

New Accessibility Rules that Apply to CHCs and PCAs: *WCAG for Websites and Apps, Medical Equipment, & Kiosks*

As of 4/9/26



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General

Q: What are the three types of accessibility rules that CHCs and PCAs must soon comply with?

A: They will need to adhere to new rules intended to ensure that the following items are accessible to persons with disabilities:

- Web content and mobile apps (must meet WCAG 2.1 AA standards) – applies to both PCAs and CHCs
- Medical equipment – applies to CHCs
- Kiosks – applies to CHCs

While the web/ app accessibility rules (aka WCAG compliance) have the earliest deadline and have received the most attention in recent months, it is important not to forget the requirements around medical equipment (which have a July 2026 deadline) and kiosks (May 2027 deadline.)

Q: Where and when were these rules established?

A: These rules were established in a final regulation issued by the Biden Administration in May 2024. They are updates to the regulation implementing the 1973 Rehabilitation Act, the primary federal law that protects the rights of people with disabilities, making the first revisions to the regulation since 1977. The new rule contains many provisions that are unlikely to impact a CHCs or PCAs directly, such as a prohibition on basing medical treatment decisions on negative stereotypes about individuals with disabilities. However, the new rule includes three sets of requirements that apply to all CHCs, and one (around WCAG) that applies to PCAs.

To date, the Trump 2.0 Administration has been silent on these rules, not amending, rescinding, or even commenting publicly on them. Thus, they currently remain “on the books” as established by the Biden Administration.

Q: Are you sure these rules apply to look-alikes and PCAs?

A: Yes. The rules apply to all “Federal financial assistance” - which in this situation [includes Medicare and Medicaid as well as grant payments.](#)) Note that:

- The two-page summary that Colleen drafted in late 2024 (and recirculated last week) was wrong when it said these rules don’t apply to LALs. They DO apply to LALs.
- Dianne Pledgie from Powers Law suggested that we “remind to PCAs that they have accessibility compliance obligations, too.”

Q: Where can I find official Federal documents detailing these requirements?

A: Here are three official resources:

- [Regulations](#)
 - See §§ 84.82 - 84.89 for rules re: Web, Mobile, and Kiosk Accessibility
 - See §§ 84.90 - 84.94 for rules re: Accessible Medical Equipment
- [HHS General Section 504 Fact Sheet](#)

- [HHS Fact Sheet specific to Web Content, Mobile Apps, and Kiosks](#)

Q: Can you summarize the effective dates for the various requirements?

A:

Requirements	Entities with 15+ FTE	Entities with fewer than 15 FTEs
WCAG 2.1 AA for websites and mobile apps	May 11, 2026	May 11, 2027
Exam Tables and Weight Scale	July 8, 2026	July 8, 2026
Other types of Medical Diagnostic Equipment	No deadline, but all newly-acquired units must meet the accessibility standards until at least 10% of the CHC's MDE in each category meet the requirements.	
Kiosks	May 11, 2027	May 11, 2028

WCAG 2.1 AA (aka Web and Mobile App Accessibility)

General

Q: What requirements must CHCs, PCAs, and HCCNs meet?

A: Their websites and mobile apps must comply with the Web Content Accessibility Guidelines (WCAG) 2.1 AA. WCAG are internationally-recognized standards for making digital content accessible to people with disabilities, developed by the World Wide Web Consortium (W3C):

- “2.1” = the latest version of the guidelines
- “AA” = the middle level of conformance

Q: What is the deadline for coming into compliance with WCAG 2.1 AA?

A: For organizations with 15 or more FTE, the deadline is Monday May 11, 2026. For organizations with fewer than 15 FTE, the deadline is May 11, 2027.

Q: Is there advocacy for these deadlines (or enforcement) to be delayed?

A: Colleen has not heard any substantial discussions about the deadlines or enforcement being delayed. However, she doubts that enforcing these rules will be a high priority for this Administration. (She is not aware of anyone from the current Administration even talking about them.)

WCAG Compliance Resources

Q: **Should we trust everything we read and hear about WCAG 2.1 AA compliance?**

A: No! Per Dianne Pledge at Powers Law “There is a lot of misinformation out there about Section 504 and WCAG.”

