

PACIFIC ADA CENTER  
HEALTHCARE AND THE ADA WEBINAR  
INCLUSION OF PERSONS WITH DISABILITIES  
4/22/21  
2:10-4:00 P.M. ET

>> LEWIS KRAUS: Welcome to today's ADA National Network COVID-19 special session. I'm Lewis Kraus from the Pacific ADA Center, your moderator for the session. This is brought to you by the Pacific ADA Center on behalf of the ADA National Network. The ADA National Network is made up of ten regional centers federally funded to provide training technical assistance and other information as needed on the Americans with Disabilities Act. You can reach your national ADA Center by dialing 1-800-949-4232.

Realtime captions is provided for this webinar. The caption screen can be accessed by choosing the CC icon in the meeting control toolbar, toggle the meeting control bar permanently on, press the alt key on your keyboard. As always in your sessions, only the speakers will have audio. If you do not have sound capabilities on your computer or prefer to listen by phone, you can dial 1-669-900-9128 or 1-4646-558-8656. And use 864-8854-2838.

I wanted to remind you that this webinar will be recorded and you'll be able to be accessed at the ADA presentation site at [ADApresentations.org](http://ADApresentations.org) in the archive section next week. You can follow along on the webinar platform with the slides. If you are not using the webinar platform, you can download a copy of today's PowerPoint presentation at the healthcare schedule page of [ADApresentations.org](http://ADApresentations.org).

This is a special session on COVID-19, the presentation today will conclude at 3:15 Eastern, 2:15 Central, 1:15 Mountain and 12:15 Pacific time.

At the conclusion of today's presentation, there will be an opportunity for everyone to ask questions. You may submit your questions using the chat area within the webinar platform. The speakers and I will address them at the end of the session, so feel free to submit them as they come to your mind during the session.

To submit a question, type into the chat area text box, or if you are using keystrokes you can press alt and the letter H and enter your text. If you are listening by phone and not logged into the webinar, you can ask your question by emailing them to [adatech@adapacific.org](mailto:adatech@adapacific.org). If you experience any technical difficulties during the webinar, you can send a private chat message to the host by typing in the chat window. Again, you can use keyboards on that for using alt-H to chat. And also email us at [adatech@adapacific.org](mailto:adatech@adapacific.org), or you can call 510-285-5600.

Today's ADA National Network special session is titled "Vaccine Access for People with Disabilities: Guidance, Funding, Strategies, and Best Practices." We are very honored today to have ACL acting administrator Alison Barkoff and U.S. Department of Health and Human Services Office of Civil Rights acting director Robinsue Frohboese to provide information on guidance, funding and vaccine access for people with disabilities. They will emphasize recently released resources on vaccine access. Alison will address strategies and promising practices that are helping improve vaccination access, and \$100 million of funding provided to ACL by the CDC for vaccination efforts. Robinsue will address OCR's recently released federal legal standards prohibiting disability discrimination in COVID-19 vaccination programs and the fact sheet disability access in vaccine distribution.

Today's speakers are Alison Barkoff. Alison, as I mentioned is acting administrator and the Assistant Secretary for Aging. She provides executive direction, leadership, guidance and coordination for ACL programs nationwide and advises the HHS secretary on issues affecting individuals with disabilities and older adults. Ms. Barkoff came to ACL from the Center for Public Representation where she served as director of advocacy and led policy advocacy with federal agencies and Congress and legal advocacy nationally to advance community living and inclusion, including in the areas of healthcare, Medicaid, Home and Community-Based Services, employment, housing and education. She previously has served in numerous other government roles, including special counsel for Olmstead enforcement in the Civil Rights Division in the Department of Justice and efforts to enforce the rights of people with disabilities to live, work and fully participate in their communities. Robinsue Frohboese is the acting director and principal deputy director for the Office of Civil Rights, the senior HHS/OCR career official ensuring compliance with and policy development of federal civil rights laws in HHS programs and protecting the privacy of individuals health information under HIPAA. She has more than 40 years' experience in disability rights and community integration at grassroots, state and federal levels and began her federal career working on disability rights issues for Senator Ted Kennedy and served 17 years as senior litigation attorney and deputy chief at the U.S. Department of Justice Civil Rights Division focusing on institutional reform and community integration for people with disabilities before joining HHS in 2000. She has led a number of special projects for the HHS secretary including reports to the president on the Olmstead federal blueprint and represented HHS for ten years on the U.S. treaty delegation to the United Nations. Alison and Robinsue, I will now turn it over to you.

