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AccessAbility

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INSIDE

Assault on the Needy

By Jennifer Watson

The so-called "One Big Beautiful Bill Act" (OBBBA) is being sold as a bold step forward, but when you peel back the rhetoric, what you find is devastating, particularly for people with disabilities, low-income families, and rural communities. Far from being beautiful, this law threatens to dismantle the very systems people rely on to survive, while shielding the wealthiest Americans from consequence.

The cuts to health care are staggering. Nearly one trillion dollars will be stripped from Medicaid over the next decade. Medicaid expansion populations, which include low-income adults who only recently gained access to coverage, will be the first on the chopping block. These are people who often earn less than $21,000 a year, yet this bill insists they must jump through impossible hoops just to hold on to health insurance. Proof of eighty hours of work or volunteering each month will now be required. While people with disabilities are theoretically exempt, in practice the formal disability determination process is often so difficult and bureaucratic that many fall through the cracks. And for those seeking work, the reality is even harsher: people with disabilities face some of the highest unemployment rates in the country, not because they lack skills or willingness to work, but because entrenched discrimination continues to shut them out of the workforce. Biannual eligibility checks are framed as accountability, but their real effect is that of bureaucratic harassment designed to push people out. This is not about encouraging participation or building opportunity. It is about making the system so difficult to navigate that the people who need care the most will fall off the rolls entirely. While tax breaks for millionaires remain untouched, those struggling to survive will be forced into deeper hardship.

Medicare is not spared either. Nearly $490 billion in cuts are planned, a move that jeopardizes the care of older adults and people with disabilities, some of whom have paid into the system their entire lives. Meanwhile, the bill reverses Medicare's new ability to negotiate lower drug prices, ensuring drug companies once again set costs unchecked. The results will be higher bills for lifesaving medications, fewer options for treatment, and more people forced to make impossible choices between health care and basic necessities.

Nutrition assistance programs are also gutted. SNAP, the backbone of food security for millions, faces $186 billion in cuts over the next ten years. New work requirements will be layered on top of already strict rules, and states will be saddled with costly administrative burdens. People who rely on SNAP to put food on the table will be left hungry, not because food is unavailable, but because politicians have decided they are undeserving. For Disabled people, who already face some of the highest rates of food insecurity, these changes will be devastating.

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All articles appearing in this newsletter are written by John McNulty unless otherwise noted. Generally, I get tired of seeing my name on every page, and I'd rather use the space for something more interesting. I do put my name on controversial stuff, though, so you'll know who to blame.

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The consequences go far beyond individual households. Rural hospitals, which already operate on razor-thin margins, will be among the hardest hit. Cuts to Medicaid and Medicare mean a surge in uncompensated care and the loss of funds that currently keep many doors open. When a rural hospital closes, it doesn't just affect Medicaid recipients, it destabilizes the entire communities. Emergency care and even basic medical access disappear, forcing people to travel hours for health care access. And in rural communities, that distance can be insurmountable because public transportation is often nonexistent, paratransit is extremely limited or unavailable, and Medicaid transportation systems are plagued with delays, red tape, and unreliable service. For those who are disabled, older, or already living with serious health conditions, traveling long distances for care is not just inconvenient—it is often impossible.

Immigrants are explicitly targeted in this legislation. New waiting periods, fees, and exclusions will strip away access to both Medicaid and premium tax credits, punishing families who contribute to our communities and economy. By 2026, low-income legal immigrants will be barred from receiving the advanced premium tax credits that make health insurance even remotely affordable. This exclusion is not just cruel—it is shortsighted, driving public health risks, entrenching inequality, and deepening the crisis of uncompensated care.

What makes all this even more disturbing is the timing. Many of these cuts are delayed until after the midterm elections. The architects of this legislation know just how damaging it will be to their own constituents, but rather than face accountability, they have chosen to hide the pain until after ballots are cast. Passage of this harmful legislation is no isolated act; it is an extension of a broader assault on diversity, equity, inclusion, and accessibility (DEIA) at the federal level. OBBBA carries forward the same rhetoric and policies already used to dismantle DEIA initiatives in schools, workplaces, and public programs. The message could not be clearer: equity and inclusion are expendable. By tearing down safety nets and closing doors, OBBBA drags us backward, away from a society that values the dignity of every person.

In New York, the stakes are especially high. The approved FY 25–26 state Medicaid budget now carries a $1 billion hole that must be addressed. While the damage cannot be fully undone, state leaders must do everything in their power to mitigate the harm, whether through securing transition periods, extending premium subsidies, or delaying harmful exclusions for low-income legal immigrants. Without bold action, New Yorkers will face the collapse of critical care systems.

And disturbingly, this feels all too familiar. We are witnessing similar tactics in the dismantling of the Consumer Directed Personal Assistance (CDPA) program. The barriers being erected—complex and inaccessible processes, delayed payments, and systems designed to frustrate rather than facilitate care—mirror the national trends embedded in OBBBA. Both represent the same philosophy: making programs so complicated and restrictive that those who need them most are pushed out with devasting consequences.

The "One Big Beautiful Bill Act" is anything but beautiful. It is a calculated attack on the most basic human rights: the right to health care, to food, to community, and to dignity. These are not luxuries. They are the foundation of a society where every person has the chance to live and participate fully.

Trump Administration Rolls Back Gains Achieved in 2024

In its relentless quest to preserve and restore unjust inequalities of a bygone age – or so we thought – the Trump Administration has undone gains the disability community has made on multiple fronts, including but not limited to:

Ending the Subminimum Wage

In our Spring 2025 newsletter, we celebrated the Department of Labor's announcement to phase out 14(c) certificates—finally moving to end the outdated and discriminatory policy that allowed people with disabilities to be paid subminimum wages. It was the culmination of decades of advocacy and a major step toward equality in employment.

