Accessible Abortion Provision to People with Disabilities

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WOMEN ENABLED INTERNATIONAL

Overview of Topics

- Introduction
  - What is disability?
  - The meaning of “access”
  - How are Disability Justice and Reproductive Justice related?
- Legal responsibilities of healthcare providers
  - Reasonable accommodations
    - Spotlight: Supported Decision Making
  - Effective communication
  - Accessible facilities and medical equipment
- Readily accessible practices to ensure access for all

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Introduction

“People with Disabilities” Includes People with:

- Mental health & psychiatric disabilities
  - PTSD
  - Bipolar disorder
  - Schizophrenia
  - Depression
  - Anxiety
  - OCD
- Intellectual and developmental disabilities (I/DD)
  - Autism, neurodiversity
  - Down Syndrome
  - Cerebral Palsy
  - Learning disabilities
- Physical/Mobility disabilities
- Sensory disabilities
  - Deafness
  - Blindness
- Neurological disabilities
  - Dementia, Alzheimer's
  - Traumatic brain injury (TBI)
- Chronic conditions like:
  - Asthma
  - COPD
  - Diabetes
  - High blood pressure
  - Kidney disease
  - History of cancer
  - Long COVID

*This is a non-exhaustive list

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What does the word "access" mean to you?

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What is “Access”?

Abortion Advocacy Context

In abortion advocacy spaces, “access” often refers to a person’s ability to get an abortion, which may be influenced by the abortion laws in their state, the distance they need to travel for an abortion, the cost of an abortion, and the administrative burdens of getting care.

VS.

Disability Community Context

In disability rights spaces, “access” and “accessible” mean that people with disabilities are afforded the same opportunities as non-disabled people to acquire information, move through spaces, interact with others, and utilize services in an **equally effective** and **integrated** manner, with **similar ease of use.**

How are Disability Justice and Reproductive Justice Related?

Disability Justice (SinsInvalid)

1. Intersectionality
2. Leadership of Those Most Impacted
3. Anti-Capitalist Politic
4. Cross-Movement Solidarity
5. Recognizing Wholeness
6. Sustainability
7. Commitment to cross-disability solidarity
8. Interdependence
9. Collective access
10. Collective liberation

- Intersectionality
- Centering the most marginalized
- Solidarity across movements, issues, and identities
- Dismantling systems of oppression

Reproductive Justice (SisterSong)

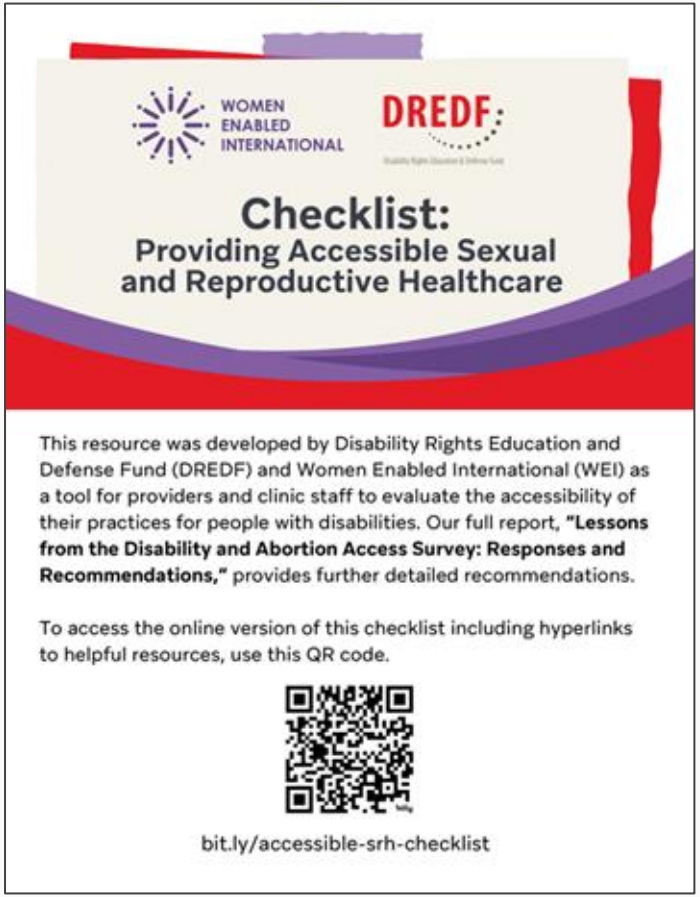
The human right to:

1. Maintain personal bodily autonomy
2. Have children
3. Not have children
4. Parent children in safe and sustainable communities

To achieve RJ, we must

- Analyze power systems
- Address intersecting oppressions
- Center the most marginalized
- Work together across issues and IDs

Resources on Providing Sexual and Reproductive Healthcare to People with Disabilities



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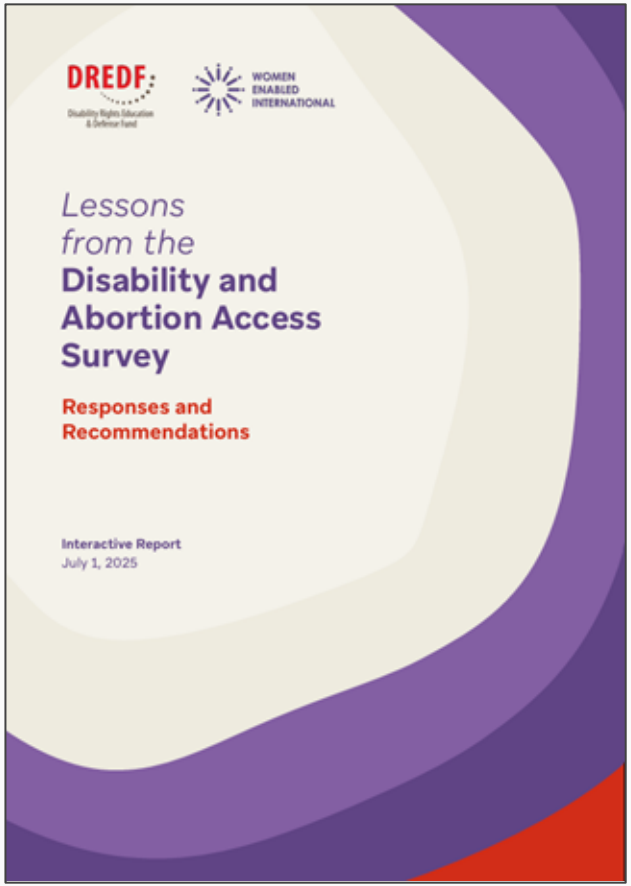
Checklist:
Providing Accessible Sexual and Reproductive Healthcare

This resource was developed by Disability Rights Education and Defense Fund (DREDF) and Women Enabled International (WEI) as a tool for providers and clinic staff to evaluate the accessibility of their practices for people with disabilities. Our full report, **"Lessons from the Disability and Abortion Access Survey: Responses and Recommendations,"** provides further detailed recommendations.

To access the online version of this checklist including hyperlinks to helpful resources, use this QR code.

bit.ly/accessible-srh-checklist



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Lessons from the
Disability and Abortion Access Survey

Responses and Recommendations

Interactive Report
July 1, 2025

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Legal Responsibilities of Health Care Providers

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How familiar are you with disability rights laws and what they require of medical providers?

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Disability Rights Laws

Americans with Disabilities Act (ADA): federal civil rights law that prohibits discrimination on the basis of disability in everyday activities, including medical care

- Publicly owned and operated entities like UCSF are covered by Title II as "public entities"

Section 504 of the Rehabilitation Act of 1973 (Section 504): federal law that prohibits discrimination on the basis of disability by the federal government, federal employers, and organizations that receive federal financial assistance (most healthcare providers)

Section 1557 of the Affordable Care Act (Section 1557): federal law that prohibits discrimination on the basis of race, color, national origin, age, **disability,** or sex in health programs or activities that receive HHS funding

Overview: Clinics' Responsibilities

The ADA, Section 504, and Section 1557 prohibit discrimination against people with disabilities and require medical providers to make their services and programs available in an **accessible manner**. This includes:

- Providing reasonable accommodations (RAs)
- Ensuring effective communication
- Having accessible facilities and equipment

Reasonable Accommodations

Definition: Changes to the usual way of doing things to include people with disabilities and provide equal opportunity for them to benefit from services.

