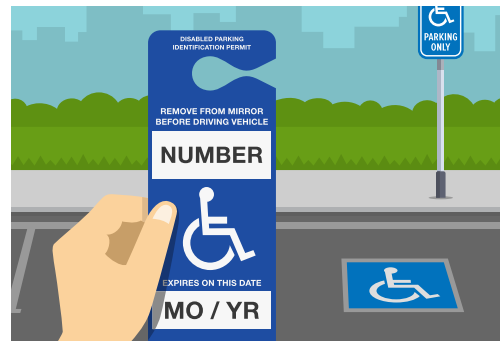




American Association of Motor Vehicle Administrators

fraud PARKING VIOLATIONS RECOMMENDATIONS issuance accessibility GUIDANCE



Persons with Disabilities Placards and License Plates

Best Practices in Deterring and Detecting Fraud and Misuse

Edition 2



April 2024

LAW ENFORCEMENT STANDING COMMITTEE
DISABILITY PLACARD/PLATE FRAUD WORKING GROUP

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Executive Summary

The AAMVA Disability Placard/Plate Fraud Working Group, hereinafter referred to as the *Working Group*, project was funded by the National Highway Traffic Safety Administration (NHTSA) under Cooperative Agreement DTNH2214H00462-002. This publication, titled *Persons with Disabilities Placards and License Plates – Best Practices in Deterring and Detecting Fraud and Misuse, Edition 2*, is hereinafter referred to as the *Best Practices Guide*.

The Working Group consisted of individuals representing motor vehicle administrations, law enforcement, persons with disabilities, federal agencies, and other stakeholders to develop best practices for the issuance of disability placards and plates, the deterrence and detection of fraud in these areas, and the enforcement of disability parking violations. This *Best Practices Guide* is based on the expertise and research provided by the Working Group to assist member jurisdictions in improving the issuance process of disability placards and plates, the deterrence and detection of fraud in these areas, and enforcement of disability parking violations.

The goal of this *Best Practices Guide* is to assist member jurisdictions in improving the issuance of disability placards and plates, the deterrence and detection of fraud in these areas, and the enforcement of disability parking violations. The intent is not to identify the one approach that all jurisdictions should follow but rather to serve as a starting point for an informed local discussion on how best to marry needs for accessible parking with needs for general parking.

After providing background information, this *Best Practices Guide* provides guidance in the following areas:

- Fraud identification
- Issuance and renewal processes
- Product standards
- Medical issues and requirements
- Outreach and education
- Enforcement strategies
- Resources
- Legislation, case law, and legal challenges

The *Best Practices Guide* includes a total of 40 recommendations that jurisdictions may choose to adopt. Sample statutory language and recommended standards for disability placards and plates and the application process are provided in Chapter 9.

Relevant portions of this document are included in AAMVA's fraud detection and remediation (FDR) training.

Nothing in this best practices document is intended to contradict the American with Disabilities (ADA) Act, the federal Uniform System, or jurisdictional laws.

Throughout this document, the word "jurisdiction" is used to describe states, provinces, and territories of the United States and Canada. In addition, the term "licensed healthcare practitioner" is meant to represent any healthcare provider operating under a jurisdictional license.

Chapter 1 Introduction and Background

Introduction

This *Best Practices Guide* begins with history and context to parking access associated with disability placards and license plates issued by jurisdictions within the AAMVA community. The *Best Practices Guide* also provides sample statutory language and recommended standards for disability placards and plates and the application process. Finally, the *Best Practices Guide* provides best practices for combatting disability parking fraud, a growing problem, particularly where parking shortages occur or the benefits of displaying placards and license plates includes free or unlimited parking. When there is no available parking, there is no accessible parking.

Parking Management - History

Parking spaces are very important. If people cannot find a place to park or if they have to pay too much for parking, they may not work, dine, or shop, which adversely affects local economies.

When motor vehicles replaced horses, parking was largely unregulated, and drivers often parked in the streets, blocking public thoroughfares, and creating traffic congestion. This adversely affected businesses, especially in urban areas. Parking regulators first began to restrict the location and duration of parking and then started to charge for parking to help balance supply and demand.

In the mid-1930s, Oklahoma City organized a design contest, resulting in the standard parking meter as we know it today. The devices quickly spread across the country as municipal governments began to see parking as both a resource requiring management and

a potential revenue source.¹ Most people did not like paying for parking spaces that previously were free, but they noticed the benefit of reduced congestion. Over time, business owners wanted parking meters installed in front of their stores. Mechanical meters quickly became the mainstream means of regulating and charging for on-street parking.

Early-generation parking meters were simplistic, using a coin receptor, a dial to engage the timer, and a visible pointer and flag to indicate the expiration of a paid period.² The design was durable and inexpensive to maintain but extremely difficult to use for anyone lacking the strength and dexterity required for depositing small coins and twisting the dial. In response to reports that individuals with disabilities could not operate parking meters, jurisdictions began to exempt these individuals from paying.

By the beginning of the 1990s, millions of parking meters were in use around the world. The installation of parking meters improved parking availability and created revenue.

Disability Parking Placards and Plates - History

The concept of providing parking access to individuals with disabilities originated after World War I as a form of paying respect and honoring veterans with service-related disabilities. The United States and Canada recognized the need to assist millions of disabled veterans returning from war. These veterans faced many challenges in a fast-changing society that placed a greater emphasis on mobility. In 1900, more

¹ New York Retires Last Mechanical Parking Meter. *The New York Times*, December 20, 2006.

² How A Parking Meter Works. *Popular Science*, December 1959.

than 60% of Americans lived in rural environments, where leaving the home for work or to access food and other necessities was less common. By the end of World War II, the situation was flipped, with 60% of the population living in urban cities.³ Parking became an issue for millions of people living in cities designed before industrialization.

As parking became regulated, it was natural for governments to assist war heroes with special parking privileges. In 1937, for example, California exempted “blind and crippled” veterans from limits on parking in time-restricted parking zones, as well as the payment of vehicle taxes and fees.⁴

As time progressed, not only did our descriptions of the disability community improve but so did our understanding of the need to make parking available for all persons with disabilities, not just veterans. In the 1950s and 1960s, parking zone privileges were extended to anyone with a mobility-related disability. As parking meters became more common, the realization that many people with disabilities could not operate them resulted in an exemption from paying for parking at on-street parking meters.

Disability Access and Parking Fraud

Making parking accessible to people with disabilities is essential in a society that values equal access. But providing free or unlimited parking to vehicles displaying disability license plates or placards eventually led to abuse by the public seeking to evade parking restrictions and fees. Such abuse creates significant problems for local communities, especially those with limited available parking.

The public became more aware of disability placard and plate fraud in a highly publicized 1999 case involving several members of the UCLA football team when they were found to be using fraudulently obtained disability placards to park on campus.

³ United States Census, census.gov. Table 4 Population 1790-1990.

⁴ 1937 California Vehicle Code Section 459.5 and Revenue and Taxation Code Section 10783.

A study of downtown Los Angeles parking found that cars with disabled placards remained parked an average of seven times longer than other cars. By reducing turnover, placard abusers prevent traffic circulation and the space turnover essential to businesses and the customers that patronize the area. The study also found that 44% of the cars parked at meters in downtown Los Angeles displayed disability placards. Meters designed to generate approximately \$4 an hour earned only 28 cents an hour because cars with disability placards occupied *most* of the spaces for *most* of the day.⁵

The parking meter exemption was originally developed because the original parking meter was too difficult to access and operate, not because people with disabilities could not afford to pay for parking. Although more improvements are needed, some of today’s newer meters are more accessible to individuals with mobility-related disabilities.

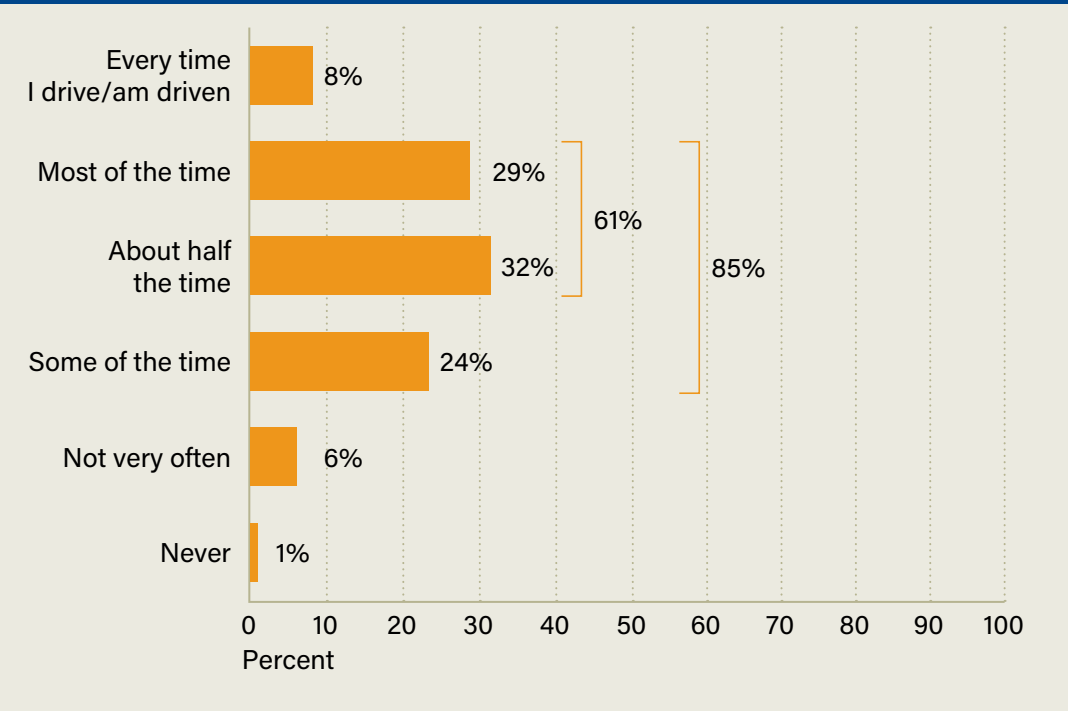
Many communities are experimenting with reducing the range of privileges associated with disability license plates and placards. For example, three months after Portland, Oregon, stopped providing free, unlimited street parking to any vehicle displaying a disabled placard, changes in parking patterns offered a startling indicator of just how common abuse had become. When the city started charging for parking on July 1, 2014, the number of cars with disabled permits occupying metered spaces dropped by 70%.⁶

A different approach can be found in the Michigan and Illinois two-tier systems that require payment unless a disability prevents a person from operating a parking meter. When Illinois adopted the two-tier reform, the Commissioner of the Chicago Mayor’s Office for People with Disabilities said, “The availability of accessible parking has long been an issue that needed to be addressed on behalf of the disability community. The high level of abuse prevents people with disabilities from

⁵ Donald Shoup and Fernando Torres-Gil. “The Two-Tiered Solution.” International Parking Institute, 2002.