Well, never mind.

The public comment period for the proposed rule ended in January 2025. Under the Administrative Procedure Act, which governs how executive agencies perform rulemaking, the Cabinet department must then review the comments and determine whether to finalize the rule. But January didn't just mark the end of the comment period, it also marked the end of the Biden Administration.

The Trump Administration opted not to move forward with the rule. This decision is consistent with a broader pattern: The incoming administration has openly targeted many regulatory initiatives associated with the Biden and Obama administrations, and in particular anything perceived as relating to the diversity, equity, inclusion, and accessibility (DEIA) agenda. That rollback now includes stopping the planned elimination of subminimum wages for workers with disabilities.

This development is not just a policy shift—it's a setback for the disability rights movement. Subminimum wage is not a "job creator" or a pathway to inclusion; it's a relic of segregation-era policy that undermines the civil and economic rights of people with disabilities. Ending it should not be controversial—it should be urgent.

The hostility to disability rights, lumped in with the war against DEIA in general, is a reflection of Social Darwinist philosophy, in which the fittest thrive, and those that don't shall be unmourned by society. This worldview has historically been used to justify exclusion, exploitation, and indifference. It remains a dangerous and corrosive force.

But to be clear, blame does not lie solely with the new administration. The previous administration had a window of opportunity—nearly four years—to enact lasting change. Instead, many critical executive actions, including this one, were delayed until the final year of the term, making them vulnerable to reversal. Had the phase-out begun in 2022 or even 2023, we might have seen substantial progress by now that would be difficult to reverse.

This moment should be a wake-up call. Progress on civil rights—especially for people with disabilities—must be prioritized, not postponed. The window for executive action is limited and precious, and it must not be wasted.

Halting Electroshock Torture

In our Fall 2024 newsletter, we reported on the ongoing atrocity visited on voiceless victims at the Judge Rotenberg Center (JRC) in Canton, Massachusetts, a boarding "school" where electroshocks are administered as discipline to adults with severe developmental disabilities, many entirely nonverbal or nearly so; they have ceased using the shocks on children and adolescents. Astonishingly, disgustingly, this remains legal in Massachusetts, due to a series of misbegotten rulings by a deluded, credulous state probate judge that ended with the place named after him.

We were delighted to report that the Food and Drug Administration (FDA) had, at long last, gotten a new rule finalized outlawing the use of aversive shocking throughout the United States; since JRC is the only institution backwards enough to still be using the discredited method, it would be put to a stop at long last. A last-ditch effort to sneak a rider into the 2024 budget bill stripping the authority of the FDA to enact the rule was thwarted by members of Congress and advocacy groups determined to end the reign of terror in suburban Boston.

But, just as above, the Biden FDA dithered, and the rulemaking process was not completed before the transition to the second Trump Administration, which promptly issued an executive order pausing implementation of any unfinalized Biden rule, many of which came forth in a flurry in the last months of Biden's term. It also made massive cuts in FDA staff and enacted a policy that for every new regulation, ten existing regulations must be rescinded, making any retrenchment more difficult. Health and Human Services Secretary Robert F. Kennedy Jr., whose father is spinning like a turbine under the Arlington lawn, is the Cabinet officer supervising FDA; he has declared autism to be a top priority, promising a "cure," and has signaled an openness to eccentric theories of treatment, which the JRC aversive therapy protocol certainly is. Another opportunity to right a grave wrong seems to have passed, and this reversal of fortune could augur a time of grave peril to the dignity and autonomy of people with intellectual and developmental disabilities.

The Homeless Under Siege

In our last issue STIC excoriated Governor Kathy Hochul for her initiative to loosen the legal strictures of involuntary commitment in a misguided attempt to address "street crime." We didn't mention that we also sent a formal letter to the Executive of Broome County (where our central office is located) criticizing him for providing that misguidance.

Executive Jason Garnar was the first signatory on a letter to the Governor from several local officials bemoaning the increase of mentally ill people "disturbing the peace" and encouraging the governor to take steps towards a resolution of the problem, i.e., forced institutionalization of the chronically homeless.

Now, President Donald Trump has issued an executive order, "Ending Crime and Disorder on America's Streets," which similarly conflates mental illness and homelessness with criminality and antisocial behavior and promotes "civil commitment" as a means of promoting public safety.

So if you're homeless in Broome County, you can be forgiven for thinking the county executive, state governor, and U.S. President are all out to get you. Because they are.

One of Benjamin Franklin's famous quotes comes to mind: "Those who would give up essential Liberty, to purchase a little temporary Safety, deserve neither Liberty nor Safety." In this case, though, no one is voluntarily giving up liberty; it's being stripped from them, in a frankly un-American fashion, because they're deemed out of compliance with society's expectations. Those people deemed "undesirable" find themselves both unfree and unsafe.

Having a mental health diagnosis is not a crime; people need access to treatment, not incarceration. Similarly, it isn't illegal to be homeless, despite some local ordinances making it difficult; the homeless need affordable housing, not institutionalization.

Substance use has also been cited as an issue; that is unlawful in some cases such as possession, but civil commitment without due process is a dangerous overreach of government power and echoes some of the darkest misuses of institutionalization in modern history. Charge substance users with a crime if appropriate, but regardless, give them community-based treatment rather than locking them up; voluntary outpatient treatment has been proven to be more effective and less costly in kicking the habit for good than involuntary institutionalization.