Health care offices are required to provide reasonable accommodations unless it would:

- **"Fundamentally alter"** the nature of the services provided
- Result in an **"undue burden"**

Examples of Common Reasonable Accommodations

- Reserving additional time for an appointment
- Allowing a support person to be present
- Facilitating supported decision-making
- Delivering information in multiple ways
- Moving items that might block the path of travel
- Reserving a room that has accessible equipment
- Turning down the brightness of the exam room lights
- Performing a pelvic exam in an alternative position
- Providing forms and materials in alternative formats (larger text, braille, plain language)
- Wearing a mask

Images courtesy of the Reproductive Health Access Project (RHAP)

The possibilities are endless!

Spotlight: Supported Decision-Making as a Reasonable Accommodation

Supported decision-making ("SDM"): individualized arrangement in which a disabled adult chooses one or more people they trust as supporters to help them understand, communicate, make, or act on their own choices

- Can be a formal (written) or informal agreement
- Can strengthen capacity and avoid the need for a conservator in decision-making
- Many states recognize supported decision-making as an alternative to conservatorship

Evaluating Decision-Making Capacity

- Capacity is a spectrum – not a yes or no question
  - Changes with context, topic, emotional and physical state, etc.
  - A person may have the capacity to make medical or mental health decisions without understanding every aspect of a diagnosis or treatment in depth
- Capacity is flexible and can be strengthened through things like:
  - Plain language
  - Reasonable accommodations
  - Supported decision-making
- Capacity should always be assessed with the person's preferred supports in place

Effective Communication

Definition: communication that is ***as effective*** as communication with non-disabled people. It allows a person with a hearing, vision, or speech disability to communicate with, receive information from, understand information from, and convey information to others.

Photo courtesy of Disabled and Here

Effective Communication: Aids and Services

Ensuring effective communication may require:

- Qualified interpreters
  - in-person or through video remote interpreting (VRI)
  - Interpreting teams including one Deaf interpreter and one hearing interpreter
- Real-time captioning, particularly for video telemedicine
- Assistive listening devices and systems (e.g. hearing loop, pocket talker)
- Offering written materials in alternative formats such as Braille or large print
- Using plain language (e.g. sixth grade English)
- Using the teach back method
- Using visual aids
- Providing written notes summarizing the information provided

These services must be offered free of charge

Accessible Facilities and Medical Equipment

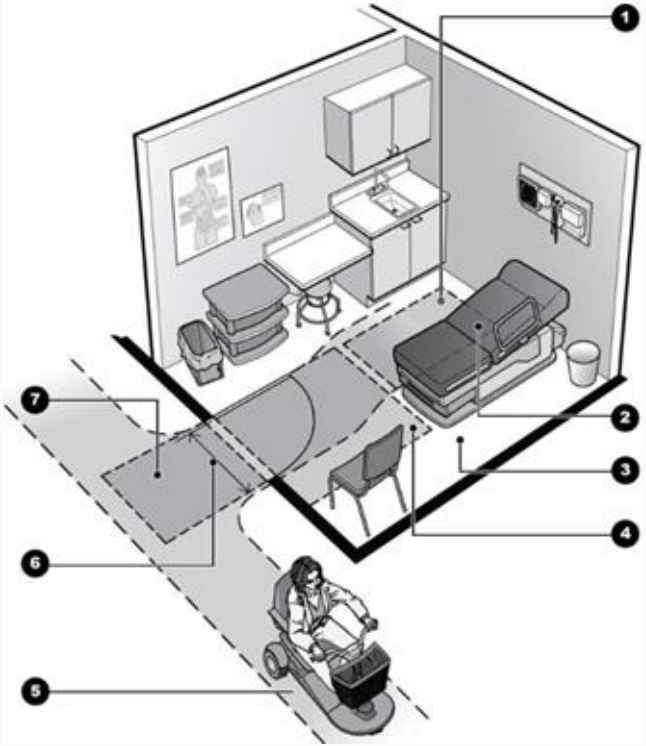
The ADA and Section 504 require that medical providers give disabled people full and equal access to their facilities and medical equipment.

