



National Network

Information, Guidance and Training on the
Americans with Disabilities Act



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Health Care and the Americans with Disabilities Act

The Americans with Disabilities Act (ADA) is a federal civil rights law that prohibits discrimination against people with disabilities. Therefore, **health care organizations that provide services to the public are covered by the ADA.**

The ADA requires that health care entities provide full and equal access for people with disabilities. This can be done through:

- **Reasonable Modifications of Policies, Practices, and Procedures**

Adjusting policies, practices, and procedures, if needed, to provide goods, services, facilities, privileges, advantages, or accommodations.

- **Effective Communication**

Making communication, in all forms, easily understood.

- **Accessible Facilities**

Ensuring physical accessibility.

The ADA requires that health care entities provide full and equal access for people with disabilities.

Covered health care facilities include, but are not limited to: hospitals, doctors' offices, pharmacies, dentists' offices, acupuncturists' offices, etc.

Health care agencies run by **state and local governments** are covered under **Title II** of the ADA. Health care organizations run by **private businesses or nonprofit organizations** are covered under **Title III** of the ADA. All entities covered by the ADA must provide access to their facilities and programs for people with disabilities.

A person with a disability can be a person with a mobility or physical disability, sensory (vision or hearing), intellectual, psychiatric, or other mental disability. People with medical conditions such as HIV/AIDS, epilepsy, rheumatoid arthritis, and cancer are also covered under the ADA.



Access to health care programs and services can be met in different ways. It depends on if the entity is run by 1) a state or local government, or 2) a business or nonprofit organization.

State and local governments meet access requirements to programs through “program accessibility.” This means that the program must be accessible across the system as a whole. If individual programs within the whole health care entity are not physically accessible, the entity can relocate goods and services to an accessible location or retrofit a facility to make it accessible.

One in five people in the United States is a person with a disability.

Businesses and nonprofit organizations meet access requirements to programs and services through “readily achievable barrier removal” at all of their facilities for all programs. For example, if a private health care provider has barriers such as steps at their entrance or examination rooms that are too small to accommodate a person who uses a wheelchair, the provider must develop a plan to remove those barriers to make the site accessible unless it is technically infeasible. Barrier removal plans should be reviewed at least annually. Planned removal of barriers work must progress each year.

If a provider can demonstrate that making a **reasonable modification**, providing **effective communication**, retrofitting a facility to become an **accessible facility**, or any other accommodation would be overly expensive (“undue financial burden”) or would completely change the care or service provided (“fundamentally alter the nature of the service, program, or activity”) they would not be required to comply with the ADA requirements. There are a number of factors to consider before a facility can claim undue burden or fundamental alteration of service such as the nature and cost of the action in relation to the size, resources, nature, and structure of the facility's operation.

For example, if a physician’s office is in an existing building with 4 small exam rooms, requiring the office to make all of their exam rooms accessible may not be **readily achievable** or may create an **undue burden** (because it could take years to build or because the cost is too high to make the physical change). Instead, the physician could make two of the rooms accessible and ensure they only schedule two patients who would benefit from an accessible room at the same time. Another example is of parent of a child with a disability requests a primary health practitioner who specializes in elder care to treat the child. Because the physician is not a pediatrician, this would likely be a **fundamental alteration of service** and would not be required.

Myth - A doctor who does not specialize in a patient’s disability does not have to provide care to that person.

✓ **Fact** - Generally, a health care provider cannot refuse to see a patient due to their disability.



Reasonable modifications of policies, practices, and procedures

Health care providers are required to make reasonable modifications (or adjustments) to policies, practices, and procedures to provide equal access to facilities and services to people with disabilities. The term “reasonable modification” is a broad concept that covers every type of disability. Examples are:

- Granting an early appointment to a patient with anxiety so that fewer people will be in the office and noise will be minimal.
- Allowing a companion to assist a person with a mobility disability with positioning the patient for a radiology scan.
- For a patient who has low vision or is blind, paperwork can be read aloud and completed by staff.
- Allowing additional time to explain care to a patient with an intellectual disability.
- Allowing a service dog that has been trained to alert their handler with a seizure disorder at the onset of a seizure to be present in an exam room.

Granting reasonable modifications is a key part to ensuring that persons with disabilities have equal access to the goods and services to which non-disabled patients have access.

Myth - You cannot charge a patient with a disability a fee for parking.

✓ **Fact** - You can charge for parking if it is a charge that all patients pay, but if a parking pay machine is not accessible, a reasonable modification would be waiving parking fees for people with disabilities who cannot access the parking machine.

Resources on reasonable modifications of policies, practices, and procedures:

- The ADA National Network Disability Law Handbook
- ADA reasonable modification regulations for state and local governments
- ADA public accommodations regulations
- Service animals

Can be found at <https://www.adapacific.org/healthcare#modification-policies-practices-procedures>



Effective Communication

Health care providers must ensure that communications with patients with hearing, vision, and speech disabilities are as effective as communications with other patients. The aid or service provided depends on the method of communication used by the patient, how long and how complex it will be, and the setting where the communication will take place. Examples are:

- For a person who is Deaf and uses sign language, providing a qualified interpreter for a scheduled or non-emergency appointment.
- For a person with low vision, providing a qualified reader for written information and provide post-op discharge instructions and medication management in large print.
- For a patient with a speech disability who is not understood by clinicians, providing the patient with the relay service 711 for speech-to-speech translation services.
- Digital accessibility is also required for effective communication and includes, but is not limited to: websites; medical kiosks; electronic health records; telecommunications; and telephonic health (which includes telepsychology and telemental health).