>> ALISON BARKOFF: Thank you. Can you hear me okay?

Okay. Yes, great. Thank you so much for having me today. As was mentioned, I am the acting administrator at the Administration for Community Living. I want to start by thanking Lewis Kraus and the Pacific ADA center for having me today. I'm really honored to share virtual stage with Robinsue and her staff from OCR and I'm really pleased that the ADA Center and the networks are one of the projects of ACL that we're

incredibly proud of. Today I am going to... next slide, please. I'm going to start off today by giving a little bit of framing for our conversation about vaccine access for people with disabilities and how this fits into priorities of the Biden-Harris administration.

As the disability community knows, COVID-19 has had a devastating and significant impact on people with disabilities in so many ways. People with disabilities have lost services, have been in institutional settings where COVID-19 had disproportionate impacts and so much of our work right now is focused on how do we recover out of COVID-19?

Within the first few days in office, President Biden put out a COVID-19 national strategy and a set of executive orders. And I want to talk a little bit about what those mean for people with disabilities and how that has driven the work that ACL and HHS's Office for Civil Rights and the entire federal government have done together.

The COVID-19 national strategy focuses and includes the many ways that people with disabilities have been impacted. It talks about how people with disabilities need more access to community services to help support them in their own communities instead of being forced into institutional settings, for example. It talks about the ways that people with disabilities have been unable to access medical treatments and have faced discrimination. And for today, our focus is on vaccine access and how we need to make sure that people with disabilities who oftentimes face barriers can have equitable access.

A second priority of the Biden administration is about equity. An equity that is focused on racial justice through an intersectional lens. And that includes barriers that people with disabilities and older adults face because they are people of color, because they are LGBTQ, because they are low income, because they may not speak English as a first language, and other barriers. And as part of though executive orders, we are ordered, we are -- we have a moral imperative to think about all of our work through an equitable lens to make sure that no one is left behind.

And finally, President Biden has put out a priority around the care economy and the care infrastructure. And as part of that a centerpiece is insuring that people with disabilities have access to the home and community based services that they need to remain safely in the community and that caregivers, whether those are paid direct care workers or family caregivers or other informal supports get what they need to be able to do their critical job?

Because of this three priorities, we have come together with an all-government approach to addressing COVID-19 and particularly to ensuring vaccine access for people with disabilities. One of the projects that we have worked on together that we're going to focus on today is about making sure people with disabilities and covered public entities know their legal obligations to ensure access for people with disabilities at --

ensure access for people with disabilities. But for ACL, it's important for us to at the same time show examples of how states and local public health authorities are working in partnership with disability organizations, including ACL's networks on the ground to ensure vaccine access.

So with that I'm going to turn it over to Robinsue to talk a little bit about that legal documents that the Office for Civil Rights put out around vaccine access, and then I will talk later about the resources that ACL has put out about best practices and funding that we have pushed out to networks on the ground and in states to make vaccine access a reality. Robinsue...