⁶ “Portland’s end to free disabled parking opened up spaces,” The Oregonian, October 30, 2014.

A 2017 national survey by the Accessible Parking Coalition asked the question, “How often do you have problems finding accessible parking in your community?”



carrying out day-to-day activities and also limits their full participation in the community.”

Disability Parking – A Nexus to Safety

Accessible parking is an important public safety issue. When persons with disabilities cannot find accessible

parking, they can be forced into environments that may be unsafe, for example, parking lots with unsafe ramps or remote spaces. In addition, individuals with hidden disabilities are increasingly confronted, verbally and sometimes physically, when they use accessible parking spaces.

Chapter 2 Fraud

Disability placard fraud continues to be a problem. The incentive of free parking can be enough for some individuals to commit disability placard fraud. In many larger cities, not only are convenient parking spaces few and far between, but monthly parking may also cost up to hundreds of dollars. Some people are willing to use disability placards and plates fraudulently to obtain parking.

Jurisdictions are struggling to develop solutions to disability placard fraud without denying persons with bona fide disabilities access to parking. Even the disability community at times is divided on appropriate solutions. This chapter addresses disability placard and plate fraud that occurs both during and after issuance by motor vehicle administrations (MVAs).

Fraud within MVAs

Fraud by MVA employees involving disability placard and plate issuance does not receive the attention or notoriety of other types of fraud. However, it exists, and jurisdictions need to prevent, detect, and remediate this internal fraud.

Fraud internal to MVAs can involve all elements of the issuance process. Accepting bribes for issuing, altering, or counterfeiting applications and stealing placards or the identities of individuals who meet the requirements for obtaining disability placards are a few examples of how MVA employees may misuse their authority or positions to engage in disability placard fraud for personal gain. Although there are few documented instances of disability placard fraud by MVA employees, the potential risk of such fraud within MVAs is high.

Employees caught engaging in disability placard fraud typically lose their jobs and often are subject to criminal charges. Furthermore, fraud within MVAs erodes public confidence in the integrity and operation of the MVA.

User Fraud

Healthcare Practitioner Fraud and Misinformation

Fraud by licensed healthcare practitioners is difficult to detect. It also can be challenging for licensed healthcare practitioners to validate self-reported symptoms and verify that patients have mobility or other limitations that qualify them to obtain disability placards. For these reasons, either intentionally or unintentionally, licensed healthcare practitioners may authorize disability placards and plates when drivers do not meet the requirements for the placards or plates. This results in overissuance of disability placard and plates by MVAs.

In California, [Senate Bill 611](#) required holders to [submit a renewal form](#) (for free) to the California DMV once every six years. People who received their original permanent disabled parking placard before January 2019 were part of the first renewal cycle. Before then, placards were automatically renewed once every two years at the end of June, and there was no limit to the number of temporary placards the department could issue if one was lost or stolen. Once a year, the California DMV compared its records with the records of the California Department of Public Health's vital statistics and withheld renewed placards if someone was deceased. Now, the California DMV compares its placard records against the Social Security Administration's master files of social security

numbers to verify holders. The new law doesn't require recertification or proof of the applicant's full name.

People are limited to four substitute placards within a two-year renewal period. Those who need more placards must reapply for a new one and submit a new certificate verifying their disability.⁷

Identity Fraud

Submission to a MVA of a disability placard or plate application in the name of a fictional person, supported by a medical certification with the forged signature of a healthcare practitioner, is another type of fraud. MVA processes for issuing disability placards often are vulnerable to this type of identity fraud. MVAs typically maintain medical information submitted by placard applicants separate from, and without links to, driver identity files. Additionally, MVAs typically assign disability plates to vehicle records without validating the identity of the applicant, as through the MVA's driver identify record. Disability placards also may be used by individuals who do not have driver licenses (as in the case of an unlicensed individual who owns a vehicle but employs others to drive it).

Post-issuance Fraud

Post-issuance fraud involving disability placards may be committed by owners of vehicles and individuals who do not own vehicles alike. Owners of disability placards and plates contribute to fraud by selling, counterfeiting, altering, or misusing the placards and plates that have been issued to them. In "Scammers Caught Selling Disabled Parking Placards," Bay City (San Francisco) reporter David Goldstein went undercover and for \$200 purchased a disability parking placard from a relative of a legitimate placard holder. The seller of the placard told Goldstein that his aunt "ended up getting another one, so we had that one as an extra."⁸

⁷ "Disabled parking abuse 'is a concern' in California, DMV says. How is fraud monitored?"

⁸ The Sacramento Bee, October 23, 2023.

Holders of disability placards also sometimes counterfeit or alter their placards by altering handwritten expiration dates. Some jurisdictions hole punch the expiration month and year on the placards to avoid this type of placard fraud. However, individuals often defeat this fraud countermeasure by punching out a new expiration date and using the plastic to plug in the old expiration date.

The following recommendations may help MVAs mitigate the risk of these types of disability placard fraud:

RECOMMENDATION 2.1

Mandate that only licensed healthcare practitioners may certify applicants as meeting the requirements for a disability placard or plate. MVAs can more easily verify the identity and status of licensed healthcare professionals. Additionally, licensed professionals have an incentive not to engage in fraudulent or other criminal activities that may imperil their licensing status.

RECOMMENDATION 2.2

Verify the licensing status of a healthcare practitioner providing a disability placard certification at the time of certification.

RECOMMENDATION 2.3

Reject disability placard or plate applications that are incomplete or illegible.

RECOMMENDATION 2.4

Train employees to identify, and flag for further review, disability placard or plate applications based on certifications that contain subjective patient complaints (such as pain) as opposed to objective descriptions of a qualifying condition.

RECOMMENDATION 2.5

Verify the legal identity of disability placard or plate applicants by requiring documentation like that used to establish identity for licensing purposes. This will

help MVAs to prevent identity fraud and to cancel the placards and plates of deceased holders.

RECOMMENDATION 2.6

Cross-reference state and federal death registries to the MVA's list of placard or plate holders for the purpose of identifying placards and plates that should be cancelled.

RECOMMENDATION 2.7

Track submission of replacement applications for further review to identify holders who may obtain and sell disability placards or plates.

Chapter 3 Processes

Exemplary business practices and processes are critical to minimizing the risk of fraud, abuse, and misuse. The purpose of this chapter is to recommend best practices involving the renewal cycles for temporary and permanent placards and plates. These best practices address inventory control, nondriver placard and plate ownership, quality assurance and audits, FDR, and cancellation.

Renewal Cycles for Temporary and Permanent Placards and Plates

Renewal cycles for disability placards and plates need to balance several competing factors, such as customer convenience, fraud prevention, and distribution efficiencies.

Temporary placards in some states vary from 30 days to up to 8 years. Ideally, MVAs should limit the validity period of temporary placards to the time needed but not to exceed 12 months, after which the MVA should require reassessment of the temporary disability. Temporary tags may be subject to abuse because MVA clients often view them as easy to renew. For this reason, states renewing a temporary placard on the heels of a prior one should apply the same level of scrutiny as during the original application process. For example, an adult driver with an ankle fracture that failed to heal within the expected time may require and be entitled to multiple extensions. These extensions would be atypical yet appropriate for this patient.

Depending on the state, permanent placards or plates may be subject to varying renewal cycles (and, in the rare case, to no renewal requirement at all). As detailed in Appendix A, issuance and renewal cycles vary

greatly across jurisdictions. Generally, shorter renewal cycles for permanent placards and plates will help to mitigate some risks of fraud.

Inventory Control

Disability placards and plates are valuable commodities that require protection. Jurisdictions should review how their inventory is controlled across the distribution channels used for issuance. More outlets provide greater access to persons with disabilities. However, ease of access also makes it more difficult for MVAs to maintain tight inventory control. Comprehensive inventory and audit controls will mitigate some risks of disability placard and plate fraud.

Replacement Limits

A 2017 audit of California's disability placard and plate program discovered that several placard owners seemed to have obtained an excessive number of replacements, presumably so they could sell or otherwise distribute these placards illegally. In one documented case, an individual obtained 22 replacement placards within one 18-month period. The audit team in California recommended a limit of four replacements per renewal cycle. Additional replacements would require recertification by a licensed healthcare practitioner. These recommendations were later adopted as part of Senate Bill 611.

Nondriver Placard and Plate Ownership

The use of the placard and plate is exclusively for the benefit of the person with disability. The plate

designates the vehicle licensed as being owned by the person with a disability. Conversely, the placard can be issued to anyone with a qualifying disability regardless of vehicle ownership or driving privilege. In either case, the person with disability must be present when using parking privileges.

Quality Assurance and Audit Processes

Quality assurance and audit processes that identify employee errors, and at worst applicant or employee fraud, are essential to a quality program. See Chapter 7, Enforcement Strategies, for details and recommendations.

Fraud Detection and Remediation

FDR training for employees who handle applications for disability placards and plates is critical because this process has the same potential for fraud as any other driver or vehicle service process.

Many jurisdictions view this as a law enforcement issue; however, enforcement is a resource intensive activity. Consequently, the first line of defense resides with the front-line staff who accept and review applications.

