



Access Technology Affordability Act (S. 732/H.R. 1734)

Increase the availability of access technology and promote affordability of that technology for blind Americans

Access technology enables blind Americans to participate in today's connected world.

Although blindness is easily measurable,¹ it affects each person differently and at different ages. Despite these differences, manufacturers have designed various tools that enable each blind American to perform tasks that they were once unable to accomplish themselves due to their disability. Braille note takers are frequently used in schools, screen reading software allows workers to check their email at home, and screen magnification software can help seniors losing vision learn about community activities. Access technology equips blind Americans to seek employment and stay employed. For the 58 percent of blind Americans who are not in the labor market,² it is a vehicle that makes possible and increases the chances of engaging in and securing employment. However, despite this critical need, public and private entities struggle to meet consumer demand.³ This leads to untimely delays in the delivery of crucial technology and ultimately harms the blind consumer.

The high cost of access technology creates a difficult economic reality. According to the United States Census Bureau, 72 percent of blind Americans are either unemployed or underemployed,⁴ yet most access technology continues to range from \$1,000 to \$6,000. For example, a leading screen reader is \$900, a popular Braille note taker is \$5,495, one model of a refreshable Braille display is \$2,795, and a moderately priced Braille embosser is \$3,695. Consequently, most blind Americans do not have sufficient financial resources needed to purchase these items.⁵ These financial barriers can ultimately lead to a loss of employment, insufficient education, or even isolation from community activities.

Medical insurance will not cover the cost of access technology. Current definitions of "medical care," "medical necessity," and "durable medical equipment" within common insurance policies do not include access technology. These definitions were adopted in the 1960s when medical care was viewed primarily as curative and palliative, with little or no consideration given to increasing an individual's functional status.⁶ Many states' Medicaid programs and individual health insurance plans have adopted similar definitions and likewise will not cover the cost of access technology.⁷

Access Technology Affordability Act:

The Access Technology Affordability Act provides a simple solution that will increase the availability of access technology so that blind Americans can procure these items for themselves. It establishes a refundable tax credit for blind Americans in the amount of \$2,500 to be used over a three-year period to offset the cost of access technology.

Historically, Congress has created similar tax incentives (e.g., Disabled Access Credit) for business owners required to make accommodations, including access technology, for employees and patrons with disabilities. Even though Congress created these tax incentives to increase accessibility in the community, these incentives are underutilized.⁸ Meanwhile, blind Americans, for the most part, must depend on others to procure access technology for them.

There is no one-size-fits-all solution to meet the access technology needs of all blind Americans. Accessibility requires an individualized assessment of one's own skills and needs. Therefore, blind Americans should be given the opportunity to procure access technology on their own to ensure that they are receiving the tools that are most useful for them.

REMOVE FINANCIAL BARRIERS AND INCREASE THE AVAILABILITY OF ACCESS TECHNOLOGY.

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¹ 26 U.S.C § 63(f)(4).

² United States Census Bureau. 2015. American Community Survey, www.disabilitystatistics.org (site maintained by Cornell University).

³ Department of Education, Rehabilitation Services and Disability Research, "Fiscal Year 2018 Budget Request," <https://www2.ed.gov/about/overview/budget/budget17/justifications/i-rehab.pdf>, p. I-66.

⁴ United States Census Bureau. 2015. American Community Survey, www.disabilitystatistics.org (site maintained by Cornell University).

⁵ Erickson, W., Lee, C., von Schrader, S. 2016. "Disability Statistics from the 2014 American Community Survey (ACS)." Ithaca, NY: Cornell University Employment and Disability Institute (EDI). Retrieved November 11, 2016, from www.disabilitystatistics.org.

⁶ National Council on Disability, "Federal Policy Barriers to Assistive Technology," (May 31, 2000) 8, http://www.ncd.gov/rawmedia_repository/c9e48e89_261b_4dda_bc74_203d5915519f.pdf.

⁷ Assistive Technology Industry Associates, "AT Resources Funding Guide," <https://www.atia.org/at-resources/what-is-at/resources-funding-guide/> (last accessed December 15, 2016).

⁸ U.S. Gen. Accounting Office, *Business Tax Incentives: Incentives to Employ Workers with Disabilities Receive Limited use and have an Uncertain Impact 1*, at 14, (Dec. 12, 2002), http://www.unclefed.com/GAOReports/d0339_sum.pdf.