



# **Health Care Access, COVID-19, and the ADA**

**An ADA Knowledge Translation Center  
Research Brief**

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## What is the ADA?

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The Americans with Disabilities Act (ADA) is a federal civil rights law that was passed on July 26, 1990. The ADA provides a legal framework to address discrimination on the basis of disability. Under the ADA, disability is recognized as a source of discrimination similar to “race, color, religion, sex, or national origin” within the Civil Rights Act of 1964. The ADA was passed to ensure people with disabilities have the same rights as everyone else. It protects people in all areas of public life, such as public accommodations, employment, transportation, state and local government services, schools, and health care.

## Background of Health Care Access, the ADA, and COVID-19

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Under Title II and III, the ADA covers health care entities that provide services to the public. This means that health care providers must provide equal access to facilities, services, and information for people with disabilities. This includes providing reasonable accommodations/modifications to policies, practices, or procedures for people with disabilities receiving health care.<sup>1</sup> Even 30 years after the ADA has been passed, people with disabilities still face barriers to accessing health care facilities and services. In 2019, the ADA National Network published a [research brief](#) highlighting the state of research on ADA implementation and health care access.<sup>2</sup> This brief showed people with disabilities experience policy and environmental barriers, stigmatization, and difficulties accessing health care in general.

In 2020, the SARS-CoV-2 virus (COVID-19) sparked a pandemic that continues to affect the U.S. today. Although all areas of public life have been affected by this pandemic, the health care system has been especially vulnerable. For people with disabilities, there are unique barriers to accessing health care, and these challenges may put them at greater risk for poor COVID-19 outcomes. This research brief highlights current research about the COVID-19 pandemic and health care access for people with disabilities in terms of ADA implementation.

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## Highlights of Findings

- Throughout the pandemic, people with disabilities have faced additional environmental and policy barriers impacting access to routine and COVID-19 related health care.
- Some people with disabilities experienced concerns about discrimination in rationing of medical supplies.
- Inaccessible web-based information about COVID-19 and public safety procedures have impacted effective communication in health care.

With a surge in telehealth, providers should ensure online platforms are accessible and give alternative options when they are not.

## Research About the ADA and Health Care Access During the COVID-19 Pandemic

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### Barriers to Routine Health Care

Throughout the pandemic, people with disabilities have faced difficulty accessing health care programs and services in several ways. For example, people with disabilities report heightened challenges in accessing routine medical care, experiencing lapses in health insurance, and disrupted or delayed care.<sup>3,4</sup> One study found that people with disabilities were more likely to experience an involuntary disruption in needed health care when compared to people without disabilities.<sup>5</sup> People with disabilities also reported that they needed medical care but did not receive it during the pandemic.<sup>6</sup> In addition, medical office closures and supply shortages impacted people's ability to manage chronic health conditions.<sup>7</sup>

Studies identified significant challenges for people with disabilities such as being able to get specific foods for medically necessary diets, accessing prescriptions, obtaining personal protective equipment and medical supplies, and receiving nursing or personal assistant care

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in their homes.<sup>7,9</sup> A study found that people with tinnitus reported concerns in obtaining support for health problems that were not related to COVID.<sup>9</sup> For example, some had difficulty getting support for their hearing problems, including getting hearing aids. Many audiology clinics have had restricted or reduced access for patients throughout the pandemic. This study noted that there have not been enough tele-audiology sessions to counteract reduced clinic access.

## **Access to COVID-19 Testing**

People with disabilities have also faced barriers to accessing COVID-related testing sites. In one study, people with low vision were unable to independently access drive-through Covid-19 testing sites as these sites required all people to be in a vehicle.<sup>4</sup> Many people with low vision do not drive, and therefore would instead need to rely on others to take them to drive-through testing sites. There were additional reports that paratransit would not take them to drive-through sites, leaving those individuals with disabilities unable to get a COVID-19 test unless they had access to someone else with a vehicle. Although more options became now available, drive-through testing was often one of the only ways to get a COVID-19 test during the early stages of the pandemic.

## **Transportation**

Transportation has also been identified as a barrier to accessing health care for people with disabilities during the COVID-19 pandemic. Some people with disabilities rely on paratransit to get to health appointments. Paratransit services have been impacted and the availability of it has been reduced.<sup>10</sup> However, in some areas it was found that paratransit services continued to run for health-related trips like medical appointments.