Cancellation

Often when law enforcement confiscates a placard for misuse, the violator will obtain a replacement from the MVA before the confiscation can be recorded. It is imperative that when placard fraud is discovered, prompt action is taken, including immediate cancellation of the misused product.

The following are recommendations for improving agency processes around issuance and renewal of disability placards and plates:

RECOMMENDATION 3.1

Limit the validity of permanent disability placards to no more than four years.

RECOMMENDATION 3.2

Require a new certification by a healthcare practitioner for each renewal of a temporary placard.

RECOMMENDATION 3.3

Implement stringent inventory controls, including:

- Securing and tracking returned or confiscated placards;
- Monitoring and tracking placard distribution; and
- Conducting regular audits of inventory and immediately reporting discrepancies for appropriate follow-up action.

RECOMMENDATION 3.4

Limit the total number of permanent disability placards or plates an individual can obtain to no more than two permanent placards per individual and one set of plate(s) per vehicle, per renewal cycle.

RECOMMENDATION 3.5

Limit the period of validity for temporary placards to that recommended by the licensed healthcare practitioner up to 12 months.

RECOMMENDATION 3.6

Any individual with a qualifying disability, regardless of age, eligible for a driver's license or motor vehicle ownership should be eligible to receive a disability placard.

RECOMMENDATION 3.7

Preprint expiration dates on temporary and permanent placards or, alternatively, provide decals for temporary placards.

RECOMMENDATION 3.8

Implement and train staff on clear fraud-detection procedures, including when to refer an applicant to the MVA investigative unit or appropriate law

enforcement agency (see AAMVA's FDR training for the new disability placard fraud module).

RECOMMENDATION 3.9

Develop and provide law enforcement agencies with an educational program and procedures emphasizing the importance of confiscating fraudulent placards and plates detected and immediately reporting that confiscation to the MVA. Have in place corresponding procedures within the MVA requiring record updates

immediately upon receiving such notice from law enforcement.

RECOMMENDATION 3.10

Require staff to regularly update placard and plate records to identify deceased and relocated (out-of-jurisdiction) placard holders. At a minimum, this should occur in conjunction with the renewal cycle, if not more often.

Chapter 4 Product Standards

This chapter provides guidance for jurisdictions regarding application design features, components of permanent and temporary disability placards and license plates, and reciprocity between jurisdictions. This information informs much of the sample legislation found in Chapter 9.

The intent of this guidance is to achieve general uniformity and consistency between jurisdictions. This will aid authorities and property owners attempting to verify the authenticity of disability parking placards and license plates as well as the eligibility of individuals using these products.

Recommended Components of an Application for Disability Placards

Customer Identity

Jurisdictions should approach identification of disability placard holders as they would any credential issuance. The application must contain sufficient information to identify the individual authorized to use disability parking and to aid cross-referencing with other identification systems and death records.

Warning Statements About Fraud and Misuse

Warning statements that inform applicants about the consequences of misuse make it easier to obtain a conviction when a person is charged with misuse. This information tells the court and other entities that a person making a false application or lending a disability placard to another person has the knowledge that such actions are illegal and carry consequences. These warnings are a deterrent to misuse.

Certifier Authority

Those allowed to certify the need for accessible parking vary widely among jurisdictions. Some states only allow physicians to certify, and other states allow a wide spectrum of additional certifiers, some with limited certifying capabilities, including audiologists (for deafness), optometrists (blind), physical therapists, chiropractors, podiatrists, physician assistants, advance practice nurses, nurse practitioners, naturopaths, and others to include non-healthcare practitioners.

Recommended Components of a Permanent Disability Placard

Together with special license plates, placards are the only recognized means of identifying vehicles permitted to use parking spaces reserved for persons with disabilities.

The federal uniform system⁹ delineates two types of windshield placards: removable windshield placards and temporary removable windshield placards as well as samples of each type:

- Removable windshield placards are appropriate for persons with permanent disabilities identified in Section 1235(b).
- Temporary removable windshield placards are appropriate for persons with disabilities that impair or limit the ability to walk not to exceed six months.
- (See sample placards in Appendix C.)

⁹ 23 CFR, Part 1235.

International Reciprocity for Disability Placards

The Uniform System includes a rule that directly addresses reciprocity. The rule says, “States shall recognize removable windshield placards, temporary removable windshield placards and special license plates which have been issued by issuing authorities of other States and countries.”

The international symbol of access is recognized across jurisdictions, making it key to reciprocity. Recently, some communities have adopted a modified symbol of access that shows the person and wheelchair leaning forward (to the right). This slight modification implies movement, and many believe it demonstrates that people with disabilities are as capable as those without mobility impairments.

The following recommendations relate to product standards:

RECOMMENDATION 4.1

Jurisdictions should include the full legal name and date of birth of the applicant on the application. Jurisdictions should require legal documentation to verify the name and date of birth, such as a driver’s license, identification card, or another form of identification. Some individuals with disabilities are children, older adults, or individuals housed in institutions, so identification requirements should not be so restrictive as to create an undue burden that results in denied access to needed disability parking.

RECOMMENDATION 4.2

Applications should contain two “Acknowledgement” sections, one for the applicant and one for the licensed healthcare practitioner. Each acknowledgment section should advise the signatory of her or his respective requirements and misuse penalties. One such acknowledgement should be that disability plate owners be advised that the privileges associated with the license plate only apply when the qualified

individual is present. These owners should also be advised to remove disability license plates when the vehicle is sold.

RECOMMENDATION 4.3

Jurisdictions should require a certification from a licensed healthcare practitioner to be a part of the initial application for disability placard and plates. Jurisdictions may allow an exception for the certification requirement for persons with amputations. In these cases, departmental employees should certify the condition and approve the application. Specialists in particular fields of healthcare are often authorized to approve applications. This is particularly important to communities underserved by physicians.

RECOMMENDATION 4.4

Licensed healthcare practitioners should be required to certify disabilities by signature or secure electronic signature, and information substantiating qualification (e.g., including the healthcare practitioners Drug Enforcement Administration number on the application, if applicable) should be provided, such as the medical license number issued by a governing state board or other authority.

RECOMMENDATION 4.5

Placards should have:

- An imprinted and unique identifying number
- An expiration date
- Larger fonts
- The international symbol of access
- A warning about misuse
- The jurisdiction of issuance return address
- Color coding that differentiates between temporary and permanent

- Security features that prevent altering, counterfeiting, and indefinite use and that facilitate the confirmation of the legitimate owner
- Placards should be double-side printed to improve their visibility and to add a challenge to those who might attempt to fraudulently alter them.

RECOMMENDATION 4.6

Disability license plates should be developed and manufactured following guidelines in the *2016 AAMVA License Plate Standard*. In addition, the international symbol of access should be incorporated into the design to ensure that the vehicle is clearly identified as entitled to disability access privileges.

Chapter 5 Medical Requirements

As modern healthcare expands its capabilities to preserve and support health, people are living longer with chronic or disabling conditions that qualify them for accessible parking privileges.

Qualifying Conditions

Although the ADA protects every individual with a disability, the federal guidelines, set forth at 23 CFR Part 1235 (*Uniform System for Parking for Persons with Disabilities*), extend parking privileges only to persons with disabilities that impair or limit the ability to walk. Section 1235.2(b) of those guidelines (reprinted below) contains a definition of “persons with disabilities which limit or impair the ability to walk.”

§1235.2(b) *Persons with disabilities which limit or impair the ability to walk* means persons who, as determined by a licensed physician:

- (1) Cannot walk two hundred feet without stopping to rest; or
- (2) Cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device; or
- (3) Are restricted by lung disease to such an extent that the person’s forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than sixty mm/hg on room air at rest; or
- (4) Use portable oxygen; or
- (5) Have a cardiac condition to the extent that the person’s functional limitations are classified in severity as Class III or Class IV according to standards set by the American Heart Association; or

Are severely limited in their ability to walk due to an arthritic, neurological, or orthopedic condition.

Almost half of adults older than 65 years old have some mobility and function limitations on their basic activities of daily living.¹⁰ Development of walking difficulties, or the inability to climb 10 steps, is one of the strongest predictors of death in older adults over the subsequent 12 months.¹¹

Persons with moderate to severe lung diseases (emphysema, chronic bronchitis, chronic obstructive pulmonary disease, and others) live with a variable level of shortness of breath continuously, with periodic exacerbations akin to near suffocation. The Uniform System specifies low partial pressure of oxygen (<60 mm Hg) because it demonstrates an abnormality resulting in impaired breathing. A reduced forced expiratory volume over one second (FEV1) makes rapid breathing in response to activity essentially impossible. The need for supplemental oxygen indicates further progression of these conditions.

A class III or IV cardiac patient is functionally limited by the severity of heart disease to the extent that walking even short distances can be extremely difficult.¹² The condition has an annual mortality rate of 50%.

Although the federal guidelines provide a minimum standard of eligibility for disabled parking placards and plates, jurisdictions may be more generous in establishing their eligibility requirements. For example, in some cases, pregnancy can exacerbate existing mobility conditions.

10 Lee, K; Cooke, J; Cooper, G; Shield, A. “Move it or lose it. is it reasonable for older adults with osteoarthritis to continue to use paracetamol in order to maintain physical activity?” *Aging* 2017;34:417-423.

11 Brown, CJ; Flood, KL. “Mobility limitation in the older patient—a clinical review.” *JAMA* 2013;310(11):1168-1177.

12 Sapkota, N. “Congestive heart failure life expectancy.” <http://symptomsdiagnosisbook.com/congestive-heart-failure-life-expectancy/>. Accessed 05/15/2017.

Many other health conditions also encompass a broad spectrum of severity. Eligibility guidelines set by states should consider that severe forms of virtually any disease may result in mobility limitations and require access to disabled parking accommodations.

MVAs also should work to educate licensed healthcare practitioners and others who mistakenly believe that federal law prevents them from disclosing a patient's protected health information to MVA investigators or law enforcement officials investigating disability placard and plate fraud.

