ATVFL Candidate Questionnaire Issue Statements

The Opioid Epidemic

There is an opioid epidemic in Florida. The misuse of opioid drugs such as fentanyl and heroin-related drugs have caused the rate of overdoses to triple in the last 20 years.¹ Currently, the state is passing new laws to fight against the misuse and abuse of these drugs, including the Prescription Drug Monitoring Program² and the Pill Mill Law on Opioid Prescribing and Utilization³. These laws enacted to limit the use of opioid drugs and to curb the opioid crisis do not consider the need for people with disabilities to use these medications the way that they were originally intended to be used - for pain management with the supervision of a treating doctor. As a result of recent efforts to reduce opioid prescribing, many people with chronic pain are faced with forced opioid tapering or discontinuation. This has resulted in people with previously well managed chronic pain experiencing agonizing pain levels and intense withdrawal symptoms.

Questions

• What policies will you propose to address the opioid crisis without eliminating pain management options for those who live with chronic pain?
• Would your proposed policies account for the needs of some individuals to utilize both medical marijuana and pain medication in different facets of their treatment? If so, how?
• What changes will you make to ensure that people who require pain management services can access and receive services that center their individualized needs?

• Do you plan to address the disparity in equitable pain management treatment experienced by those in the Black, Indigenous and People of Color or multiply marginalized communities? If so, how?
Mental Health

Those with disabilities experience mental health challenges at a greater rate than those without disabilities. By some estimates the prevalence of mental health related issues is five times greater amongst members of the disability community as compared to the general population. Yet, proper treatment often remains lacking for those with disabilities.

Barriers such as finances and transportation can make care difficult to access. Even when obstacles such as these can be overcome, disability bias is prevalent among mental health professionals and affects the quality of care those with disabilities receive. Further, those with disabilities, particularly children and multiply marginalized individuals, are disproportionately subjected to involuntary commitment under the Baker Act or entangled in the criminal justice system, as opposed to being given needed accommodations and access to community-based care and supports.

Questions

• What policies would you implement to ensure people with disabilities receive comprehensive, high quality, and equitable mental health services and insurance coverage?
• Share your thoughts on co-responder programs (mental health & law enforcement joint response to mental health crises).
• How would you work to eliminate the disproportionate connection between being disabled and becoming entangled in the criminal justice system as opposed to being given necessary and equitable mental health treatment?
• In your opinion, what can be done to identify and mitigate disability bias in the treatment of mental health? How would you work to address this?

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4 https://www.cdc.gov/ncbddd/disabilityandhealth/features/mental-health-for-all.html
5 https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions/People-with-Disabilities
Common Misconceptions about Accessible Architecture

**Only new buildings must be accessible for individuals with disabilities.** Even though the Americans with Disabilities Act was passed by Congress over 30 years ago, many buildings and structures are still inaccessible. Many people believe that buildings constructed before the passage of the ADA are exempt from accessibility standards, and therefore are “grandfathered” in. This perceived “grandfather clause” is a misconception. The ADA requires all new construction meet ADA standards, but it also requires that existing structures work to remove barriers to access when renovations are made.

**Making architecture accessible is more expensive than developing non-accessible architecture.** It is often believed that accessibility is “too expensive,” and the costs are not worth the benefits to business owners. Accessibility features are generally no more expensive than traditional features if incorporated by the designer at the conceptual stages. While accessibility adds on average 2% to construction costs, business owners must also factor in the long-term costs of ignoring a potentially huge segment of the population. Approximately 60 million Americans have disabilities, and the rate of prevalence of severe disability has increased by 70% since 1966. In the growing population over 65 years of age, 46% have either limited or severe disabilities. The magnitude of these numbers necessitates that business owners consider the entire life span of future users of their spaces and products.

**Accessibility is difficult and only benefits a small number of people.** Not only are many accommodations simple to make but they are beneficial to everyone. For example, curb cuts, wider entrances, and automatic doors benefit those with children in strollers as much as a wheelchair user. Additionally, as individuals age, rates of disability increase; therefore, accessibility is a factor in one’s ability to age in place, just as much as it is when an individual acquires a disability at any other age. When we plan with accessibility in mind everyone benefits.
Questions

- What policies would you propose to encourage public investment in improving accessibility and implementing universal design?

