As President Obama welcomed activists from across the country to the White House to celebrate the 20th anniversary of the Americans with Disabilities Act (ADA), similar scenes played out in state capitols across the country with governors and state legislative leaders marking this important anniversary. However, for the 54 million Americans living with a disability, the future of the programs and services they depend on to live, learn, and earn is deeply tied to a host of tough budget choices and Byzantine program requirements faced by policymakers in the state house as well as the White House.

Long before Congress took up the ADA, state governments were grappling with the challenge of helping improve the lives of Americans with disabilities. In 1990, the Council of State Governments' annual publication, *The Book of the States*, noted that 17 states already had laws in place requiring public and private buildings to be accessible to disabled persons in employment, public accommodations, and transportation. Over the past 20 years, what began as a small spring of state innovation grew into a flood of new laws and policies spanning the country.

The ADA was not without controversy on the state-level, with some state leaders considering the legislation an unfunded mandate. However, some states have used their own scarce resources to enact policies and programs that go beyond the requirements of the ADA, increasing access to and choices in education, health care, employment, transportation, and other initiatives to help improve the lives of Americans with disabilities. (See examples of state innovations)

Unfortunately, with states still caught in the grips of the Great Recession, many of these programs are being cut as state budgets are balanced and federal stimulus funding expires. Despite pleas both from states and many economists, it appears that Congress will enter its August recess without passing (a previously thought of as inevitable) extension of enhanced Medicaid funds. At least 23 states will have to close deep budget holes if the extension falls through.

Those with disabilities are all too often caught in the crossfire between state balanced budget requirements and paradoxical federal funding rules. For example, Medicaid requires states to provide institutional care (i.e. nursing homes) to people living with disabilities, or risk losing all federal matching funds. However, funding for in-home health assistants, an option preferred by Americans with disabilities and far more cost effective for tax payers, is considered optional and can be cut without risking the states' share of $80 billion in federal Medicaid funding. As a result, many states have cut these services, diminishing the quality of life for people living with disabilities and creating long-term costs both for both the states and the federal government.

While 2010 marks a milestone for the ADA it also marks the starting point of a new direction, for better or for worse, for American health policy. The cloud burst of rule making being led by Secretary Kathleen Sebelius to implement health reform offers an opportunity to put disability assistance on a more rational path. With a little luck, the perverse incentives that cause states to cut services...
Americans need while burdening tax payers with long-term costs, will be put to bed well before we celebrate the 25th anniversary of the ADA.

- A Survey of State Disability Policy, 2010 [3]

By:
Friday, July 30, 2010 at 02:31 PM
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