Identifying Provider Fraud

The fact that a healthcare provider signs a high number of certifications does not always indicate fraudulent activity. Some licensed healthcare practitioners specialize in treating people with conditions that are directly linked to mobility issues, particularly within orthopedic or podiatric practices. However, some licensed healthcare practitioners may attempt to achieve patient retention and satisfaction by certifying placards on demand even when a patient does not meet a state's eligibility requirements.¹³ An increase in the number of placards issued not aligned with general population growth may provide some evidence of potential fraud. For example, in one study of the nine-

13 Greenberg, J. "Use and abuse of disabled parking placards." *Am J Med* 2014;127(4):258-259.

county region comprising the San Francisco Bay Area, the number of placard holders increased by 100%, but the region's population increased by only 5%, and the 65 and older population increased by 16%.¹⁴

The following recommendations relate to medical certifications:

RECOMMENDATION 5.1

Jurisdictions should provide training on jurisdictional requirements to their licensed healthcare practitioners.

RECOMMENDATION 5.2

Jurisdictions should use a medical fact sheet and disclosure of medical information for use by law enforcement when requesting information from a licensed healthcare practitioner. An example of one is found in Appendix B. (Please confer with your legal office before implementing such a form.)

RECOMMENDATION 5.3

Jurisdictions should have an audit process to validate the certifications of licensed healthcare practitioners.

RECOMMENDATION 5.4

Specialized practitioners, such as optometrists, audiologists, and so on, should be limited to certifying disabilities within their respective field of expertise.

14 Mayor's Office on Disability; San Francisco Municipal Transportation Agency. "Accessible Parking Policy Advisory Committee Recommendations Report." July 30, 2013.

Chapter 6 Outreach and Education

Outreach and education are important facets of any program. MVAs should build the necessary relationships to ensure they have a broad and strong stakeholder base. A comprehensive communication strategy should include MVA employees, law enforcement and the judiciary, the public, the disability community, and licensed healthcare practitioners. Messaging should be specific to the internal and external target audiences that need education about disability placards and plates and the deterrence and detection of fraud in these areas.

One of the most important messages to convey is that abuse or fraud involving disability placards and plates is not a victimless crime.

MVA Employees

MVA employees should be regularly trained and educated on issues related to the disability community and the policies, practices, and procedures for the disability placard and plate program. Emphasis should be placed on providing quality customer service for persons with disabilities while ensuring the applicant qualifies.

Law Enforcement

When a pattern of citizen complaints emerges or violation data dictates, law enforcement resources should be allocated to focus on high-visibility enforcement. The most effective enforcement operations are those in which MVA personnel directly support these efforts by either providing training or participating enforcement or sting operations.

Abuse or fraud involving disability placards and plates is not a victimless crime.

Judiciary

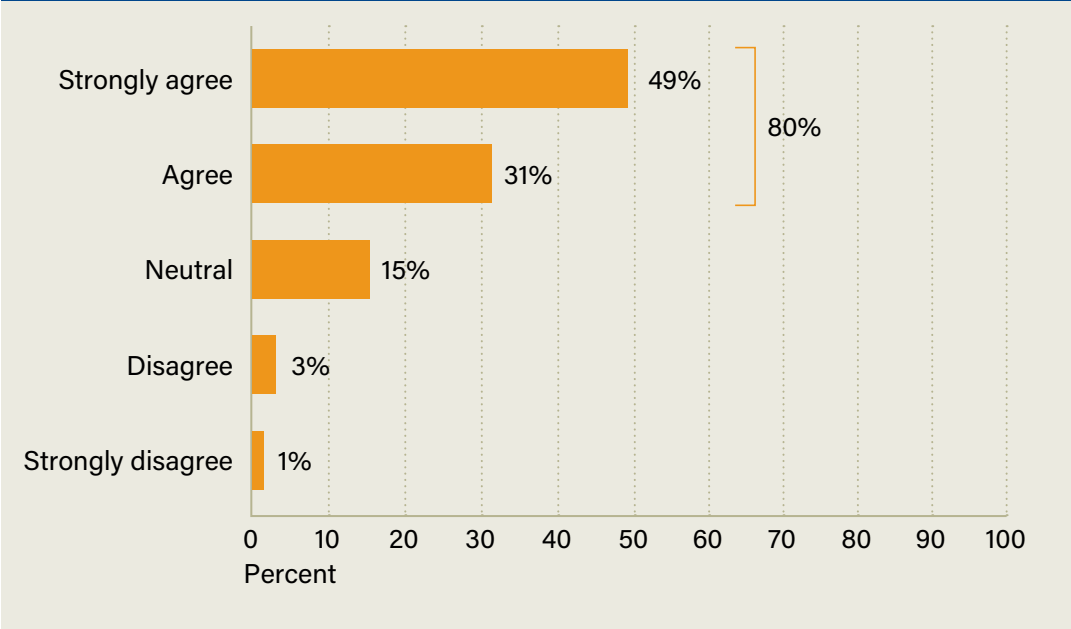
When penalties are significantly reduced or charges summarily dismissed, law enforcement will stop allocating the resources to disability parking enforcement. The outreach message should share why violators need to be held accountable in court.

Judges typically attend conferences at least once a year on new laws and procedures. MVAs should appear at these conferences to inform them on how labor intensive disability placard and plate issuance is and discuss the importance of protecting the integrity of these programs through strict application of laws and supporting enforcement efforts that occur.

General Public

The public tends to perceive that disability placard and fraud programs are widely abused. Consequently, public attitudes range from anger to apathy. Engaging people directly may help mitigate these emotions and improve understanding about the program. Some effective outreach strategies include conducting town halls, speaking at conferences, and attending local events.

One question from a 2017 national survey by the Accessible Parking Coalition asked "To what extent do you agree or disagree with the following statement? Accessible parking fraud and abuse is widespread."



Messaging campaigns should be clear and to the point to improve public support for the program.

For example, Austin, Texas uses the message:

RESPECT THE SPACE

No Plates. No Placard. No Parking.

The City of Phoenix uses:

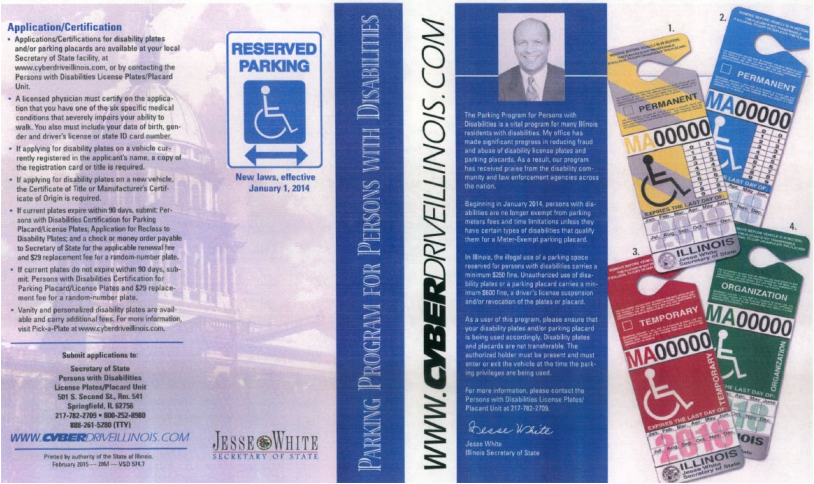
"Save Our Space"

The Colorado Advisory Council for Persons with Disabilities uses:

"Excuses versus Reasons"

The Colorado Advisory Council for Persons with Disabilities has multiple print and video messages.

The Illinois Secretary of State Office offers the following informational brochure for the public:



Illinois also offers specific information brochures for medical professionals and law enforcement.

Disability Community

Not all individuals in the disability community are aware of program benefits, limitations, and restrictions. They also may not be aware of enforcement activities and behind-the-scenes efforts undertaken by MVAs and law enforcement. To engage the disability community as an effective ally in combatting fraud, jurisdictions should communicate applicable program benefits, requirements, and restrictions.

Licensed Healthcare Providers

To be considered comprehensive, a communication strategy should include licensed healthcare providers.

The following recommendations are made to improve program communication and outreach:

RECOMMENDATION 6.1

MVAs should provide initial and continuing education for their employees. This training should include, at a minimum:

- Agency policies, procedures, and FAQs
- Disability placard and plate module from the AAMVA FDR training program (published January 2019)
- Disability awareness and sensitivity training

RECOMMENDATION 6.2

Use agency and stakeholder communication channels to disseminate MVA messaging. A comprehensive public outreach and education campaign should include, at a minimum:

- Agency website
- Media (paid and earned)
- Print material
- Press packets
- Social media (e.g., Twitter, Facebook, Instagram)

RECOMMENDATION 6.3

Jurisdictions should develop a strategy to reach out to employers and licensing agencies of healthcare practitioners with messaging that includes, at a minimum:

- Who qualifies for the program
- Creating ownership in the abuse issue
- What constitutes a valid certification of the disability
- Expectations of the certifying licensed healthcare practitioner

Chapter 7 Enforcement Strategies

Disability placard fraud is a multifaceted crime that has a direct impact on the availability of accessible parking and the quality of life of those who rely on the program. It also causes economic loss to local municipalities. Because disability placard fraud is committed by people of all income levels and demographics, a multi-step strategy is necessary to detect, deter, and prevent it from occurring without impacting the population it is designed to serve.

Internal Controls

Exposure of corruption within a government agency is devastating to the trust and respect that the public has for the leaders and employees of the organization. In efforts to preserve the integrity of the organization, MVA leaders should take the necessary steps to minimize the risk of fraud within its disability placard issuance process. MVA management should establish policies and procedures that are continuously practiced, properly enforced, and continuously reinforced to educate employees about fraud and the correlating consequences. Not only is it important to implement strong internal controls, but there should also be auditing to monitor effectiveness and make changes as business processes evolve. Strengthening internal controls does not prevent attempts at fraud,

but it does decrease the opportunity and availability for employees tempted to commit fraud.

Methods for Reporting Fraud

Many MVAs have a process for receiving tips and complaints. This process should include a means for reporting disability placard and plate fraud and misuse. This should include information about licensed healthcare practitioners issuing fraudulent certifications with clear pathways to route the information to either law enforcement or the responsible medical licensure board (or both) for appropriate follow up and investigation.