Q: **Where is a good starting point for coming into compliance with these requirements?**

A: Dianne says that “as a general rule,” CHCs and PCAs should start with the free tools available through W3C: <https://www.w3.org/WAI/test-evaluate/>. (Remember that W3C are the same people that developed the WCAG standards.) These include:

- [W3C Easy Checks \(Quick manual testing\)](#): A step-by-step beginner-friendly evaluation tool that helps non-technical users manually check key WCAG issues (images, headings, contrast, keyboard access)
- [W3C Web Accessibility Evaluation Tools List](#): A list of tools that evaluate software programs and online services to help determine if web content meets accessibility guidelines.
- [W3C Accessibility Guidelines Evaluation Methodology](#): This is a step-by-step tool for internal evaluation of how well digital products conform to WCAG 2.
- [W3C Web Accessibility First Aid: Approaches for Interim Repairs](#): This tool outlines how organizations can urgently address accessibility in an ongoing web project.

The W3C site also contains links to links to 100+ third-party tools with different pricing models. Note that this is a curated list – not a list of endorsed vendors – so use your judgement. According to W3C, “no tool (free or paid) can fully determine WCAG compliance on its own—human review is still required.”

Q: **Are there specific vendors that CHCs or PCAs are considering?**

A: While we’re not endorsing any of them, here are some experiences shared by PCAs and CHCs:

- A CHC offered: “We use **a website overlay called *accessiBe***, which includes WCAG 2.2 compliance. “When we first learned about this issue, we immediately contacted the host to confirm our status. They assured us that, because this tool is in place, our website is compliant. When I ran a scan through two of the websites listed below we did not meet the 90% but there was a disclaimer stating



- A PCA offered “For websites, we’ve been encouraging people to purchase/license a tool that scans a website for compliance (telling you what needs to be changed/corrected), and some of those tools also help remediate/implement the WCAG guidelines depending on the service level you buy, like [accessWidget - Accessibility Widget for WCAG & ADA Compliance - accessiBe](#) and [Accessibility Compliance Platform |](#)

[AccessibilityChecker.org](https://www.accessibilitychecker.org). They aren't free, \$5,000-\$12,000, and they're not foolproof, but we were running across a fair number of folks that just don't have the staff time to do it themselves. Also, there are less expensive / free tools like [WAVE](#) available, but they often have limitations like scanning one page at a time, and you're responsible for the remediation.

- Another PCA offered that “our team is leaning towards using a tool from [UserWay](#). We haven't fully vetted it yet, but it seems promising to help us meet the requirements.”

WCAG Exceptions

Q: What types of on-line or app materials are excepted from having to comply with WCAG 2.1 AA Standards?

A: The regulations describe five types of materials that do not need to comply with the WCAG 2.1 Level AA standards. These five exceptions are:

- archived web content,
- preexisting conventional electronic documents,
- content posted by a third party,
- conventional electronic documents, and
- preexisting social media posts.

Q: Where can we find more information about each of these exceptions?

A: There are details in:

- [HHS Fact Sheet specific to Web Content, Mobile Apps, and Kiosks](#)
- [HHS General Section 504 Fact Sheet](#) (This is more detailed about the exceptions.)
- The Appendix contains the info on exceptions from the General Section 504 Fact Sheet.

Medical Diagnostic Equipment

Q: What is included in the definition of “Medical Diagnostic Equipment”? (MDE)

A: The term “Medical Diagnostic Equipment” (MDE) includes “examination tables, examination chairs (including chairs for both dental and eye services), weight scales, mammography equipment, x-ray machines, and other radiological equipment commonly used for diagnostic purposes.”

Q: What MDE accessibility thresholds must CHCs meet, and by when?

A: For exam tables and weight scales. CHCs have until July 8, 2026, to have at least 10 percent of their tables and weight scales - but no less than 1 of each – meeting the accessibility standards.

For other types of MDE: There is no deadline to meet the 10% target. However, any new MDE that the CHC obtains must meet the accessibility standards until the CHC reaches the 10% target for that type of MDE.

Q: Where are the official standards for “Medical Diagnostic Equipment”? (MDE)

A: They are available in [this regulation](#).

Q: Are there rules around how accessible MDE must be distributed?

A: Yes. A multi-site CHC must disperse the MDE among its sites in a roughly proportionate manner.

Q: What if a disabled patient seeks an appointment at a CHC site that does not have the MDE that meets their accessibility needs?

A: The CHC must provide the patient with another route to receive the services associated with this equipment, such as:

- assisting them to access care at another of CHC’s sites where an accessible table (and scale) are available, or
- providing a home visit.

Kiosks

Q: What are the accessibility rules for kiosks?

A: The [HHS Factsheet](#) states:

“Recipients that use kiosks – which are self-service transaction machines made available by recipients – must ensure that qualified individuals with disabilities are not excluded from participation in or denied the benefits of any program or activity provided through kiosks.