This executive order, combined with severe Medicaid cuts, which threaten access to mental health care, and aggressive immigration enforcement tactics, represents a deeply troubling pattern of targeting marginalized populations under the guise of public safety, and we encourage advocates to oppose these policies through peaceful and lawful means, including organized advocacy, public education, and nonviolent protest, when necessary.

The Grave Danger of PAS

By Bob Deemie

An immediate threat to people with disabilities in the state of New York is what is known as Medical Aid in Dying, MAID. Advocates for people with disabilities call it the less euphemistic Physician Assisted Suicide, PAS for short. As of this writing, the MAID/PAS legislation, S138/A136, has passed both the New York State Assembly and Senate, and it now falls to the governor to sign or veto the legislation.

PAS allows a doctor to provide a person a cocktail of pills to end their life. Legislation like this, with varying details, is in place in several foreign countries and US states, most notably Oregon. If you are thinking to yourself at this point, "maybe this isn't so bad; I would want to have control over how I go out of this world," it behooves us to review the trajectory this type of legislation has taken in these other constituencies.

Historically, this legislation initially targets only those with a short time to live, six months or less. Invariably, that will get challenged in court, because other deadly conditions exist that don't kill quickly but are incredibly painful, and one should have the right to end their existence without having to suffer that pain. It will then be challenged on access grounds, because people with disabilities are in pain and need a way to opt out of existence, and thus merit equal access under the law. Following this, other conditions that are not life threatening, like anorexia or mental health conditions, will be found to qualify under the law. Finally, possibly, will come external evaluations of the value of one's life and determinations on a doctor's judgement of whether you ought to continue to live or not. A progression of events along these lines has happened consistently once PAS is adopted, and they will continue to happen because a "slippery slope" is inherent in the insidious logic underlying PAS, which relentlessly challenges the idea of what a valuable life is.

For example, in Oregon the top reasons someone would utilize PAS are disease related symptoms, which makes sense. However, coming close behind is loss of autonomy, loss of an ability to enjoy activities, and fear of future suffering. Another concern that has been raised is a person feeling like a burden to their family. In America we are more likely to put someone in a facility than be willing to uproot our life to take care of them. It takes a very special person in our society to put the needs of someone else above their own. Of further note, many countries outside the US permit PAS for minors, emancipated or otherwise, contradicting the usual assumption that the protection of minors is a state interest.

While one can empathize with someone facing the end of their life, other, better options exist. For example, expanding access to Hospice would be of a great benefit to many facing the end of their life. Hospice offers more than helping someone pass on. It provides bereavement counseling, nursing, many different types of therapies and housekeeping. Many people don't know a person can go on and off hospice, too. For many people with disabilities, palliative care is an important part of their life. Palliative care helps people with serious medical conditions improve their quality of life as it opens possibilities to how the person wants to live their life and what they want to do with it.

From a disability perspective, looking at the reasons for wanting to end one's life do not make sense. Many people with disabilities face conditions or diseases every day that could or will potentially kill them, and yet they live life to the fullest regardless of what daily challenges they experience. People with disabilities find a way to enjoy life that we should learn from and conceptualize in a way that helps us with a greater understanding of what it means to be alive. Life doesn't have to be, look, or appear one way; it can be many things.

If the philosophical doesn't convince you, then maybe practical information might. The experience of Canada reveals what could be in our future. Did you know that one study showed savings of up to 136 million dollars by utilizing PAS? If you are a student of the past or any speculative sci-fi, you can see where this is going once some lives are deemed expendable. PAS has rapidly become the 5th leading cause of death in Canada, tying cerebrovascular disease. Additionally, Canada has an increasing problem providing services to people in its country, and PAS is being considered an alternative. One example is a person with a severe disability who applied for PAS when they feared they would be evicted from their housing service. This was only averted by strangers raising a significant amount of money. Finally, in 2027 Canada plans to expand the availability of PAS to include persons with mental illness.

Reporting and records involving PAS have been sketchy at best. Mental health evaluations often get touted as proving the safeguards of PAS; evidence of this is scarce to nonexistent. Some states have waived the requirement for a mental health evaluation, and other states' data shows evaluations don't happen all or even most of the time. A final, obvious safeguard that is absent is that doctors are absolved of any liability when prescribing lethal medication for PAS. Human beings are not infallible. Medical professionals misdiagnose an estimated 5 to 15 percent of cases. For example, PAS is supposed to be for those with 6 months or left to live. This is only an educated guess most of the time, which seems flimsy for a decision of life or death.

Closer to home the U.S. Congress just passed a budget reconciliation bill that will cause many to lose health insurance, will make it much harder for others to obtain it, and will severely affect state budgets. New York State, STIC's home, will lose around 10 billion dollars from the federal government. This means the state's Essential Plan could be eliminated altogether. Hopefully, New York will look for options that don't cut needed services to people with disabilities. But typically, cuts to government spending disproportionately affect those with the fewest resources to resist them. People with disabilities depend on services provided by the government to survive; without those services, they face grave danger. It is literally life and death for some.

Thus lies the fallacy that PAS will only affect terminally ill people in the final stages of dying. PAS is about more than someone's ability to die; it changes the social norms we live by. Regardless of its form, exposure to suicide changes those who are exposed. It breaks down barriers and leads to copycats. There is the potential to normalize choices that should never be seen as OK. As a state, and a country, we spend a significant amount of money and person hours to prevent people from taking their own lives. We have implemented crisis lines like 988, have suicide hotlines, have created services to help people in crisis, and continue to work on providing people with alternatives to killing themselves.

