
The New Hampshire Challenge

disability issues from a family perspective

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Winter, 2004

Who would be President?

And what would it mean for you and your family?



This issue

is devoted to interviews with the candidates in the New Hampshire Presidential Primary to be held on January 27. **Don't forget to vote!**

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Help provide information by filling out a survey on page 27.

Our Resource listings will return in the Spring 2004 issue.

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I know
no safe depository
of the ultimate powers
of the society but the
people themselves;

and if we think them
not enlightened enough
to exercise their control
with a wholesome discretion,

the remedy is not
to take it from them, but
to inform their discretion
by education.

Thomas Jefferson

In a letter to
William Charles Jarvis
September 28, 1820

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Katie Beckett Cuts Threaten Services for Children...

...and a revenue source for school districts

by: Janet M. Krumm

John Stephen, newly appointed Commissioner of the NH Department of Health and Human Services, presented a proposed plan for \$20.6 million in cuts over the next two years to the Joint Legislative Fiscal Committee on November 19. The Committee approved the plan despite objections by several legislators.

The \$20 million in cuts were mandated by a footnote in the state budget recently passed by the Legislature and signed into law by Governor Benson. While the footnote mandated the overall reduction in spending, it allowed the Commissioner discretion over where to make the cuts.

The line item generating the most controversy in the disability community is the proposed \$500,000 cut to the Katie Beckett Option of the Medicaid program. The Katie Beckett Option provides Medicaid coverage to children with severe disabilities who meet certain criteria without counting the income and resources of their parents.

The purpose of the program, created by President Ronald Reagan in 1982, was to extend Medicaid coverage to children at home who, according to Medicaid rules, would not be eligible because of their parents' income and resources but would be eligible if institutionalized. In effect, President Reagan corrected a Medicaid bias toward out-of-home placement.

The Katie Beckett Option was created as a cost-savings measure. It was less expensive to provide care and services to children at home than it was to provide care and services in a hospital, nursing home or intermediate care facility. In effect, the Katie Beckett Option kept the family intact.

The New Hampshire Legislature passed a law in 1988 to provide Medicaid coverage to children with severe disabilities without counting their parents' income and resources. The law was implemented in 1989 and administrative rules were approved by the Joint Legislative Committee on Administrative Rules (JLCAR) the same year.

At the time the legislation was passed, it was esti-

mated that 400 children would be immediately eligible for Medicaid under the Katie Beckett Option. That proved to be true.

At the present time, Commissioner Stephen reports that 1,200 children are receiving Medicaid benefits under the Katie Beckett Option.

The cost of the program has increased from an annual cost of \$4 million in 1994 to \$20 million today, according to Commissioner Stephen. That cost, he admitted, includes both State money and the Federal matching money (50% match), as well as Federal money from the Medicaid to Schools program. (Note: In the Medicaid to Schools program, local school districts pay the State's 50% cost.)

According to Matthew Ertas, acting director of the Division of Developmental Services (DDS), in school year 2002-2003, school districts billed Medicaid \$27.9 million for services for 9,537 students. Of those, 841 students were Katie Beckett children, representing 9% of the Medicaid recipients. The cost for the services provided those 9% was \$9.6 million. Schools were reimbursed a total of \$13.9 million, of which \$4.8 million was for Katie Beckett students.

In the last school year, though Katie Beckett children represented only 9% of the Medicaid population in schools, federal revenues to pay for their costs corresponded to almost 35% of the total Medicaid revenues to schools.

Early intervention services to children birth through 3 are reimbursed by Medicaid. Services include early identification, screening and assessment, home visits, speech, occupational and physical therapy, psychological services, case management, nutritional and nursing services and family training.

Last year, according to Ertas, 77 children receiving early intervention services were Katie Beckett children. Because early intervention services are federally mandated for all eligible children, the State would be required pick up the 50% federal matching costs to provide services to children

who lose their eligibility.

Of the 680 children receiving Medicaid services under the Home and Community-Based Care Waiver for individuals with developmental disabilities (HC-BC DD) last year, 349 were Katie Beckett children, Ertas reported. This waiver provides long-term care services including respite, much of which is not covered by private insurance.

Of the 156 children receiving services under the new In-Home Supports Waiver, 128 of them are Katie Beckett children, according to Ertas. This newly approved waiver provides families with more flexibility regarding the in-home supports they need.

The purpose of the waiver was to re-deploy existing Medicaid funds in a more cost-effective way to provide supports families needed.

Families would be able to hire caregivers other than Certified Nursing Assistants (CNAs) to provide care for their children. They would also be able to use the services of a behavioral specialist and other therapists as consultants to coordinate the care the child is receiving at school and at home, and caregivers could accompany the child into the community.

The State is limited in how it can reduce Katie Beckett costs. To be eligible under the Katie Beckett Option, children must meet certain criteria mandated by the federal law :

1. An individual must be 18 years of age or younger;
2. The State (by definitions it chooses) must determine that:
 - a. the individual requires a level of care provided in a hospital, nursing facility or intermediate care facility for the mentally retarded (ICF-MR)
 - b. it is appropriate to provide such care outside an institution,
 - c. the cost for care in the community would be less than the cost for care in an institutional setting.
3. If the individual were receiving institutional care, the individual would be Medicaid-eligible.

Katie Beckett facts:

In school year 2002-2003:

School districts received Medicaid reimbursement for 9,537 children. 9% of them (841) were Katie Beckett children.

School districts billed Medicaid \$27.9 million; of that, 35% (\$9.6 million) was for services for Katie Beckett children.

School districts were reimbursed \$13.9 million by Medicaid. Of that, 35% (\$4.8 million) was for services to Katie Beckett children.

Last year:

- 77 children receiving federally mandated Early Intervention services were Katie Beckett children.

- Of the 156 children receiving supports under the In-Home Supports Medicaid Waiver, 82% (128) of them were Katie Beckett children.

- Of the 680 children receiving supports under the Home and Community-Based Care Waiver for individuals with Developmental Disabilities, 52% (349) of them are Katie Beckett children.

This information was provided by the Division of Developmental Services, NH Department of Health and Human Services.

4. The individual must have a disability as defined by Social Security.

Federal law also mandates that States cannot include the parents' income and resources to determine eligibility. Only the income and resources of the child are considered.

This leaves the State two options to cut costs:

1. It can limit access to services. By requiring pre-authorizations and/or limiting the number of times a service is allowed, the State can effectively limit services. But those limitations would have to apply to all Medicaid recipients, not just Katie Beckett children.

(The Katie Beckett Option is a way for children with severe disabilities to become eligible for Medicaid. Once a child is deemed eligible for Medicaid, that child is eligible for all Medicaid services. Even though the Katie Beckett Option is sometimes called a "waiver," it is not a waiver. Waiver programs - such as the In-Home Supports and the Home and Community Base Care Waivers

- which offer additional services require first, that an individual be Medicaid-eligible and second, that additional eligibility criteria be met.)

2. It can tighten eligibility requirements by changing its definition of level of care. Federal legislation gives the State the authority to define the level of care that is provided by a hospital, nursing facility or ICF/MR. Changing the current definition to make it more restrictive would result in some children losing their eligibility, thus reducing overall costs.

Commissioner Stephen has announced his intention to tighten the eligibility requirements.

Those requirements are outlined in administrative rules. Changing the requirements would mean a rules change.

The current rules expired in December, 2002. The Department published a proposed set of rules in November, 2002 and a public hearing was

Continued on page 26

What the candidates have to say about

Disability Issues

This issue of The New Hampshire Challenge focuses on New Hampshire's Presidential Primary, the first in the nation. The Challenge invited the candidates to outline their stands on disability issues.

Some candidates spoke with us personally (Howard Dean, John Edwards, John Kerry and Dennis Kucinich). Some sent written replies to our questions (Dick Gephardt and Wesley Clark). One did both (John Edwards). For those who did not respond (and for those who did), we examined their campaign websites to gather information relevant to the disability community.

We examined President Bush's campaign site for his stand on disability issues, but could find no reference to "disabilities" at all. So we gathered information about his record over the last three years on matters relevant to the disability community.

We present the results of these efforts to help you make informed decisions as you cast your votes on January 27.

Information on the candidates was gathered and compiled by Jamie Stephenson and Janet M. Krumm

In their responses, the candidates speak about several pieces of legislation that are relevant to the disability community:

SCHIP

The Balanced Budget Act of 1997 created a new children's health insurance program called the State Children's Health Insurance Program (SCHIP). This program gave each state permission to offer health insurance for children, up to age 19, who are not already insured. SCHIP is a state administered program and each state sets its own guidelines regarding eligibility and services.
(From the Centers for Medicaid and Medicare Services)

The Family Opportunity Act

The Grassley-Kennedy *Family Opportunity Act of 2003 (S.622)* contains three major pieces of Legislation. The first section calls for a Medicaid buy-in program for families below 250% of the federal poverty level (fpl). This would allow states who chose this option to develop a plan where families of children with severe disabilities would pay a premium not higher than 3-5% of their adjusted gross income and receive in return the Medicaid services not covered by their private insurance. Families would be required to continue their private insurance coverage.

The second section allows children with severe mental disorders who currently require institutional care to be eligible for home and community-based waived services.

The third section calls on the Maternal and Child Health Bureau under the Division for Services for Children with Special Health Care Needs to develop Family-to-Family Health Information Centers in each one of the fifty states and territories. These centers are state-based and family-run, providing technical assistance and peer support to families of children with special health care needs. They will be responsible for developing partnerships with those responsible for serving these children and their families. They will also be charged with monitoring the progress of programs with responsibility for payment and direct services of this population through a statewide data collection system.
(From Family Voices)

Ticket to Work

The *Ticket to Work and Work Incentives Improvement Act of 1999* was enacted on Dec. 17, 1999. This law:

- increases beneficiary choice in obtaining rehabilitation and vocational services to help them go to work and attain their employment goals;
- removes barriers that require people with disabilities to choose between health care coverage and work; and
- assures that more Americans with disabilities have the opportunity to participate in the workforce and lessen their dependence on public benefits.

(From the Social Security Administration)

Help America Vote Act (HAVA)

The "Help America Vote Act of 2002" (HAVA) impacts every part of the voting process, from voting machines to provisional ballots, from voter registration to poll worker training. Election officials, legislators, and advocates in each state are responsible for making HAVA work properly to ensure the most inclusive, timely implementation possible.

Under HAVA, states must meet new federal requirements, including provisional ballots, statewide computerized voter lists, "second chance" voting, and disability access. States must define and set deadlines for polling site and voting accessibility for people with disabilities, and provide at least one voting machine per polling place for private and independent voting by persons with disabilities.

(From the Leadership Conference on Civil Rights)

The "Olmstead" decision

In July 1999, the Supreme Court issued the *Olmstead v. L. C.* decision. The Court's decision in that case clearly challenges Federal, state, and local governments to develop more opportunities for individuals with disabilities through more accessible systems of cost-effective community-based services. The *Olmstead* decision interpreted Title II of the Americans with Disabilities Act (ADA) and its implementing regulation, requiring States to administer their services, programs, and activities "in the most integrated setting appropriate to the needs of qualified individuals with disabilities."

(From the Centers for Medicaid and Medicare Services)

President George W. Bush

Republican

“We must work for a welcoming and compassionate society, a society where no American is dismissed, and no American is forgotten.”

His record on disability issues:

·February 2001 he signed the New Freedom Initiative promising community based supports for individuals with disabilities. The Centers for Medicaid and Medicare hosted a series of Open Door Forums from March through December, 2003 to obtain ideas and issues from the public on actions that will remove barriers and promote community living. Topics included: “Money Follows the Person,” Self-directed services, Quality for Home and Community Based Services, Mental Health Issues/Initiatives, Employment, Long Term Care Workforce Issues, and Integrated Housing.

·His proposed budget for 2004 includes \$350 million for New Freedom “Money follows the individual” initiative to pay the full cost of community based services for one year after an individual with a disability leaves a nursing home. This averages out to \$2175 per person when divided among the approximately 161,000 Americans under age 65 in nursing homes (National Center for Health Statistics July 2000).

·June 2001 he signed an Executive Order advocating community based alternatives for individuals with disabilities.

·February 2002 he signed the No Child Left Behind Act into law.

·He favors school vouchers and has proposed \$200 million funding for charter schools.

·His 2003-2004 budget proposal increases funding for Special Education Grants to States by \$1 billion bringing the Federal contribution to 19% of the national average per pupil expenditure for all children.

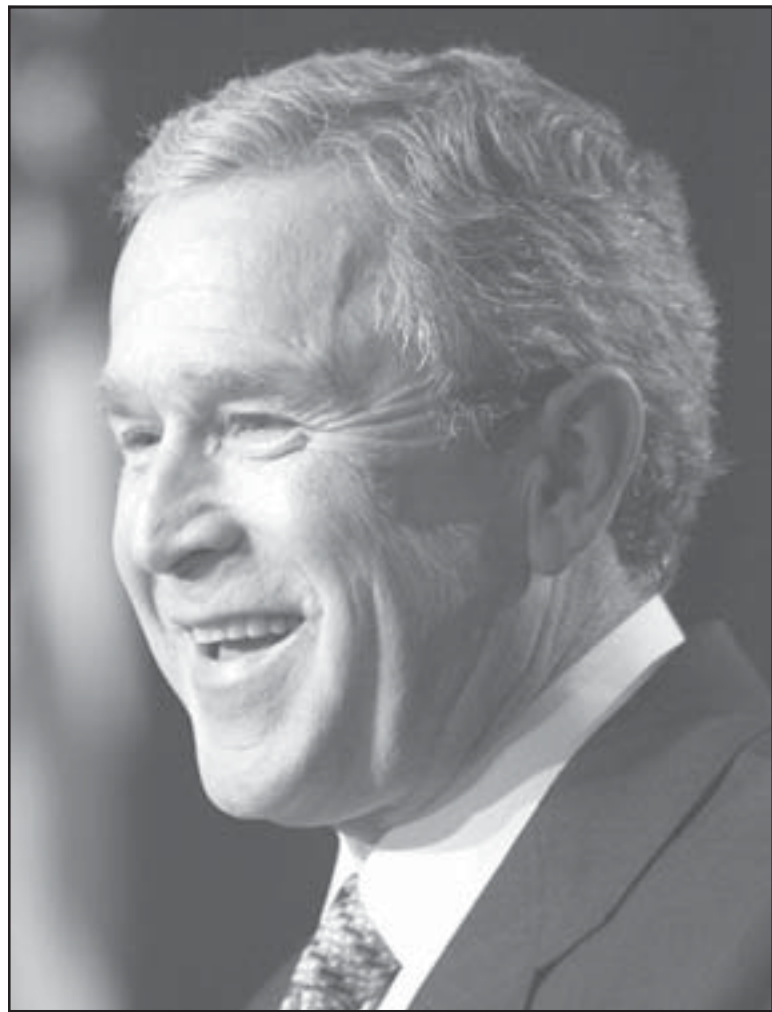
·In April, 2002, President Bush established the President’s New Freedom Commission on Mental Health. The Commission has released a report identifying obstacles to treatment and making recommendations for improvement.

