



Understanding New Disability Nondiscrimination Requirements for Community Health Centers

Community Health Centers (CHCs) should ensure they are prepared to meet updated accessibility requirements taking effect in May 2026. The U.S. Department of Health and Human Services (HHS) finalized the [Nondiscrimination on the Basis of Disability in Programs or Activities Receiving Federal Financial Assistance](#) rule in May 2024, updating protections for people with disabilities. **While Section 504 builds upon the ADA, this 2024 update introduces strict, newly enforceable technical standards for digital accessibility (WCAG 2.1 Level AA) and specific quotas for medical equipment. CHCs must proactively audit their systems, as past ADA compliance does not guarantee compliance with these new technical metrics.** This factsheet highlights what to review to ensure continued compliance.

Web and mobile accessibility requirements

Effective May 11, 2026, for organizations with 15 employees or more

Effective May 10, 2027, for organizations with fewer than 15 employees

- CHCs receiving federal funding must ensure that all websites, kiosks, and mobile applications comply with [Web Content Accessibility Guidelines \(WCAG\)](#) 2.1 Level AA.

Exemptions to this requirement include:

- archived web content
- preexisting conventional electronic documents (*unless currently used to apply for, gain access to, or participate in a program*)
- content posted by a third party
- individualized password-protected documents or otherwise secured conventional electronic documents
- preexisting social media posts



What is WCAG 2.1

Web accessibility standards created by W3C's Web Accessibility Initiative

Built on 4 principles

PERCEIVABLE

OPERABLE

UNDERSTANDABLE

ROBUST

Has 13 guidelines and success criteria within that:

1. **Non-text content:** "information and user interface components must be presentable to users in ways they can perceive"
2. **Time-based media:** "provide alternatives for time-based media"
3. **Adaptable:** "create content that can be presented in different ways (for example simpler layout) without losing information or structure"
4. **Distinguishable:** "make it easier for users to see and hear content including separating foreground from background"
5. **Operable:** "make all functionality available from a keyboard"
6. **Enough time:** "provide users enough time to read and use content"
7. **Seizures and Physical Reactions:** "do not design content in a way that is known to cause seizures or physical reactions"
8. **Navigable:** "provide ways to help users navigate, find content, and determine where they are"
9. **Input modalities** "make it easier for users to operate functionality through various inputs beyond keyboard"
10. **Readable:** "make text content readable and understandable"
11. **Predictable:** "make web pages appear and operate in predictable ways"
12. **Input Assistance:** "help users avoid and correct mistakes"
13. **Compatible:** "maximize compatibility with current and future user agents, including assistive technologies"

Accessible medical equipment requirements

Effective July 8, 2026

- CHCs receiving federal funding must have at least one accessible version of examination tables and weight scales.

*Exception in the rule:

CHCs do not need to take action if the result would fundamentally alter the program or create undue financial or administrative burdens. However, CHCs must continue to pursue alternative measures to maximize access to services for people with disabilities.

Next steps:

- Work with IT and Marketing teams to conduct an accessibility audit of websites, EHR patient portals, telehealth platforms, kiosks, and mobile applications.
- Create a workplan to improve accessibility in line with WCAG 2.1 AA, including coordination with kiosk and mobile vendors.
 - Due to the ONC HTI-5 proposed rule that proposes to remove accessibility certification for Health IT vendors, CHCs must legally bind EHR, telehealth, kiosk, and mobile vendors to WCAG 2.1 AA standards in all contracts and Master Service Agreements (MSAs). **Do not automatically assume a vendor software is compliant, especially if it's a product from a certified EHR.**
- Ensure that Clinical Informatics and Quality teams audit all Clinical Decision Support (CDS) or Decision Support Intervention (DSI) tools, AI-driven triage algorithms, and population health value-assessments to ensure they do not contain embedded biases that deprioritize patients with disabilities for treatments, referrals, or resource allocation.
- Review and update accessibility policies with your Board.
- Ensure Health Information Management (HIM) and IT teams validate that documents generated by the EHR and exported to the patient portal meet WCAG 2.1 AA contrast, text-spacing, and screen-reader requirements.
- Work with Operations and Procurement teams to ensure that your examination tables and weight scales are accessible.
- Create a budget and implementation plan to purchase needed accessible medical diagnostic equipment (MDE) AND to fund digital remediation efforts, including third-party WCAG 2.1 AA accessibility audits for websites and patient portals.

**For more information on this rule, see [HHS's factsheet](#).
Please reach out to regulatoryaffairs@nachc.org
if you have any questions.**