>> ROBIN FROHBOESE: Thank you so much, Alison. And, again, I'm Robinsue from the Office for Civil Rights. I'm going to refer to our office with the acronym, which is OCR. And as Alison said at the outset, equity is such an overarching principle that the president and our secretary, Secretary Becerra are embracing in everything that HHS does. And we know at the outset that equity begins with treating people in a nondiscriminatory way. And that is both ensuring that people purposefully are not discriminated against, but also very importantly that systems, however well intended and designed do not unintentionally have a disparate discriminating act on individuals with disabilities, and that has been an overriding issue throughout the COVID pandemic. At the outset I wanted to let everyone know that I am joined by two of OCR -- I'm going to call them staffers. They have come back out of retirement and we are just so thrilled to have them as part of our OCR staff. They are well-known I know to a lot of you and they are both Giants in their own right in the disability field. So the first person I'll introduce, who will also be speaking is John Wodatch. And John hopefully is on screen. I'm not seeing him on my screen, but I hope others can see him, because as all of you know, John was actually a major architect of the ADA. He went on to create the Disability Rights Section within the Civil Rights Division at the Department of Justice, but what you may not know is that John actually began his career at HHS, which then back so many years -- sorry to date you, John. It goes back to when HHS was called HEW. And there, similarly to when he wrote the ADA, he was a major drafter of Section 504 of the Rehabilitation Act and then went on to lead implementation at HEW. So we are so thrilled to have him with us on our staff and he has been invaluable, along with another disability giant, Eileen Hanrahan, who has dedicated her career as well toll civil rights issues on disability issues going back to the U.S. Commission on Civil Rights and many decades at the Department of Education Office for Civil Rights. And then she concluded for her formal federal employment at OCR in HHS for more than a decade, where she was the architect and leader behind our nondiscrimination regulation that first was promulgated during President Obama's tenure, and it is known as 1557, and so within that context, a large focus of Eileen's efforts was also on disability rights, and we are again in a position where we're looking across the board at our regulations. So having both Eileen and John on our staff, we could not be happier, and they have really jumped in full force throughout COVID and really were the drafters of this guidance that we are going to be talking about today that is specifically on vaccinations. And so I initially asked them to join because I unfortunately need to leave about 10 minutes early for another presentation I need to do, and they were going to help with Q&As, but then I

thought, who better to talk about the guidance and the drafters, so they are going to jump in. After I -- like Alison, after I give a few introductory reports to put all of OCR's activities during, throughout the pandemic in context. So on the slide in front of you, you see our website that is devoted to civil rights and COVID-19 issues. And from the moment HHS actually declared a public health emergency, in March of last year, because of the COVID pandemic, we knew in our office that civil rights issues were going to be really important. We knew from our just experiences over the decades and experiences in -- during public health emergencies that issues, civil rights issues involving people with disabilities were really paramount. So just within a couple of days after the public health emergency was announced, we came out with a very clear statement that civil rights protections continued in full force under COVID. We stood up this website, which you can see, and then we went about issuing a whole host of guidance of technical assistance pieces as issues came to our attention. And they came to our attention in many ways. All of you in the audience were key in bringing those issues forward to us. The media would spend a great deal of time focusing on how COVID was having a disproportionate impact on individuals with COVID. And we also were receiving quite frankly thousands of complaints about civil rights concerns during COVID and many of those involved disability issues. And so you will see on our general website that we cover a lot of different issues and we do cover the full range of issues, because as Alison had said, we know that other issues, issues involving race, color, national origin, sex, age are all have an important intersection with disability issues so they are all interrelated. But some of the issues right at the outset that I know a number of you are familiar with crisis of caring which is also known as medical rationing or triaging, which was such a really significant and heartbreaking issue at the beginning of COVID, when we saw the hospital surge. We have just received a lot of complaints about accessibility issues, which is a major part of our vaccine nondiscrimination guidance and fact sheet, and issues about hospital visitation where an individual with a disability really needed their support person while being hospitalized, whether for COVID or for some other procedure and because a very strict requirements and limitations in place during COVID, they were not able to get their essential care person and the support that they needed. So we took a number of enforcement actions, as well as issue guidance in that area, and as you know, we also last week issued the guidance on vaccinations, and as Alison said, what we have always done is to pair any legal guidance that we are providing with practical tips about how to implement them, because the guidance both educates individuals -- excuse me one second.

[ coughing ]

Sorry, I couldn't put myself on mute quickly enough. It both educates and stakeholders, consumers about their rights, but importantly it educates providers about their responsibilities, and in order to carry out those responsibilities, they need to know how to do it, and that's why being positioned with an HHS, having great partners like ACL and the other agencies within HHS really uniquely positions us to bring this full service guidance to the community at large. And so with that, the next slide has links to the two pieces of guidance, if we can go to it. And one is more legally oriented. It outlines the legal standards that are -- that govern ensuring nondiscrimination and accessibility

throughout the vaccination process, and then the second is a shorter fact sheet that has some specific steps that providers can take as well as examples of things that they might do. And so with that, I'm turning the virtual microphone happily over to my good friend and colleague John Wodatch to talk about aspects of the guidance that address both administrative barriers as well as reasonable modifications and then if we go to the next slide, because it outlines four different areas. And Eileen will be talking about both effective communication as well as program access.

And so, John, I turn the platform over to you.