·His 2004 budget proposed a 24% cut to vocational and technical education grants.

·In January 2003 he nominated Jeffrey Sutton to the 6th District Court. As an attorney, Sutton successfully argued a 2001 case before the Supreme Court removing state employees from ADA protection.

·In July 2003 he nominated Bill Pryor to the 11th Circuit Court. Pryor was involved with the same Supreme Court case as Sutton.

·In October 2003 he nominated Janice Rogers Brown to the powerful U.S. Court of Appeals. Brown is an outspoken opponent of Medicaid.



George Walker Bush

President George W. Bush was born in New Haven Connecticut on July 6, 1946, the eldest of six children. The family moved to Texas when he was two. He attended Phillips Academy Andover, Massachusetts and graduated from Yale University in 1968. He graduated from Harvard Business School in 1975 and worked as an oil industry executive until elected governor of Texas in 1994. He was elected U.S. president in 2000. He and his wife, Laura, have two daughters and live in Washington, D.C.

Definitions (continued)

MiCASSA (Medicaid Community Attendant Services and Supports Act)

MiCASSA establishes a national program of community-based attendant services and supports for people with disabilities, regardless of age or disability. This bill would allow the dollars to follow the person, and allow eligible individuals, or their representatives, to choose where they would receive services and supports. Any individual who is entitled to nursing home or other institutional services will now have the choice where and how these services are provided. The two million Americans currently residing in nursing homes and other institutions would finally have a choice.

(From National ADAPT)

General Wesley Clark Democrat



“The most important thing about the Olmstead decision is that it framed the issue of long-term services and supports in civil rights terms. When a person with a significant disability is forced to live in a segregated, institutional setting because no alternative has been created by the State, that person is being relegated to a second-class life frequently with little freedom, dignity or autonomy. That is wrong.”

Health Care

- * Would provide affordable options for health insurance for children and require parents to obtain health insurance for their children up to the age of 22. Children living in 150% poverty (\$26,000) will be enrolled in Medicaid or SCHIP (the Federal Children’s Health Insurance Plan) with the Federal Government funding 100% of cost of new enrollment
- * Proposes that adults up to 275% of poverty (\$48,000) would receive a tax credit for the cost of health insurance premiums. Adults below 150% of poverty (\$27,000) would be enrolled in Medicaid with the Federal Government funding the cost of the expansion in enrollment. States would enroll adults but wouldn’t be required to pay for the plan.
- * Would provide extra health care assistance to vulnerable Americans and low income adults. His priorities as listed on his campaign website are: veterans, military reservists, mental health parity, minorities. When asked, he included individuals with disabilities.
- * Proposes that people without job-based insurance would be able to purchase insurance through the same health plan offered to Congress.
- * Supports the establishment of a commission to analyze the cost/benefit of treatments and develop measures of relative value for alternative mental health interventions
- * Supports mental health parity
- * Would work to strengthen and protect Medicaid and Medicare (Opposes Medicaid block grants.) Would create a \$40 billion state and local tax rebate fund to lessen the need for states and local governments to cut critical expenditures in state health care programs such as Medicaid.

Education

- * Supports meeting the full federal commitment to funding IDEA
- * Would work with Congress and the disability community to enhance accessibility to postsecondary education for all students
- * Would combat efforts in Congress to drop important provisions of the IDEA that protect children and parents

Long Term Care

- * Supports reorienting long term care system away from institutional settings to the least restrictive setting possible, including home and community
- * Supports giving caregivers supports they need to supplement, not supplant the services they provide
- * Supports the Family Opportunity Act
- * Supports MiCASSA
- * Is concerned about cuts to the Katie Beckett program in New Hampshire
- * Would create stronger Federal incentives for States to provide meaningful choices in the community for all their citizens with disabilities of all ages.
- * Would integrate mental health policy into broader disability policy to give people with psychiatric disabilities and their families real opportunities to direct their own supports and services and make systems respond to the real needs of their intended beneficiaries.

Employment

- * Would implement President Clinton’s executive order calling for 100,000 more employees with disabilities in the Federal Government.
- * Would change Federal contracting practices to include employment of individuals with disabilities
- * Pledges that individuals with disabilities will be well represented in his administration
- * Would eliminate penalties in benefits programs (Medicaid and Social Security) for working people with disabilities
- * Would eliminate the Disabled Veterans Tax which penalizes American veterans with disabilities who earn retirement benefits through non-military employment

Civil Rights

- * Would propose an Americans with Disabilities Restoration Act to reinstate the originally intended definitions of “disability” and “reasonable accommodation”
- * Would fully fund the EEOC and the civil rights division of the Justice Department to monitor and enforce the ADA
- * Would appoint an Attorney General and a Chair of the EEOC who are committed to enforcing the ADA
- * Opposes waiting periods and delays in enforcing compliance with the ADA
- * Would appoint judges who will uphold the law, including the ADA, without imposing their personal ideology on it
- * Would fully fund the Help America Vote Act (HAVA).
- * Would appoint a legal team to monitor elections to ensure that violations of election laws are prosecuted.

The following questions were submitted to General Clark's campaign. These are his answers:

Except for parents, there are very few monitoring resources holding school districts accountable for adhering to the federal IDEA law regarding the education of students with disabilities. Parent education programs to ensure school compliance, although beneficial, are not a long-term solution and due process in court is an expensive, divisive way to settle each case where school districts are not compliant. General, how would you support IDEA so that student's rights to a free and appropriate education in the least restrictive environment are protected and how would you assure that full federal funding is made available for special education?

We must meet the needs of children with and without disabilities. In the brief time I have been in this race, I have heard from countless parents of children with disabilities, local officials and educators about funding and compliance issues associated with IDEA. I have spoken with a number of New Hampshire educators who are concerned about cuts to their special education budgets. While I think we need to look carefully at the timeline and the funding mechanisms, I certainly support meeting the full federal commitment to IDEA, and making that funding stream more reliable. I will work to fully fund the Individuals with Disabilities Education Act. Together with my the \$40 billion state and local tax rebate fund—which I proposed as part of my Job Creation Plan—additional funding for the IDEA will relieve the pressure on cash-strapped states without placing additional burdens on the families of children with disabilities. I will also work together with Congress and the disability community to enhance the accessibility of postsecondary education for all students.

Q. Persons with disabilities have a strong desire to live in their own homes within their communities. Studies have demonstrated that supporting people in their own homes is less expensive than institutional care. Current MEDICAID policy pays higher reimbursement rates for institutional care than for community-based care. How would you change the current policy in favor of the less costly alternative of community based client directed services. And how would you ensure that the system is truly client directed?

I believe federal and state policies should allow people who need long-term care to receive the services and supports in the least restrictive setting possible, including the home and community. We need to reorient our long-term care system away from institutionalization and towards home and community-based services. We need to better coordinate those services that duplicate one another in the Medicare and Medicaid programs. We need to provide caregivers with the support they need to supplement and not supplant the services they provide. I support the Family Opportunity Act and the Medical Community and Attendant Services and Supports Act because families should have the support they need to care for their children and because no one should be forced into an institutional setting based solely on the need for attendant services. I am concerned that New Hampshire may have to cut its budget for the Katie Beckett Option of its MEDICAID program because of its budgetary shortfalls. As president I will work to make these and other important changes to our nation's long-term care system.

Q. Since MEDICAID is a program funded and directed by both federal and state agencies, policy set with good intentions at the federal level can, in effect, be watered-down or even nullified by state policy makers. For example, while federal rules make MEDICAID available to children with disabilities who live with their families, a state can define the level-of-care requirements in such a way that many needy children will be deemed ineligible causing their families financial and personal hardship. How will you address this discrepancy and assure that eligibility and home-based services are more uniform nation wide?

To make health care work, we must keep Medicaid strong. Medicaid provides important health care and independence for millions of children and adults with disabilities. State and local governments are facing their worst fiscal crisis in decades. This fiscal crunch has forced states to make choices to cut much-needed programs like Medicaid and skimp on benefits like home-based care. A recent study found that up to 1.6 million people will lose health coverage altogether as a result of recent state budget cuts. That's why my first major policy initiative—my Job Creation Plan—includes a proposal for a \$40 billion state and local tax rebate fund to lessen the need for states and local governments to cut critical expenditures in state health care programs such as Medicaid. I will categorically oppose all efforts to turn Medicaid into a block grant program, as Republicans have proposed. By helping states get on a better financial footing we will enable states to enhance rather than cut home-based services and promote greater uniformity across the nation.

Q. In a related issue, you propose a health insurance plan that allows healthy adults below 150% of poverty to enroll in MEDICAID and be funded by the federal government with no state contribution but you will allow the state to establish eligibility. General, how will you assure that states will not set policies to exclude needy individuals and how would you assure full funding for this program without undermining funding for the MEDICAID programs that persons with disabilities depend on for daily living?

Wesley K. Clark

General Wes Clark was born in Chicago, Illinois on December 23, 1944 an only child. When he was three, his father, Benjamin Kanne, died suddenly. He was raised in Little Rock, Arkansas and adopted by his stepfather, Victor Clark. He attended public schools and graduated first in his class from West Point in 1966. He then married and he and his wife Gertrude left for two years in England where he studied on a Rhodes Scholarship. He served in Vietnam, where he received the Silver Star and afterward, was an instructor at West Point. He is a four star general and has served posts with N.A.T.O. and the Joint Chiefs of Staff. He retired from the Army in 2000. He lives in Little Rock with his wife; they have one son.

Under my health care plan states will be required to accept adults below 150% of the poverty level. The Federal government will provide states the resources to do this. My health care plan will cost an estimated \$695 billion over ten years. That's why I also have a plan - the "Savings for America's Future Plan" - that will save \$2.35 trillion over the next ten years and reduce the deficit every year. My plan achieves this by calling on Congress to pay for any new tax and spending proposals, streamlining government by cutting unnecessary and wasteful spending, ending corporate welfare by closing corporate loopholes and tax shelters, and recapturing revenue from President Bush's tax giveaways for the wealthy.

Q. You state that you will provide extra health care assistance to "vulnerable" Americans and that your priorities will be veterans, reservists, mental health parity, and minorities. Why did you not include individuals with disabilities as one of your priorities?

Individuals with disabilities are one of my priorities. Independence, choice and opportunity are part of our core American values. Unfortunately, Americans with disabilities understand that these rights must not be taken for granted—they must be fought for vigorously defended. I will help Americans with disabilities defend their hard-won rights by appointing judges that will uphold the ADA and by supporting an ADA restoration act to restore some of the rights that have been eroded by the conservative judiciary. My commitment to provide extra health care assistance to vulnerable Americans includes people with disabilities. Indeed, one of the central problems in our health care system is that people with the greatest health care needs, such as people with disabilities, often have the most difficult time in obtaining quality health care. I will work to protect and strengthen Medicare and Medicaid to ensure that people with disabilities have access to these essential programs and do not fall victim to proposals for privatizing Medicare and Medicaid. I will also build on the foundation of the Ticket to Work and Work Incentives Improvement Act of 1999 to ensure that people with disabilities who want to work are not punished by losing access to health care.

Q. In 1999 Congress passed the Ticket to Work Incentive Act which promised to lower the 77% unemployment rate for persons with disabilities. Recent census data shows that the unemployment rate remains at the same level. What steps and policy change would you propose to encourage the employment of persons with disabilities?

As a first step I will demand appropriate hiring practices within my own administration, including implementation of President Clinton's executive order calling for 100,000 more disabled employees in federal government service, and change federal contracting practices. I pledge that individuals with disabilities will be well represented both in and by my administration.

Next, I will eliminate penalties for working people with disabilities. I will reform benefit programs so that people with disabilities do not lose health care or social security benefits when they earn income through work, and abolish the Disabled Veterans Tax, which similarly penalizes disabled American veterans who earn retirement benefits through non-military employment. I will also work toward passage of the Family Opportunity Act so that parents of children with disabilities are not discouraged from working out of a need to maintain access to Medicaid for their children.

Continued from page 7

Q. In recent years the Supreme Court has eroded the protections contained in the Americans with Disabilities Act. How would you restore ADA to its original strength and will you provide the Justice Department with the necessary resources to enforce it?

I will restore the Americans with Disabilities Act by proposing an Americans with Disabilities Restoration Act to reinstate the originally intended definitions of “disability” and “reasonable accommodation,” which the Rehnquist Court has persistently whittled away. Moreover, I will combat efforts by some in Congress who want to use the reauthorization process to drop important provisions of IDEA that protect children and parents.

I also believe that we must have an appropriate commitment to government monitoring and enforcement of the ADA. We must fully fund the EEOC and civil rights divisions of the Justice Department. I will appoint an Attorney General and a Chair of the EEOC who are committed to enforcing the ADA. I will work to end delays in ADA compliance enforcement actions. I oppose waiting periods and delays in enforcing compliance with the Americans with Disabilities Act. They are meaningless obstructions to justice.

Q. In a related question, in making appointments to the federal judiciary what assurances can you give people with disabilities that your appointments will not further erode the protections contained in the ADA?

I will appoint judges who are committed to upholding the law and equal protection for all Americans under the law. I believe that lawyers and judges should be appointed to the federal bench who will uphold the law, including the ADA, without imposing their personal ideology on it.

Q. In 2002 Congress passed the Help America Vote Act. A substantial portion of that legislation was to address the barriers faced by persons with disabilities wishing to vote privately and independently. Congress failed to fully fund HAVA so that local communities can purchase the necessary equipment so voters with disabilities may vote privately and independently. As president how will you support full implementation and funding for HAVA?

I support full funding and full implementation of the Help America Vote Act. I was gratified that Senator Dodd was finally able to pass a much overdue amendment fully funding the act. Americans with disabilities must have equal access to polling locations and voting equipment so that they can exercise their voting rights with dignity. I also believe that the Election Assistance Commission must be empowered to collect information and enforce election reform. Finally I would appoint a legal team to monitor election to ensure that violations of election laws are prosecuted.

Q. Medical science has made quantum leaps in understanding and treating mental illness. The health insurance industry has been slow to achieve parity for mental illness although studies have shown that proper intervention and treatment is worth the price of continuing care. What steps would you take toward insurance parity for mental illness?

I believe it's time to end the stigma of mental illness and make mental health an essential and equal component of our larger healthcare system. Individuals who want and need mental health services should not be turned away for lack of health care coverage. That's why I support mental health parity in health coverage along the lines of the bill proposed by Sen. Domenici.

Q. The goals set forth in the U.S. Supreme Court Olmstead Decision of 1999 assure that individuals with disabilities are placed in community settings rather than institutions, whenever appropriate. How would you assure the full imple-

mentation of the Olmstead decision and the adequate support for community based services for persons with developmental and/or physical disabilities, mental illness, brain injuries, and their families?

