

| <b>DEPARTMENTS:</b> Culture and Values              | POLICY DESCRIPTION: Health Access  |
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| <b>PAGE</b> : 1 of 3                                | <b>REPLACES POLICY DATED:</b> 3/1/2011, 5/1/11, 3/1/13, 9/1/13, 3/1/15, 10/17/16, 5/1/18, 7/1/25 |
| EFFECTIVE DATE: November 3, 2025                    | REFERENCE NUMBER: ADA.001  |
| APPROVED BY: Ethics and Compliance Policy Committee |  |

**SCOPE:** All Company-affiliated subsidiaries including, but not limited to, hospitals, ambulatory surgery centers, outpatient imaging centers, physician practices, service centers, HealthTrust Workforce Solutions, Corporate Departments, Groups and Divisions.

**PURPOSE:** To ensure compliance with any applicable public access provisions of the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act of 1973 (28 U.S.C. 794), and Section 1557 of the Patient Protection and Affordable Care Act (ACA 2010) in HCA Healthcare-affiliated facilities.

## POLICY:

- 1. HCA Healthcare-affiliated facilities are required to comply with any applicable public access provisions of the ADA including changes made by the ADA Amendments Act of 2008 (P.L. 110-325), the Rehabilitation Act of 1973 and Section 1557 of the Patient Protection and Affordable Care Act (ACA 2010). HCA Healthcare- affiliated facilities commit to act in accordance to a designated web accessibility standard. HCA Healthcare facilities may not discriminate on the basis of disability or national origin in employment, public accommodations, commercial facilities, transportation, telecommunications, or web access.
- 2. HCA Healthcare-affiliated facilities are required to provide the same level of service and access to persons with disabilities as for all others.
- 3. All employees, subcontractors, and vendors must carry out their roles and responsibilities in a manner that is in compliance with the ADA and related nondiscrimination laws.
- 4. HCA Healthcare-affiliated facilities are required to follow this and related policies, including:
  - a. ADA Compliance: Removal of Physical Barriers Program Policy, ADA.002; and
  - b. Digital Accessibility Policy, ADA.003; and adopt the following model policies on Atlas, in substantially the same language as is in the model policy:
  - c. <u>Accommodating Patients and their Companions Who are Deaf or Hard-of-Hearing Model Policy</u>
  - d. Accommodating Patients and their Companions with Service Animals Model Policy
  - e. Accommodating Patients and their Companions Who are Blind or Have Low Vision Model Policy and
  - f. Accommodating Patients and their Companions with Limited English Proficiency (LEP) Model Policy
- 5. Concerns about or violations of these policies should be reported to one's supervisor, the facility's Access Compliance Coordinator, the facility's Director of Facility Management (for ADA Compliance: Removal of Physical Barriers Program Policy, ADA.002), the



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facility's Ethics and Compliance Officer, the ADA Responsible Executive, or via the Ethics Line at 1-800-455-1996.

## PROCEDURE:

- 1. Each facility chief executive, administrator or practice manager shall designate an Access Compliance Coordinator (ACC) whose responsibilities shall include overseeing compliance with the ADA as it relates to access to services, Section 504, ACA 2010, Digital Accessibility Policy, ADA.003, and the four model policies listed above. The Director of Facility Management is responsible for overseeing compliance with the ADA as it relates to physical barriers to access, Section 504 and ADA Compliance: Removal of Physical Barriers Program Policy, ADA.002.
- 2. The ACC and Director of Facility Management, respectively, should routinely report to the Facility Ethics and Compliance Committee regarding ADA compliance.
- The ACC and the Director of Facility Management, respectively, are responsible for developing and implementing facility ADA compliance procedures. The facility ADA procedures must be consistent with the corporate ADA policies and must include any additional state or local procedures or requirements.
- 4. The ACC and Director of Facility Management, respectively, will ensure that appropriate education is available and has been completed by appropriate audiences.
- 5. ACC and Director of Facility Management, respectively, must report all ADA complaints, problems or incidents, whether informal or formal to facility administration including the facility ECO and the respective ADA Responsible Executive or designee.
- 6. Each facility shall adopt the following model policies:
  - a. Accommodating Patients and their Companions Who are Deaf or Hard-of-Hearing Model Policy on Atlas, in substantially the same language as is in the model policy. This policy requires development of a language access plan that accommodates individuals who are deaf or hard-of-hearing by providing free auxiliary aids in order to ensure equal opportunity to participate in and benefit from healthcare services.
  - b. Accommodating Patients and their Companions with Service Animals Model Policy previous on Atlas, in substantially the same language as is in the model policy. This policy requires the development of a plan to ensure that persons using service animals have an equal opportunity to participate in and benefit from healthcare services. This policy specifically differentiates "service animals" from "therapy animals," and describes types of service dogs, as well as sets behavioral guidelines.
  - c. Accommodating Patients and their Companions Who are Blind or Have Low Vision Model Policy on Atlas, in substantially the same language as is in the model policy. This policy requires development of a plan that accommodates individuals who are blind or have low vision by providing auxiliary aids at no cost to allow



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them an equal opportunity to participate in and benefit from healthcare services.

- d. Accommodating Patients and their Companions with Limited English Proficiency (LEP) Model Policy on Atlas, in substantially the same language as is in the model policy. This policy requires the development of a language access plan that accommodates persons with LEP in order to ensure the meaningful access to participate in and benefit from healthcare services.
- 7. Changes to the model policies may be made only if they are to address facility procedure. Any time a substantive change to an ADA Model Policy is contemplated, the ACC must notify the facility Ethics and Compliance Officer (ECO) and together they should consult with the ADA Responsible Executive or designee.

## REFERENCES:

- 1. The Americans with Disabilities Act of 1990 (42 U.S.C. 12181), known as the ADA, including changes made by the ADA Amendments Act of 2008 (P.L. 110-325).
- 28 CFR Part 36, revised as of July 1, 1994 entitled "Non Discrimination on the Basis of Disability by Public Accommodations and in Commercial Facilities" (<a href="http://www.ada.gov/regs2010/titleIII">http://www.ada.gov/regs2010/titleIII</a> 2010/titleIII 2010 regulations.htm
- 3. Rehabilitation Act of 1973, Section 504
- 4. Section 1557 of the Patient Protection and Affordable Care Act (ACA 2010).
- Americans with Disabilities Act, Access To Medical Care For Individuals with Mobility Disabilities, published by the U.S. Department of Justice, dated July 2010 (http://www.ada.gov/medcare mobility ta/medcare ta.htm)
- 6. Section 508 Web Accessibility Standards developed by the United States Access Board.
- 7. Worldwide Web Consortium's Web Content Accessibility Guidelines 2.2
- 8. ADA Compliance: Removal of Physical Barriers Program Policy, ADA.002
- 9. Digital Accessibility Policy, ADA.003