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FISA Foundation champions equity, justice, safety and inclusion for women, girls, and people with disabilities, combatting systemic racism that impedes progress for these populations in southwestern Pennsylvania.

Board of Directors November 13, 2023

Karen Farmer White
President

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

Lynette R. Lederman
Immediate Past President

Attention DPRM, RIN 0945-AA15

Chatón T. Turner, Esq.
Vice President

Hubert Humphrey Building, Room 509F

200 Independence Avenue SW, Washington, DC 20201

Jennifer R. Lundy
Treasurer

Dear HHS Office of Civil Rights,

Josie Badger, CRC, DHCE
Secretary

Thank you for the opportunity to submit comments on the U.S.

Linda B. Burke

Department of Health and Human Services' proposed rule updating and

Blayre Holmes Davis

clarifying Section 504 of the Rehabilitation Act of 1973. I am the Executive

Paula K. Davis

Director of FISA Foundation, a charitable grantmaking foundation based

Susan Davis

in Pittsburgh with a primary focus on improving the health and well being

Paula L. Garret

of people with disabilities. Since the Foundation's inception more than

Peggy B. Harris, MPA

twenty-five years ago, FISA has advocated for quality and equitable

Elizabeth Healey

healthcare and full community inclusion for people disabilities. It is from

Ena Lebel, Esq.

this vantage point that I am writing to strongly support the proposed

Claudette R. Lewis

changes to Section 504 as they would advance efforts to eradicate

Sarah R. Piot

discrimination against people with disabilities in the health and human

Evelyn Savido, MSW LSW

services sectors.

Jordana Stephens

Bias and discrimination against disabled people are widespread and

embedded into social norms, policy, and practice including in the

healthcare system. These barriers to quality health reveal themselves in

multiple ways:

- Many healthcare facilities are still not physically accessible, particularly in rural areas. More modern healthcare facilities generally follow accessible building codes, but furnishings and equipment often create accessibility barriers. (For example, waiting rooms and exam rooms are too crowded for wheelchair navigation, exam tables do not lower for easy transfer from a wheelchair, diagnostic equipment may require standing, etc.)
- Basic communications are not accessible: Forms must be completed by hand; patient teaching materials are only available in small font; prescription labels and instructions are not available in braille or large print; reminders or appointment change notices

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are only communicated by phone; healthcare professionals remain unaware of their obligation to provide and pay for sign language or other communications access for patients and support people, etc.

- Patients are not routinely asked if they need disability related accommodations at appointments.
- Provider bias and lack of training leads professionals to make significant thought errors in assessing patients and discriminatory treatment decisions. A 2021 study found that more than 80% of physicians admitted to believing that people with significant disability have worse quality of life than nondisabled people. This kind of prejudice can lead to ableist decisions like prescribing comfort care instead of effective treatment. This is prevalent enough that in March 2020, the federal government had to issue regulations that quality of life assessments could not be used in allocating scarce resources (ICU beds, ventilators, etc.) because of real concern that disabled people would be denied care. Very few physicians receive training in disability civil rights including the Americans with Disabilities Act and its requirements for healthcare providers.

These are just a few examples of the many ways that the healthcare system is not equitable for people with disabilities. As our nation celebrated the 50th anniversary of the Rehabilitation Act this year, it is time to enhance this important civil rights legislation by making important and necessary updates and clarifications to Section 504. Adding detail and clarity to the existing requirements and strengthening compliance mechanisms would strengthen the civil rights protections for the millions of Americans living with disabilities.

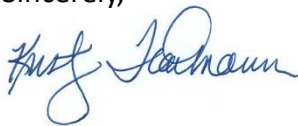
- Hospitals, healthcare systems and human services could be required to prominently post notification of the federal prohibition against disability-related discrimination and provide contact information about reporting discrimination and filing a complaint.
- During the pandemic, many entities developed policies that prohibited the use of disability diagnosis or subjective assessments of quality of life in decisions about allocating health care resources. These policies should be adopted across the healthcare system.
- Every day, hospitals and healthcare systems are ordering new or replacement equipment. The US ACCESS Board has already recommended standards for accessible diagnostic equipment. A federal requirement should specify a percentage (at least 25% of tables, scales, diagnostic equipment, based on the CDC) to be accessible.

- Websites and kiosks in hospital offices should be required to meet or exceed WCAG standards. Additionally, kiosks should be required to have an alternative to touch screen access, including standardized ways to ask a question or summon help.
- Section 504 and the [ADA already prohibit discrimination against parents with disabilities](#), however ongoing concerns about discrimination (in lack of communication access to courts and other important meetings and communications, in bias of caseworker decisions in assessing risk and “fitness” for parental responsibilities, and in evolving AI algorithms) speak to the need for clearer direction in meeting this responsibility.

FISA Foundation also favors updating definitions and other provisions to remain clear and consistent with evolving federal law (including statutory amendments, updates, and court rulings). And it remains imperative to the basic civil rights of disabled people to access services in the most integrated setting possible.

I applaud the U.S Department of Health and Human Services for strengthening these protections that will help to ensure that people with disabilities are protected from discrimination in healthcare and human service settings.

Sincerely,

A handwritten signature in blue ink that reads "Kristy Trautmann". The signature is written in a cursive style with a large, looped initial "K".

Kristy Trautmann
Executive Director