The most important thing about the Olmstead decision is that it framed the issue of long-term services and supports in civil rights terms. When a person with a significant disability is forced to live in a segregated, institutional setting because no alternative has been created by the State, that person is being relegated to a second-class life frequently with little freedom, dignity or autonomy. That is wrong. As President, I will work with bipartisan leadership in the Congress and among governors to create stronger Federal incentives for States to provide meaningful choices in the community for all their citizens with disabilities of all ages. I believe this policy will result in a higher quality of life for children, adults and seniors with disabilities and their families. It will also result in more cost-effective service delivery, more accountability from caregivers, and new workers for the labor market.

Q. Multiple factors contribute to incarceration of persons with mental illness, including poverty, lack of housing, and lack of access to community based mental health and substance abuse treatment services. Because of the lack of appropriate funds for directing people away from the criminal justice system and into community treatment more and more persons with mental illness are ending up in jail. What would you do to support programs to train law enforcement personnel to work more effectively with persons with mental illness and their families, to help establish mental health diversion courts?

I will work to expand the good work begun in the Clinton administration by the Department of Justice to develop and provide quality training to law enforcement personnel on how to work effectively with people with mental illness. When a person with mental illness comes into contact with the criminal justice system, that creates an opportunity for the government to offer interventions that can help put the individual on a course to recovery. Ultimately, we need supports and services available in the community, including peer supports from others who have been through difficult times, so that the criminal justice system does not have to become involved. People with mental illness, like others with disabilities, deserve to be treated with dignity and respect, and should be provided opportunities to participate fully as contributing members of society with appropriate supports and services delivered in a non-coercive or punitive manner.

Q. The recent publication of the New Freedom Commission Report on Mental Health Care in America, a bipartisan blueprint for the delivery of mental health services, expressed the central role of consumers and families in planning and delivery of services. How would you implement this critical goal as well as other goals outlined in the Commission Report? Would you suggest other directions for mental health service delivery and finance beyond that articulated in the Commission report?

The Commission Report places the right emphasis on the central role of consumers and families in planning and delivery of services, and encourages policymakers and practitioners to support services that will lead to recovery, higher quality of life, and employment to the maximum extent possible. For these goals to be attained, our mental health systems and broader systems of income support, health care, and employment and training services will need to collaborate more effectively and make it easier for people with mental disabilities and their families to navigate these systems.

The Commission Report is a good start, but the hard work of reforming systems that often create barriers to the attainment of these important goals still lies ahead. My plan will be to integrate my mental health policy into my broader disability policy to give people with psychiatric disabilities and their families real opportunities to direct their own supports and services and make systems respond to the real needs of their intended beneficiaries.



Thank you

to everyone who responded so generously to our annual appeal.

Contributors will be acknowledged individually in our next issue.



Carol Moseley- Braun

Democrat

“America cannot prosper or progress without tapping the talents of every American. Providing for the education of children with disabilities, requiring accommodations in public and private institutions and places of employment, and protecting and defending the civil rights of people with disabilities will help our country tap the talent and skills, the experience and aptitudes of every American. By expanding our country’s capacity and building a more inclusive society we Americans will benefit and we will be better able to meet the challenges of this century.”

Education

- Would work to fully fund IDEA by 2010
- Supports Federal funding for school construction

Health

- * Supports single payer system for universal health care
- * Proposes keeping health insurance out of employment
- * Supports relief for small business

Long Term Care

- * Would expand aid to states to provide integrated, community-based housing and services to people with disabilities, in full compliance with the “Olmstead” decision.

Civil Rights

- * Would require all federal agencies apply and enforce all civil rights laws

Policy

- * Would appoint a Presidential Advisory Commission on Disability Policy
- * Would sponsor an annual White House Conference on Disability to assess the progress of efforts towards mainstreaming, accessibility, and accommodation for people with disabilities and to provide a forum for innovation and new ideas calculated to reach that goal.

Carol Moseley-Braun

Carol Moseley-Braun was born in Chicago on August 16, 1947. Her father was a law enforcement officer and her mother was a medical technician. She is a graduate of Chicago Public Schools. She received her Bachelor of Arts degree from the University of Illinois-Chicago in 1968, and her law degree from the University of Chicago in 1972, after which she joined the United States Attorney’s Office in Chicago. In 1978, she was elected to the Illinois state legislature, and left in 1987 after being named Assistant Majority Leader. She ran successfully for the U.S. Senate in 1992 but was narrowly defeated in 1998. She served as Ambassador to New Zealand from 1999 to 2001, after which she returned home to teach law and political science at Morris Brown College and DePaul University. She has a business law practice and a business consultancy.

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Dr. Howard Dean

Democrat

“I think it’s always a judgment call by the school board or school administration if someone is a real disruptive influence in the school whether it’s because of their disability or not. But I think you cannot take the basic rights in IDEA away. We’d be a less humane country if you tried to do that and it doesn’t serve anybody well, either the disability population or the non-disability population, to talk like that. That’s as if you were saying certain people should be abandoned because they’re too expensive. When we come to that place in society, then America is not the country it ought to be.”



Howard Brush Dean III

Governor Howard Dean was born in East Hampton, New York on November 17, 1948 the eldest of four sons. He attended St. George’s School in Newport, R.I. He graduated from Yale University in 1971 and Albert Einstein College of Medicine, New York in 1978. He worked as a physician in Vermont and was elected to the State Legislature in 1983, where he gained a reputation as a fiscal conservative. He was elected Lieutenant Governor in 1987 and became governor in 1991 after the sudden death of Governor Snelling. He served in that office until 2003. He and his wife, Judith Steinberg, live in Burlington Vermont and have two sons.

Education

- * Would fully fund IDEA
- * Supports school based screening and treatment for children with mental illness
- * Opposes restriction of rights in IDEA

Health Care

- * Would redefine and expand Medicaid and SCHIP (State Children’s Health Insurance Program) to cover all children to age 25 with family incomes under 300% of the poverty level (e.g., \$54,000 a year for a family of four). States’ participation would be optional and States would have flexibility to design their plans once they have met certain federal minimum standards.
- * Would require private health insurance plans to cover dependents up to age 25.
- * SCHIP would be expanded to include adults up to 185% poverty.
- * Would create a Universal Health Benefits Program mandating private insurance plans similar to the federal employee insurance plan at affordable rates
- * Supports parity for insurance coverage for mental illness (the Wellstone bill)
- * Would enact the Family Opportunity Act

Long term care

- * Would eliminate Government waivers – community care should be the norm.
- * Supports grants to States for respite, training of family caregivers, adult day care, assistive technology, home modification, PCAs, and home health aides.
- * Proposes a national registry of long term care workers to prevent patient abuse
- * Would enable individuals to purchase long term care insurance
- * Supports integrating mental health services with other social supports: housing, drug treatment, employment, prisons.
- * Supports improving access to community care and early intervention for mental health, and programs for children with emotional disturbance
- * Would include peer support and counseling in mental health services
- * Supports MiCASSA
- * Would provide technical assistance to states and funding for innovative models for full integration as states come into compliance with the “Olmstead” decision

Employment

- * Would create programs that get employers to hire people with disabilities
- * Would end rules that discourage work and fund incentives to get more people into the work force with jobs that pay enough to purchase private insurance.
- * Supports programs that employ people with mental illness

Policy

- * Would include people with disabilities in a wide spectrum of executive appointments
- * Would appoint a “Special Assistant to the President for Disability Policy” who would be responsible for implementing his disability agenda and ensuring agency compliance with existing laws

Civil Rights

- * Would provide resources to the EEOC and the civil rights offices of the Departments of Justice, Education and Health and Human Services for tools to enforce vigorously the laws that integrate people with disabilities into society
- * Would fund the recently enacted Help America Vote Act (HAVA) that improves access to the ballot for Americans with disabilities
- * Would make the Federal Government a model of civil rights compliance (e.g., insuring that newly purchased electronic equipment is compatible with existing assistive technologies such as screen-reading software and Braille display units.)

Interview with Howard Dean

(The interview was conducted personally with Mr. Dean.)

Q. You talked today about the new Social Contract you're proposing. The problems you outlined for working families are compounded in families who have members with disabilities, whether they be children or adults. How will you ensure that they're included in your Social Contract?

There are special needs that families with children no matter what age, even if they're actually adults with disabilities have. Respite care is one. Programs for people who are over 21 with significant disabilities is another one especially now when people end up being 40 or 50 years old, their parents are in their 80s and there's a huge problem of what happens when their parents either become disabled themselves or pass on. So there have to be programs to support families so they can take care of kids with disabilities, particularly as they age out of the high school age.

Q. One of the problems that families face is a waiting list for services. New Hampshire has a law, for instance, that establishes a community-based service system. But the law is as effective as the willingness of the Legislature to fund services. So there's a waiting list, as there are around the country. And students, who aren't typically prepared well in school for jobs afterward, go home and languish. What can you do as President to ameliorate this situation?

Well, I think targeted money at that population is really important because states often cut back in those areas. There are lots of different solutions, depending on the disability.

First of all community care homes are terrific. We closed our state institution and we take care of everybody in community care homes and it works a lot better. The people with disabilities like it; the state likes it; the community care homes give pretty good care. So that's one.

Secondly, sheltered workshops make a big difference for those who are able to take advantage of that - that's not every population.

Thirdly, and probably better than sheltered workshops, are vigorous programs that get employers to hire people with disabilities. They're very loyal; they often stay in one job for a long time. And they're really good workers.

That's not for everybody with a disability, but it's for a significant portion of them and those kinds of transitions have to be made early on because once someone does age out of the system, it'll help them up to age 21. If they don't immediately transition to a new system, they're going to lose the skills that they had.

Finally, in Vermont, we mainstream an enormous number of people with disabilities. We find that's more effective and it's better for both the kids with disabilities and the kids without disabilities because they come to see people with disabilities in a whole new light when they're with them everyday. They take them just as people who happen to have a particular trait, whether it's skin color or disability, whatever it is that makes them a little different, but they're just people first.

Q. We mainstream a lot of our students in New Hampshire as well. One of the concerns that families have regarding students with disabilities is IDEA. I know you support full funding of that...

I do.

Q. And that addresses one of the problems. But there's also an issue of protecting students' rights. They've been under attack in the Legislature, in Congress by special interest groups who would like to get rid of kids who pose problems rather than addressing the issue, especially if it's connected with their disability.

I think it's always a judgement call by the school board or school administration if someone is a real disruptive influence in the school whether it's because of their disability or not. But I think you cannot take the basic rights in IDEA away. We'd be a less humane country if you tried to do that and it doesn't serve anybody well, either the disability population or the non-disability population to talk like that. That's as if you were saying certain people should be abandoned because they're too expensive. When we come to that place in society, then America is not the country it ought to be.

Q. As for Medicaid, I know that you support more community-based services with Medicaid rather than institutionally based services. Medicaid is a state and federally funded program so what will you do as President to make sure that the states aren't cutting back services (some of the services are mandatory and some are optional) and states are doing that right now to balance budgets, cutting back services or restricting eligibility, which is something that is happening in New Hampshire with the Katie Beckett option. What can you do as President so that people who are potentially eligible for Medicaid will get the services that they need?

Well, under my health care plan everybody is going to be eligible for Medicaid. Medicaid will simply include those services. That's going to be something the state, the federal government will fund and that takes away the problem the states have.

Q. That's long term care?

Yeah, because Medicaid covers long-term care and it should and it will continue to do so.

Q. Do you support HAVA, access to voting?

I don't know what's in the bill, so I'm not just going to say I'm going to support it, but we support everything we need to do to get people to vote. I don't know what's in this bill, so I don't want to say I support that particular bill without knowing exactly what's in it, but certainly, I want everyone to participate.

NCD Seeking Teens with Disabilities

The National Council on Disability's Youth Advisory Committee is looking for new members. All applications need to be received by January 15, 2004.

The committee provides advice to the National Council on Disability (NCD) on various issues such as NCD's planning and priorities. NCD is seeking this type of input in order to make sure NCD's activities and policy recommendations respond to the needs of youth with disabilities.

NCD's Youth Advisory Committee (Advisory

Committee) was established as a non-paid advisory body to include youth and young adult perspectives in carrying out the mission of NCD. This is to ensure that NCD's activities and policy recommendations incorporate the needs of youth with disabilities.

NCD's mission is to promote policies, programs, practices, and procedures that guarantee equal opportunity for all individuals with disabilities, regardless of the nature or severity of the disability; and to empower individuals with disabilities to achieve economic self-sufficiency, independent

living, and inclusion and integration into all aspects of society.

In an advisory role to NCD, the Advisory Committee will perform the following duties:

1. Advise NCD on matters (e.g., economic, educational, employment, housing, social, transportation, and technological) related to the needs of children, youth and young adults with disabilities.
2. Review and provide comments on NCD's priorities and projects.
3. Select a reasonable number of issues and activities

among NCD's priorities for Advisory Committee concentration.

4. Enhance NCD's knowledge about how the lives of children, youth, and young adults are affected by the implementation and enforcement of federal legislation; advise NCD on compliance issues and recommend policy changes.

The Advisory Committee, whose members shall be appointed by NCD, shall be comprised of a balanced, culturally diverse membership, representing a variety of disabling conditions, and from across the United States, including each of

the 10 federal regions. Members serve for at least a two-year term. Terms of appointment may be staggered to ensure that one-half of the members are appointed annually. Selection of members and their terms shall be determined by NCD; members will serve until succeeded.

Any interested parties, high school or beyond, ages 16 – 25 years, feel free to contact Rebecca Hare (rhare54@aol.com) or Isaac Huff (I_Huff@superaleja.org)

Senator John Edwards

Democrat



“We’re a nation where every person has equal value, every dream deserves an equal chance, and every soul should be as equal in the law of the land as it is in the eyes of God. Yet too often, people with disabilities must overcome unnecessary obstacles when they try to get an education, find a job, or receive the care they need. America is about giving everyone an equal opportunity, and we have a responsibility to reach out to all Americans so they have a real opportunity to achieve their dreams.”

Education

- * Would fully fund IDEA
- * Opposes efforts to roll back key provisions of the law (e.g. denying access to attorneys by putting artificial caps on fees, or stripping children with disabilities of civil rights under the guise of reforming discipline rules)
- * Would provide stronger enforcement of IDEA by the Department of Education

Employment

- * Proposes a “Breaking Down Barriers” Initiative which would help high school and college students with disabilities find internships and entry-level jobs.
- * Would partner with national business leaders to create opportunities for people with disabilities
- * Would award competitive grants to local agencies already working with people with disabilities (employment networks, state rehabilitation services agencies, community organizations, and school districts) to run local Breaking Down Barriers programs, build partnerships with businesses and schools and recruit and place students
- * Would make the Federal Government a model employer by actively recruiting people with disabilities and removing obstacles, including initiatives for telecommuting and flexible work schedules
- * Would require the Social Security Administration to implement the Ticket to Work Act immediately and hold SSA accountable for results as well as institute a vigorous outreach campaign to explain work incentives to benefit recipients and employers.