So we should ask ourselves, “Why don’t we try offering these services for people who face the end of their life instead of giving the easy option of ending it?” Greater access to mental health care could help with decompensation syndrome. A person who gains a disability can learn how to succeed and flourish. Years of human thriving and joy can be preserved.

Ultimately, none of these shall be possible unless the Governor vetoes the New York bill. I implore you, please call or email the Governor now to say no to S138/A136.

No Such Thing as Too Many

For over fifty years, the Independent Living movement has stood for the human right for all people, with or without disabilities, to live a full, independent, integrated life for all people in the community of their choice. We have participated in the development of numerous programs to help effectuate this outcome. The Nursing Home Transition and Diversion Medicaid Waiver (NHTD) in New York is one of these programs; it allows people with disabilities to get services and supports in the community as an alternative – a preferable one – to institutionalization. This waiver program has demonstrated that community integration is not only a possibility, but an enrichment, as communities benefit from the contributions and participation of people with disabilities just as they benefit from integration in the wider world. Everyone has value. The NHTD waiver offers unique services facilitating accessibility and accommodations without which some individuals might not be able to maintain a fully integrated life, and is critical to fulfilling New York’s commitment to integrated living under the ADA and Olmstead.

So why would we want to put a cap on participation?

The New York Department of Health (DOH) has proposed capping enrollment in the NHTD program at 9,400 participants. This would artificially limit access to essential services and force many people thriving in their communities into institutions. This cap is intended to contain costs, but it is a poor strategy to do so. The unnecessary institutionalizations that will inevitably come would be far more costly than merely offering the same waiver to the 9401st person as to the 9400th, and the 9402nd and 9403rd and so on.

The cap will not control costs; if anything, it will drive them upwards. The true drivers of the increased waiver spending are the transfer of high-need individuals from Managed Long Term Care (MLTC) plans to the NHTD waiver to maximize profits given the equal capitation payments for each individual. The motive is profit, not patient care, and rather than hold MLTCs accountable, restrain their naked profit-seeking, and regulate the off-loading of resource-intensive cases, the state is seeking to just limit the number of patients it will care for, despite the fact that in most cases the state will still end up paying for the extra patients, at higher costs, but just under a different line item in the budget. The only winners here are the MLTCs that are clever enough to game the system to their advantage.

The New York Department of Health seeks to reassure people facing exclusion from NHTD due to the cap that they can be referred to MLTC. This reassurance is in fact blatant misdirection. This is like refusing to sell someone a car, pointing them in the direction of the bus station, and calling it equivalence. NHTD waiver services are a uniquely designed set of services for a specific target population with the specific intent of preventing institutionalization for physically disabled adults and elderly persons. This set of services is specific to NHTD and is not available through MLTC plans. In fact, disabled persons whose needs can be met solely via MLTC would not even be eligible for the NHTD waiver program, as NHTD services are only considered when all other programs and services are insufficient to maintain a community placement.

The cap also threatens New York’s participation in Money Follows the Person (MFP), a federally funded program that supports hundreds of community transitions from nursing homes annually. For each successful transition the state receives payment from the Federal Medical Assistances Percentages enhanced fund. Over a quarter of Open Doors transitions were via the NHTD waiver; capping enrollment will reduce participation and result in increased federal spending. Rural and upstate regions would be especially impacted because reallocation of resources downstate would result in a limited ability to backfill slots in less populous areas. The cap would also eliminate a waitlist, making admission arbitrary and inequitable.

New York should work with stakeholders to pursue more effective, better targeted solutions. One example might be implementing a cap on cost – which is the object here, after all – instead of enrollment. Reducing the average daily cost per participant achieves the goal of cost containment more directly without reducing access to the waiver's benefits for individuals.

We believe capping enrollment in NHTD with no real alternative will directly result in an increase in forced institutionalization and a violation of the Olmstead ruling. We suggest rejecting the proposed enrollment cap would both harm potential beneficiaries of the program and also fail to achieve the cost containment goals for which it was conceived. It is not only practical but wise to pursue alternative solutions that ensure access, fairness, and sustainability for the NTHD waiver.

Executive Branch Threatens Disability Rights on Multiple Fronts

Section 504 of the Rehabilitation Act of 1973

The U.S. Department of Energy (DOE) tried to bulldoze through a rule change without the standard public comment period. It wanted to change a key disability rights law, specifically Section 504 of the Rehabilitation Act, rescinding requirements that all federal buildings be accessible and stipulating specific standards that needed to be met.

Standard practice to update regulations under federal law is that any major change in policy be subject to a notice-and-comment period, after which the department or agency would consider the comments and adjust or abandon the rule as necessary based on the input. This process can go through multiple iterations and take years. However, minor changes, like redesigning an agency logo or shuffling boxes on an organizational chart, can be done on an expedited basis as a "direct final rule."

In May, DOE claimed this was not a substantive change, and so this would be a "direct final rule"; the notice-and-comment would be dispensed with, and the rule would go into effect on July 15. There was, however, a shorter period where stakeholders could submit comments ending in mid-June, and should the department receive an unspecified number of "significant adverse comments," the implementation would be postponed for further study.

Bluntly, DOE was trying to pull a fast one and was hoping no one would notice until the rule was in place and hard to undo. If this worked, they might have adopted this tactic across the executive branch.

Well, it didn't work. The disability community mobilized rapidly, and DOE received over twenty thousand significant adverse comments within a matter of days, among them one from STIC, arguing first that the change was *very* substantive, and second that it was very wrong and that accessibility standards must be maintained. The flood of comments induced DOE to relent and delay implementation until at least September 12 to consider the public response.

