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C. On Freedom-of-Choice or Vendorship Legislation

"Freedom-of-choice" legislation requires that if health insurance provides mental health coverage, the beneficiary has the freedom to choose any qualified mental health provider. "Vendorship" refers to the status of a group, in this case clinical social workers, to be eligible for insurance reimbursement as a qualified provider of mental health services. This legislation is usually an amendment to the state's insurance laws and refers to qualified providers as those who are duly certified or licensed for mental health practice in that state. Thus, legal regulation of social workers is almost always a prerequisite to a state vendorship law. Some states do not have freedom-of-choice legislation but rather specifically mandate that beneficiaries be reimbursed for services provided by appropriately licensed or certified social workers. Vendorship efforts are important to ensure that all citizens are free to choose their mental health provider and are not limited to only one profession.

Fifteen states and the District of Columbia currently have some form of such vendorship legislation: California, Florida, Kansas, Louisiana, Maine, Maryland, Massachusetts, Montana, New Hampshire, New York, Oklahoma, Oregon, Tennessee, Utah, and Virginia, as well as the District of Columbia. See Table 1 for further details of state vendorship laws.

A number of NASW chapters are currently working on vendorship or freedom-of-choice legislation in their states, and the NASW 1984 Delegate Assembly voted vendorship activities as one of the top priorities for the Association.

D. On Mandated Mental Health Benefits

A number of states have passed legislation mandating that all insurance companies that write health coverage in that state must include, as a covered service, reimbursement for mental health claims. Other states have passed legislation that requires insurance companies to offer these mental health benefits but permits the subscriber to reject the benefits. This latter law is called "mandatory availability." Laws mandating benefits for alcohol and drug treatment or requiring mandated availability have also been passed in many states. Mandated mental health benefits laws frequently provide for reimbursement for licensed social workers and thus the law becomes a vendorship law.

Mandated mental health laws do not usually apply to self-insured plans, which now cover a major portion of employees.

			REQUIREMENTS	COVERAGE	SURANCE WRITTEN IN ANOTHER STATE	REFERRAL
California	January 1977 Amended 1984	Licensed Clinical Social worker	None	Policies w/mental health must recognize LCSWs as reimbursable providers	Yes	By [illegible] physician or surgeon
District of Columbia	February 1987	Licensed Clinical Social Worker	None	Mandated mental health benefits. Must reimburse LCSWs	Not specific	Not required
Florida	October 1983	Licensed Clinical Social Worker	None	Coverage for LCSW must be offered to policy holders; in-patient minimum 30 days, out-patient max. $1000	Not specifically but may be	Not required
Kansas	April 1982	Specialist Clinical Social Worker	None	LCSW must be reimbursed for services within their scope of practice unless policy holder refuses such coverage in writing	No	Not required
Louisiana	July 1981	Board Certified Social Worker	Must be listed in a National Clinical Social Work Registry	Policies with mental health coverage must reimburse BCSWs	Yes	Referral not required but physician consultation and collaboration required
Maine	January 1984	Certified Social Worker; Clinical Social Worker (after 1/1/85)	None	Policies with mental health coverage must reimburse CSWs	No	Not required unless a condition is diagnosed beyond the scope of CSW licensure
Maryland	January 1978	Licensed Certified Social Worker	Must be on approved vendor list	Policies with mental health coverage must reimburse CSWs	Yes	Physician
Massachusetts	March 1982	Independent Clinical Social Worker	None	Policies with mental health coverage must reimburse ICSWs	Yes	Not required
Montana	October 1985	Licensed Social Worker	None	Coverage for mental health benefits must reimburse LSW with mandatory mental health coverage for group health insurance policies	Not specific	Not required
New Hampshire	January 1984	Certified Clinical Social Worker	None	Coverage for CCSW must be offered to policy holders (who have mental health benefits) for a separate & identifiable premium	Yes	Not required
New York	January 1985	Certified Social Worker	Must have "R" endorsement which attests to 6 yrs of post-master's experience	Policies with mental health coverage must reimburse CSW with "R" endorsement	Yes	Not required
Oklahoma	October 1982	Clinical Social Worker	None	Policies with mental health coverage must reimburse CSWs	Not specifically but may be	Not required
Oregon	July 1981	Registered Clinical Social Worker	None	Benefits to be paid whether service is given by physician, psychologist or clinical social worker	No	Physician or Psychologist
Tennessee	July 1985	Licensed Clinical Social Worker	None	Coverage with mental health benefits. Must cover CSW.	Not specific	Not required
Utah	July 1986	Clinical Social Worker	None	Coverage of mental health benefits must reimburse CSWs	No	Not required
Virginia	July 1987	Licensed Clinical Social Worker	None	Policies with mental health coverage must reimburse LCSWs	No	Not required

INSURANCE AND THE GOVERNMENT

Under a variety of health insurance and benefit programs the federal government provides health protection for millions of citizens, including federal employees, military personnel and their families, and dependents and wards of the government. This complex array of services and enabling legislation makes it unlikely that a single piece of federal legislation could order that clinical social workers be approved as reimbursable providers under all of these programs. Therefore, NASW advocates and works for the introduction and enactment of many different pieces of federal health and mental health legislation.

The programs presented below represent the major segments of the federal responsibility for health care, and serve as models for the private health insurance industry.

A. Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)

The Office of the Civilian Health and Medical Program of the Uniformed Services (OCHAMPUS) is administered directly by the Secretary of Defense through the Office of the Assistant Secretary for Health Affairs. It is the civilian component of the Military Health Services Systems with approximately 6.2 million eligible beneficiaries. It is charged with the responsibility for providing, through fee-for-service arrangements, medical care for military retirees; dependents of military personnel and retirees; members of the Commissioned Corps of the United States Public Health Service; the CHAMPUS/Veterans Administration Program; handicapped dependents of active military personnel; and employees of the National Oceanographic and Atmospheric Administration.

Benefits covered under CHAMPUS roughly parallel those available under other public and major private health care plans. These include most inpatient and outpatient health services, a portion of physician and hospital charges, medical supplies and mental health services. Determination of benefits is made by the Department of Defense, often in response to Congressional action.

CHAMPUS conducted a demonstration project on the reimbursement of clinical social workers as independent mental health care providers between December 1980 and September 30, 1982. Results indicated that treatment services provided by clinical social workers were cost-effective, and, in 1983, Congress directed the Department of Defense to continue the recognition of clinical social workers as independent mental health treatment providers. Accordingly, regulations to that effect were published as a final rule in the March 1, 1984 Federal Register. The following excerpt appears on p. 7562, section 199.12, "Authorized Providers.":

Certified Clinical Social Workers. A clinical social worker may provide covered services independent of physician referral and supervision, provided the clinical social worker meets the following criteria:

(1) is licensed or certified as a clinical social worker by the jurisdiction where practicing; or, if the jurisdiction does not provide for licensure or certification of clinical social workers, is certified by a national professional organization offering certification of clinical social workers; and

(2) has at least a master's degree in social work from a graduate school of social work accredited by the Council on Social Work Education; and

(3) has had a minimum of two years or three thousand hours of post-master's degree supervised clinical social work practice under the supervision of a master's level social worker in an appropriate clinical setting, as determined by the Director, OCHAMPUS, or a designee.

NOTE: Patients' organic medical problems must receive appropriate concurrent management by a physician.

In order to be reimbursed by CHAMPUS, a qualified clinical social worker must have a provider number. To obtain this, call or write the fiscal intermediary for your state:

CHAMPUS Fiscal Intermediaries Claims Processing Jurisdictions

BLUE CROSS OF RHODE ISLAND

North Central (E)	Northeast (E)
Illinois	Connecticut
Indiana	Maine
Iowa	Massachusetts
Kentucky	Michigan
Minnesota	New Hampshire
Ohio	New Jersey
West Virginia	New York
Wisconsin	Rhode Island
	Vermont

Blue Cross of Rhode Island
CHAMPUS Program
1 Weybosset Hill
Providence, RI 02903
(401) 272-8500 X2562

(Continued)

(12)

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BLUE CROSS OF WASHINGTON/ALASKA

Northwest (E)

Alaska	Oregon
Colorado	South Dakota
Idaho	Utah
Monana	Washington
Nebraska	Wyoming

Blue Cross/Blue Shield of Washington/Alaska
CHAMPUS Program
7001 - 220... Street, S.W.
Mt. Lake Terrace, WA 98043
(206) 771-0203

BLUE CROSS/BLUE SHIELD OF SOUTH CAROLINA

Southeast (E)	Southwest (I)
Alabama	Arizona
Florida	California
Georgia	New Mexico
Mississippi	Nevada
Tennessee	

Blue Cross/Blue Shield of South Carolina
CHAMPUS Department
1800 St. Julian Place
Columbia, SC 29204
(803) 799-0777 X4131

HAWAII MEDICAL SERVICE

Hawaii (E)

Hawaii Medical Service
CHAMPUS Program
818 Keeaumoku Street
Honolulu, HI 96814
(808) 944-2355

WISCONSIN PHYSICIAN'S SERVICE

South Central (E)	Mid-Atlantic (I)
Arkansas	Delaware
Kansas	D.C.
Louisiana	Maryland
Missouri	North Carolina
Oklahoma	Pennsylvania
Texas	South Carolina
	Virginia

Wisconsin Physicians Service
CHAMPUS Program
1617 Sherman Avenue
Madison, Wisconsin 53707
(608) 221-4711 X654 (833)

B. Federal Employees Health Benefits Program

The Federal Employees Health Benefits Act (FEHBA) mandates that the U.S. Civil Service Commission negotiate with the private insurance industry for health insurance benefits packages for federal employees, retirees, and their dependents. The Office of Personnel Management (OPM) oversees the program. Many companies who provide insurance for federal employees under FEHBA have for many years voluntarily included social workers as reimbursable providers of mental health services. In February 1986, the President signed into law an amendment to FEHBA which requires that such coverage be included in health plans provided for some 10 million federal employees, retirees, and dependents. It further provides that insurance carriers may not require that social workers be supervised by any other health professional, but may require psychiatric referral. The amendments regarding clinical social workers shall be effective with respect to contracts entered into or renewed for calendar years beginning after December 31, 1986.

C. Medicaid

Medicaid, authorized by Title XIX of the Social Security Act, is administered by the states, who have the option of authorizing reimbursement of social workers as health-care providers. A number of states will reimburse for clinical social work services if they are provided in an organized medical treatment setting such as a hospital or outpatient clinic. A number of states will also reimburse for clinical social work services if the social worker is an employee of a psychiatrist.

The state Medicaid agency can provide information on each state's policy. Title XIX offers an area in which NASW chapters can advocate for changes in the state law or for regulations to include social workers as eligible for Medicaid reimbursement.

D. Medicare

Medicare is authorized by Title XVIII of the Social Security Act. At this time, clinical social work services are sometimes reimbursed for home health care, although the reimbursement patterns vary from region to region.

NASW sponsored legislation that directed the Health Care Financing Administration (HCFA) of the Department of Health and Human Services to conduct a clinical social work Medicare demonstration project. HCFA

awarded a contract to SRI International (formerly the Stanford Research Institute) and approved California as the demonstration site. The demonstration project ended December, 1985. Analysis of the data is being completed and a final report will be reviewed by HCFA and given to Congress in April, 1987. Because of complications in the development of an evaluation of this project, it is anticipated that the results will be inconclusive.

E. Employee Retirement and Income Security Act (ERISA)

In 1974 Congress passed the Employee Retirement Income Security Act (ERISA). Although its primary purpose was pension reform and protection, it also covers employee welfare benefit plans. In a somewhat confusing fashion, ERISA preempts all state laws that "relate to" employee benefit plans, but does not preempt state laws regulating insurance. This general standard thus affects mandated mental health coverage and vendorship laws in a critical fashion.

For example, some large firms such as IBM, ALCOA, J.C. Penney Co., Xerox, and others have taken the position that their self-insured plans are employee benefits and are thus subject to ERISA and exempt from state regulation. Their argument concludes that a state vendorship law requiring reimbursement of clinical social workers does not apply to them.

In a 1982 Maryland case, Metropolitan Life Insurance Company/General Electric vs. Maryland Insurance Commissioner, the Maryland Court of Special Appeals ruled that to impose the Maryland Vendorship Law (which requires reimbursement of clinical social workers) on the GE employee health insurance contract would preempt ERISA, and that the insurance carrier therefore does not have to recognize clinical social workers for this contract.

A number of state legislatures have passed resolutions urging Congress to revise the ERISA law so that it cannot undermine state's rights.

In the meantime, there have been a number of cases challenging this ERISA preemption. The Supreme Court agreed to hear on its 1984/85 docket the latest case of Metropolitan Life Insurance Co. v. Massachusetts. The insurance company claimed that ERISA exempted them from complying with the law mandating mental health coverage (see above). In June, 1985, the Supreme Court upheld the powers of the state to regulate insurance companies. The state's power to require insurance plans to cover mental disorders, said the court, were not preempted by ERISA.

IV. NONGOVERNMENT INSURANCE COMPANIES

The question is frequently asked: "What insurance companies reimburse for social work services?" To answer this question, clients must be put into two groups: those who work for the federal government and those who do not. Federal employees are covered by private insurance companies that must adhere to federal policies (see Federal Employees Health Benefits Act on page 6). The dependents of military personnel are covered by CHAMPUS (see page 5).

People who are not federal employees have insurance policies written by private companies for individual employers who may be state or county governments, social agencies, industries, or any of a host of others. Each policy is for the benefit of specific employees and will vary according to the agreement negotiated between the employer and the employees and between the employer and the insurance company. Sometimes the health provisions are a part of union-employer negotiations. Even when a large firm with many work sites negotiates a health package that seems to include or at least not to exclude, social workers as qualified mental health providers, the local claims offices may interpret the contract differently. Thus, unless you are talking about federal employees, it is not possible to list insurance companies that "cover clinical social workers" as qualified providers of mental health services. Many insurance companies have done so in specific contracts, but it must be remembered that those same firms have also written health-benefit plans that exclude social work services.

The following is a partial list of companies that either currently issue, or at one time have issued, policies that reimburse for clinical social work.

Aetna Life & Casualty Insurance Co.
Allstate
American General
Bankers Life Casualty Insurance Co.
Blue Cross/Blue Shield (in many localities)
Central National Insurance Company of Omaha
Concordia Welfare Plan
Continental Assurance Co.
Connecticut General
Employers of Wausau
Equitable Insurance & Life Insurance Co.
The Hartford Group
John Hancock Insurance Co.
Liberty Mutual Insurance
Lincoln National Life Insurance Co.
Massachusetts Mutual Insurance Co.
Metropolitan Insurance Co.
Missouri State Medical Plan
Mutual Benefit Life Insurance Co.
Mutual of Omaha
New England Mutual Life Insurance Co.
New York Life Insurance Co.
Northwestern National Life Insurance Co.
Occidental
Pacific Mutual Insurance Co.
Provident Insurance Co.
Prudential Insurance Co.
Republic National Insurance Co.
State Farm
Travelers Insurance Co.
Union Pilot Life Insurance Co.
United of Omaha
Western and Southern Insurance Co.

V. ROLE OF THE PROFESSIONAL ASSOCIATION

The following describes some of NASW's efforts to define clinical social work and the qualifications of practitioners, to set standards for ethical practice, and to establish quality assurance mechanisms.

A. Clinical Social Work Section

The NASW Clinical Social Work Section is the national unit responsible for identifying the professional needs of clinical social workers and making appropriate recommendations to the NASW Board of Directors. The Section collaborates with other national units concerned with health and mental health, occupational social work and families and coordinates activities of peer review, and the NASW Register of Clinical Social Workers. In addition to its work in developing the NASW definition of clinical social work, the Section and its predecessor Council has planned three national conferences on clinical social work, NASW publications on clinical social work, and institutes on clinical social work and on private practice at national conferences. A fourth national clinical conference is being planned for the fall of 1988.

In January 1984, the NASW Board of Directors adopted the following definition of clinical social work:

Clinical social work shares with all social work practice the goal of enhancement and maintenance of psychosocial functioning of individuals, families, and small groups. Clinical social work practice is the professional application of social work theory and methods to the treatment and prevention of psychosocial dysfunction, disability, or impairment, including emotional and mental disorders. It is based on knowledge of one or more theories of human development within a psychosocial context.

The perspective of person-in-situation is central to clinical social work practice. Clinical social work includes interventions directed to interpersonal interactions, intrapsychic dynamics, life support and management issues.

Clinical social work services consist of assessment; diagnosis; treatment, including psychotherapy and counseling; client-centered advocacy; consultation; and evaluation. The process of clinical social work is undertaken within the objectives of social work and the principles and values contained in the NASW Code of Ethics.

This definition was incorporated in the Standards for the Practice of Clinical Social Work that were approved by the NASW Board of Directors in June 1984. Single copies are available free of charge from NASW chapters or from the national office.

