United States Senate

WASHINGTON, DC 20510

May 20, 2022

Gene L. Dodaro, Comptroller General of the United States Government Accountability Office 441 G Street, Northwest Washington, DC 20548

Dear Comptroller General Dodaro:

We write to request that the Government Accountability Office (GAO) conduct a study on barriers people with disabilities experience in accessing healthcare—including reproductive healthcare—in the United States. Even though discrimination based on disability is prohibited by law, people with disabilities continue to face issues with accessibility when it comes to getting the healthcare they need, when they need it. The lack of accessible healthcare contributes to and exacerbates health disparities experienced by people with disabilities.

At present, there are about 61 million American adults with disabilities living in non-institutionalized settings. This community is diverse, spanning across age, gender identity and sexual orientation, race, ethnicity and geographic location. Further, there are many types of disabilities, including physical, intellectual, mental health and developmental disabilities. Each person with a disability is entitled to reasonable modifications under the Americans with Disabilities Act (ADA), which also ensures equal access to healthcare.

People with disabilities have strong protections to their rights to access and receive equitable care under the law. Title II of the ADA and Section 504 of the Rehabilitation Act (Section 504) prohibits discrimination against people with disabilities under Federally funded programs or activities, and Title III of the ADA prohibits discrimination against people with disabilities in public spaces. Section 1557 of the Patient Protection and Affordable Care Act (ACA) prohibits discrimination based on disability in health programs and activities, specifically.

People with disabilities often face discrimination and barriers—physical and social—to healthcare. For example, inaccessible medical equipment, such as examination tables, weight scales, X-ray equipment and exam chairs, are common barriers to people with mobility-related disabilities. People with print disabilities, including people who are blind, may experience difficulty accessing printed materials, such as prescriptions and health records, and people who are deaf or hard of hearing may lack access to interpreters or transcription. People with intellectual or developmental disabilities face challenges of informed consent; are not offered opportunities to make decisions on their own through supported decision making; and rarely are provided health related materials in accessible, plain language formats. On top of that, during the COVID-19 pandemic in particular, people with disabilities have been denied healthcare services due to so-called crisis standards of care, and they have continued to face barriers in accessing the COVID-19 vaccine. These are just a few barriers people with disabilities face in seeking to receive healthcare.

Healthy People 2030, the Federal government's statement of health objectives for the Nation, says that the country strives to focus on "helping people with disabilities get the support and services they need—at home, work, school and in the healthcare system." This effort must include strategies to make healthcare more affordable and addressing the social determinants of health. Unfortunately, we continue to fall short on this goal, and people with disabilities continue to be disparately impacted by a healthcare system that does not provide equitable, accessible services.

Though we have numerous data and studies regarding health disparities experienced by people with disabilities, there are significant gaps in the available data, particularly pertaining to the intersection of disability with other characteristics, such as race, ethnicity, gender identity and sexual orientation. Women with disabilities, who make up about a quarter of all women, often face barriers to reproductive healthcare, including being allowed to make their own decisions about the care they receive, due to inaccessible facilities, exam tables and diagnostic equipment, and misperceptions about their ability or readiness to become parents. Women with disabilities are also less likely to have received a mammogram in the past two years and face higher rates of breast cancer mortality than women who are not disabled.

Health disparities are also compounded for people of color with disabilities, as exemplified in data from the Centers for Disease Control and Prevention (CDC), indicating that African Americans and Hispanics with peripheral arterial disease and diabetes are more likely to experience non-traumatic amputation than non-Hispanic whites. Such disparities have also been highlighted during the COVID-19 pandemic. The Centers for Medicare and Medicaid Services (CMS) reported that Black Americans with COVID-19 who were enrolled in Medicare, which provides health coverage for millions of older Americans and people with disabilities, were hospitalized with the disease at four times the rate of their white counterparts.

It is imperative that we address these issues to achieve equitable care for all. Given these existing disparities, the continued lack of access for many people with disabilities to healthcare despite legal requirements and that anyone can become disabled at any time, we respectfully request that GAO conduct a study on the accessibility to healthcare for people with disabilities for providers receiving Federal funding. Specifically, we request GAO assess:

- 1. What is known about the barriers to accessible, Federally funded healthcare facilities, providers and services for people with disabilities?
 - a. If facilities are inaccessible, what steps have been taken to resolve the barriers to accessibility?
 - b. What resources do Federally funded facilities need to be physically accessible and provide accessible, equitable healthcare services for people with disabilities?
- 2. To what extent do Federal agencies collect data regarding the accessibility to healthcare for people with disabilities, including demographic information, such as age, race, ethnicity, gender identity and sexual orientation?
 - a. What data are available regarding the type of facilities or settings (e.g., hospitals, community health centers, telehealth) that provide care for people with disabilities?

- 3. What Federal oversight efforts and technical assistance are conducted to support the application of Federal laws related to the accessibility of healthcare facilities, providers and services for people with disabilities?
- 4. What is known about the prevalence of individuals with disabilities in the healthcare and allied health workforce, and how has it changed over time?
- 5. What is known about the extent to which healthcare providers are trained (either in medical school, residency programs or as part of certification programs) to have knowledge of the health needs of people with disabilities, their legal obligations under the Federal nondiscrimination mandates, as well as to engage with, and provide healthcare and services to, people with disabilities in a culturally appropriate manner?
- 6. What is known about the financial barriers that people with disabilities may experience and how such barriers impact their access to healthcare services?

Further, please provide recommendations on how the Federal government can address any identified barriers in access to healthcare. For the millions of Americans with disabilities who still do not have equitable access to healthcare, despite the protections afforded to them by the ADA, the ACA and Section 504, this is only one step towards achieving equity. Thank you very much for considering this important request.

Sincerely,

Tammy/Duckworth
United States Senator

Unite

United States Senator

Robert P. Casey, Jr. United States Senator

Chairman, Special Committee

on Aging

Sherrod Brown

United States Senator

Elizabeth Warren United States Senator

Kirsten Gillibrand
United States Senator