“Recipients can do so by ensuring that the kiosks they use are accessible to people with disabilities or by implementing procedures that allow people with disabilities who cannot use kiosks because of inaccessible features to access their programs without using a kiosk. For example, a recipient with insufficiently accessible kiosks may be required to allow people with disabilities to go directly to the personnel at the main desk to register for necessary services.

Q: When do the kiosk rules go into effect?

A: Providers must ensure kiosks are accessible by May 11, 2027 (or May 11, 2028 for entities with fewer than 15 employees).

Q: That deadline is over a year away. Are there any requirements we need to be meeting now?

A: Yes. Between now and the May 2027/2028 deadlines, CHCs and PCAs must provide disabled individuals equal access to services offered that non-disabled persons can access through kiosks. This includes providing the services with comparable convenience and privacy, such as through 1-on-1 conversations with staff.

Appendix One: Exceptions to WCAG 2.1 AA Requirements

The following language is copied from the [HHS General Section 504 Fact Sheet](#)

1. Archived web content (§ 84.85(a))

The exception for archived web content is meant to capture historic web content that, while outdated or superfluous, is maintained unaltered in a dedicated archived area for reference, research, or recordkeeping. To be excepted, this web content must meet all of the following conditions:

- It only includes web content that was created before the date the recipient is required to comply with § 84.84 or reproduces paper documents or contents of other physical media created before the date the recipient is required to comply with § 84.84;
- It is retained exclusively for reference, research, or recordkeeping;
- It is not altered or updated after the date of archiving; and
- It is organized and stored in a dedicated areas or areas clearly identified as being archived.

If a recipient alters or updates the content after it is posted in an archive, the content would not meet the third part of the definition of archived web content and it would generally then need to conform to WCAG 2.1 Level AA.

2. Preexisting Conventional Electronic Documents (§ 84.85(b))

These are conventional electronic documents that are available as part of the recipient's web content or mobile apps before the date the recipient is required to comply with § 84.84. This exception does not apply if such documents are currently used to apply for, gain access to, or participate in the recipient's programs or activities. Conventional electronic documents are web content or content in mobile apps in portable document formats (PDFs); word processor file formats; presentation file formats, or spreadsheet file formats. This is an exhaustive list of covered conventional electronic documents.

3. Content Posted by a Third Party (§ 84.85(c))

This exception includes all content posted by a third party, unless the third party is posting due to contractual, licensing, or other arrangements with the recipient. This is a narrow exception, but it would apply, for example, where the recipient allows comments from members of the public on a social media page and third-party individual independently comments on a post on the recipient's page. Where, for example, the recipient links to online payment processing websites offered by third parties to accept the payment of fees or to pay for any recipient services, the exception does not apply.

4. Individualized Password-Protected Documents or Otherwise Secured Conventional Electronic Documents (§ 84.85(d))

This exception applies to documents that are about a specific individual, their property, or their account and are password-protected or otherwise secured. This exception alleviates the potential burden on recipients of making all individualized, password-protected or otherwise

secured conventional electronic documents accessible even if the person the document pertains to does not have a disability. It still requires individuals with disabilities to be able to access information from documents that pertain to them. Examples of individualized documents include medical records, notes about a specific patient, or receipts for purchase, like a purchase for durable medical goods. Content that is broadly applicable or offered to the general public is not subject to this exception. This exception only applies to the defined category of conventional electronic documents, which is defined above in the section relating to preexisting conventional electronic documents.

5. Preexisting social media posts (§ 84.85(e))

This exception applies to preexisting social media posts that were posted before the date that a recipient is required to comply with § 84.84 of Section 504. For recipients with fifteen or more employees that date is May 11, 2026; for recipients with fewer than fifteen employees, that date is May 10, 2027. Recipients must ensure that their social media posts going forward from the recipient's compliance date must be accessible. While the recipient's social media posts must be accessible, the recipient is not responsible for ensuring that the various social media platforms themselves conform to WCAG 2.1 Level AA.

Appendix Two: Official Summary of Requirements for Accessible Medical Equipment

The following language is copied from the [HHS General Section 504 Fact Sheet](#)

Accessible Medical Equipment (MDE), §§ 84.90-84.94

Section 504 prohibits discrimination against people with disabilities because the medical diagnostic equipment (MDE) used by a recipient in its programs or activities is not accessible to or usable by people with disabilities. MDE includes examination tables, examination chairs (such as chairs used for eye examinations or dental examinations), weight scales, mammography equipment, X-ray machines and other radiological equipment commonly used for diagnostic purposes by health professionals. The Department has adopted the standards for accessible MDE established by the U.S. Access Board under Section 510 of the Rehabilitation Act (Standards for Accessible MDE).