>> JOHN WODATCH: Thank you. Thank you very much for the kind remarks, and good afternoon and good morning, everyone. It's nice to be back on the ADA -- with the ADA national network. I'm also delighted to be here with Alison Barkoff and Robinsue Frohboese, I can tell you our government is good hands with their leadership. Let me talk about two of the issues. The documents that we put out address Section 504 and Section 1557 of the Affordable Care Act, and they deal with what we have to do to ensure that people with disabilities have access to vaccines and one area is eliminating administrative barriers that discriminate against people with disabilities. The regulations have standards that deal with that, but we're talking about things like simplifying the registration process, insuring that you limit the steps so that people with disabilities -- some people with disabilities have significant difficulties going through complicated mechanisms that we often have, and so simplifying those, not having in place different approaches. So you have a different way for people with disabilities to access the vaccines. There's nothing inherently wrong with that, but what usually happens is that it means they are different and therefore they don't get equal access to vaccines. So if you have a telephone number for people with disabilities but everyone else can use their computer, that may be discriminatory. There are a lot of administrative areas having a lot of information that you have to provide onsite, that people with disabilities may have difficulty completing whatever site they are. The idea is to limit those. What I would like to talk more about are the reasonable modifications. 504 and 1557 require healthcare providers to make reasonable modifications to their policies, practices and procedures where it's necessary to provide access to people with disabilities. There is a limitation, which is a fundamental alteration in the nature of the program activity, but what we're talking about right here doesn't rise to that level. Let me give you some of the examples that routinely come about. Think of immunocompromised persons with disabilities. Who may -- six feet of social distancing may be too little for them or we may be talking about people who are homebound and can't get to a site, so it may be required to provide vaccination to them in their homes. The ADA -- that would be a reasonable modification of policies. If a healthcare provider has a policy that no one can accompany a person with a disability, that would have to be modified to allow a designated support person to assist the person with the disability at the vaccination site. Another difficult issue, I think we've dealt with people who have difficulty wearing masks because of their disability. There are modifications that healthcare providers have to deal with here. It may be -- the ultimate may be providing the vaccination outside the site, curbside, or it may be providing the vaccination at their home. Or it may be simplifying the process so that a person with -- who has difficulty wearing a mask is in

the facility or as limited a time as possible. A couple other reasonable modifications come from our voting access that have been in place. A lot of these places where you get vaccinations have long lines. Some people with disabilities are going to have difficulty standing in these long lines. So providing seating or accommodations to them to deal with that issue would be required. Similarly if you're in an area where you have extreme heat, extreme cold, and you may have people with disabilities who because of their disability have sensitivity to those conditions. You may have to provide seating inside. In both of those situations, that doesn't mean they have to jump loo line. You can keep track -- jump the line. You can keep track of where they were in line and provide their vaccination when they would have ordinarily received it. Just providing them accommodation to those issues. And the last one I will talk about -- and I experienced this when I got my vaccine. You may have people who have to fill out forms right there at the vaccination site. It's very important to provide assistance to people who need help in providing that. So it's a wide range of reasonable modifications, and I'll now turn this over to Eileen to talk about a couple others.

>> EILEEN HANRAHAN: Thank you, John. Thank you, Robinsue. I'm going to talk about a couple of legal obligations that I think are probably familiar to many or most of you, starting with the duty to ensure effective communication with people with disabilities, and related to that to provide appropriate auxiliary aids and services to people with disabilities. It dates back quite some time to when John was drafting this Section 504 regulation and overtime they have choices that are available to covered entities to provide for people with disabilities has really changed and improved and grown, partly as a result of changes in technology so, for example, people who are deaf or hard of hearing may be looking at needing an in-person interpreter or possibly video remote interpreting for telephonic communication, perhaps telephonic communications, relay services or video relay services. Of course, we're familiar with captioning, as we have at the moment, and people who are blind or low vision, the more familiar large print and Braille formats are still with us, but changes in technology there have opened up opportunities for people who are able to use assistive technology to have access to a computer, for example, and as though have become central to our life, the web access is particularly important. So I just wanted to give by way of example, if you have a registration process, including information collection process that is typically part of that, it's very important that that process is equally available to people with disabilities as it is to people without disabilities. Using a website for registration, you know, we have said that it is necessary that the website is accessible. So to explore a little more, an example that John was using, if you have a person who is blind and is not able to use the website to register because of the disability and their assistive technologies, screen reader software, it may be incompatible with or the website is really incompatible with the software, I should say. It would not be appropriate to direct that person to use a telephonic process. As I'm sure many of us can remember, just trying to get through on the telephone, particularly in the early days, when the vaccines were becoming available, often resulted in a two-hour hold. And we know oftentimes these appointments were gone within minutes that they became available. So in this instance, really redirecting a blind person to use a telephonic process when everybody else can use a web based process may impermissibly result in denial or delay in that person's

