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Lauren Erickson on HHS's Section 504 Requirements

On December 11, 2025, the Northern Virginia Health Policy Forum and Applied Policy President and CEO Jim Scott welcomed Lauren Erickson for a discussion of the Department of Health and Human Services' (HHS) final rule, *Nondiscrimination on the Basis of Disability in Programs or Activities Receiving Federal Financial Assistance*. As HHS's first major update to its implementation of Section 504 of the 1973 Rehabilitation Act, the rule has significant implications for healthcare organizations that receive federal financial assistance, including hospitals, physicians, and other providers participating in Medicare and Medicaid.

Erickson, whose career spans state human services, the Centers for Medicare & Medicaid Services' Center for Medicare and Medicaid Innovation, the commercial payer sector, and the Institute of Exceptional Care, noted that judicial and legislative actions had significantly reshaped the disability policy landscape in the fifty years since the Act's passage. The Supreme Court's Olmstead decision affirmed individuals' rights to receive services in the most integrated setting appropriate, and the Americans with Disabilities Act (ADA) established foundational protections across public and private settings. She also observed that the COVID-19 pandemic exposed stark disparities in treatment and outcomes for people with disabilities, reinforcing the need for updated standards.

Erickson outlined the rule's key components, including provisions addressing discrimination in medical treatment, value assessment methodologies, integration requirements, accessible medical diagnostic equipment, and new technical standards for websites, patient portals, mobile applications, kiosks, and updates related to child welfare programs and activities.

Turning to implications for healthcare settings, Erickson described how gaps in basic accessibility, such as the absence of wheelchair-accessible scales, exam tables, and transfer equipment, can prevent patients from receiving routine preventive care. Scott remarked that Applied Policy had seen many of these challenges firsthand while contributing to the development of U.S. Access Board standards for accessible medical diagnostic equipment. That experience underscored how frequently people with disabilities encounter obstacles to even routine clinical assessments.

Erickson also remarked upon ways in which communication practices can unintentionally undermine patient trust. For example, she pointed to situations in which clinicians direct questions to personal attendants or even to medical transport drivers rather than to the patient. She described this as a pattern of "presumed incompetence," a dynamic that can lead to frustration and deter individuals from seeking care altogether. She also clarified distinctions between disability, developmental disability, and intellectual disability.

Erickson and Scott discussed the varied pathways through which people with disabilities receive health coverage, including Medicare, Medicaid, and commercial insurance. Scott underscored that although many people think of Medicare as a program for individuals age 65 or older, it also covers those who qualify based on disability. Erickson observed that Medicaid can be particularly important for individuals with disabilities because it is the primary payer for long-term services and supports, including home and community-based services that are not typically covered under Medicare. She also noted that many working adults with disabilities obtain coverage through their employers. "People with disabilities are in all parts of the insurance market," Erickson remarked.

Erickson noted that some of the rule's most consequential updates grew directly out of experiences during the COVID-19 pandemic. She referenced research showing that intellectual disability was one of the strongest predictors of death from COVID-19, second only to age, and explained that pandemic-era triage decisions revealed how assumptions about lifespan or perceived quality of life could influence the allocation of scarce resources such as ventilators. The final rule makes clear that such assumptions are inappropriate and may not be used to deny or limit care. Erickson stressed that these patterns often stem from unconscious biases rather than intentional discrimination, and she highlighted the rule's effort to provide concrete examples of prohibited decision-making to help prevent similar situations in the future.

Erickson reviewed the upcoming compliance timelines. Effective July 2026, entities with more than 15 employees must comply with web and mobile accessibility and accessible medical equipment requirements. Smaller entities must meet all requirements beginning in July 2027. Enforcement will be carried out by HHS's Office for Civil Rights.

She encouraged providers and organizations subject to the rule to view its updates as "common-sense regulations" that set a baseline for equitable care rather than as punitive obligations. The regulations, she noted, offer a roadmap for ensuring that all patients can access appropriate, high-quality services.

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This extract was prepared by Applied Policy®. A recording of the event is available on the NVHPF YouTube page.