Under Section 504, if a recipient purchases, leases, or acquires MDE after July 8, 2024, it must be accessible MDE that meets the accessibility requirements of these Standards for Accessible MDE, unless and until the recipient satisfies certain scoping requirements. For general medical practices, like physicians' offices, clinics, hospitals, and outpatient facilities, the recipient must purchase, lease, or acquire accessible MDE until at least 10 percent of the total number of units (but no fewer than one unit) of each type of MDE in use is accessible. For medical facilities that specialize in treating conditions that affect mobility, at least 20 percent of the total number of units (but no fewer than one unit) of each type of MDE in use must meet the Standards for Accessible MDE. In addition, by July 8, 2026, a recipient that uses examination tables and/or weight scales must purchase, lease, or acquire at least one exam table and/or at least one weight scale that meet the Standards for Accessible MDE, unless the recipient already has them in place.

Hospitals and large clinics with multiple departments must disperse accessible MDE required by Section 504 in a manner that is proportionate by departments, clinics, or specialties using MDE. Once this accessible equipment is acquired, it must be placed in a manner that follows other existing accessibility requirements, such as having the equipment on an accessible route and being usable by people with disabilities.

Regardless of whether a recipient purchases, leases, or otherwise acquires accessible MDE, they are still required to operate their programs and activities that use MDE so that the program or activity, in its entirety, is accessible to people with disabilities. Some methods that may, in certain circumstances, allow for the overall accessibility of a program or activity offered through MDE include reassignment of services to alternate accessible locations, home visits, delivery of services at alternate accessible sites, or the purchase, lease, or other acquisition of accessible MDE.

Section 504 also requires that recipient staff are qualified to successfully operate accessible MDE, assist with transfers, and ensure program accessibility.

Recipients are not required to alter diagnostically required structural or operational characteristics of MDE that would prevent the use of the MDE for its intended diagnostic purpose.

Conforming Alternate Versions (§ 84.86)

Section 504 allows recipients to use conforming alternate versions of web content or mobile apps only when it is not possible to make the web content or mobile apps directly accessible due to technical or legal limitations. Conforming alternate versions are separate versions of web content that are accessible, up-to-date, contain the same information and functionality as the inaccessible content that they mirror, and can be reached in particular ways, such as through a conforming page or an accessibility-supported mechanism. Recipients who rely on conforming alternate versions must avoid creating a segregated approach that is a worse experience for individuals with disabilities and must meet the challenge of keeping two different versions of the web content or mobile app up to date.

Equivalent Facilitation (§ 84.87)

Recipients may use alternate designs, methods, or techniques from those required by this section as long as those designs, methods, or techniques provide substantially equivalent or greater accessibility and usability to web content and mobile apps. This means that instead of conforming to WCAG 2.1 AA, a recipient could conform to an alternate standard (such as WCAG 2.2 AA or AAA) as long as that alternate standard provides substantially equivalent or greater accessibility and usability.

Duties (§ 84.88)

Recipients are not required to take actions under this section that would result in a fundamental alteration in the nature of a program or activity or in undue financial and administrative burdens, but must take any other action that would not result in such an alteration or such burdens but would ensure that people with disabilities receive the benefits or services provided by the recipient to the maximum extent possible.

Noncompliance that has Minimal Impact on Access (§ 84.89)

Section 504 allows nonconformance with WCAG 2.1 AA in very limited circumstances. Such nonconformance is allowable only when the recipient can demonstrate that the nonconformance has such a minimal impact on access that it would not affect the ability of people with disabilities to use the recipient's web content or mobile app. The recipient must be able to show that people with disabilities have access to the same information, are able to engage in the same interactions, conduct the same transactions, and otherwise participate in or benefit from the same programs or activities as people without disabilities in a manner that provides substantially equivalent timeliness, privacy, independence, and ease of use.

The Department notes that using a staffed telephone service that is available 24/7, instead of having accessible web content, does not provide equal access, given that websites generally allow members of the public to quickly review larger quantities of information with more privacy than they would be able to on a phone call.

Section 504 also applies to situations that people with disabilities brought to the Department's attention as common practices, including requiring people to schedule vaccinations on websites that are not compatible with screen-reader software or require the use of a computer mouse to select necessary boxes, or using an online application for benefits for a human service program that is incompatible with screen readers. Other examples of practices that must comply with Section 504 include providing health care information on videos on websites or mobile apps

that are not captioned or using a telehealth platform that does not permit the addition of a sign language interpreter on a video call.