



The event will begin momentarily.

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- ASL is provided
- Presentation materials are available at:
www.access-board.gov



Equity in Healthcare for People with Disabilities



Agenda

Relevant Federal Standards and Resources for Healthcare Accessibility

- **Medical Diagnostic Equipment:** Bobby Stinnette, U.S. Access Board
- **Buildings and Sites:** Bill Botten, U.S. Access Board
- **Information & Communication Technology:** Kathy Eng, U.S. Access Board

Status of Enforceable Accessible Medical Equipment Standards

- Ana Torres-Davis, National Council on Disability (NCD)

Designing Inclusive Healthcare Environments

- Bill Zellmer, Sutter Health Care

Communication Access in Healthcare Environments

- Zainab Alkebsi, National Association of the Deaf

Medical Diagnostic Equipment



Standards address diagnostic equipment in:

- **Physicians' offices**
- **Clinics**
- **Hospitals**
- **Rehabilitation facilities**
- **Optometrists**
- **Dentists**
- **Other medical settings**

Rehabilitation Act §510

Mandates the Access Board to issue minimum technical criteria for accessible medical diagnostic equipment in consultation with the FDA

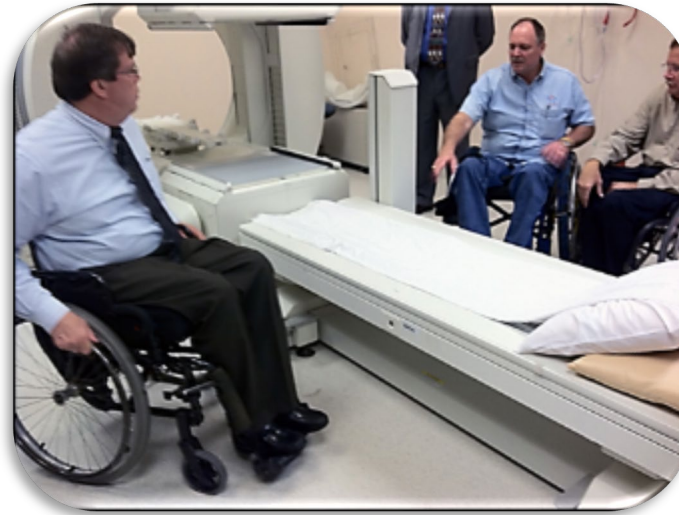
Affordable Care Act amends the Rehabilitation Act to address access to MDE

(March 23, 2010)



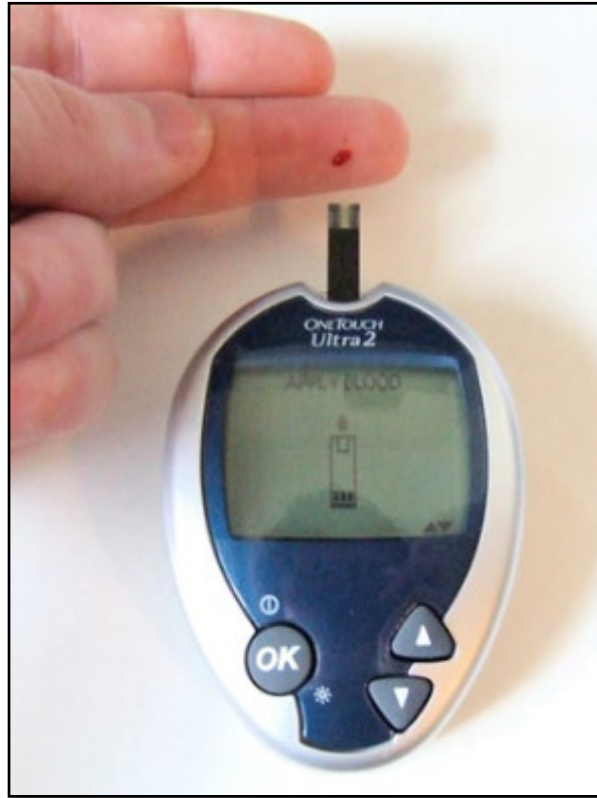
Diagnostic Equipment Includes:

- Examination tables
- Examination chairs (including those used for dental or optical exams)
- Weight scales
- Radiological equipment
 - X-ray machines
 - MRI, CT Scan
 - Mammography equipment
- Other MDE



Standards do not cover:

- Personal devices
 - Blood glucose monitors
- Positioning aids
 - Wedges
- Surgical and medical instruments
 - Stethoscopes
 - Forceps, scalpels



Medical Diagnostic Equipment Standards

- Standards are currently voluntary.
- Other agencies can adopt the standards (example - DOJ under the ADA).
- Available for use by other entities as a standard (example – healthcare systems and providers, state and local governments).
- Could be used by FDA to verify labelling claims.



Technical Provisions

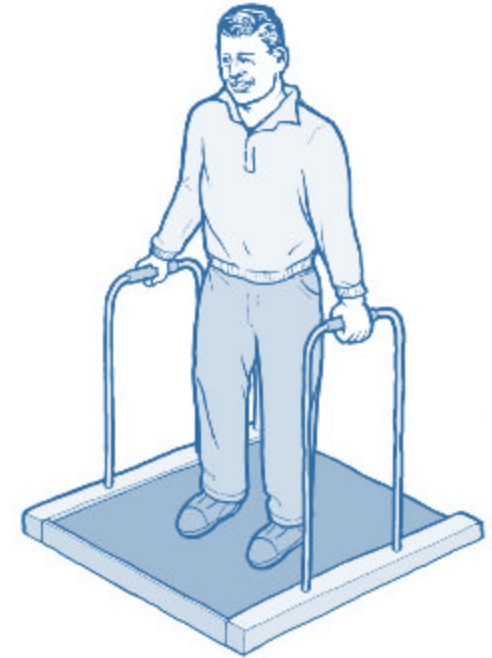
- **Based on patient position for use**
- **Supports**
- **Communication**
- **Operable parts**



Supine, Prone, or Side Lying



Seated



Standing

Medical Diagnostic Equipment Standards

The Standards for Accessible Medical Diagnostic Equipment can be found at:

<https://www.access-board.gov/mde/>

Guidance on Prescription Drug Container Labels

Advisory (non-binding) guidance developed by a stakeholder working group

Best Practices for All Formats

- ✓ Communication
- ✓ Provide options
- ✓ Quality control
- ✓ Maintain patient privacy
- ✓ No Surcharge (extra fee)

<https://www.access-board.gov/rx.html>





**Americans with Disabilities Act (ADA)
&
Architectural Barriers Act (ABA)
Standards**

**Bill Botten
Senior Accessibility Specialist
US Access Board**

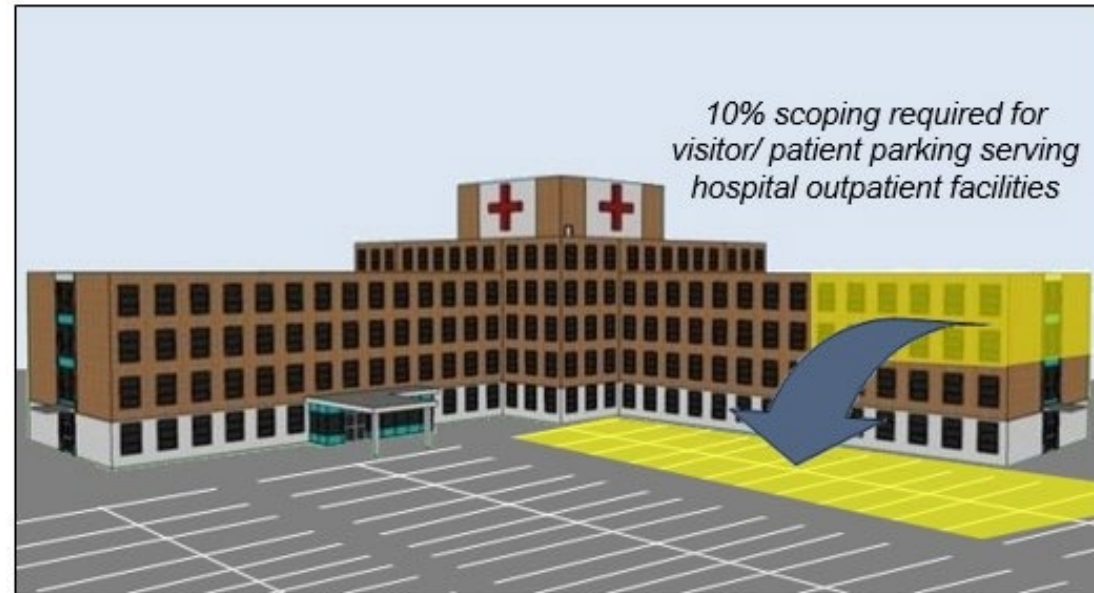
All Types of Health Care Facilities Covered

