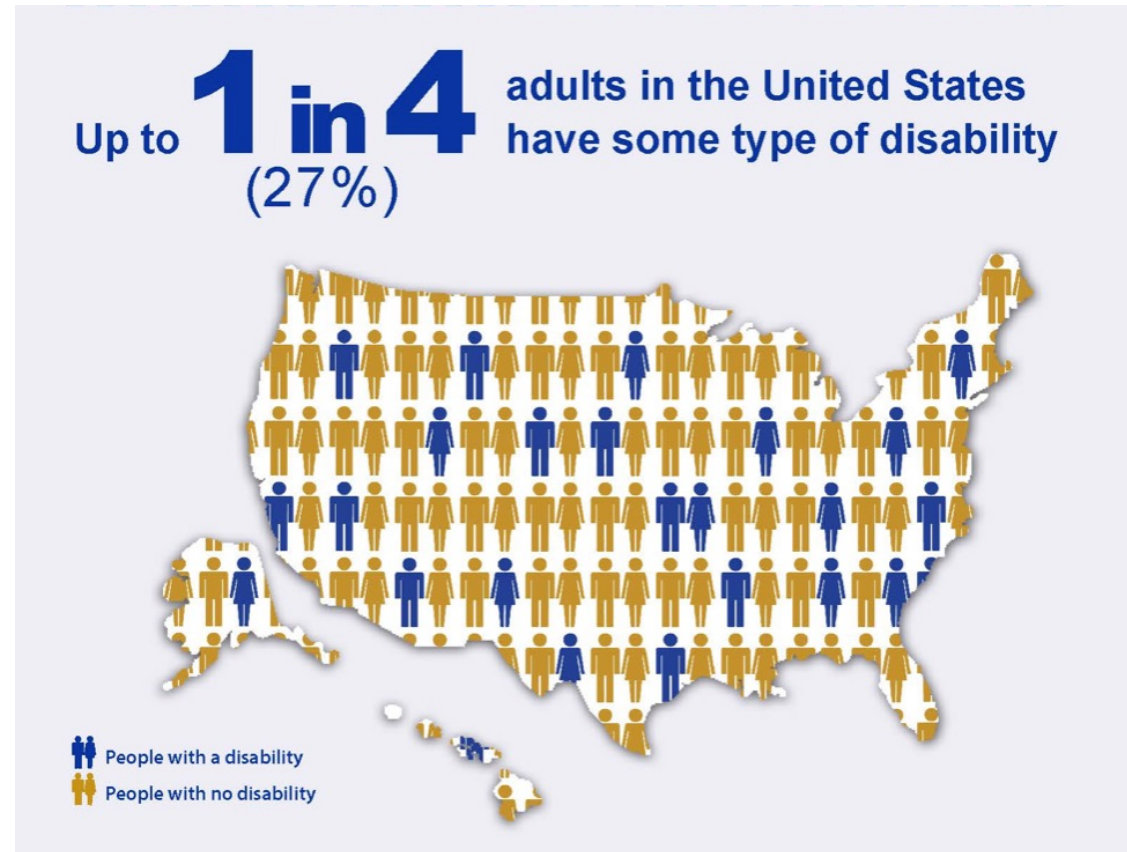


# **The Basics of Health Care and the Americans with Disabilities Act (ADA)**

# Infographic: Disability Impacts All of Us



## [Disability Impacts All of Us](#)

**source:** Centers for Disease Control and Prevention (CDC)

**web:** [cdc.gov/ncbddd/disabilityandhealth/infographic-disability-impacts-all.html](http://cdc.gov/ncbddd/disabilityandhealth/infographic-disability-impacts-all.html)

# Disability and Health

	<b>Obesity</b>	<b>Smoker</b>	<b>Heart Disease</b>	<b>Diabetes</b>
<b>With Disability</b>	41.6%	21.9%	9.6%	15.9%
Without Disability	29.6%	10.9%	3.4%	7.6%

[Disability Impacts All of Us](#)

**source:** Centers for Disease Control and Prevention

**web:** [cdc.gov/ncbddd/disabilityandhealth/infographic-disability-impacts-all.html](http://cdc.gov/ncbddd/disabilityandhealth/infographic-disability-impacts-all.html)

# Disability and Health Care Access Barriers

## Health care access barriers for working-age adults include:

- 1 in 4 adults with disabilities 18 to 44 years.
  - Do not have a usual health care provider.
  - Have an unmet health care need because of cost in the past year.
- 1 in 5 adults with disabilities 45 to 64 years did not have a routine check-up in the past year.

### [Disability Impacts All of Us](#)

**Source:** Centers for Disease Control and Prevention (CDC)

**web:** [cdc.gov/ncbddd/disabilityandhealth/infographic-disability-impacts-all.html](http://cdc.gov/ncbddd/disabilityandhealth/infographic-disability-impacts-all.html)

# Disability and Health Care: Health Insurance Coverage

## Number of Uninsured People in United States (2020)

- **31.6 million** (9.7%) people of **all ages** were uninsured - at the time of the interview.
- **27.5 million** (13.9%) working-age adults (aged 18–64) were uninsured.

[Demographic Variation in Health Insurance Coverage: United States, 2020 \[PDF, 15 pages \]](#)

**Source:** Centers for Disease Control and Prevention (CDC)

**Web:** [cdc.gov/nchs/data/nhsr/nhsr169.pdf](https://cdc.gov/nchs/data/nhsr/nhsr169.pdf)

# Why? Complex, Intersecting Barriers Contribute to Disparities

**Poverty**

**Prejudice and stereotypes**

**Lack of provider training and cultural literacy**

**Physical and programmatic inaccessibility**

**Inadequate research**

**ADA monitoring, implementation and enforcement**

# **An Overview of the Americans with Disabilities Act (ADA)**

**Jerri Davison, Director  
Pacific ADA Center**

# What is the Americans with Disabilities Act (ADA)?

The Americans with Disabilities Act (ADA) is a **civil rights law** to protect the rights of persons with disabilities.



# Who Does the ADA Protect?

People with physical, sensory, mental, cognitive, intellectual, or health conditions AND

These conditions affect the way you do everyday things like:

- Walking, balancing, climbing
- Seeing, hearing or speaking
- Reading
- Understanding, remembering, or focusing
- Sleeping

# The ADA also protects people who...

- Have a record of having a disability in the past
- Don't have a disability, but the person providing the goods, services or activities thinks they do
- Are close to someone who has a disability like a child, parent, or spouse
- Have a history of drug use but are in recovery and not actively using drugs

# Who has responsibilities under the ADA?

- **Public entities** (state and local government health care providers)
  - Title II of the Americans with Disabilities Act
- **Private health care providers**
  - Title III of the Americans with Disabilities Act

# What does the ADA Require?

Services must be delivered so that all people:

- Have an **equal opportunity**;
- To achieve the **full benefit** of the goods, programs, services and activities; and
- In the **most integrated setting appropriate**.

ADA Titles II and III

# What Does Equal Access Under the ADA Include?

Equal access to care and services includes:

- physical accessibility of buildings and facilities;
- accessible equipment;
- effective communication; and
- modification of policies, practices, and procedures.

# Are ADA Requirements Waived in an Emergency?

No.

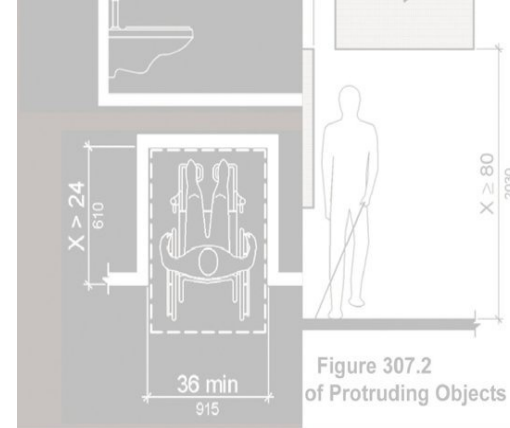
- The ADA requirement of **equal access to health care services applies at all times.**
- It is particularly important during an emergency.

# Facility Access

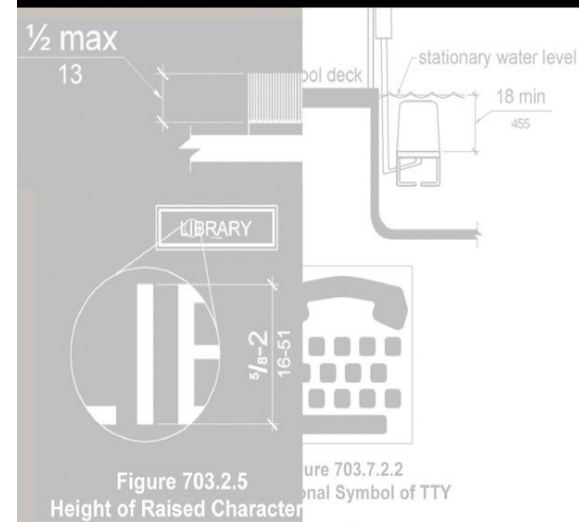
Emily Shuman, Director  
Rocky Mountain ADA Center

# 2010 ADA Standards for Accessible Design

- Published on September 15, 2010 by DOJ.
- Set the minimum requirements, both scoping and technical, for qualifying facilities to be readily accessible to and usable by individuals with disabilities.
- The Standards do not serve as building code, but rather as physical representation of civil rights.
- Applies to new construction, alterations, and existing facilities.



## 2010 ADA Standards for Accessible Design



Department of Justice  
September 15, 2010



# Parking Requirements

- Parking facility includes parking lots and parking structures.
- The number of parking spaces required to be accessible is to be calculated separately for each parking facility; not based on the total number of parking spaces provided in all the parking facilities provided on the site.



# Parking Requirements - Scoping

Total Number of Parking Spaces Provided in Parking Facility	Minimum Number of Required Accessible Parking Spaces
1 to 25	1
26 to 50	2
51 to 75	3
76 to 100	4
101 to 150	5
151 to 200	6
201 to 300	7
301 to 400	8
401 to 500	9
501 to 1000	2 percent of total
1001 and over	20, plus 1 for each 100, or fraction thereof, over 1000

[Source: ADA.gov - Table 208.2 Parking Spaces](https://www.ada.gov)

# Hospital Outpatient Facilities

- Ten percent of patient and visitor parking spaces provided to serve hospital outpatient facilities must be accessible.
  - Intended to cover facilities or units that are **located in hospitals** and that provide regular and continuing medical treatment **without an overnight stay**.
  - Doctors' offices, independent clinics, or other facilities not located in hospitals are **not considered hospital outpatient facilities**.

# Rehabilitation and Outpatient Physical Therapy Facilities

- Twenty percent of patient and visitor parking spaces provided to serve rehabilitation facilities specializing in treating conditions that **affect mobility** and outpatient physical therapy facilities must be accessible.
- Conditions that affect mobility:
  - Conditions requiring the use of a mobility aid;
  - Arthritic, neurological, or orthopedic conditions;
  - Respiratory diseases and other conditions; and
  - Cardiac conditions that impose significant functional limitations.



