

Chairman Green, Vice Chair McClain, Ranking Member Sheehy, and members of the House Transportation Committee, I appreciate the opportunity to offer proponent testimony on House Bill 787.

I am both a person with a physical disability (cerebral palsy) and a pediatric physical medicine and rehabilitation physician who cares for children with disabilities. In my experience in both capacities, lack of disabled parking and an inability to access such parking spaces is a real challenge for all disabled people to fully function independently without discrimination within their communities. HB 787 is important because it strives to actualize the intent of laws like the ADA which became federal law 30 years ago. At its core, what it says is that people with disabilities have the same rights to access their communities as abled bodied persons. But by not being able to park in a disabled parking spot, I, and my patients and families often have to either expend an inordinate amount of energy just to patronize stores, restaurants, and other businesses, or avoid going to such places altogether. The level to which we are affected is dependent on the severity of the disability and how much help we may have from other people or caregivers to assist us.

Personally speaking, I have been to several places where there just are not enough disabled parking spaces. This means I am forced to park farther away from where I need to be. Sometimes it's farther back in the lot, sometimes it's down the street, but that means that I have to expend even more energy just to enter a place of business, which makes completing task I am there for more difficult, be it grocery shopping or purchasing needed items from the hardware store. For me, my cerebral palsy means that I expend almost four times as much energy to walk as abled-bodied persons. I wear orthoses and use assistive devices like forearm crutches to walk, or I use my wheelchair. Specifically, I can recall multiple instances prior to the pandemic when I would patronize one of my favorite downtown Akron restaurants—Lock 15 Brewery—only to find that all disabled parking disabled spots were taken (there are only 2 or 3 in the whole lot) as well all other regular spots in the paved lot, so I was forced to park on a poorly lit secondary gravel lot furthest away.

However, some of my patients cannot ambulate, use heavy power wheelchairs and can only get in or out of a vehicle by a caregiver lifting them, or utilizing a motorized lift, or ramp. In order to use these ramps, they need the full access lane next to the disabled parking spot to get out of their vehicle. I have witnessed other cars parked either partly or fully in the access lane. Just yesterday at the grocery store, I saw car parked opposite mine with the left-sided wheels well over into the access lane. This car also had no identification that the driver was disabled—there was no disabled placard nor a license plate. Even though I had a spot, what if someone after me who needed it could not park in the open spot next to this vehicle because the access lane was obstructed?

Furthermore, I have also witnessed businesses utilizing disabled spots in their parking lot as storage space, rendering the spot unusable. I can recall a specific instance at the Agora Ballroom in Cleveland summer before last where I saw the dumpster placed in one of the disabled spots closest to the entrance.

Disabled people who need these spaces should have access to them. People who do not need them and use them anyway should be ticketed, as well as those who block access lanes rendering spaces unusable. Businesses that make it harder for disabled people to patronize their own stores and venues should also be fined. That is what H.B. 787 can do. And what to do with the generated revenue? It can be invested in the disabled community by directly and indirectly creating more accessible, disabled parking spaces for one.

I respectfully ask for your support of this legislation. Thank you all for your time and I am happy to answer any questions at this time.

Sincerely,

Christopher Raffi Najarian, M.D., M.P.H.