Florida Complaint Form: Allows Reporting of People Parking in Disability Parking Spots

The Florida Department of Highway Safety and Motor Vehicles provides an online complaint form, which can also be downloaded as a PDF (Appendix D).

Using Technology

Modern technology makes a variety of innovative strategies possible that allow law enforcement resources to be more effective in identifying and targeting fraudulent activity. All information contained on an application for disability placards and license plates should be contained in an accessible, relational database.

Automating the application and certification processes allows the MVA to manage the disability placard and plate issuance process with efficiency and reduces reliance on manual input, thus decreasing the risk of fraud and error. Such a system can incorporate data cross-referencing and automatic validation checks with vital records to verify the applicant is not deceased.

Florida Complaint Form: Allows Reporting of People Parking in Disability Parking Spots

The Florida Department of Highway Safety and Motor Vehicles provides an online complaint form, which can also be downloaded as a PDF (Appendix D).

Examples of automated programs can be found in Nebraska and Illinois. These programs allow a licensed healthcare practitioner to log in and certify the applicant's disability. Practitioners who lose their licenses lose access to the system.

Issuance of a printed certificate or ID card with the placard provides parking authorities, law enforcement, and others a means to identify the owner when electronic records are not immediately available or when the person does not have the authority to view the record. As credentialing moves toward virtual technology, jurisdictions should be prepared to incorporate disability placard ownership via mobile identification.

Incorporating machine readable technology such as barcodes and radiofrequency identification devices (RFIDs) into disability placards and plates can improve the accuracy and efficiency of parking enforcement. Moreover, it can serve as a force multiplier as a single enforcement officer can identify and process more violations in a single shift.

Nonsworn personnel are often restricted from accessing name and address information in state motor vehicle records; therefore, a solution that can easily identify placards as valid or invalid without accessing the full record is needed for nonsworn personnel to enforce misuse.

Some companies provide a cloud-based analytics solution that combines outside data with department data to quickly identify suspicious and fraudulent activities. The service is designed to sift through massive data sets to identify and alert state and local agencies to problems that require follow-up investigation. The system examines data, such as information on who is receiving placards, and validates the data against third-party data sources. The software looks for obvious things such as placards being distributed to people who live out of state or people who are deceased and multiple placards going to the same person or to the same address.¹⁵

¹⁵ Justine Brown, "How analytics can help governments crack down on disabled parking," *Government Technology*, October 16, 2014.

Strategies for Preventing Fraudulent Use

Requiring the return of damaged placards and those that were issued to persons who become deceased is one strategy to reducing fraudulent use. In addition, a voluntary return program for expired placards should be considered. In the absence of a return program, the MVA should provide instructions on how to appropriately dispose of them.

An escalating penalty structure for placard resale, possession of fake or fraudulent placards, counterfeiting or altering, misuse, or improper parking should be required to further deter external fraud. Penalties should include monetary fines, confiscation or revocation of the placards or plates, community service, and jail time.

Adopt Two-Tier Parking Meter System or Eliminate Meter-Free Exemption

The total elimination of the meter-free exemption or the adoption of a two-tier system for parking at meters would eliminate the incentive of free parking. Illinois adopted a law in January 2014 that eliminated the old system of exempting everyone with a disability placard from meter fees and instead created a tiered system. People with disabilities can still receive blue disability placards and park in designated spots, but they must feed the meter. Those who meet a more stringent set of standards, such as not having hand dexterity; not being able to reach above 42 inches in height; or not being able to approach a meter because of a wheelchair, cane, or crutch, are given a yellow meter-exempt placard and allowed to park for free. In 2017, Illinois revised this allowance to eliminate automatic renewal eligibility to meter-exempt parking and limiting placards to one per person.

Adopting a two-tier system for parking at meters allows those who meet the more stringent standards qualify for a meter-free exemption. This exemption would clearly be noted on the placard. All others who do not fall under this category would be required to pay parking meters and adhere to the time constraints of the meters.

Proactive and Clear Enforcement Policies

Law enforcement agencies have tremendous responsibilities, and enforcing disability parking laws may not be a priority. The enforcement of these laws can be challenging and time consuming, so it is important that law enforcement agencies have well-defined policies and procedures that address disability placard and plate violation enforcement.

Use of Volunteers, Auxiliary Personnel, and Private Security

In today's age of stretched resources, a number of communities have successfully implemented the use of volunteers, auxiliary personnel, and private security to enforce placard abuse. However, volunteer training is critical because of the potential for confrontation during enforcement actions.

The following recommendations represent best practices in enforcement strategies:

RECOMMENDATION 7.1

MVA internal controls should include:

- Limit access to disability placards and plates to those who work in the issuance process.
- Where possible, automate the application and certification processes.
- Conduct regular and random audits to detect fraud and identify vulnerabilities at a minimum annually.

RECOMMENDATION 7.2

Employees should have a process for reporting internal fraud without fear of retaliation.

RECOMMENDATION 7.3

MVAs should implement a method for receiving tips and other reports of suspected disability placard fraud, such as a tip line, web application, or e-mail address.

RECOMMENDATION 7.4

Jurisdictions should issue a printed certification of use (ID card) along with issuance of a permanent placard.

RECOMMENDATION 7.5

Require online certification of the disability by the licensed healthcare practitioner.

RECOMMENDATION 7.6

Incorporate machine-readable technology, such as a barcode, RFID, or other emerging technology, on the placard to provide parking enforcement personnel with a more efficient way to validate placards in the field.

RECOMMENDATION 7.7

MVAs should coordinate with law enforcement to conduct enforcement initiatives in areas that have a high level of placard or plate fraud or abuse. A portion of funds collected from fines should be put back into programs for future enforcement efforts.

RECOMMENDATION 7.8

Require the return of damaged placards and those that were issued to persons who become deceased. In addition, MVAs should provide instructions on how to appropriately dispose of expired placards.

RECOMMENDATION 7.9

Jurisdictions should allow anyone authorized to enforce disability parking violations the ability to enter private property used for public use to enforce these violations.

RECOMMENDATION 7.10

Jurisdictions should provide authority to property owners and private security companies to tow a vehicle parked in a properly signed disability parking space without displaying a disability parking placard or plate.

Chapter 8 Resources

Using available resources is essential to developing and administering an effective disability parking program or enhancing an already existing program. Resources include people and partner organizations and associations. Resources can also include things such as printed educational materials, electronically produced materials, and web technology.

Individuals and Organizations

Effective administration of a MVA placard and plates program requires considering a wide variety of perspectives. Some of the key stakeholders who can provide valuable assistance and support include:

MVA employees – Colleagues within your agency but outside your program area, such as the ADA coordinator, designated medical advisory board member, and other individuals with expertise, can provide insight and guidance. In addition, consult managers, supervisors, and front-line employees within your program area because of their knowledge of the overall operation and how changes can impact the day-to-day operation.

Disability advocates – Both national and local organizations represent the individuals and groups with the most to gain and lose from the development of or changes to a disability placard and plate program. These advocates can help the agency conduct outreach to educate the disability community and public.

Law enforcement – State and local law enforcement agencies are some of the best resources available when combating disability parking fraud. Feedback from law enforcement should be

considered when designing placards and plates and establishing database requirements and confiscation procedures. Law enforcement also provides valuable insight into identifying fraud in the field. Finally, they provide enforcement of disability parking violations and fraud investigations, making it critical that MVAs have effective partnerships with state and local law enforcement.

Local Governments and the Business Communities

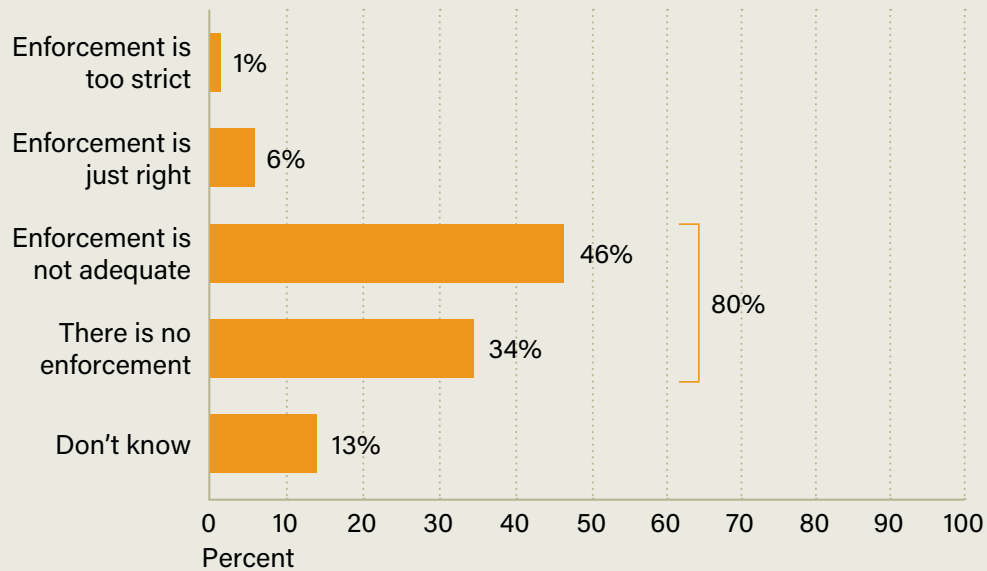
The fraudulent use of disability placards impacts local governments when parking revenue is depressed and local businesses when parking availability and turnover are compromised. These entities need to be consulted in developing rules and laws that balance business and government needs with the access rights of the disability community. Jurisdictions should provide local officials with information on state or provincial law related to increasing penalties to fund enforcement efforts.

Resource Tools for Outreach

Disability parking program outreach and messaging to some communities and organizations may be challenging because of their remote locations. Work with your communications office to develop or use available tools that can be beneficial in overcoming these challenges. Examples include:

Media – Develop positive relationships with local media outlets. Partner with law enforcement to do sting operations and invite the media along to cover the story.

A 2017 national survey by the Accessible Parking Coalition depicts the prevailing public attitude regarding accessible parking violation enforcement.



