



Access to care for patients with disabilities: Strategies for ensuring a safe, accessible and ADA compliant practice

Disability in the United States

It is estimated that almost 13 percent of the total U.S. population¹ has a disability. Nearly 11 percent of adults ages 18 to 64, and 35 percent of adults age 65 or older, have a disability.¹ Among the Medicare population, approximately 12 percent of beneficiaries have a disability, and among individuals eligible for both Medicare and Medicaid 41 percent have a disability.² Mobility-related disabilities are frequently reported, especially by adults over age 65.³ Prevalence of disability varies across racial and ethnic groups: More non-Hispanic black adults (29 percent) and Hispanic adults (26 percent) report having a disability compared to white, non-Hispanic adults (21 percent).⁴

Accessibility of health care clinics, hospitals and other facilities in which patients receive care by a health care professional is essential to ensuring people have the ability to obtain the care they need when they need it. This is especially true for individuals with disabilities, since one of the most prominent challenges for individuals with disabilities is overcoming the barriers to enter and navigate health care facilities including entrances, hallways, exam rooms, medical equipment and restrooms. Adults with disabilities are almost twice as likely as other adults to report unmet health care needs due to problems with the accessibility of a doctor's office or clinic.⁴ Many health care facilities are not architecturally fully accessible, and many lack weight scales and examination tables that are accessible for individuals with disabilities.⁵

Regulations and standards

Regulations

Section 504 of the Rehabilitation Act of 1973 prohibits discrimination on the basis of disability by any programs or activities receiving federal financial assistance. For health

care practitioners, Section 504 prohibits discrimination by any facilities receiving reimbursement from Medicare or Medicaid. Similarly, Section 1557 of the Affordable Care Act prohibits any health care clinician that receives funding from the federal government to refuse to treat an individual—or to otherwise discriminate against an individual—based on disability. The Americans with Disabilities Act of 1990 (ADA) is the federal civil rights law that prohibits discrimination against individuals with disabilities in everyday activities, including medical services.

Among other things, these statutes together require health care organizations to:

- Provide equal services to individuals with disabilities
- Make reasonable modifications in policies and practices to provide equal access
- Provide auxiliary aids and services when necessary to provide effective communication

In addition, the ADA Standards for Accessible Design set requirements for new construction of and alterations to facilities. Establishments, including health care facilities, are expected to remove architectural barriers at existing facilities where barrier removal is feasible and in compliance with ADA Standards. The ADA Standards set minimum requirements—both scoping and technical—for newly designed and constructed or altered state and local government facilities, public accommodations, and commercial facilities to be readily accessible to and usable by individuals with disabilities.

The U.S. Access Board

The U.S. Access Board is a federal agency that promotes equality for people with disabilities through leadership in accessible design and the development of accessibility guidelines and standards for builds, transportation,



communication, medical diagnostic equipment and information technology. The board sets standards and guidelines for multiple industries. For health care facilities the board has designated standards for medical diagnostic equipment and guidance on prescription drug container labels.

The U.S. Access Board also offers guidelines for adhering to the building and alteration requirements of the ADA, including [scoping requirements](#) for [additions and alterations](#) undertaken at existing facilities covered by the ADA.

Ensuring a compliant practice

There are many important considerations in ensuring a health care facility not only meets required standards, but provides a safe, accessible and comfortable environment for patients with disabilities. For health care practices operating in rented space, both the tenant and the property owner are responsible for ensuring compliance with ADA Standards.

Evaluate staff training needs

Members of a health care team, including physicians and other staff, should be properly trained in order to provide care in an accessible manner. Proper training can help ensure all staff members are able to:

- Operate special equipment appropriately
- Assist with transfers and positioning of patients with disabilities
- Communicate clearly and ask appropriate questions
- Interact with patients with disabilities without bias, labels, stereotypes or insensitivity

Understand the needs of the patients

Be proactive by having ready the various mechanisms or tools that can aid in giving a patient with a disability a comfortable, safe, and proper evaluation and visit. A Health Risk Assessment, part of the Annual

Conducting a barrier evaluation

For existing practices, alterations to the facility may be required in order to ensure ADA compliance.

1. Take an inventory of physical barriers, such as steps/stairs, narrow doorways or hallways, heavy doors, non-adjustable exam tables or chairs. Evaluate whether the parking is accessible and adequate for individuals with disabilities.
2. Identify potential risks, such as chairs with wheels on hard surfaces that may be difficult to get in and out of.
3. Is a wheelchair- and scooter-accessible ramp installed?
4. Are there proper accommodations for vision-impaired patients such as large-text or audio versions of forms and paperwork?
5. For hearing-impaired patients, have available a paper and pen, or computer for better communication. If the patient needs or prefers it, schedule the services of an interpreter during the patient's visit. (The ADA requires that physician offices provide and compensate interpreters as needed for effective communication with patients who have a necessitating disability.)



Wellness Visit that Medicare covers, reviews information collected from the patient about their functional limitations or accessibility needs. Providing this assessment at the time appointments are made, for all patients, can help physicians and clinic staff better anticipate a patient's needs.

In addition, if a practice accepts Medicare and/or Medicaid patients, physicians may be required to systematically document and report on specific measures set by the Centers for Medicare & Medicaid Services. It is important to identify and follow all federal, state and local statutes, so be sure to check with local and state laws that may outline parameters beyond those listed in the ADA.

Know the financial options

Alterations made to a facility and/or equipment in order to comply with ADA Standards are the responsibility of the property owner and the tenant if the facility is a leased property. Financial considerations are important, especially if a building or facility needs significant alterations.

Although the majority of costs are not limited or capped, the ADA places a cap on costs associated with creating a compliant accessible path of travel to primary functioning areas. If the cost to create a compliant path of travel exceeds 20 percent of the total cost of alterations to the primary functioning area, those costs are considered disproportionate. If costs of alterations exceed this cap, compliance should be

prioritized according to the areas that will give the greatest access, outlined in the [ADA Standards](#).

Tax incentives are available at the federal and state levels to offset the costs of improving facility accessibility. The Internal Revenue Service (IRS) administers the Disabled Access Credit to eligible small businesses, including health care clinicians, for the purchase of equipment or auxiliary aids and for removing barriers in existing facilities. The credit is also available for providing effective communication or taking other steps to improve accessibility. The IRS also oversees the Architectural Barrier Removal Tax Deduction, which encourages businesses to remove architectural and transportation barriers to the mobility of people with disabilities and the elderly.⁶ Neither of these incentives applies to the costs of building a new facility. Some states, like California, offer tax incentives to complement federal incentives. [Learn more about the federal tax incentives](#).

Tools and resources

The following tools and resources are available to assist physicians and practices with ensuring their health care practice is a safe, accessible, and compliant establishment in which patients with disabilities can receive personal, high-quality care.

- [Information about the Americans with Disabilities Act \(ADA.gov\)](#)
- [ADA Standards for Accessible Design \(ADA.gov\)](#)
- [ADA Check List for Existing Facilities \(adachecklist.org\)](#)
- [ADA Checklist: Health Care Facilities and Service Providers—Ensuring Access to Services and Facilities by Patients Who Are Blind, Deaf-Blind, or Visually Impaired \(American Foundation for the Blind, afb.org\)](#)
- [Access to Medical Care for Individuals with Mobility Disabilities \(ADA.gov\)](#)

References

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6. Internal Revenue Service. *Tax benefits for businesses who have employees with disabilities*. 2018 March 21, 2018 [cited 2018 April 30]; Available from: <https://www.irs.gov/businesses/small-businesses-self-employed/tax-benefits-for-businesses-who-have-employees-with-disabilities>.