# Van Parking Spaces

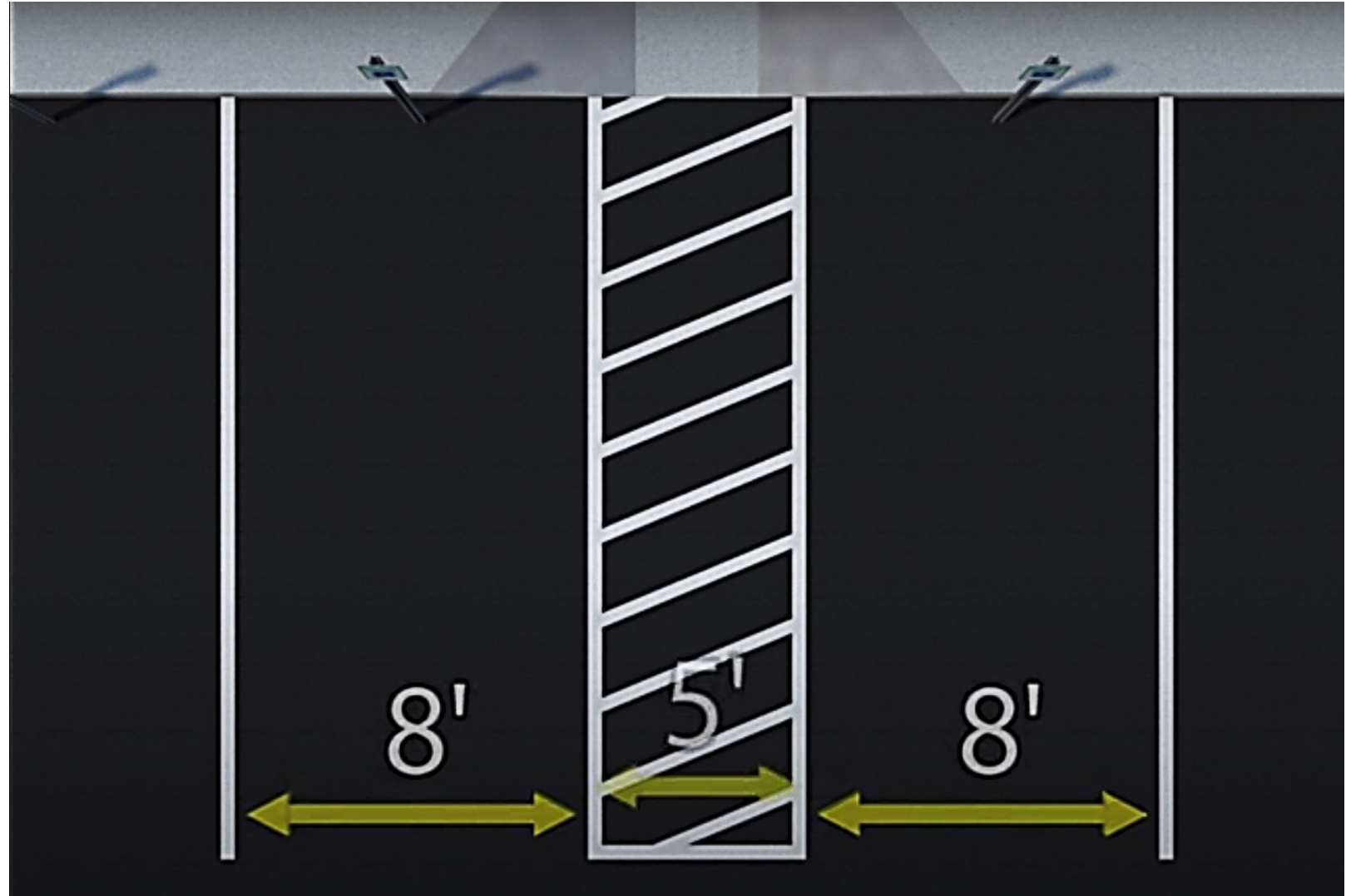
- For every six or fraction of six parking spaces required to be accessible, at least one shall be an accessible van parking space.

# Parking Requirements - Location

- Accessible spaces for a particular building must be located on the **shortest accessible route** from parking to an accessible entrance.
- Where parking serves more than one accessible entrance, accessible parking spaces shall be **dispersed**.
- In parking facilities that do not serve a particular building, accessible spaces must be located on the shortest accessible route to an **accessible pedestrian entrance** of the parking facility.

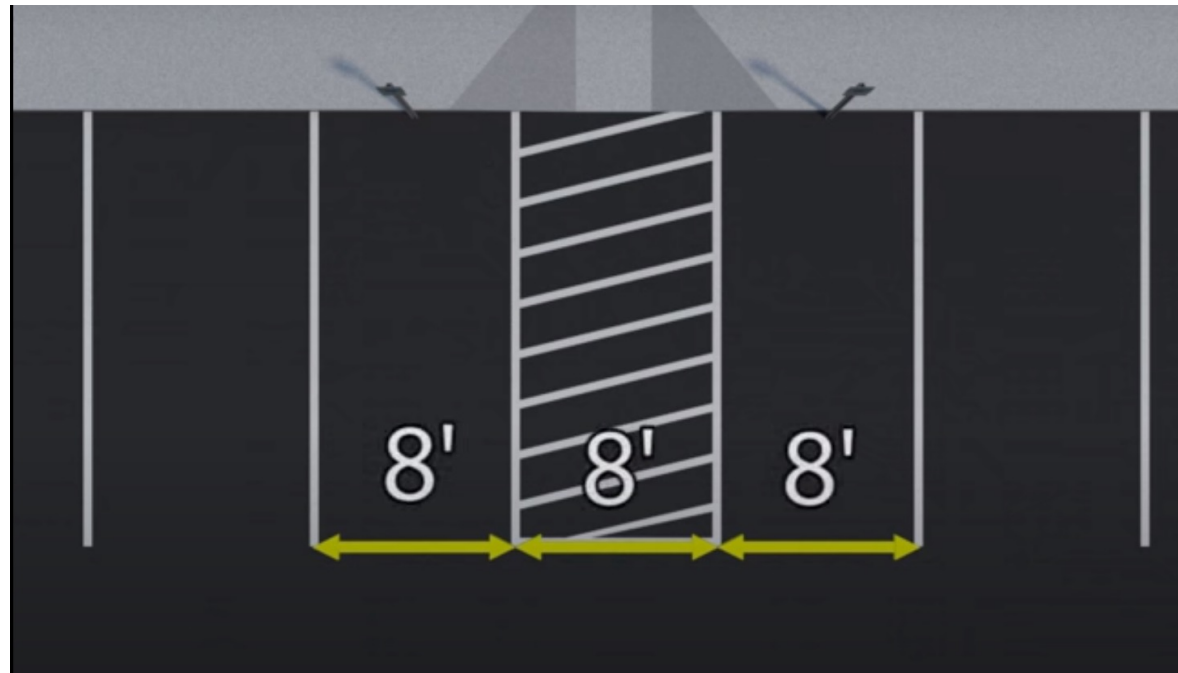
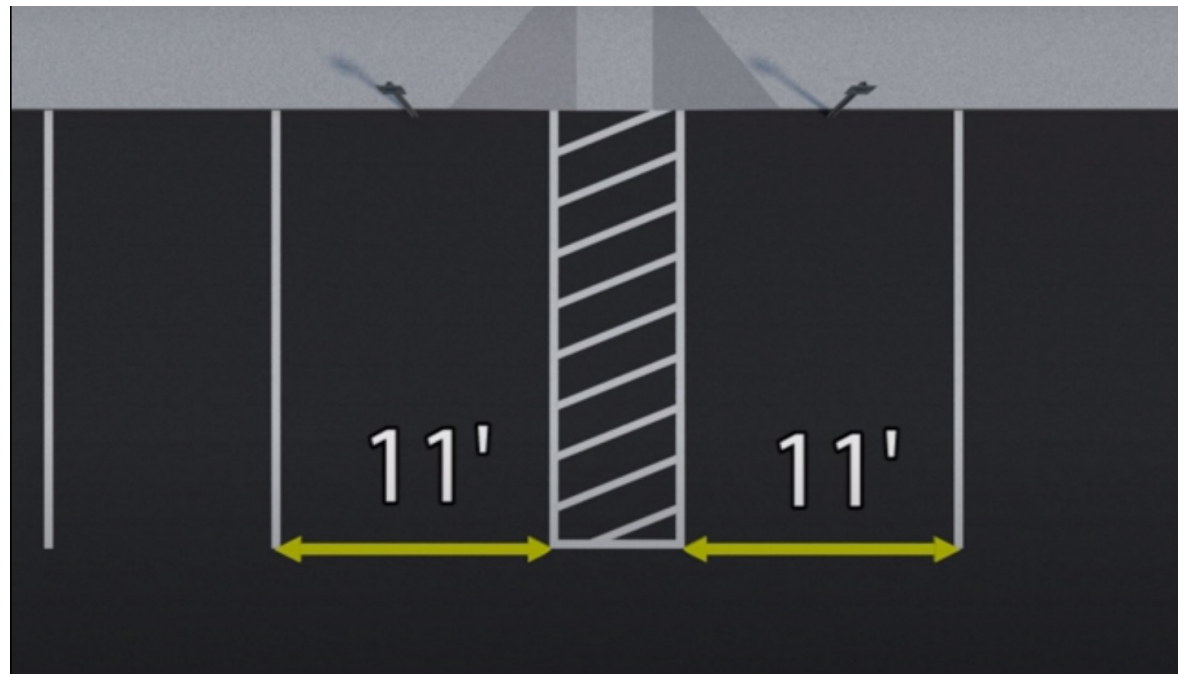
# Car Accessible Spaces

- Car Parking Spaces
  - 8' wide minimum
  - 5' wide access aisle



# Van Accessible Spaces

- Van Parking Spaces
  - 11' wide minimum
  - 5' wide access aisle, **OR**
  - 8' wide minimum
  - 8' wide access aisle
- Parking spaces for vans and access aisles and vehicular routes serving them shall provide a **vertical clearance** of 98 inches minimum.





# Access Aisle

- Must adjoin an accessible route.
- Two parking spaces are permitted to share an access aisle.
- Must extend the full length of the parking space.
- Must be marked to discourage parking in them.
- Must not overlap the vehicular way.
- Van access aisles be on either side of the parking space, except with angled spaces.

# Parking Surfaces

- Parking space and access aisle surfaces must be stable, firm, and slip resistant.
- Access aisles must be at the same level as parking spaces they serve.
- Changes in level greater than 1:48 are not permitted.
- Built-up curb ramps cannot protrude into access aisles.