This is a victory for the civil rights of the disability community, but alas, not a final one. DOE must review the adverse comments and judge their merit; if they find them wanting, they may still seek to implement the rule in September. We shall have to remain vigilant. However, we expect it is more likely that DOE delayed rather than fully withdrew the rule change to avoid suffering such a conspicuous defeat in full, and that they will quietly withdraw the change sometime before the deadline, minimizing the shame.

Section 503 of the Rehabilitation Act of 1973

Meanwhile, the Department of Labor (DOL) is attacking the Rehabilitation Act from a different angle. Section 503 mandates that government contractors (over a minimum number of employees and magnitude of contract) take affirmative action to employ people with disabilities. In the original legislation, no benchmarks were set, and hence the mandate was largely ineffective. In 2013, the Obama Administration completed an extensive study looking at the percentages of people with disabilities employed in various industries and conditions and used them to establish a modest benchmark of 7% for contractors to target, with remediation assistance for contractors who fall short of the mark. Disabilities were defined in this case by voluntary self-identification of employees. This more robust and better-defined benchmark was more successful, and disability employment increased, with large majorities of contractors meeting or exceeding the 7% threshold.

President Trump's DOL proposes to rescind all the 2013 amendments. The 7% benchmark, called an implicit quota in the rulemaking, shall be eliminated, and the self-identification (to DOL) of disability status and any data collection or analysis shall all be forbidden.

As described above, the 2013 amendments were apparently necessary to fulfill the original intent of the 1973 law, and they were working as intended. But the maniacal animus of the Administration's "anti-woke" agenda towards any initiative that seeks to promote the interests of the underrepresented means that this successful program must be sent to the ashcan. As is typical, the Administration is trying to rush this through; the deadline for public notice-and-comment is September 17, just after we go to press. STIC shall be registering a significant adverse comment opposing this spiteful rule change.

2013 Home Care Rule

DOL isn't done. It also is proposing to rescind a rule issued in 2013 that guarantees a minimum wage and overtime benefits to home care workers. DOL doesn't even offer much of a reason for this proposed change; it just claims that it favors the previous interpretation of the law, issued in 1975, that exempted "companionship" services and other domestic work from the legal protections otherwise standard since 1938, extending an initial exception from 1938 included to mollify white Southerners that wanted to maintain the abhorrent segregationist status quo with their African-American servants.

The genesis of this "exception" is obviously repugnant, but furthermore even the 1975 reinterpretation, which provided some protections to companions and domestic workers, were conceived before the revolution in disability rights and independent living that created the home and community care employment sector. Home and community care is no longer an *ad hoc* job, but a career, with which people support themselves and their families. The current federal minimum wage is $7.25 an hour; it's hard to imagine one being self-sufficient on that little. DOL thinks that might make too much, that it could make home care prohibitively expensive? Compared to what? Institutionalizing people and paying for a roof over their heads, three meals a day, and round-the-clock care? Preposterous!

The 2013 rule was a necessary acknowledgement that home care work had become professionalized and that home care workers were entitled to the same basic protections as every other laborer in the United States. Somehow that offended the sensibilities of the mindlessly reactionary Trump Administration, which seems to resent, if not deny altogether, all laws passed in the United States since Dwight Eisenhower was President.

STIC has filed a significant adverse comment on this issue, and we are hopeful DOL will not have the chutzpah to pursue this absurd and offensive rule change further. We will keep you posted.

Accessibility is Enfranchisement

By John McNulty

President Trump's beliefs and attitude regarding elections have long been at a near-complete remove from reality, reflecting the world as he wishes it were rather than the world that is. His latest fulmination on the topic was seemingly prompted by an exchange during his summit meeting in Alaska with ex-KGB operative and war criminal Vladimir Putin, where Putin brilliantly appealed to Trump's bottomless vanity and fueled his belief, impervious to contradiction, that any election Trump may have apparently lost was stolen from him somehow.

The President then proposed a series of "reforms" to American elections that would eliminate all mail-in voting and most voting machines, relying strictly on paper ballots cast on Election Day. This is entirely ridiculous in a multitude of ways. First, it's patently unconstitutional; elections are solely the province of the states, and while Congress can pass laws regulating the states' conduct of elections, the executive branch has no role whatsoever, save the President signing or vetoing any laws Congress passes. But this President has proven adept at leveraging the powers he does have, and some he doesn't but nonetheless claims, to bend other institutions to his will, so we shall set constitutionality aside for the moment.

Making elections where nearly 200 million ballots are cast simultaneously for a multiplicity of offices and ballot initiatives which vary precinct by precinct entirely or even largely subject to a manual tally is impractical to the point of sheer lunacy. Studies have shown that machine counts are statistically more reliable than hand counts at orders of magnitude fewer votes than contemplated here anyway. There is no evidence – zero – that any major election has been compromised by irregularities in the counting of votes by machines. In many cases machines are necessary to make voting accessible to people with a variety of disabilities, such as impaired vision or physical mobility among many. Eliminating machines will make it impossible for these citizens to privately cast their ballots without help, which vitiates the confidentiality that all voters deserve.

As for voting-by-mail, that has been in place to one degree or another since the Civil War when Union soldiers far from home voted in Lincoln's reelection campaign by mail. All states use mail to some degree for at least absentee voting, many states have a large (and growing) proportion of votes cast by mail, and a handful exclusively employ vote-by-mail. This has been employed securely and accurately without significant problems for decades, and it has grown in popularity enormously because it enables people to vote anytime before Election Day at their convenience from their home (or wherever else they choose to be). This is another option commonly utilized by people with disabilities for whom voting in-person may be challenging or just inconvenient for some reason.

