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      RE: Discrimination on the Basis of Disability in Health and Human Service Programs or Activities Docket No. 2023-19149

Th*e opinions expressed herein are my own and do not represent the official stance of the Department with which I am affiliated.*

Thank you for the opportunity to provide feedback on the proposed revisions to Section 504 of the Rehabilitation Act of 1973 at 45 CFR part 84. My insights are informed by over two decades of advocating for individuals with hearing loss, particularly as a parent of a daughter who is hard of hearing.

The Department of Health and Human Services (HHS) should prioritize updating the language used in Section 504, moving away from terms such as "handicapped" and "hearing impairment" in favor of person-first language, such as "people or individuals who are deaf and hard of hearing." I recommend referring to the National Center on Disability and Journalism's Disability Language Style Guide (https://ncdj.org/style-guide/), which was upon information and belief, relied on by the Associated Press for updating its Stylebook.

While reviewing the questions presented in the provided document, I noticed a critical oversight regarding the unique needs and circumstances of individuals who are hard of hearing, particularly those who use hearing aids or cochlear implants. The questions primarily revolved around mobility, with limited focus on hearing loss-related inquiries that mainly pertained to captioning.

However, the questions failed to address vital scenarios in healthcare settings. Furthermore, committee discussions often tend to gravitate towards established practices and familiar routines, which may result in overlooking the needs of individuals who are hard of hearing, especially since the prevalence of induction loop technology was not as widespread when the Effective Communication standards

and rules were initially developed. It is essential to broaden the scope of consideration to encompass effective communication strategies for individuals with hearing aids or cochlear implants in various healthcare situations. See my letter to President Biden on this critical issue: https://janiceslintz.files.wordpress.com/2023/07/21-0720-effective-communication-janice-lintz.pdf.

Induction loops play a critical role in facilitating effective communication for individuals who are hard of hearing. These systems are becoming increasingly prevalent on a global scale (https://janiceslintz.files.wordpress.com/2023/03/induction-loops-globally.pdf: *Please scroll down*.)

Diversifying the sources of input in the implementation of induction loops in medical facilities is of utmost importance. Relying solely on committees like the International Building Code (ICC) can be problematic, as the outcomes may be influenced by the composition of these committees. Often, individuals with the necessary knowledge and expertise cannot commit extensive amounts of time, sometimes exceeding two years, for unpaid work. For instance, one ongoing committee has been in operation for two years. Consequently, committee members typically require support from government agencies or are retirees who can afford to participate, as these committees do not offer financial compensation to their members.

It is imperative that individuals who are hard of hearing can actively participate in their healthcare decisions, rather than relying on others to speak on their behalf, which can be demeaning. Additionally, maintaining auditory capabilities is crucial for promoting overall health and well-being during the aging process.

Several key scenarios have been overlooked, including:

• **Utilization of Induction Loops**: Installation of induction loops at medical kiosks, service counters in medical facilities, waiting rooms, doctors' offices, and procedural areas to assist patients with hearing aids or cochlear implants who often face difficulties in hearing.

• **Communication during Surgery or Post-Surgery**: Ensuring effective communication for patients not wearing hearing aids or cochlear implants during surgery, post-anesthesia, or when under the influence of medication. For example, post-

surgery patients may appear incoherent when they didn't hear the question due to a lack of access.

• **Accommodations for Overnight Hospital Stays**: Placing patients with hearing aids or cochlear implants in rooms equipped with induction loops to address challenges in hearing announcements or interactions when they are awake.

• **Location and Signage for Patient Rooms**: Strategically positioning patient rooms, especially those with hearing loss, near nurse's stations and implementing appropriate signage to alert medical staff of the patient's hearing loss.

• **Accessible Technology**: Activating closed captions on televisions and captioned phones within hospital rooms to enhance accessibility for patients with hearing loss.

• **Accessible Examination Rooms**: Equipping examination rooms with induction loops to facilitate seamless communication between patients and medical providers.