- Clinics, doctors' offices, dental offices, and other professional offices of healthcare providers
- Hospitals, Rehabilitation Facilities, Psychiatric Facilities and Detoxification Facilities
- Long-term Care Facilities

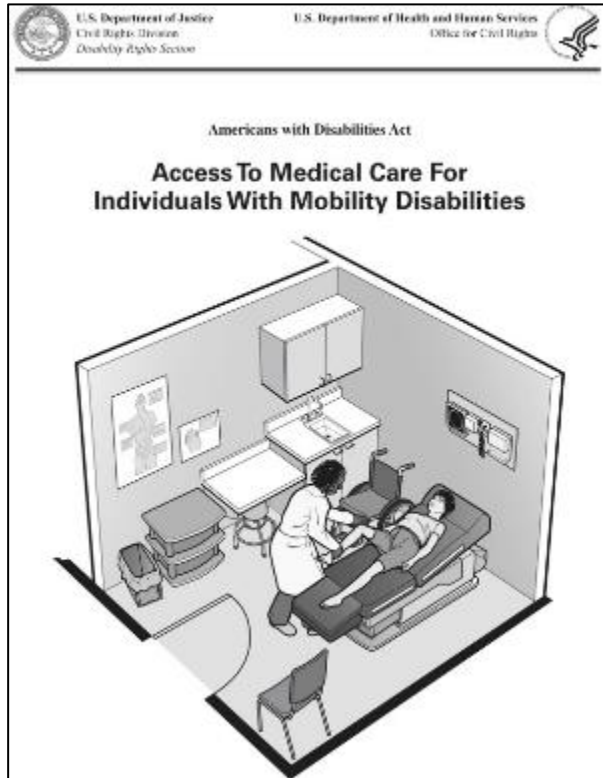


Covered Spaces/Elements

- **Parking**
- **Accessible routes**
- **Entrances**
- **Exam rooms and other public or common use areas**
- **Patient bedrooms**
- **Toilet and bathing rooms**
- **Service counters**



Available Resources



Department of Justice Guide
(ada.gov)



Guide to the ADA & ABA
Standards (access-board.gov)



Section 508 Standards for Information & Communication Technology (ICT)

**Kathy Eng
Senior ICT Accessibility Specialist
US Access Board**

ICT Standards

- Section 508 of Rehabilitation Act
- ICT procured, developed, maintained, or used by federal agencies (can be a resource for other entities)
- Examples of ICT: computers, information kiosks and transaction machines, multifunction office machines, software, applications, web sites, videos, and electronic documents.

ICT Standards for Accessibility



- Electronic Content
- Hardware
- Software
- Support Documentation and Services

Healthcare Electronic Content

- Web sites and apps
 - Forms (appointment requests, new patient, payment, etc.)
- Documents (patient history, test results, etc.)
- Chat communication
- Intranets covered also

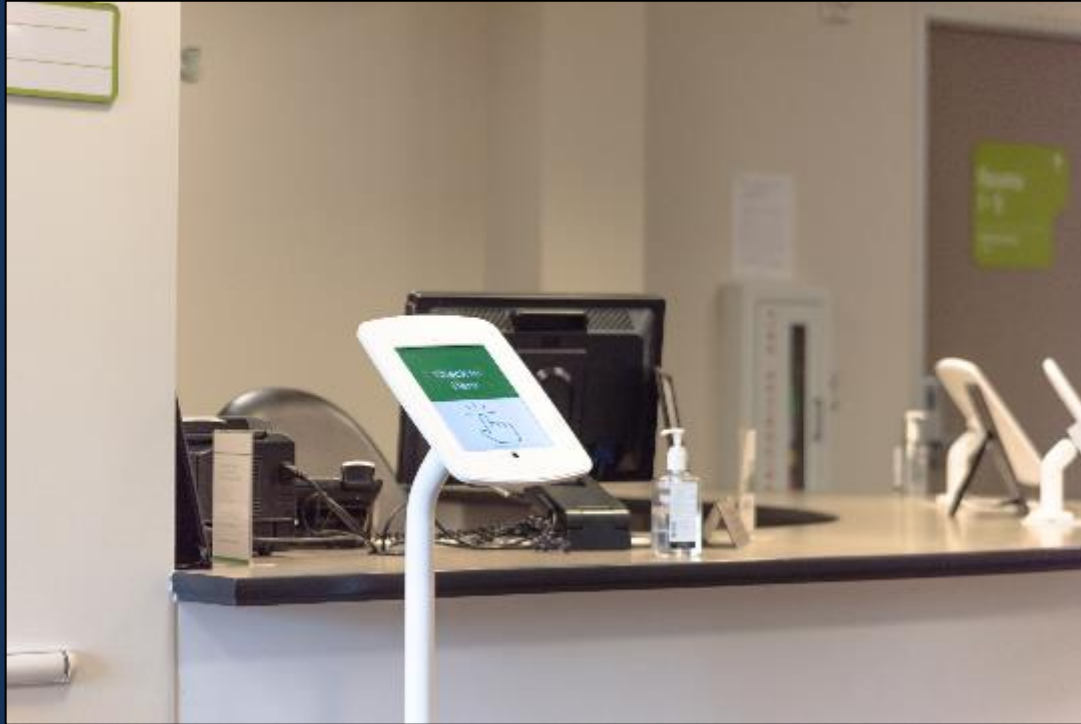


Healthcare Software



- Virtual Meeting Platforms
- Telemedicine healthcare appointments
- Accessible instructions
- Meeting controls
- Chat features, screen share
- Support captions and audio descriptions

Healthcare Hardware



Check-in Kiosk



Tablet with patient form

ICT Accessibility Resources

- Access Board Technical Assistance
 - 508@access-board.gov
- Section 508 Standards
 - www.access-board.gov/ict
- How To Meet WCAG (Quickref)
 - www.w3.org/WAI/WCAG21/quickref/
- www.section508.gov

QUESTIONS?

**You may type and submit
questions in the Q&A Area**



Enforceable Accessible Medical Equipment Standards

Ana Torres-Davis
National Council on Disability
(NCD)

**FINDINGS AND
RECOMMENDATIONS FROM
NCD'S REPORT ON
ACCESSIBLE MEDICAL
EQUIPMENT**

Ana Torres-Davis
Senior Attorney-Advisor





A FEDERAL VOICE FOR PEOPLE WITH DISABILITIES

- Advisor to the President, Administration, Congress & federal agencies
- 9 Presidential & Congressional appointees, and a professional staff of 12





A Federal Voice for Equitable Healthcare for People with Disabilities

2009: The Current State of Health Care for People with Disabilities

2019: Bioethics Report Series – Ethics and Medical Decision-making regarding Patients with Disabilities



May 2021 Report on Accessible Medical Equipment Standards

Most recent report in NCD's
healthcare and health equity
series

Enforceable Accessible Medical Equipment Standards

A Necessary Means to Address the Health Care
Needs of People with Mobility Disabilities

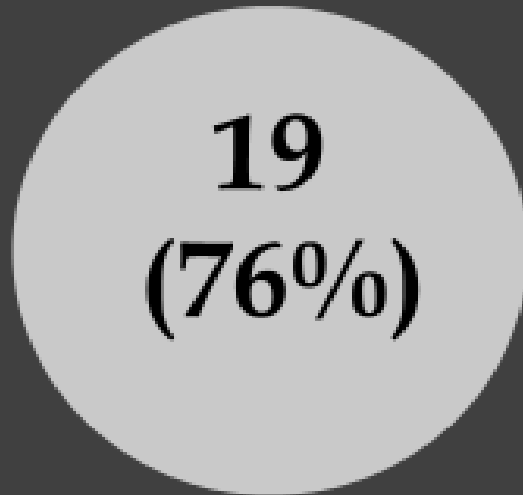


National Council on Disability
May 20, 2021

2016 Accessibility Survey

Illinicare, 25 Primary Care Provider Groups
Cook County, Illinois

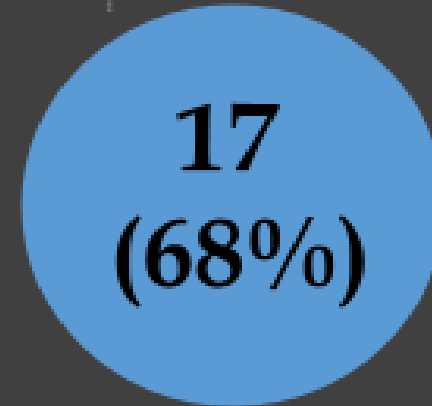
Can't Weigh Patients



20
(80%)

Can't Transfer Patients

Can't Accommodate Patients Who
Can't Independently Transfer



16
(64%)

No Height Adjustable Table



Physical Barriers:

**Inaccessible
Weight Scales**





Physical Barriers: Examination Tables





**Physical
Barriers:**

**Examination
Chairs**





Key Finding: Inequities & Health Disparities

- **People with disabilities experience significant health care disparities due in part to lack of physical access, leading to delayed care, high-cost utilization, loss of dignity, and poorer health outcomes.**



**Persons with disabilities
are more likely to . . .**

Health Disparities

- **Experience difficulties or delays in getting the healthcare needed**
- **Be overweight or obese, have high blood pressure & experience symptoms of psychological distress**



**Persons with disabilities
are more likely to . . .**

Health Disparities

- **Not have had an annual dental visit**
- **Not have had a mammogram in the past 2 years**
- **Not have had a Pap test in the past 3 years**



Persons with paralysis & mobility disabilities are more likely to . . .