Were these proposals to be adopted, they would inequitably suppress voting, especially among people with disabilities, military voters, rural voters, very elderly voters, inexperienced (either young or disinterested) voters, less educated voters, and poorer voters. The electoral consequences of this are debatable; though conventional wisdom believes that lower turnout benefits Republicans, political science research has indicated there is a much more contingent relationship between turnout and vote choice, and in the specific case of the coalition of supporters Trump has assembled, lower turnout may well harm Republicans.


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But what would surely result is that lower-turnout elections would confer less legitimacy on the electoral process, the vote-counting would be slower and less accurate (we would not know any results Election Night), and election administration would be much, much more expensive. Such is public policy when fueled by conspiracy theories and delusional whims.

OPWDD Enacts Final Emergency Preparedness Regulations

In July, the Office for People with Developmental Disabilities adopted final regulations requiring all facilities certified or operated by OPWDD to maintain an agencywide Emergency Management Plan (EMP) and develop and maintain an Emergency Preparedness Plan (EPP) for each facility certified or operated by OPWDD. These new state regulatory requirements are in addition to existing federal requirements applicable to Intermediate Care Facilities.

The Emergency Preparedness regulations come after the Office of State Comptroller audit of emergency plans and actions during the COVID-19 pandemic. The regulations seek to address the concerns of that report by requiring each facility to have an EPP developed through an all-hazards approach, accounting for the needs of the individuals who reside in or attend the facility. The regulations further provide that each EPP must include preparedness strategies and response actions to address natural and human-made disasters identified within the documented risk assessment, including any future public health emergencies. Employees and volunteers must receive training on the EPP(s) within three months of initial employment, commencing volunteer activities, or initial certification on an annual basis. Further, each EPP must be reviewed at least annually and updated if changes are warranted.

These new regulations create significant new compliance obligations for OPWDD-certified or operated facilities and should be carefully reviewed by OPWDD providers. OPWDD has indicated that, to reduce costs associated with this regulation, it has developed training, guidance and materials that will be given to providers for implementation.

STIC advocates for measures such as these. We have sadly observed that in emergency situations, the access and functional needs of people of all ages are often not part of planning protocols and must be improvised in the moment, sometimes unsatisfactorily. These OPWDD precautions are responsible and wise, and we salute them, while encouraging them to remain vigilant, and we suggest at least a cursory review of emergency plans and procedures whenever there is turnover in the residents of a given facility to make sure they are still adequate to all the residents' particular needs.

This article was adapted from a July 24, 2025, press release from Roger Bearden of the law firm Bond, Schoeneck, and King PLLC.

A.J.T. vs. Osseo Area Schools: No ADA Exceptions for Schools

In our last issue we reported on the case of A.J.T. ("Ava") versus her Minnesota school district, but the Supreme Court had not yet issued a ruling. To briefly recapitulate, Ava suffered from a disability for which she needed an accommodation—after-hours instruction—that the school district would not or could not meet. The laws in question, addressed collectively, were Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, and the prevailing interpretation throughout most of the United States was that the school district had no discretion here and that they must find a way to accommodate Ava so that she shall receive a "free and appropriate public education." However, a 1982 precedent in the Eighth Circuit, which includes Minnesota, called Monahan v. Nebraska, set a looser standard for schools requiring not necessarily a full accommodation but merely a good faith effort to provide one. This "circuit split" required resolution by the Supreme Court to enact one interpretation of the law for all the land.

The Court ruled shortly after we went to press last June. In a unanimous decision written by the Chief Justice, with relatively minor concurring opinions from Thomas and Sotomayor, the Supreme Court ruled the Monahan ruling had no basis in the any of the controlling statutes and thus was in error. Monahan is overturned, and the circuit split is resolved; the new law is the original law, where compliance with Section 504 and the ADA is subject to the plain language of the statute, that all students are entitled to a free and appropriate public education, and that necessary accommodations needed to make that happen for students with disabilities or other special needs are mandatory.

This is a victory for disability rights, preventing school districts from evading their full obligation to all students regardless of disability through half-measures or compromise under unequal power dynamics.

STIC Confers with Broome Mental Health Commissioner

By Laura Hulbert and John McNulty

On the afternoon of August 13, STIC, on behalf of its Mental Health Advocacy Committee, invited the new Mental Health Commissioner of Broome County, Elizabeth Warneck, LCSW-R, to our offices to introduce ourselves and our agenda and to learn of her current and future plans. Ms. Warneck took her position this past April after serving in a similar (but differently titled) position in Chenango County, as Director of Community Services. In Chenango County she was responsible for oversight of mental health services, including substance use disorder and developmental disability services, as well as Chenango County's outpatient Mental Health Clinic. With Broome County not having its own outpatient clinic, in Ms. Warneck's new role she will be responsible for all mental health, developmental disabilities, and substance use disorder systems administration in Broome County.

STIC's Executive Director Jennifer Watson, along with colleagues Kelsie Seyler and Bob Deemie, then provided a brief overview of the various services STIC provides, including NY Connects, Social Care Network, OPWDD behavior support services, children and families counseling support services, professional counseling services, and peer counseling services.

A broad discussion of mental health services and needs in Broome County then ensued with discussion of numerous issues. The Mental Health Department in Broome offers a Single Point of Access (SPOA) for adults and children seeking mental health services; it is responsible for ensuring referrals are proceeding correctly and that the funding flows properly to the providing agencies, as well as keeping track of capacity and filling available service slots.