Health Care

- * Supports mental health parity (He is co-sponsor of the pending Wellstone Mental Health Parity Act.) in private insurance and in Medicare
- * Would change Medicare rules to support community-based care
- * Opposes the 24 month waiting period for disabled persons to enroll in Medicare

Long Term Care

- * Would establish a “Living with Dignity” Initiative to offer long term care support in the community\
- * Would finance state-level reforms such as tax credits for long-term care, Medicaid eligibility expansions, asset and income protection programs, and long-term care insurance reforms.
- * Supports MiCASSA, which offers personal attendant services through Medicaid
- * Would increase enforcement against nursing home and health care chains that abuse patients, expand inspections and increase penalties for poor care
- * Would work with experts to establish national standard for nursing care; offer provider grants to improve quality; and offer awards to excellent providers
- * Would double resources for respite care and establish an Internet clearinghouse to give families more information about available services
- * Would improve wages, training and working conditions for aides and establish workplace safety regulations like ergonomics rules,

Civil Rights

- * Voted against the judicial nomination of Jeffrey Sutton, an attorney who fought to limit the rights of individuals under the ADA
- * Supports measures to restore protections for people with disabilities that the U.S. Supreme Court has eliminated through narrow legal interpretations
- * In accordance with the Supreme Court Olmstead decision, would have the Federal Government help states offer services to individuals with disabilities in the most integrated, community-based setting by supporting the transition to community-base services and offering technical assistance. He would hold states accountable for lack of compliance.

The Challenge interviewed Senator Edwards personally. He also submitted written responses to the questions we posed.

*Q. Except for parents, there are very few monitoring resources holding school districts accountable for adhering to the federal IDEA law regarding the education of students with disabilities. Parent education programs to ensure school compliance, although beneficial, are not a long-term solution and due process in court is an expensive, divisive way to settle each case where school districts are not compliant. **Senator, as president how would you support IDEA so that student's rights are protected and how would you assure that full federal funding is made available for special education?***

In the Individuals with Disabilities Education Act, Congress made an overdue commitment to America's children with disabilities: they all should be guaranteed a free and appropriate education. I strongly support this promise.

I oppose efforts to roll back disabled children's civil rights. Whether it is denying access to attorneys by putting artificial caps on fees or stripping children with disabilities of civil rights under the guise of reforming discipline rules, we must fulfill the promise of IDEA. Full funding of special education is also overdue. The federal government now provides less than half of the resources it promised. I have repeatedly voted to fully fund special education and believe we must get on the path to full funding of IDEA.

*Q. You have stated that "Every child should be able to go as far as his God-given talents will take him," and public schools are the "ladder of opportunity" for students. But students with disabilities and often alarmingly unprepared for employment and, in New Hampshire, are routinely underemployed or unemployed after high school. **As president, how would you assure that students of different abilities leave high school with marketable skills?***

It is also time that we concentrate on young people with disabilities who often have trouble finding that critical first job after graduation and who have higher drop out rates and lower college enrollment rates making future employment more difficult. My Breaking Down Barriers initiative will enable high school and college students to get on the path to employment through internships. This will give them meaningful job experiences and create a sense of the possibilities of their future. It will provide them valuable skills and contacts for finding a job after graduation, helping them on the path towards success and self-sufficiency. And if they are given a chance to experience the working world they will be encouraged to stay in school.

*Q. You have criticized President Bush for "pushing vouchers" that would drain resources from public schools. **How would you assure students with disabilities and their families that resources will remain in the public schools?***

I strongly oppose private-school vouchers, which divert children and resources to the only schools that are not accountable. As president, I will continue to oppose pro-voucher legislation and will veto any voucher legislation that reaches my desk.

*Q. Persons with disabilities have a strong desire to live in their own homes within their communities. Studies have demonstrated that supporting people in their own homes is less expensive than institutional care. Current MEDICAID policy pays higher reimbursement rates for institutional care than for community-based care. **How would you change the current policy in favor of the less costly alternative of community based client directed services? And how would you ensure that the system is truly client directed?***

There is a tremendous opportunity to improve how Medicaid addresses long-term care needs. I will build on the existing system but will make changes to ensure that people are not forced into nursing homes. We must eliminate the bias towards institutional settings and give individuals the choice of community-based care. Community-based care allows people to retain their dignity and gives them greater independence. I am a cosponsor of the Medicaid Community-Based Attendant Services and Supports Act (MiCASSA) to help those on Medicaid to receive the in-home care that they need. I also support the Family Opportunity Act. We need to ensure children with serious disabilities have the access to health and mental health services they need.

As with Medicaid, Medicare continues to operate as it has for decades by promoting institutional care over home and community-based care. I will promote community-based care by stopping the unfair and bureaucratic rules that prevent Medicare beneficiaries from getting the things they need to live at home, such as wheelchairs. I will also stop the 24-month waiting period for disabled persons to enroll in Medicare.

Q. Since MEDICAID is a program funded and directed by both federal and state agencies, policy set with good intentions at the federal level can, in effect, be watered-down or even nullified by state policy makers. For example, while

John Edwards

Senator John Edwards was born in Seneca, South Carolina on June 10, 1953 into a working class family. He attended public schools and graduated from North Carolina State University in 1974, the first in his family to attend college. He received his law degree from University of North Carolina in 1977. He practiced law, representing a number of children with disabilities in malpractice suits, until elected to the U.S. Senate in 1999. He and his wife Elizabeth had four children; the eldest died in 1996. They live in Raleigh, North Carolina.

*federal rules make MEDICAID available to children with disabilities who live with their families, a state can define the level-of-care requirements in such a way that many needy children will be deemed ineligible causing their families financial and personal hardship. **How will you address this discrepancy and assure that eligibility and home-based services are more uniform nation wide?***

In October, I announced my Living with Dignity Initiative, a \$3.5 billion commitment to improving long-term care and promoting home and community based services. The centerpiece of this plan is to increase funding for state efforts to expand home care and reform long-term care. I will fund the expansion of state home and community based care programs, and I will seek legislation to create a more uniform system nationally. Because experts do not always agree on the best way to expand home and community care and reform long-term care, this plan will also finance innovative state-level reforms such as tax credits for long-term care, asset and income protection programs that prevent families from having to spend down their incomes, or experiments with long-term care insurance. Also, while I support the MiCASSA legislation for many reasons, one important reason is that it would set a minimum standard for support across all states for long-term care.

Also under this comprehensive initiative, I will: improve the quality of home and community-based care and nursing homes and crack down on elder abuse; offer respite care and other support to families who care for loved ones; and recruit and retain additional, high-performing nursing home and home care workers.

*Q. In 1999 Congress passed the Ticket to Work Incentive Act which promised to lower the 77% unemployment rate for persons with disabilities. Recent census data shows that the unemployment rate remains at the same level. **What steps and policy change would you propose to encourage the employment of persons with disabilities?***

I believe that our country is stronger when all Americans have an opportunity to contribute their skills and talents. Yet the unemployment rate for people with disabilities is still more than twice that of people without disabilities. I am a proud cosponsor of the Ticket to Work Act, and it is time to fulfill its promise so people with disabilities can take jobs without being worried that they will be unfairly penalized by Social Security, Medicare, or Medicaid.

I will require the Social Security Administration (SSA) to implement all of the Ticket to Work Act and ensure that all program rules and guidance are consistent with the law. I will hold SSA accountable to tough performance standards to ensure they provide accurate and timely information on work incentive programs. I will also ensure SSA creates a more vibrant and robust outreach program, as many people with disabilities continue to believe they cannot work without losing their benefits.

I will make the federal government a model employer for the private workplace. Federal agencies will actively recruit qualified people with disabilities. And they will remove the obstacles for working Americans with disabilities, such as supporting initiatives for telecommuting and flexible work schedules.

As discussed in a previous question, My Breaking Down Barriers initiative will help young people gain experience and find the crucial first job. And as I discuss in the next question, we must ensure the ADA is enforced and the civil rights of people with disabilities are protected.

Interview with John Edwards

Continued from page 13

Q. *In recent years the Supreme Court has eroded the protections contained in the Americans with Disabilities Act. How would you restore ADA to its original strength and will you provide the Justice Department with the necessary resources to enforce it? In a related question, in making appointments to the federal judiciary what assurances can you give people with disabilities that your appointments will not further erode the protections contained in the ADA?*

I am committed to protecting the civil rights of people with disabilities. I have voted against the nomination of judges such as Jeffrey Sutton, who argued the federal protections of the ADA were not needed. I opposed legislation such as the ADA Notification Act, which would have weakened ADA protections by giving employers an incentive to not comply until they were caught violating the law.

I am deeply troubled by the recent trend of Supreme Court jurisprudence governing civil rights, including civil rights for people with disabilities. For this reason, I support measures to restore protections for people with disabilities that the U.S. Supreme Court has eliminated through narrow legal interpretations. We must ensure that the ADA remains consistent with Congress' original intent, and as President I will support legislation with this goal.

Q. *In 2002 Congress passed the Help America Vote Act. A substantial portion of that legislation was to address the barriers faced by persons with disabilities wishing to vote privately and independently. Congress failed to fully fund HAVA so that local communities can purchase the necessary equipment so voters with disabilities may vote privately and independently. As president how will you support full implementation and funding for HAVA?*

Denying Americans with disabilities the right to vote privately and independently is inconsistent with our nation's most fundamental values. I support funding the Help America Vote Act so that Americans can have confidence in their elections and so that voters with disabilities can participate fully and fairly.

Q. *Medical science has made quantum leaps in understanding and treating mental illness. The health insurance industry has been slow to achieve parity for mental illness although studies have shown that proper intervention and treatment is worth the price of continuing care. What steps would you take toward insurance parity for mental illness?*

There is a serious lack of access to mental health services in the United States. That's why I have long supported and voted for mental health parity among private insurers. In fact, I am a co-sponsor of the Paul Wellstone Mental Health Parity Act. I will also provide grants to public hospitals and health centers to expand access and quality of mental health services. Also, my plan to cover the uninsured uses the Medicaid and SCHIP benefit packages; as a result, the uninsured who enroll in my plan will have greater access to mental health coverage.

Q. *The goals set forth in the U.S. Supreme Court Olmstead Decision of 1999 assure that individuals with mental disabilities are placed in community settings rather than institutions, whenever appropriate. How would you assure the full implementation of the Olmstead decision and the adequate support for community based services for persons with mental illness, developmental and other disabilities, and their families?*

The Supreme Court's critical *Olmstead* decision held that the ADA required states to offer services to individuals with disabilities in the most integrated, community-based setting. This was an important victory for disability rights. Unfortunately, states are still struggling to implement *Olmstead*. The federal government must help states by supporting the transition to community-based services, technical assistance, and then, for states that do not come into compliance, there must be a strong enforcement effort.

As discussed above, my Living with Dignity Initiative will offer \$3.5 billion over five years to support long term care services. In particular, this effort will support the ordinary Americans who provide full-time care for loved ones with debilitating conditions like Alzheimer's disease. I will double resources for respite care services, which send a nurse or other aide into a home for a few hours so that the adults providing care can take a much-needed break.

Q. *Multiple factors contribute to incarceration of persons with mental illness including poverty, lack of housing, and lack of access to community based mental health and substance abuse treatment services. Because of the lack of appropriate funds for directing people away from the criminal justice system and into community treatment more and more persons with mental illness are ending up in jail. What would you do to support programs to train law enforcement personnel to work more effectively with persons with mental illness and their families, to help establish mental health diversion courts?*

Between 600,000 and 700,000 people with a serious mental illness are jailed each year, many for minor offenses such as disorderly conduct. We need to help people with mental illness get the treatment they need. I support increased training for police officers, to help them recognize the signs of mental illness. Where it can be done safely, we should move people with mental illness to appropriate community treatment options as early in the process as possible. And I believe in mental health courts. I supported the mental health court demonstration programs passed by Congress. We need to ensure mental health courts work with state and local Mental Health Associations, and that the decision to participate in a mental health diversion program is informed and made after documentation of the proposed treatment plan.

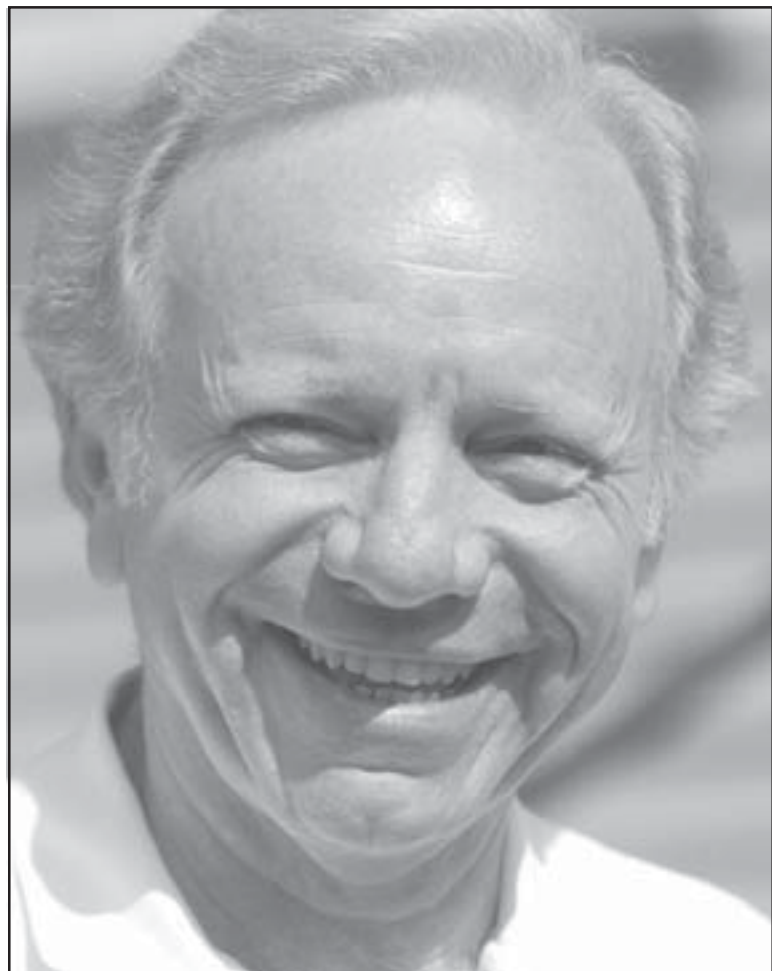
Volunteers Needed to Survey Accessibility of Voting Places

Preparations for primary day activities are under way to survey whether voting places are accessible to voters with disabilities under the ADA and the Help America Vote Act and state law. The Coalition of DRC, GSIL, RACs, and DD Council has been working on this effort. The state has developed a survey that each locality will be required to fill out. However the Coalition will also be evaluating each polling place using the same tool as the state. The Coalition wants to assess as many sites as practical on primary day as a check on the state's and localities' information. To that end, help is needed and volunteers are being sought to survey their own voting places or other neighboring towns. The Coalition has the assessment tool, and there will be a training on the use of the tool.

