

Accessible Health Care & the ADA

Accessibility of doctors' offices, clinics, hospitals, and other medical providers is essential to providing health care to people with disabilities. The Americans with Disabilities Act (ADA) offers a valuable starting point to ensuring equal access.

The ADA requires public and private health care organizations to ensure people with disabilities have full and equal access to programs, services, and facilities. The ADA is a federal civil rights law that prohibits discrimination against people with disabilities.

Title II of the ADA covers health care organizations run by state and local government such as public hospitals and clinics whereas Title III applies to those owned and operated by private businesses and nonprofits (i.e., public accommodations).

Other Disability Laws

- Arizonans with Disabilities Act (AzDA)
- Section 504 of the Rehabilitation Act
- Section 1557 of the Affordable Care Act (ACA)



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These brochures made
in partnership with:



ARIZONA DEPARTMENT
OF HEALTH SERVICES

PREPAREDNESS

Ensuring Health Care Access for People with Environmental Illness

Environmental Illness (EI) is an invisible/hidden disability.

This is not an allergy; individuals are injured by exposure to elements and substances within the environment.

Those with EI are often misdiagnosed. They do not process substances the way others can due to a combination of genetics and exposure to toxins.

EI can be initiated by one exposure; later symptoms are triggered by numerous others such as:

- Chemicals
- Mold
- Light and sound
- Temperature and barometric pressure
- Electromagnetic fields and Wi-Fi
- Medications and medical-grade products
- Food

Reactions can last for a few minutes or days to a lifetime and can include:

- Asthma and other respiratory illnesses
- Changes in hearing, vision, and/or skin
- Chronic pain and fatigue
- Dizziness, lightheadedness, poor balance, seizure disorder
- Digestive and urinary dysfunction
- Heart and Blood pressure changes
- Sleep disturbances

Those who have any of the following conditions may also experience EI at disproportionate levels such as:

- Chronic immune illnesses
- Cystic fibrosis
- Respiratory conditions such as COPD, asthma, and allergies
- Seizure disorders
- Those undergoing cancer treatment
- Those who are pregnant
- Those on the autism spectrum
- Those with military or workplace chemical, pesticide, or Wi-Fi exposures.

Eliminating Barriers to Health Care



Fragrances & Chemicals

Avoid air fresheners, candles, and essential oils, including fragrance diffusers – even natural “soothing” ones.

Remove fragrance emitters from restrooms and HVAC equipment.

Avoid perfumes, aftershaves, scented laundry products and dryer sheets.

Use only fragrance-free hand sanitizer.

Use unscented disinfectants, housekeeping, and laundry supplies.

Allow for open windows or provide fans.

Perform deep cleaning during evening hours after closing, then ventilate.

Avoid latex gloves, tubing, rubber sheeting, etc.



Lights and Sound

Defer to patient's need for lighting, such as “daylight only” or “no fluorescents”.

Sirens and flashing emergency lights can trigger symptoms.



Mold

Address water leaks or moisture immediately.

Train staff to perform mold-testing and remediation.



Electronics/Wi-Fi

Shut off and unplug non-essential electronics, Wi-Fi, Bluetooth devices (including wearables). Limit cell phone use. Be prepared to use monitors that are wired, not wireless.

Better Programmatic Practices

Ask patients if they have environmental hypersensitivities and what they'll need, e.g., turning off fluorescent lights, opening windows or meeting outdoors.

Include space for “environmental hypersensitivities” on intake forms.

Allow for different methods of signing in and filling out paperwork i.e., pencil and paper or electronically - including outdoors or remotely. Ask for preferences.

Post access/safety instructions outside patient's room door.