opportunity to have an appointment. While these choices have changed over time, the fundamental legal obligation is really still the same and that is that the covered entity has a duty to provide an effective service that meets the needs of that specific individual with the disability.

So I do want to move on. And we have time to talk a little about program access as well. And this is very important. A lot of times we think of it in terms of physical access or architectural access, but it's really a bit broader than that. Legally a person with a disability cannot be denied access because the program as a whole is inaccessible. So you may have a vaccination program where they have one site or they may have more than one site to get a vaccination, and some of these sites may be inaccessible to persons with disabilities. So a covered entity could still ensure that its program as a whole is accessible by looking to some alternative approaches to providing access. So there may be a nearby site that is available to that person that the covered entity has that is not too far away, so it's comparable in terms of geography and types of services that are available there. They could also look to doing curbside vaccination where the person would, say, drive up in a car or even just walk up and get a vaccination outside of an accessible facility. And as John mentioned, they can look at doing home visits or in some cases providing transportation for the person with the ability to get to the vaccination site. So if you have, say, a person with a psychiatric disability in their home and they can't really leave their home, whether or not they have public transportation or private transportation and appropriate response, appropriate assistance from the covered entity would be to provide a home visit to administer the vaccination. Or you may have a person with a mobility impairment and they don't drive and don't have access to public transportation and there's only some sites that are only available through travel. So an appropriate response for the current entity in that circumstance would be either to do a home visit or they can provide for transportation for that person to come to the accessible site and I want to touch on something going back to what Alison mentioned, and that is the intersection of some of these populations that we serve people with disabilities as well as other underserved populations. So it's particularly coming up in looking at siting for vaccination administration. So in urban areas you can have people, it can be populations that have low income, sometimes minority populations, sometimes people with disabilities don't have access to private transportation, and they may have to rely on public transportation. So it's important for covered entities to keep in mind the access that a person needs even to get to the site. And even in rural areas, the challenges are a little bit different but similar. There may be people who simply are unable to access sites that are available. So covered entities could have satellite sites. They could take over a facility in a grocery store, a pharmacy, a community center, and they can also look at having a mobile vehicle that people could come to at a shopping center or church or school or something and administer vaccinations there. So I don't want to take too much time. Just last to touch very briefly on outreach, particularly as vaccinations seem to be dropping off a little now, it's really important to make sure that the populations are getting the information that they need to make decisions and to get the vaccinations. So whether that is through partnering with disability organizations that serve people with disabilities or may be through the use of

different types of media and ensuring that the messaging is always accessible to the different types of individuals with different types of disabilities that we may encounter.

So I am going to stop there and I guess pass it off to Alison right now.

>> ROBIN FROHBOESE: Eileen and John, thank you so much. Before Alison jumps on I send my regrets that I need to jump off. We have been chatting in the chat box and for everyone's awareness, we are going to extend this by an additional 15 minutes to allow enough time for questions and answers, and thanks to John and Eileen for covering them with OCR. And, again, thanks for including OCR, Alison.