For more information or if interested in participating, please call or e-mail Chrissy Hanisco (228-0432 or chrissyh@drcnh.org) at the Disability Rights Center by January 16. Please include the following information in your e-mail:

- 1) Name, address, and phone number
- 2) What town you vote in and if applicable, what polling place you vote in (ward or location is fine)
- 3) If any other members of your household (or neighbor, best friend, parent, etc) are willing to participate

For more information, please see the DRC's website at: www.drcnh.org/employment.htm



Senator Joe Lieberman

Democrat

Education

- * Would fully fund IDEA

Health Care

- * Proposes MediChoice – part time, unemployed, seasonal, all income level workers will have access to insurance. Also Federal funding would allow States to “fully cover expanding the Medicaid program to all adults with household incomes less than \$28,000”
- * Would expand Medicaid coverage to children in families with income of \$55,000. Proposes new funding to cover the expansion, and would allow States to use SCHIP savings for programs
- * Would expand eligibility for SCHIP to include the working poor
- * Proposes MediKids – “Beginning on day one, every baby will leave the hospital with a birth certificate, a car seat, and health insurance.” Similar to the congressional health insurance plan, it would be composed of a network of private insurers – to include long term care. No cost for families with an income up to \$37,000; others would pay on a sliding scale. “MediKids would provide fiscal relief to the States and allow them to expand coverage to low and middle income uninsured adults.”
- * Supports mental health insurance parity
- * Would expand Medicaid and Katie Becket
- * Led an aggressive effort in 1999 to stop the inappropriate use of restraints in mental health institutions. In response, the Clinton Administration issued new regulations for Medicare and Medicaid that protected patients in more than 6,200 hospitals.

Long Term Care

- * Proposes a tax deduction for long term care insurance
- * Would establish an independent living fund of \$2 billion
- * Would continue to support funding for assistive technology

Civil Rights

- * Supports voting rights
- * Co-sponsored ADA

Joseph I. Lieberman

Senator Joe Lieberman was born in Stamford, Connecticut on February 24, 1942. He attended public schools and graduated from Yale University in 1964, the first in his family to attend college. He received his law degree from Yale in 1967 and practiced law until elected to the Connecticut State Senate in 1970. In 1982 he was elected attorney general of Connecticut, a post he held until 1988 when he was elected to the U.S. Senate, where he developed a reputation as a moderate Democrat. He was the Democratic nominee for vice-President in 2000. He and his wife Hadassa have four children and live in New Haven, Connecticut.



Rep. Dick Gephardt

Democrat

“Empowering people with disabilities is both a moral and economic battle. As President of the United States, I will not rest until every person with a disability is treated with the same honor, dignity, and respect that Americans without disabilities enjoy....I am totally committed to realizing the full participation and inclusion of every citizen in our nation’s life.”

Education

- * Would establish a teacher corps to recruit 2.5 million teachers by 2013. Like ROTC – receive a scholarship for teaching 5 years
- * Supports after school programs
- * Supports public pre school: public/private partnership
- * Would fully fund IDEA

Civil Rights

- * Was a co-sponsor of the Americans with Disabilities Act
- * Would appoint judges who support the ADA
- * Would fight to enact an ADA Restoration Act
- * Voted for 2002 Help America Vote Act (HAVA) addressing the barriers that prevent citizens with disabilities from voting independently and privately

Employment

- * Would put the full weight of the Federal Government behind an aggressive strategy to put people with disabilities to work
- * Voted for 1999 “Ticket to Work” legislation
- * Would reform the Social Security Disability system to encourage work while guaranteeing assistance to those who need it
- * Would issue an Executive Order the first year requiring federal contractors to undertake affirmative action to increase the number of people with disabilities they employ.
- * Would expand the Small Business Administration’s Section 8(a) program to include companies owned by entrepreneurs with disabilities, strengthening their opportunities to secure federal grants. (“The simple reason is that entrepreneurs with disabilities are far more likely to turn to the disability community for workers.”)
- * Would require the Federal Government to achieve the goal set by President Clinton of hiring 100,000 people with disabilities.

Health Care

- * Supports universal health care (His health care plan would require every employer to provide access to quality health insurance coverage with employer tax credits covering most of the cost and benefiting part-time employees, retirees, and the self-employed. It would subsidize two-thirds of COBRA health insurance for the unemployed and 100% of the premiums for low-wage workers below or near the poverty line who can’t afford coverage.)
- * Would give states \$172 billion in the first three years of his administration to help them pay for essential services like Medicaid.
- * Opposes the privatization of Medicare
- * Would strengthen Medicaid and Medicare to cover people with disabilities who are unable to work

Responses of Representative Dick Gephardt:

*Q. Except for parents, there are very few monitoring resources holding school districts accountable for adhering to the federal IDEA law regarding the education of students with disabilities. Parent education programs to ensure school compliance, although beneficial, are not a long-term solution and due process in court is an expensive, divisive way to settle each case where school districts are not compliant. **Congressman, how would you support IDEA so that student's rights are protected?***

Federal enforcement of disability rights laws can be strengthened with both increased oversight and by providing real, adequate resources to those who need them.

When it comes to laws like IDEA and other federal disability rights laws, the federal government has a responsibility to provide state and local entities with both the resources and the guidance to ensure compliance.

*Q. You supported the renewal of IDEA in 1977 and state that you believe that the federal government should fulfill its promise to fund 40% of the costs for special education in local schools. Many Washington legislators have said the same thing but Congress has never allocated full funding for IDEA. **You were unable to secure full funding for IDEA as a Congressman, so how would you assure that full federal funding is made available for special education if you are elected President?***

As president, I would have the power to include full funding for IDEA in my budget, and I would make it's passage a priority.

Children with disabilities must get a first-rate education if they are going to succeed in the workplace. Lack of skills can be the largest obstacle to success in our economy. I have supported the renewal of I.D.E.A. - the Individuals with Disabilities Education Act. But passing a bill doesn't educate children. Education costs money, and George Bush has refused to fully fund either I.D.E.A. or special education in general.

Instead of leaving no child behind, George Bush seems content to at least leave every child with a disability behind. It's another reason why we have to leave George Bush behind. As president, I will make the promise of equal education a reality for every child, whether or not they have a disability.

*Q. You support the federal government's work with local school districts to establish public preschools through public/private partnerships. Students with disabilities have traditionally been excluded from private schools. **As president how would you assure families that preschoolers with disabilities would be included alongside their typical peers in private preschool?***

As president, I will set a goal of providing access to preschool for every child in this nation through the creation of a virtual constellation of early childhood education centers known as Brightness Centers in every school district. I will also work to eliminate the existing barriers of access for special education preschoolers in both public and private preschool programs. We know that children's brain development in the early years is crucial to their learning later in life. Providing quality pre-K education, by certified teachers, would help our students achieve more in later years, and ensure that children come to school ready to learn.

I will work to fully fund Head Start so all eligible children can participate. Head Start is one of the most successful federal programs in existence, and our country as a whole will benefit when we fully fund Head Start. As Democratic Leader in the House, I led the fight against Republican attempts to cut Head Start because I deeply believe in the importance of the program, and I have always regarded the Republican crusade against educating our children marked the worst of the Republican revolution.

Q. In a related question, how would you prevent private preschool programs from draining funds from public schools?

I believe it is our responsibility to provide every child with a quality education in a neighborhood school, including those with special needs. However, because the federal government has not held up its end of the bargain on special education, schools are struggling, and the quality of special education in many schools lags. Instead of providing vouchers for frustrated parents of special needs children, it is our obligation to provide a quality education – with full federal funding for IDEA.

I have consistently opposed public school vouchers. During consideration of the No Child Left Behind Act, I led the opposition to amendments which would have allowed the use of vouchers for children in low performing schools.

I believe tuition tax credits for private schools are back-door vouchers. I opposed Education Savings Accounts for K-12 private school expenses on the House floor, most recently in 1998.

*Q. As a supporter of MiCASA, you appreciate persons with disabilities' strong desire to live in their own homes within their communities. You may also appreciate their frustration that MiCASSA has been in committee for seven months while current MEDICAID policy pays higher reimbursement rates for institutional care than for community-based care. **As president, how would you expedite change in the current policy to favor the less costly alternative of community based client directed services? And how would you ensure that the system is truly client directed?***

Medicaid should give people with disabilities the choice to live independently, but George Bush and the Congressional Republicans refuse to act. I believe that in-home treatment is less expensive than institutionalization and offers a better quality of life for so many people. I want all states to make in-home care an option for Medicaid recipients. Further, I support the Family Opportunity Act, which would allow parents of disabled children to buy Medicaid coverage for their children.

*Q. Since MEDICAID is a program funded and directed by both federal and state agencies, policy set with good intentions at the federal level can, in effect, be watered-down or even nullified by state policy makers. For example, while federal rules make MEDICAID available to children with severe disabilities who live with their families, a state can define the level-of-care requirements in such a way that many needy children will be deemed ineligible causing their families financial and personal hardship. **How will you address this discrepancy and assure that eligibility and home-based services are more uniform nation wide?***

George Bush is doing all he can to starve Medicaid, putting the people who depend on health services at risk. I believe in strengthening Medicaid. Under no circumstances should the program be turned in to a system of block grants, where money is turned over to the states without accountability for how its spent. In order for Medicaid to remain a success, the federal government must be involved. To that end, my health care plan will provide \$172 billion over three years to state and local governments that could be used to expand Medicaid services to address both eligibility issues and ensuring the uniformity of home-based services.

*Q. In 1999 Congress passed the Ticket to Work Incentive Act which promised to lower the 77% unemployment rate for persons with disabilities. Recent census data shows that the unemployment rate remains at the same level. **What steps and policy change would you propose to encourage the employment of persons with disabilities?***

Richard Gephardt

Congressman Dick Gephardt was born in St. Louis, Missouri on January 31, 1941, one of four children in a working class household. He attended public schools and received a scholarship to Northwestern University where he graduated in 1962. He received his law degree in 1965 from the University of Michigan. He served in the Missouri Air National Guard and practiced law until elected to the St. Louis Board of Aldermen in 1971 where he served until elected to the U.S. House in 1977. He became majority leader in 1989, a post he relinquished to Newt Gingrich in 1994 when the Republicans won the majority. He lives in St. Louis with Jane, his wife of 37 years. They have 3 children

Interview with Dick Gephardt

Continued from page 17

As president, I will put the full weight of the federal government behind an aggressive strategy to put people with disabilities to work and broaden the safety net for all.

First we must solve the health care crisis gripping our country. The fear of losing health insurance forces many people with disabilities to remain on government disability rolls rather than finding their place on an employer's payroll.

My plan requires every employer to provide access to quality health insurance coverage, with employer tax credits covering most of the cost. My health care plan - I call it 'Matt's Plan' - is the only plan that guarantees health insurance for every American within the existing system.

Second, we must reform the Social Security Disability system to encourage work while guaranteeing assistance to those who need it. I was proud to support President Clinton's Ticket to Work and Work Incentives Improvement Act in 1999. This law allows people with disabilities to leave the SSDI rolls and take a job without losing their Medicare health insurance. The Ticket to Work was a beginning, but the Social Security Disability system needs even more fundamental reform.

At a minimum, the federal government should not make it harder for people with disabilities to accept a job. Instead, we must provide incentives to further ease the path to work. Because we all have talents, but for some of us there are too many obstacles and not enough help to allow us to put our talents to their best use.

I will expand the Small Business Administration's Section 8(a) program to include companies owned by entrepreneurs with disabilities. The simple reason is that entrepreneurs with disabilities are far more likely to turn to the disability community for workers.

And the federal government must use its massive purchasing power to influence private-sector employers to hire people with disabilities. President Clinton issued an Executive Order in 2000 requiring the federal government to hire 100,000 people with disabilities. George Bush has abandoned that goal, even while the federal workforce has grown to a size we haven't seen since the first President Bush left office. During my first year in office, I will sign an executive order that requires federal contractors to undertake affirmative action to increase the number of people with disabilities they employ.

Q. You co-sponsored the Americans with Disabilities Act and have witnessed how, in recent years, the Supreme Court has eroded the protections contained in the ADA. How would you restore ADA to its original strength and will you provide the Justice Department with the necessary resources to enforce it?

The next President of the United States must repair the damage the Supreme Court has already done to the ADA. And working with Tony Coelho and Tom Harkin, I will fight to enact an ADA Restoration Act that rights many wrongs and helps people with disabilities get and keep good jobs.

Creating opportunity for people with disabilities requires more than correcting George Bush's mistakes. As president, I will have an Attorney General and a Department of Justice that will vigorously enforce the law. The next president must have an agenda and strategy to help people with disabilities fully reach their potential.

Q. In a related question, in making appointments to the federal judiciary what assurances can you give people with disabilities that your appointments will not further erode the protections contained in the ADA?

The ADA is under attack in the Supreme Court. The conservative majority on the Supreme Court has tortured and twisted the language of the ADA to systematically exclude large numbers of people with disabilities from the protections Congress meant them to have.

That's wrong, and that's another reason why George Bush must be defeated. When I am the President of the United States, I will decide who sits on the federal bench and, let me tell you, opponents of the ADA need not apply.

Consider for example, George Bush's nomination of Jeffrey Sutton to serve on the U.S. Court of Appeals for the 6th Circuit. Jeffrey Sutton has spent his professional life undermining the ADA and the rights of people with disabilities. He convinced the Supreme Court that state employees with disabilities should not be allowed to sue their employers. He argued for segregation and institutionalization of people with disabilities. He criticized core protections in the ADA.

Jeffrey Sutton is just one example of one of George Bush's most egregious failures as president. George Bush's appointments to the federal bench reflect the most radical elements of the reactionary right. He uses judicial appointments as a kind of patronage to secure the loyalty of conservatives.

Q. In 2002 Congress passed the Help America Vote Act. A substantial portion of that legislation was to address the barriers faced by persons with disabilities wishing to vote privately and independently. Congress failed to fully fund HAVA so that local communities can purchase the necessary equipment so voters with disabilities may vote privately and independently. As President how will you support full implementation and funding for HAVA?

As President, I would ensure that states have the resources to fully implement the Help America Vote Act so that all Americans have equal access to the voting booth.

Q. Medical science has made quantum leaps in understanding and treating mental illness. The health insurance industry has been slow to achieve parity for mental illness although studies have shown that proper intervention and treatment is worth the price of continuing care. What steps would you take toward insurance parity for mental illness?

I am committed to covering mental health benefits in the same manner we cover all other illnesses. That is why I have joined Rep. Patrick Kennedy's legislation (HR 953) that would require mental health parity and keep insurers from imposing unfair limits on mental health care.

