

The Arc Minnesota

2024 Legislative Agenda



Our legislative priorities address Social Determinants of Health (SDOH). These are the conditions where people are born, live, learn, work, play, worship, and age. Inequities across SDOH have a major impact on the health, well-being, and quality of life.¹

Social and Community Context

Create More Inclusive Playgrounds for Minnesota Children

Play is a critical part of development for kids of all ages, and children with disabilities should have access to playgrounds just like all other kids in our communities. However, most playgrounds in Minnesota are not accessible to, nor safe for, children with disabilities. Playgrounds must accommodate physical disabilities and include the unique needs of children with intellectual and developmental disabilities (IDD) as well. Inclusive playgrounds help ensure that no one is left out and support the physical, cognitive, sensory, and social developmental needs of all children.

All children should play side-by-side. Investing in bonding projects that help build safe, inclusive playgrounds across the state will result in long-term, positive benefits for all. It will help children with disabilities foster true belonging in community from an early age.

Education Access and Quality

Improve Educator Awareness of Ableism

Many school structures and policies are rooted in ableism. This can look like segregated classrooms, low expectations, and harsh punitive practices that disproportionately impact students with disabilities. Educators do not receive training on ableism and how it may impact the way they teach or interact with students with disabilities. Many state-mandated trainings do not center people with lived experience or include them in the development process.

Our state must uphold its obligation to provide a free, appropriate education to children with disabilities that keeps them in the same classrooms as their nondisabled peers. A statewide training for educators and school staff on ableism will provide a foundation for improving inclusion in Minnesota's schools. The training must be developed and provided by people with disabilities as they are the experts in how ableism impacts students. This will help create a supportive and positive educational experience for all students.

¹ <https://health.gov/healthypeople/priority-areas/social-determinants-health>

Economic Stability

Reform Medical Assistance to Incentivize Employment

Minnesota's Medical Assistance for Employed Persons with Disabilities (MA-EPD) program has been a lifeline for many adults with IDD, allowing them to work without fear of losing important safety net supports. However, MA-EPD premiums are too high which creates a cycle of poverty. Administrative processes are an obstacle to maintaining coverage, which deters people from applying and working. People with disabilities should be able to earn money and have easy access to health care, benefits, and services.

Removing the MA-EPD premiums will help people with disabilities get out of poverty. Ensuring that people with disabilities are able to work and build financial stability will improve their quality of life and our economy overall. It is critical for people to be able to work while maintaining the safety net supports that help them thrive.

Economic Stability / Social and Community Context

Phase Out Subminimum Wage

Section 14(c) of the Fair Labor Standards Act, passed in 1938, allows people with disabilities to be paid less than minimum wage. It is an archaic and discriminatory practice that contributes to segregation and impoverishment of people with disabilities. Minnesota has the most 14(c) certificates per capita in the country. This has resulted in an overreliance on subminimum wage employment which detracts funding from inclusive employment programs and limits employment options.

The state of Minnesota must phase out 14(c) subminimum wage certificates, segregated employment, and other employment-related policies that discriminate against disabled people. The state has already made wise investments to support lead agencies, case managers, and providers to transition away from subminimum wage. Now is the time to correct decades of discrimination by supporting fair wages for disabled people and ensure they have equal opportunity to work in integrated environments at competitive wages, in jobs that meet their skills and interests.

Neighborhood and Built Environment

Support the Our Future Starts at Home Constitutional Amendment

HF 3329, Howard / SF 3357, Mohamed

Funding for housing needs in Minnesota is not stable nor predictable, and historic underfunding has deepened the state's housing crisis. Too many Minnesotans face housing instability and homelessness. There are significant disparities in home ownership for Black, Indigenous, and other People of Color (BIPOC) compared to white Minnesotans. The cost of rent throughout the state leaves individuals and families struggling to make ends meet. These issues are compounded for people with disabilities, especially those with accessibility needs.

Voters should have the opportunity to decide if they want to dedicate state funding to end housing instability, homelessness, disparities in home ownership, and expensive rental costs. The Our Future Starts at Home Constitutional Amendment creates the Household and Community Stability Fund, the Home Ownership Opportunity Fund, and the Rental Opportunity fund. These funds will reduce disparities, support community-based solutions, improve the condition of homes, increase accessibility, and decrease energy costs. The funds put communities and people with lived experience, including people with disabilities, at the center. Disabled Minnesotans will benefit from dedicated and consistent funding in housing.

Health Access and Quality / Social and Community Context

Close Barriers to Self-Directed Options

Consumer Directed Community Supports (CDCS) allows individuals with Home and Community Based Services (HCBS) waivers to self-direct their services, control their budget, and hire people they trust. The CDCS option is more cost-effective for the state and better for many disabled people, but there are systemic barriers to access. The budget structure makes it difficult for people to maintain their staffing and other services. There is also no consistency in implementation; lead agencies and even individual case managers create different policies that create disparities. These inequities force people to choose provider-controlled services that are more costly and restrictive.

People with disabilities must have self-directed options that support consistent, stable, high-quality staff and flexible services that meet their individual needs. The legislature must end funding disparities between CDCS and traditional waiver options. They must direct lead agencies to follow and implement state policy so that there is consistency across the state. The Department of Human Services must monitor and enforce state policies so that disabled Minnesotans can direct their own services and have more choice and control in their lives.