- **PowerPoints and webinars** – These tools can be used to educate stakeholders about the disability placard and plate program when employee travel is cost prohibitive. The PowerPoint presentation can also be e-mailed to stakeholders who are committed to providing information to their specific audience or posting it on their intranet.
- **Agency website (intranet or internet)** – Use your agency website to educate your employees and the public on the disability placard and plate program. The program’s landing page should be easy to find and navigate.
- **Social media** – Use social media to post messages, information, and videos about your disability placard program and enforcement operations. Advocacy groups and associations can leverage their own social media accounts to increase awareness.

Chapter 9 Sample Legislation and Notable Court Cases

This chapter provides sample legislation for qualifying individuals for the use of disability placards and plates, the benefits available to recipients, and the penalties for misuse. The chapter also contains court cases that inform or shape program details.

Sample Legislation

Jurisdictions are legally required to extend reciprocity nationally and internationally to any holder of a disability placard or plate issued by another jurisdiction that displays the international symbol of access.

The following is a compilation of existing state statutes that may serve as examples for jurisdictions interested in crafting new or amending existing legislation.

Definitions

- (1) A “person with a disability” is any of the following:
 - (a) Any person who has lost, or has lost the use of, one or more lower extremities or both hands, who has significant limitation in the use of lower extremities, who has a diagnosed disease or disorder which substantially impairs or interferes with mobility, or who is so severely disabled as to be unable to move without the aid of an assistant device.
 - (b) Any person who is blind to the extent that the person’s central visual acuity does not exceed 20/200 in the better eye, with corrective lenses, as measured by the Snellen test, or visual acuity that is greater than 20/200 but with a limitation in the field of vision such that the widest diameter of the visual field subtends an angle not greater than 20 degrees.
 - (c) Any person who has lung disease to the extent of any of the following:
 - (i) The person’s FEV1 when measured by spirometry is less than 1 L.
 - (ii) The person’s arterial oxygen tension (pO₂) is less than 60 mm/Hg on room air while the person is at rest.
 - (iii) The person is impaired by cardiovascular disease to the extent that the person’s functional limitations are classified in severity as class III or class IV based on standards accepted by the American Heart Association.
 - (d) A “disabled veteran” is any person who, because of injury or disease sustained while on active service with the armed forces of the United States, has any of the following:
 - (i) Has a disability rated at 100% by the Department of Veterans Affairs or the military service from which the veteran was discharged due to a diagnosed disease or disorder that substantially impairs or interferes with mobility
 - (ii) Is so severely disabled as to be unable to move without an assistant device
 - (iii) Has lost, or has lost use of, one or more limbs
 - (iv) Has suffered permanent blindness.

General Language Authorizing Disability Placards/Plates

- (2) The department shall, upon application, issue a disability placard or license plates to the following:
 - (a) A person with disability
 - (b) A disabled veteran
 - (c) An organization or agency that provides for transportation of disabled persons or disabled veterans if the motor vehicle displaying the disability placard or plates is used solely for transporting those persons
 - (d) Disability placards and plates must display the International Symbol of Access adopted pursuant to Section 3 of Public Law 100-641, commonly known as a “wheelchair symbol.”

General Language on Qualification

- (1) Prior to issuing disability placards or license plates to a person, the department shall require a certificate signed by a physician, nurse practitioner, certified nurse midwife, or physician assistant, substantiating the disability. The department may waive the requirement if the disability is readily observable.
- (2) The disability of a person who has lost, or has lost the use of, one or more lower extremities may be certified by a chiropractor.
- (3) Blindness shall be certified by a physician who specializes in diseases of the eye or an optometrist.
- (4) A disorder of the foot may be certified by a podiatrist.
- (5) The qualified person who signs a disability certificate shall retain information sufficient to substantiate that certificate and, upon request of the department, shall make that information

available for inspection by the appropriate regulatory board.

- (6) For a disabled veteran, the department shall also accept a certificate from the United States Department of Veterans Affairs that certifies that the applicant is a disabled veteran as described in Section 295.7.

Enforcement Issues

- (1) A person issued a disability placard or plates shall, upon request, present to a peace officer or person authorized to enforce parking laws a certification issued by the department that substantiates eligibility to possess the plate or plates. The certification shall contain the name of the person issued the disability placards or plates and the name, address, and telephone number of the medical professional who certified the eligibility of the person.
- (2) Disability placards or plates shall, upon the death of the person, be returned within 60 days.
- (3) When a motor vehicle displaying disability plates issued to an organization is sold or transferred, the plates shall be immediately returned to the department.
- (4) It is unlawful to park or leave standing any vehicle in a stall or space designated for persons with disability unless the vehicle displays either disability placards or plates.
- (5) It is unlawful for any person to obstruct, block, or otherwise bar access to parking stalls or spaces designated for persons with disability.
- (6) It is unlawful for any person to park or leave standing any vehicle in any area of the pavement adjacent to a parking stall or space designated for persons with disability that is marked for the loading and unloading of vehicles parked in the stall or space.

- (7) Parking rules regarding spaces designated for persons with disability apply to all privately owned and publicly owned off-street parking facilities.

Penalties for Misuse

Penalties for misuse of a disability parking placard vary widely and are controlled by both jurisdictional and local authorities. As a result, standard language is not as valuable as general guidelines for approaching penalties.

- (1) Penalties should be significant enough to create deterrence. The most obvious approach is a financial penalty. In some communities, fines can be \$2,500 or even higher.
- (2) Penalties should be available in both civil and criminal forums. The most common example of a civil penalty is the towing and storage of an offender's vehicle. The most common example of a criminal penalty is a fine or community service.
- (3) Penalties should also address placard holders who allow abuse. There are cases in which persons with disability lend placards to family and friends or obtain substitutes so they can sell placards on online sale sites. In addition to significant penalties, these individuals are often required to be recertified by a qualified licensed healthcare practitioner for any future disability placards or license plates.

Benefits of Disability Parking Products

Jurisdictions generally offer a wide variety of options when it comes to the privileges associated with disability placards and plates. The language here attempts to place this information into three categories:

- (1) *Universally accepted privileges such as time extension or exemption and blue zone access*
 - (a) A person with a disability may park in a designated stall or space.

- (b) A person with disability displaying disability placard or plates is allowed to park for unlimited periods in any parking zone that is restricted as to the length of time parking is permitted as indicated by a sign or curb markings.

Or:

- (b) A person with a disability displaying disability placards or plates is allowed to park for one additional hour in any parking zone that is restricted as to the length of time parking is permitted as indicated by a sign or curb markings.
- (c) Subdivision (b) does not apply to a zone where stopping, parking, or standing is prohibited for all vehicles, or a zone reserved for special types of vehicles.
- (d) A person with disability is allowed to park a motor vehicle displaying disability placards or plates issued by a foreign jurisdiction with the same parking privileges authorized for any motor vehicle displaying disability placards or plates issued by this jurisdiction.

- (2) *Free parking at on-street meters for all vehicles displaying disability license plates or placards*

- (a) A person with disability may park in any metered parking space without being required to pay parking meter fees.
- (b) This section does not apply to metered parking in an off-street parking facility.

- (3) *Free parking for a select category of persons with disability who have mobility issues, commonly referred to as a "two-tiered" system*

- (a) A person with disability displaying a non-meter-exempt disability placard or plates may park in a space designated for disabled persons.

- (b) A person with disability displaying a disability placard or plates may park under the following rules:
 - (i) In any metered parking space without being required to pay parking meter fees
 - (ii) For unlimited periods in any parking zone that is restricted as to the length of time parking is permitted as indicated by a sign or curb markings, except where stopping, parking, or standing is prohibited for all vehicles, or a zone reserved for special types of vehicles
- (c) To be eligible for free metered parking, a person with a disability must be unable to do at least one of the following:
 - (i) Manage, manipulate, or insert coins or obtain tickets or tokens in parking meters or ticket machines in parking lots or parking structures because of a lack of fine motor control of BOTH hands;
 - (ii) Reach above his or her head to a height of 42 inches from the ground because of a lack of finger, hand or upper-extremity strength or mobility;
 - (iii) Approach a parking meter because of using a wheelchair or other device for mobility; or
 - (iv) Walk more than 20 feet because of an orthopedic, neurological, cardiovascular, or lung condition in which the degree of debilitation is so severe that it almost completely impedes the ability to walk.
- (d) Prior to issuing a meter-exempt disability placard to a person, the department shall require a certificate signed by a physician, nurse practitioner, or physician assistant, substantiating the person meets at least one of the criteria identified in section (c).

Reciprocity

All jurisdictions are obligated under the Uniform System to extend reciprocity nationally and internationally to any disability placard or license plate issued by another jurisdiction. Despite this rule, constituents and local authorities are often confused about reciprocity, so it is a good practice to include complying language in state or provincial statutes addressing disability parking. Conforming language can be as simple as stating:

The benefits and access privileges afforded in this chapter shall be extended to vehicles displaying removable windshield placards, temporary removable windshield placards, and special license plates that have been issued by issuing authorities of other states and countries.

Notable Court Cases

What follows is a listing of significant court cases related to disability parking. Although the cases may not serve as precedents in your jurisdiction, the stories, arguments, and decisions are worth noting because they have shaped statutes where they occurred.

Thompson v. State of Colorado, 258 F.3d 1241, 10th Cir. (2001)

Phoebe Thompson filed a class action lawsuit against the State of Colorado, arguing that its \$2.25 fee for a disability placard violated Title II of the ADA. Colorado prevailed in defending its placard fee by arguing that it was immune from a federal lawsuit on the matter under the 11th Amendment to the US Constitution.

The court found that “Title II’s accommodation requirement appears to be an attempt to prescribe a new federal standard for the treatment of the disabled rather than an attempt to combat unconstitutional discrimination.” As a result, federal authority (and therefore the requirements of Title II) did not extend to the matter of the nominal fee for a disability placard.

COMMONWEALTH of Pennsylvania, Appellee, v. Dale A. LUNDBERG, Appellant. (2001)

Dale Lundberg was fined for parking in a disability space and appealed, arguing that the space was not properly posted in accordance with Department of Transportation regulations. The signage did not state the penalty amount or indicate that vehicles in violation could be towed. A court rejected his claim that proper posting in accordance with departmental regulations was an element of the crime.