Health Care Inequities

- **Not have had a complete & thorough annual physical examination**
- **Not be accurately weighed for years**
- **Be examined while remaining in their devices**



Persons with paralysis & mobility disabilities are more likely to . . .

Health Care Inequities

- **Be denied inpatient admission for mental health treatment**
- **Not receive diagnostic test or exams for breast cancer screenings**
- **Not receive bone density screenings**
- **Not receive colorectal cancer screenings timely**



Key Finding:

While accessible MDE is required under the ADA, Sections 504 and 1557, the lack of enforceable MDE standards allows for continued, widespread discrimination in health care for people with mobility disabilities.



Key Recommendations

- To the U.S. Department of Justice, Civil Rights Division
- To the U.S. Department of Health and Human Services (HHS), Office for Civil Rights
- To the HHS, Office of the National Coordinator for Health information Technology
- The Accreditation Council on Graduate Medical Education



Access to healthcare is a civil right



QUESTIONS?

**You may type and submit
questions in the Q&A Area**



Inclusive Health Care Design

Bill Zellmer
Sutter Health Care

Sutter Health – Case Studies and Examples



Bill Zellmer AIA, Certified Access Specialist
Sutter Health Program Manager – Physical Access Compliance and
Regulatory Affairs
Sacramento, CA

Accessible Exam Chairs

Best Practices:

- Provide adjustable height medical equipment
- Provide exam chairs that capture weight

Back Lowers



Seat Surface
Raises + Lowers



Built-In Digital
Scale to
Capture Weight

Support Rails
Articulate



Leg Support
Extends



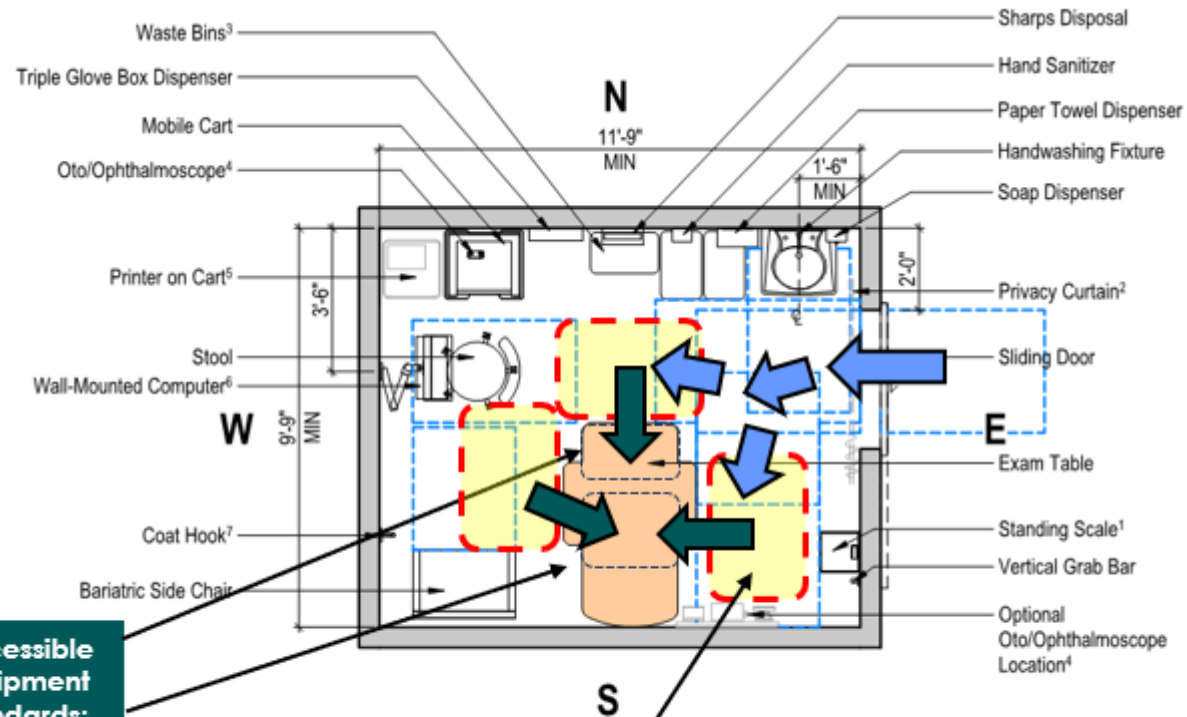
Examples



Standard Medical Floor Plans



General Exam Room



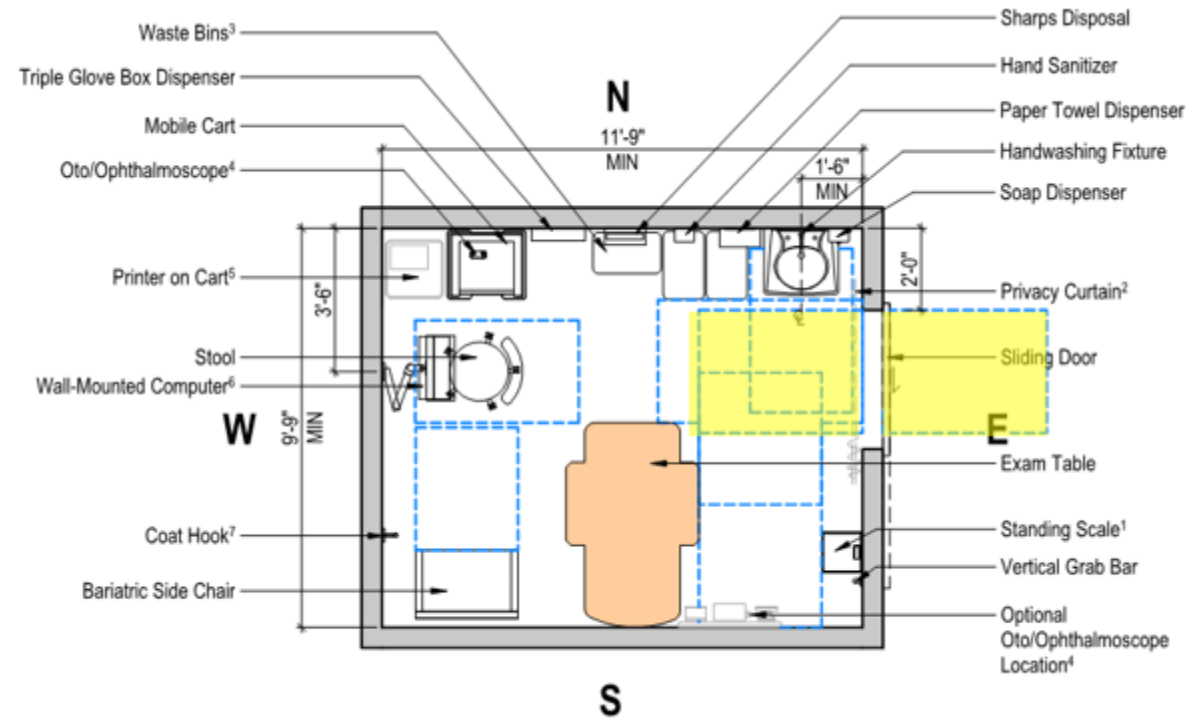
Best Practices:

- Create spaces as big as possible for transfers, for both left + right-side bias