NASW believes the credentialing of clinical social workers is the responsibility of the social work profession. It is the profession's criteria that provide the basis for definitions enacted by state and federal legislative and regulatory bodies as well as those approved or accepted by insurers. The Association's standards for the independent practice of clinical social work include the following criteria:

1. A degree from a graduate program in social work accredited by the Council on Social Work Education; and

2. A minimum of two years (full-time) or three thousand hours (part-time) of post-MSW clinical social work practice under the supervision of a master's degree-level social worker; and

3. Certification as a clinical social worker by a professional organization offering such accreditation; or

4. Licensure or certification as a clinical social worker by the state in which care is provided, if the state offers such accreditation. Forty-one jurisdictions currently license or certify social workers (see NASW's State Comparison of Laws Regulating Social Work).

B. The NASW Register of Clinical Social Work

The NASW Register of Clinical Social Workers was initiated in 1976 as a mechanism for identifying qualified clinical social work practitioners. The Register lists clinical practitioners who meet the following criteria for the independent practice of clinical social work:

Education:
Has a master's or doctoral degree in social work from a graduate school accredited or recognized by the Council on Social Work Education.

Supervision:
Has 2 years of full-time experience, or 3,000 hours accumulated over a period not less than 24 months (for part-time experience), of post-master's clinical social work practice that was supervised by a social worker holding at least a master's degree.

Currency:
Has at least 2 years of full-time experience or 3,000 hours accumulated over a period of not less than 24 months (for part-time experience) of direct practice within the last 10 years.

ACSW:
Is a current member of the Academy of Certified Social Workers, or is licensed or certified in a state at the appropriate level.

The 1987 edition of the Register will list over 16,500 clinicians across the United States and Trust Territories. The Register is divided into two major sections: an alphabetical listing within city and state, and an alphabetical index of total listings.

Revised editions are planned on a biennial basis. The Register Board decided that the needs of both clients and social workers demanded an approach for reviewing and accepting applications on a continuing basis. Continuing registration was started following the publication of the 1982 Register and will continue following the publication of the 1987 edition.

Some private insurance carriers accept listing in the NASW Register of Clinical Social Workers as evidence that a practitioner meets the minimum requirements for recognition as an independent mental health provider. Copies of new editions of the NASW Register are sent to major insurance companies for their use in identifying qualified clinical social workers. The Register is also used for referral purposes by corporations that have their own self-insured health programs. In addition it is used by Aging Network Services as a referral source and by large corporations with Employee Assistance Programs.

Listing in the NASW Register of Clinical Social Workers was one of the criteria for recognition of social workers who would be eligible to participate in the Department of Defense 1980-82 Experimental Study on the Reimbursement of Clinical Social Workers and the Department of Health and Human Services' Direct Reimbursement of Clinical Social Workers Demonstration Project. Listing in the current NASW Register meets one of the eligibility criteria currently accepted by CHAMPUS for direct reimbursement and for approved peer reviewers.

Listing in the NASW Register of Clinical Social Workers may also be used to qualify for membership in specialized treatment associations such as the Society for Clinical and Experimental Hypnosis, Inc. It is used by some NASW state chapters and practitioners as a referral source, and may be used by state social work regulatory boards to identify qualified clinical social workers.

C. Diplomate in Clinical Social Work

Established by the Board of Directors in June, 1986, the Diplomate in Clinical Social Work is an advanced specialization certification. To qualify, a social worker must fulfill the requirements for listing in the NASW Register of Clinical Social Workers, and have completed an additional 3 years of clinical social work experience and an advanced clinical social work examination. Until September 30, 1987, those who are otherwise qualified will be admitted without examination.

D. Peer Review

Peer review is a system whereby clinical social workers assess quality of services and analyze professional clinical social work practice. Quality assurance through peer review provides protection of clients. An important test of the quality of work of a clinical social worker is whether the services are, upon review, found to be clinically necessary and of an acceptable level, i.e., in respect to the results obtained, the amount of time required to achieve acceptable results and the method of intervention employed.

In October 1983, NASW established the National Peer Review Advisory Committee to develop guidelines and criteria for a national social work peer review program to work with the CHAMPUS Professional Peer Review System and to provide peer review of individual cases for private insurance carriers.

As of October 1984, approximately three hundred experienced social workers had been selected, and approximately one hundred fifty have completed the NASW peer review training programs. Full integration of social work reviewers into the CHAMPUS peer review system had occurred by January 1985. Peer review is also available for private insurance companies and NASW currently has contracts to provide peer review for Aetna, Metropolitan Life and Prudential of Florida.

E. NASW Insurance Program

Since 1967, the NASW Insurance Trust has been offering an expanding array of health, life and disability insurance programs designed exclusively for NASW members. Clinical social workers are recognized as independent mental health treatment providers under the NASW/Principal Financial Group Insurance Plan. The Insurance Trust sponsors a variety of programs at NASW conferences designed to educate members on insurance issues.

Under the NASW-sponsored professional and office liability insurance program, NASW members can receive professional and premises liability coverage for as little as $40.00 annually. The program is also avail-

able to agencies, social work students, and their schools. The importance of liability insurance cannot be overstated. Social workers are increasingly involved in malpractice actions. Even if an employer or agency provides some coverage, it is usually in the social worker's best interest to have additional individual coverage. Rates for liability insurance offered to NASW members are the lowest currently available.

F. Occupational Social Work

Occupational social work is an excellent opportunity for clinical social workers who wish to be on the leading edge of a new employment trend and who have knowledge and experience in chemical dependency treatment. Many employers are developing employee assistance programs to address problems of dysfunction that affect job performance and lower productivity. Whether internal or external to the worksite, these programs help workers and their families cope with such difficulties as alcoholism, drug abuse, mental dysfunction, AIDS, stress and burnout in addition to concerns about child care and elder care. Employee assistance programs are found in a variety of settings: corporations, unions, hospitals, military, small business, government, family service agencies, universities, and private practice.

Social workers wishing to enter this field will find they need specialized training. In most instances, it will be necessary to take courses in employee assistance programs, addiction counseling, labor-management relations, working with unions or coping with the corporate system. Several schools of social work offer a specialization in occupational social work, while numerous schools offer course work and supervised field practice or continuing education in chemical dependency. Other resources include a myriad of institutes, individual entrepreneurs, workshops and conferences that focus on a wide range of topics such as alcohol and drug abuse in the workplace, work and family stresses, drug testing in the workplace and social worker's role in employee assistance programs and others.

In 1986, NASW established a National Commission on Employment and Economic Support to be responsive to the needs of occupational social workers and to assist the Association in developing programs and policies that meet the challenges of the workplace. We have an Occupational Social Work Information Service and Clearinghouse. Approximately 40 NASW chapters have active programs or interest groups in this practice area. A National Survey of Occupational Social Workers, conducted in 1985, provides a profile of workers, work settings and job tasks. The second National Conference on Occupational Social Work, "Beyond The Leading Edge: The World of Work in the Year 2000," will take place September 9-12, 1987 in New Orleans as part of the NASW Annual Conference.

G. Academy of Certified Social Workers

The Academy of Certified Social Workers (ACSW) was founded in 1960 by NASW as the first major step toward scientific standard setting for social work practice. The ACSW strives to publicly recognize those social workers who have achieved a level of skill and knowledge beyond that acquired in a graduate program of social work education. Certification is achieved through:

1) membership in NASW and adherence to a strict professional code of ethics,

2) evaluation of a significant amount of work experience by three professional colleagues,

3) an objective written examination.

Academy members have reached a level of practice which qualifies them for independent, self-directed practice.

OTHER NASW PROFESSIONAL STANDARDS

Code of Ethics

Standards for Social Work Personnel Practices

Standards for the Classification of Social Work Practice

Standards for the Regulation of Social Work Practice

Standards for Continuing Professional Education

Standards for Social Work in Health Care Settings

Standards for Social Work Services in Schools

Standards for Social Work Practice in Child Protection

Standards for Social Work Services in Long Term Care Facilities

For information on obtaining copies, write
Publication Sales
National Association of Social Workers, Inc.
7981 Eastern Avenue
Silver Spring, MD 20910

NASW standards for the practice of clinical social work

Prepared by the NASW Provisional Council on Clinical Social Work

Approved by the NASW Board of Directors
June 1984

National Association of Social Workers, Inc.
7981 Eastern Avenue
Silver Spring, MD 20910
(301) 565-0333

Contents

Introduction

Historically, the social work profession has focused on both people and their social environment. Clinical social work, whose focus is on individuals, families, and groups, has its roots in social casework, which always has been a primary method for the delivery of social work services. The number of clinical social workers has grown continuously; and clinical social work continues to contribute significantly to the development of knowledge and skills for the profession. In 1978, the National Association of Social Workers (NASW) formally recognized clinical social work as part of a process of organizational differentiation. At that time, NASW established the Task Force on Clinical Social Work, which became the Provisional Council on Clinical Social Work in 1982.

Clinical social workers have practiced in governmental and voluntary agencies and, since the time of pioneer social worker Mary Richmond, in private practice. In 1961, NASW defined private practice as a setting for the delivery of clinical social work services and published its first *Handbook on the Private Practice of Social Work* in 1967.

Clinical practice continues to be an integral part of the services delivered in agency settings. At the same time, an increasing number of clinical practitioners have been moving into independent private practice, which further attests to the commitment of trained and experienced professionals to the direct treatment of individuals, families, and groups. This development, encompassing solo and group practice as well as other arrangements, is in addition to the practice of clinical social work in traditional voluntary and governmental agency settings.

Many states require the legal regulation of social work practice; some states require a special license for practitioners of clinical social work as well as those in independent private practice. Generally, certification for clinical social work requires a master's degree in social work plus at least two years' experience as well as an examination.

Given the variations among the states regarding legal regulation and the needs of clinical social work practitioners, NASW has taken appropriate responsibility for establishing standards of practice for all clinical social workers in all settings. These standards are to be considered desirable for all clinical social workers and are designed to do the following:

- Guide clinical social work practice.
- Guide state regulatory agencies

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which all members are bound. A summary of the Code of Ethics will be found following these standards.

Definitions

The following definition of clinical social work was accepted by the NASW Board of Directors at its January 1984 meeting:

> Clinical social work shares with all social work practice the goal of enhancement and maintenance of psychosocial functioning of individuals, families, and small groups. Clinical social work practice is the professional application of social work theory and methods to the treatment and prevention of psychosocial dysfunction, disability, or impairment, including emotional and mental disorders. It is based on knowledge of one or more theories of human development within a psychosocial context.
>
> The perspective of person-in-situation is central to clinical social work practice. Clinical social work includes interventions directed to interpersonal interactions, intrapsychic dynamics, and life-support and management issues. Clinical social work services consist of assessment; diagnosis; treatment, including psychotherapy and counseling; client centered advocacy, consultation; and evaluation. The process of clinical social work is undertaken within the objectives of social work and the principles and values contained in the NASW Code of Ethics.

In May 1961, the NASW Board of Directors endorsed the following definition of private practitioners of social work:

> Private practitioners are social workers who, wholly or in part, practice social work outside a governmental or duly incorporated voluntary agency, who have responsibility for their own practice and set up conditions of exchange with their clients, and identify themselves as social work practitioners in offering services.

- To maintain and improve the quality of services provided by clinical social workers.
- To establish professional expectations so social workers can monitor and evaluate their clinical practice.
- To provide a framework for clinical social workers to assess responsible professional behavior.
- To inform consumers, governmental regulatory bodies, and others, such as insurance carriers, about the profession's standards for clinical social work practice.

Toward the achievement of these goals, the standards

- Define and delineate clinical social work and the private practice of clinical social work.
- Establish specific ethical guidelines for the practice of clinical social work in agency or private practice settings.
- Provide documentation of professional expectations for agencies, peer review committees, state regulatory bodies, insurance carriers, and others.

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Standards for the Practice of Clinical Social Work

Standard 1. Clinical social workers shall function in accordance with the ethics and the stated standards of the profession, including its accountability procedures.

Interpretation

All social workers have a fourfold responsibility: to clients, to the profession, to self, and to society. Social workers shall identify themselves as members of the social work profession. NASW members shall be familiar with and adhere to the NASW Code of Ethics and shall cooperate fully and in a timely fashion with the adjudication procedures of the Committee of Inquiry, peer review, and appropriate state boards. They shall be aware of and adhere to relevant stated professional standards for social work practice.

All clinical social workers shall be willing to have judgments and decisions reviewed by knowledgeable peers in a formal process. When requested by a client, the clinical social worker will provide information about how to file a complaint charging unethical behavior.

Standard 2. Clinical social workers shall have and continue to develop specialized knowledge and understanding of individuals, families, and groups and of therapeutic and preventive interventions.

Interpretation

Areas of knowledge about individuals, families, and groups required for effective clinical intervention encompass the following:

1. Social, psychological, and health factors and their interplay on psychosocial functioning, such as these:
   - theories of personality and behavior,
   - social-cultural influences,
   - environmental influences,
   - physical health, and
   - impairment and disability, including mental and emotional conditions.
2. Community resources
   - available social resources in the community and their operation and how to use them in the client's behalf and
   - how to identify appropriate services and negotiate a referral.
3. Specific practice skills, including the ability to
   - establish
   - obtain, analyze, classify, and interpret social and personal data, including assessment and diagnosis,
   - establish compatible goals of service with the client,
   - bring about changes in behavior (thinking, feeling, or doing) or in the situation in accordance with the goals of service.
4. Knowledge about and skills in using research to evaluate the effectiveness of a service.

The clinical social worker shall have available a variety of appropriate social work therapeutic intervention techniques that he or she uses selectively, depending on the client's needs and capacity for change.

When knowledge and skills are acquired, other than those specific to social work, the practitioner is responsible for obtaining the appropriate training and certification. Clinical social workers shall maintain and enhance their skills through appropriate forms of professional development and continuing education (see *NASW Standards for Continuing Professional Education*) and are personally accountable for all aspects of their professional behavior and decisions.

Standard 3. Clinical social workers shall respond in a professional manner to all persons who seek their assistance.

Interpretation

Clinical social workers shall respond to each client regardless of the client's lifestyle, origin, race, sex, religion, or sexual orientation.

Clinical social workers shall limit their practice to those clients whom they have the skills and resources to serve. However, they shall be aware of and seek to ameliorate any of their attitudes and practices that may interfere with their ability to offer competent and equitable service. They have a professional responsibility to help a client establish contact with other appropriate resources when they cannot meet the needs for service of a particular client.

If the clinical social worker is unable to schedule a timely appointment for an initial assessment, he or she may screen the client by telephone to determine the urgency of the client's situation. The well-being of the client is the key factor in all decisions. In emergency situations in which the clinical social worker cannot be available to a new client, every effort should be made to find an appropriate source of immediate help.

On occasion, a client may decide to terminate treat-

(12)

premature but the client persists in his or her decision, it is the clinician's responsibility to refer the client to another appropriate treatment resource or, failing that, to help the client terminate treatment as constructively as possible, leaving the door open for the client to reapply for service at another time.

Standard 4. Clinical social workers shall be knowledgeable about the services available in the community and make appropriate referrals for their clients.

Interpretation

In accordance with the definition of clinical social work (see "Definitions"), the perspective of the person-in-situation is central to clinical practice. Therefore, clinical social workers must be alert to the clients' situations, especially those that affect the clients' behavior and functioning, and must be able to modify the environment, when possible, by referrals to other community services. There will also be occasions when advocacy on behalf of a client will be necessary to obtain needed services.

When a client is being served by other agencies, the clinical social worker shall maintain collaborative contacts as necessary with the other providers to ensure the coordination of services and the client's receipt of optimal benefits from the various services.

When the client is involved with more than one clinician, collaborative consultation shall be maintained as necessary to ensure delineation of the specific areas of responsibility. The clinician shall not share information about a client without the client's informed consent. (See Standard 6 for an elaboration of confidentiality.)

Standard 5. Clinical social workers shall maintain their accessibility to clients.

Interpretation

In the process of managing a therapeutic relationship, various factors or events may create problems of accessibility. The clinician shall be able to respond to the unanticipated needs of a client by, for example, having telephones answered, either by a person or machine, and messages relayed promptly and accurately. When the clinical social worker is unavailable because of vacation, illness, or any other reason, he or she should make arrangements for coverage by competent peers. These details should be discussed with the client at the beginning of [illegible]

In establishing an office, the clinical social worker shall be aware that some clients may have or develop physical handicaps. Thus, the clinical social worker shall make every attempt to ensure that offices are free of impediments to mobility and that helping devices are available for sensorially impaired clients. The office's accessibility by public transportation, when it is available, also should be a consideration.

Standard 6. Clinical social workers shall safeguard the confidential nature of the treatment relationship and of the information obtained within that relationship.

Interpretation

Respect for the client as a person and for the client's right to privacy underlies the maintenance of confidentiality in the client-clinician relationship. Although assurance of this confidentiality enhances the therapeutic interaction, the client should be advised that there are circumstances in which confidentiality cannot be maintained. These circumstances would include but not necessarily be limited to the legally mandated requirement to report to appropriate authorities a suspicion of child abuse, including the sexual abuse of children, or a suspicion of bodily harm or violence to some other person.[1] In some circumstances, a clinician may need to advise the parents of a child client's self-destructive behavior to ensure adequate protection for the child. In all such situations, the clinician shall advise the client of the exceptions to confidentiality and privilege, be prepared to share with the client the information that is being reported, and handle the feelings evoked. Except for such explicit, overriding requirements, the clinical social worker shares information only with the written and informed consent of the client.

