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**AMERICANS WITH DISABILITIES ACT (ADA)  
and HEALTH CARE PROVIDERS**

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**The Sign Language Company**

*Deaf Culture Connections*



## INTRODUCTION

Title III of the Americans with Disabilities Act prohibits discrimination against individuals with disabilities by all places of public accommodation. Private health care providers are considered public accommodations for purposes of this Title.

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### **Q. Which health care providers are covered under the ADA?**

**A.** Title III of the ADA applies to all private health care providers, regardless of the size of the office or the number of employees. It applies to providers of both physical and mental health care. Hospitals, nursing homes, psychiatric and psychological services, offices of private physicians, dentists, and health clinics are included among the health care providers covered by the ADA. If a professional office of a doctor, dentist, or psychologist is located in a private home, the portion of the home used for public purposes (including the entrance) is considered a “place of public accommodation.”

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### **Q. What is the obligation of health care providers under the ADA for individuals who are deaf or hard of hearing?**

**A.** Health care providers have a duty to provide auxiliary aids and services that ensure that communication with people who have a hearing loss is as effective as communication with others.

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### **Q. For whom must a health care provider offer effective communication?**

**A.** A health care provider must ensure that it can communicate effectively with customers, clients, and other individuals with hearing loss who are seeking or receiving services. Such individuals may not always be “patients” of the health care provider. For example, of pre-natal classes are offered as a service to fathers and mothers, a father with a hearing loss must be given auxiliary aids or services that offer him the same opportunity to benefit from the classes as would other fathers.

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### **Q. What kinds of auxiliary aids and services are required by the ADA to ensure effective communication with individuals with hearing impairments?**

**A.** Appropriate auxiliary aids and services include equipment or services a person needs to understand aural communication. For example, the rule includes qualified interpreters, assistive listening devices, note takers, written materials, television decoders, and telecommunications devices for the deaf (TDDs).

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### **Q. How does a health care provider determine which auxiliary aid or service is best for a patient with a hearing loss?**

**A.** The auxiliary aid requirement is flexible, and the health care provider can choose among various alternatives as long as the result is effective communication for the individual with a hearing loss. The Justice Department expects that the health care provider will consult with the person and consider carefully his or her self-assessed communication needs before acquiring a particular aid or service.

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### **Q. Why are auxiliary aids and services so important in the medical setting?**

**A.** Auxiliary aids and services are often needed to provide safe and effective medical treatment. Without these aids and services, medical staff run the grave risk of not understanding the patient’s symptoms, misdiagnosing the patient’s medical problem, and prescribing inadequate or even harmful medical instructions and warnings or prescription guidelines.

**Q. Are there any limitations to providing services?**

**A.** The ADA does not require the provision of any auxiliary aid or service that would result in an undue burden by the health care provider. However, the health care provider still has the duty to furnish an alternative auxiliary aid or service, if provision of that aid or service would not result in a fundamental alteration or undue burden.

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**Q. When would providing an auxiliary aid or service be an undue burden?**

**A.** An undue burden is something that involves a significant difficulty or expense. Factors to consider include the cost of the aid or service, the overall financial resources of the health care provider, the number of the provider's employees, legitimate necessary safety requirements, the effect on the resources and operation of the provider, and the difficulty of locating or providing the aid or service.

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**Q. Must a health care provider pay for an auxiliary aid or service for a medical appointment if the cost of that aid or service exceeds the provider's charge for the appointment?**

**A.** In certain situations the cost of providing an auxiliary aid or service (e.g. an interpreter) to achieve effective communication in administering a particular medical service may exceed the charge to the patient for that very same service. A health care provider is expected to treat the costs of providing auxiliary aids and services as part of the overhead costs of operating a business. Accordingly, so long as the provision of the auxiliary aid or service does not impose an undue burden on the provider's business and does not fundamentally alter the provider's services, the provider may be obligated to pay for the auxiliary aid or service in this situation.

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**Q. Can a health care provider charge a deaf patient for part or all of the costs of providing an interpreter?**

**A.** No. A health care provider cannot charge a patient for the costs of providing an interpreter, either directly or through the patient's insurance carrier.

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**Q. Can a health care provider require family members and friends to interpret for deaf patients?**

**A.** Generally, no. Family members often do not possess sufficient sign language skills to effectively interpret in a medical setting. Family members or friends are often too emotionally or personally involved to interpret "effectively, accurately, and impartially."

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**Q. Can health care providers receive any tax credits for the costs of providing interpreters?**

**A.** Yes. Businesses, including health care providers, may claim a tax credit of up to 50 percent of eligible access expenditures that are over \$250, but less than \$10,250. The amount credited may be up to \$5,000 per tax year. Eligible access expenditures include the costs of providing interpreters, purchasing TDDs, and providing other auxiliary aids and services.