Accessible Equipment Standards:
Transfer Areas

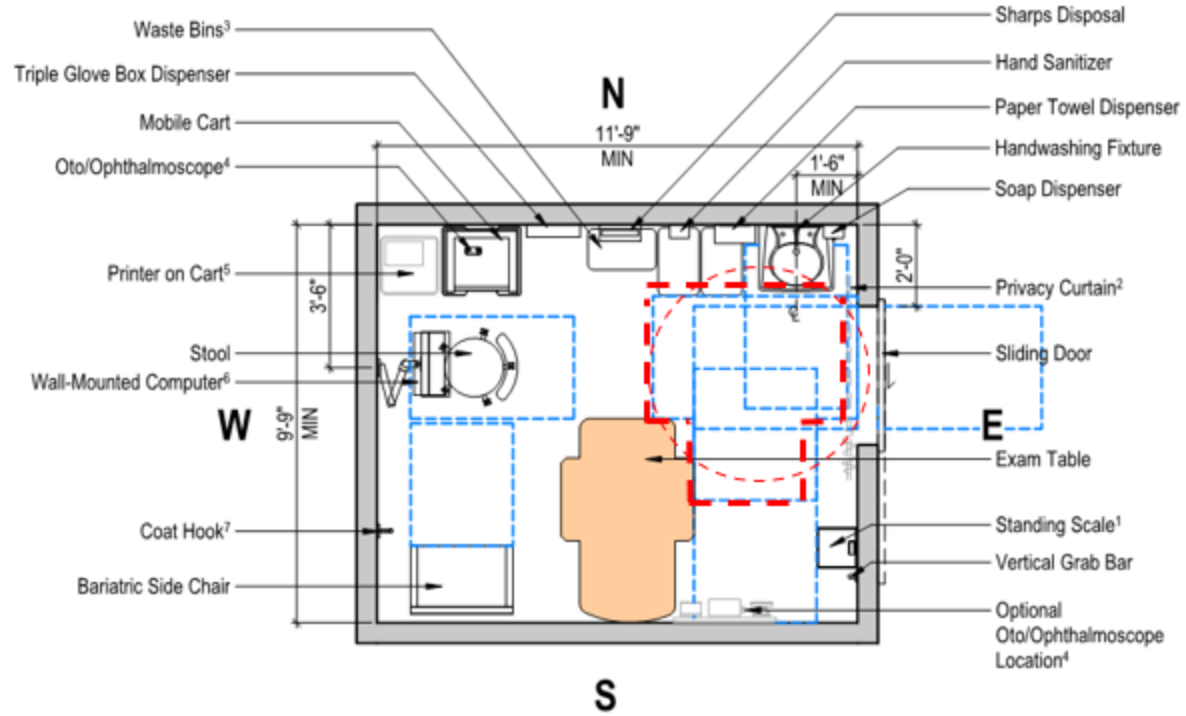
ADA Standards:
30"x 48" Clear Floor Space: Provide at side and/or end of Exam Chair

General Exam Room



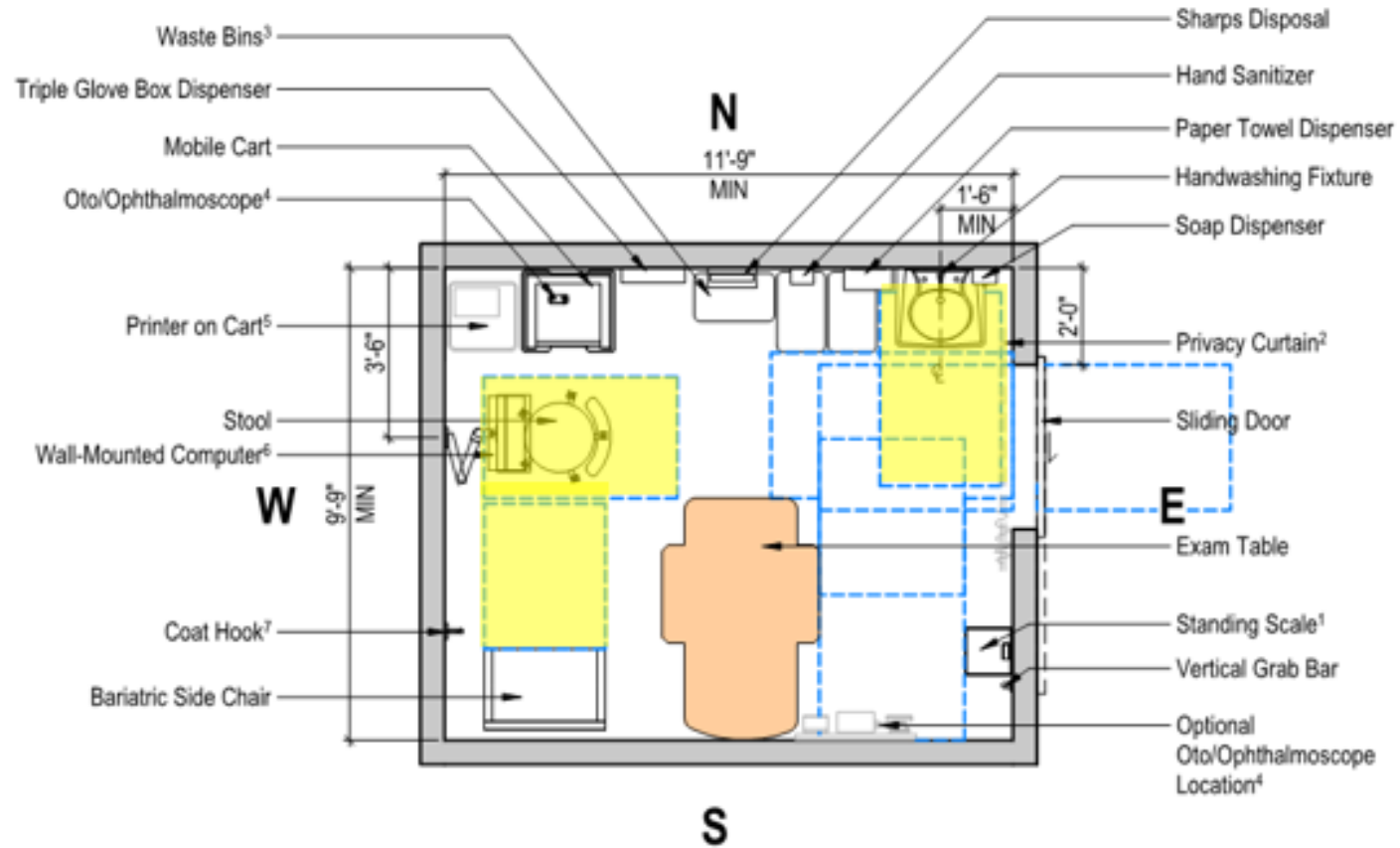
Door Maneuvering Clearance – Barn Door
Door Width x 48" Deep

