

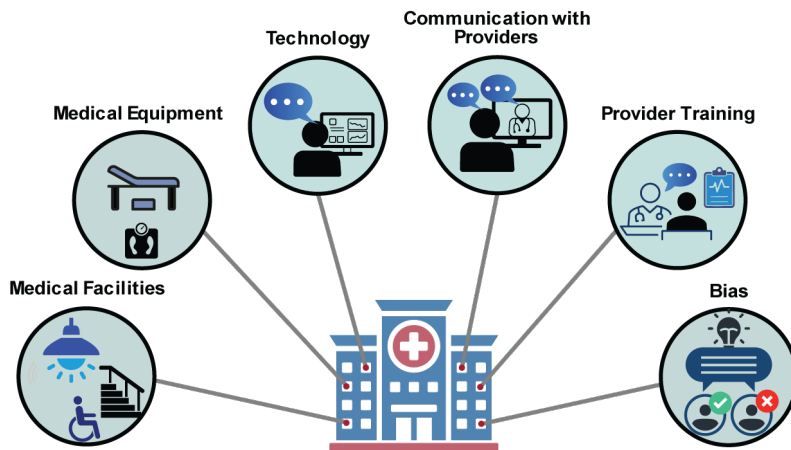
A report to congressional requesters

For more information, contact: Elizabeth H. Curda at [curdae@gao.gov](mailto:curdae@gao.gov).

## What GAO Found

People with disabilities may encounter barriers related to accessibility in the U.S. health care system; these barriers can affect the quality of their care. GAO analyzed research literature on health care accessibility and conducted interviews with stakeholders and identified the following potential barriers.

### Types of Potential Barriers to Accessibility in Health Care Described by Literature and Selected Stakeholders



Source: GAO analysis of literature and interviews with stakeholders; Adobe Stock (icons). | GAO-26-107120

The Department of Health and Human Services (HHS) does not collect national-level data on the accessibility of health care from people with disabilities. GAO analyzed 12 HHS population health surveys. One survey included a question on bias, but none covered other barriers to accessibility. HHS has established goals to increase the accessibility of health care through data collection, but officials stated that they do not have plans to collect related national-level data. Such plans would better position HHS to accurately identify barriers and evaluate the effects of HHS regulations that cover nondiscrimination in health care.

Within HHS, the Centers for Medicare and Medicaid Services (CMS) and Office of Civil Rights (OCR) oversee aspects of health care organizations' compliance with federal laws, but oversight related to accessibility has been limited. Specifically, CMS (1) uses an on-site inspection process to ensure that organizations participating in Medicare comply with health and safety standards and (2) inspects some aspects of accessibility. OCR investigates some accessibility issues through compliance reviews and from complaints. But it does not routinely share information on the results of its compliance reviews or complaint investigations. Sharing these results could broaden the impact of OCR's efforts to other health care organizations. In 2024, HHS amended its regulations, adding accessibility requirements, and HHS's current strategic plans state that accessibility is a priority. However, these plans do not include details or time frames for achieving this priority. As a result, HHS may not take appropriate steps to ensure that health care organizations meet accessibility requirements and some people with disabilities may continue to face barriers to obtaining health care.

## Why GAO Did This Study

Millions of adults in the U.S. report having some form of a disability, such as a condition that affects vision, movement, hearing, or mental health. Federally funded programs such as Medicare pay for health services, including for people with disabilities. Although federal laws prohibit these programs from discrimination on the basis of disability, people with disabilities may face barriers to obtaining health care.

GAO was asked to review federal efforts, including data collection and oversight, to ensure the accessibility of health care for people with disabilities. This report examines (1) barriers to accessible health care that people with disabilities may face, (2) HHS data collection efforts on the accessibility of health care, and (3) related HHS oversight.

GAO reviewed relevant federal laws, regulations, and HHS policies and guidance; examined peer-reviewed literature on barriers to accessible health care published between 2013 and 2024; analyzed HHS accessibility-related data collection efforts; and conducted a nongeneralizable survey of 1,194 adults with disabilities. GAO also interviewed HHS officials and representatives from nine disability associations and research groups and two accrediting organizations.

## What GAO Recommends

GAO is making five recommendations, including that HHS develop plans to collect national-level data from people with disabilities on health care accessibility, share data on results of OCR's current oversight efforts, and establish detailed plans to help ensure health care accessibility. HHS neither agreed nor disagreed with the recommendations, as discussed in the report.