Over the coming decades, physicians in the US can expect to see more patients with disabilities as medical advances extend the lives of persons with complex congenital or early-onset conditions and as the population ages with a higher incidence of multimorbidities and functional impairments. As reported by the Centers for Disease Control and Prevention, the overall age-adjusted disability prevalence in 2021 among adults aged 18 years or older was 27.2%, with estimates of 12.1% for mobility disability, 6.1% for hearing disability, and 4.8% for vision disability.¹ In 2021, however, only 63.2% of persons with any disability aged 18 to 44 years reported having a routine health checkup over the past year, as did 80.9% of those aged 45 to 64 years and 90.7% of those aged 65 years or older.¹

To receive routine health care, patients with disabilities require accessible health care settings and effective communication modalities that accommodate their functional needs.² Although federal disability antidiscrimination laws have mandated equitable health care for more than 50 years, glaring disparities in disability access persist.² The growing patient population with disabilities warrants revisiting efforts to improve access to health care.

A recent US Supreme Court case, *Acheson Hotels, LLC v Laufer*, left open the question of whether organizations that serve the public must include disability accessibility information on their websites.³ In light of this uncertainty, we argue that health care organizations should include disability accessibility information online. Doing so facilitates patients’ decision-making as they seek health care services and helps remedy disparities in accessing health care. Moreover, organizations providing this information might have an advantage in attracting the growing population of patients with disabilities.

**Federal Disability Antidiscrimination Laws**

Federal disability antidiscrimination laws require that health care organizations provide patients with disabilities equal access to their programs and services. Section 504 of the Rehabilitation Act prohibits discrimination based on disability for health care facilities that receive federal funding. The Americans with Disabilities Act (ADA) covers almost all health care settings; Title II regulates public entities (ie, local and state facilities), and Title III covers private entities that serve the public. The ADA prohibits discrimination in accessing health care and requires that health care organizations correct online accessibility barriers (eg, images without alternative text, mouse-only navigation). Section 1557 of the Patient Protection and Affordable Care Act also prohibits discrimination based on disability in federally funded health care programs.

**2023 US Supreme Court Ruling on Websites and the ADA**

The December 23, 2023, US Supreme Court decision in the *Laufer* case has implications for the provision of web-based information about health care accessibility to people with disabilities. *Laufer* addressed whether individuals can sue “places of accommodation” under the ADA, which include clinics, hospitals, and physicians’ practices, if their websites do not include disability accessibility information.
Deborah Laufer, a self-described “tester” of whether businesses meet ADA requirements, identified this lapse. She did not intend to visit the hotel but nevertheless sued it, with the case eventually reaching the US Supreme Court. Before the case was argued, Laufer withdrew her lawsuit. Consequently, the Supreme Court dismissed the case without clearly deciding whether the ADA requires places of accommodation to provide disability accessibility information on their websites and in what circumstances. Notably, Justice Amy Coney Barrett, who wrote the opinion, suggested that the Supreme Court would be open to restricting the ADA’s scope if given the opportunity to do so in a future case.

Arguments for Health Care Organization Websites Including Accessibility Information

Health care organizations routinely fail to make their programs and services accessible to patients with disabilities. A 2019-2020 nationwide survey found that 35.8% of outpatient physicians reported knowing nothing or little about their ADA obligations and that 71.2% did not know who makes reasonable accommodation determinations for patients with disabilities. This survey also found that only 22.6% of physicians always or usually used accessible weight scales for their patients with significant mobility difficulties, and 36.7% never provided printed materials in large font to patients with vision difficulties. Ratings of physicians and hospitals available online, even those including open-ended comments from patients, do not provide insight into the accessibility of physicians’ practices.

Few data are available on how many physicians’ practices make disability accessibility information available online. One study examined the content of family practice websites but did not examine practice accessibility information. Larger health care facilities have portals that patients can use to communicate confidentially with clinicians, facilitate scheduling, and renew medications. Yet, many other organizations, including clinics and physicians’ practices, do not have similar accessibility-enhancing information technology infrastructure. This problem has disproportionately affected patients in medically underserved areas.

It is unclear why health care organizations frequently do not provide disability accessibility information online. Several factors may contribute to these organizations’ insufficient commitment to providing accessibility information, including ignorance of federal legal obligations, misperceived costs associated with providing accommodations, inaccessible facilities or services, and explicit or implicit bias toward people with disabilities. Whatever the ultimate causes, health care organizations fail to meet both the needs of patients with disabilities and their public health duties when they exclude this information on their websites.

Although Laufer failed to clarify the legal requirements for including disability accessibility information on websites, this information benefits patients and health care organizations alike. It enhances patients’ ability to choose physicians and other health care professionals who are best able to meet their functional needs. It also decreases unnecessary information friction that is commonplace in the US health care sector and that deters patients from seeking and receiving needed health care. Furthermore, it helps to address the extensively documented problem by which patients with disabilities, especially those who experience barriers to accessible transportation, expend time, effort, and costs getting to a physician’s office only to find that they cannot access its services.

Considering many physicians’ nonadherence with federal disability antidiscrimination laws, Laufer emphasizes the urgency of considering patients with disabilities. Although hotels and health care organizations differ, certain issues like the need for effective communication and physical access overlap. As such, organizations should clearly communicate on their websites what accommodations they provide to patients and comply with reasonable accommodation requests. Some accommodations may be costly (eg, a height-adjustable examination table). But others, like
amplifying hearing (e.g., with handheld devices), changing lighting depending on patients’ needs, or decreasing noise (e.g., through noise-canceling machines), can be inexpensive or cost-free. Ultimately, accommodation costs cannot cause an undue burden. Moreover, federal or state tax credits can offset costs associated with improving accessibility. Some accommodations carry benefits to health care organizations. For example, accessible examination tables can reduce occupational injuries to staff, improving safety and potentially saving costs.

Only 56% of outpatient physicians who answered a national survey reported strongly welcoming patients with disabilities in their practices. Although many factors underlie these attitudes, barriers and costs associated with providing accommodations, unawareness of federal legal obligations, or being poorly equipped to serve these patients might be important contributing factors. Given the growing number of patients with disabilities, physicians should systematically review how their practice can better serve this population. Including accessibility information on organizational websites demonstrates their commitment to caring equitably for all patients regardless of disability.

REFERENCES