I fundamentally believe that universal health care is the moral issue of our time. I have proposed a universal health care plan—paid for by repealing George Bush's tax cuts—that gives employers significant tax credits for contributing to their employees' health care. Under my health care plan, we will reimburse state and local governments for 60% of the cost of health care for their employees. This will provide new aid - more than \$53 billion in state and local aid in my first year as president, and a total of \$172 billion provided over three years. State and local governments could use the additional dollars to fund priorities like Medicaid.

Q. The goals set forth in the U.S. Supreme Court Olmstead Decision of 1999 assure that individuals with disabilities are placed in community settings rather than institutions, whenever appropriate. How would you assure the full implementation of the Olmstead decision and the adequate support for community based services for persons with disabilities (physical, developmental, brain injuries and mental illness) and their families?

George Bush does not make community based services a priority. As president, I will invest in community based services for persons with disabilities because I believe that we are morally charged to provide education and health care for all. I also believe that we shortchange our nation overall by not providing the resources for all individuals to reach their god-given potential.

My health care plan will guarantee that local communities have more money available for services.

Q. Multiple factors contribute to incarceration of persons with mental illness including poverty, lack of housing, and lack of access to community based mental health and substance abuse treatment services. Because of the lack of appropriate funds for directing people away from the criminal justice system and into community treatment more and more persons with mental illness are ending up in jail. What would you do to support programs to train law enforcement personnel to work more effectively with persons with mental illness and their families, to help establish mental health diversion courts?

I would work through the Justice Department to provide the necessary training and resources to local law enforcement to deal more effectively with persons with mental illness and provide diversion alternatives to criminal sanctions where possible. I would support the expansion of mental health diversion courts at the local level as an important part of such an effort.

Mark January 27 on your calendar. Don't forget to vote!



Rep. Dennis Kucinich

Democrat

“If the private sector fails to provide the jobs, the government has a moral responsibility to step in. There’s plenty of work to do. We need to make sure that each person to the extent of his or her own ability has an opportunity to participate in the productive life of the nation. A person should be given that opportunity.”

Health Care

- * Proposes “Medicare for All,” a single-payer, universal health care plan, funded with existing government funds and a 7.7% tax on employers (reducing their current cost from 8.2%). This health plan would cover acute care, dental care, vision care, long term care, Rx, complementary and alternative care, and mental health care.
- * Opposes block grants for Medicaid
- * Would establish Federal regulations on the price of Rx drugs and put a ceiling on drug company profits

Long Term Care

- * Co-sponsored MiCASSA which promotes community-based services by allowing Medicaid money to “follow the person”
- * Supports community-based services, home care and adequate resources for families and children with severe disabilities

Education

- * Supports Federal funding for the total actual cost of special education
- * While supporting some flexibility for schools in placing children with disabilities, asserts that “institutions have to be there for people. People are not there for the convenience of institutions.”

Civil Rights

- * Would nominate judges who interpret the ADA broadly
- * Would propose an amendment to the ADA to ensure the coverage intended prior to recent Court rulings

Employment

- * Would use full executive powers of the President’s office to require a certain percentage of jobs with federal contractors be open to people with disabilities
- * Supported the Rehabilitation Act, which helps provide job training for people with disabilities

Dennis Kucinich

Congressman Dennis Kucinich was born in Cleveland, Ohio on October 8, 1946, the son of a truck driver and the eldest of seven children. He lived in 21 places, including a couple of cars, before the age of 17. He attended public schools and graduated from Case Western Reserve with a B.A. and M.A. in 1973. In 1977 he gained national attention when, at age 31, he was elected Mayor of Cleveland, the youngest person ever to serve as mayor of a major city. His adamant refusal to sell the city-owned electric system to its private competitor as a precondition for the banks extending credit to the city triggered an unprecedented municipal bankruptcy, and he lost his re-election bid. He was elected to the Ohio Senate in 1995 and to the U.S. House in 1997. He is a single father of one child and lives in Cleveland.

Interview with Dennis Kucinich

This interview was conducted in person.

Q. How would you support IDEA so that student's rights are protected and how would you assure that full federal funding was made available?

The district funding is not a small matter because the funding of IDEA is only a fraction of what's needed to make the program work. Like so many of the mandates the federal government has created, this is one of the most woefully underfunded. So the first thing would be to bring IDEA up to the optimal funding level which would not just be above what the top level was, but beyond that so that the program could really work, which it doesn't right now.

Q. The 40% figure is 40% of average costs, not 40% of actual costs.

It has to go beyond the actual costs.

Q. So you're saying you would fund even more than what the legislation calls for? You'd fund actual costs of special education?

You'd have to fund the actual costs. Because what happens is that school districts are otherwise having incentives not to participate. What shall be the cause of our nation? We're a nation whose children have many different abilities and we have to realize we're responsible to each child to make sure that each child has a chance to look forward to his or her fullest potential. We're not doing that for any of our children, actually. We can look at the shortcomings in the system which is adversely affecting all children, but for children who have physical impairments, or emotional impairments...

Q ...or cognitive impairments?

...or cognitive impairments, it becomes even more obvious that our system is failing also. So by demonstration not only fully funding the Elementary and Secondary Education Act, but also fully funding the Individuals with Disabilities Education Act and pouring money at resources for education, pre-kindergarten all the way through and including college. It would involve a change in the priorities of the nation. Take this country away from way, away from military build-ups, away from imperialism, away from this idea that somehow we have the right to rule the world. And towards a place where we use the resources of this country to help our children, their education, health.

Q. Funding for education can have unintended consequences. Funding decisions can steer school districts into what kind of services they provide. If there's an incentive to send a child out of district because that's fully funded, they'll send a child out of district. If it's cheaper for them, in the long run, to keep a child in district, to integrate or include a child, they'll do that. How would you prevent such unintended consequences with full funding for actual special education costs?

I think it's okay for schools to have a certain amount of flexibility. Because it may be that one school may be better equipped to provide for the needs of a specific child. That's possible. We have to keep in mind that some schools may be better equipped than others but it's the child who has rights, not the schools.

The child has a right to a service within some reasonable distance from his or her own home. We just have to remember that institutions have to be there to serve people. People are not there for the convenience of the institution.

But again, here's what it comes back to. It comes back to a system which is pretty cruel. It tells schools that they have to have certain facilities and then it doesn't provide them with funds and it cuts funds for education and then transfers the resources to war and military build-up. It cuts funds for states and states cut funding for schools and tries to put the burden on the taxpayer.

And in the end, who suffers? Our children. And in the long run, who suffers? The nation, and the world. It's a crazy system and the way that I see the best path to changing it is to change the priorities of the nation. Because if we don't change the priorities of the nation, we're always going to be in this debate about where to cut.

Q. Following up on that, you are very strong on education. You said that education has proved to reduce poverty levels. Students with disabilities are typically not prepared to go into after-school life, either the job market or further education and so they're either unemployed or under-employed, on the whole. People with disabilities, to a greater degree, are more often unemployed or under-employed than the general population. How would you ensure that students with differing abilities graduate from school with the ability to earn a living?

Whenever the private sector fails to provide jobs, I would use the full executive powers of the President's office to insist that the private sector operate under government contracts to provide jobs for the range and fullness of abilities of people. But if the private sector fails to provide the jobs, the government has a moral responsibility to step in. There's plenty of work to do. We need to make sure that each person to the extent of his or her own ability has an opportunity to participate in the productive life of the nation. A person should be given that opportunity.

Q. Right now, people are losing jobs even though the economy is supposedly on the upswing. Job creation is not...

Yeah, who's it on the upswing for? That's what I want to know. I mean, that's really the question. Who's it on the upswing for? For certain people on Wall Street who are maybe lying about their stock values?

Q. How would you use the Executive Office to ensure that the private sector provide jobs?

A federal contractor takes a contract under a set of rules. I'd issue an executive order saying that that job opportunities would have to be open to a certain percentage of people who were differently-abled. Period. Look at the business in government contract. It's inevitable - cost overruns. Soup du jour of government contracts is cost overruns. And cost overruns can come about because contracts are deliberately under-bid so that you can get the contract in the first place. It's called low-balling. And then the additional money is just granted, part of doing business.

There's accepted conventions in contracts with the government that allow businesses not just to make a profit but to make an exceptional profit. I'm not opposed to businesses making a profit. But I am opposed to creating a system that screws people from opportunity. So people want defense contracts, for example, or they want contracts that involve work for the government. They have to provide opportunities for all, no matter the race, color, creed, sexual orientation, different abilities.

We're either united as a nation, or not. I think the idea that we preclude people is very dangerous. America's better than that. I find this country more compassionate than that and you want a leader that calls that forth, instead of looking at the bottom line. Because, after awhile, look what's happening to our bottom-line mentality. Our bottom line mentality is now excluding some of the brightest people from work. Their jobs are being sent overseas now.

So either we look at what we're doing for those who are striving at the minimum levels of proficiency and make sure that they have opportunity. If we don't focus on that, we can't very well understand the importance of protecting someone who has the greatest proficiency. We have to do it for all. It can't be either/or.

When we do it either/or then we can say on one hand, we can't be bothered with all these people who are differently-abled. And then on the other hand, you say, well, we can't be bothered with these jobs that are going out of the country either. You can't be bothered with anything.

What a country we have right now where the leaders are so preoccupied with war that so many of the needs of America are being ignored. It's a very dangerous moment in our country's history. So, it's important that we strive to become a nation which really cares for the people, all people, that doesn't exclude anyone.

Q. You are adamantly opposed to vouchers in education. How would you keep those resources in the public schools?

Let's realize why parents have desired a better education for their children. It's not because public schools are inherently unworkable. It's because public schools have been starved of resources.

So the idea of vouchers arose not because you have failure in public education, but because there's been a gradual shift of resources away from education. Then people would say, well, since our public schools do not appear to be providing education to our children, let's have our own schools. Let me give my tax dollars at least to

my child. It's easy to understand why a parent would want their child to be lifted up from the conditions that exist in public education in some systems today.

But on the other hand, I fail to accept, I will not accept that every school in this country cannot have the fullest resources to enable children to have good education, better education or the best education. So what vouchers end up doing, inevitably, is draining money away from a public system which for many children represents their only hope for social and economic mobility in life.

It needs to be understood that there's a political agenda out there to destroy public education, to make it impossible for public systems to succeed. Just as there's an effort to wipe out Social Security, Medicare, the Post Office and everything else, the services that government provides. And no one, under those circumstances, no one can be so sure that their children will be able to get the education they want. So I favor full public funding so that the issue of vouchers just melts away.

Q. I read that you said you would like to provide more federal resources for education, but still allow the authority to remain at the local level. How would you do that?

It's the rules that you set up, and the regs. There's a certain amount of accountability that needs to take place any time you using any kind of government funds. And school administrators would have to take that responsibility.

But local communities ought to have the opportunity for some flexibility in creating programs. That's how people get involved. That lends itself to flexibility in curriculum development and goals and objectives. Let each community decide.

Because, let's face it. We're all federal tax payers. But we live in local communities. And so since we're paying money to the federal government, we have a right to expect some of that money to come back. Not in bombs, but in books.

We don't get the money back often in books. We get the money back in bombs. So I'm saying that it's apparent that we need a massive infusion of federal funds in education. Not with the intention of trying to create some kind of a phony system that this administration's created where we turn out children into good little test-takers so the schools get funded. That's ridiculous.

Q. You're not in favor of the standardized tests in the end?

No, I'm not. I think standardized testing absolutely kills creativity. And the gift that our children give to the world is from their own creative selves.

There's a point at which, if you're going to be a doctor, you should pass a proficiency test. We'd all want our doctors to show a minimum amount of proficiency, and the same thing with attorneys - any profession. Any kind of work that you do that requires that you have a mastery of the work, you should be able to prove that you can do that. Absolutely.

And it's good to have some kind of an assessment of a child's progress. There's many different ways to assess. But a common method of assessment? Please. It's an insult for children. And not only that, standardized testing has within it, built it, class and racial biases. And therefore, helps to assure and perpetuate a system which is racially and class biased.

Q. I'd like to move away from education and go into Medicaid policy. Our current policy has a bias toward institutional rather than community-based services. States have to jump through hoops to get money for community-based services. I have 2 questions. How would you change the current policy to favor less costly community-based services? Also, because Medicaid is a state and federally funded program, the federal government can offer services, but the states have some flexibility in determining what services and who is eligible. How would you ensure that children will get the Medicaid services they need?

Here's where I'm coming from. I want a universal, single-payer health system with no means testing. The government already spends money - local, state and federal. That money would stay. And in addition to that - employers are already paying money for health care, about 8.2%. I'm advocating that employers pay 7.7% instead of 8.2%. They save money. But we have enough money in the system for everyone to be covered. I'm talking about going over the system. Again, I want everyone covered with no means testing. That's the answer.

Q. The services that I'm talking about are more long-term care services.

That's exactly right. The plan I'm talking about is a universal single-payer system, extended Medicare For All which would cover all medically necessary procedures - dental care, vision care, mental health care, long term care, prescription drug benefits, complementary and alternative medicine.

People ask me, how are you going to afford it? And I say, we're already paying for it. And not getting it. For profit health care inevitably puts us in a position where the significant allocation of dollars goes towards maintaining corporate profits, stock options, executive salaries, advertising market lobby. So what we do is we create a dynamic tension between the public and private sector, between profit and not for profit.

But if we put those hundreds of billions of dollars into health care for all, we have the money to take care of everyone. We have the money to take care of people who have long-term care needs. And if people have long-term care needs get a consistent level of care over a lifetime, there's less money that needs to be invested socially in each individual. So many people who have chronic ailments don't get care today until it gets to a critical stage and the emergency room comes into play and people are put on life-support which can run into millions as opposed to an availability of consistent supports over a lifetime which are less expensive.

Q. The nursing home lobby is a pretty strong lobby and they actively fight against home-based care, which is what most people would want to have. Elderly people or people with disabilities want to be in their own homes in their own communities managing their own lives the best that they can with the different kinds of supports they need. How would you resist that lobby to allow more community-based, consumer-directed services?

That's what the whole idea of HR676 is all about. The Medicare For All long-term care. We'd write the regs so as to give people the option if they want a more institutional type setting they could have that, but the institution has to be not for profit. If they desire to be cared for in their home, they should have that option, with the services to be provided by a not for profit provider. HR 676 would give people maximum freedom taking a path toward health care.

Q. What kind of support does this bill have?

8,000 physicians have signed on in support of the concept of the bill.

Q. In Congress, what kind of support is there?

We have quite a few numbers of Congressmen have co-sponsored it. John Conyers of Michigan and I are the major sponsors of the bill. We're going to have to move towards this kind of a system sooner or later. The present system has impoverished millions of Americans. It's really kind of strange. It's like we - all of us - are cash crops for the insurance companies and the pharmaceutical companies. We're captives of a system. Hardly a democracy. So my campaign is really about challenging the system.

Q. What about the Americans with Disabilities Act? The rights of people with disabilities have really been eroded by the courts. What would you do to stop that erosion and move it into a different direction?