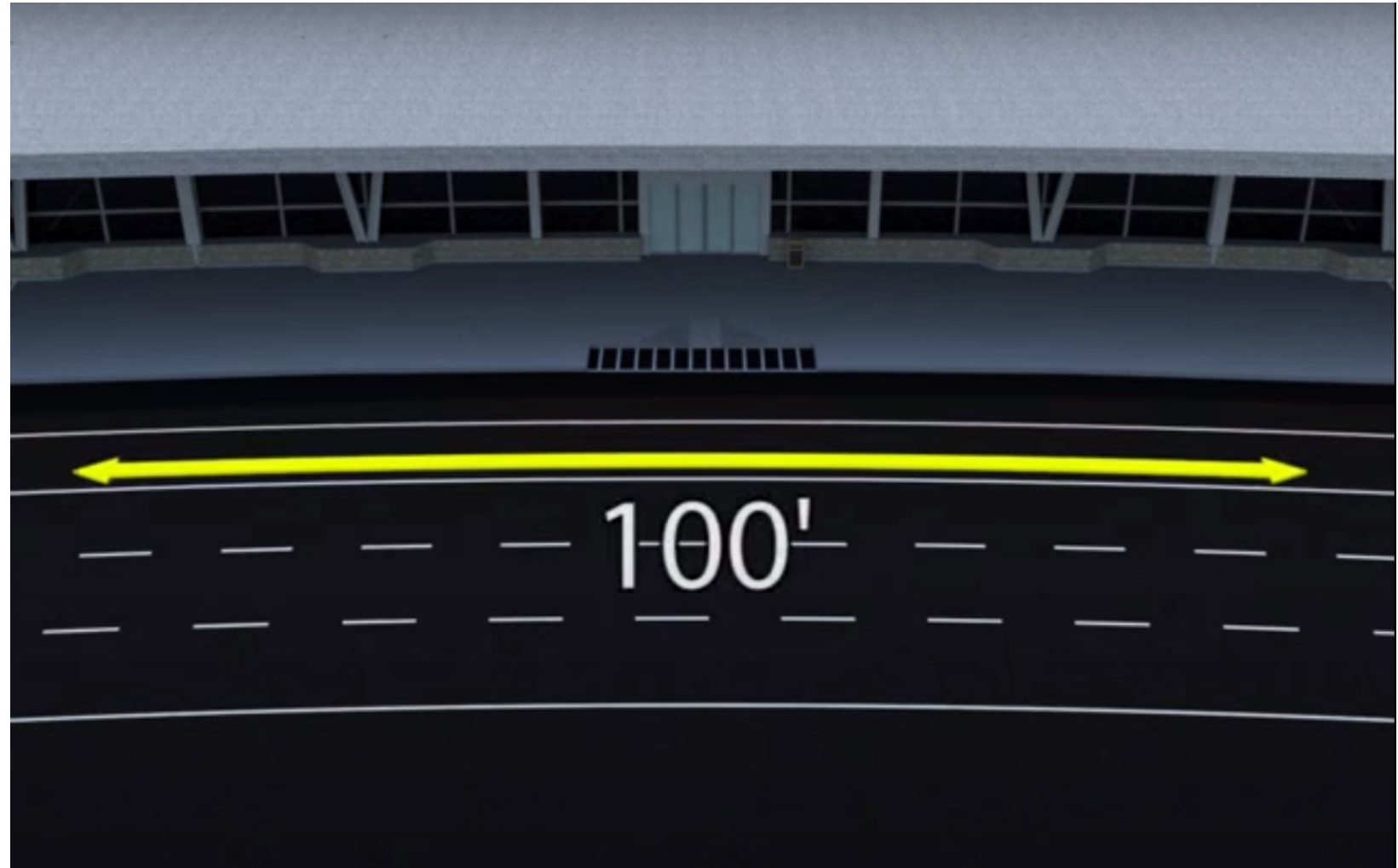


## Parking Signage

- Parking spaces must be identified with the International Symbol of Accessibility.
- Signs identifying van parking spaces shall contain the designation "van accessible."
- Signs shall be 5 feet minimum above the finish floor or ground surface measured to the bottom of the sign.
- Signs can be installed on posts, suspended from ceilings, or fixed to walls.

# Passenger Loading - Scoping

Where provided, at least one accessible passenger loading zone must be provided in every continuous 100 linear feet of loading zone space, or fraction thereof.

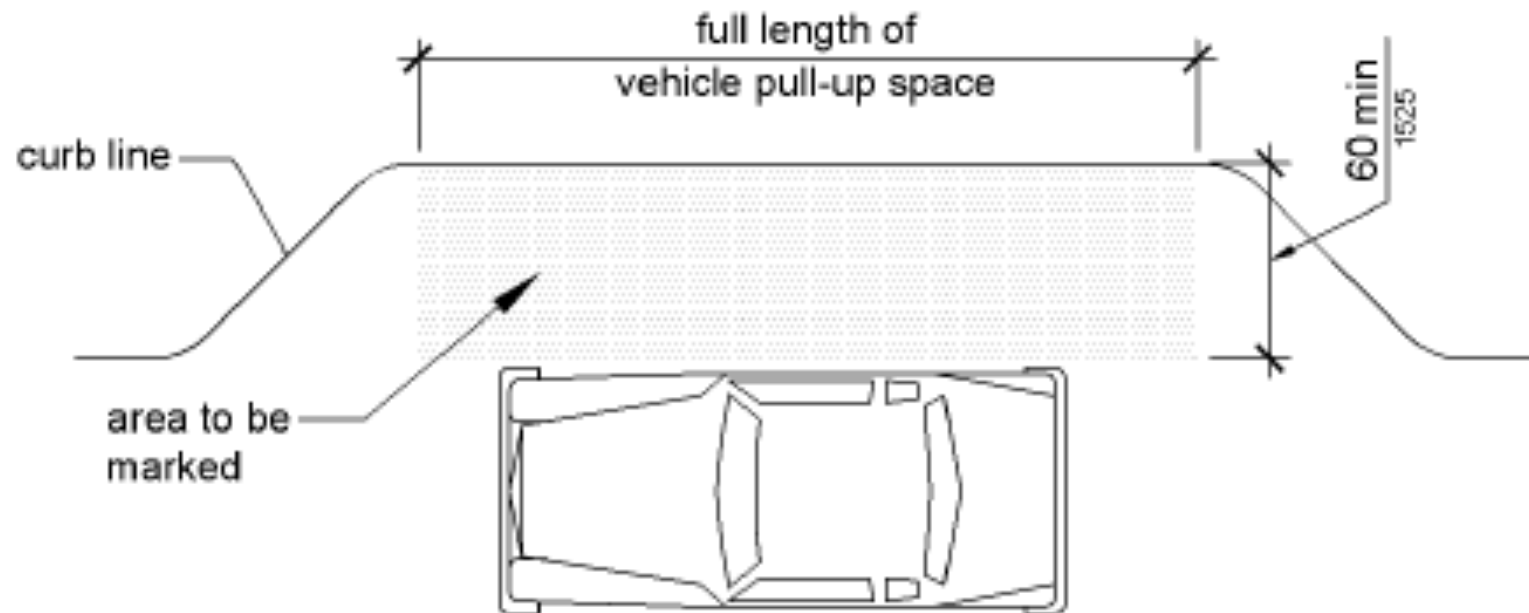


# Passenger Loading – Required Facilities

- **Medical Care and Long-Term Care Facilities.**  
At least one accessible passenger loading zone shall be provided at an accessible entrance to licensed medical care and licensed long-term care facilities where the period of stay exceeds twenty-four hours.
- **Valet Parking.**  
Parking facilities that provide valet parking services shall provide at least one accessible passenger loading zone.
- **Mechanical Access Parking Garages.**  
Mechanical access parking garages shall provide at least one accessible passenger loading zone at vehicle drop-off and vehicle pick-up areas.

# Vehicle Pull-Up Space

- Passenger loading zones shall provide a vehicular pull-up space 8 feet wide minimum and 20 feet long minimum.



# Passenger Loading – Access Aisle

- **Access Aisle.**

Passenger loading zones shall provide access aisles adjacent to the vehicle pull-up space.

- Access aisles shall adjoin an accessible route and shall not overlap the vehicular way.
- Access aisles serving vehicle pull-up spaces shall be at least 5 feet wide.
- Access aisles shall extend the full length of the vehicle pull-up spaces they serve.
- Access aisles shall be marked to discourage parking in them.

# Passenger Loading – Design

- Vehicle pull-up spaces and access aisles serving them must be stable, firm, and slip resistant.
- Access aisles must be at the same level as the vehicle pull-up space they serve.
- Changes in level greater than 1:48 are not permitted.
- Vehicle pull-up spaces, access aisles, and vehicular routes must have a vertical clearance of at least 114 inches.



# Accessible Routes

- Accessible Routes permit people with mobility disabilities access to participate.
- Must be able to get to areas where services take place.
- Accessible Route should connect to all critical areas of the facility a person might be expected to go.
  - Check-in area
  - Waiting area
  - Examination areas
  - Bed/private rooms
  - Toilet and bathing rooms
  - Discharge area