Standard 7. Clinical social workers shall maintain access to professional case consultation.

Interpretation

In an agency setting, professional social work supervision or consultation should be available to all social work staff, either in the agency or through a contractual arrangement. If clinical social workers are not available, case con-

[1] Tarasoff v. Regents of the University of California, 551 P

sultation may be obtained from qualified professionals of other disciplines.

The beginning clinical social worker requires regular case-consultation supervision. For the first two years of professional experience, at least one hour of supervision should be provided for every fifteen hours of face-to-face contact with clients. After the first two years, the ratio may be reduced to a minimum of one hour of case-consultation supervision for every thirty hours of face-to-face contact with clients. In some situations, additional consultation will be sought by the clinician, because of complex issues involving a client or suggested by the consultant, because of difficulties the consultant perceives in the clinician's handling of a situation.

Clinicians with five years or more of experience should utilize consultation on an as-needed, self-determined basis. Although clinicians who are in independent practice shall utilize more case consultation when they first begin practicing, they should maintain consultative arrangements throughout the time they are in practice. Clinical social workers shall be knowledgeable about how and when to utilize the expertise of other professional disciplines in the area of medical problems, including pharmacology, and alert to the effects of prescription drugs on a client they can provide feedback to the client's physician.

Standard 8. Clinical social workers shall establish and maintain professional offices and procedures.

Interpretation

The clinical social worker keeps records of clients that substantiate service in a secure place. He or she maintains the records accurately and in a manner that is free from bias or prejudicial content. The social worker makes the records available to clients at their request.

The clinical social worker should ensure that appropriate insurance is maintained: agency liability, personal professional liability, premises protection, and other pertinent policies.

Clinical social workers shall establish a fee structure when in independent private practice or utilize the fee structure of the agency in which they are working. All fees and procedures for payment shall be discussed with the client at the beginning of treatment; to minimize misunderstanding, it is useful to present these policies in writing as well. This discussion should include the use of insurance reimbursement and how it will be handled; fees for missed appointments; and collateral contacts; and any other financial issues.

Clinical social workers shall not refuse service to clients solely because the clients are not covered by insurance. They shall not engage in fee splitting: a practice by which a client's payments are divided between the service provider and a non-service provider, such as a referral source.

Billing procedures shall be included in the original discussion and clients' accounts shall be maintained according to acceptable accounting methods, with all bills and receipts provided on a regular and timely schedule. Clinical social workers shall discuss overdue accounts with clients and make every effort to avoid accrual of debt. When it is clear to a client and clinician that, for whatever reason, the client can no longer afford to pay for treatment, a mutually acceptable alternative plan for compensation or an orderly and appropriate termination or referral shall be instituted. Nothing in this standard shall be construed to rule out an individual clinician's decision to provide services on a *pro bono* basis.

When all efforts to collect an overdue account from a client have failed, the client should be informed that unpaid accounts may be turned over to a collection agency or small claims court or that other types of legal action will be taken. If there is a dispute over charges, the clinical social worker should make every effort to resolve it without damaging the therapeutic relationship.

Waiting rooms and offices should be kept clean, and the environment should be properly maintained to ensure a reasonable degree of comfort. Interviewing rooms should ensure privacy and be free of distractions. Steps should be taken to assure the client's and the social worker's personal security.

Standard 9. Clinical social workers shall represent themselves to the public with accuracy.

Interpretation

The public needs to know how to find help from qualified clinical social workers. Both agencies and independent private practitioners should ensure that their therapeutic services are made known to the public. In this regard, it is important that telephone listings be maintained in both the classified and alphabetical sections of the telephone directory, describing the clinical social work services available.

Although advertising in various media was thought to be questionable

have made such advertising acceptable. The advertisement must be factual. It should be worded to avoid false promises of cures and should not include testimonials or any other hint of enticement.

The content of the advertisement shall include (1) the private practitioner's or agency's name and professional credentials and (2) the address and telephone number or other contact information. It may also include the type of services provided (e.g., individual, family, or group therapy; alcoholism counseling; divorce mediation; and so forth) and the type of problems that are dealt with (e.g., marital distress, parent-child conflicts, eating disorders).

Standard 10. Social workers shall engage in the independent private practice of clinical social work only when qualified to do so.

Interpretation

Many states have legal regulations for social workers at a clinical or independent-practice level. If practitioners work in such a state, they must be licensed or certified at this level to engage in independent private practice.

The NASW standards for the independent practice of clinical social work are those required for inclusion in the *NASW Register of Clinical Social Workers:*

1. A graduate degree from a social work program accredited by the Council on Social Work Education.
2. Two years of full-time (or equivalent part-time) clinical social work experience supervised by a clinical social worker.
3. Current membership in the Academy of Certified Social Workers or a license or certification in a state at the appropriate level.

Standard 11. Clinical social workers shall have the right to establish an independent private practice.

Interpretation

Clinical social workers shall have the right to establish a separate independent practice as a form of secondary employment or after leaving a place of employment. When they establish such a practice, either alone or as part of a group, they are responsible for assuring that the diagnostic and treatment services meet professional standards. If such a practitioner hires clinical social workers or other emplo-

the services provided, for maintaining all these standards, and for upholding all applicable local, state, or federal regulations.

Clinical social workers who are employed by agencies and have an independent private practice should not refer agency clients to themselves unless they have made a specific agreement with the agency and have offered alternative options to the clients. Agencies have the responsibility to establish written, reasonable guidelines or policies about secondary employment (see *NASW Standards for Social Work Personnel Practices*). When an agency does not have clear written policies, the clinical social worker may cite the relevant NASW standards.

When a clinical social worker leaves an agency to establish an independent private practice, he or she must take great care not to coerce or entice agency clients to the private practice. Clients in treatment may be offered various options after consultation with the agency. These options include (1) transferring to another staff member in the agency, (2) continuing with the same clinician in an independent setting, (3) transferring to another agency or to a different private practitioner, or (4) terminating treatment. The overriding principle is the client's right to self-determination and freedom of choice. That is, the client's best interests must always be paramount in these decisions.

Code of Ethics

SUMMARY OF MAJOR PRINCIPLES

I. The Social Worker's Conduct and Comportment as a Social Worker

A. *Propriety.* The social worker should maintain high standards of personal conduct in the capacity or identity as social worker.

B. *Competence and Professional Development.* The social worker should strive to become and remain proficient in professional practice and the performance of professional functions.

C. *Service.* The social worker should regard as primary the service obligation of the social work profession.

D. *Integrity.* The social worker should act in accordance with the highest standards of professional integrity.

E. *Scholarship and Research.* The social worker engaged in study and research should be guided by the conventions of scholarly inquiry.

II. The Social Worker's Ethical Responsibility to Clients

F. *Primacy of Clients' Interests.* The social worker's primary responsibility is to clients.

G. *Rights and Prerogatives of Clients.* The social worker should make every effort to foster maximum self-determination on the part of clients.

H. *Confidentiality and Privacy.* The social worker should respect the privacy of clients and hold in confidence all information obtained in the course of professional service.

I. *Fees.* When setting fees, the social worker should ensure that they are fair, reasonable, considerate, and commensurate with the service performed and with due regard for the clients' ability to pay.

III. The Social Worker's Ethical Responsibility to Colleagues

J. *Respect, Fairness, and Courtesy.* The social worker should treat colleagues with respect, courtesy, fairness, and good faith.

K. *Dealing with Colleagues' Clients.* The social worker has the responsibility to relate to the clients of colleagues with full professional consideration.

IV. The Social Worker's Ethical Responsibility to Employers and Employing Organizations

L. *Commitments to Employing Organizations.* The social worker should adhere to commitments made to the employing organization.

V. The Social Worker's Ethical Responsibility to the Social Work Profession

M. *Maintaining the Integrity of the Profession.* The social worker should uphold and advance the values, ethics, knowledge, and mission of the profession.

N. *Community Service.* The social worker should assist the profession in making social services available to the general public.

O. *Development of Knowledge.* The social worker should take responsibility for identifying, developing, and fully utilizing knowledge for professional practice.

VI. The Social Worker's Ethical Responsibility to Society

P. *Promoting the General Welfare.* The social worker should promote the general welfare of society.

This summary is of the NASW Code of Ethics, effective July 1, 1980, as adopted by the 1979 NASW Delegate Assembly. The complete text, including the preamble and expanded definitions of principles, is available on request.

POSITION PAPER/Department of Health & Social Services

POSITION PAPER

Committee Substitute
for
Senate Bill 67 (HESS)

"An Act relating to insurance coverage for the treatment of a mental or nervous condition."

This bill expands group health insurance coverage to include an option for 45 days per year of in-patient treatment and 50 hours total per year of out-patient treatment or office visits for each covered individual.

The department supports the progressive approach of this legislation. However, we suggest several amendments which we believe facilitate access to a cost-effective continuum of mental health services by rural and urban Alaskans. The amendments allow mental health services to be provided in the least restrictive environment and help to reduce the per client cost of care. This continuum includes: comprehensive diagnostic and evaluation services; professional services given in the office, home and extended home; case management; day treatment; various levels of residential care (group homes and other residential facilities); and general or psychiatric hospital services.

1) The definition of "inpatient treatment," Sec. 21.42.365(d)(4), should be expanded to include coverage for appropriate treatment received in residential child care facilities which are licensed by the Division of Family and Youth Services under AS 47.35.

Acute psychiatric care facilities are an essential part of a complete continuum of psychiatric services, however, many persons who suffer from a mental or nervous condition may receive appropriate inpatient treatment in the less restrictive and less costly environment of a licensed group home or residential care center. The only private acute psychiatric care hospital in Alaska listed an FY 1986 cost of $551.00 per day. By comparison, per day costs for group homes range from $89.25 to $210.00.

2) The definition of "outpatient treatment," Section 21.42.365 (d)(8), should be expanded to include any mental health care provider who has a master's or doctoral degree in psychology, nursing, or social work and works in conjunction with one or more licensed mental health care providers.

As presently written CSSB 67 allows reimbursement for outpatient treatment only if the provider:

(1) has a master's or doctoral degree in psychology, nursing, or social work, and

(2) is employed by a community mental health care facility which provides the treatment, and

(3) works in conjunction with a licensed provider.

The department believes that expanding the scope of reimbursable providers would allow access to qualified providers by clients in areas without community mental health centers. Some rural areas do not have easy access to a mental health center, but have professional services available through licensed facilities or professionals working in conjunction with licensed professionals.

This may be accomplished by adding "or" to the end of subsection (B) and adding another subsection to read:

> (C) a person who works in conjunction with one or more of the professionals identified in subsection (B)(i), (B)(ii), and (B)(iii) above, and has a master's or doctoral degree in psychology, nursing, or social work.

The legislature has already supported Medicaid reimbursement for inpatient psychiatric facility care, outpatient treatment in a psychiatrist's office, and the services of the various levels of professionals in state supported community mental health centers. (AS 47.07.030). CSSB 67 provides an opportunity for persons not eligible for the Medicaid program to gain similar insurance coverage.

The Department of Health and Social Services endorses the concept of insurance reimbursement for a full continuum of mental health services provided through licensed facilities or when provided by professionals working in conjunction with licensed professionals. The need for increased accessibility is highlighted in many recent reports (e.g. 1986 Resource Committee Report for S.B. 520, 1985 API Children's Facility Study, and 1986 Banergee Study on Child and Adolescent Grants and Contracts).

CSSB 67 is a significant step forward in the delivery of mental health services in Alaska and is supported by the department. The department supports this legislation and urges consideration of these amendments prior to passage.

RECOMMENDED BY:

2/4/88
Dr. Mel Henry, Director
Division of Mental Health and
Developmental Disabilities

Kim Busch 2-4-88
Kim Busch, Director
Division of Medical Assistance

2/4/88
Yvonne Chase, Director
Division of Family and Youth Services

Date: February 4, 1988

Approved by:
Myra M. Munson, Commissioner

STATE OF ALASKA
1988 LEGISLATIVE SESSION

BILL VERSION: CS SB 67 (HESS)
PUBLISH DATE: _____

FISCAL NOTE

REQUEST:

Revision Date: _____
Title: ...relating to insurance coverage for the treatment of a mental or nervous cond.
Sponsor: _____
Requestor: _____

Agency Affected: Health & Social Services
BRU: Community Mental Health Grants, Institutions and Administration
Components: Community Mental Health Grants, Alaska Psychiatric Institute

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 88	FY 89	FY 90	FY 91	FY 92	FY 93
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	-0-	-0-	-0-	-0-	-0-	-0-
CAPITAL	-0-	-0-	-0-	-0-	-0-	-0-
REVENUE	-0-	-0-	-0-	-0-	-0-	-0-

FUNDING: (Thousands of Dollars)

GENERAL FUND						
FEDERAL FUNDS						
OTHER						
TOTAL	-0-	-0-	-0-	-0-	-0-	-0-

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

ANALYSIS: (Attach a separate page if necessary)

see attached sheet

Prepared by: Mel Henry, Director — Phone: 465-3370
Division: Mental Health & Developmental Disabilities — Date: _____

Approved by Commissioner: Myra M. Munson — Date: 2-4-88
Agency: Health & Social Services

Distribution (by preparer):
Legislative Finance
Legislative Sponsor
Requestor
Office of Management and Budget
Impacted Agency(ies)

FISCAL NOTE

More Alaskans would be able to obtain needed mental health services as a result of passage of this bill. These services could be provided by the public or private sector. The Department of Health & Social Services is unable to estimate how much revenue would be generated by the public sector (Alaska Psychiatric Institute and grantee community mental health centers) because consumption patterns might shift if people could access the private sector.

Alaska State Legislature

PRESIDENT
907-465-3755

JAN FAIKS
POST OFFICE BOX V
JUNEAU, ALASKA 99811

Senate

May 11, 1987

MEMORANDUM

TO: Representatives Johnny Ellis and Niilo Koponen,
Co-Chairmen,
House Health, Education and Social Services
Committee

FROM: Senator Jan Faiks
President of the Senate

SUBJECT: Background on Senate Bill 67
An Act relating to insurance coverage for the
treatment of a mental or nervous condition

The Senate HESS Committee Substitute to Senate Bill 67 has been referred to your committee for consideration. This bill will require insurers to offer their customers the opportunity to purchase minimum mental health coverage in all health insurance policies sold in Alaska, and will eliminate the discrimination which currently exists between mental health and other medical insurance benefits.

Currently, twelve states have passed similar laws which require that policy holders be given the opportunity to purchase mental health insurance. Fourteen other states take a stronger position; they do not give the policy holders an option, but rather require that minimum mental health coverage be included in every health insurance policy.

The Senate HESS Committee Substitute adopts the "mandatory/option" approach because it allows subscribers to decide whether the benefits of mental health coverage are worth the added premium costs. I would like the committee to consider the adoption of the "mandatory benefit" approach, thus requiring the inclusion of mental health care in group insurance policies.

OUT OF SESSION
6060 YUKON DRIVE ANCHORAGE, ALASKA 99516 907-274-6611

Most states that require mental health coverage also define the minimum coverage that must be offered. Senate Bill 67 requires a minimum of 45 days of inpatient treatment and 50 equivalent hours of outpatient treatment per year.

The Senate HESS Committee Substitute has changed this requirement from 50 hours to 50 visits. I would like to maintain the original language of 50 hours, as it would provide greater benefits to the patients and would not create administrative problems for the insurers, since the medical profession already keeps detailed time records of patient visits.

These requirements are consistent with the requirements of other states. For inpatient services, four states require a minimum of 30 days, while two other states require 45 days. For outpatient services, minimum requirements are expressed in either visits (one other state calls for thirty per year) or dollar limits (six states have minimums ranging from $500 to $1000 per year). The remaining states require only that mental health benefits be on par with those offered for other illnesses.

When mental health coverage is offered, usually the benefits are much less than those available for other treatment. Insurers will often require that their customers pay a higher deductible or a greater portion of the cost of mental health services.

In order that mental health coverage be given parity with other coverages, then, this bill requires that the former be offered under the same terms as the latter.

There are several myths that have impeded the requiring of mental health coverage in health insurance policies. According to one belief, the costs of psychiatric treatment are unpredictable and uncontrollable.

This belief stems in part from the common perception of mental illness in terms of only its more serious forms, like schizophrenia. However, only 15% of persons who are treated in private mental hospitals suffer from this acute disease. For most forms of mental illness, only one hospital stay with several follow-up visits are all that is needed for successful treatment.

About one-fifth of our population suffers some degree of mental impairment, ranging from mild anxiety to chronic schizophrenia. For our young people, aged thirteen to twenty four, the leading cause of death is not injury, disease, or accident, but is <u>suicide</u>.

In 1984, mental illness was estimated to have cost our nation 67.6 billion dollars. This figure includes not only the direct cost of treating mental illness ($12 billion), but also the greater cost of lost productivity and employment ($44.6 billion) and of mental health related crimes, vehicle accidents, and other social burdens ($11 billion).

Studies show that treatment is effective for 80% of all patients who have mental disorders.

From seven to ten percent of subscribers use mental health benefits when these are available in their policies. This is approximately the same rate that subscribers use extra care from other medical specialists.