Lundberg appealed, and the appellate court set aside the conviction because Pennsylvania law clearly required that signage display the penalty amount and a warning that a vehicle could be towed for violating the parking restriction.

This case is worth noting because even though the parking space was clearly marked as reserved only for disabled persons, the letter of the law was a necessary element of enforcement.

Andrew HEDGEPEETH, Celia Burson, David McCleary, and Gaynell Metts, on behalf of themselves and all others similarly situated, Plaintiffs-Appellants, v. State of TENNESSEE Department of Public Safety (2000)

Andrew Hedgepath sued Tennessee for a fee system charging \$20.50 for vehicle registration and a disability placard valid for two years. In this case, the Sixth Circuit ruled that fees associated with the registration of a vehicle and issuance of a disability placards constitute a tax for purposes of the Tax Injunction Act and that Plaintiffs had a “plain, speedy,

and efficient remedy” to contest the matter at the state level. Alternatively, the district court held for purposes of appellate review that the complaint should also be dismissed on grounds of 11th Amendment immunity and the statute of limitations.

William Robert Dare Gary Petillo v. State of California (4th Cir. 1999)

William Dare applied for a disability placard in 1996 and was charged the requisite \$6 fee. He sued the State of California, claiming that charging a fee constitutes a violation of ADA Title II and its promulgating regulations. Dare alleged that the fee constitutes an impermissible surcharge on measures necessary to ensure the nondiscriminatory treatment of individuals and groups required by the ADA. Dare cited 28 C.F.R. Section 35.130(f), a regulation promulgated by the Department of Justice to enforce the ADA, which states that:

[a] public entity may not place a surcharge on a particular individual with a disability or any group of individuals with disabilities to cover the costs of measures, such as the provision of auxiliary aids or program accessibility, that are required to provide that individual with the nondiscriminatory treatment required by the Act or this part.

The suit was granted class action status and reached the Ninth Circuit Court of Appeal, which ruled that the fee constitutes a surcharge against disabled people that is discriminatory. California settled the matter by making a number of statutory adjustments, including elimination of a fee for permanent disability placards and automatic renewal of placards without requiring an application for renewal.

COMMONWEALTH of Pennsylvania v. Robert W. GEIGLEY (1995)

Robert Geigley was convicted of parking his automobile on the street in front of his house in excess of the allotted time limit. According to a

local ordinance in Gettysburg, PA, vehicles lacking a residential permit are limited to parking for two hours, and Geigley's vehicle displayed no residential permit, although he did display a disability parking placard. Pennsylvania law allowed an additional one-hour "grace period" for vehicles displaying a disability parking placard, but Geigley was parked for more than three hours.

Geigley appealed, arguing his disability should make him immune from local parking limitations and that a separate statute authorizing the city to install

a disability parking space should be enforced. The Pennsylvania Supreme Court responded that the statute was clear in granting only one hour of grace period and that a statute allowing the city to install a space could not be interpreted as requiring installation of a disability space.

This case is worth noting because the court determined that the government can limit the privileges associated with disability parking products and that requests for a blue space can be denied.

Appendix A Summary of AAMVA Jurisdictional Survey

The Working Group conducted a survey in May 2017 via the AAMVA’s web survey tool to gather information on disability placard and plate programs. Thirty-five jurisdictions responded, although not all questions were answered. Below is a table showing overall placard and plate numbers. Following the table is a summary of the remaining survey results. For complete results, visit www.aamva.org. The name of the survey is Disability Placard/Plate Fraud Working Group.

Jurisdiction	Licensed Drivers	Registered Vehicles	Disabled Placards - Permanent	Disabled Placards - Temporary	Disabled Plates
Albert	3,500,000	5,400,000	146,000	9,000	Does not issue
Alabama	4,987,677	5,504,068	79,904	12,827	149,356
Arkansas	2,000,000	3,200,000	—	—	80,240
Arizona	5,416,862	6,089,762	507,004	combined	183,841
California	25,900,000	34,300,000	2,400,000	90,000	381,000
Connecticut	2,663,272	2,954,231	177,443	8,718	5,452 After 2011, Connecticut only issues disability plates for motorcycles and replacement plates.
Florida	16,568,874	20,641,208	524,767	89,895	40,721
Idaho	1,200,000	1,600,000	30,000	45,000	9,000
Illinois	9,100,000	11,500,000	615,798	36,000	74,160
Indiana	4,531,968	6,322,980	548,545	9,465	282,615
Iowa	2,200,000	4,400,000	45,377	25,901	58,453
Kansas	3,033,750	5,558,496	396,333	124,164	63,668
Kentucky	3,626,575	3,862,818	273,817	8,125	27,564
Maine	800,000	1,200,000	140,250	4,415	15,887
Manitoba	862,438	1,149,117	—	—	—
Maryland	4,314,333	4,700,000	537,279	20,718	80,261
Michigan	7,175,382	8,200,000	654,271	37,600	240,000
Minnesota	3,351,430	4,675,401	402,280	80,734	25,876
Missouri	4,265,019	5,241,900	579,792	3,069	141,359
North Carolina	7,761,786	9,180,506	1,147,319	29,881	57,083
North Dakota	558,657	1,160,042	75,623	872	7,172
Nebraska	1,443,062	2,421,231	153,932	5,322	7,019
New Hampshire	1,089,930	1,752,496	124,395	3262	1,934
New Jersey	5,205,554	5,774,683	414,318	—	54,575
New York	12,037,759	11,256,778	165,557	51,373	41,358
Ohio	7,897,922	11,978,636	1,424,456	11,568	63,206
Oregon	3,000,000	3,440,995	405,000	56,000	0
Pennsylvania	8,984,672	12,066,651	1,024,675	Combined	98,586
Quebec	5,375,648	6,416,349	142,073	18,945	Does not issue
South Carolina	3,878,918	4,482,777	310,699	16,584	32,671
Utah	—	3,020,211	213,755	12,927	19,445
Virginia	5,900,000	6,400,000	178,000	—	132,811
Vermont	580,904	730,429	32,719	Combined	2,836
Washington	5,639,066	7,213,580	717,918	37,815	39,739
Wisconsin	4,250,018	5,871,302	240,000	Combined	42,394

1. Does your jurisdiction have a replacement schedule for disability placards or plates? If yes, indicate how often they are reissued.*

Has a <u>Placard</u> Replacement Schedule	Has a <u>Plate</u> Replacement Schedule	How Often Permanent <u>Placards</u> Are Replaced	How Often Temporary <u>Placards</u> Are Replaced
72% (26)	47% (16)	Every 5–6 years: 50% (17)	Every 3–6 months: 55% (19)
		Every 3–4 years: 32% (11)	Beyond 1 year: 27% (9)
		Every 1–2 years: 9% (3)	Yearly: 18% (6)
		Match license expiration: 9% (3)	

*The majority of jurisdictions renew disability plates annually. Every 5 years is the second most common renewal time for disability plates.

2. What are the disability placard or plate reissue requirements?

New Application and/or Medical Certification	No Requirements	Self-Certify
46% (15)	42% (14)	12% (4)

3. What type or categories of medical professionals are authorized to certify the disability for placard or plate issuance? Common responses included:

Physician, surgeon, physician assistant, occupational and physical therapist, podiatrist, nurse, nurse practitioner, hospital administrator, optometrist, ophthalmologist, chiropractor, and certified nurse midwife.

(Kentucky allows a county clerk to attest to the disability with no medical professional authorization.)

4. Does your jurisdiction require supporting documentation from a medical professional to certify the disability? If yes, explain or provide a link if available online.

Jurisdictions that require supporting documentation from a medical professional to certify the disability: 64% (21 respondents)

Five states require documentation beyond application self-authorization: New Jersey, New York, South Carolina, Vermont, and Washington (see below for explanation).

New Jersey: requires prescription or authorization on letterhead for medical practitioners	New York: requires proof of disability be submitted; one option is for the doctor to certify the condition on their letterhead	South Carolina: requires medical professional to submit a written certification of disability on a prescription pad	Vermont: allows medical professional to submit progress reports to the MVA	Washington: requires approval on a tamper-resistant prescription pad or letterhead
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5. Does your jurisdiction provide an identification document to anyone obtaining a disability placard or plate?

Provide Identification for Both Placard and Plate	Does Not Provide Identification	Provide Identification for Placard Only
45% (14)	35% (11)	20% (6)

6. Does your jurisdiction offer benefits to anyone with a disability placard or plate (e.g., free or reduced parking or extended parking time)?

Free or Reduced Parking	No Benefits	Full-Service Fuel at the Self-Service Price
50% (16)	45% (15)	12% (4)

7. Does your jurisdiction issue disabled placards or plates to nonresidents? If yes, how many valid disabled placards or plates are currently in circulation?

59% (19) jurisdictions *do not* issue disability placards or plates to nonresidents.

(North Carolina was the only jurisdiction that provided an issuance number for nonresident placards or plates: 1,247.)

Appendix B Sample Form: Request for Private Health Information Disclosure to Law Enforcement

The U.S. Department of Health and Human Services (HHS) issued regulations implementing The Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191, or HIPAA). Known as the HIPAA Privacy Rule, the regulation establishes national standards to protect individuals' medical records and other personal health information and applies to health plans, healthcare clearinghouses, and healthcare providers who conduct certain healthcare transactions electronically. The Rule requires appropriate safeguards to protect the privacy of personal health information and sets limits and conditions on the uses and disclosures that may be made of such information without patient authorization. The Rule also gives patients rights over their health information, including rights to examine and obtain a copy of their health records and to request corrections.

Section 164.502 of the HIPAA Privacy Rule establishes permitted uses and disclosures of private health information (PHI). The Privacy Rule authorizes healthcare practitioners to disclose PHI to law enforcement officials without a patient's written authorization under specific circumstances. Although MVAs should work with their legal counsel to develop a medical information request form that complies with the HIPAA Privacy Rule and any applicable state and local laws, following is a sample of an administrative request designed to comply with the relevant portions of the HIPAA Privacy Rule (reprinted below).