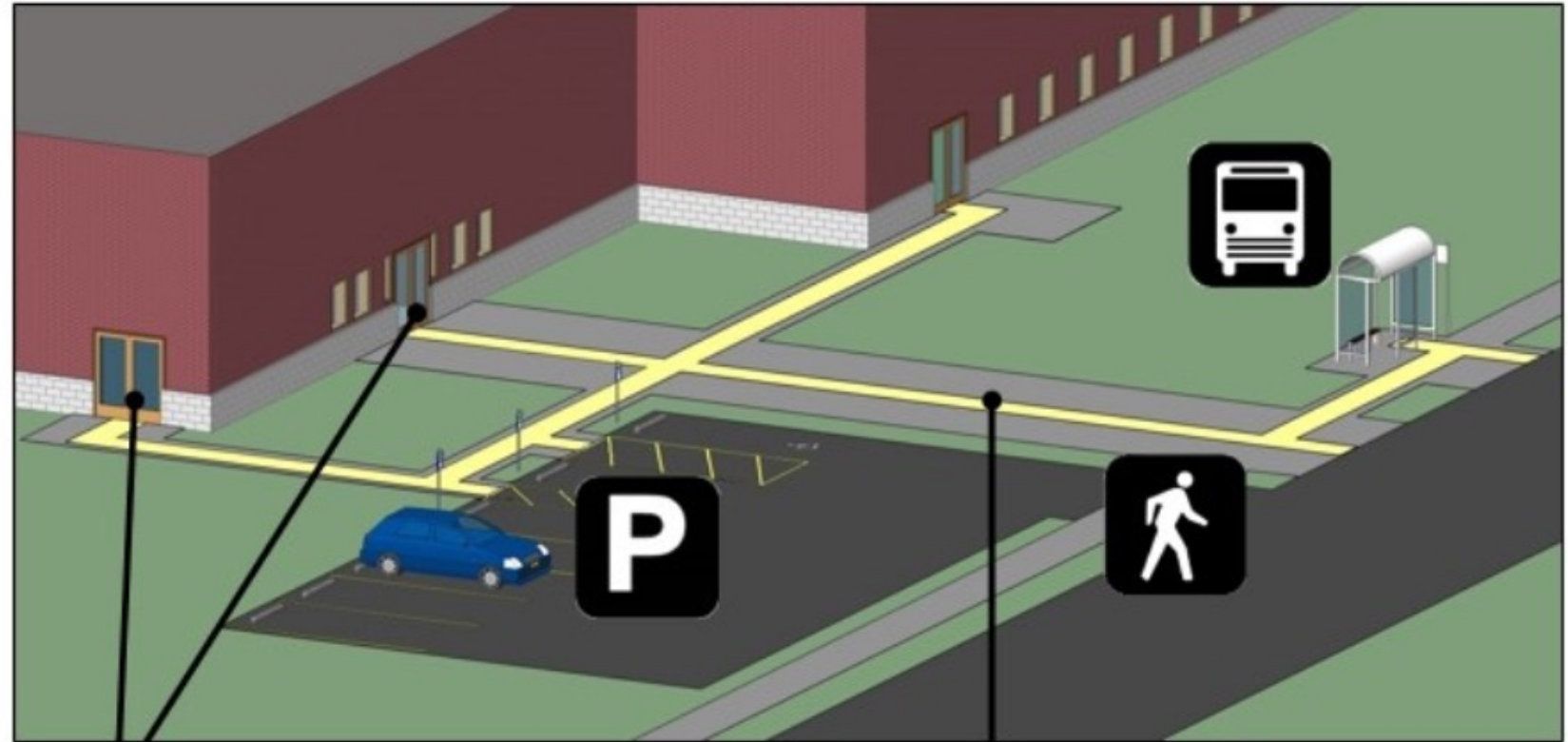
# Accessible Routes - Scoping

- At least one accessible route shall be provided within the site from accessible parking spaces and accessible passenger loading zones; public streets and sidewalks; and public transportation stops to the accessible building or facility entrance they serve.



# Accessible Routes - Location

- The accessible route must be in the same area as the general circulation path.



*An accessible route must connect site arrival points to each accessible entrance they serve.*

*Accessible routes must coincide with, or be in the same vicinity as, general circulation paths (§206.3).*

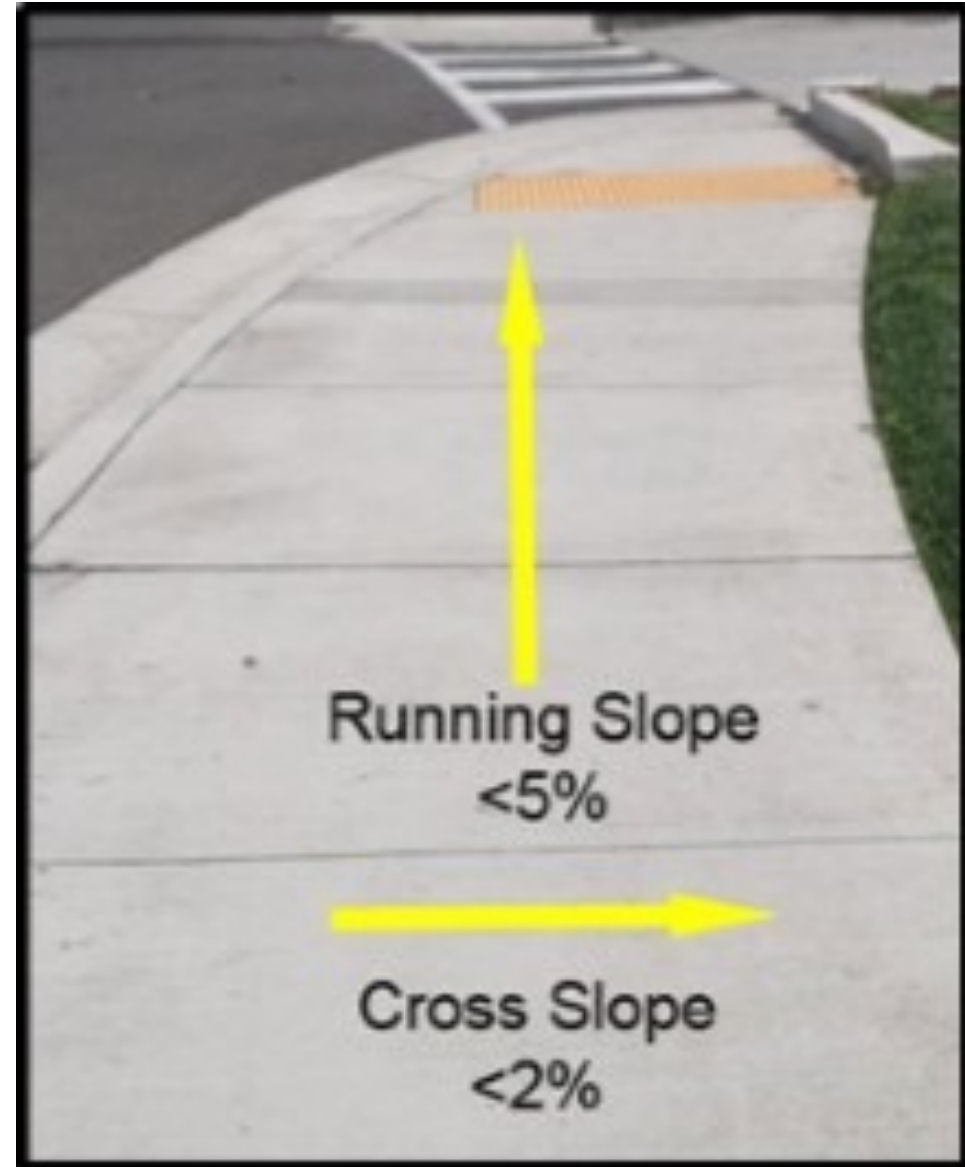
# Accessible Routes - Surfaces

- Accessible route floor or ground surfaces must be firm, stable and slip resistant.

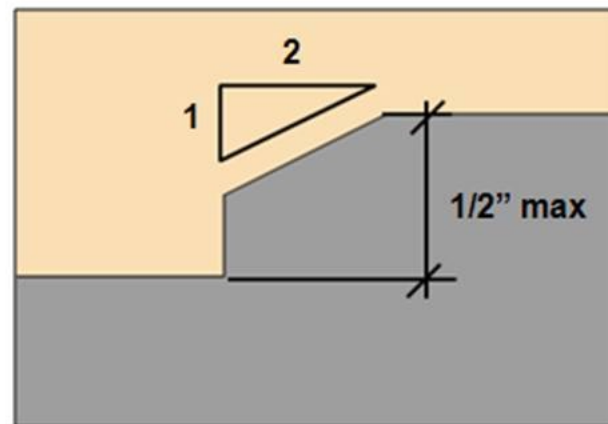
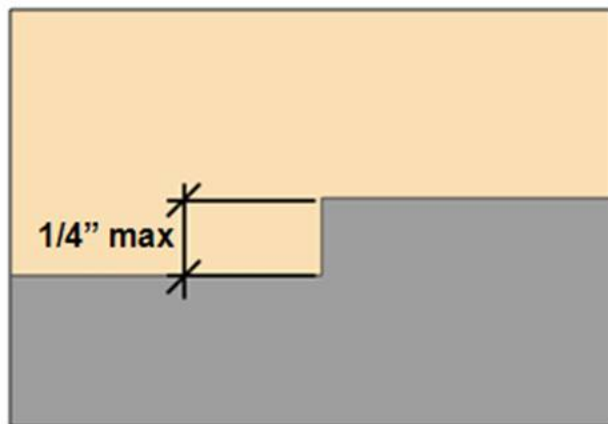
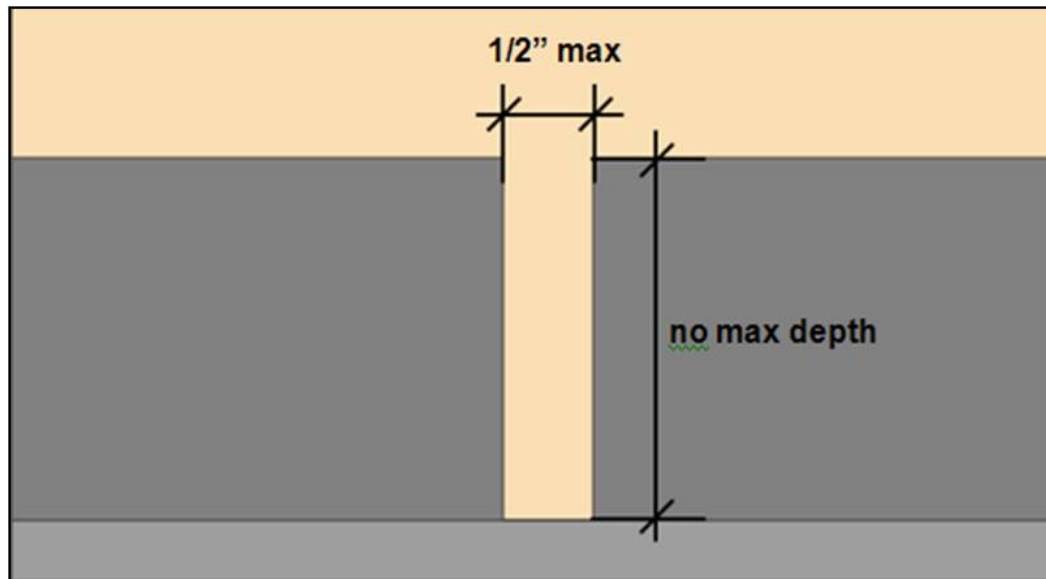


# Accessible Routes - Slopes

- Walking surfaces should have a 5% maximum running slope.
- Ramps should have a 5-8.3% maximum running slope.
- Cross slopes should never exceed 2%.