There is no evidence that mental health benefits are abused at a rate that differs from other health benefits. If insurers are concerned about accountability, they can subscribe to peer review services that will review the validity of individual claims. These services have shown a costs-to-savings ratio of 1:100.

It is true that mental health coverage will mean higher premium cost to subscribers. However, this cost is not substantial. A national survey of 79 major corporate plans revealed that the average annual premium increase for each subscriber was $29.47.

On the other hand, psychotherapy produces savings in the form of increased employee productivity and reduced absenteeism. As mental health treatment becomes more affordable and available to employees, employers report a significant increase in job attendance and productivity and a significant reduction in on-the-job accidents. The Equitable Life Assurance Society has verified that every dollar invested in mental health treatment results in a three dollar increase in productivity. Mental health treatment also reduces drug and alcohol-related crime.

Medical science has long recognized the correlation between physical disease and mental health. Physicians have estimated that up to one-half of all ailments which they treat have symptoms of mental or emotional disorder. Many dollars that are now paid for other medical services are actually paid for the indirect treatment of mental impairments. In addition, studies have proven that direct treatment of mental problems results in lower costs for other medical care.

In a 1983 study, a moderate amount of psychotherapy was shown to significantly reduce hospital costs for persons suffering from four different types of chronic disease. Another study

that same year showed that patients who received outpatient psychotherapy treatment used 56% fewer medical services than those who had not been treated.

Finally, there is a cost savings that will be enjoyed by the State of Alaska. Nationwide, the state governments pay about 50% of the total cost of our mental health bill. When subscribers are given access to mental health coverage on the same basis as other medical benefits, more of this burden will be shifted from the State to the private sector.

Senate Bill 67 may indirectly reduce the dependency of the community mental health centers in Alaska on State funds. These facilities currently receive matching grants from the State and charge their patients a sliding fee base upon their ability to pay. After the grant is matched, all additional fees are devoted to enhance the programs and expand their facilities. Division of Mental Health personnel report that because of a lack of funds, these centers can only provide 25-30% of the communities' mental health needs. They predict that the passage of a mental health insurance bill will allow them to serve up to one-half of this need.

Specifically, this bill proposes the following:

Section 1. COVERAGE FOR TREATMENT OF A MENTAL OR NERVOUS CONDITION. AS 21.42 is amended to add a new section (21.42.365) which will require coverage for treatment of a mental or nervous condition.

(a) All insurers who are authorized under AS 21.09 to provide major medical coverage in Alaska must offer the insured or subscriber or other person covered by the policy minimum benefits of 45 days a year of inpatient treatment for each covered individual, and a total of 50 hours a year of outpatient treatment or patient visits of mental or nervous conditions.

The committee substitute from the Senate HESS Committee changed this coverage from 50 hours to 50 visits, as the insurers felt that it would be too difficult to record office visits which last fractions of an hour.

I request that the House HESS Committee change this back to the original language specifying hours, rather than visits, as it is to the greater benefit of the patient. The record-keeping of these visits would not place a burden on the insurers, as doctors already keep detailed time accounts of patients' visits.

(b) The insurer or service corporation cannot charge more for this coverage than for the cost of treating any other condition or illness. Contract limitations must be reasonable.

(c) The Senate HESS CS to this bill provides that if an insured or a subscriber does not opt for the coverage under this section, the insurer or service corporation may offer other coverage for treating a mental or nervous condition.

I ask that the committee consider changing this language to adopt the mandatory benefit approach, whereby mental health care benefits must be included in group insurance policies.

(d) This portion contains a definition of terms used in this section.

I would request that the committee consider changing the definition of "office visit" in section (7) to reflect that treatment which is provided through the professional offices of the listed classes of mental health care providers.

Section 2. AS 21.36.090(d) is amended to prohibit unfair discrimination against a person who provides a state-licensed medical service covered under a group disability policy that extends coverage on an expense incurred basis, or under a group service or indemnity type contract issued by a nonprofit corporation, if that service is within the scope of the provider's occupational license.

Section 3. AS 21.87.340 is amended to add additional chapters and provisions which apply to service corporations.

Section 4. Provides an effective date for this act for policies entered into on or after January 1, 1988.

A similar bill was introduced last year. It passed the Senate, and made it through the House, but died in the Rules Committee during the final hours of last year's session.

Passage of this legislation is vital to provide Alaskans access to mental health coverage on the same basis as other medical benefits, which, in turn, will shift more of this burden from the State to the private sector.

I am enclosing an amendment and a marked-up copy of SB 67 which reflect the requested changes to this bill. I would appreciate the committee's consideration of the legislation at its earliest convenience. Should you need any additional information, please let me know.

Thank you.

Sitka Mental Health Clinic

P.O. Box 1763
Sitka, Alaska 99835
(907) 747-8994

Michael Boyd, Ph.D.
Psychologist

12-9-87

Honorable Nilo Koponen
Co-Chairman House, Health Ed. and Soc. Svcs. Comm.
Rm. 106
Capital Building
P.O. Box V
Juneau, Alaska 99811

Dear Representative Koponen:

I am writing concerning CSSB 67 which is scheduled to come before your committee during the upcoming session of the legisalture. CSSB provides for insurance coverage for treatment of mental or nervous conditions. I would like to encourage you to speedily act on CSSB 67 and refer it on with a recommendation of approval by the house.

State funded mental health programs depend on insurance payments for much of their revenue. At this time, many insurance companys will not pay for treatment provided by someone who is not a psychiatrist or licensed psychologist. While many clinics are directed by psychologists or psychistrists, few can afford to have professionals of that level as primary care givers. CSSB 67 provides that state funded mental health clinics would be eligible for insurance payments as long as a therapist is supervised by a physician or a psychologist. With the provisions of CSSB 67, state funded mental health clinics would be more able to collect needed revenue from third party payors.

Respectfully,

Michael J. Boyd, Ph.D.
Psychologist

MB/imr

cc: Albert P. Adams
John Sund
Albert Adams

SB

78

STATE OF ALASKA
THE LEGISLATURE

POUCH Y - STATE CAPITOL
JUNEAU, ALASKA 99811
907-465-3800

LEGISLATIVE AFFAIRS AGENCY

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May, 1988

Copies of minutes listed below were originally included in this file. The minutes are available on the STAIRS database CMPR. In order to save space copies of minutes have not been left in the files.

Mary Van Nimwegen

House Hess:

April 2, 1987

HOUSE COMMITTEE REPORT

(7)

Date referred: 3/20/87

FURTHER REFERRALS: Judiciary

DATE: 4/28/87

The Health, Education and Social Services Committee has considered CSSB 78(SA)

"An Act relating to unauthorized use of handicapped parking."

RECOMMENDS:

[ ] replace with H CS CSSB 78 (HESS) [✓] the same title

[ ] a new title

[ ] attached amendment(s)

[✓] do pass

[ ] do not pass

[ ] no recommendation

[ ] individual recommendations

[ ] additional referral to the ______ Committee

ADOPTS: [ ] ______ letter of intent

ATTACHES NEW FISCAL NOTE(s):

[ ] fiscal impact

[ ] zero fiscal note

[ ] zero with analysis

[ ] same as previous fiscal note published ______

[✓] same as previous zero fiscal notes published ______

SIGNING DO PASS:

Roll E. Phillips

Bruce Hanley

John Ellis

Niilo Koponen

Bill Hudson

Mike Miller

Dave Donley

SIGNING OTHER RECOMMENDATIONS:

Niilo Koponen

Co-Chairman's signature

Johnny Ellis

CS for SB 78 An Act relating to unauthorized use of handicapped parking

CONTENT SHEET

1V0125

STATE OF ALASKA 1987 LEGISLATIVE SESSION
FISCAL NOTE

SENATE
BILL VERSION: CSSB 78(SA)
PUBLISH DATE: 3/16/87

REQUEST:

Revision Date:
Title: An Act Relating to Handicap Parking
Sponsor: Kerttula
Requestor: Senate Judiciary

Agency Affected: Alaska Court System
BRU: Trial Courts
Components:

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 87	FY 88	FY 89	FY 90	FY 91	FY 92
Personal Services	. . . .	. . . .	. . . .	. . . .	. . . .	. . . .
Travel	. . . .	. . . .	. . . .	. . . .	. . . .	. . . .
Contractual	. . . .	. . . .	. . . .	. . . .	. . . .	. . . .
Supplies	. . . .	. . . .	. . . .	. . . .	. . . .	. . . .
Equipment	. . . .	. . . .	. . . .	. . . .	. . . .	. . . .
Land & Structures	. . . .	. . . .	. . . .	. . . .	. . . .	. . . .
Grants & Claims	. . . .	. . . .	. . . .	. . . .	. . . .	. . . .
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0
CAPITAL	. . . .	. . . .	. . . .	. . . .	. . . .	. . . .
REVENUE	. . . .	. . . .	. . . .	. . . .	. . . .	. . . .

FUNDING: (Thousands of Dollars)

General Funds	0.0	0.0	0.0	0.0	0.0	0.0
Federal Funds	. . . .	. . . .	. . . .	. . . .	. . . .	. . . .
Other	. . . .	. . . .	. . . .	. . . .	. . . .	. . . .
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

POSITIONS:

Full-time	. . . .	. . . .	. . . .	. . . .	. . . .	. . . .
Part-time	. . . .	. . . .	. . . .	. . . .	. . . .	. . . .
Temporary	. . . .	. . . .	. . . .	. . . .	. . . .	. . . .

ANALYSIS:

No fiscal impact.

Prepared by: Robert G. Fisher, Fiscal Officer
Division: Alaska Court System
Phone: 264-8215
Date: 1-28-87

Approved by: Stephanie J. Cole, Deputy Director
Agency: Alaska Court System
Date: 1-28-87

Distribution (by preparer):
Legislative Finance
Legislative Sponsor
Requestor
Office of Management & Budget
Impacted Agency(ies)
Senate Secretary

NO 14

STATE OF ALASKA 1987 LEGISLATIVE SESSION
FISCAL NOTE

SENATE
BILL VERSION: CSSB 78(SA)
PUBLISH DATE: 1/29/87

REQUEST
Revision Date:
Title: "An Act relating to unauthorized use of handicapped parking."
Sponsor: Sen. Kerttula
Requestor: Senate State Affairs

Agency Affected: Public Safety
BRU: Alaska State Troopers
Components: Detachments & C.I.B.

EXPENDITURES/REVENUES: (Thousands of Dollars)

OPERATING	FY 87	FY 88	FY 89	FY 90	FY 91	FY 92
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL						
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
TOTAL OPERATING	0	0	0	0	0	0
CAPITAL	0	0	0	0	0	0
REVENUE						

FUNDING: (Thousands of Dollars)

GENERAL FUNDS	0	0	0	0	0	0
FEDERAL FUNDS						
OTHER						
TOTAL						

POSITIONS:

FULL-TIME	0	0	0	0	0	0
PART-TIME						
TEMPORARY						

ANALYSIS: (Attach a separate page if necessary)

No fiscal impact is anticipated.

JJR 1/26/87
Prepared by: Francis C. Allan
Division: Alaska State Troopers
Phone: 269-5691
Date: 1/26/87

Approved by Commissioner: William R. Nix
Agency: Public Safety
Date: 1/26/87

Distribution (by preparer):
Legislative Finance
Legislative Sponsor
Requestor
Office of Management and Budget
Impacted Agency(ies)
Senate Secretary

Alaska State Legislature
Senate

Official Business

P.O. BOX V
State Capitol
Juneau, Alaska 99811

April 1, 1987

CSSB 78

An Act relating to unauthorized use of handicapped parking.

Sponsor Synopsis

This bill will give the state troopers the authority to give tickets and the court system the jurisdiction to collect fines in areas where there is not a municipal ordinance covering handicapped parking.

There are now areas where there are no ordinances. CSSB-56 will allow for state enforcement in those areas, thus closing a loophole in present law.

The bill also sets up a statutory fine schedule. An offender will be fined no less than $100.00 for parking in a handicapped parking place (since this is an infraction the maximum fine will be $300.00).

The Department of Motor Vehicles supports this legislation as necessary for enforcing unauthorized use of handicapped parking. The State Troopers also supprort the bill.

This bill is a step toward making life a bit simpler and easier for the handicapped by enacting a deterrent to unlawfully parking in handicapped spaces.

PUBLIC OPINION MESSAGE

DEAR: SENATOR ABOOD

NAME: BOB NESTEL
TITLE:
ADDRESS: 16810 EASY ST., #2
CITY: EAGLE RIVER ZIP: 99577
PHONE: 694-4372
BILL NO: SB 78
SUBJECT: MOTOR VEHICLES; HANDICAPPED PARKING
MESSAGE: THIS IS TESTIMONY FOR THE STATE AFFAIRS MEETING, 1/26/87. I HAVE BEEN HANDICAPPED FOR TEN YEARS. M OF A HANDICAPPED PARKING ORDINANCE SHOULD BE A MODEL. SUGGEST A CHANGE SO VIOLATORS ON PUBLIC OR PRIVATE PROPERTY ARE SUBJECT TO A FINE NOT EXCEEDING $100 OR TWO DAYS OF COMMUNITY SERVICE WORK.

POMID: 03081303
DATE: 01/23/87
TIME: 08:13:03
LIONAME: ANCHORAGE LIO

COPIES:

REPRESENTATIVES	SENATORS
COTTEN	UEHLING
PHILLIPS	FAIKS
	HENSLEY
	JOSEPHSON
	KELLY
	HALFORD
	KERTTULA

BILL NO: SB 78 DATE: 1/26/87

TITLE: "An Act relating to unauthorized use of handicapped parking.

CONTACT: Maj. Walter J. Gilmour
Acting Director

DEPARTMENT OF PUBLIC SAFETY

The Division of Alaska State Troopers supports passage of this legislation.

Too often citizens ignore the necessity of handicapped parking restrictions. No state statute has previously existed to enforce handicapped parking, only municipal ordinances in certain jurisdictions.

Passage of this bill will provide statutory authority to state and local law enforcement agencies to enforce handicapped parking restrictions.

WILLIAM R. NIX
Acting Commissioner

VICTOR ATIYEH
GOVERNOR

Department of Transportation
MOTOR VEHICLES DIVISION
1905 LANA AVENUE N.E., SALEM, OREGON 97314

March 10, 1987

Carla Hart
House Research Agency
P. O. Box Y
Juneau, Alaska 99811-3100

RE: Handicapped Parking Reciprocity Agreements

Dear Carla:

As we discussed by telephone today, I am forwarding to you copies of documents pertaining to an international program to achieve handicapped parking reciprocity between all states and Canadian Provinces.

This program is the result of several years work through jurisdiction's participation in the American Association of Motor Vehicle Administrators (AAMVA). ~~I am enclosing a pamphlet that provides information on that group for your review~~. You can see that the participation in this association provides all of us with a vehicle to share valuable information, ideas and concerns. Additionally, by meeting together several times a year, we readily identify contacts in other jurisdictions, who we grow to depend upon throughout the years.

When you have had an opportunity to review this packet, please feel free to call me to discuss it further. My telephone number is (503)378-4734.

Sincerely,

Jane Harmon

Jane E. Harmon, Manager
Special Programs Section
Vehicle Services

Encls.
JEH:j

State of Florida
DEPARTMENT OF
HIGHWAY SAFETY AND MOTOR VEHICLES

LEONARD R. MELLON
Executive Director
Neil Kirkman Building, Tallahassee, Florida 32399-0500

February 17, 1987

David P. Moomaw, Administrator
Motor Vehicles Division
1905 Lana Avenue, N.E.
Salem, Oregon 97314

Dear Mr. Moomaw:

The American Association of Motor Vehicle Administrators (AAMVA) Ad Hoc Committee on Handicapped Reciprocity is conducting an international program to achieve handicapped parking reciprocity between all states and Canadian Provinces. Your assistance in making this program a success is imperative.

On September 10, 1986, at the AAMVA International Conference in Salt Lake City, Utah, the RTVDM Committee nominated Florida to chair the Ad Hoc Committee on Handicapped Reciprocity for the purpose of developing a program that would achieve handicapped reciprocity internationally. To achieve our goal, that is to obtain handicapped parking reciprocity between all states and Canadian Provinces prior to the September 1987 AAMVA International Conference in Washington, D.C., we are asking that you submit a request for reciprocity to all other States and Provinces. In an effort to assist you, we have enclosed a mailing list of names and addresses of those individuals in each jurisdiction through whom reciprocity may be obtained.

Two proposed reciprocity agreements are attached for your use for State reciprocity agreements and Canadian Province reciprocity agreements. Florida has successfully used these agreements with 43 other jurisdictions with the exception of the following:

Amended agreement to exclude free metered parking:

Arizona
Connecticut
Indiana
Iowa
Michigan
Missouri
Nebraska

Amended agreement to include "DV" and "DP" plates:

California

Amended agreement to reference statute:

New Jersey

Reciprocates on plates only--taglets and decals are not allowable:

Vermont

Also, as a monitoring and reporting device, we have enclosed a National Handicapped Reciprocity Chart which will be maintained by the Committee. Periodic reports will be submitted to each jurisdiction reflecting new agreements as they are obtained and reported to this committee. If your jurisdiction already has handicapped reciprocity agreements with other States or Provinces which are not indicated on the charts, please advise as soon as possible in order that the committee may report your current success nationally.

