some therapy providers into closure.

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Child Protective Services (CPS) and Mental Health: Support efforts to decrease CPS staff caseloads and to address the dangerous and ineffectual foster care management system. This includes focused efforts in providing mental health services, including trauma informed care and transition services from primary education into higher education or vocational options.

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Early Childhood Intervention (ECI): Support Health and Human Services (HHSC) Exceptional Item #6 – (\$41.9 million GR/ \$44.8 million AF) to maintain current caseloads. In addition, CTD supports additional efforts to expand eligibility to pre-2012 levels and increase funding to serve more eligible children. Cuts to the program have also severely impacted service delivery. CTD supports efforts to streamline or eliminate administrative burden for contractors and to provide additional funds for providers' staff dedicated specifically for “Child Find” and transition coordination for pre-kindergarten.

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Special Education: Support HB 363 (Huberty) and SB 160 (J. Rodriguez) to eliminate the 8.5% performance indicator that has effectively created a special education enrollment cap. However, eliminating the cap does not address or restore services and supports to children with disabilities. CTD supports additional legislation that provides school districts with guidance and the resources to address the current systemic failures in both the identification of special education students, and delivery of special education services.

In addition, CTD supports efforts that implement meaningful stakeholder involvement at the Texas Education Agency, at Independent School Districts and individual school campuses. Stakeholder input is a key to ensure any future action plan (or rules created to address the Every Student Succeeds Act) has public input to ensure unintended consequences of policy and procedure are addressed during the planning stages – not a decade later.

Transportation

Much of what we fight for will mean nothing if Texans with disabilities cannot get safely from point A to point B. That's why we push for policy that improves accessibility in existing infrastructure and includes it in emerging transportation options.

Distracted driving: Support Distracted Driving (aka Texting while Driving) legislation.

This issue is coming to the floor for its 4th session. In 2017, Reps. Craddick (HB 62), Cook, Geren, Lucio III (HB 160), Turner (HB 520) and Wu, along with Senators Zaffirini (SB 31, SB 57, & SB 67) and Menendez, will be working to pass legislation to enact a statewide ban on distracted driving (aka texting while driving). 44 states already have distracted driving laws in place and having Texas join this number would significantly contribute to pedestrian safety for Texans with disabilities.

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Accessible parking: Support legislation that strengthens accessible parking enforcement, increases public education, and limits placard abuse.

Disabled parking abuse is a growing problem across Texas. When accessible parking spaces are not available it limits the ability of Texans with disabilities to access necessary goods, services and jobs many people take for granted. CTD supports:

- limiting access of overly abused secondary placards
- discussing the overuse of placards for free meter parking by those without disabilities
- increasing enforcement by volunteer programs already found around the state
- using more efficient, accessible, and error free electronic filing of citations
- increasing our judges' flexibility to allow offenders the option to be educated on accessible parking and the effects of their decisions on those with disabilities.

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Transportation Network Companies (TNC): Include accessibility in any legislation pertaining to TNCs and include people with disabilities in key decisions regarding TNCs. Three bills have already been filed: SB 113 (Huffines), SB 176 (Schwertner), and SB 361 (Nichols)

Texans with disabilities, among the most transportation-disadvantaged, have a lot to gain from TNCs, but only if rides are accessible. Requirements like a reasonable ratio of wheelchair accessible vehicles in a given TNC's fleet and clear rules about service animals can go a long way in making sure TNCs can be used by all Texans. That's why, regardless of the debates that ensue in the Legislature this session over TNCs, decision-makers should adhere to CTD's principles of Accessibility in Vehicles-for-Hire (see TXDisabilities.org/transportation).

Economic Disparity

Nearly 1 in 4 Americans with disabilities lives in poverty. This financial disparity limits choices on where one lives, impacts mental and physical health, and diminishes quality of life. This disparity is further reinforced by the high unemployment rates of individuals with disabilities. For those with disabilities, lack of access to the same educational and employment opportunities as others without disabilities, frequently results in reliance on public benefits that does not offer the minimum income necessary to provide economic security.

Support the **Employment 1st Take Force recommendations** and recommend including entrepreneurs with disabilities in **HUB (historically underutilized business) eligibility**.

Prescription Drug Access

Medicine and access to care are huge concerns for the disability community. CTD staff devotes a large part of our time and energy to policy regarding access to medication, drug regulation and enforcement, and pharmaceutical research and development.

CTD will continue to support greater access to a full range of therapeutic options that allows the consumer and their doctor to decide what the best options are for them. We support:

- strengthening patient protections and transparency in both commercial and Medicaid programs
 - limiting the use of barriers to access, like over utilization of prior authorizations and step therapies
 - encouraging practices to improve patient medication adherence through the use of prescription drug synchronization
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