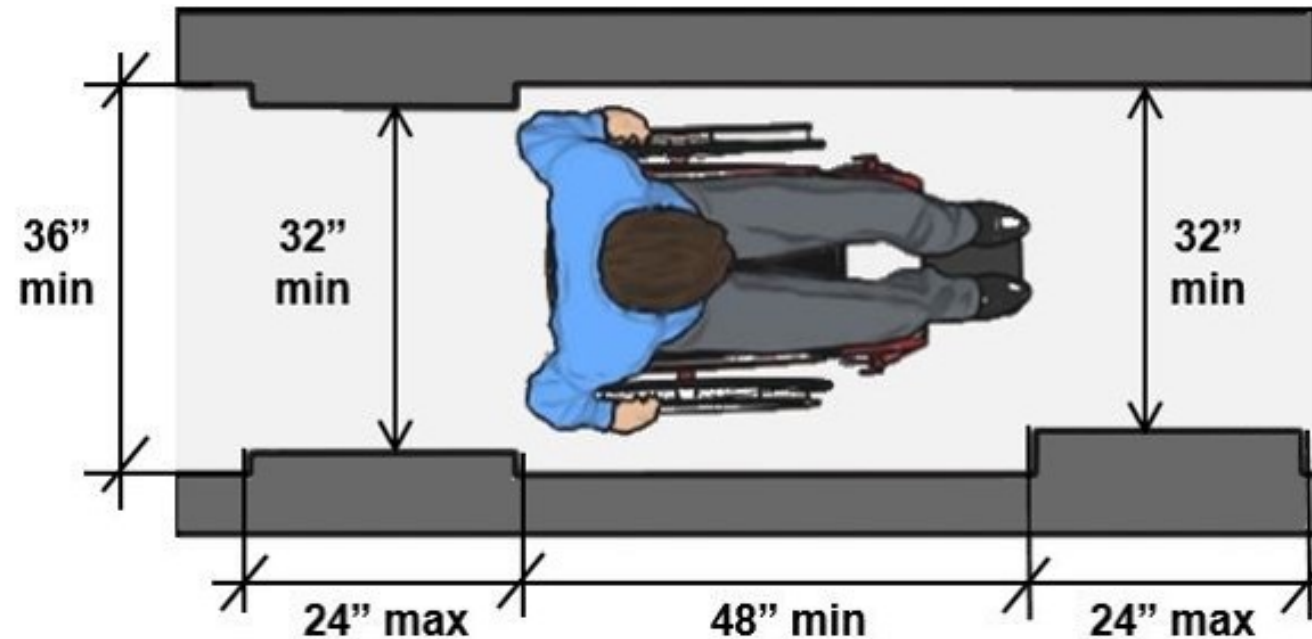
# Accessible Routes – Gaps and Vertical Changes



- Walking surfaces should be free from gaps greater than 1/2 inch.
- Vertical changes in level cannot be greater than 1/4 inch.
- Vertical changes in level up to 1/2 inch should be beveled at 1:2.

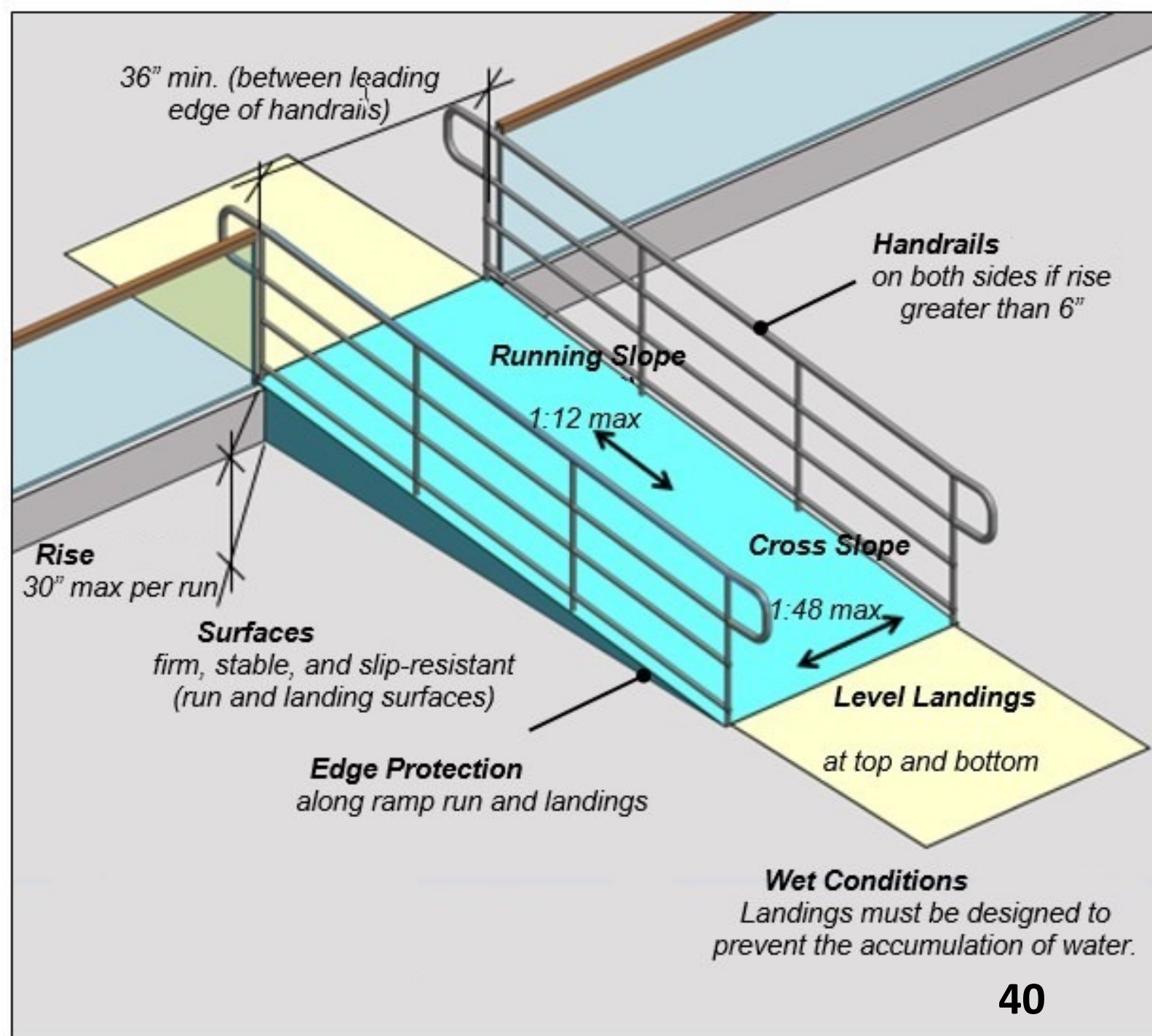
# Accessible Routes - Width

- Pathways should be 36 inches wide except at doors and for short distances, when it can be narrower (32 inches).



# Accessible Routes - Ramps

- Ramps which rise more than 6 inches will need to have both handrails and edge protection.
- Ramps must also have level landings at the top and bottom of each segment and where the ramp changes direction.





# Accessible Entrances - Scoping

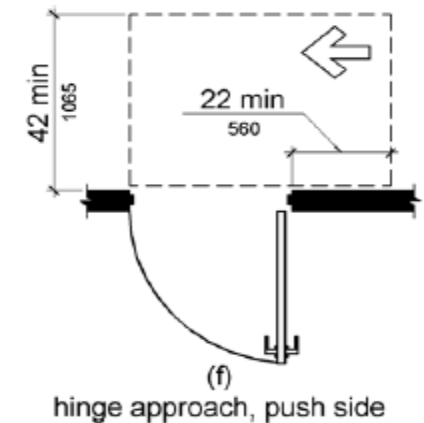
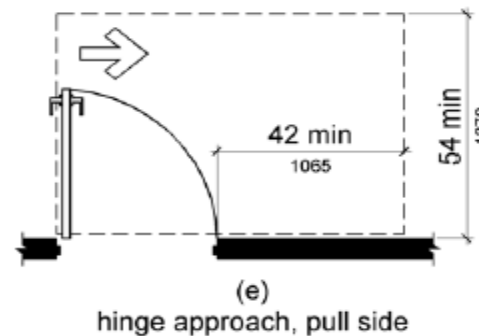
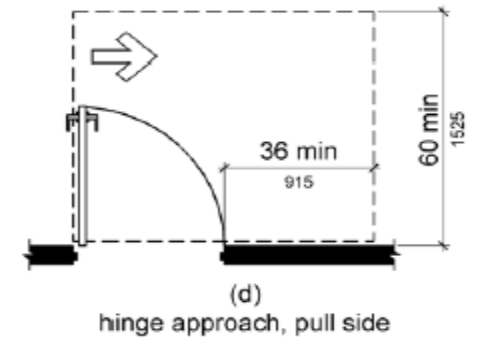
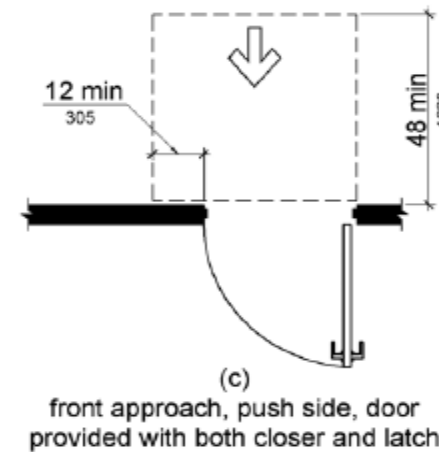
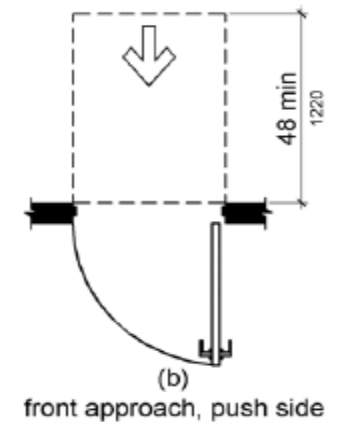
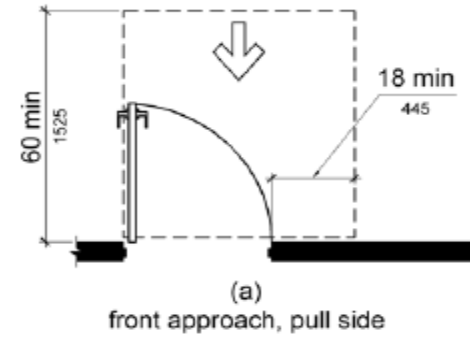
- Part of the accessible route.
- Ensure people with disabilities have an accessible way in.
- At least 60% of all public entrances must be accessible.
- If direct access to a facility entrance is from a parking structure, each direct access entrance must be accessible.
- If direct access to a facility entrance is from a pedestrian tunnel or elevated walkway, at least one direct entrance to the facility must be accessible.

# Accessible Entrances - Design

- Revolving doors, revolving gates, and turnstiles not allowed.
- At least one side of double doors must be accessible.
- Door openings must have a clear width of at least 32 inches.
- No protrusions below 34 inches from ground. Protrusions between 34-80 inches above the ground are limited to 4 inches.
- Thresholds at doorways can be no more than ½ inch high.
- Floor or ground surface requirements apply.

# Accessible Entrances – Maneuvering Clearances

- Maneuvering clearances are required and vary.