Please keep in mind that if 43 jurisdictions could reciprocate with Florida (see attached Florida Report), then the same 43 jurisdictions can reciprocate with each other by simply mailing a letter of request, a proposed agreement, and obtaining the necessary signatures.

Your assistance in successfully pursuing handicapped parking reciprocity with all other jurisdictions will go a long way toward helping some of our most valuable citizens. Let's do it now!

Sincerely,

Glenn D. Turner

GLENN D. TURNER, Chairman
AAMVA Ad Hoc Committee on
Handicapped Reciprocity
Neil Kirkman Building, A-114
Tallahassee, Florida 32399-0626
(904) 488-6921

GDT/cjm
Enclosures

CANADIAN PROVINCE - STATE AGREEMENT

STATE OF _____

MEMORANDUM OF UNDERSTANDING REGARDING
PARKING PRIVILEGES FOR VEHICLES DISPLAYING
THE "INTERNATIONAL SYMBOL OF ACCESSIBILITY"

WHEREAS, the _____(State)_____ Vehicle Law provides that the State of _____ may designate parking spaces for use by a person who has been issued a special registration plate for disabled persons or a disabled persons parking permit.

WHEREAS, the State of _____ will provide by a common "Memorandum of Understanding" that mutual recognition may be provided to a person for whom special plates or a disabled persons parking permit are issued entitling such person to certain privileges, regardless of whether the special plate or disabled persons parking permit is issued under _____(State)_____ Vehicle Law or a similar provision of any Canadian Province.

WHEREAS, in _____(State)_____, the person for whom a special plate or a disabled persons parking permit is issued:

1. May park in specially designated and marked motor vehicle parking spaces reserved for their use;
2. May park without the payment of any fees on the public streets or highways of this state; and
3. Is not required to pay any parking meter fees of the state, any county, municipality, or any agency of this state.

WHEREAS, the provisions of the _____(State)_____ Vehicle Law cited in paragraph 3 supersede any local ordinance, except that they do not apply:

1. To clearly defined bus loading zones, fire zones, or areas posted as "No Parking" zones; or
2. Where there is a local ordinance that prohibits parking during heavy traffic periods in morning, afternoon, or evening rush hours, or where parking clearly would present a traffic hazard.

WHEREAS, both the Canadian Province of _____ and the State of _____ extend certain parking privileges to handicapped persons displaying distinguishing license plates or identification cards or placards; and

WHEREAS, the Canadian Province of _____ and the State of _____, in order to effectuate an understanding of reciprocal parking privileges for handicapped persons, declare it to be in the best interests of the Canadian Province of _____ and the State of _____ to enter into such understanding.

NOW THEREFORE, the Canadian Province of _____ agrees to grant the same parking privileges to handicapped persons who are residents of the State of _____ as are extended to handicapped persons who are residents of the Canadian Province of _____. The State of _____ agrees to grant the same parking privileges to handicapped persons who are residents of the Canadian Province of _____ as

are extended to handicapped persons who are residents of the State of _____. Such privileges will be granted only when the vehicle used by such a handicapped person is properly identified by some special license plate, tab, device, identification card, placard, or other visible means of identification, issued by the resident jurisdiction and such identifying device bears the international symbol of accessibility.

This Memorandum of Understanding shall become effective on _____ and shall be in force thereafter until modified or canceled by either party upon thirty days written notice.

STATE OF _____ CANADIAN PROVINCE OF _____

DATE _____ DATE _____

BY _____ BY _____

STATE OF _____

DECLARATION OF RECIPROCITY REGARDING
PARKING PRIVILEGES FOR VEHICLES DISPLAYING
THE "INTERNATIONAL SYMBOL OF ACCESS"

WHEREAS, the ____(State)____ Vehicle Law provides that the State of _____ may designate parking spaces for use by a person who has been issued a special registration plate for disabled persons or a disabled person's parking permit.

WHEREAS, the ____(State)____ Vehicle Law provides that a person for whom special plates or a disabled person's parking permit are issued is entitled to certain privileges, regardless of whether the special plates or disabled person's parking permit are issued under the ____(State)____ Vehicle Law or a similar provisions of any other state.

WHEREAS, in ____(State)____, the person for whom special plates or a disabled person's parking permit:

1. May park in specially designated and marked motor vehicle parking spaces reserved for their use;
2. May park without the payment of any fees on the public streets or highways of this state; and
3. Is not required to pay any parking meter fees of the state, any county, municipality, or any agency of this state.

WHEREAS, the provisions of the ____(State)____ Vehicle Law cited in paragraph 3 supersede any local ordinance, except that they do not apply:

1. To clearly defined bus loading zones, fire zones, or in areas posted as "No Parking" zones; or

2. Where there is a local ordinance that prohibits parking during heavy traffic periods in morning, afternoon, or evening rush hours, or where parking clearly would present a traffic hazard.

WHEREAS, both the State of _____ and the State of _____ extend certain parking privileges to handicapped persons displaying distinguishing license plates or identification cards or placards; and

WHEREAS, the State of _____ and the State of _____, in order to effectuate a program of reciprocal parking agreements for handicapped persons, declare it to be in the best interests of the State of _____ and the State of _____ to enter into such agreement.

NOW THEREFORE, the State of _____ agrees to grant the same parking privileges to handicapped persons who are residents of the State of _____ as are extended to handicapped persons who are residents of the State of _____. The State of _____ agrees to grant the same parking privileges to handicapped residents of the State of _____ as are extended to handicapped persons who are residents of the State of _____. Such privileges will be granted only when the vehicle used by such a handicapped person is properly identified by some special license plate, tab, device, identification card, placard, or other visible means of identification, issued by the resident jurisdiction and such identifying device bears the international symbol of accessibility.

This Letter of Understanding shall become effective _____ and shall be in force thereafter until modified or can led by either party upon thirty days written notice.

STATE OF _____ STATE OF _____

DATE _____ DATE _____

BY _____ BY _____

BY _____ BY _____

Robert B. McCain, Director
Motor Vehicle Division
Post Office Box 104
Montgomery, Alabama 36130

Lt. Col. James D. Vaden, Director
Division of Motor Vehicles
Post Office Box 100960
Anchorage, Alaska 99510

Juan Martin, Jr., Division Director
Motor Vehicle Division
1801 W. Jefferson Street
Phoenix, Arizona 85007

Fred D. Porter, Administrator
Office of Motor Vehicles
Post Office Box 1272
Little Rock, Arkansas 72[illegible]

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Post Office Box 11828
Sacramento, California 95853

Frank A. Mansheim, Jr., Director
Motor Vehicle Division
140 W. 6th Avenue
Denver, Colorado 80204

Benjamin A. Muzio, Commissioner
Department of Motor Vehicles
60 State Street
Wethersfield, Connecticut 06109

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Division of Motor Vehicles
Post Office Box 698
Dover, Delaware 19903

Lawrence Greenberg, Chief
Bureau of Motor Vehicle Services
301 C Street NW, Room 1018
Washington, D.C. 20001

Colonel Hugh Hardison, Commissioner
Department of Public Safety
Post Office Box 1456
Atlanta, Georgia 30371-2303

L. P. Mac Sheesley
Motor Vehicle Bureau
Post Office Box 34
Boise, Idaho 83731-0034

Sam McGaw, Director
Vehicle Services Department
Centennial Building
Springfield, Illinois 62756

Michael Packard, Commissioner
Bureau of Motor Vehicles
100 North Senate Avenue
Indianapolis, Indiana 46204

Gordon A. Sweitzer, Director
Motor Vehicle Division
Iowa Department of Transportation
5268 N.W. Second Avenue
Des Moines, Iowa 50313

Harold B. Turntine
Vehicle Services Administrator
Division of Vehicles
State Office Building
Topeka, Kansas 66626-0001

John K. Penrod, Commissioner
Department of Vehicle Regulation
State Office Building, Room 1001
Frankfort, Kentucky 40622

John J. Politz, Assistant Secretary
Office of Motor Vehicles
Post Office Box 64886
Baton Rouge, Louisiana 70896

Linwood Ross, Deputy Secretary of State
Motor Vehicle Division
State House Station #29
Augusta, Maine 04333

W. Marshall Rickert, Administrator
Maryland Department of Transportation
6601 Ritchie Highway, N.E.
Glen Burnie, Maryland 21062

Alan A. Mackey, Registrar
Registry of Motor Vehicles
100 Nashua Street
Boston, Massachusetts 02114

Lars Syverson, Secretary
Michigan Highway Reciprocity Board
7064 Crowner Drive
Lansing, Michigan 48918

Paul J. Tschida, Commissioner
Department of Public Safety
211 Transportation Building
St. Paul, Minnesota 55155

A. C. Lambert, Sr.
State Tax Commission
Post Office Box 1033
Jackson, Mississippi 39205

Jackie Kemmer, Executive Secretary
Highway Reciprocity Commission
1014 Madison Street
Jefferson City, Missouri 65101

Larry G. Majerus, Administrator
Motor Vehicle Division
303 North Roberts
Helena, Montana 59620

Holly Jensen, Director
Department of Motor Vehicles
301 Centennial Mall South
Lincoln, Nebraska 68509

Hale Bennett
Department of Motor Vehicles
Registration Division
Carson City, Nevada 89711

Kenneth H. Lewis, Assistant Director
Division of Motor Vehicles
James H. Hayes Safety Building
Hazen Drive
Concord, New Hampshire 03305

Robert S. Kline, Acting Director
Division of Motor Vehicles
25 South Montgomery Street
Trenton, New Jersey 08666

A. Austin Basham, Director
Motor Vehicle Division
Manual Lujan, Sr., Building
Santa Fe, New Mexico 87503

Patricia Adduci, Commissioner of Motor Vehicles
Swan Street Building
Empire State Plaza
Albany, New York 12228

William S. Hiatt, Commissioner
Division of Motor Vehicles
1100 New Bern Avenue
Raleigh, North Carolina 27697

Bruce Larson, Registrar
Motor Vehicle Department
Capitol Grounds
Bismarck, North Dakota 58505-0176

William H. Denihan, Director
Ohio Department of Highway Safety
240 Parsons Avenue
Post Office Box 7167
Columbus, Ohio 43266-0563

Joe H. Wall, Director of Administration
Vehicle Inspection Division
Oklahoma Department of Public Safety
Post Office Box 11415
Oklahoma City, Oklahoma 73136-0415

David P. Moomaw, Administrator
Motor Vehicles Division
1905 Lana Avenue, N.E.
Salem, Oregon 97314

John J. Zogby, Deputy Secretary
Safety Administration
1200 Transportation & Safety Building
Harrisburg, Pennsylvania 17120

Segundo Alicea Huertas, Director
Motor Vehicles
Post Office Box 41269/Minillas Station
Santurce, Puerto Rico 00940

Thomas M. Harrington, Deputy Director
Division of Motor Vehicles
State Office Building
Providence, Rhode Island 02903
ATTN: Richard Bishop

Will Utsey, Director
Motor Vehicle Division
Post Office Drawer 1498
Columbia, South Carolina 29216

Michael D. Oakland, Director
Division of Motor Vehicles
118 West Capitol Avenue
Pierre, South Dakota 57501

Kathy Celaur, Commissioner
Department of Revenue
500 Deaderick Street
Nashville, Tennessee 37242

Dian Neill, Director
Motor Vehicle Division
West 40th and Jackson Avenue
Austin, Texas 78779

Ronald L. Posselli, Director of
Motor Vehicles
1095 Motor Avenue
State Fairgrounds
Salt Lake City, Utah 84116

William H. Conway, Jr.
Commissioner
Department of Motor Vehicles
Montpelier, Vermont 05603

Donald E. Williams, Commissioner
Division of Motor Vehicles
Post Office Box 27412
Richmond, Virginia 23269

Paul W. Downey, Assistant Administrator
Prorate and Reciprocity
Department of Licensing
Post Office Box 9904
Olympia, Washington 98504

L. W. Bechtold, Commissioner
Department of Motor Vehicles
1800 Washington Street, East
Charleston, West Virginia 25317

Norbert K. Anderson, Administrator
Division of Motor Vehicles
Post Office Box 7911
Madison, Wisconsin 53707

Gerald Iverson, Director
Field Services Division
122 W. 25th Street, Herschler Building
Cheyenne, Wyoming 82002-1100

The Honourable Ken Rostad
Solicitor General
Alberta Transportation and Utilities
Legislature Building
Edmonton, Alberta CANADA
T5K 2B6

P. K. Jackman, Superintendent
Motor Vehicle Department
2631 Douglas Street
Victoria, British Columbia CANADA
V8T 5A3

John S. Plohman, Minister
Department of Highways & Transportation
203 Legislative Building
450 Broadway Avenue
Winnepeg, Manitoba CANADA
R3C 0V8

Douglas H. Seely, Registrar &
Director of Motor Vehicles
Motor Vehicle Division
Post Office Box 6000
Fredericton, New Brunswick CANADA
E3B 5H1

M. M. Haire, Registrar
Motor Registration Division
Viking Building
Crosbie Street
St. John's, Newfoundland CANADA
A1C 5T4

John E. Hill, Chairman
Highway Transport Board
Box 697
Yellowknife, Northwest Territories CANADA
X1A 2N5

Clifford J. Smith, P. Eng., Registrar
Registry of Motor Vehicles
6061 Young Street
Halifax, Nova Scotia CANADA
B3J 2N2

Thomas G. Smith, Asst. Deputy Minister
& Registrar of Motor Vehicles
Safety and Regulation Program
1201 Wilson Avenue
Downsview, Ontario CANADA
M3M 1J8

J. Glen Beaton, Director
Highway Safety Division
Post Office Box 2000
Charlottetown, PEI CANADA
C1A 7N8

Marc-Yvan Cote, Ministre
Ministre des Transports
700, boulevard St-Cyrille est
Quebec, Province of Quebec CANADA
G1R 5A9

W. R. McLaren, Chairman
Highway Traffic Board
2260 11th Avenue
Regina, Saskatchewan CANADA
S4P 3V7

Ronald G. Wilson, Registrar
Highways and Transportation
Box 2703
Whitehorse, Yukon Territory CANADA
Y1A 2C6

State of Florida
DEPARTMENT OF
HIGHWAY SAFETY AND MOTOR VEHICLES

LEONARD R. MELLON
Executive Director
Neil Kirkman Building, Tallahassee, Florida 32399-0500

FLORIDA'S REPORT ON HANDICAPPED RECIPROCITY

The Florida Department of Highway Safety and Motor Vehicles wishes to inform you of our efforts to obtain reciprocity agreements with other states regarding parking privileges for vehicles of disabled persons displaying the "International Symbol of Accessibility."

The 1985 session of the Florida Legislature created Section 316.1958, Florida Statutes, to provide:

> "--Motor vehicles displaying a special license plate or parking permit issued to a handicapped person by any other state or district subject to the laws of the United States shall be recognized as a valid license plate or permit, allowing such vehicle the special parking privileges allowed pursuant to the provisions of ss. 316.1955 and 316.1956, provided such other state or district grants reciprocal recognition for handicapped residents of this state."

In the interest of minimizing the burden of mobility endured by handicapped individuals, this agency, on January 13, 1986, submitted a letter to all states requesting a declaration of reciprocity regarding special parking privileges for motor vehicles displaying a disabled person's special license plate, placard, parking permit or parking taglet.

The response to this request is as follows:

States	Result
43	Reciprocate with Florida
1	Pending new legislation
2	Handicapped reciprocity is determined at the county level and cannot sign a statewide agreement
2	Do not reciprocate
1	Allows reciprocity for license plates only--taglets and decals not accepted--does not reciprocate
49	States Total

For your information, attached is a reciprocity control log reflecting the current status of our efforts with each respective state. Further updates will be submitted as final responses are received.

Your efforts and assistance in successfully obtaining this agreement between our states has gone a long way toward helping and accommodating our handicapped citizens.

Any questions regarding this matter should be directed to the Division of Motor Vehicles, Bureau of Registration Services, Motor Carrier Services Section, at (904) 488-6921.

FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTOR VEHICLES
RECIPROCITY CONTROL LOG
HANDICAPPED PARKING RECIPROCITY AGREEMENT
February 3, 1987

STATE	AGREED TO RECIPROCATE	EFFECTIVE DATE	COMMENTS
Alabama	Yes	01/28/86	
Alaska	No		Applies on County Level, not statewide
Arizona	Yes	03/10/86	By statute, except free metered parking
Arkansas	Yes	02/01/86	
California	Yes	05/01/86	Amended to include "DV" and "DP" plates
Colorado	Yes	02/01/86	
Connecticut	Yes	04/17/86	By statute, except free metered parking
Delaware	Yes	04/15/86	
Washington, D.C.	Yes	03/01/86	
Georgia	Yes	03/04/86	By statute, did not sign due to clear statutory auth.
Idaho	Yes	02/01/86	
Illinois	Yes	04/03/86	
Indiana	Yes	11/20/86	By statute, except free metered parking
Iowa	Yes	02/06/86	By statute, except free metered parking
Kansas	Yes	07/01/86	By statute, did not sign due to clear statutory auth.
Kentucky	Yes	05/13/86	
Louisiana	Yes		Pending Florida signatures
Maine	Yes	04/09/86	
Maryland	Yes	02/13/86	2-13-86, Maryland Letter of Understanding
Massachusetts	Yes	03/23/86	
Michigan	Yes	06/02/86	By statute, except free metered parking, also signed agr.
Minnesota	Yes	01/23/86	
Mississippi	No		Applies on County Level, not statewide
Missouri	Yes	03/25/86	By statute, except parking fees
Montana	Yes	04/07/86	
Nebraska	Yes	06/01/86	Deletion of free metered parking
Nevada	Yes		Pending--signed agreement not yet received
New Hampshire	Yes	01/01/86	
New Jersey	Yes	04/01/86	Amended to reference New Jersey Statutes
New Mexico	No		
New York	Yes	05/07/86	
North Carolina	Yes	01/27/86	
North Dakota	Yes	03/01/86	
Ohio	No		Statute does not allow handicapped reciprocity
Oklahoma	Yes	03/01/86	
Oregon	Yes	05/01/86	

CORRECTION

THIS DOCUMENT
HAS BEEN REPHOTOGRAPHED
TO ASSURE LEGIBILITY

FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTOR VEHICLES
RECIPROCITY CONTROL LOG
HANDICAPPED PARKING RECIPROCITY AGREEMENT
February 3, 1987

STATE	AGREED TO RECIPROCATE	EFFECTIVE DATE	COMMENTS
Alabama	Yes	01/28/86	
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Delaware	Yes	04/15/86	
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Georgia	Yes	03/04/86	By statute, did not sign due to clear statutory auth.
Idaho	Yes	02/01/86	
Illinois	Yes	04/03/86	
Indiana	Yes	11/20/86	By statute, except free metered parking
Iowa	Yes	02/06/86	By statute, except free metered parking
Kansas	Yes	07/01/86	By statute, did not sign due to clear statutory auth.
Kentucky	Yes	05/13/86	
Louisiana	Yes		Pending Florida signatures
Maine	Yes	04/09/86	
Maryland	Yes	02/13/86	2-13-86, Maryland Letter of Understanding
Massachusetts	Yes	03/23/86	
Michigan	Yes	06/02/86	By statute, except free metered parking, also signed agr.
Minnesota	Yes	01/23/86	
Mississippi	No		Applies on County Level, not statewide
Missouri	Yes	03/25/86	By statute, except parking fees
Montana	Yes	04/07/86	
Nebraska	Yes	06/01/86	Deletion of free metered parking
Nevada	Yes		Pending--signed agreement not yet received
New Hampshire	Yes	01/01/86	
New Jersey	Yes	04/01/86	Amended to reference New Jersey Statutes
New Mexico	No		
New York	Yes	05/07/86	
North Carolina	Yes	01/27/86	
North Dakota	Yes	03/01/86	
Ohio	No		Statute does not allow handicapped reciprocity
Oklahoma	Yes	03/01/86	
Oregon	Yes	05/01/86	

RECIPROCITY CONTROL LOG
HANDICAPPED PARKING RECIPROCITY AGREEMENT
(Page Two)

STATE	AGREED TO RECIPROCATE	EFFECTIVE DATE	COMMENTS
Pennsylvania	Yes	07/01/86	
Rhode Island	Yes	12/23/86	
South Carolina	Yes	02/01/86	
South Dakota	Pending		Pending new legislation
Tennessee	Yes	04/15/86	
Texas	Yes	04/02/86	Also, 3-8-84, Texas Declaration of Reciprocity
Utah	Yes	06/01/86	Also, new legislation passed statutorily granting recip.
Vermont	No		Partial Rec. Plates Only--taglets & decals not allowable
Virginia	Yes	02/18/86	By statute, did not sign due to clear statutory authority
Washington	Yes	01/20/86	
West Virginia	Yes	04/07/86	
Wisconsin	Yes	01/28/86	
Wyoming	Yes	05/05/86	

INTERNATIONAL HANDICAPPED RECIPROCITY CHART

	AB	BC	MN	NB	NF	NW	NS	ON	PEI	PQ	SK	YT
AK												
AL												
AR												
AZ												
CA												
CO												
CT												
DC												
DE												
FL												
GA												
IA												
ID												
IL												
IN												
KS												
KY												
LA												
MA												
MD												
ME												
MI												
MN												
MO												
MS												
MT												
NC												
ND												
NE												
NH												
NJ												
NM												
NV												
NY												
OH												
OK												
OR												
PA												
PR												
RI												
SC												
SD												
TN												
TX												
UT												
VA												
VT												
WA												
WI												
WV												
WY												

	AB	BC	MN	NB	NF	NW	NS	ON	PEI	PQ	SK	YT
AB												
BC												
MN												
NB												
NF												
NW												
NS												
ON												
PEI												
PQ												
SK												
YT												

ALASKA STATE LEGISLATURE
HOUSE OF REPRESENTATIVES
RESEARCH AGENCY

P.O. Box Y, State Capitol
Juneau, Alaska 99811-3100
Mail Stop 3100
(907) 465-3991

February 11, 1987

MEMORANDUM

TO: Representative Niilo Koponen

ATTN: Lisa McLaren

FROM: Karla Hart
Legislative Analyst

RE: **Handicapped Parking for Interstate Visitors**
Research Request 87.103

You requested information regarding parking permits for handicapped visitors to Alaska and for handicapped Alaskans visiting other states. For handicapped visitors to obtain an Alaska permit for handicapped parking, they must have an Alaska-licensed physician complete an Affidavit of Handicap or Disability (Form 12-861) and return it to the Division of Motor Vehicles within the Department of Public Safety. The permit will then be issued immediately.

At this time, there is no Alaska statute requiring a handicapped license or permit to park in handicapped parking spaces. Most local governments have ordinances governing handicapped parking. The Alaska State Troopers currently cite vehicles wrongly parked in handicapped spaces outside of local jurisdictions. The violation carries a five to ten dollar fine. Committe **Substitute for Senate Bill 78 (State Affairs)** would restrict the use of handicapped parking places to those persons holding an **Alaska permit** or **license plate** and impose a fine of not less than $100 for violations.

Interstate Agreements

Many states have reciprocity agreements for handicapped parking (see Attachment A). Washington State's statute reads:

> **46.16.390 Special plate, card, or decal issued by another jurisdiction.** A special license plate, card, or decal issued by another state or country that indicates an occupant of the vehicle is disabled, entitles the vehicle on or in which it is displayed and being used to transport the disabled person to lawfully park in a parking place reserved for physically disabled persons.

Oregon has individual reciprocity agreements with 13 other states at this time. They are sending information on how Alaska can enter into an agreement with them. Several states recognize any permit that displays the international symbol of access (wheelchair logo). Although Alaska does not have any reciprocity agreements, the Division of Motor Vehicles said any state or country's permit displaying the international symbol is currently honored by the Troopers and local police.

Types of Permits

Several states offer various forms of placards and stickers which individuals can take with them as they travel. Nevada offers residents a choice of a license plate (permanently attached to a single vehicle) or a plastic or metal permit which is transferable between vehicles and allows a person to use handicapped parking privileges regardless of what vehicle they are using (including a rental).

Texas handicapped permits are issued by the counties. Individuals may purchase their choice of stickers, cardboard tags (to be used in any vehicle and in other states with reciprocity agreements) or disabled plates from the State Motor Vehicle Division. Texas honors any other state or country's permits.

Federal Recommendations

Public Law 98-78, Title III, Section 321, August 15, 1983 addresses handicapped parking and states that Congress encourages each of the several states to:

1) adopt the International Symbol of Access as the only recognized and adopted symbol to be used to identify vehicles carrying those citizens with acknowledged physical impairments;

2) grant to vehicles displaying this symbol the special parking privileges which a State may provide; and

3) permit the International Symbol of Access to appear either on a specialized license plate, or on a specialized placard.

The statute also encouraged States to enter into agreements of reciprocity relating to special parking privileges for handicapped people so as to:

1) facilitate the free and unencumbered use between the several States, of the special parking privileges afforded those people with acknowledged handicapped conditions, without regard to the State of residence of the handicapped person utilizing such privilege;

2) improve the ease of law enforcement in each State of its special parking privileges and to facilitate the handling of violators; and

3) ensure that motor vehicles carrying individuals with acknowledged handicapped conditions be given fair and predictable treatment throughout the Nation.

The Congressional Research Service report **Parking and Licensing of Motor Vehicles Used by Handicapped Persons: A Comparison of Model Regulations and Other Existing Standards** (Attachment B) provides more information and a copy of the public law. Abuse of handicapped parking privileges, is addressed in Attachment C which is an article from a Kansas newspaper.

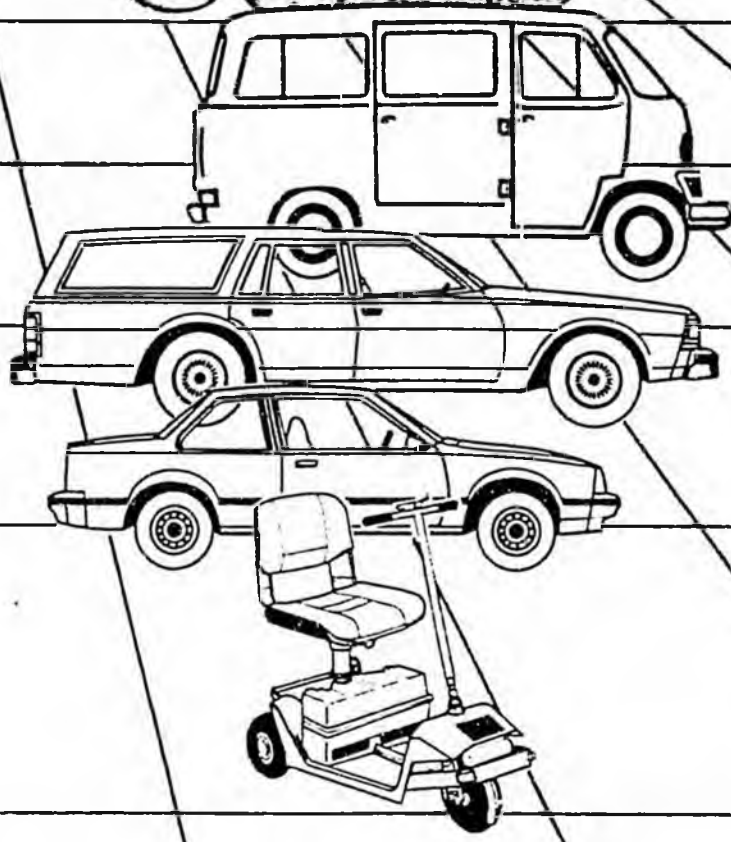
If you have further questions, please call.

KH

Attachments

the handicapped driver's

Mobility Guide



LICENSE PLATE—BLUE CURB LAW SURVEY

State	Special Designations	Blue Curb Laws[1]	States with Parking Reciprocity[2]	Disabled Vet Tags
AL	YES	•	✓	YES
AK	YES	BCL	▲	YES
AZ	YES	BCL	✓	NO
AR	YES	BCL	DNR	YES
CA	YES	BCL	✓	YES
CO	YES	BCL	✓	NO
CT	YES	BCL	✓	YES
DE	YES	NO BCL	▲	NO
DC	YES	BCL	X	YES
FL	YES	BCL	▲	YES
GA	YES	NO BCL	▲	YES
HI	NO	NO BCL	▲	NO
ID	YES	NO BCL	▲	NO
IA	YES	BCL	✓	YES
IL	YES	BCL	✓	YES
IN	YES	BCL	✓	YES
KS	YES	BCL	▲	YES
KY	YES	BCL	✓	YES
LA	YES	BCL	DNR	YES
ME	YES	BCL	✓	YES
MT	YES	BCL	✓	YES
MA	YES	NO BCL	▲	YES
MI	YES	BCL	▲	NO
MN	YES	BCL	✓	YES
MS	YES	NO BCL	✓	YES
MO	YES	BCL	▲	YES
MT	YES	BCL	▲	YES
NE	YES	NO BCL	▲	NO
NV	YES	BCL	▲	NO
NH	YES	BCL	✓	YES
NJ	YES	BCL	▲	YES
NM	YES	BCL	▲	YES
NY	YES	BCL	✓	YES
NC	YES	BCL	✓	YES
NT	YES	BCL	▲	YES
OH	YES	BCL	▲	YES
OK	YES	BCL	▲	YES
OR	YES	BCL	✓	NO
PA	YES	BCL	✓	YES
RI	YES	BCL	DNR	YES
SC	YES	BCL	DNR	YES
SD	YES	BCL	▲	YES
TN	YES	•	DNR	YES
TX	YES	•	DNR	YES
UT	YES	BCL	✓	NO
VT	YES	BCL	✓	YES
VA	YES	BCL	✓	YES
WA	YES	BCL	✓	YES
WV	YES	BCL	✓	YES
WI	YES	BCL	DNR	YES
WY	YES	BCL	✓	YES

[1]BCL — has Blue Curb Laws
• — considering BCL
• — Establishing BCL

[2]▲ — no rec
X — limited
✓ — total r

DNR — did not respond

Attachment B

Congressional Research Service
The Library of Congress

Washington, D.C. 20540

PARKING AND LICENSING OF MOTOR VEHICLES USED BY HANDICAPPED PERSONS: A COMPARISON OF MODEL REGULATIONS AND OTHER EXISTING STANDARDS

Nancy Lee Jones
Legislative Attorney
American Law Division
April 5, 1985

EXECUTIVE SUMMARY

The Paralyzed Veterans of America (PVA) have drafted model regulations for the parking and licensing of motor vehicles used by handicapped persons in an attempt to encourage uniformity among the states and to encourage agreements of reciprocity. These regulations have been compared with standards issued by the American National Standards Institute (ANSI), with regulations promulgated pursuant to the Architectural Barriers Act (referred to as the UFAS regulations) and with the Illinois State statutes.

The PVA model regulations are very similar to the ANSI and UFAS standards in several respects although there are significant differences due to the differences intended in coverage. For example, the ANSI and UFAS standards cover all types of accessibility, including accessibility to telephones, so their definition of handicapped person will of necessity be broader than that of the PVA model regulations which only cover parking. Several of the differences between the PVA model regulations and the ANSI and UFAS standards are not explicable for this reason, however. For example, all three standards discuss the size of parking spaces but the UFAS regulations contain a requirement not found in the PVA or ANSI standards that parking spaces and access aisle shall be level with surface slopes not to exceed 1:50.

Since many of the provisions of the PVA model regulations were not directly comparable to the ANSI or UFAS standards, a state statute was selected to compare to the PVA model regulations. This comparison indicated that the Illinois State statutes contain some of the same provisions, i.e., providing parking spaces for handicapped persons, penalties of their misuse, etc., but the Illinois statutes are generally not as detailed. It should be noted, however, that there may be state regulations which provide more detail.

CONTENTS

PARKING AND LICENSING OF MOTOR VEHICLES USED BY HANDICAPPED PERSONS: A COMPARISON OF MODEL REGULATIONS AND OTHER EXISTING STANDARDS

I. INTRODUCTION

P.L. 98-78, 23 U.S.C §402 note, discussed the importance of special parking privileges for handicapped persons. In this statute, Congress made several findings, including the need for such parking privileges, and the fact that such parking privileges vary from state to state. The statute then stated that "Congress encourages each of the several States ... to (1) adopt the International Symbol of Access as the only recognized and adopted symbol to be used to identify vehicles carrying those citizens with acknowledged physical impairments; (2) grant to vehicles displaying this symbol the special parking privileges which a State may provide; and (3) permit the International Symbol of Access to appear either on a specialized license plate, or on a specialized placard." In addition, the statute provided that "[i]t is the sense of the Congress that agreements of reciprocity relating to the special parking privileges granted handicapped individuals should be developed and entered into by and between the several States...."[1/]

In an attempt to encourage agreements of reciprocity, the Paralyzed Veterans of America (PVA) have drafted model regulations for the parking and licensing of motor vehicles used by handicapped persons. This report

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1/ The complete language of the statute is reproduced as Appendix A.

will compare these model regulations with two other standards, those promulgated by the American National Standards Institute (ANSI), and those promulgated pursuant to the Architectural Barriers Act, 42 U.S.C. §§4151-4157, by the General Services Administration, the Department of Defense, the Department of Housing and Urban Development, and the United States Postal Service. This latter standard is generally referred to as the Uniform Federal Accessibility Standard (UFAS). Many of the distinctions between the PVA model regulations and the ANSI and UFAS standards can be traced to their different purposes. The PVA model regulations are provided as a model for state statutes; the ANSI and UFAS standards were intended to provide certain general accessibility standards, they do not attempt to cover subjects such as license requirements. However, the three standards do contain sufficient similar coverage to provide a meaningful comparison in several areas. The portions of the PVA model regulations which do not have parallel sections in either of these two standards may well have parallel sections in state statutes. One state statute will be compared with the PVA model regulations as an example in these areas.

