

111TH CONGRESS
2D SESSION

S. 3907

To amend the Public Health Service Act to increase access to health care for individuals with disabilities and increase awareness of the need for health care facilities and examination rooms to be accessible for individuals with disabilities, and for other purposes.

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 29, 2010

Mr. DODD (for himself and Mr. BROWN of Ohio) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend the Public Health Service Act to increase access to health care for individuals with disabilities and increase awareness of the need for health care facilities and examination rooms to be accessible for individuals with disabilities, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Debbie Blanchard Ac-
5 cess to Health Care for Individuals With Disabilities Act
6 of 2010”.

1 **SEC. 2. FINDINGS.**

2 (1) According to the Bureau of the Census, ap-
3 proximately 1 in 5 people in the United States lives
4 with some sort of physical disability.

5 (2) More than 54,000,000 individuals in the
6 United States report some level of disability and ap-
7 proximately 34,000,000 of such individuals are clas-
8 sified as having a severe disability.

9 (3) An estimated 11,000,000 individuals aged 6
10 and older need personal assistance with everyday ac-
11 tivities, including taking a bath or shower, preparing
12 meals, and getting around the home.

13 (4) Five percent of the United States popu-
14 lation over age 15 uses a wheelchair or similar de-
15 vice, cane, crutches, or walker.

16 (5) The number of individuals with physical dis-
17 abilities continues to increase, and the Centers for
18 Disease Control and Prevention recently announced
19 that the agency was revising its estimate of the
20 number of individuals with spina bifida, the most
21 common permanently disabling birth defect in the
22 United States, from an estimated 70,000 to an esti-
23 mated 166,000.

24 (6) Studies have found that individuals with
25 disabilities have significant difficulty in accessing
26 routine and specialized health care and that numer-

1 ous barriers to acquiring health care exist for such
2 individuals.

3 (7) Approximately 1 in 3 women with a dis-
4 ability reports being denied services at a physician's
5 office solely because of her disability.

6 (8) Research shows that women with disabilities
7 are less likely to have pap smears and mammo-
8 grams, are more likely to be diagnosed with breast
9 cancer at later stages of the disease, are less likely
10 to receive standard treatments, and are more likely
11 to have worse outcomes.

12 (9) Individuals with disabilities report that one
13 of the top barriers to accessing necessary health care
14 is the inability to find an accessible health care pro-
15 vider or identify providers who understand how to
16 treat individuals with disabilities and who are willing
17 to have such individuals as patients.

18 (10) The Spina Bifida Association recently an-
19 nounced that one of its volunteers, Debbie Blan-
20 chard, a woman who lived with spina bifida for 55
21 years, died from a late stage diagnosis of cervical
22 cancer stemming from her inability to find a health
23 care provider in her community who had an exam-
24 ination table that would lower to the level necessary
25 for her to comfortably and safely transfer from her

1 wheelchair to the examination table so she could be
 2 screened for cervical cancer.

3 (11) Organizations representing individuals
 4 with disabilities report that such individuals need
 5 more and better information regarding accessible
 6 health care providers in their communities and addi-
 7 tional support and resources to help ensure that
 8 such individuals receive the care they need and de-
 9 serve.

10 **SEC. 3. PROGRAMS TO PROMOTE ACCESSIBLE HEALTH**
 11 **CARE FOR INDIVIDUALS WITH DISABILITIES.**

12 Title III of the Public Health Service Act (42 U.S.C.
 13 341 et seq.) is amended by adding after part V the fol-
 14 lowing:

15 **“PART W—PROGRAMS TO PROMOTE ACCESSIBLE**
 16 **HEALTH CARE FOR INDIVIDUALS WITH DIS-**
 17 **ABILITIES**

18 **“SEC. 39900. STATE GRANTS FOR THE CREATION OF DIS-**
 19 **ABILITY ACCESSIBLE PROVIDER DIREC-**
 20 **TORIES.**

21 “(a) IN GENERAL.—The Secretary shall award
 22 grants to States for the purpose of developing and main-
 23 taining or updating and improving State-based, Internet
 24 directories of health care providers that are known to have
 25 entrances, examination rooms, and examination tables ac-

1 cessible to individuals with disabilities. Such grants shall
 2 be formula-based, factoring in each State's population of
 3 individuals with disabilities.

4 “(b) DEFINITION.—In this part, the term ‘individual
 5 with a disability’ has the meaning given such term in sec-
 6 tion 7(20) of the Rehabilitation Act of 1973.