# Accessible Entrances – Doors

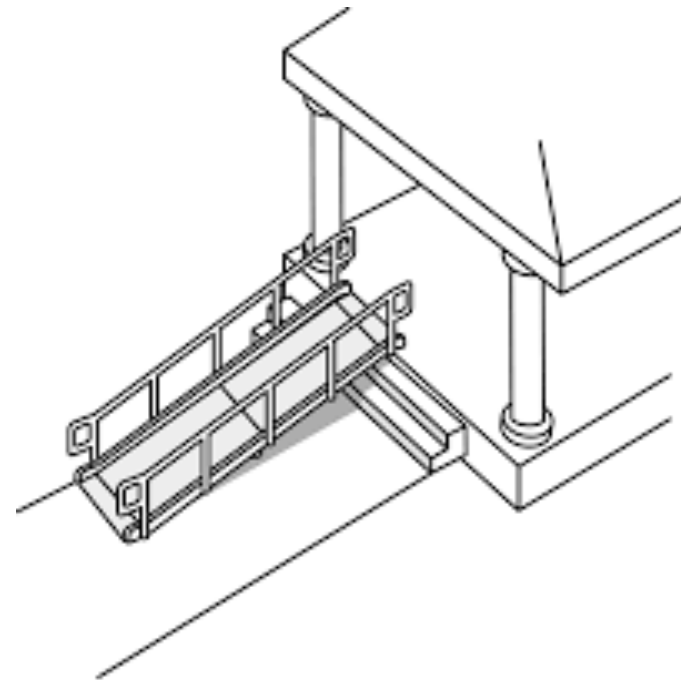
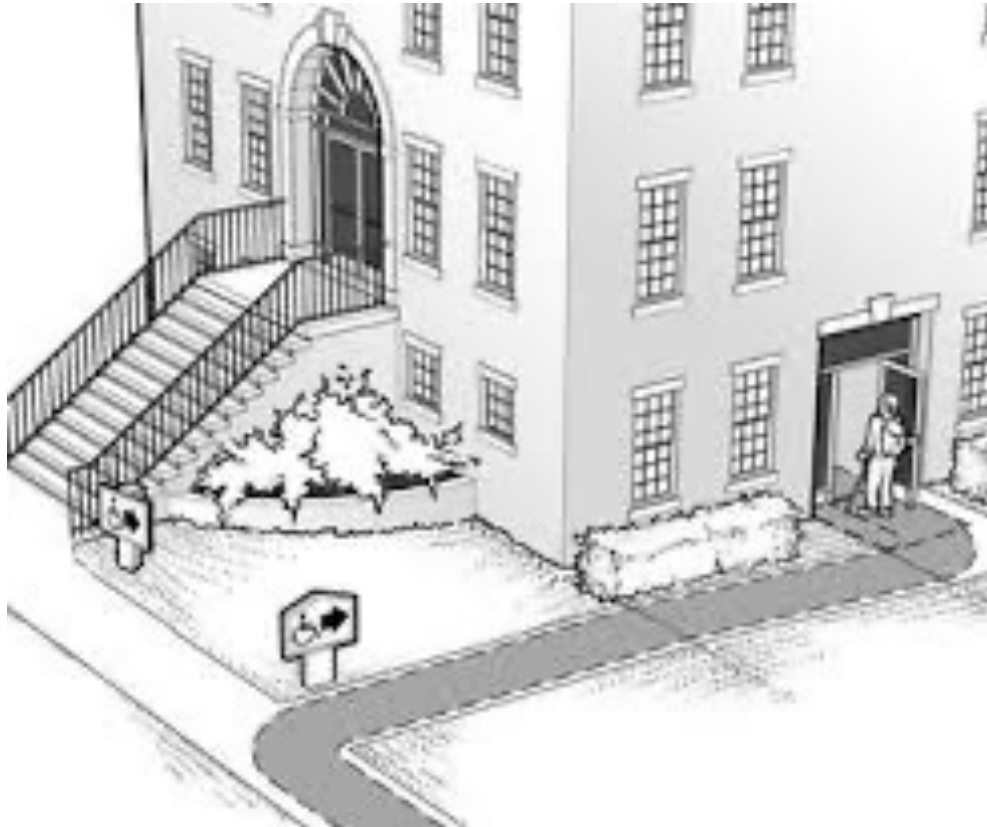
- Operable parts of doors must not require tight grasping, pinching or twisting of the wrist.
- Operable parts of doors must be 34-45 inches above the ground.
- Doors must close at a speed of no less than 5 seconds.

# Common Barriers to Accessible Entrances

- Curbs with no ramps.
- Broken concrete walking surfaces.
- Stairs of any number.
- Grass on an expected walking path.

# Barrier Mitigation at Entrances

- Install temporary accessibility features.
- Identify alternate accessible entrance.



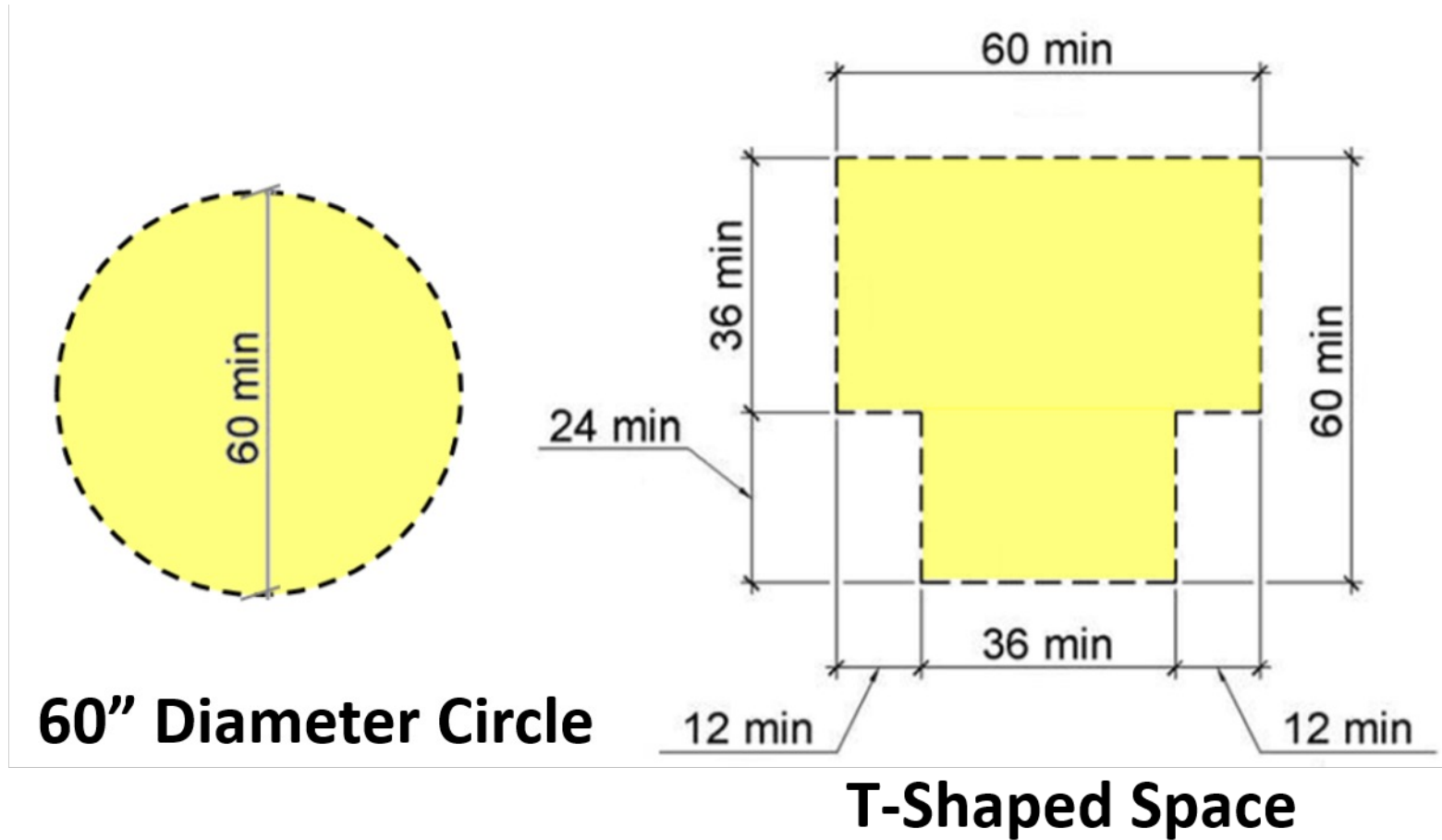
Portable Ramp Used at  
Inaccessible Building Entrance

# Patient Sleeping Rooms - Scoping

- The minimum number of accessible patient sleeping rooms required vary based on the type of medical facility.
- Accessible patient sleeping rooms must be dispersed throughout the facility.



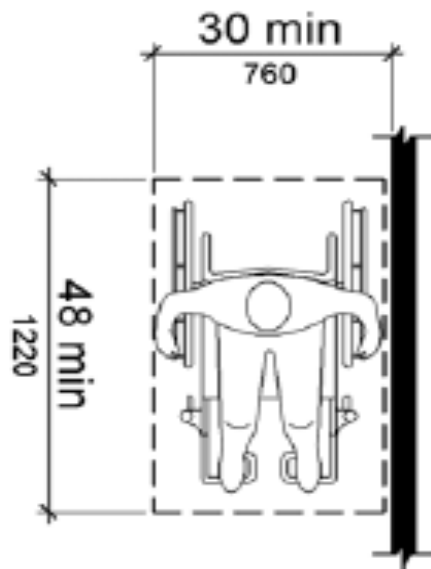
# Sleeping Rooms – Turning Space





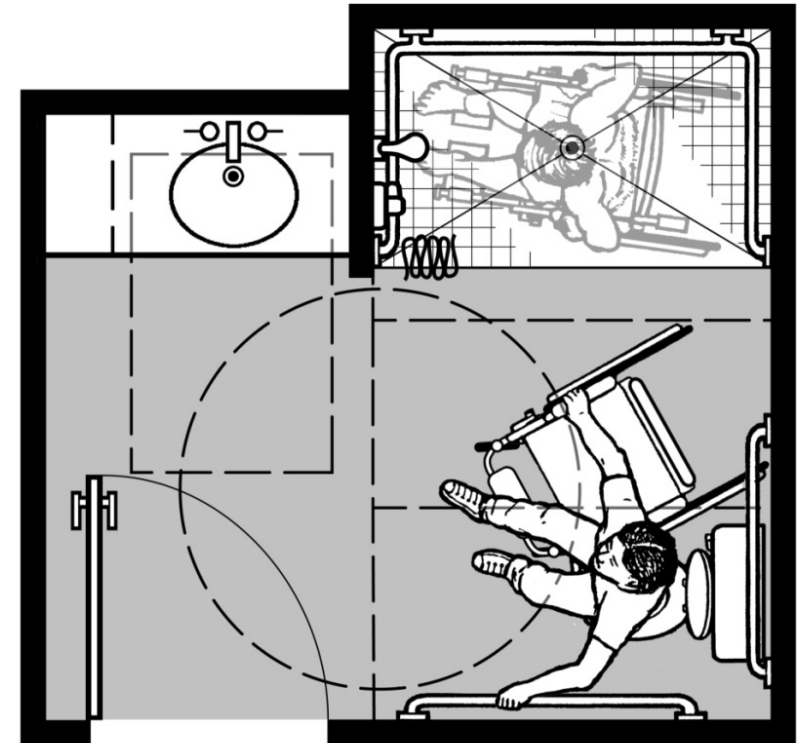
# Sleeping Rooms – Clear Floor Space

Must provide a clear floor space at least 30 inches by 48 inches and located on both sides of the bed.