- Government providers that receive federal money must make their programs as a whole **readily accessible to and usable by** individuals with disabilities.

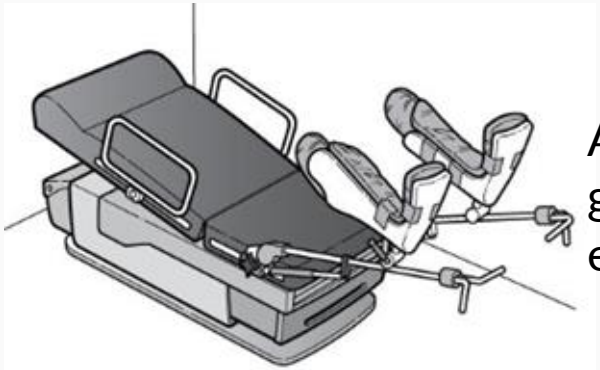
Nondiscrimination includes:

- Removing architectural barriers
- Acquiring accessible medical equipment - now **required** under updated Section 504 regulations (45 CFR § 84.90 *et seq.*)
- Where barrier removal would be an undue burden, making services available through an **alternative method or location**

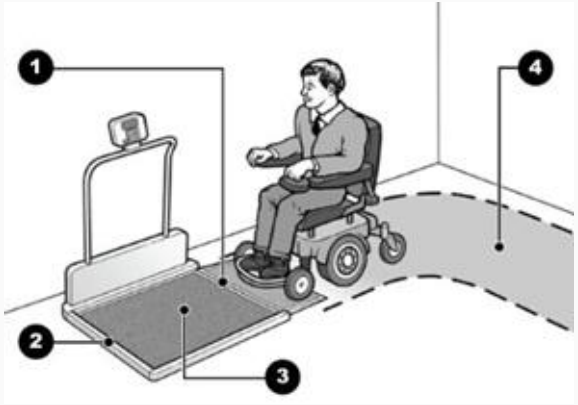
Accessible Facilities and Medical Equipment



Accessible exam room



Accessible gynecological exam table



Accessible weight scale

Photos courtesy of ADA.gov/Resources/Medical-Care-Mobility

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Readily Accessible Medical Practices

Accessibility vs. Reasonable Accommodations

Readily Accessible
Spaces and practices are "readily accessible" when they are accessible by default to people with a wide range of disabilities, regardless of whether they disclose their disability.

Reasonable Accommodations

Changes to inherently inaccessible environments, programs, policies and/or technology upon the request of an person with a disability as long as it is not a “fundamental alteration” or “undue burden.”

Accessibility is related to groups, whereas reasonable accommodations are related to individuals.

Readily Accessible Practices

- Websites should:
  - Comply with Web Content Accessibility Guidelines (WCAG) 2.2
  - Be written in **plain language**
  - Include information relevant to people with disabilities
- Online resources should undergo an accessibility review before circulation
- Informational materials and forms should be available in multiple formats including plain language, enlarged text, braille

Readily Accessible Practices Cont.

Staff should be trained to:

- Screen for disability and collect information about access needs at the first point of contact (note it in EMR)
- Arrange accommodations and provide effective communication aids and services
- Use accessible equipment
- Assist patients with disabilities in transferring onto exam tables
- Communicate with people with disabilities, namely: assume capacity, communicate effectively, avoid ableist biases

Readily Accessible Practices Cont.

Procedures for providing effective communication and common accommodations should be implemented before they are explicitly requested

- Provide patients with instructions about what to expect from the services or appointment, allowing the patient time to process the information and request additional accommodations if needed
- Establish contracts with ASL interpreters and captioners ahead of time
- Ensure Video Remote Interpreting (VRI) machines and other auxiliary aids and services like pocket talkers and hearing loops are available in the clinic
- Train staff to help facilitate supported decision-making when requested by the patient
- Allow extra time for appointments.

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Questions?

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Audience Q&A

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Resources on Providing Sexual and Reproductive Healthcare to People with Disabilities

Checklist: Providing Accessible Sexual and Reproductive Healthcare

Lessons from the Disability and Abortion Access Survey

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Thank you!

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