Presidential directives. Use the power of executive orders to assure accessibility for facilities, construction, and invite the community that represents all Americans who are differently-abled to help participate in establishing some guidelines for society. What this is really about is whether we're a compassionate nation or not. About who we are as a people.

Q. One last question. People with mental illness are homeless, they're in prisons to a greater extent than other people because the system doesn't provide for them. There's no parity under health insurance coverage. The institutions are closed and people are in the community, but the services are not there for them. What would you do to provide better services for people?

First of all, under my health care bill, this is the bill I co-sponsored with John Conyers, HR 676, it's on the web. I provide for mental health coverage.

Senator John Kerry

Democrat

“No one should be forced to be in a nursing home ...because they live in a state that chooses not to offer community living services.”



Education

- * Supports mandatory full funding of IDEA
- * Supports enforcement of IDEA by measuring key special education and functional indicators including: assessment performance, drop out rates, graduation rates (according to IEP timelines) and comparing them with results for non-disabled students
- * Supports mandatory Federal funding for No Child Left Behind
- * Supports Federal funding for school construction
- * Opposes vouchers

Civil Rights

- * Would nominate judges to uphold and strengthen civil rights
- * Supports legislation that would restore civil rights protections to individuals with disabilities who have been harmed by Court decisions restricting the scope of the protected class under ADA
- * Would appoint an Attorney General and an Equal Employment Opportunity Commission (EEOC) chairman who will make enforcement of ADA a priority

Health Care

- * Opposes state block grants
- * Would make every child in America automatically eligible for Medicaid, with the Federal Government paying full cost for children's Medicaid. Would, in turn, require states to provide Medicaid coverage to families up to 300% of poverty and individuals up to 200% of poverty. Claims that this would result in a \$5 billion net increase for states.
- * Supports mental health parity

Long Term Care

- * Would see that MiCASA is enacted
- * Would give States \$50 billion as a stop-gap measure to restore services that were cut because of budget crisis.
- * Proposes increased state funding for home and community based care in exchange for Federal relief of the States' cost burden for Rx for Medicaid/ Medicare eligible seniors.

Employment

- * Would reinstate President Clinton's Executive Order to hire 100,000 individuals with disabilities as Federal employees

Policy

- * Pledges that qualified individuals with disabilities will play a pivotal role in his transition team and his Administration

John Forbes Kerry

Senator John Kerry was born in Denver, Colorado on December 11, 1943 one of four children. He attended St. Paul's School in Concord, Massachusetts; graduated from Yale University in 1966 and Boston College Law School in 1976. He served two tours of duty with the Navy in Vietnam and was decorated with the Silver Star and Purple Heart. Upon returning home he joined the antiwar movement Vietnam Veterans Against the War. He served as Assistant District Attorney in Middlesex County, Massachusetts from 1977 to 1982. He was elected Michael Dukakis' Lieutenant Governor in 1983 and U.S. Senator in 1985. He and his first wife, Julia Thorne, divorced in 1983. They have two daughters. He married Teresa Heinz in 1995 and they live in Boston.

Interview with John Kerry

This interview was conducted in person.

Q. I'd really like you to talk a little bit about your health care plan, with all children on Medicaid. How would that work?

Automatically. We're taking it over from the states.

Q. Are you talking about every child?

Every child. That means that, from day one, they will be enrolled, whether they're coming through a doctor's office, through a nurse at the school, through school itself, through Head Start, Child care. We're going to enroll. What's happening, is that states aren't enrolling people. They manage Medicaid very haphazardly. They're not particularly into it. And they even change some of their own eligibility requirements. We're just going to take it over. Automatic enrollment, every child in America is covered by Medicaid.

Q. New Hampshire is trying to restrict eligibility for the Katie Beckett option.

For community based-services?

Q. For Medicaid.

For Medicaid itself. States are doing that all over the country. They're just trying to keep the price,.... They don't want to kick in. They don't want to pay the money.

In exchange for our taking over the Medicaid children, states have to agree to cover families up to 300% of poverty and individuals up to 200% of poverty. The reason the states will accept that sway, is. #1. They don't like to do the Medicaid children, and #2. It's a net plus of \$5 billion to the states. So they'll grab the money.

Q. Is that part of the \$50 billion you said you would give the states to help them with budget deficits?

Nope. This is separate. The \$50 billion represents a one-year cushion against the George Bush cuts that are forcing states to raise taxes and cut services.

Q. Would you mandate that they be used for Medicaid?

I would mandate that they be used to plug holes of any cuts. It's not fungible money. You can't just take the money and go put it into some pet project. It's precisely for the things these guys are trying to cut that we think are important.

Q. You stated that you are for mandatory full funding of IDEA

Yes, I am.

Q. And also for enforcement of disability rights.

I'm not only for it; as President I will do it. It's going to happen.

Q. You mentioned in your policy statement that you would tie that into educational and functional indicators, particularly graduation rates, and drop-out rates. That sounds very similar to No Child Left Behind. How is yours different?

No, it's not, because we're not going to brand any school a failure, unlike the adequate yearly progress standards - which I'm going to change. I don't like No Child Left Behind the way they've implemented it. Under No Child Left Behind, if you have a few kids, particularly with disabilities who wind up not raising their scores, the whole school's branded a failure. That's absurd. I'm not going to allow that to happen. There won't be any branding of failures. There won't be any punitive measure. It will be to help determine what further remedial and/or personnel or resource issues are at stake, if any, and whether we can help make a difference that way.

Q. Part of the problem with the parents with special education is that schools often don't do what they're supposed to do. So how would you hold them accountable?

Enforcement. We have to have enforcement. It's the law. I mean, under the Olmstead decision and otherwise, the ADA, as well as under IDEA, it is the law. And I know some people don't want to live up to the law, but I think it's important that we do.

Q. You also stated that no one should be forced to live in a nursing home because the state doesn't choose to offer community-based services. Would you mandate that every state offer community-based services?

Under my health care plan and under my assistance plan, we can alleviate that burden on the states. But essentially, we have to live up to the law. The law says people have a right to community-based services, and you can't hold them in institutional settings. Moreover, it's more expensive in the end. I think it makes sense to move to community-based services. I have a combined housing initiative, and when you add it to the health care initiative, it will make it much easier for the states to do it. So I'm not sure you'll have to mandate. The states will happily comply because there's going to be financial assistance and there'll be a method there for them to be able to track into it.

Q. In New Hampshire, our service systems are basically community-based and rely on Medicaid funding. But we have a waiting list for services the legislature doesn't fund. And that's true across the country; that's not only true in New Hampshire. What would you do to address that situation?

That's precisely where my \$50 billion fund can help stop gap. That's precisely where alleviating the burden of the Medicaid children - taking that off their backs - with a net plus of \$5 billion to the States will, I think, entice them to come in and the third thing is you gotta use the bully pulpit of the presidency. You have to be willing to go out and advocate and leverage and push and pass the appropriate enforcement mechanisms to get people to do what they're supposed to do.

Q. Given the predominance of the Republicans right now in Congress, as President, do you think you'll be able to push through some of the ...

Yeah, I do and I'll tell you why. Because #1, for anyone trying to make up their minds about a vote, they have a choice between someone who doesn't try and doesn't care and someone who will try and does care. And that's a pretty easy choice.

But secondly, how will we get it done? My plan is designed in a way that it will not invite the kind of attack that we had with Clinton in 1993 and '94, where the insurance companies spent millions of dollars to get in the way. My plan is designed to play to the market forces, if you will.

It's an incentive-based plan with powerful incentives that invite a certain behavior because it makes economic sense for people to engage in that behavior. I have a net benefit to businesses of 50% tax credit for small business who get the health care, an option that people have to buy into the same plans that senators and congressmen get which reduces costs compared to what they pay today.

I take 75% of the cost of catastrophic cases off their backs and we pay for them at the federal level. So we're reducing the costs of premiums to people and therefore, they can afford more health care and businesses are not as burdened as they are today.

I do all of this by rolling back the tax cut for the wealthy that George Bush passed. Now, you gotta have a President who's willing to fight for that, if the Republicans resist and if they're determined to not do what is reasonable, then you use the power of the bully pulpit of the Presidency and you take the issue out to the country and it becomes a central organizing issue of the mid-term elections of 2006.

That's the nature of our country. You have to fight for something. Harry Truman put health care on the table in 1948. I'm going to be the President that completes that journey. And we're going to do it because I have a plan that business leaders think makes sense. They're happy to get rid of 75% of the cost of the catastrophic cases.

Q. Do you include long-term care in that?

Not yet. We have to get to long-term care and I want to get to long-term care.

Q. For children and adults with disabilities, that's a significant issue.

Opinion



Terry Morton - A Commanding Presence and A Complex Man

In the great and complex life of Terry Morton, we knew but a small sliver of him. We were (please note our use of the past tense) Terry's opponents as he attempted to implement some bad ideas peddled to him by Anderson Consulting. Anderson's first failure to New Hampshire was to think admiration of Terry Morton would earn them anything.

Let us remember the times... Terry Morton was appointed in the 2nd term of Governor Steve Merrill. New Hampshire was in a fiscal melt down, and cuts had to be made. Terry Morton, a former venture capitalist and budget advisor to several governors, was drafted by Governor Merrill to save money so as to weather the financial storm hitting the state. Terry Morton accepted the challenge, and became Commissioner Morton. The Commissioner asked for House Bill 32, giving him broad powers to make changes and which, coincidentally, was to save \$32M in taxes through re-organization of the Department of Health and Human Services (DHHS). HB-32 authorized Morton to hire Anderson Consulting, and a plan was made to bring 'business

process re-engineering' to New Hampshire. It sounded impressive, and it was.

Except for this: Anderson's recommendations, if implemented, would have eliminated any identity for the developmental disability community. Service systems that existed to investigate abuse and neglect would have been integrated into service systems set up to support loving families. The end result of these recommendations was buried in the process of reorganization. We provided critical information to the disability community, alerting them to this likely outcome.

And we got to know how Commissioner Morton handled great conflict. Full steam ahead, until the concept he was championing was proven wrong.

And it was proven wrong. In the end, a powerful Commissioner of Health and Human Services let the disability community keep its identity in the maze of the largest agency in the state. And, make no mistake about it, the disability community was *allowed* to retain its identity because it convinced Terry Morton of its need – through great conflict – and he changed his mind.

And, in the process, united the developmental disability community to live for another day.

After his term of service, citizen Terry Morton did not forget The New Hampshire Challenge. Every year, he responded to our annual appeal with a generous contribution. We like to think we impressed Terry Morton with our tenacity in providing information which flew in the face of his formidable goals... but it was and will remain a mystery.

Our last encounter with citizen Terry Morton was shortly after Governor Benson was elected. He was named to the transition team of the Benson Administration to help address ways to save money. We found out that during this time Terry Morton was a quiet champion for the disability community. Whether this advocacy was born out of conviction that resources were being wisely utilized or from a hard political lesson learned after dealing with a united, active lobby of families, we can just guess.

But this we believe: New Hampshire's citizens with disabilities – and New Hampshire itself – would have done well if the Terry Morton we knew at the end of his life lived another 25 years. We are certain of this: On the day he died, Terry Morton was still willing to learn and change his mind.

We will miss Terry Morton. He was a commanding presence and a complex man.

Don't Mess With Checks and Balances

On January 15, the House is expected to vote on CACR 2, a proposed constitutional amendment to remove judicial oversight from education funding issues in New Hampshire. The amendment was voted "ought to pass" by the House Education Committee, 11-6.

Families who have children in school receiving special education services should realize – better than most – that removing judicial oversight eliminates a major safeguard for accountability.

The most potent weapon a family has to hold a school district accountable for their lack of compliance with the Individuals with Disabilities Education Act (I.D.E.A.) is due process. Without access to the courts, families would have no leverage. Without access to the courts, children's rights are not secure.

This constitutional amendment would put school districts in the same situation with the State. It would remove their access to the Court to hold the State accountable for inequities in educational opportunities for New Hampshire's children.

The government of our country – of the people, by the people and for the people – is built on a system with built-in checks and balances. The legislative, executive and judicial branches each have their own responsibilities which balance and hold the power of the other branches in check. Are we as citizens in New Hampshire prepared to alter that system of government? It will be altered significantly with the passage of this constitutional amendment.

Remember Timothy W? This young man was denied an education by the Rochester School District until the Court ruled otherwise. A system of checks and balances protected his rights.

We should think carefully before we support the dismantling of a system that has worked for over 200 years.

Interview with Senator Kerry

Continued from page 23

It's a huge issue for everybody nowadays. People are living longer. Young families can't afford to take care of their parents. We have to get a long-term health care structure, but the first thing to do is get my catastrophic piece in place. And then I think we can create a long-term care structure which hopefully we can get the insurance companies to be a part of to get a long-term-based system in place.

But the more we do smarter delivery of health care, then the less resistance there's going to be. You have, for instance, assisted living, community-based is much cheaper than nursing homes, and right now we have an incentive bias towards nursing homes. It's ridiculous. If we do better screening of mental health, better screening of diabetes and cancer, we can treat at earlier stages and reduce dramatic costs to the system.

We're not delivering health care in a smart way. I'm going to. Now, people have a choice. George Bush has no plan. I have a creative forward-thinking plan that Time magazine has called the first best big new idea of the whole campaign. That's the choice. Zero vs. the best new big idea of the campaign.

Q. Congress passed voting legislation...

HAVA

Q. What would you do to fully fund HAVA so that people with disabilities can vote independently and privately?

I'd do everything in my power. You don't have fair and full enfranchisement in America unless everybody can vote and every vote is counted.

Q. What about mental health issues?

Parity. I've always voted for parity, supported parity.

Q. We have a law in New Hampshire that mandates parity, but it only mentions like 8 or 9 conditions which, interestingly enough, children don't have. So children aren't covered.

Yeah, I understand they've carved their eligibility rules out so they actually push kids aside. Under my bill, all children are covered and we have mental health parity.

Q. What about people with mental illness who end up in criminal justice system?

They sure do. I've seen that personally. That happened in the 1970s when they began de-institutionalization and the promise at that point was when we de-institutionalize, we're going to make it community-based service. They did the de-institutionalization. They didn't do the community-based service. So there are a whole bunch of people out there who have fallen into two principal locations - the court system and the homeless shelter system. And that's the way we've decided to take care of our mentally ill in America. It's a disgrace.

Q. What will you do to change that?

A number of things. Number one, you've got to have adequate treatment and health intervention. Number two, you've got to get them out of the criminal justice system. Number three, you've got to get community-based services available to people. This is not rocket science.

It's a promise that's been broken. It's another American political promise broken. We know what we have to do.

I'd like to see earlier screening of kids in high school, etc. in mental health issues, because there are a lot of kids you could work with at earlier stages and reduce enormous societal costs at the back end if you did that and you could have much more productive lives being led by a lot of people as a result.