## **Discrimination Concerns and Practices**

Discrimination in health care was also found as a challenge for people with disabilities during the pandemic. Some hospitals failed to allow longer time on ventilators for individuals with disabilities, and authorized assignment of ventilators from “chronic” users to other patients.<sup>8</sup> Studies found that individuals with physical disabilities and

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chronic illnesses and Centers for Independent Living administrators feared discrimination in medical rationing of personal protective equipment and other medical devices.<sup>4,7</sup> In fact, one study reported almost a dozen medical discrimination complaints about pandemic measures that were brought against state agencies during that time; many had not been resolved.<sup>7</sup>

## **Health Care Communication and Information During COVID-19**

Research shows that online information about COVID-19 has often been inaccessible for people with disabilities. Some individuals with visual impairments report difficulty seeing and finding trusted information about the pandemic.<sup>3</sup> Another study found that U.S. government online information regarding vaccine registration and public health websites were not meeting standards for accessibility.<sup>11</sup> Lastly, researchers found that the U.S. government's official public health Tweets about COVID-19 were not always accessible according to the Web Content Accessibility Guidelines (WCAG 2.0 and 2.1) criteria.<sup>12</sup> The social aspect of the web, however, is useful for some groups with disabilities as they interact more with social media for COVID-19 health related information than the general public.<sup>13</sup> That is, they were more likely to share posts, engage with others online, and see more COVID-19 related information online. This result suggests that social media was potentially a more accessible means for people with disabilities and served as a facilitator to share, learn, inform, and interact with others about COVID-19.

Public safety protocols in response to COVID-19 have impacted health care access for people with disabilities. People with visual and hearing impairments report that masking protocols have caused barriers to communication in health care settings, due to obstructed sight, the inability to lip read, and the lower amounts of sound produced while wearing a mask.<sup>4</sup> Another barrier which was exacerbated because of the pandemic is the lack of available American Sign Language interpreters in medical centers during the COVID-19 pandemic, which has inhibited effective communication with health care professionals.<sup>14</sup>

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## Telehealth Supporting Access to Health Care

Under Title II of the ADA, covered entities must provide equal access to telehealth and other electronic and information technology related to health care.<sup>15</sup> These entities must provide a different yet equal option if telehealth is not feasible for a patient with a disability. There has been a rapid expansion of telehealth since the onset of the COVID-19 pandemic. Telehealth has expanded for both physical and mental-health related services, to deliver socially distanced care. People with all types of disabilities are reporting changes in their health care due to transitioning to telehealth services,<sup>4</sup> but with mixed outcomes. Some report that they faced technological barriers to telehealth sessions. However, many individuals have found telehealth a means of increasing access to health care services, reporting it is “easier to attend medical appointments” this way.<sup>4,16</sup> People also expressed a hope for continued telehealth options. In the future, providers need to make sure that telehealth options are available and accessible for people with disabilities as an option for providing quality care.

## Conclusion

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The ADA strives to ensure equal opportunity and access in all areas of public life, including in health care. As the COVID-19 pandemic continues to unfold, research is finding several barriers as well as facilitators to accessing routine and COVID-related health care. There have been medical facility closures, supply shortages, reduced personal care provided in homes, and inaccessible COVID testing sites. People with disabilities have feared and faced discrimination in medical rationing of ventilators and other hospital equipment. Studies show inaccessible web-based information about COVID-19 along with masking protocols that impact effective communication within health care settings. Some of these barriers need to be further investigated to understand their impact on ADA implementation.

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Although technological barriers posed issues for some, many found an increase in telehealth as beneficial and a more accessible way to receive health care. Ensuring telehealth platforms are accessible to all users is an important step in increasing equal opportunity in the health care system.

## Examples From the ADA National Network

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Below are on-the-ground examples of how the ADA National Network is addressing COVID-related requests for information. For further information on how the ADA Centers can help, please contact the [ADA National Network here](#).

### Example 1:

A person contacted the regional ADA Center with questions about masking in a doctor's office. The doctor's office required all patients and staff to wear a surgical face mask, however the caller had disabilities and was unable to wear a surgical face mask. The regional ADA Center provided information and resources on healthcare providers' obligation to reasonably modify policies and procedures. The Center also suggested possible reasonable modifications to the face mask policy, such as wearing a face shield. The caller was able to share this information with the doctor's office.

### Example 2:

A person contacted the regional ADA Center with questions about access to COVID-19 vaccinations. The caller could not wait in the long lines at COVID vaccination sites as they cannot stand for long periods of time. The regional ADA Center provided information and resources about how an individual with a disability can request a reasonable accommodation, and suggested ideas such as asking for a chair or asking someone else to hold their place in line while they wait in their car until it was their turn. The caller was able to use this information to access the vaccination site.

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