- What policies or incentives will you promote to encourage private business owners to make their buildings accessible?

- How can housing data be utilized to better account for the needs of people with disabilities and to promote increasingly accessible living spaces?
Economic Opportunity

Equal economic opportunity is, in theory, a fundamental American ideal. However, it is one which remains grossly under-realized for many marginalized Americans, including those with disabilities. Approximately 19% of people with disabilities are employed compared to 63% of people without disabilities. In addition, many people with disabilities are underemployed, paid a sub-minimum hourly rate, or only hired for part-time employment. These statistics cut across all age groups and educational levels for people with disabilities, and only become more staggering when multiple marginalized identities are held.

Many people with disabilities can and want to work. However, the barriers to employment are vast and include access to transportation and education, among other things. Some individuals rely upon social programs, such as Social Security and Medicaid, which have income and asset restrictions and marriage and support penalties. Many of the services provided by these programs, such as personal care assistance are not offered through employer-sponsored and private insurance forcing people to choose either needed services and supports or employment, effectively trapping them in poverty. Federal definitions of disability, upon which qualification for these programs is based, is predicated upon an “inability to work” and/or engage in “gainful activity.” Gainful activity can, at the discretion of social programs, be inclusive of activity outside of traditional employment, such as volunteer work, running for public office, and certain education and training programs. This is problematic because it further serves to isolate people with disabilities and discourages involvement in community and civic activities.

The cost of living with a disability is on average 28% higher than for those without disabilities. This can substantially limit an individual’s resources leaving them without adequate financial resources to retire, purchase a home, or to pay for an emergency.

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7 https://www.nationaldisabilityinstitute.org/reports/extra-costs-living-with-disability/
Given the negative pervasive impact upon all areas of life that a lack of economic mobility can perpetuate, an effort to dismantle architectural, legal, and attitudinal barriers that block those with disabilities from employment, education, wealth accumulation, and participation in leadership at all levels of society are crucial.

Questions

- What policies would you implement to provide people with disabilities with equitable access to upward economic opportunity?
- What changes to the current social safety net would you propose to implement a more all-encompassing framework that allows people with disabilities to receive needed services that are not currently covered by private or employer-based insurance, such as personal care and other uncovered assistance they may require, while not limiting the ability to pursue economic opportunity? If so, how?
- How would you work to promote and incentivize equal opportunity for those with disabilities in employment?
- How would you propose to address the barriers that unequitable access to transportation create to economic opportunity for those with disabilities?
Parental Rights

According to the National Council on Disability, in the United States there are around one in ten children who have at least one parent with a disability. There are 4.1 million parents with disabilities across the country.

Individuals with disabilities who are or want to become parents face discrimination along multiple avenues, including in the child welfare system, educational system, and in the legal system as parents/guardians/caregivers. Under Title II of the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973, parents and prospective parents with disabilities are protected from unlawful discrimination in the administration of child welfare programs, activities, and services. Unfortunately, the competency and parental rights of individuals with disabilities are frequently discredited, questioned, or threatened by individuals working in organizations as well as current or former spouses and other family members. Parents with disabilities are often undermined in their parenting abilities and are referred to child welfare services resulting in separation from their children at disproportionately high rates.

People with disabilities deserve the same treatment, rights, and opportunities as their non-disabled counterparts. Unfortunately, parental rights are taken away or terminated for people with disabilities every day. And people with disabilities face additional barriers and stigma when accessing gynecological, reproductive, and maternity care or education. It is essential for elected officials to be aware of the issues faced in the parenting field by people with disabilities to work to protect their impacted constituents.

Questions

- What policies will you propose to better protect the rights of parents with disabilities and to ensure they have needed supports?
- Research shows that removing a child from their parents should only be used as a last resort. How might you work to ensure this standard is
adhered to equally when parents with disabilities are involved and adaptation isn’t conflated with neglect or abuse?

- What policies would you propose to further address bias against parents with disabilities among child protection workers?

- When support is needed to guarantee that individuals with disabilities can exercise their parental rights, how will your policies ensure such supports are easily accessible to the family?

- What policies do you propose to protect the reproductive rights of people with disabilities?