>> ALISON BARKOFF: Great. Thank you. So I'll just briefly touch on -- again, I want to make sure we leave plenty of time for question and answers. Like the Office for Civil Rights, the Administration for Community Living has been working throughout the pandemic on a number of priority issues. And as I mentioned, it really has been a whole government approach. I'll just... and if Lewis could put this in the chat, OCR has an entire web page at [ACL.gov](https://acl.gov) that you can link to that has a whole set of resources from across the entire federal government targeted to people with disabilities and older adults and, of course, as we are talking about vaccine allocation and administration has been a top priority over the last couple months, and I'm going to talk for a few minutes about resources we put out and how we have been supporting ACL networks on the ground in local communities and across states to help be a part of the solution. Next slide, please. And actually if you wouldn't mind going to the next one and then we'll come back. Let me start just by telling you a little bit about what ACL networks have been doing over the last several months and then I'll talk to you about new and additional funding. ACL has disability and aging networks that are across every state, territory and local community. Those include on the disability side Centers for Independent Living, protection and advocacy systems, State Councils on Developmental Disabilities, university centers on excellence and developmental disabilities and aging and disability resource centers, as well as a set of aging networks, including area agencies on aging and state units on aging. And over the last several months, our networks have really been on the ground partnering with state and local public health agencies to do the very things that John and Eileen were talking about in terms of making sure people with disabilities have outreach, have access and are providing the supports to make that a reality. Just some examples as Robinsue said, we thought it was really important across HHS not only to put out a document that made clear both the rights that individuals with disabilities have and the legal obligations that covered public entities had, but strategies to actually translate those legal rights into a reality. And that's what our strategies and best practices document is, and I think Lewis will put a direct link to that in the chat. We looked across the entire country and local communities and talked with our networks, and provided very specific examples of at the local level with a specific CIL, a specific area agency on aging or specific PNA. What are you doing, because we want to lift up these examples so they could be replicated as appropriate across the country. So I think Eileen talked about outreach and education, just to give an example, many of the university centers on disabilities are working with self-advocates and self-advocacy organizations to put out information in

plain language that is accessible to people of intellectual and other cognitive disabilities. Many of our AAA and Centers for Independent Living can help for people who are unable or don't have access to the Internet to schedule vaccinations. Many of our PNAs, the Protection and Advocacy Agencies have been working with state and local public health authorities to ensure website access and physical accessibility of vaccine sites. As Eileen and John talked about in terms of reasonable modifications to programs, there may be some people for whom getting to a vaccine site is not possible. And they cannot have equal access unless we bring the vaccines to them. Again, ACL networks have been on the ground both working to help identify people for whom leaving their home is not possible and working together with public health authorities have been part of bringing vaccines to people. There are ways that our networks are providing the type of direct services that people need for access. Everything from providing direct transportation door-to-door to a vaccination site to providing one-on-one supports to someone who needs someone with them to get a vaccination, to even creating targeted pop-up sites, vaccine sites that are targeted to different disability populations, to make it age-friendly or disability friendly and other types of ways, to make sure that every single person with a disability who wants a vaccine can access that. And finally, our work is absolutely centering equity, particularly racial equity across all of these programs and policies. If you can go back one slide...

So in recognition of the work that was already happening on the ground across the country and the need for us to really put intentionality into expanding access and addressing barriers, President Biden announced three weeks ago \$100 million from the Centers for Disease Control to the Administration for Community Living to push out to our networks on the ground to assist with vaccine access. As you can see on this slide, there was money that went to each of our networks that provide that type of direct support, our aging and disability networks, and in addition we got \$5 million to expand an existing national hotline. Well before COVID-19, ACL had a hotline called eldercare locator that helped older adults connect with resources in their own local community. And over the last several months that line has really pivoted to being a resource for older adults who don't have family or other supports to help them to identify what is it that they need to be able to access a vaccine and to connect them with a provider and the supports in their own local community to make that happen. We thought \$5 million to expand the capacity of this hotline, not only to assist additional older adults, but over the next several weeks we will be expanding this to the disability population. We are working now to add those local resources on the ground that can serve people with disabilities and we will be sharing broadly probably in the next two weeks or so a new name and number that will take you to the call-in center. I know eldercare locator is not the language that will resonate with the disability community, but we are really excited to have a central resource to help people navigate. And with that, I will -- if you could put it to the last slide. We can open it now for questions and any comments. And if you want to go to the last slide. Great. Thank you.

>> LEWIS KRAUS: Thank you so much, Alison, Robinsue, John and Eileen. So this is the time all of you who are here to submit your questions in the chat window if you have not already. And we'll get to those as we can. And thank you so much for the speakers who are adding an additional 15 minutes. So the first question came in Earl lid and may have been answered, but I think it's a good one to follow-up with anyway. You continue to hear about language access challenges at pharmacies across the country, in particular challenges with pharmacies providing ASL interpretation and spoken language interpretation during a vaccine appointment. Are there any national efforts to address this? There appears to be a disconnect between what national pharmacy chain websites state about language access and what people are experiencing in their local pharmacy. And lastly many vaccine administration websites around the country do not ask or allow an individual to indicate that they have an accommodation need or language access need. Is there any national guidance on this?