General Exam Room



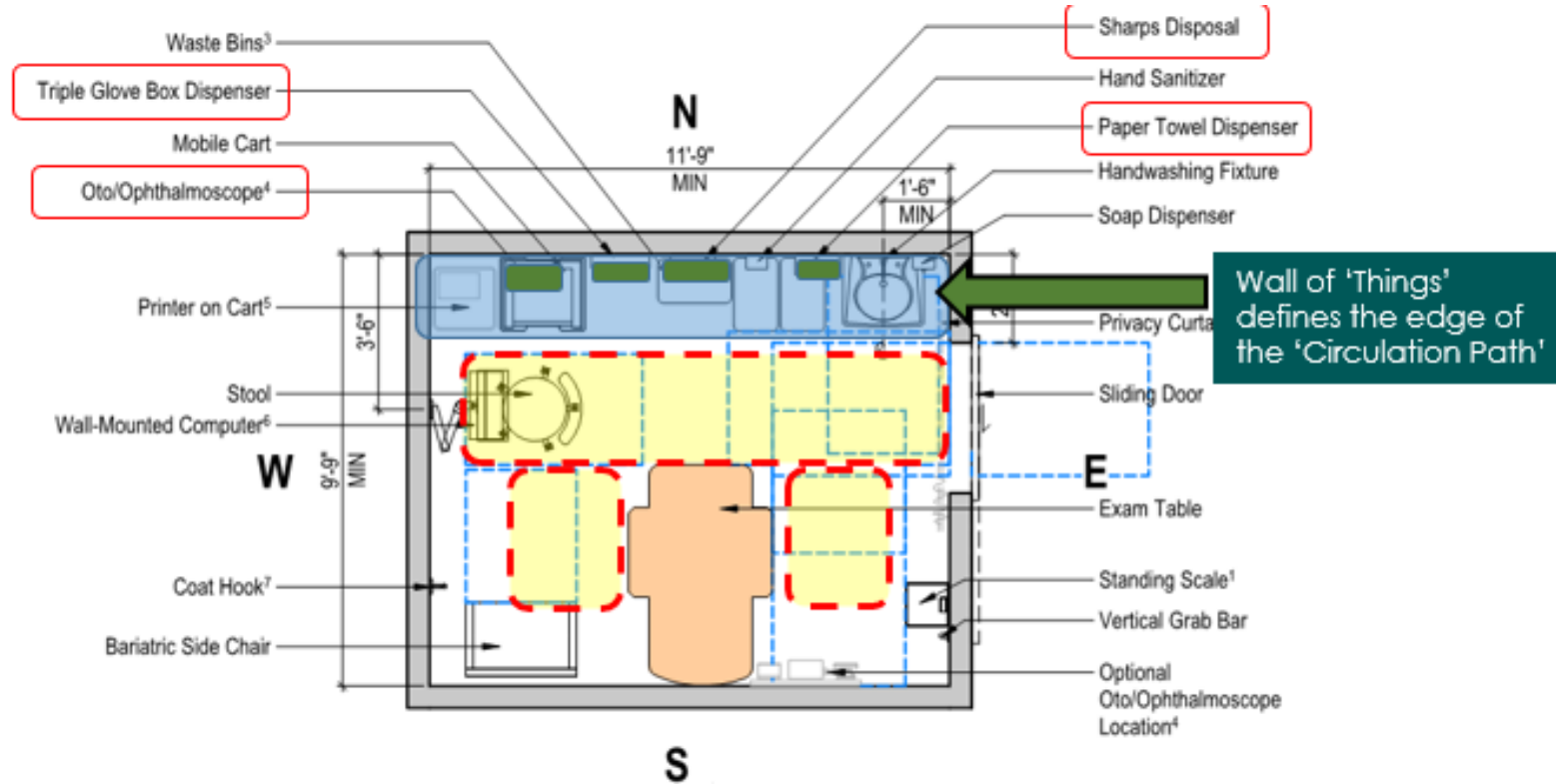
60" Turning 'T' or 60" Turning Circle

General Exam Room



30" x 48" Clear Floor Space at Each Fixture

General Exam Room



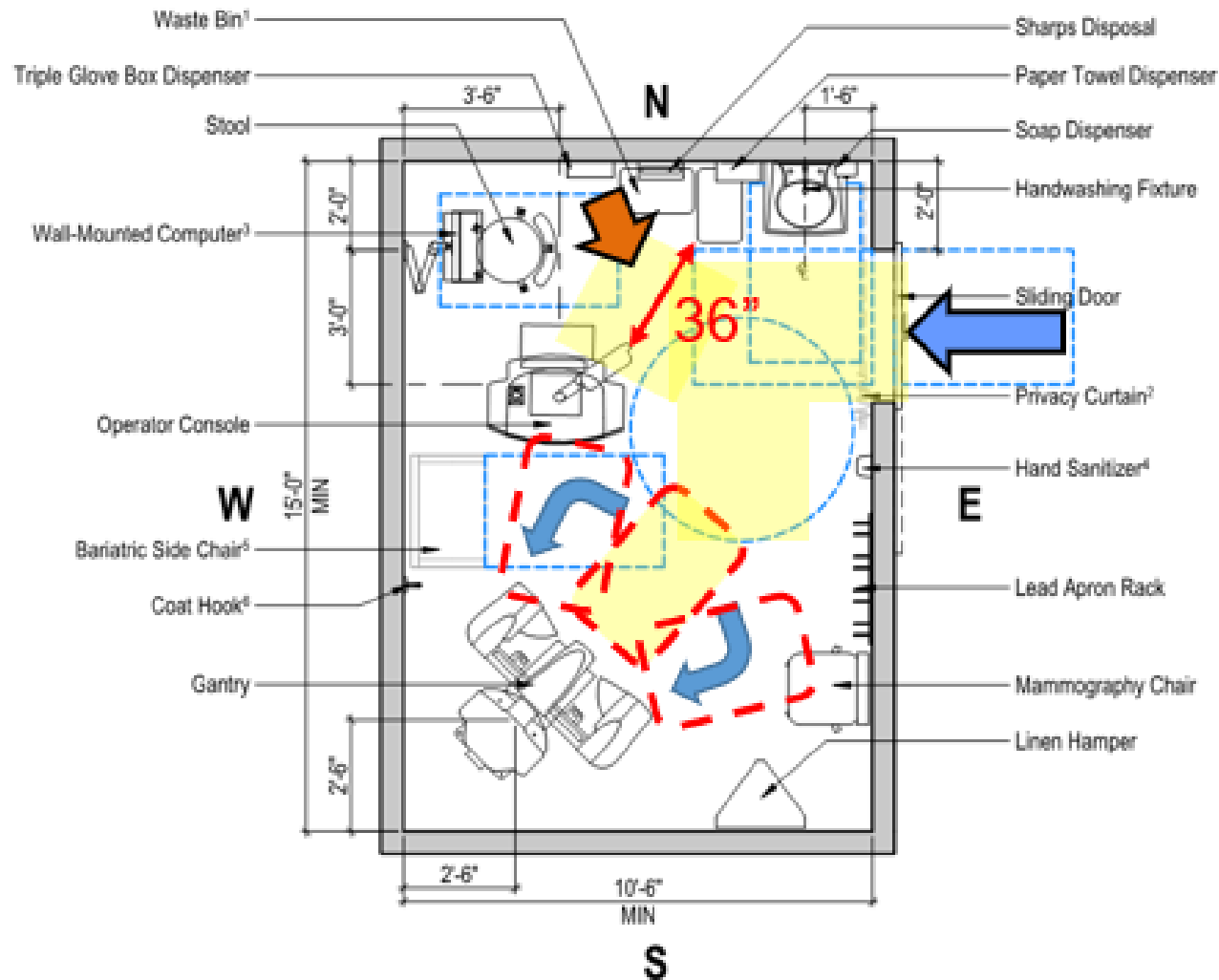
PROTRUDING OBJECTS: Confirm that there are no objects 'Protruding into the 'Circulation Paths'

'Circulation Paths' (Yellow Areas) defined

Mammography Room



Mammography Room



30" x 48" Clear Floor Space at Point Access to the Equipment

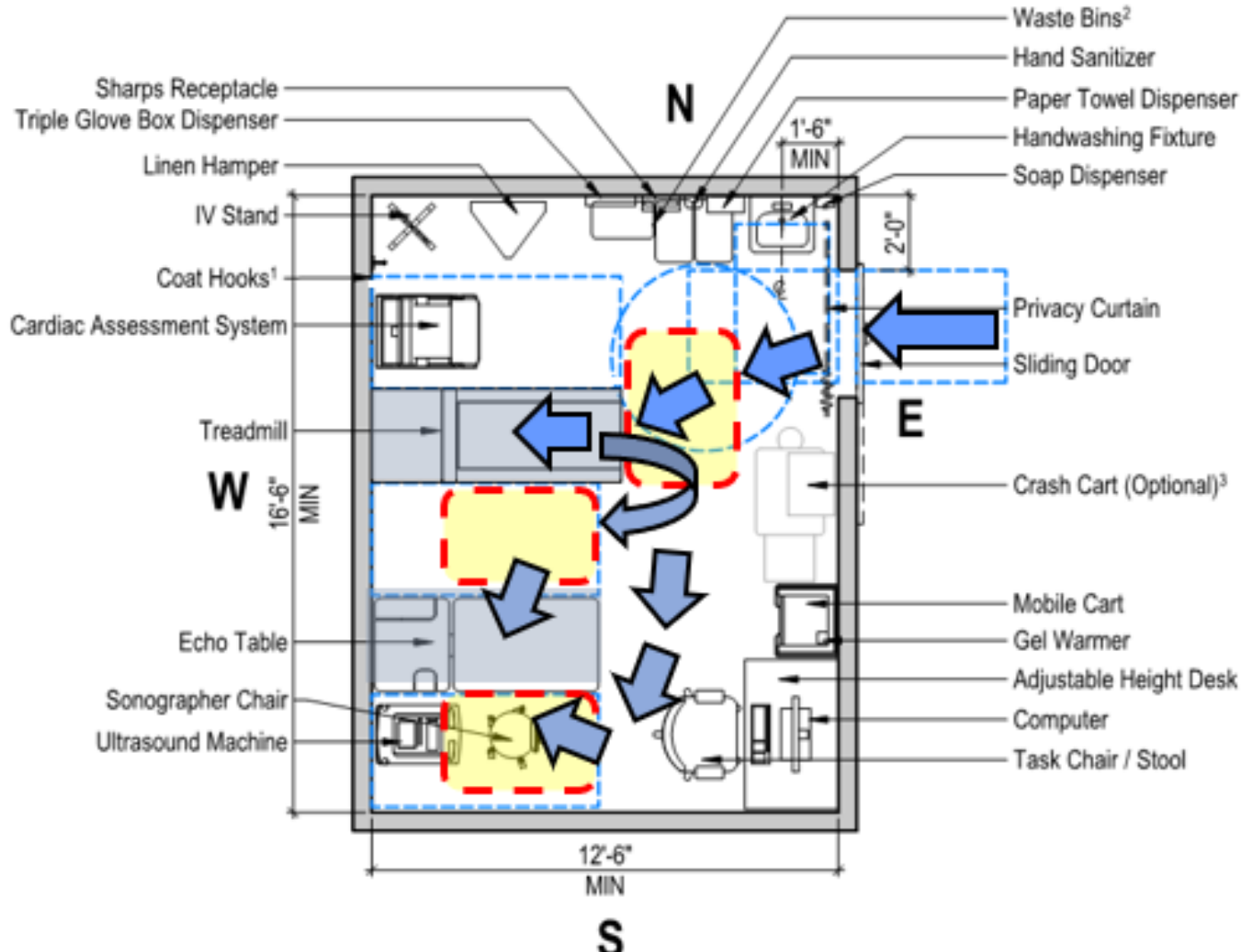
Angled Access if Needed

Access to Operator Console, requires a 36" wide 'accessible route'