The conversation then moved to housing, where the Office of Mental Health (OMH) offers supported housing for adults to get unhoused people, many of whom are living with mental illness or substance use disorder, into shelter and off the streets. There was consensus that more supported housing was needed – currently there is a 150-bed wait list – but more funding is necessary. A similar discussion was had regarding children in the system, who all deserve residential placement but nonetheless many languish in group homes for lack of families willing to foster them.

Moving to criminal justice issues, OMH obtained a grant last year for a

Forensic Assertive Community Treatment (FACT) team, but no agencies applied to provide the service and the funding was forfeited.

When there is a question of a prospective defendant's capacity to participate in court preparations and proceedings, it falls to the county office of mental health for a formal determination of a mental health disorder or developmental disability. The determination is made by a licensed psychologist at a state civic psychiatric center under the supervision of OMH; however, it must be stressed that this evaluation is not mental health treatment but strictly concerned with assessing a defendant's ability to aid in their own defense. Treatment for mental illness or developmental disability for incarcerated persons is handled separately, and has room for improvement, largely due to a lack of providers.

STIC has been forthright in our opposition to involuntary commitment in all but the most extreme cases. OMH's role is to ensure evaluations are done appropriately and that they are reviewed by a judge, after which OMH plays no further role until the criminal justice process is complete. They have recently released updated guidance regarding involuntary commitment that will be shared with STIC.

To close, the conversation moved to a variety of areas where deficiencies in service exist and how they might be improved. There was consensus that communication and transparency with the Office of People With Developmental Disabilities (OPWDD) has been substandard for a long time, and insight just on what services were available and where would be progress. Services for people in jail need improvement as well; the sheriff and his staff are on board and cooperative to work with OMH, and funds are available through the Office of Addiction Supports And Services (OASAS).

Broome County is providing much more funding (over double) for mobile crisis services and these will incorporate Peer service supports. The Mental Health Association of the Southern Tier (MHAST) is currently the only mobile crisis service provider in the county, but OMH is soliciting more applicants.

More resources are needed in schools; ideally, there would be a full-time Clinician based in every Broome County school district, as is the case in Ms. Warneck's previous posting in Chenango County. However, there is a significant region-wide shortage of mental health professional providers, not just in schools but generally. OMH would like to see more current providers apply for an integrated license that would allow services for both substance use disorder and mental illness to be delivered together; this would streamline administration but would require cross training all staff. Currently Family and Children's Society is the only certified community behavioral health clinic (CCBHC) in the area treating both mental health and substance use disorder.

This was a highly promising meeting that augurs successful development of improved mental health services in the county as well as constructive collaboration between OMH, STIC, and other cooperating human service organizations in Broome County. We are optimistic about the future, and we welcome Commissioner Warneck in her new role. We are very grateful that she was so generous with her time and thoughts.

DSP Appreciation Week

Every day we recognize Direct Support Professionals. However, this September 7-13, we officially celebrate you, our Direct Support Professionals. As a Direct Support Professional, you devote yourself to mentoring and assisting with the daily activities of those in your care with kindness and respect.

We see you all around our community with your consumers, incorporating them into everyday life, and we are grateful. You make a difference in people's lives and make the community richer, more than is easy to see firsthand.

The care you provide is more than just physical. You empower people to build more fulfilling lives. Your work teaches valuable life skills, and provides respite and support to overtaxed family members, which has incalculable ripple effects that change the world for the better.

Please know that you are respected. You are valued. You are seen! And we are unendingly grateful for all that you do.

Happy DSP Appreciation Week!

From the Community Habilitation Coordinators of the Southern Tier Independence Center

Everyone in the Lake!

By Sue Hoyt, ASAC Chair

The Accessibility Committee would like to acknowledge and thank the following:

- Chenango Valley State Park – for installing a sidewalk to the water, making access easier and more inclusive for individuals of all abilities.

- Oakdale Commons – for installing sliding glass doors on all entrances, greatly improving accessibility for shoppers and visitors.

- Love's Travel Spot at 2 Industrial Park Road, Binghamton – for collaborating with one of our committee members to improve access by relocating merchandise away from the curb cut near the access aisle and store entrance, improving access for all.

- Midway Lanes in Vestal –for relocating and accurately marking your handicapped spaces, bringing them closer to the most accessible entry to your business for people of all abilities!

Thank you all for your efforts to improve accessibility and inclusion!

STIC has a Blog!

Do you enjoy this newsletter? Want more STIC news and notes, more often and timelier?

Then we have good news! STIC's web page now includes a live Blog, where we post news items, comment on current events, and more.

Go to STIC's main web page, select "Current Events," and choose the "Live Blog" item on the right, and see what we have to say.