# Patient Sleeping Rooms – Toilet and Bathing

If the patient sleeping room includes an attached bathroom, it must also meet accessibility requirements.



# Medical Diagnostic Equipment (slide 1 of 2)


- [Accessibility Standards for Medical Diagnostic Equipment \(MDE\)](#) have been developed by the U.S. Access Board.
- As of now, the standards are not enforceable and serve as a best practice.
- May become enforceable in the future.

# Medical Diagnostic Equipment (slide 2 of 2)


- [Proposed update to Section 504 of the Rehabilitation Act of 1973](#) includes requirement for accessible MDE for healthcare providers receiving federal funds.
- In the absence of enforceable standards, providers still have an obligation to provide access to goods and services.
  - May be accomplished using auxiliary aids/services or modification of policies/procedures.
- Standards address technical standards; scoping is to be determined.

# DOJ Guidance

## [Access to Medical Care for Individuals with Mobility Disabilities | ADA.gov](https://www.ada.gov)




U.S. Department of Justice  
Civil Rights Division  
Disability Rights Section



U.S. Department of Health and Human Services  
Office for Civil Rights

### Americans with Disabilities Act

## Access To Medical Care For Individuals With Mobility Disabilities




### PART 4: ACCESSIBLE MEDICAL EQUIPMENT

tables. If a lift is used with multiple exam tables, the medical provider, depending on its size, may need to establish a procedure governing how the lift is shared and where it is stored. The provider should ensure that it does not schedule for the same appointment time more than one patient needing the lift. While these lifts may be less expensive than overhead lifts, they require more maneuvering space in the room and space for storage.

To properly and safely assist patients with transfers, medical staff will likely need training on how to operate the equipment and on safe patient handling techniques.

**Notes for Portable Floor Lifts:**


- The amount of clear floor space needed to maneuver will depend on the type of floor lift equipment used.
- Portable floor lifts must be able to position the patient over the table surface; select a model that is compatible with the exam table and room configuration.
- A low height, adjustable width base can move closer to the end of the exam table and can be narrowed for transit and storage.



A low height, adjustable width base permits the lift to be positioned at the end of the examination table

**Assisted Transfer Utilizing a Portable Floor Lift**

Movable exam tables allow additional flexibility to position table and lift for optimal patient transfer



Clearance beneath the exam table and an angled approach of the lift allows the patient to be positioned directly over the exam table for a safe transfer

**Assisted Transfer Utilizing Both a Portable Floor Lift and Movable Exam Table**

ACCESS TO MEDICAL CARE FOR INDIVIDUALS WITH MOBILITY DISABILITIES Page 12

# Effective Communication and Healthcare

Katie Warden, Director  
Northwest ADA Center

# Effective Communication

- A public accommodation shall furnish appropriate auxiliary aids and services where necessary to ensure effective communication with individuals with disabilities.
- 28 C.F.R. § 36.303(c)(1)

# Basic Requirement

...communicate effectively  
with people who have communication disabilities...



# Goal of Effective Communication

- To ensure that no individual with a disability is excluded, denied services, segregated or otherwise treated differently than other individuals...
- 28 C.F.R. § 36.303(a)

# Providing Effective Communication

- Communication Aids and Services
  - “Auxiliary Aids and Services”
    - Devices or services that enable effective communication for people with communication disabilities.
- 42 U.S.C. § 12103(1)

# Communication Aids & Services: Examples

- American Sign Language interpreters
- Video remote interpreting
- Notetakers
- Large print materials
- Captioning
- Accessible electronic and information technology
- Other similar services and actions
  
- 28 C.F.R. § 36.303(b)

# Telehealth Examples (1)

- A physical therapy practice uses a telehealth platform to send patients messages and videos showing how to do physical therapy exercises. One of the physical therapists is sending messages and videos to a client who is blind or has a visual disability.

## Telehealth Examples (2)

- To effectively communicate with this patient, the practice may need to make sure, for example, that:
  - its telehealth platform is compatible with screen readers;
  - its videos have audio descriptions, or audio tracks that describe and give context for what is happening on screen.
- [ADA.gov Telehealth](#)

## Telehealth Examples (3)

- A nurse practitioner's office uses telehealth to hold virtual appointments with patients by video. A patient who is deaf or has hearing loss schedules a virtual appointment with that office.

## Telehealth Examples (4)

- To ensure effective communication during the appointment, the provider might need, for example, to:
  - give the patient the chance to request a communication aid or service when scheduling an appointment;
  - provide a qualified sign language interpreter during the appointment; or
  - ensure that the telehealth platform can support effective real-time captioning.
- [ADA.gov Telehealth](https://www.ada.gov/telehealth)

# Choosing Communication Aids & Services

- To decide what aid or service is needed to communicate effectively:
  - Consider the nature, length, complexity, and context of the communication.
  - Consider the person's normal methods of communication.
- 28 C.F.R. § 36.303(c)(1)(ii)



# Complex Communication

- An interpreter may be required for:
  - Communication of medical history or diagnoses.
  - Conversations about medical procedures and treatment decision.
  - Communication of instructions for care at home.
- [ADA Business BRIEF: Communicating with People Who Are Deaf or Hard of Hearing in Hospital Settings](#)

# Additional Considerations

- Communication aids and services must be provided:
  - In accessible formats.
  - In a timely manner.
  - In such a way as to protect the privacy and independence of the individual with a disability.
- 28 C.F.R. § 36.303(c)(1)(ii)

# Surcharges Prohibited

- Public accommodations may not place a surcharge on a particular individual with a disability to cover the costs of auxiliary aids and services.
- 28 C.F.R. § 36.301(c)

# Companions

- Entities must provide effective communication for companions who have communication disabilities.
- Companions:
  - Any family member, friend, or associate of a person seeking or receiving an entity's goods or services who is an appropriate person with whom the entity should communicate.
- 28 C.F.R. § 36.303(c)(1)(i)

# Model Communication Assessment Forms

- [Barrier Free Health Care Initiative](#)  
**web:**  
[archive.ada.gov/barrierfreehealthcare.htm](https://archive.ada.gov/barrierfreehealthcare.htm)
- [Dear Colleague Letter re: Effective Communication \[PDF, 3 pages\]](#)  
**web:** [justice.gov/d9/2023-04/dear\\_colleagues\\_letter\\_for\\_healthcare\\_providers.pdf](https://justice.gov/d9/2023-04/dear_colleagues_letter_for_healthcare_providers.pdf)

**Model Communication Assessment Form**

We ask this information so that we can communicate with patients and or companions who are deaf or hard of hearing effectively. All communication aids and services are provided FREE OF CHARGE. If you need further assistance, please ask your nurse or other hospital personnel.

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Name of Person with Disability**

\_\_\_\_\_

**Patient's Name**

**Nature of Disability:**

Deaf

Hard of Hearing

Speech Impairment

Other: \_\_\_\_\_

**Relationship to Patient:**

Self

Family Member

Friend

Other: \_\_\_\_\_

# **Access to Health Care: Reasonable Modification of Policies, Practices, and Procedures**

Pam Williamson, Assistant Director  
Southeast ADA Center

# What is a reasonable modification?

- **Term used in Title II of the ADA** (state and local government agencies) and **Title III of the ADA** (public accommodations / private businesses)
- **Definition:** Adjusting policies, practices, and procedures, if needed, to provide goods, services, facilities, privileges, advantages, or accommodations.

**Resource:** [Health Care and the Americans With Disabilities Act](#)

**source:** ADA National Network

**web:** [adata.org/factsheet/health-care-and-ada](http://adata.org/factsheet/health-care-and-ada)

# Reasonable Modifications in Medical Facilities

## Today's Areas of Focus:

- Service animals in a medical facility.
- Reasonable modifications to visitor restrictions in medical settings.
- Bringing personal equipment and supplies to a medical facility.
- Masks.



# Reasonable Modification: Service Animals in Medical Facilities (slide 1 of 3)

1. Service animals must be **allowed access to medical facilities** unless the presence of the animal creates a **direct threat** to other persons or a **fundamental alteration** in the nature of services.

[Guidelines for Environmental Infection Control in Health Care Facilities](#)

**source:** Centers for Disease Control and Prevention (CDC)

**web:** [cdc.gov/MMWR/preview/MMWRhtml/rr5210a1.htm](http://cdc.gov/MMWR/preview/MMWRhtml/rr5210a1.htm)

# Reasonable Modification: Service Animals in Medical Facilities (slide 2 of 3)

2. When a decision must be made regarding a service animal's access to any particular area of the health-care facility:
  - a. evaluate the service animal, patient, and health-care situation on a **case-by-case basis**;
  - b. determine whether **significant risk of harm exists**; and
  - c. determine whether **reasonable modifications in policies and procedures** will mitigate this risk.

[Guidelines for Environmental Infection Control in Health-Care Facilities](#)

**source:** Centers for Disease Control and Prevention (CDC)

**web:** [cdc.gov/MMWR/preview/MMWRhtml/rr5210a1.htm](http://cdc.gov/MMWR/preview/MMWRhtml/rr5210a1.htm)

# Reasonable Modification: Service Animals in Medical Facilities (slide 3 of 3)

3. If a patient must be **separated** from his or her service animal while in the health-care facility:
  - a. **determine with the person the arrangements** that have been made for supervision or care of the animal during this period of separation; and
  - b. make **appropriate arrangements to address the patient's needs in the absence of the service animal.**

[Guidelines for Environmental Infection Control in Health-Care Facilities](#)

**source:** Centers for Disease Control and Prevention (CDC)

**web:** [cdc.gov/MMWR/preview/MMWRhtml/rr5210a1.htm](http://cdc.gov/MMWR/preview/MMWRhtml/rr5210a1.htm)

# Reasonable Modifications to Visitor Restrictions in Medical Settings

- Allow a caregiver, personal assistant, or family member to accompany a patient with a disability to ensure adequate support for decision-making and treatment.