Requestor, Agency, and Contact Information		Date:	
LE agency:		Phone#:	
LE officer:		Unit:	ID#:

[45 CFR 164.514(h)]

I am the Law Enforcement Officer identified above, and I am conducting an investigation of:

Individual's full name:	
Date of birth:	
Other identifying information:	

I am requesting a summary listing of this individual's **current diagnoses and medications**, in addition to the following:

The above information is relevant and material to my investigation; I have limited its scope to the specific components delineated above as the minimum necessary [ref.: 45 CFR 164.502(b), 164.514(d)], and de-

identified information will not suffice in this investigation. When deemed reasonable, the CE may rely upon my representations above, as a public officer, as to what is the minimum necessary for my lawful purpose [45 CFR 164.514(d)(3)(iii)(A)].

As PHI disclosures are required to be documented by CEs, the copy of this form is being provided for inclusion in the individual's records, according to your facility's policies.

(Requesting Law Enforcement Officer Signature)

45 CFR 164.512 – Uses and disclosures for which an authorization or opportunity to agree or object is not required.

(f) Standard: Disclosures for law enforcement purposes. (A covered entity may disclose protected health information for a law enforcement purpose to a law enforcement official if the conditions in paragraphs (f) (1) through (f)(6) of this section are met, as applicable.

(1) Pursuant to process as otherwise required by law. A covered entity may disclose protected health information:

(ii) In compliance with and as limited by the relevant requirements of:

(C) An administrative request, including an administrative subpoena or summons, a civil or an authorized investigative demand, or similar process authorized under law, provided that:

- (1) The information sought is relevant and material to a legitimate law enforcement inquiry;
- (2) The request is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought; and
- (3) De-identified information could not reasonably be used.

45 CFR 164.502 – Uses and disclosures of protected health information: General rules.

(b) Standard: Minimum necessary – Minimum necessary applies. When using or disclosing protected health information or when requesting protected health information from another covered entity or business associate, a covered entity or business associate must make reasonable efforts to limit protected health information to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request.

45 CFR 164.514 – Other requirements relating to uses and disclosures of protected health information.

(d)

(1) Standard: minimum necessary requirements. In order to comply with § 164.502(b) and this section, a covered entity must meet the requirements of paragraphs (d)(2) through (d)(5) of this section with respect to a request for, or the use and disclosure of, protected health information.

- (2) Implementation specifications: Minimum necessary uses of protected health information.
- (i) A covered entity must identify:
 - (A) Those persons or classes of persons, as appropriate, in its workforce who need access to protected health information to carry out their duties; and
 - (B) For each such person or class of persons, the category or categories of protected health information to which access is needed and any conditions appropriate to such access.
 - (ii) A covered entity must make reasonable efforts to limit the access of such persons or classes identified in paragraph (d)(2)(i)(A) of this section to protected health information consistent with paragraph (d)(2)(i)(B) of this section.
- (3) Implementation specification: Minimum necessary disclosures of protected health information.
- (i) For any type of disclosure that it makes on a routine and recurring basis, a covered entity must implement policies and procedures (which may be standard protocols) that limit the protected health information disclosed to the amount reasonably necessary to achieve the purpose of the disclosure.
 - (ii) For all other disclosures, a covered entity must:
 - (A) Develop criteria designed to limit the protected health information disclosed to the information reasonably necessary to accomplish the purpose for which disclosure is sought; and
 - (B) Review requests for disclosure on an individual basis in accordance with such criteria.
 - (iii) A covered entity may rely, if such reliance is reasonable under the circumstances, on a requested disclosure as the minimum necessary for the stated purpose when:
 - (A) Making disclosures to public officials that are permitted under § 164.512, if the public official represents that the information requested is the minimum necessary for the stated purpose(s);
 - (B) The information is requested by another covered entity;
 - (C) The information is requested by a professional who is a member of its workforce or is a business associate of the covered entity for the purpose of providing professional services to the covered entity, if the professional represents that the information requested is the minimum necessary for the stated purpose(s); or
 - (D) Documentation or representations that comply with the applicable requirements of § 164.512(i) have been provided by a person requesting the information for research purposes.
- (4) Implementation specifications: Minimum necessary requests for protected health information.
- (i) A covered entity must limit any request for protected health information to that which is reasonably necessary to accomplish the purpose for which the request is made, when requesting such information from other covered entities.

- (ii) For a request that is made on a routine and recurring basis, a covered entity must implement policies and procedures (which may be standard protocols) that limit the protected health information requested to the amount reasonably necessary to accomplish the purpose for which the request is made.
- (iii) For all other requests, a covered entity must:
 - (A) Develop criteria designed to limit the request for protected health information to the information reasonably necessary to accomplish the purpose for which the request is made; and
 - (B) Review requests for disclosure on an individual basis in accordance with such criteria.
- (5) Implementation specification: Other content requirement. For all uses, disclosures, or requests to which the requirements in paragraph (d) of this section apply, a covered entity may not use, disclose or request an entire medical record, except when the entire medical record is specifically justified as the amount that is reasonably necessary to accomplish the purpose of the use, disclosure, or request.
- (h)
 - (1) *Standard: Verification requirements.* Prior to any disclosure permitted by this subpart, a covered entity must:
 - (i) Except with respect to disclosures under § 164.510, verify the identity of a person requesting protected health information and the authority of any such person to have access to protected health information under this subpart, if the identity or any such authority of such person is not known to the covered entity; and
 - (ii) Obtain any documentation, statements, or representations, whether oral or written, from the person requesting the protected health information when such documentation, statement, or representation is a condition of the disclosure under this subpart.
 - (2) *Implementation specifications: Verification -*
 - (i) *Conditions on disclosures.* If a disclosure is conditioned by this subpart on particular documentation, statements, or representations from the person requesting the protected health information, a covered entity may rely, if such reliance is reasonable under the circumstances, on documentation, statements, or representations that, on their face, meet the applicable requirements.
 - (A) The conditions in § 164.512(f)(1)(ii)(C) may be satisfied by the administrative subpoena or similar process or by a separate written statement that, on its face, demonstrates that the applicable requirements have been met.
 - (B) The documentation required by § 164.512(i)(2) may be satisfied by one or more written statements, provided that each is appropriately dated and signed in accordance with § 164.512(i)(2)(i) and (v).
 - (ii) *Identity of public officials.* A covered entity may rely, if such reliance is reasonable under the circumstances, on any of the following to verify identity when the disclosure of protected health information is to a public official or a person acting on behalf of the public official:

- (A) If the request is made in person, presentation of an agency identification badge, other official credentials, or other proof of government status;
 - (B) If the request is in writing, the request is on the appropriate government letterhead; or
 - (C) If the disclosure is to a person acting on behalf of a public official, a written statement on appropriate government letterhead that the person is acting under the government's authority or other evidence or documentation of agency, such as a contract for services, memorandum of understanding, or purchase order, that establishes that the person is acting on behalf of the public official.
- (iii) *Authority of public officials.* A covered entity may rely, if such reliance is reasonable under the circumstances, on any of the following to verify authority when the disclosure of protected health information is to a public official or a person acting on behalf of the public official:
- (A) A written statement of the legal authority under which the information is requested, or, if a written statement would be impracticable, an oral statement of such legal authority;
 - (B) If a request is made pursuant to legal process, warrant, subpoena, order, or other legal process issued by a grand jury or a judicial or administrative tribunal is presumed to constitute legal authority.
- (iv) *Exercise of professional judgment.* The verification requirements of this paragraph are met if the covered entity relies on the exercise of professional judgment in making a use or disclosure in accordance with § 164.510 or acts on a good faith belief in making a disclosure in accordance with § 164.512(j).

Appendix C Sample Placards

IMPORTANT: REMOVE BEFORE DRIVING VEHICLE

MICHIGAN SECRETARY OF STATE MV-124

2000000

EXPIRES

JAN				JUL				
FEB				AUG				
MAR				SEP				
APR	MONTH	DAY	YEAR	OCT				
MAY	Punching more than one (1) month and/or year voids this placard.			NOV				
JUN				DEC				
	23	24	25	26	27	28	29	30

IMPORTANT: REMOVE BEFORE DRIVING VEHICLE

MICHIGAN SECRETARY OF STATE MV-8

0000001

EXPIRES

JAN				JUL				
FEB				AUG				
MAR				SEP				
APR	MONTH	DAY	YEAR	OCT				
MAY	Punching more than one (1) month and/or year voids this placard.			NOV				
JUN				DEC				
	23	24	25	26	27	28	29	30

Appendix D Complaint Form

An online version of this document is available from the Florida Department of Highway Safety and Motor Vehicles' website at [Disabled Parking Permit Abuse \(flhsmv.gov\)](http://DisabledParkingPermitAbuse.flhsmv.gov)

**MOTORIST SERVICES
PARKING ABUSE COMPLAINT FORM**

This is a complaint about misuse of a:

Disability Placard Handicap License Plate Improper Use of Parking Space

The vehicle's license plate number is: _____

Other markings on the plate include ("taxi," "commercial"): _____

The Disability Placard number (if applicable) is: _____

Location of abuse (address, city/town, near landmark): _____

Description of vehicle: _____

Description (and/or name) of person abusing HP parking: _____

Describe activity leading you to believe this is a case of Handicap Parking abuse: _____

This form must be signed to be processed.

Signature: _____ Date: _____

Print Name: _____

Daytime Telephone Contact Number: _____

Current Mailing Address: _____

Note: Please attach additional pages if necessary. Also, please attach copies of ALL supporting documents, including photos and any other documents relating to your complaint.

Please mail this form to:

Fraud/Motorist Review Unit
2900 Apalachee Pkwy, Rm B361, MS-69
Tallahassee, FL 32399

You can also email this form to fraud@flhsmv.gov or fax to 850-617-3945.

OUR VISION

Safe drivers

Safe vehicles

Secure identities

Saving lives!



American Association of Motor Vehicle Administrators

4401 Wilson Blvd, Suite 700
Arlington, Virginia 22203
703.522.4200 | aamva.org