Q. One of the people from NAMI that I spoke with said that the problem with children with mental illness is that you don't have early intervention.

Right. That's exactly right.

Q. You have to wait until a child is in crisis and the family has to give up legal guardianship of their child in order to get services.

That's very difficult and very inappropriate. I used to see it. I ran the District Attorney's Office, and we used to see people come in who had no business being in the system. And I've since seen it in many ways as a legislator working on children's issues as we design our health program. We also don't do it with respect to substance abuse, drugs, narcotics. We should be offering treatment on demand in the United States of America. And that's the only time we're going to get serious about a drug war. Right now it's mostly the criminal justice system and rhetoric.

Interview with Dennis Kucinich

Continued from page 21

This society is very tough on people. And the pressures of so-called modern day life can easily push any sensitive person into depression. And lead to mental illness.

You can walk the streets of any major city and when you walk the streets, look at the faces. Look at their eyes. You'll see something. You'll see people who are doing well but you'll also see people who are not doing well. You'll see people who are present and you'll see people who are somewhere else. These are the people who are hurting. And these are the people who are mentally ill. Walk the streets of the city. You may see someone sleeping in a doorway, on top of a stoop grate, under a bridge and maybe wearing their veteran's jacket, wrapped in blankets that somebody just gave them, but I will tell you so many of those people are mentally ill. And they're just discarded by society.

Q. Services for children are even harder to get.

Of course they are.

Q. New Hampshire has a parity law, but there are only certain conditions are covered, none of which affect children.

This is where a universal health system would afford early diagnosis and early treatment, whether you had the money or not. We need to spend a lot of time and money on comprehensive diagnosis.

For example, look at the issue of thimerisol and how many families who have normal children and all of a sudden they're vaccinated, boom, something happens.

I want to see a transformation of society to where its policies are really heart based and confirm the higher purpose of the nation, other than just war. I'm ready to take this country in that direction. I'm ready to challenge the system

While this issue focuses on candidates for national office, remember:

All politics is local

There is nothing more important than your relationship with your local and state government representatives.

Find out who they are.

Get to know them.

Help them get to know *you* and the issues that affect you.

You can make a difference!

Public forums

to discuss the NH Home Care Program for Children with Severe Disabilities

also known as "Katie Beckett".

At the public forums, proposed changes to the Katie Beckett eligibility criteria will be presented and public input requested on these changes prior to formally engaging in the administrative rulemaking process. The Katie Beckett program allows states to provide Medicaid benefits to children with disabilities who otherwise would be institutionalized. Eligibility is based on the severity of the child's disability and level of care needs, not on family income.

The dates and times of the **four regional public forums** are listed below.

Thursday, **January 8, 2004** - **Upper Valley** 9:00 a.m. – 11:00 a.m. at the Claremont Town Council Chambers, City Hall, 58 Tremont Square, Claremont NH 03743 (603-543-7000)

Tuesday, **January 13, 2004** - **North Country** 2:00 p.m. – 4:00 p.m. at the Cabot Inn, 200 Portland St, Lancaster, NH 03584 (1-800-960-2100)

Wednesday, **January 14, 2004** - **Concord** 3:00 p.m. – 5:00 p.m. at the Brown Auditorium, State Office Park South, 129 Pleasant St, Concord, NH 03301 (603-271-8140)

Thursday, **January 22, 2004** - **Seacoast** 4:00 p.m. – 6:00 p.m. at the Exeter Hospital, 10 Buzell Ave, Exeter, NH 03833 (603-778-7311)

(This was excerpted from a letter dated January 1, 2004 to District Health Council Members from Lori Real, former Director of the Office of Health Planning and Medicaid, NH Department of Health and Human Services.)

Katie Beckett Cuts

Continued from page 3

held in February, 2003. Advocates expressed concerns with the proposed rules around what they regarded as tighter eligibility requirements. The rules were never submitted to JLCAR.

Commissioner Stephen has said new rules will not be written or proposed until after a series of public hearings in January. "I want to hear from the community before we make any decisions," he said to The Challenge.

However, a letter dated January 1 from Lori Real, director of the Office of Health Planning and Medicaid at the Department of Health and Human Services disputes that. The letter, addressed to members of District Health Councils, is an invitation to the Council members to attend one of the four regional forums being held on the Katie Beckett Option.

The letter states: "At the public forums, proposed changes to the Katie Beckett eligibility criteria will be presented and your input requested on these changes prior to for-

mally engaging in the administrative rulemaking process."

During the formal rulemaking process, a public comment period is offered which includes a public hearing. In the past, the Department has submitted their proposed rules to JLCAR after the public comment period. JLCAR also holds a public hearing, after which it votes to accept the rules or send them back to the Department for revisions. The rules will not go into effect until JLCAR approves them.

In light of this letter, it is unclear if the public forums will serve as the public comment period. Commissioner Stephen assured The Challenge in our interview with him that the forums are an extra step before the start of the formal rulemaking process (which includes a hearing and a period for public comment).

"I want to provide the NH Legislature the information (from his departmental review and the public hearings)," he stated. "In my opinion, it's going to be up to the Legislature to define the guidelines and the policy. And when we have that

information and present it to the Legislature, I'm hopeful that they will determine that they need to do something in one way or other, to clearly define the guidelines here for us as a department."

Commissioner Stephen refuses to speculate about the numbers of children who may lose eligibility as the result of a rules change, saying that he is still assembling the information.

He did emphasize, however, that he wants to hear from the families whose children are presently receiving services because of the Katie Beckett option. "As Commissioner, I need to make sure that I hear from folks that are affected," he said.

His final decision, he added, will be "within the ambit of law, clearly consistent with law and in a responsible way." He also believes very strongly that it should be "the Legislature determining the policy."

REGION I

Northern New Hampshire Mental Health and Developmental Services, Inc.

Eric Johnson, Assoc. Director
87 Washington Street
Conway, New Hampshire 03818

REGION II

Developmental Services of Sullivan County, Inc.

Mark Mills, Exec Director
R.F.D. #3, Box 305
Claremont, New Hampshire 03743

REGION III

Lakes Region Community Services Council

Rich Crocker, Exec. Director
P. O. Box 509
Laconia, New Hampshire 03247

REGION IV

Community Bridges

Roy Gerstenberger, Exec. Dir.
525 Clinton Street
Bow, New Hampshire 03304-4609

REGION V

Monadnock Developmental Services, Inc.

Alan Greene, Exec. Director
121 Railroad Street
Keene, New Hampshire 03431

REGION VI

The Area Agency of Greater Nashua, Inc.

Sandra Pelletier, Exec. Dir.
144 Canal Street
Nashua, New Hampshire 03064

REGION VII

Moore Center Services, Inc.

Paul Boynton, CEO
132 Titus Avenue
Manchester, New Hampshire 03103

REGION VIII

Region VIII Community Developmental Services Agency, Inc.

Bob James, Exec Director
Parade Office Mall, Suite 40
195 Hanover Street
Portsmouth, New Hampshire 03801

REGION IX

Community Partners

Brian Collins, Exec. Director
Forum Court
113 Crosby Road, Suite #1
Dover, New Hampshire 03820-4375

REGION X

Region 10 Community Support Services, Inc.

Jane Dichard, Exec. Director
8 Commerce Drive
Atkinson, New Hampshire 03811

REGION XI

Center of Hope, Inc.

Margie Matthews, Exec Director
626 Eastman Road
Center Conway, New Hampshire 03813-4219

REGION XII

United Developmental Services

Bruce Pacht, Exec Director
85 Mechanic Street, Suite 300
Lebanon, New Hampshire 03766

KATIE BECKETT ELIGIBILITY SURVEY

constructed by: Lakes Region Community Services Council

This survey is intended to collect data on the number of families who have a child on Medicaid under the Katie Beckett Waiver, what supports families use with the Medicaid and what would the impact be if this were not available. Please only fill out what you are comfortable with, and feel free to write additional comments.

1. Does your child have Medicaid or Healthy Kids Gold under the Katie Beckett Waiver? Yes No Not Sure

2. If yes, how long has your child been eligible under this waiver? _____

3. Was your child previously eligible for Medicaid because of limited family income? Yes No Not Applicable

4. Does your child have private health insurance? _____ If yes, what type? _____

If yes, what do you pay a month in premiums? _____

Who in your household provides the private health insurance for the family? _____

Do other family members work? Yes No

5. What supports/services does Medicaid pay for?

Nursing How many hours/week _____

Home Health Aide How many hours/week _____

Respite How much money/month _____

In-Home Supports What type _____

Durable Medical Equipment

Assistive Technology

Early Intervention

Private Therapies What type _____

Uncovered Medical Expenses What _____

Other, please mention _____

6. How have these supports benefited your child, your other children and/or your family?

7. If you were unable to have the supports above, how would this impact your family?

What options would this force you to consider?

place your child in a residential school refinance your house get a second job

quit your job take out loan (s) borrow from your retirement fund

reduce number of hours you work cash in life insurance policies other _____

8. Does your school district bill Medicaid for school services for your child? Yes No Not Sure

9. What school district does your child attend? _____

10. Is there anything else you would like to add?

Would you be willing to discuss this further? _____ If so, how can you be contacted? _____

Name: (Optional) _____

Please send completed survey to your area agency. (See list on page 22.)

Upcoming Events

January

Presidential Awareness Forum

Sponsored by: CAUSE (Communities Actively United for Social Equality)

Presidential candidates have been invited to answer questions from CAUSE members.

Date: January 12, 2004

Time: 7-9 pm

Where: St. John Evangelist Church 72 Main Street Concord, NH

Cost: Free

For more information: Contact Mary Trinkley, Director of CAUSE, at 225-0999 or email nhcause@aol.com.

Disorders of Regulation & Social Interaction in Young Children

Sponsored by: SERESC

Presenter: Teresa Bolick, Ph.D.

Date: January 13, 2004

Where: SERESC, Bedford, NH and Videoconference to NCES in Gorham, NH

Cost: Unknown

For more information: Call Robin Knight at 603-206-6816

Effective Writing and Reading Instruction for Young Children

Sponsored by: Institute on Disability/UCED UNH

Presenter: Ruth Wharton-McDonald, Ph.D.

Date: January 15, 2004

Time: 9 am - 3 pm

Where: Highlander Inn - Manchester, NH

Cost: \$60

For more information: Call 228-2084 or 1-800-238-2048

Breaking Down Barriers to Employment of Persons with Disabilities

Disability Town Hall Meeting

Sponsored by: Enable America, GSIL and Governor's Task Force on Employment and Economic Opportunity for Persons with Disabilities

Date: Friday, January 16, 2004

Time: 10:00 am to 3:00 pm

Where: Wayfarer Inn, Bedford, NH

For more information: Call 603-228-9680, or 1-800-826-3700, or TTY 1-888-396-3459

Positive Behavioral Interventions

Sponsored by:

Parent Information Center

Date: January 22, 2004

Time: :00-9:00 pm

Where: Plymouth

Cost: Free

For more info, contact: PIC at 603- 224-7005 or

1-800- 232-0986 or at

www.parentinformationcenter.org.

Upper Valley Regional Winter Games

Sponsored by: Special Olympics NH

Date: January 24, 2004

Where: Dartmouth Ski Way and Garipay Field Hanover, NH

For more information: Call 1-800-639-2608

Assistive Technology, Special Education and No Child Left Behind

Sponsored by: NHEdLaw, LLC & EdTech Associates

Date: January 26, 2004

Time: 8:00 am to 12:00 pm

Where: Collabresource, 1361, Elm Street, Suite 208, Manchester, NH

Cost: \$75 for parents; \$95 for educators/professionals before January 15, \$105 after

For more information: Call 1-888-474-3137

NH SPED Public Input Session

Sponsored by: NH Department of Education, Bureau of Special Education

Date: January 29, 2004

Time: 3-5 pm and 6-8 pm

Where: NH Department of Education, 105 Pleasant St., Room 15, Concord, NH

For more information: call 603-271-3741

Literacy Supports for Students with Learning Disabilities

Sponsored by: Institute on Disability/UCED UNH

Presenter: Gretchen Hanser, M.Ed. OTR-L

Date: January 30, 2004

Time: 9 am - 3 pm

Where: Highlander Inn - Manchester, NH

Cost: \$60

For more information: Call 228-2084 or 1-800-238-2048

February

27th Annual Winter Games

Sponsored by: Special Olympics NH

Date: Feb. 1-4, 2004

Where: Waterville Valley Ski Resort, Waterville Valley, NH

For more information: Call 1-800-639-2608

What it Means to Presume Competence: Lessons from Research on Autism

Sponsored by: Institute on Disability/UCED UNH

Presenter: Douglas Biklen, Ph.D.

Date: February 5, 2004

Time: 9 am - 3 pm

Where: Highlander Inn - Manchester, NH

Cost: \$60

For more information: Call 228-2084 or 1-800-238-2048

Developmental Disabilities &

Sexuality: Working with Groups

Sponsored by: Planned Parenthood of Northern New England

Date: Wednesday, Feb 11, 2004

Time: 9 am - 4 pm

Where: Concord, NH

Cost: \$90

For more information: Call 1-800-488-9638 or EDUCATION@PPNNE.ORG

March

Central Regional Ski Marathon

Sponsored by: Special Olympics NH

Date: March 7, 2004

Where: Ragged Mountain, Danbury, NH

For more information: Call 1-800-639-2608

NH SPED Public Input Session

Date: March 15, 2004

Time: 3-5 pm & 6-8 pm

Where: SAU Office (Board Room), 196 Bridge St., Manchester, NH

For more information: Call 603-271-3741

Positive Supports for Children with Autism in Preschool Classrooms

Date: March 25

(See December 10 for description.)

State Basketball Tournament

Sponsored by: Special Olympics NH

Date: March 27-28, 2004

Where: Portsmouth NH

For more information: Call 1-800-639-2608

April

NH SPED Public Input Ses-

sion

Date: April 8, 2004

Time: 3-5 pm & 6-8 pm

Where: Seacoast area (TBA)

For more information: call 603-271-3741

Seacoast Regional Swim Meet

Sponsored by: Special Olympics NH

Date: April 17, 2004

Where: Portsmouth and Dover, NH

For more information: Call 1-800-639-2608

May

Positive Supports for Children with Autism in Preschool Classrooms

Date: May 11, 2004

(See December 10 for description.)

June

Positive Supports for Children with Autism in Preschool Classrooms

Date: June 3, 2004

(See December 10 for description.)

35th Annual Summer Games

Sponsored by: Special Olympics NH

Date: June 11-12, 2004

Where: University of NH Durham, NH

For more information: Call 1-800-639-2608

Access '04

Sponsored by: Granite State Independent Living

Date: June 18 & 19, 2004

Where: Whittamore Center at UNH, Durham NH

Cost: Free

For more information: Call 1-800-826-3700

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Do you know someone who could use The Challenge?

Name _____

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P.O. Box 579
Dover, NH 03821-0579

* There is no cost for this publication.