# Reasonable Modification: Face Masks Required by Health Care Practices

## **Situation:**

- A health care provider is requiring all patients to wear masks due to COVID-19.
- A person is unable to wear a mask due to his/her disability.
- Must the health care provider make a reasonable modification?

# Reasonable Modification: Face Masks Required by Health Care Practices - Alternatives

- Develop a policy that addresses **face mask alternatives** for people with different types of disabilities who might not be able to wear a traditional face mask.

## **Reasonable Modification: Bringing Personal Equipment and Supplies to a Medical Facility**

- Allow individuals with disabilities to bring and use personal equipment and supplies at the hospital.
- Examples: assistive technology devices, a ventilator, wheelchair, or walker.
- Medical facility may require that proper steps be taken to clean the equipment and prevent the spread of infectious diseases.

# Tips to Ensure an Effective Process for Ensuring Reasonable Modifications

- Establish a **policy** for requesting and receiving reasonable modifications.
- Ensure that all staff are **trained** to work with people with disabilities and understand the reasonable modification process.
- Evaluate each situation on a **case-by-case basis**.



# **Resources: ADA and Health Care**

# Resources: ADA and Health Care Basics

- **Accessible Health Care**

**source:** ADA National Network

**web:** [adata.org/factsheet/accessible-health-care](http://adata.org/factsheet/accessible-health-care)

- **Health Care and Americans With Disabilities Act**

**source:** ADA National Network

**web:** [adata.org/factsheet/health-care-and-ada](http://adata.org/factsheet/health-care-and-ada)

# Resources: ADA and Facility Access

- **[2010 Americans with Disabilities Act \(ADA\) Standards for Accessible Design](#)**  
**source:** U.S. Department of Justice (DOJ)  
**web:** [ada.gov/law-and-regs/design-standards/2010-stds/](http://ada.gov/law-and-regs/design-standards/2010-stds/)
- **[Access to Medical Care for Individuals with Mobility Disabilities](#)**  
**source:** U.S. Department of Justice (DOJ)  
**web:** [ada.gov/medicare\\_mobility\\_ta/medicare\\_ta.htm](http://ada.gov/medicare_mobility_ta/medicare_ta.htm)

# Resources:

## ADA and Effective Communication (slide 1 of 3)

- [Accessibility at Drive-Thru Medical Sites](#)

**source:** ADA National Network

**web:** [adata.org/factsheet/accessibility-drive-thru-medical-sites](https://adata.org/factsheet/accessibility-drive-thru-medical-sites)

- [Communicating with Medical Personnel During Coronavirus](#)

**source:** National Association of the Deaf (NAD)

**web:** [nad.org/2020/04/07/communicating-with-medical-personnel-during-coronavirus/](https://nad.org/2020/04/07/communicating-with-medical-personnel-during-coronavirus/)

# Resources:

## ADA and Effective Communication (slide 2 of 3)

- **[COVID-19: Deaf and Hard of Hearing Communication Access Recommendations for the Hospital](#)**  
**source:** National Association of the Deaf (NAD)  
**web:** [nad.org/covid19-communication-access-recs-for-hospital/](https://nad.org/covid19-communication-access-recs-for-hospital/)
- **[Telehealth Accessibility for Deaf and Hard Hearing \(guidelines for health care providers and consumers\)](#)**  
**source:** National Association of the Deaf (NAD)  
**web:** [mailchi.mp/nad/covid-19-video-based-telehealth-accessibility?e=8e82494470](https://mailchi.mp/nad/covid-19-video-based-telehealth-accessibility?e=8e82494470)

# Resources: ADA and Effective Communication (slide 3 of 3)

- **[American Council of the Blind COVID-19 Response](#)**  
**source:** American Council of the Blind (ACB)  
**web:** [acb.org/acb-covid19-response](http://acb.org/acb-covid19-response)
- **[National Council on Independent Living's COVID-19 Information, Resources, and Opportunities](#)**  
**source:** National Council on Independent Living (NCIL)  
**web:** [ncil.org/covid-19/](http://ncil.org/covid-19/)

## Resources:

# Modification in Policies, Practices, and Procedures (slide 1 of 2)

- [\*\*ADA Title II: State and Local Government Regulations §35.130\*\*](#)

(scroll to paragraph (b)(7))

**source:** U.S. Department of Justice (DOJ)

**web:** [ada.gov/law-and-regs/title-ii-2010-regulations/#-35130-general-prohibitions-against-discrimination](https://www.ada.gov/law-and-regs/title-ii-2010-regulations/#-35130-general-prohibitions-against-discrimination)

- [\*\*ADA Title III: Public Accommodations Regulations §36.302\*\*](#)

**source:** U.S. Department of Justice (DOJ)

**web:** [ada.gov/law-and-regs/title-iii-regulations/#-36302-modifications-in-policies-practices-or-procedures](https://www.ada.gov/law-and-regs/title-iii-regulations/#-36302-modifications-in-policies-practices-or-procedures)

## Resources: Modification in Policies, Practices, and Procedures (slide 2 of 2)

- **[ADA Title II: State and local regulations](#)**  
**source:** U.S. Department of Justice (DOJ)  
**web:** [ada.gov/topics/title-ii/](http://ada.gov/topics/title-ii/)
- **[ADA Title III: Public accommodations regulations](#)**  
**source:** U.S. Department of Justice (DOJ)  
**web:** [ada.gov/law-and-regs/title-iii-regulations](http://ada.gov/law-and-regs/title-iii-regulations)



# Resources:

## Service Animals in Health Care Facilities (slide 1 of 4)

- [Understanding How to Accommodate Service Animals in Healthcare Facilities](#)

**source:** Administration for Strategic Preparedness and Response, U.S. Department of Health & Human Services (HHS)

**web:** [aspr.hhs.gov/at-risk/Pages/service\\_animals.aspx](http://aspr.hhs.gov/at-risk/Pages/service_animals.aspx)

- [Guidelines for Environmental Infection Control in Health-Care Facilities](#)

**source:** Centers for Disease Control and Prevention (CDC)

**web:** [cdc.gov/MMWR/preview/MMWRhtml/rr5210a1.htm](http://cdc.gov/MMWR/preview/MMWRhtml/rr5210a1.htm)

## Resources: Service Animals in Health Care Facilities (slide 2 of 4)

- **[Fact Sheet: Service Animals](#)**  
**source:** ADA National Network  
**web:** [adata.org/factsheet/service-animals](http://adata.org/factsheet/service-animals)
- **[Service Animals and Emotional Support Animals Booklet](#)**  
**source:** ADA National Network  
**web:** [adata.org/guide/service-animals-and-emotional-support-animals](http://adata.org/guide/service-animals-and-emotional-support-animals)

## Resources: Service Animals in Health Care Facilities (slide 3 of 4)

- **[ADA Requirements: Service Animals](#)**  
**source:** U.S. Department of Justice (DOJ)  
**web:** [ada.gov/resources/service-animals-2010-requirements/](http://ada.gov/resources/service-animals-2010-requirements/)
- **[Frequently Asked Questions about Service Animals and the ADA](#)**  
**source:** U.S. Department of Justice (DOJ)  
**web:** [ada.gov/resources/service-animals-faqs/](http://ada.gov/resources/service-animals-faqs/)

## Resources: Service Animals in Health Care Facilities (slide 4 of 4)

- [Guidelines for Environmental Infection Control in Health-Care Facilities](#)

**source:** Centers for Disease Control and Prevention (CDC)

**web:** [cdc.gov/MMWR/preview/MMWRhtml/rr5210a1.htm](http://cdc.gov/MMWR/preview/MMWRhtml/rr5210a1.htm)

- [Understanding How to Accommodate Service Animals in Healthcare Facilities](#)

**source:** U.S. Department of Health and Human Services, Administration for Strategic Preparedness and Response (ASPR)

**web:** [aspr.hhs.gov/at-risk/Pages/service\\_animals.aspx](http://aspr.hhs.gov/at-risk/Pages/service_animals.aspx)

# Resources: Hospital Visitors

## [Evaluation Framework for Hospital Visitor Policies](#)

[\[PDF, 8 pages\]](#)

**source:** Center for Public Representation

**web:** [centerforpublicrep.org/wp-content/uploads/Disability-Org-Guidance-on-COVID-19-Hospital-Visitation-Policies\\_5-14-20\\_Final.pdf](https://centerforpublicrep.org/wp-content/uploads/Disability-Org-Guidance-on-COVID-19-Hospital-Visitation-Policies_5-14-20_Final.pdf)

# Resources: Masks

- [The ADA and Face Mask Policies](#)

**source:** Southeast ADA Center

**web:** [adasoutheast.org/disability-issues/ada-and-face-mask-policies/](https://adasoutheast.org/disability-issues/ada-and-face-mask-policies/)

- [Face Coverings and Businesses: Balancing the ADA with Public Health During COVID-19](#)

**source:** Northwest ADA Center

**web:** [nwadacenter.org/index.php?q=factsheet/face-coverings-and-businesses-balancing-ada-public-health-during-covid-19-0](https://nwadacenter.org/index.php?q=factsheet/face-coverings-and-businesses-balancing-ada-public-health-during-covid-19-0)

# Resources: General, Hospital Visitors

- **[COVID-19 and the ADA](#)**

**source:** U.S. Department of Justice (DOJ)

**web:** [ada.gov/resources/2021-08-25-covid-qa/](https://ada.gov/resources/2021-08-25-covid-qa/)

- **[Health Advisory: COVID-19 Updated Guidance for Hospital Operators Regarding Visitation \[PDF, 5 pages\]](#)**

**source:** New York State Department of Health

**web:**

[dmna.ny.gov/covid19/docs/all/DOH\\_COVID19\\_RevisedHospitalVisitationandFAQ\\_052020.pdf](https://dmna.ny.gov/covid19/docs/all/DOH_COVID19_RevisedHospitalVisitationandFAQ_052020.pdf)

# Resources: ADA National Network (ADANN) COVID-19 Information

- **[Disability and COVID-19](#)**  
**web:** [adacovid19.org](http://adacovid19.org)
- **[Emergency Preparedness Resources](#)**  
**(including COVID-19 resources)**  
**web:** [adata.org/emergency-preparedness](http://adata.org/emergency-preparedness)



# Resource: Centers for Disease Control and Prevention

## [Become a Disability A.L.L.Y. in Your Community and Promote Inclusion for All](#)

**source:** Centers for Disease Control and Prevention

**web:** [cdc.gov/ncbddd/humandevelopment/become-a-disability-ALLY.html](https://cdc.gov/ncbddd/humandevelopment/become-a-disability-ALLY.html)

# Contact ADA National Network: Information, Guidance, and Training on the Americans with Disabilities Act (ADA)

**Phone: 800-949-4232** (toll free)

- All calls are confidential.
- Your call will be directed to the regional ADA Center that serves your state (based on area code of number dialed).

**Email (online form):** [adata.org/email](http://adata.org/email)

**Web:** [adata.org](http://adata.org)



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