II. COMPARISON OF PVA MODEL REGULATIONS WITH ANSI STANDARDS AND REGULATIONS ISSUED PURSUANT TO THE ARCHITECTURAL BARRIERS ACT

A. Definition of Handicapped Person

The PVA model regulations define handicapped or disabled person as an individual "with a severe visual, audio, or physical impairment including partial paralysis, lower limb amputation, chronic heart condition, emphysema, arthritis, rheumatism or other debilitating condition which limits one's personal mobility and results in an inability to travel, unassisted more than 200 feet, without the use of a wheelchair, crutch,

walker, prosthetic, orthotic or other assistive device." Both the ANSI and the UFAS standards contain definitions of handicapped person but these definitions differ from the PVA regulations. The ANSI standards define both disability and handicapped. Disability is defined as "[a] limitation or loss of use of physical, mental, or sensory body part or function"[2/] and handicapped is defined as "[t]hose with significant limitations in using specific parts of the environment."[3/] The UFAS regulations define physically handicapped as "[a]n individual who has a physical impairment, including impaired sensory, manual, or speaking abilities, which results in a functional limitation in access to and use of a building or facility."[4/]

The ANSI and UFAS definitions of handicapped persons differ from the PVA definition in that the PVA definition is limited to disablities relating solely to mobility while the other definitions are broader. This distinction is probably due in large part to the fact that the ANSI and UFAS standards cover access generally, including access to such materials as telephones, while the PVA model regulations are limited to the parking and licensing of motor vehicles.

B. Designated Handicapped Parking Spaces

Section 3 of the PVA model regulations define designated handicapped parking spaces as "a parking space reserved for use by a motor vehicle

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2/ American National Standards Institute, Inc., American National Standard -- Specifications for Making Buildings and Facilities Accessible to and Usable by Physically Handicapped People (ANSI A117.1-1980) 11 (1980). (Hereafter cited as ANSI standard).

3/ Id. 12.

4/ 49 Fed. Reg. 31536 (1984).

which is owned and/or operated by or for a handicapped person." The section also discusses placement, marking, size, and number of such spaces.

The PVA model regulations provide that designated parking spaces shall be placed as near as practicable to building entrances, elevators or walkways which have curb cuts and appropriately designed ramps. In addition, the model regulations require the space to be clearly marked. The ANSI and UFAS standards are very similar to one another but they vary from the PVA standards. The UFAS standards provide that parking spaces for disabled persons shall be "the spaces or zones located closest to the nearest accessible entrance on an accessible route. In separate parking structures or lots that do not serve a particular building, parking spaces for disabled people shall be located on the shortest possible circulation route to an accessible pedestrian entrance of the parking facility."[5/] The UFAS and the ANSI standards, like the PVA model regulations, also contain signage requirements.[6/]

Requirements for the size of the parking spaces are also provided in each of the three standards. The PVA model regulations require that parallel curb side parking for handicapped persons be separated from adjacent spaces by a minimum of five feet of a striped no parking area. Perpendicular parking spaces are to be at least eight feet wide and free of obstruction if at the end of a line of parking spaces and all adjacent spaces are to be at least eight feet wide with an additional five feet of a striped no parking area between each such space.

5/ 49 Fed. Reg. 31562 (1984). See also ANSI standard at 22.

6/ 49 Fed. Reg. 31563 (1984); ANSI standard at 22.

The ANSI and UFAS standards for the size of parking spaces are basically the same: both require that parking spaces shall be at least eight feet wide with an access aisle of five feet, that parking access aisles shall be part of an accessible route to the building to facility entrance, that two accessible parking spaces may share a common access aisle, and that parked vehicle overhangs shall not reduce the clear width of an accessible circulation route.[7/] The UFAS standard has an additional requirement that parking spaces and access aisles shall be level with surface slopes not exceeding 1:50 and contains an exception relating to space for vans.[8/]

The PVA model regulations contain a chart providing the number of spaces to be designated for use by handicapped persons in lots or facilities with various numbers of parking spaces. The UFAS regulations contain the same chart but also have several exceptions. These exceptions provide: (1) that the total number of accessible parking spaces may be distributed among parking lots, and (2) that the chart does not apply to parking provided for official government vehicles. In addition, the UFAS regulations specifically discuss passenger loading zones, parking spaces for side lift vans, parking spaces at accessible housing, and parking spaces at health care facilities.[9/] The ANSI standards are much more general than either the PVA model regulations or the UFAS regulations; they simply provide that "[i]f parking spaces are provided, a reasonable number, but always at least

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7/ 49 Fed. Reg. 31562-31563 (1984); ANSI Standard at 22.

8/ 49 Fed. Reg. 31563 (1984).

9/ 49 Fed. Reg. 31538 (1984).

one, of accessible spaces shall comply with 4.6.2 through 4.6.4" (the accessibility requirements).[10/]

III. COMPARISON OF PVA MODEL REGULATIONS TO A STATE STATUTE

A. Motor Vehicle Identification

The PVA model regulations specify that only motor vehicles bearing the proper identification shall be allowed to park in spaces designated for use by handicapped persons. Proper identification was described as a license plate with the international symbol of access or a placard with the international symbol of access.

Motor vehicle identification is a subject most often dealt with in state statutes. For example, Illinois State law provides that a motor vehicle which bears registration plates or a special decal may park in places specially designated for handicapped persons parking.[11/] The statute describes the special license plate as one easily recognizable through the use of the international accessbility symbol.[12/]

B. Parking Privileges for Handicapped Persons

The PVA model regulations provide that the designated handicapped parking space is reserved for the exclusive use of a motor vehicle owned and/or operated by a handicapped persons which carries a valid license plate or placard. Any vehicle displaying the proper identification is to be granted

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10/ ANSI Standard at 22.

11/ Ill. Ann. Stat. ch. 95 1/2 §11-1301.3.

12/ Ill. Ann. Stat. ch. 95 1/2 §§3-611, 11-1301.2.

the use of the spaces regardless of the state in which the vehicle is registered.

The Illinois statutes prohibit parking in a space designated for handicapped persons except where the proper registration plates or decals are exhibited.[13/] Since these plates or decals are to be those issued by the State of Illinois, the Illinois statutes apparently do not explicitly provide for the recognition of the license plates of other states as does the PVA model regulation.

C. Parking Privileges for Temporarily Handicapped Persons

The PVA model regulations provide for a special color-coded placard to be issued to a person who is temporarily disabled. This placard shall be valid only for a period of 180 days but may be renewed for an additional 180 days. The Illinois statutes do not contain a specific section on parking privileges for temporarily handicapped persons but it is possible that the general Illinois statutes on parking privileges for handicapped persons may cover persons temporarily handicapped as well.

D. Rules and Regulations for Issuance

The PVA model regulations provide that the Commissioner of Motor Vehicles or other state official shall make rules as necessary pertaining to parking for handicapped persons and that in formulating such rules consideration shall be given to the uniformity and conformity of the laws with those of other states. In order to obtain the special handicapped license plate, each state is to require a written medical statement that the applicant is in fact disabled; this medical verification shall be one time

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13/ Ill. Ann. Stat. ch. 95 1/2 §11-1301.3.

only for permanently disabled persons. The use of placards which can be more easily tranferred than license plates is also encouraged as is the centralization of the process and procedure for the issuance of handicapped parking placards and license plates. Finally, the PVA model regulations require that the the Commissioner of Motor Vehicles or designated official of each state shall compile and maintain a registry of the names, addresses and license numbers of all handicapped persons who obtain special plates or placards in order to help insure that an adequate number of spaces are available.

Many of these PVA model regulation provisions have no parallel in the Illinois statutes. The Illinois statutes provide that the Secretary of State has the authority to promulgate rules concerning special decals for handicapped parking[14/] and to make special designations so that automobiles using plates for handicapped persons are easily recognizable.[15/] This authority does not appear to be as broad as that in the PVA model regulations. The Illinois statutes also contain a provision requiring a statement certified by a physician that the person seeking registration is a physically handicapped person[16/] and a provision relating to special decals.[17/] The other provisions of the PVA model regulations have no parallel in the Illinois statutes.

14/ Ill. Ann. Stat. 95 1/2 §11-1301.2.

15/ Ill. Ann. Stat. 95 1/2 §3-611.

16/ Ill. Ann. Stat. 95 1/2 §3-616.

17/ Ill. Ann. Stat. 95 1/2 §11-1301.2.

E. Penalty Provisions

The PVA model regulations provide that parking in a space marked for a handicapped person without the proper license plate or placard is a traffic offense punishable by a minimum $50.00 fine and towing. This penalty is to be enforced by the local police. In addition, the PVA model regulations provide that any person who willfully and falsely represents himself as a handicapped person in order to obtain a special licence plate or placard is guilty of a misdemeanor and subject to a minimum fine of $500.00. The Illinois statute provides that vehicles parking in a space marked for handicapped persons who do not display an appropriate license plate or decal are subject to towing.[18/]

IV. SUMMARY

The Paralyzed Veterans of America have drafted model regulations for the parking and licensing of motor vehicles used by handicapped persons in an attempt to encourage uniformity among the states and to encourage agreements of reciprocity. These regulations have been compared with standards issued by the American National Standards Institute (ANSI), with regulations promulgated pursuant to the Architectural Barriers Act (referred to as the UFAS regulations) and with the Illinois State statutes.

The PVA model regulations are very similar to the ANSI and UFAS standards in several respects although there are significant differences due to the differences intended in coverage. For example, the ANSI and UFAS standards cover all types of accessibility, including accessibility to telephones, so

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18/ Ill. Ann. Stat. ch. 95 1/2 §11-1301.3.

their definition of handicapped person will of necessity be broader than that of the PVA model regulations which only cover parking. Several of the differences between the PVA model regulations and the ANSI and UFAS standards are not explicable for this reason, however. For example, all three standards discuss the size of parking spaces but the UFAS regulations contain a requirement not found in the PVA or ANSI standards that parking spaces and access aisle shall be level with surface slopes not to exceed 1:50.

Since many of the provisions of the PVA model regulations were not directly comparable to the ANSI or UFAS standards, a state statute was selected to compare to the PVA model regulations. This comparison indicated that the Illinois State statutes contain some of the same provisions, i.e., providing parking spaces for handicapped persons, penalties of their misuse, etc., but the Illinois statutes are generally not as detailed. It should be noted, however, that there may be state regulations which provide more detail.

Nancy Lee Jones
Legislative Attorney

APPENDIX A

Special Parking Privileges for Handicapped Persons. Pub. L. 95-78. Title III, § 321, Aug 15, 1953, 97 Stat. 473, provided that:

"(a) The Congress finds that—

"(1) in this Nation there exist millions of handicapped people with severe physical impairments including partial paralysis, limb amputation, chronic heart condition, emphysema, arthritis, rheumatism, and other debilitating conditions which greatly limit their personal mobility;

"(2) these people reside in each of the several States and have need and reason to travel from one State to another for business and recreational purposes;

"(3) each State maintains the right to establish and enforce its own code of regulations regarding the appropriate use of motor vehicles operating within its jurisdiction;

"(4) within a given State handicapped individuals are oftentimes granted special parking privileges to help offset the limitations imposed by their physical impairment;

"(5) these special parking privileges vary from State to State as do the methods and means of identifying vehicles used by disabled individuals, all of which serve to impede both the enforcement of special parking privileges and the handicapped individual's freedom to properly utilize such privileges;

"(6) there are many efforts currently underway to help alleviate these problems through public awareness and administrative change as encouraged by concerned individuals and national associations directly involved in matters relating to the issue of special parking privileges for disabled individuals; and

"(7) despite these efforts the fact remains that many States may need to give the matter legislative consideration to ensure a proper resolution of this issue, especially as it relates to law enforcement and placard responsibility.

"(b) The Congress encourages each of the several States working through the National Governors Conference to—

"(1) adopt the International Symbol of Access as the only recognized and adopted symbol to be used to identify vehicles carrying those citizens with acknowledged physical impairments;

"(2) grant to vehicles displaying this symbol the special parking privileges which a State may provide; and

"(3) permit the International Symbol of Access to appear either on a specialized license plate, or on a specialized placard placed in the vehicles so as to be clearly visible through the front windshield, or on both such places.

"(c) It is the sense of the Congress that agreements of reciprocity relating to the special parking privileges granted handicapped individuals should be developed and entered into by and between the several States so as to—

"(1) facilitate the free and unencumbered use between the several States, of the special parking privileges afforded those people with acknowledged handicapped conditions, without regard to the State of residence of the handicapped person utilizing such privilege;

"(2) improve the ease of law enforcement in each State of its special parking privileges and to facilitate the handling of violators; and

"(3) ensure that motor vehicles carrying individuals with acknowledged handicapped conditions be given fair and predictable treatment throughout the Nation.

"(d) as used in this section the term 'State' means the several States and the District of Columbia.

"(e) The Secretary of Transportation shall provide a copy of this section to the Governor of each State and the Mayor of the District of Columbia."

Attachment C

Special ID cards to help identify abusers of handicapped parking privileges

By BILL BLANKENSHIP
Capital-Journal law enforcement writer

It's infuriating.

You and what seems like a thousand other would-be shoppers circle the supermarket parking lot in a seemingly futile search for a parking space within biking distance of the front door. As you pass the store's entrance for the umpteenth time, you see a car slip easily into a parking stall reserved for the handicapped.

You think how nice it would be to find a parking place so close as you wait behind a car whose driver is carefully tracking the path of a couple leaving the store with a small child, a packed grocery cart and a harried sacker in tow.

Then you see it, and it makes your blood boil.

Out of the car that parked in the handicapped stall bounds a seemingly able-bodied young woman. She strides into the store displaying no apparent malady. Your first thought is that she has parked illegally, and your instinct is to call the police. But then you notice that from her car's rearview mirror hangs a valid, state-issued handicapped-parking placard.

Moments later, the same young woman walks out the exit toting a 50-pound sack of dog food. She easily hauls it to her car, opens the door, tosses it on the passenger seat, gets in and drives off.

You say to yourself, "There ought to be a law to prevent such abuse."

Effective Tuesday, there is.

More than likely, says Topekan Bob Burke, a longtime advocate of parking privileges for the handicapped, the young woman has a family member who is handicapped and truly deserves the parking privileges extended by state law.

However, the young woman either through ignorance or willful disregard is violating handicapped-parking statutes.

"People forget that handicapped-parking permits are issued to people, not cars. And if the handicapped person is not in the car, the driver should not park in a handicapped stall," said Burke, who suffers from muscular dystrophy and wears braces on both legs.

To aid law enforcement officers in catching abusers like the young woman, new handicapped parking statutes effective Tuesday require the state Department of Revenue to issue special identification cards to holders of handicapped or disabled-veteran license plates and handicapped-parking placards.

Ken Clark, a spokesman for the Division of Motor Vehicles, said his agency will begin sending letters this week to the more than 36,000 Kansans who hold permanent special-parking privileges for disabled people, as well as about 4,000 others

Continued on page 3, column 1

who currently have temporary placards for such ailments as broken limbs.

Clark said those receiving the letters will have 30 days to return a form certifying their need for the parking privileges along with $1 for the new billfold ID card. Disabled veterans will be exempt from paying the card fee but will have to return the form, he said.

If holders of the handicapped license plates and placards fail to return the forms within 30 days, Clark said, the division will mail them another letter in early August, saying they must respond within 60 days or their handicapped privileges will be canceled.

Numbers on the identification cards will correspond to numbers on disabled people's license plates or placards to ensure that parking privileges are used only by the handicapped person to whom the plate or placard is issued, or by people transporting the holder of the placard, Clark said.

After the ID cards are issued, police seeing an apparently able-bodied person park in a handicapped parking stall may ask the person to produce the ID card and driver's license to compare names. If the names don't match, an officer can issue the person a ticket for illegally parking in a handicapped stall, which in Topeka carries a fine of $10 to $100 and, in places without a local ordinance, a fine of up to $25.

In addition, the person can be cited for falsely using a handicapped-parking privilege and be subject to a

fine of up to $250, according to the new statute.

Burke said another important change, which current handicapped license plate and placard holders should keep in mind when asked to recertify their need for parking privileges, is a new definition of a "handicapped person" for purposes of obtaining a parking permit.

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To correct that situation, the new law says a physician who willfully and falsely certifies that a person is qualified for handicapped-parking privileges would be guilty of a class C misdemeanor. A class C misdemeanor carries a fine of up to $500 or a jail term of up to 30 days.

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The new law also requires the return of placards to the Department of Revenue upon the death of the handicapped person. Similarly, special license plates must be returned to the county treasurer for exchange. Temporary placards must be returned upon expiration.

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Burke and Clark agree that these provisions and others Burke will seek during the next legislative session will go a long way in reducing abuse of handicapped-parking privileges.

And if abuse is reduced, Burke said both handicapped and non-handicapped motorists will benefit. Handicapped parkers will stand a better chance of finding an available parking space. And non-handicapped drivers will know that attractive space near the front door of a business is reserved for and will be used by someone who truly needs it.

ALASKA STATE LEGISLATURE
HOUSE OF REPRESENTATIVES
RESEARCH AGENCY

P.O. Box Y, State Capitol
Juneau, Alaska 99811-3100
Mail Stop 3100
(907) 465-3991

April 14, 1987

MEMORANDUM

TO: Representative Niilo Koponen

ATTN: Lisa McLaren

FROM: Karla Hart KH
Legislative Analyst

RE: Handicapped Parking Regulations
Research Request 87.260

You requested information to be used in preparing legislation on handicapped parking. Each of your questions is addressed below.

