



Advocating for
disability civil rights
since 1979

Ensuring Access to Health Care for People with Disabilities

At one time, if you had a disability, were a senior with reduced mobility, or could not get on to an exam table on your own, you just had to resign yourself to an incomplete exam in a chair or even on the floor when you went to see a health care provider. Or else you had to find and bring to your appointment someone who could competently and safely assist you to transfer on and off the exam table.

Laws like the Americans with Disabilities Act of 1990 (ADA) have recognized that people with disabilities often receive sub-standard health care simply because they have a disability and face numerous barriers. The development and existence of height-adjustable tables in response to a lawsuit brought under the ADA showed that these barriers **can** be addressed if we listen to and work with people with disabilities and direct our innovation and awareness to universally designed solutions.

The situation with examination tables resembles many of the **physical, programmatic, and financial barriers** faced by people with disabilities in the area of health care. It may seem that nothing can be done, and that if you have a disability you are on your own. **But a systemic solution benefits everyone — not just people with disabilities.**

For example, widened doorways, enlarged bathrooms, and ramps and elevators in medical facilities make getting around easier for parents with strollers and for children, for people temporarily using crutches as well as for those laden with packages.

DISABILITY RIGHTS EDUCATION & DEFENSE FUND

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Barriers exist not only because some health care facilities are older and/or physically inaccessible, but because medical and office policies and practices are designed in specific ways that usually don't consider the fact that people with disabilities may need some modification. Here are a few examples of such programmatic barriers:

- A woman who uses a wheelchair may not receive proper diagnostic imaging — such as a mammogram or a chest x-ray — because the equipment requires her to stand. Diagnostic equipment that enables a person to stay in a personal mobility device, or devices that facilitate transfers, benefit everyone who has chronic or temporary difficulty standing still for periods of time, as well as those who are of shorter stature.
- Many children and adults with developmental and other disabilities require flexible appointment windows because it is difficult to get accessible, reliable transportation, and it may take extra time for accurate explanations and communications. Medical offices that incorporate flexibility in their schedules could benefit many other patients who cannot take precise appointment times.
- Filling out questionnaires privately can be impossible for people who are visually impaired. Those who are Deaf or have a hearing impairment may require translations, just as do non-English speakers. Office staff and health care providers must be trained in appropriate ways to assist and be sensitive to the different communication needs of our pluralistic society. This sensitivity also assists the family and friends of patients who are aging and facing increasing hearing and vision loss.

People with disabilities face financial barriers — in addition to obtaining and maintaining quality health care and health insurance coverage — because they may need to visit providers often to maintain their health. The American health care system emphasizes “cure” and short-term acute care rather than long-term functional maintenance of health. This emphasis translates into all-too-frequent coverage limits on long-term needs such as in-home assistance and durable medical equipment (wheelchairs, ventilators, and so on). Reimbursement methods stress efficiency at the cost of the extra time needed by people with various disabilities for routine care — a dental check-up or a physical. [So providers are financially discouraged from taking on patients with disabilities.](#)

Health care cannot be provided in a “one size fits all” manner — none of us knows the kind of care that we or our family members will need in the future. Our current system includes many barriers that prevent people with disabilities from receiving the care they need and thus compromises the length, productivity and quality of their lives and the lives of their families and friends.

To alleviate disparities in health care for people with disabilities requires:

- Valuing **functional maintenance** to the same degree as we value “cure”
- Putting **long-term prevention and health maintenance** on a par with short-term acute care
- Recognizing the full “**universal**” range of human functioning and body-types

What can we do?

- States and health plans can **monitor and enforce existing legal accessibility standards**, as well as **offer technical assistance to health care providers** on achieving compliance with those standards.
- Mandatory **medical school curricula on disability and professional development for health care providers** can be developed and incorporated into provider education.
- Public and private funders can create **incentives for essential research into barrier-free health care delivery systems and clinical standards for people with disabilities** to reduce existing health care disparities.

For more information, please see

<http://www.dredf.org/healthcare.index.shtml>