

POSITION STATEMENT:

The Society of Behavioral Medicine Supports Accessibility of Websites, Software, and Medical Devices for the Blind and Low Vision Community

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SUMMARY STATEMENT

The Society of Behavioral Medicine and Prevent Blindness support legislation (Websites and Software Applications Accessibility Act and

Medical Device Nonvisual Accessibility Act) that ensures usability and facilitates access of information on websites, software and medical devices for the blind and low vision community.



THE PROBLEM

Over 7 million Americans are blind or have a significant vision disability.¹ Vision loss occurs on a spectrum - some people have no light perception while others have functionally usable vision.² Importantly, rates of vision loss are increasing due to an aging population and the prevalence of type 2 diabetes.^{3,4} People who are blind or have low vision experience health disparities, and encounter substantial barriers to accessing quality healthcare, including communication issues with clinicians and staff, lack of assistive technology, transportation barriers, and inaccessible built environments and physical spaces.⁵ Tactile, auditory, haptic, and visual enhancement tools allow the blind community to access information that is predominantly offered in an inaccessible visual format.⁶ However, most assistive technology tools are not covered by insurance, creating an additional barrier to the adoption of diabetes medical devices such as insulin pumps and continuous glucose monitors.⁵ “Workarounds” and “hacks” are not equivalent to designing a product with accessibility in mind and do not replace the user-friendliness of a product designed to be accessible and intuitive “out of the box”.⁷

Built administrative and social systems are not designed with accessibility in mind which means there is a lack of knowledge about non-visual ways to navigate the world and access information. Moreover, the lack of accessibility drives health disparities in blind people with diabetes.⁵ Poor

accessibility of clinics and workplace environments (e.g., small signage, poor lighting) and inaccessible interfaces (e.g., small text, lack of screen reader navigation) significantly impact the ability of blind and low vision people to manage their health and engage with their healthcare team. Furthermore, communication barriers,⁸ limited health insurance coverage,⁹ and lack of shared decision-making¹⁰ make it difficult for people with vision loss to access quality healthcare. To achieve equitable care for blind and low vision persons, legislation is needed to set standards for websites, software, and medical devices to be more accessible.¹⁰

CURRENT POLICY

The Americans with Disabilities Act (ADA) aims to guarantee access to public spaces, services, and resources for persons with disabilities. The ADA, enacted in 1990, is a landmark civil rights law aimed at reducing discrimination against people with disabilities in employment settings, regarding availability and access to public services, and protecting reasonable accommodations. However, there are unique issues related to enforcing ADA provisions because they rely heavily on individuals filing lawsuits which puts a significant burden on people with disabilities. Businesses may fail to fully comply due to resource constraints, or lack of incentives. We want to ensure that blind and low vision people, without undue personal expense, can benefit from the latest diabetes treatments.

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There is currently no existing legislation requiring accessibility of websites, software, and medical devices. This means that digital health interventions, and the latest medical advancements are not accessible for people with vision loss. While the ADA has been interpreted to apply to websites and digital content, it does not specifically mention these areas, leading to inconsistent enforcement and legal uncertainty. All people should be able to understand and use these technologies to safely manage their health, without undue personal expense e.g., a patient portal tailored for blind and low vision persons. Despite calls from the disability community stating “Nothing About Us, Without Us”, people with vision loss have been systematically excluded the opportunity to engage in their own health decisions. This population needs to be a part of the decision-making processes for equipment and coverage of these therapies to ensure readability and usability, yet this has not happened under the current ADA.

By eliminating ambiguity in the ADA, the Websites and Software Applications Accessibility Act promotes equitable access to digital health resources, telehealth services, and behavioral health interventions. Ensuring accessibility aligns with behavioral medicine principles by reducing barriers to healthcare information, enhancing self-management, and fostering overall well-being for individuals with disabilities. In addition, the Medical Device Nonvisual Accessibility Act (H.R.5605), would ensure that medical devices with digital interfaces are accessible to individuals with disabilities, particularly those who are blind or have low vision. The legislation would require manufacturers of medical devices to incorporate nonvisual accessibility features in their designs, such as voice output, tactile controls, or compatibility with screen readers.

RECOMMENDATIONS

1. Legislators should support the **Websites and Software Applications Accessibility Act (H.R.3417)**, which would ensure that websites and applications are accessible to persons with disabilities, just as physical spaces are under the ADA.
2. Legislators should support the **Medical Device Nonvisual Accessibility Act (H.R.5605)**, which would require medical devices with digital interfaces (insulin pumps, continuous glucose monitors, blood pressure monitors, glucose monitors, and at-home testing kits) to be inclusive.

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ENDORSEMENTS

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