Handicapped Parking Permits Currently Issued in Alaska

Handicapped permits are currently issued in Alaska by the **Division of Motor Vehicles (DMV), Department of Public Safety.** Applicants must present a statement by an Alaska-licensed physician stating the need for handicapped parking privileges. Applicants then receive their choice of a license plate or a heavy paper permit, both with the international symbol of access (wheelchair logo). The paper permit is assigned to an individual rather than a vehicle. Unless the doctor specifies that the handicap is of a temporary nature, the permit is issued for an indefinite period of time. There is no charge for the permit, and the license plate fee is the same as for a standard plate.

The **Juneau Police Department** issues permits that are valid only within the Juneau city and borough. A physician's statement of need is required and the permit is issued for a set period of time, requiring regular renewals. The permit is the same as that issued for legislators, delivery vans, and others who are allowed special parking privileges; it does not display the wheelchair logo. The Chief of Police stated that he would be glad to have the State handle the issuance of all handicapped permits. Police departments in Anchorage, Fairbanks and Ketchikan were also contacted. None of these communities issue any sort of handicapped permit, they refer all inquiries for permits to DMV.

The **Division of Vocational Rehabilitation, in the Department of Education,** has also been giving handicapped parking decals--wheelchair logo stickers to affix to a car bumper or window--to their clients who they believe are in need of handicapped parking privileges. This

distribution is apparently handled differently at each vocational rehabilitation office in the state. Pat Young, Deputy Director of Vocational Rehabilitation, was unaware that permits were available free of charge at DMV. He indicated that he would have no objection to letting DMV handle the distribution of all handicapped parking permits.

Permit Styles

Handicapped permit styles used in various states include: license plates; plastic, metal or cardboard permits to place in the dash; metal "taglets" affixed to license plates; stickers placed in specified car windows; and annual validation stickers which include the wheelchair logo. Glenn Turner, Chairman of the American Association of Motor Vehicle Administrators' Ad Hoc Committee on Handicapped Reciprocity, felt the ideal permit may be one similar to that used in Louisiana--a laminated cardboard permit approximately twice as large as a driver's license which is hung from the rear view mirror. This permit is visible from the back of the vehicle or the front, making enforcement easier. The size is such that it is easily transferred from vehicle to vehicle. Louisiana requires that permit holders also carry an identification card with them to prevent abuse of permit privileges.

Permit Fees and Renewals

Mr. Turner said that fees for handicapped parking permits generally range from one to five dollars. For example, Florida's permits are five dollars, with two dollars going to county tag agents for issuing permits and three dollars to the state. No serious complaints have been made regarding the fee in Florida. Mr. Young foresaw no problem with charging a nominal fee to cover the cost of issuing handicapped parking permits in Alaska, as long as the fee was set to cover costs and not to generate revenue for the State.

Florida found that permits issued indefinitely were subject to a great deal of abuse. A person purchasing a car with a handicapped sticker in place could park in handicapped spaces, or the family of a deceased handicapped permit holder could continue to use the permit. Florida currently requires an annual renewal, although Mr. Turner said legislation has been introduced to renew permits biennially. A doctor's authorization is required only with the initial application.

Penalties for Handicapped Parking Violations

Handicapped parking violations generally result in the issuance of a uniform traffic citation and fines range from $15 to $50 according to Mr. Turner. In Florida, the counties elected to add a fee of $100 as an extra deterrent to individuals who may be willing to risk getting a small parking fine.

An issue related to penalties is the treatment of handicapped permit holders who fail to display the proper permit and are ticketed. Options include: forgiving the entire penalty if proof of a valid permit is submitted to the ticketing agency within a specified period of time; requiring payment of a token fine to encourage individuals to remember to display permits; and, leaving the disposition of the ticket up to the licensing authority.

Posting of Handicapped Parking Spaces

You were concerned that handicapped parking spaces be signed in such a manner that winter conditions would not obscure the sign. The Department of Transportation requires that a handicapped posting be visible when a vehicle is parked in the space. This also assures that under normal snow conditions, a sign would not be snow covered. The City and Borough of Juneau has recently introduced standards for signing handicapped parking spaces (Attachment).

I hope this information is helpful. If you have additional questions, please call.

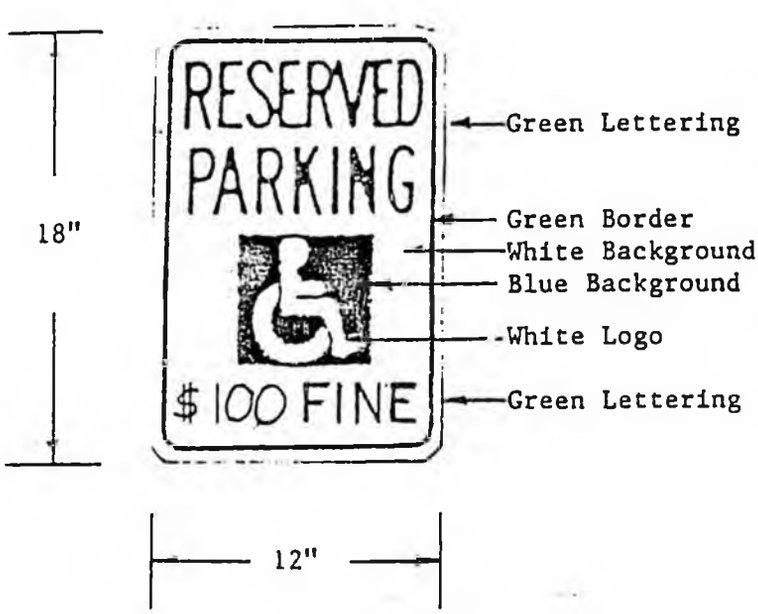
Attachment

CITY/BOROUGH OF JUNEAU
ALASKA'S CAPITAL CITY

HANDI-CAP PARKING STANDARDS

The owner or his representative in control of private property which is open to the public may establish legally enforceable handi-cap parking zones by placing privately owned traffic control devices in a manner as approved by a municipality, or as outlined in the Manual of Uniform Traffic Control Devices.

The approved signs used for establishing a handi-cap parking zone shall be twelve inches wide by eighteen inches high (12"x 18"). They shall have a white background with green lettering and borders. The handi-cap logo shall be white with a blue background. Wording shall be as shown below.



155 South Seward Street, Juneau, Alaska 99801

If the handi-cap parking zone is to be established along a private street or roadway, the zone shall be posted by placing a designated sign at both the beginning and end of the zone. The zone should be a minimum of fifteen feet (15') in length and have the curb painted blue the full length of the zone. In addition to this, a blue thirty-eight inch square (38 x 38") handi-cap logo must be painted on the pavement in the center of the zone.

A handi-cap parking zone established within a parking lot must have the designated sign posted so it is centered at the head of the parking space. Six inch (6") blue lines must be painted on both sides of the space and at the head of the space. If either side or the head of the space is adjacent to the curb this should be painted blue. In addition, the blue thirty-eight inch square (38" x 38") handi-cap logo must be painted on the pavement in the center of the space. The space should be a minimum of ten feet (10') wide to allow proper access.

If the signs are posted on poles or posts where they could interfere with or be a hazard to foot traffic, the bottom of the sign should be placed a minimum of seven feet (7') off of the surface. If the sign is placed flush on a building wall the bottom of the sign should be three feet (3') off of the paved surface.

The C.B.J. Public Works Department will loan out our handi-cap logo stencil for pavement painting provided arrangements are made in advance. We will also supply the required signs at cost beginning May 1, 1987. For further information please contact us at 586-5254.

DN/jlh

who currently have temporary placards for such ailments as broken limbs

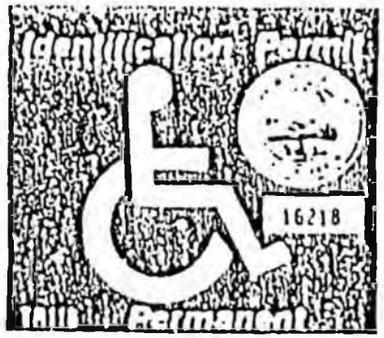
Clark said those receiving the letters will have 30 days to return a form certifying their need for the parking privileges along with $1 for the new billfold ID card. Disabled veterans will be exempt from paying the card fee but will have to return the form, he said.

If holders of the handicapped license plates and placards fail to return the forms within 30 days, Clark said, the division will mail them another letter in early August, saying they must respond within 60 days or their handicapped privileges will be canceled.

Numbers on the identification cards will correspond to numbers on disabled people's license plates or placards to ensure that parking privileges are used only by the handicapped person to whom the plate or placard is issued, or by people transporting the holder of the placard, Clark said.

After the ID cards are issued, police seeing an apparently able-bodied person park in a handicapped parking stall may ask the person to produce the ID card and driver's license to compare names. If the names don't match, an officer can issue the person a ticket for illegally parking in a handicapped stall, which in Topeka carries a fine of $10 to $100 and, in places without a local ordinance, a fine of up to $25.

In addition, the person can be cited for falsely using a handicapped-parking privilege and be subject to a



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Washington State

(7) It is a traffic infraction, with a monetary penalty of not less than fifteen and not more than fifty dollars for any person to park a vehicle in a parking place provided on private property without charge or on public property reserved for physically disabled persons without a special license plate, card, or decal. If a person is charged with a violation, the person shall not be determined to have committed an infraction if the person produces in court or before the court appearance the special license plate, card, or decal required under this section or demonstrates that the person was entitled to the special license plate, card, or decal.

(8) It is a misdemeanor for any person to wilfully obtain a special decal, license plate, or card in a manner other than that established under this section. [1984 c 154 § 2.]

Intent——1984 c 154: "The legislature intends to extend special parking privileges to persons with disabilities that substantially impair mobility." [1984 c 154 § 1.]

Application——1984 c 154: "This act applies to special license plates, cards, or decals issued after June 7, 1984. Nothing in this act invalidates special license plates, cards, or decals issued before June 7, 1984." [1984 c 154 § 9.]

Severability——1984 c 154: "If any provision of this act or its application to any person or circumstance is held invalid, the remainder of the act or the application of the provision to other persons or circumstances is not affected." [1984 c 154 § 10.]

46.16.390 Special plate, card, or decal issued by another jurisdiction. A special license plate, card, or decal issued by another state or country that indicates an occupant of the vehicle is disabled, entitles the vehicle on or in which it is displayed and being used to transport the disabled person to lawfully park in a parking place reserved for physically disabled persons pursuant to chapter 70.92 RCW or authority implemental thereof. [1984 c 51 § 1.]

46.16.450 Appeals to superior court from suspension, revocation, cancellation, or refusal of license or certificate under chapter 46.16 RCW. See RCW 46.12.240.

46.16.460 Nonresident members of armed forces——Temporary motor vehicle license——Issuance authorized. Upon the payment of a fee of ten dollars therefor, the department of licensing shall issue a temporary motor vehicle license for a motor vehicle in this state for a period of forty-five days when such motor vehicle has been or is being purchased by a nonresident member of the armed forces of the United States and an application, accompanied with prepayment of required fees, for out of state registration has been made by the purchaser. [1979 c 158 § 141; 1967 c 202 § 4.]

46.16.470 Nonresident members of armed forces——Display. The temporary license provided for in RCW 46.16.460 shall be carried on the interior of the motor vehicle in such a way as to be clearly visible from outside the vehicle. [1967 c 202 § 5.]

46.16.480 Nonresident members of armed forces——Not liable for sales, use or motor vehicle excise taxes——Extent of exemption. The original purchaser of a motor vehicle, for which a temporary license as provided in RCW 46.16.460 has been issued, shall not be subject to the sales tax, use tax, or motor vehicle excise tax during the effective period of such license or thereafter unless the motor vehicle, after the effective period of such license, is still in this state or within a period of one year after the effective period of such license is returned to this state. [1967 c 202 § 6.]

Motor vehicle excise tax: Chapter 82.44 RCW.

46.16.490 Nonresident members of armed forces——Rules and regulations——Proof. The department of licensing shall prescribe rules and regulations governing the administration of RCW 46.16.460 through 46.16.490. The department may require that adequate proof of the facts asserted in the application for a temporary license shall be made before the temporary license shall be granted. [1979 c 158 § 142; 1967 c 202 § 7.]

46.16.500 Liability of operator and/or owner or lessee for violations. Whenever an act or omission is declared to be unlawful in chapter 46.16 RCW, if the operator of the vehicle is not the owner or lessee of such vehicle, but is so operating or moving the vehicle with the express or implied permission of the owner or lessee, then the operator and/or owner or lessee are both subject to the provisions of this chapter with the primary responsibility to be that of the owner or lessee.

If the person operating the vehicle at the time of the unlawful act or omission is not the owner or lessee of the vehicle, such person is fully authorized to accept the citation and execute the promise to appear on behalf of the owner or lessee. [1980 c 104 § 3; 1969 ex.s. c 69 § 2.]

46.16.505 Campers——License and plates——Application——Fee. It shall be unlawful for a person to operate any vehicle equipped with a camper over and along a public highway of this state without first having obtained and having in full force and effect a current and proper camper license and displaying a camper license number plate therefor as required by law: *Provided, however,* That if a camper is part of the inventory of a manufacturer or dealer and is unoccupied at all times, and a dated demonstration permit, valid for no more than seventy-two hours is carried in the motor vehicle at all times it is operated by any such individual, such camper may be demonstrated if carried upon an appropriately licensed vehicle.

Application for an original camper license shall be made on a form furnished for the purpose by the director. Such application shall be made by the owner of the camper or his duly authorized agent over the signature of such owner or agent, and he shall certify that the statements therein are true and to the best of his knowledge. The application must show:

(1) Name and address of the owner of the camper;

(2) Trade name of the camper, model, year, and the serial number thereof;

(3) Such other information as the director requires.

State of Florida
DEPARTMENT OF
HIGHWAY SAFETY AND MOTOR VEHICLES

LEONARD R. MELLON
Executive Director
Neil Kirkman Building, Tallahassee, Florida 32399-0500

FLORIDA'S REPORT ON HANDICAPPED RECIPROCITY

The Florida Department of Highway Safety and Motor Vehicles wishes to inform you of our efforts to obtain reciprocity agreements with other states regarding parking privileges for vehicles of disabled persons displaying the "International Symbol of Accessibility."

The 1985 session of the Florida Legislature created Section 316.1958, Florida Statutes, to provide:

> "Motor vehicles displaying a special license plate or parking permit issued to a handicapped person by any other state or district subject to the laws of the United States shall be recognized as a valid license plate or permit, allowing such vehicle the special parking privileges allowed pursuant to the provisions of ~~sec. 316.1955 and 316.1956,~~ provided such other state or district grants reciprocal recognition for handicapped residents of this state."

In the interest of minimizing the burden of mobility endured by handicapped individuals, this agency, on January 13, 1986, submitted a letter to all states requesting a declaration of reciprocity regarding special parking privileges for motor vehicles displaying a disabled person's special license plate, placard, parking permit or parking taglet.

STATE OF ALASKA
THE LEGISLATURE
LEGISLATIVE AFFAIRS AGENCY

POUCH Y STATE CAPITOL
JUNEAU, ALASKA 99811
907 465 3800

M E M O R A N D U M April 28, 1987

SUBJECT: Sectional analysis - HCSCSSB 78(HESS)

TO: Representative Niilo Koponen

FROM: Michael F. Ford
Legislative Counsel

The following is a section by section analysis of HCSCSSB 78(HESS):

Section 1 - Prohibits a person from using a handicapped parking permit except when transporting the disabled or handicapped person. Requires the permit be returned to the department upon death of the disabled or handicapped person.

Section 2 - Prohibits parking in a space reserved for the handicapped or disabled unless the person has special permit or license plate issued by the department or by another state, province, territory, or country. Establishes a penalty of not less than $100 for each violation.

MFF:mkr
m11/080

5-0391X
Ford
4/28/87

Original sponsor: Kerttula

IN THE SENATE

BY THE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

HOUSE CS FOR CS FOR SENATE BILL NO. 78 (HESS)

IN THE LEGISLATURE OF THE STATE OF ALASKA

FIFTEENTH LEGISLATURE - FIRST SESSION

A BILL

For an Act entitled: "An Act relating to unauthorized use of handicapped parking."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

* Section 1. AS 28.10.495(b) is amended to read:

(b) A person is not entitled to use the special permit provided for in (a) of this section except when providing transportation for the disabled or handicapped person with respect to whom the permit was issued. Upon the death of the disabled or handicapped person, the special permit shall be returned to the department.

* Sec. 2. AS 28.35 is amended by adding a new section to read:

Sec. 28.35.235. UNAUTHORIZED USE OF HANDICAPPED PARKING. (a) A person may not park a motor vehicle in a parking place reserved for disabled or medically handicapped persons unless the person has a special permit issued by the department under AS 28.10.495 or the motor vehicle displays a special license plate or permit issued to disabled or handicapped persons by another state, province, territory, or country.

(b) A person who violates this section is guilty of an infraction. Upon conviction the court shall impose a fine of not less than $100.