7 “(c) REQUIREMENT OF APPLICATION.—To be eligible
 8 to receive a grant under this section, a State shall submit
 9 to the Secretary an application at such time, in such man-
 10 ner, and containing such agreements, assurances, and in-
 11 formation as the Secretary may require. Applications shall
 12 explain how individuals with disabilities and health care
 13 providers may submit information for inclusion in the
 14 Internet directory of the State.

15 “(d) AUTHORIZED ACTIVITIES.—

16 “(1) IN GENERAL.—Recipients of a grant under
 17 this section shall use grant funds to—

18 “(A) develop and maintain an Internet di-
 19 rectory or other such publicly available direc-
 20 tory of information regarding individual pro-
 21 viders, clinics, hospitals, and other health care
 22 facilities and providers in the State that are
 23 known to have entrances, examination rooms,
 24 and examination tables accessible to individuals
 25 with disabilities; or

1 “(B) update or improve an existing, pub-
 2 licly available directory of information regarding
 3 individual providers, clinics, hospitals, and other
 4 health care facilities and providers in the State
 5 that are known to have entrances, examination
 6 rooms, and examination tables accessible to in-
 7 dividuals with disabilities.

8 “(2) DIRECTORY CONTENTS.—Each directory
 9 developed and maintained by a grant recipient, as
 10 described in paragraph (1)(A) or updated and im-
 11 proved by a grant recipient, as described in para-
 12 graph (1)(B), shall include—

13 “(A) the full name, address, and telephone
 14 number of each provider, clinic, hospital, and
 15 health care facility included in the directory;
 16 and

17 “(B) specific information about the accom-
 18 modations provided by each such provider, clin-
 19 ic, hospital, and health care facility to individ-
 20 uals with disabilities.

21 **“SEC. 39900-1. IMPROVING PROVIDER AND PATIENT**
 22 **AWARENESS OF THE NEED FOR ACCESSIBLE**
 23 **HEALTH CARE FACILITIES FOR PEOPLE WITH**
 24 **DISABILITIES.**

25 “(a) PILOT PROGRAM.—

1 “(1) IN GENERAL.—The Secretary, acting
2 through the Office on Disability of the Department
3 of Health and Human Services and in collaboration
4 with national organizations representing individuals
5 with disabilities and health professional societies,
6 shall establish a pilot program to increase the aware-
7 ness of health care providers of the need to offer ac-
8 cessible environments and examination rooms and
9 examination tables for individuals with disabilities
10 and to increase voluntary compliance with Federal
11 accessibility requirements.

12 “(2) DEVELOPMENT AND DISSEMINATION OF
13 RESOURCES.—The Secretary shall ensure that,
14 under the pilot program established under para-
15 graph (1), resources are developed for, and distrib-
16 uted to, health care providers to increase awareness
17 of the need to offer accessible environments and ex-
18 amination rooms and examination tables for individ-
19 uals with disabilities. Such resources shall include
20 supportive information with respect to—

21 “(A) accommodating individuals with dis-
22 abilities;

23 “(B) modifications that can be made to
24 physical environments to ensure accessibility;
25 and

1 “(C) training regarding how to safely ac-
2 commodate an individual in a wheelchair.

3 “(3) TARGETED PROVIDERS.—The pilot pro-
4 gram shall be designed to target health care profes-
5 sionals and health care providers, including—

6 “(A) primary care providers, such as phy-
7 sicians, nurse practitioners, and physician as-
8 sistants, and the individuals who answer the
9 telephones in the offices of such providers;

10 “(B) dentists and the individuals who an-
11 swer the telephones in the offices of dentists;

12 “(C) health care clinics, including commu-
13 nity health centers and radiology and imaging
14 centers;

15 “(D) inpatient and outpatient hospitals,
16 ambulatory surgery centers, urgent care cen-
17 ters, and rehabilitation facilities; and

18 “(E) specialists, such as obstetricians and
19 gynecologists.

20 “(4) PROGRAM MATERIALS AND MESSAGES.—
21 Any materials and messages of the pilot program,
22 including the resources designed and distributed as
23 described in paragraph (2), shall reflect and incor-
24 porate information, findings, and materials other-
25 wise developed by the Federal Government, such as

1 information available through the ‘Right to Know
 2 Health Promotion Campaign’ of the Centers for Dis-
 3 ease Control and Prevention, and shall be field-test-
 4 ed and presented to focus groups to ensure effective-
 5 ness.

6 “(5) PROGRAM EVALUATION.—The Secretary
 7 shall conduct an evaluation of the effectiveness of
 8 the pilot program and make any necessary revisions
 9 to the program to ensure effectiveness and support
 10 in nationwide implementation of the program.