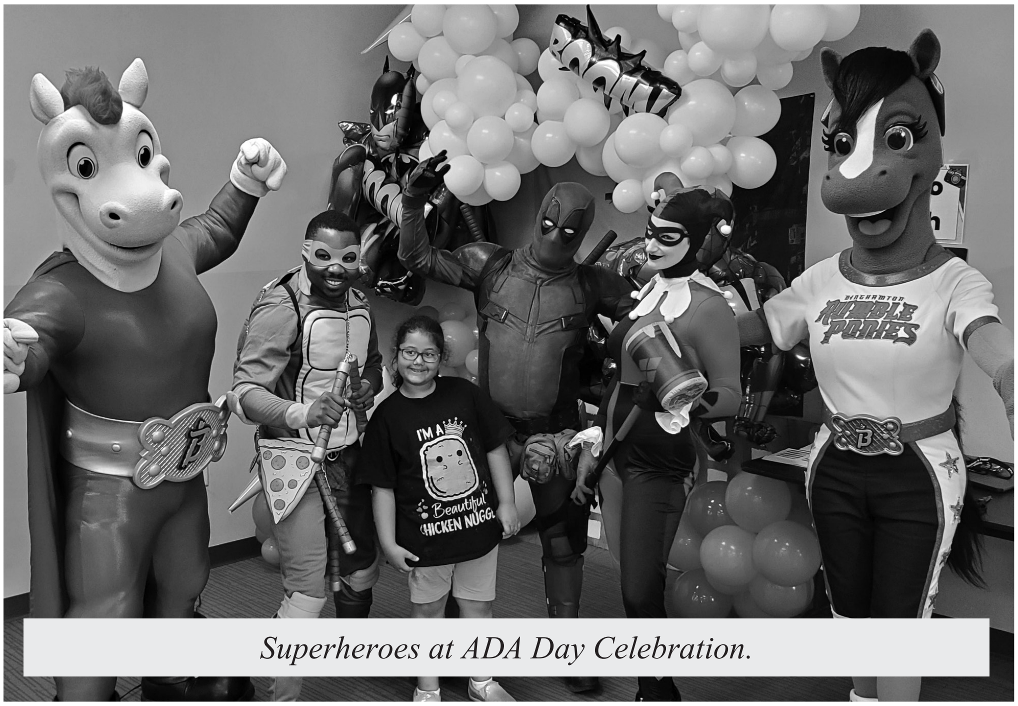
The blog will be updated as events warrant, but we'll try to post something at least once a week or so. Enjoy!

Spreading STIC's Mission

By Matthew Requa

It is always such an honor to be invited to so many events in the community. Each event creates an excellent opportunity for outreach and allows us to engage with the public and proudly share information about the extremely important services and programs we provide. We also love planning our own events, such as our Holiday Craft Fair taking place on Saturday, November 1st, and our Trunk or Treat and Community Services Fair on Thursday, October 16th.

Whether attending or hosting, there have been some definite highlights as we look thoughtfully back over the past year. The first memory that comes mind is our ADA Day. On July 24th, we hosted an open house celebration of the 35th anniversary of the Americans with Disabilities Act. The ADA, which became law in 1990, prohibits discrimination against disabled individuals in many areas of public life including employment, transportation, and schools. Our superhero-themed extravaganza featured food and refreshments, giveaways, the Rumble Ponies mascots, a wheelchair obstacle course, face painting, sensory tents, Therapy Dogs 607, and more! ADA Day at STIC was completely free, and we were overjoyed to see the happiness this well-attended event brought to people of all ages and abilities. From August 1st through the 3rd, we had an information table at the 41st annual Spiedie Fest, and we were thrilled to be a part of this beloved local tradition! Another highlight took place on June 14th when we had the chance to table at Pride Palooza in the Park,



Superheroes at ADA Day Celebration.

a festive and informative event celebrating the LGBTQ+ community and embracing diversity, a concept that aligns so well with our culture here at STIC. Thank you so much to the organizers of both those events and to all the kind folks who stopped to talk with us and learn more about our agency.

There are more events on the horizon for 2025 that will no doubt create equally fantastic opportunities and wonderful memories and moments for our staff and all our passionate and generous supporters. And please remember to follow us on social media (Facebook, Instagram, X), because every follow, like, love, and share, greatly helps us to continue spreading our mission of empowering people with disabilities to live fully integrated lives in their communities.

STIC's booth at Pride Day

STIC's booth at Speidie Fest

Enjoying ramps and face paint at ADA Day.

Southern Tier Independence Center

COMMUNITY SERVICES FAIR

Discover the wealth of services available within our community all in one place!

AND TRUNK OR TREAT

SAVE THE DATE

135 E. Frederick St.
Binghamton, NY 13904

THURSDAY OCT 16TH 2025
5:00 PM – 7:00 PM

Invite your friends, family and neighbors!

XSCAPES

Tis the season to give Xscapes Bucks Holiday Gifts to your loved ones. Give the gift of knowledge and entertainment this holiday season.

With Xscapes Bucks you can purchase as much or as little as you need for your holiday gifts. Share the gift of entertainment and knowledge with your family and friends this holiday season. It's the gift that keeps on giving, while supporting STIC's mission in our community and the independence for the individuals we serve.

To purchase please call (607) 760-3322
or email info@xscapes-stic.com

Xscapes bucks come with a holiday certificate that will be mailed to an address you request during your purchase. Xscapes Bucks can also be purchased in person at STIC with cash or credit card.

Xscapes is a great team building option for your business associates, and we also often see schools or camps use Xscapes for amazing community outings. We offer five different games with exciting themes and immersive environments that encourage communication skills and teamwork. Spectators may watch participants play our games from the control room with our game masters. We offer conference rooms for team building break out meetings / food you can bring with you to make your overall experience spectacular here at Xscapes.

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for more information.
To book your next escape room experience visit:
www.xscapes-stic.com

We also do take calls for last minute bookings and are happy to work your team into our schedule if possible. Call (607) 760-3322 for available last minute time slots.

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If you would like to support STIC, please visit **https://stic-cil.org/index.php/donate/**. Alternately, you may clip this form and send a personal check or money order by U.S. Mail.

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All donations are tax-deductible. Contributions ensure that STIC can continue to promote and support the needs, abilities, and concerns of people with disabilities. Your gift will be appropriately acknowledged. Please make checks payable to Southern Tier Independence Center, Inc.

THANK YOU!

Southern Tier Independence Center

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