Stress Test Room



Stress Test Room



30" x 48" Clear Floor Space at Treadmill

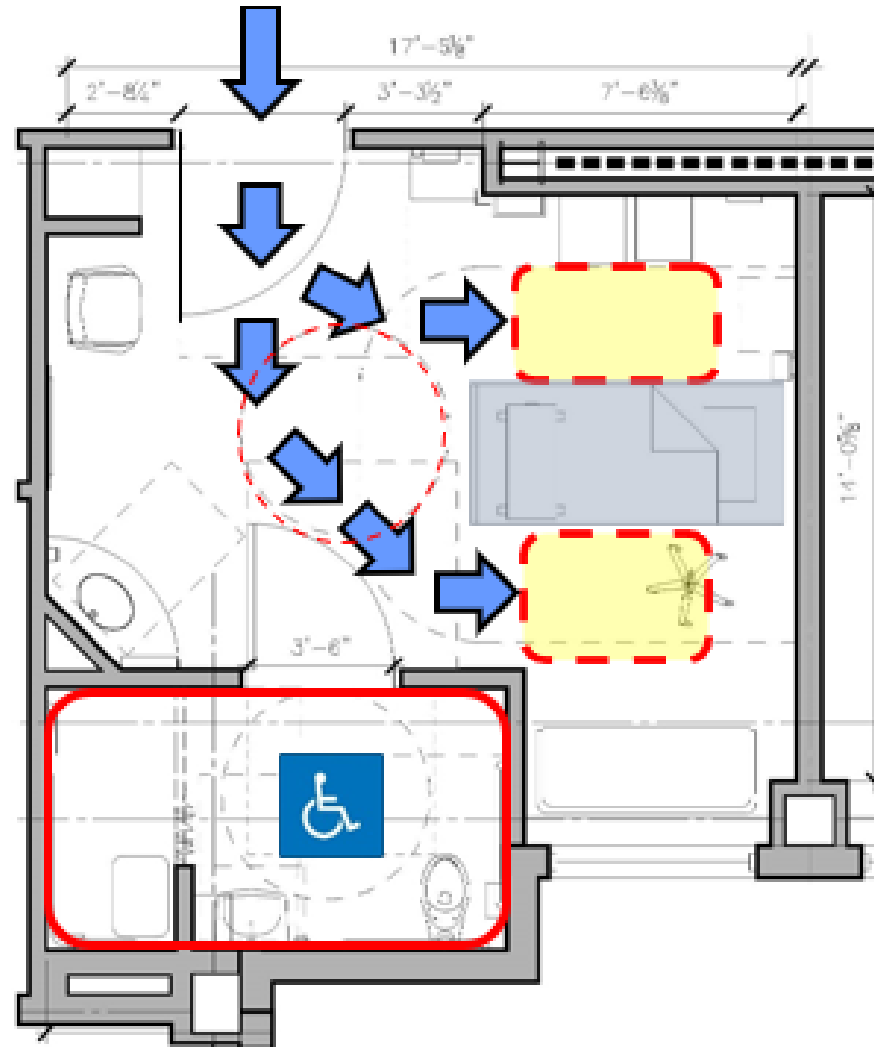
Provide 30" x 48" Clear Floor Space at Table

Access Aisle at Side-2 is provided, w/ equip in the aisle...can be moved as needed

Accessible Patient Bedroom



Accessible Patient Bedroom



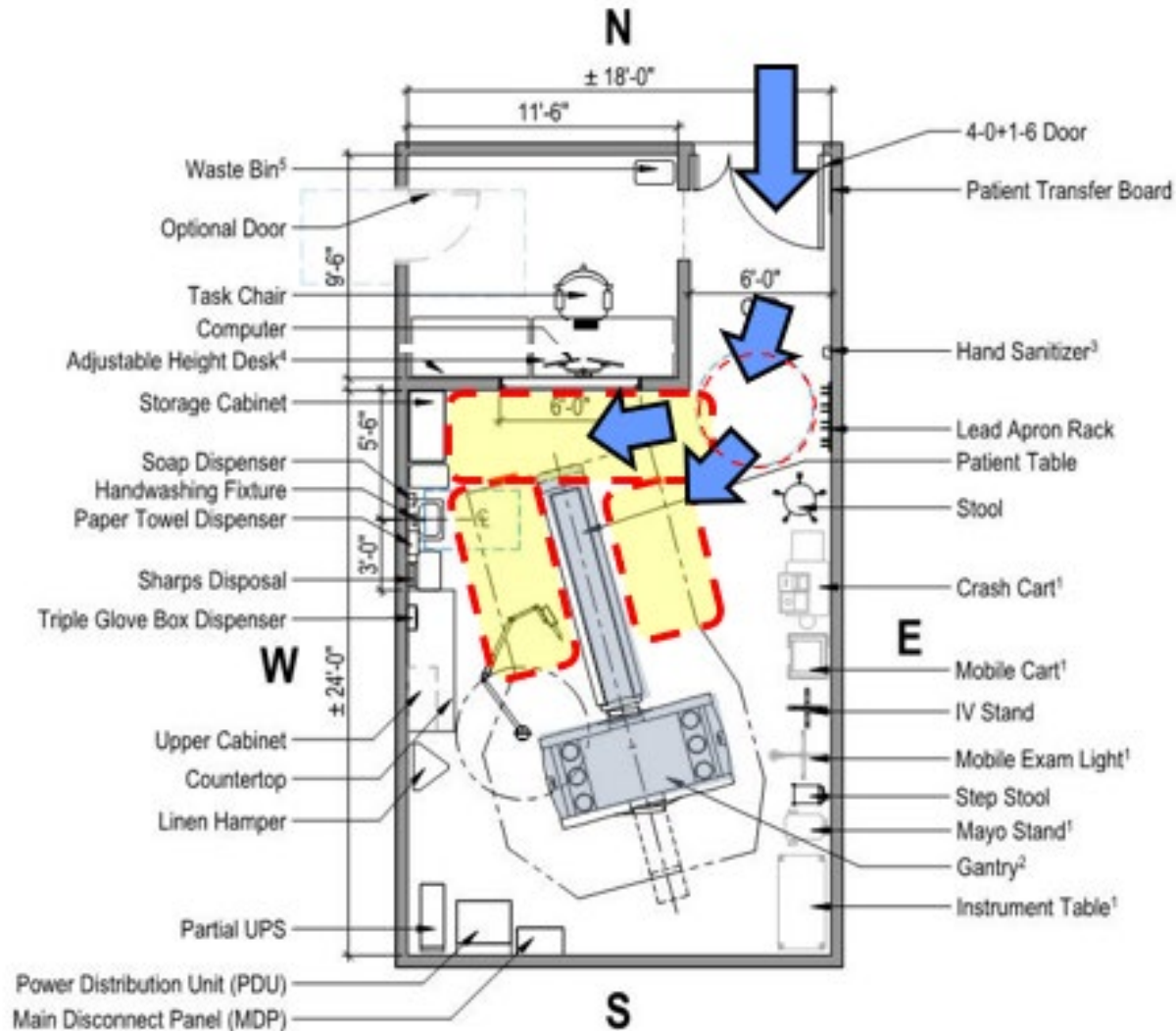
Clear Floor Space:
30" x 48" Req'd at
both sides of bed