11 “(b) INFORMATION FOR INDIVIDUALS WITH DIS-
 12 ABILITIES.—

13 “(1) IN GENERAL.—The Secretary, acting
 14 through the Office on Disability of the Department
 15 of Health and Human Services, in collaboration with
 16 national organizations representing individuals with
 17 disabilities, shall develop and disseminate resources
 18 to support individuals with disabilities in finding
 19 providers that are accessible to such individuals.

20 “(2) CONTENTS.—The resources described in
 21 paragraph (1) shall—

22 “(A) include a concise list of questions for
 23 individuals with disabilities to ask when calling
 24 a health care provider for the first time to
 25 schedule an appointment, and suggestions for

1 explaining the special needs of such individual
 2 to the provider and for seeking accommodation
 3 from the provider;

4 “(B) be culturally appropriate and at ap-
 5 propriate literacy levels for the target audience;

6 “(C) reflect and incorporate information,
 7 findings, and materials otherwise developed by
 8 the Federal Government, such as information
 9 available through the ‘Right to Know Health
 10 Promotion Campaign’ of the Centers for Dis-
 11 ease Control and Prevention;

12 “(D) be field-tested and presented to focus
 13 groups to ensure effectiveness; and

14 “(E) be disseminated on the Internet and
 15 through other means to ensure that individuals
 16 with disabilities receive support and assistance
 17 in their efforts to identify accessible health care
 18 providers in their communities.

19 **“SEC. 39900-2. ADVISORY COMMITTEE AND REPORT TO**
 20 **CONGRESS.**

21 “(a) ESTABLISHMENT OF THE ADVISORY COM-
 22 MITTEE.—The Secretary shall establish a National Advi-
 23 sory Committee on Access to Health Care for Individuals
 24 With Disabilities (referred to in this section as the ‘Advi-
 25 sory Committee’) to support implementation of this part

1 and to ensure interagency coordination of efforts to im-
2 prove access to care for individuals with disabilities.

3 “(b) RESPONSIBILITIES.—The responsibilities of the
4 Advisory Committee shall include—

5 “(1) reviewing applications for grants under
6 section 39900;

7 “(2) evaluating the grant program under sec-
8 tion 39900;

9 “(3) reviewing and providing feedback on the
10 resources and other materials developed under sec-
11 tion 39900–1;

12 “(4) assisting with the dissemination of the in-
13 formation and resources developed under sections
14 39900 and 39900–1; and

15 “(5) ensuring coordination of efforts within the
16 Department of Health and Human Services to in-
17 crease access to care for individuals with disabilities
18 and to disseminate information regarding accessible
19 entrances, examination rooms, and tables of health
20 care providers.

21 “(c) MEMBERSHIP.—

22 “(1) IN GENERAL.—The members of the Advi-
23 sory Committee shall include representatives of—

24 “(A) the Office on Disability of the De-
25 partment of Health and Human Services;

1 “(B) the Office of Minority Health of the
2 Department of Health and Human Services;

3 “(C) the Office for Civil Rights of the De-
4 partment of Health and Human Services;

5 “(D) the Health Resources and Services
6 Administration, including the Bureau of Pri-
7 mary Health Care, the Office of Minority
8 Health and Health Disparities, and the Office
9 of Equal Opportunity and Civil Rights of such
10 administration;

11 “(E) the Centers for Disease Control and
12 Prevention;

13 “(F) the Agency for Healthcare Research
14 and Quality;

15 “(G) the Centers for Medicare & Medicaid
16 Services;

17 “(H) other Federal agencies, such as the
18 Department of Veterans Affairs, as appropriate;

19 “(I) at least 5 private nonprofit organiza-
20 tions that are dedicated to improving the qual-
21 ity of life of, and facilitating access to health
22 care for, individuals with disabilities; and

23 “(J) at least 3 health professional soci-
24 eties.

1 “(2) VOLUNTARY SERVICE.—Members of the
2 Advisory Committee shall serve without compensa-
3 tion.

4 **“SEC. 39900–3. REPORT TO CONGRESS.**

5 “The Secretary shall, not later than 1 year after the
6 date of enactment of this part and annually thereafter,
7 submit to Congress a report summarizing the activities,
8 findings, outcomes, and recommendations resulting from
9 the grant and pilot programs and other activities under
10 this part.

11 **“SEC. 39900–4. AUTHORIZATION OF APPROPRIATIONS.**

12 “There is authorized to be appropriated to carry out
13 this part, such sums as may be necessary for fiscal years
14 2011 through 2015.”.

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