>> EILEEN HANRAHAN: Well, I'll just say we did in OCR, this is something that I think you could find on the website that Robinsue had included early on in the slides. We had issued some guidance on access for pension with limited English proficiency as well as for persons with different types of disabilities that may affect communication. So, you know, it is the policy that services have to be provided, so we in HHS and OCR, we would cover any recipients that receive funding from HHS, as well as any health programs that are covered under Section 1557. So we may not have jurisdiction over all of these entities, but on many of them we do, and I'm sure John can also point out that those national chain pharmacies are likely covered as can you Title III entities and would also have responsibility here. We have heard of these issues over many years, not just around COVID-19 and have worked with different pharmacy chains to try to use more friendly ways to communicate with individuals such as labeling on bottles, which is a limb different from administering vaccines but a lot of the underlying principles are still the same. So there would be an obligation to provide interpretation, whether that would be for a person with limited English proficiency or a person who is deaf or hard of hearing, and we generally have followed up on these issues through case investigations. We do have authority to initiate compliance reviews, if there is a sense that there is a larger problem that we need to address and that isn't being addressed through the complaint process. So you know, I would encourage anybody that has specific concerns that they can raise to contact us either through one of these addresses or we also have a portal on our website that you can use to file a complaint, but we appreciate you bringing to our attention that these are continuing to be concerns for a folks.

>> LEWIS KRAUS: Given current universal eligibility for vaccine, is it impermissible for a vaccine provider to outreach to a segment disability community, e.g., IDD clinic or persons with comorbidities in their patient population but not all comorbidities.

>> JOHN WODATCH: I'll start with an answer. Not at all. Our goal is to -- for every person with a disability in this country who wants a vaccination to get one. As long -- and singling out different avenues to reach specific types of persons with disabilities I think is essential if you're going to get to -- because you're going to have people who

are home-bound. You have people with psychiatric conditions who may be in different physical locations. Reaching out to them and providing avenues is important. I think the goal here is to reach as many people with disabilities and singling out one segment of people with disabilities by itself is not a violation. We should be doing that for all segments of the community.

>> LEWIS KRAUS: Can you speak for a minute about providing ALDs at mass vaccination sites and possible resources?

>> JOHN WODATCH: I'll start. And, you know, interestingly enough, as with the question ago, the things we are talking about in terms of effective communication have applied to all of these recipients since the '70s with 504 and certainly since 1992 with the application of the ADA. So these are not new issues. It may be different in this pandemic that institutions haven't thought about this or dealt with it. I think in terms of resources for that, and assistive listening devices are important for the kind of interactive communication that might be needed at some of these sites. And they certainly should be provided. And I think what Alison was talking about in terms of the incredible resources that ACL is putting forward is an avenue to help entities know how to reach this. And I think the ADA National Network itself has been effective in the past of getting information about how to get the kind of effective automobile accident silly aids that you -- effective auxiliary aids, which would be assistive listening devices.

>> ALISON BARKOFF: I'll add to what John said, mass vaccination sites include federal funding in a way that hadn't existed before. So when Eileen and John are talking about the limitations of the reach of 504, with all of the funding that has come from Congress through HHS, through FEMA, the reach of these laws is broader than ever. And I do want to flag many of the mass vaccination sites are FEMA funded, are in partnership with FEMA, we should have thought to include FEMA on this phone call too. We've been partnering very closely with ACL and OCR, and really across the federal government. FEMA itself put out a checklist on accessibility for those mass vaccination sites, they have Office of Disability Integration specialists and civil rights unit has been very engaged a FEMA, so we can also share those resources with Lewis to include in there and, again, the reach of 504, 1557 which are really the laws that John and Eileen have been talking about, I think it's so much broader than it typically is in this context because of -- because of that federal funding, and FEMA is really an important part of that.

>> LEWIS KRAUS: And I will add that some FEMA representatives, we are in discussion right now to have them present on this topic in our emergency management Webinar Series in the future. So key an eye on that in your emails for announcement of that.

The next question. Many visiting nurse services and other insurance provided healthcare supervision of vulnerable home-bound would be natural providers who could administer the vaccine in the home of their patient but have either not been encouraged by incentives or because of contract regulations within the health insurance world.