60" Turning Circle

CT Scan Room



CT Scan Room



Provide a 36" 'Accessible Route' to both sides of the table

Medical codes often require a 36" clearance between walls and equipment

Rehabilitation Facilities



Physical Therapy - Gym



Overhead Lifts at Physical Therapy Gym



Outdoor Training Spaces



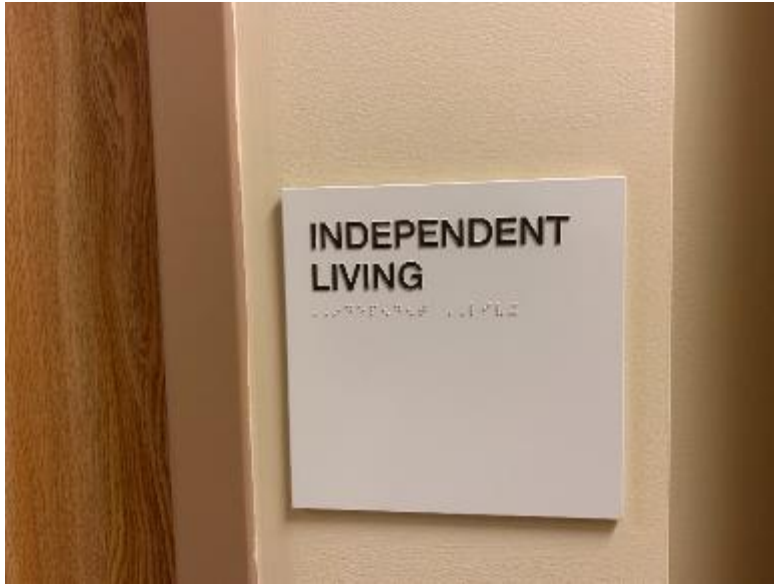
Activities of Daily Living (ADL) Training Kitchen – w/ Patient Lift and Track



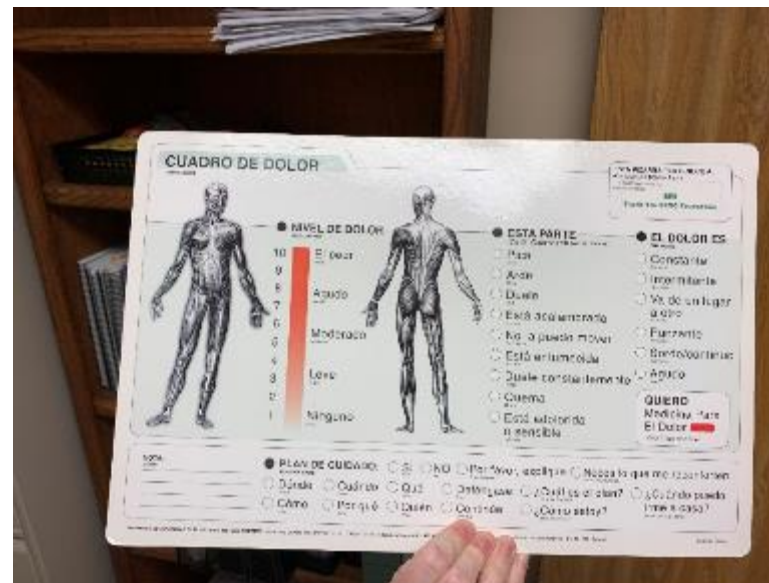
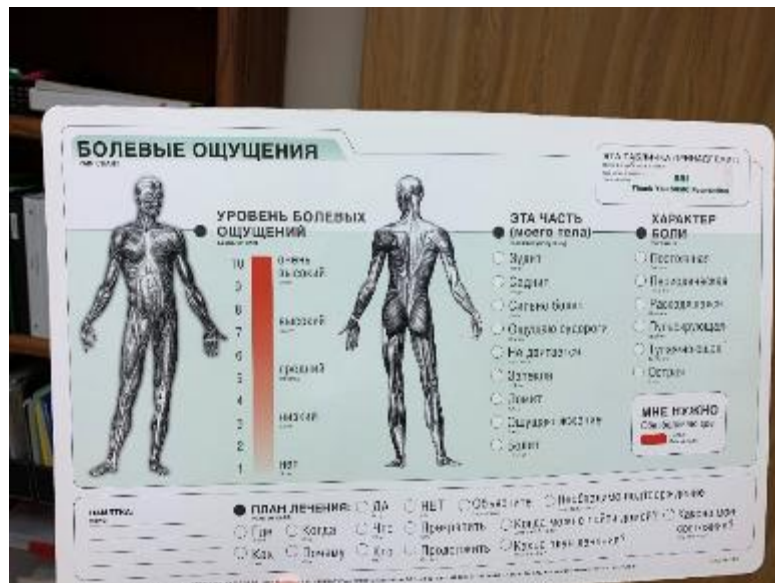
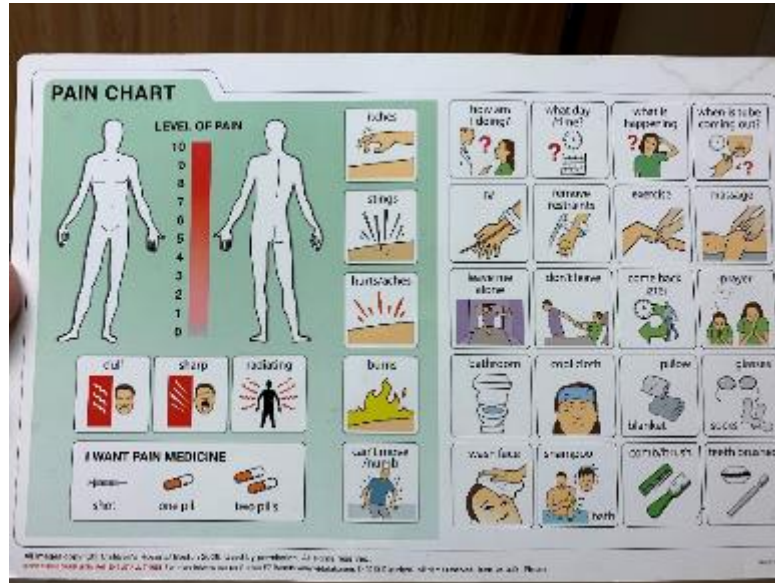
Overhead Lifts at Patient Bedrooms



Independent Living Unit – In the Hospital



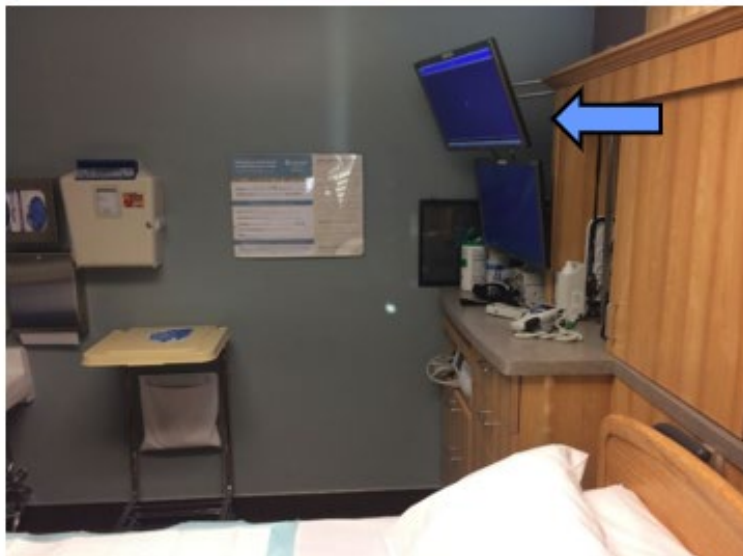
Communication Features – ‘Point Cards’