Effective Communication can be met through the use of a device or method or a service.

Myth - A patient's husband is Deaf and uses sign language. The wife, who is in a coma, is hearing (is not deaf). The doctor needs to communicate the health issues of the patient with the husband. Because the wife, who is hearing, is the patient, the hospital does not need to provide a sign language interpreter to her husband.

✓ **Fact** - Because communication with the next of kin benefits the patient, the hospital must provide a sign language interpreter for the husband. In some environments and situations, such as in an emergency room or urgent care, due to the immediate need effective communication could be provided via Video Remote Interpreting (VRI).

Resources on effective communication:

- Communicating with People Who Are Deaf or Hard of Hearing in Hospital Settings
- Questions and Answers for Health Care Providers
- Web Accessibility
- Guidance and Resources for Electronic Information Technology

Can be found at <https://www.adapacific.org/healthcare#effective-communication>

Accessible Facilities

Health care entities must ensure that their facilities are accessible to people with disabilities*. Health care providers must have an accessible facility that meets the 2010 ADA Standards for Accessible Design and have accessible exam/treatment/procedure rooms available.

Examples of features of accessible facilities, as defined by the 2010 ADA Standards for Accessible Design, include:

- Accessible parking spaces and entry;
- Doors with lever handles;
- Wheelchair accessible bathrooms with clear turning space, grab bars, and accessible sinks; and
- No objects that protrude more than 4 inches along the routes of travel.

Accessible examination rooms include, for example:

- Clear pathways of travel to the rooms;
- Entry doors that meet width requirements; and
- Clear floor and turning space inside the rooms (which may be easily achieved by moving objects like a garbage can, sharps container, or a chair that is behind a door).

*When possible, medical equipment should be accessible. Examples: accessible examination tables, accessible imaging machines, accessible scales, and patient lifts.

Myth - A private practice specialist doctor sees patients at two offices. Although the doctor has an adjustable height exam table at each of the offices and accessible bathrooms, both offices have one step at the entry way. The doctor has to remove the barrier of the front step at only one of the offices, regardless of how much it will cost.

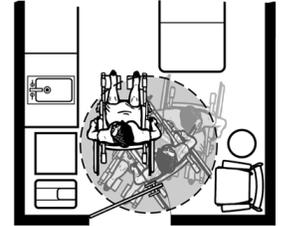
✓ **Fact** - Unless the doctor can show that removing the barrier by installing a ramp at both offices would cause an undue financial burden, the doctor must install a ramp at both offices. For budgetary reasons, the doctor may remove the steps at each location in different years.

Resources on accessible facilities:

- 2010 ADA Standards
- Access to medical care for individuals with mobility disabilities
- Accessible medical equipment (medical examination tables and chairs; medical diagnostic equipment)

Can be found at <https://www.adapacific.org/healthcare#physical-accessibility>

A facility that was constructed before the ADA is not "grandfathered."



An overhead view of an examination room showing clear floor space for a person turning a wheelchair (min 60" diameter). This space can also make it possible for use of a portable patient lift.



References and additional resources

ADA National Network Health Care Factsheet

<https://adata.org/factsheet/accessible-health-care>

American Medical Association - Access to Care for Patients with Disabilities

<https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/public-health/disability-ada.pdf>

National Council on Disability, The Current State of Health Care for People with Disabilities

https://www.ncd.gov/rawmedia_repository/0d7c848f_3d97_43b3_bea5_36e1d97f973d.pdf

New England ADA Center ADA Title II Action Guide for State and Local Governments (for more on Program Accessibility for state and local governments)

<https://www.adaactionguide.org/>

Pacific ADA Center, Access to Healthcare and the ADA

https://www.adapacific.org/assets/documents/taylor_access-to-healthcare-and-the-ada-legal-brief_2018.pdf

Pacific ADA Center, Healthcare and the ADA

<https://www.adapacific.org/healthcare>

Settlement summary United Spinal Association et al. v. Beth Israel Medical Center et al. <https://dralegal.org/case/united-spinal-association-et-al-v-beth-israel-medical-center-et-al/>

Southwest ADA Center, Disability Law Index - Public Accommodations (for Readily Achievable Barrier Removal for businesses and non-profits)

http://www.southwestada.org/html/topical/PublicAccommodations/pa_barrierremov.html

US Access Board

<https://www.access-board.gov/guidelines-and-standards/health-care/about-this-rulemaking>

U.S. Department of Justice Barrier- Free Health Care Initiative

<https://www.ada.gov/usao-agreements.htm>

U.S. Department of Justice Barrier The Americans with Disabilities Act and Persons with HIV/AIDS

https://www.ada.gov/hiv/ada_q&a_hiv.htm



Health Care and the Americans with Disabilities Act

For more information, call and speak to an ADA specialist at **1-800-949-4232**. All calls are confidential.

Content was developed by the Pacific ADA Center, and is based on professional consensus of ADA experts and the ADA National Network.



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This information product was developed under a grant from the Department of Health and Human Services, NIDILRR grant numbers 90DP0081. The contents do not necessarily represent the policy of this Department, and you should not assume endorsement by the Federal Government.

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