Nassau County, New York, a focus on home-bound inoculation is on hold because of the Johnson & Johnson pause, but no clear avenue other than casual mention of PDs. Not sure what the question is there, but maybe one of you --

>> ALISON BARKOFF: Sure. Why don't I start and then John and Eileen can add to it. You know, what we are really seeing -- and I don't know if maybe some folks on this webinar also joined White House convening yesterday that was on barriers faced by people with disabilities and older adults, which had a lot of focus actually from the state and local levels on strategies for reaching people who can't leave their home and need to get a vaccine in their own home. It certainly is happening in many, many pockets across the country. I'm happy to connect offline if there's some particular barrier in Nassau County, but we heard yesterday from visiting nurses that were partnering at the end of the day with federally qualified health clinics for any extra doses and they had a whole list of home-bound people, that's the term that they use, and literally would go at the end of the day and start going to those locations. We've heard about using police departments, emergency ER -- emergency vehicle, and so I think there's a lot of creativity that is happening at the local level, and we're going to start seeing more and more of that. The numbers that we have seen of older adults who are vaccinated, I think we are starting to plateau and I think the concern now really is we are going to need to reach out to -- and really do that intensive work to reaching people in their own homes if we are going to hit the kinds of levels that we're going to need to hit.

>> LEWIS KRAUS: And this question I think again goes to you Alison. Will the new version of the elder care locator include direct sign language resources?

>> ALISON BARKOFF: Yeah, so we are working now with figuring out every way to make this as accessible, certainly meeting federal guidelines, but going above that. So I will have to get back to you. I'm happy to get the email about what types of specific accessibility we will have, but our goal absolutely is to make it accessible in lots of different ways. We are connecting with -- and I think the CDC at some point will be having kind of a broader national hotline and we really will be a place if anyone calls out who needs additional support, we'll be able to be kind of sent to our resources to provide that more intensive support, and we are looking at really every option to make it accessible to folks. So happy to get that email and reach back to you with the definitive answer about what specific resources we will have in of accessibility.

>> LEWIS KRAUS: In respect to all of your time, we're going to end the question and answer period now and we realize that many of you may still have questions or speakers and apologize if you did not get a chance to ask your question or have your questions asked. You have the contact information there on the screen, ACL info at [ACL.hhs.gov](mailto:ACL.hhs.gov). Questions to Alison's shop or you can go to [ocrmail@HHS.gov](mailto:ocrmail@HHS.gov) Office of Civil Rights questions. And they are questions around the American disabilities act and how this applies to that. You can call your regional ADA Center at 1-800-949-4232. You will receive an email with a link to an online session evaluation. Please complete that evaluation for today's program. We value your input and want to demonstrate the importance to our funder. We want to thank all of our speakers here today for sharing

their time and knowledge with us and a reminder that today's session is being recorded. It will be available for viewing next week at [ADApresentations.org](http://ADApresentations.org) in the archive section as well as a transcript and all the resources that you will need will be there.

I also want to point out, as I was mentioning in an answer with Alison previously that the Pacific ADA Center hosts two Webinar Series on behalf of the ADA National Network. This one is Health Care and the ADA: Including People With Disabilities and the ADA and intended to share issues and promising practices in healthcare accessibility for people with stability, and physical accessibility, effective communication and policy issues under the ADA, and those monthly webinars occur on the fourth Thursday of the month at 2:30 Eastern, 1:30 Central, 12:30 Mountain and 11:30 a.m. Pacific time and the second is emergency management preparedness Webinar Series which shares issues and promising practices in emergency management. Those monthly webinars occur on the second Thursday of the month at those same times. Upcoming sessions are available at [ADApresentations.org](http://ADApresentations.org) under the schedule tab and follow the appropriate section for healthcare or emergency management and by being here you are on the list to receive notices for future webinars, and those notices go out two weeks before the next webinar and open that webinar to registration. Watch your email two weeks ahead. The announcement of the opening for registration for our next session.

Thank you all for attending today's session. Thanks again to all the speakers. We're honored to have you here. It was a wonderful presentation. And the recording will be available. And so have a great rest of your afternoon, everyone! We'll sign off here. Thank you!

>> JOHN WODATCH: Thank you.

>> EILEEN HANRAHAN: Bye!