ASL On-Site + Phone & Video Interpreter Services



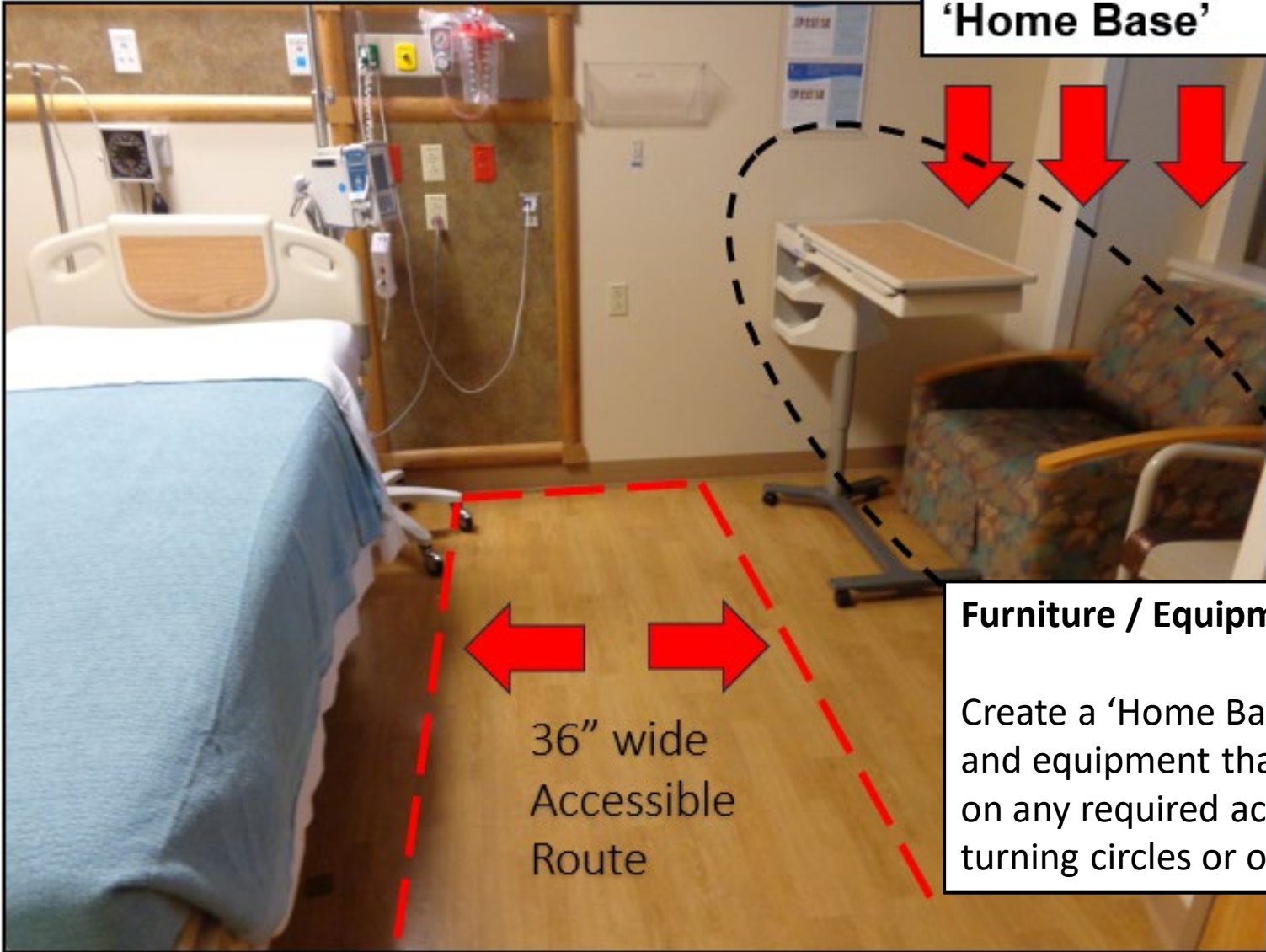
Solutioning



Protruding Objects:

- Placement out of circulation paths
- Placement over cane-detectable elements
- Placement lower on wall to create cane detectable surface

Solutioning



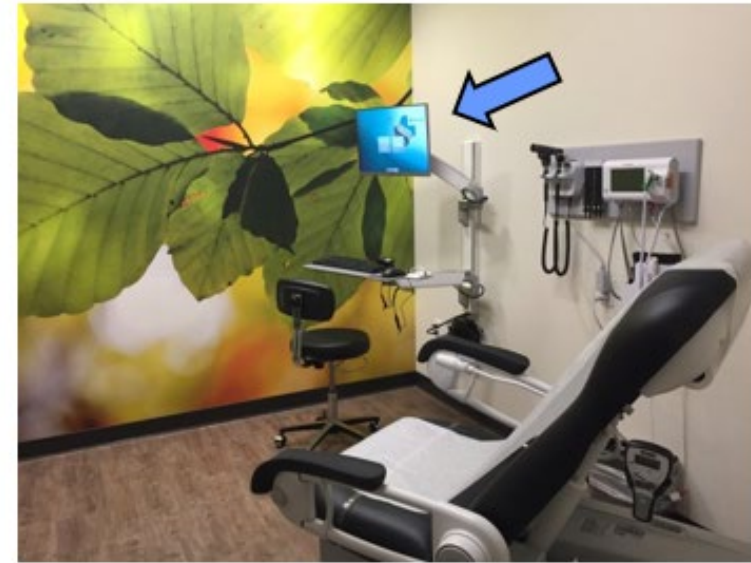
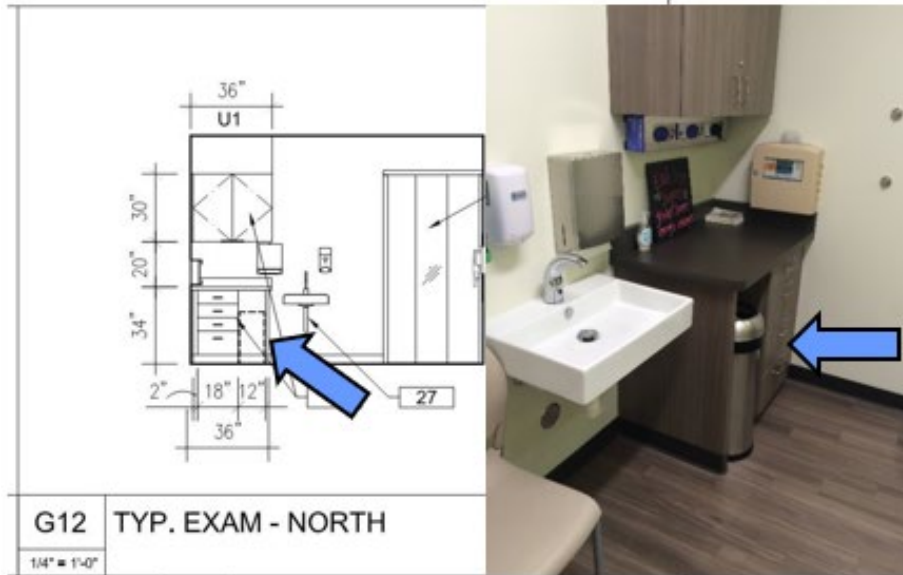
'Home Base'

Furniture / Equipment:
Create a 'Home Base' for all furniture and equipment that does not intrude on any required accessible routes, turning circles or other clearances



36" wide
Accessible
Route

Solutioning



Solutions:

- Remove Clutter
- Accessible Exam Chairs – w/ Scale Built-in
- Place Computer at Back of Room
- Wall-Hung Sinks (Gives more room)
- Place Trash Can Under Counter

QUESTIONS?

**You may type and submit
questions in the Q&A Area**



Communication Access in Healthcare Environments

Zainab Alkebsi
Policy Counsel, NAD

Inequity in Access to Medical Facilities

- Failures to provide communication access:
 - Frequent refusals to provide auxiliary aids and services
 - Inappropriate claims of undue burden
 - Overreliance on VRI
 - Failure to vet quality of auxiliary aids and services

Explosion of and Overreliance on VRI

- Many medical facilities have stopped providing in-person interpreters and instead now only provide Video Remote Interpreting (VRI)
- Limiting to one option = inappropriate
- Many adverse situations where VRI was involved
- VRI should be a last resort, not the sole option
- Advantages of on-site interpreters over VRI:
 - More mobility
 - Greater access to visual and auditory cues in the room
 - No loss of connection due to malfunctions
- [NAD Position Statement on VRI](#)

Telehealth

- Lack of Accessibility Features on Telehealth Platforms
- Relay workaround issues:
 - Two devices
 - Sufficient bandwidth to handle two simultaneous video calls
 - Split attention
 - Lack of context (interpreter/captioner is unable to see the main screen)
 - Quality issues
 - Same screen = vital

Impact of Inaccessible Telehealth

- Remote access – greater importance during pandemic
 - Ability to get care without exposure
- Jeopardizes safety of DHOH community who are forced to go in person to overloaded hospitals full of patients, especially during current surge
- Inaccessible telehealth is tantamount to denying medical care

Telehealth Solutions

- [NAD Position Statement on Telehealth Access](#) – Provider Version
- [NAD Position Statement on Telehealth Access](#) – Consumer Version
- Build platforms designed with accessibility & consult with DHOH
- The NAD has urged the HHS to adopt strict standards for telehealth accessibility and VRI accessibility, and we encourage the Access Board to do the same

Impact of Inequities in Medical Service Access

Bottom line: More facilities fail to provide communication access than do provide access

Consequences: Puts deaf/hard of hearing patients at risk and increases liability for providers

Call to Action: Implement appropriate protocols in consultation with DHOH community

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Further Information

U.S. Access Board

ta@access-board.gov

www.access-board.gov

(800) 872-2253 (voice)

(800) 993-2822 (TTY)

Thank you for Joining us today.

This concludes our event. This event has been recorded and the recording will be available on the Access Board's homepage and its YouTube Channel soon.

