



HF3131 – Disability Parking Certificates (Cancer-Related Eligibility)
House Transportation Finance & Policy Committee
February 25, 2026

Dear Co-Chairs Representatives Koznick and Rep Tabke, and Ranking Members,

Thank you for the opportunity to testify. I'm Joel Runnels with the Minnesota Council on Disability. As a state agency, we serve as a liaison between Minnesotans with disabilities and their elected officials, advising on disability policy matters, including accessible parking.

Accessible parking is a safety accommodation. As awareness and recognition of disability and mobility-related health conditions have increased, demand for accessible parking has risen. However, the supply of accessible spaces has not increased to match that demand.

Because supply is limited and demand is increasing, qualifying standards must remain clear, objective, and function-based to preserve access for people with the most significant mobility limitations and safety concerns.

Under current law, disability parking eligibility is function-based, meaning it is tied to measurable mobility limitations, such as the ability to walk a limited distance, the need for portable oxygen, significant fall risk, or reliance on mobility devices. It is not based on diagnosis alone, but on how a condition affects safe movement in parking and traffic environments.

This framework serves two important purposes. First, it applies to any medical condition without requiring lawmakers to name each diagnosis in statute. Second, because disabilities and medical conditions affect individuals differently, focusing on functional impact ensures that eligibility is grounded in demonstrated mobility need rather than diagnosis category.

HF3131 creates a new cancer-related certificate pathway. We recognize that cancer and related treatments can absolutely create legitimate mobility limitations. We support clarifying that individuals with cancer may qualify when they meet the existing functional criteria. That clarification would support fairness and consistent application.

Our concern is with the clause allowing eligibility for “other physical health effects that manifestly impact safe mobility.” This phrase is not defined in statute and moves the standard away from clearly defined functional limitations toward a broader, discretionary threshold.

This is not simply a drafting issue. It both expands eligibility beyond measurable mobility criteria and introduces ambiguity into certification and enforcement.

When eligibility standards are vague or open-ended, they can lead to inconsistent medical determinations, uneven enforcement, and increased strain on a limited parking supply. That strain ultimately reduces reliable access for people with the greatest functional mobility limitations.

For that reason, we recommend that the committee amend this bill to remove the additional open-ended eligibility language and maintain the existing function-based framework in subdivision 2. Preserving objective, measurable standards ensures safety, consistency, and equitable access.

Thank you for your time

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