• **Clear Mask Usage**: Mandating hospital staff to wear clear masks or remove masks when communicating with patients to enable lip reading and improve communication.

• **Visual Alerts and Signage**: Implementing visual alerts and conspicuous signage within healthcare facilities to alert patients of emergencies and notify them of someone at the door.

Addressing these specific aspects of effective communication for individuals with hearing aids or cochlear implants is vital to ensuring their full and equal participation in healthcare settings. I strongly encourage your consideration of these reasonable accommodations as part of effective communication for people who are hard of hearing, which will significantly enhance the overall healthcare experience for individuals who are deaf and hard of hearing.

Thank you for your attention and dedication to improving accessibility and inclusivity within healthcare settings.

Respectfully submitted,

Janice S. Lintz
2023 Presidential Management Fellow Finalist
2023 MA Senate Docket #923 Petitioner Presented by Senator Brownsberger
2022 Congressional Recognition by Congressmember Paul Tonko
2022 NYS Disability Rights Hall of Fame Inductee
2021 Cited in the Proposed FDA OTC Hearing Aid Regulations 'footnotes
2018 Bill and Melinda Goalkeepers Foundations Partnership with TPG Recipient
2016 Aspen Institute Spotlight Health Scholar
2016 Nominated United State of Women Changemaker
2016 Acknowledged in the National Park Service Accessibility Guidelines (P76)
2008 People Magazine Hero

Below are the Comments for Specific Questions

Responses to the Request for Comment to Update Section 504

Web Accessibility Question 15: Should the Department consider a different compliance date for the captioning of live-audio content in synchronized media or exclude some recipients from the requirement? If so, when should compliance with this success criterion be required and why? Should there be a different compliance date for different types or sizes of recipients?

Response to Question 15:

Regarding the compliance date for captioning live-audio content in synchronized media, I believe considering automated captioning as a solution is a significant step forward. Automated captioning has advanced to a level of accuracy where it can provide nearly instant timing, making it a preferred method over traditional live court reporter "real-time" captioning. If the Department is exploring the use of automated captioning for immediate captioning, I strongly support this approach. The technology has evolved to a point where it can be a highly effective and efficient means of ensuring accessibility.

In terms of compliance, setting a compliance date that encourages the implementation of automated captioning can accelerate accessibility across various platforms and content. Having a consistent compliance date for all recipients ensures

a level playing field and promotes inclusivity. However, it's essential to consider the varying capacities and resources of different types and sizes of recipients, allowing for a reasonable timeframe for compliance while prioritizing the adoption of automated captioning technology.

Web Accessibility Question 16: What types of live-audio content do small recipients post? What has been the cost for providing live-audio captioning?

Response to Question 16

In response to the types of live-audio content that small recipients typically post, it can vary widely based on the nature of their operations. However, commonly, small recipients may post live audio content such as webinars, interviews, podcasts, virtual meetings, or live-streamed events.

When it comes to the cost of captioning, automated captioning often comes at little to no additional cost. The technology for automated captioning has become highly accessible and can be integrated into various platforms with minimal financial implications. However, it is critical to ensure the webinar content is not obscured by the captions and that caption standards are utilized to ensure accurate spelling.

On the other hand, if considering hiring a human captioner, the costs can vary significantly based on factors like the duration of the event, the experience of the captioner, and the specific requirements of the content. Human captioning may not always be as fast or as accurate as automated captioning, making the latter an increasingly attractive option for immediate and accurate captioning, especially in real-time scenarios like live audio content. Recent experiences with automated captioning have demonstrated its effectiveness in providing real-time captions, which is a testament to the progress in accessibility technology.

<u>My responses to the following questions are based on my own learning disability and my recent experience at Harvard Kennedy School.</u>

Web Accessibility Question 28: Are there particular issues relating to the accessibility of digital books and textbooks that the Department should consider in finalizing this rule? Are there particular issues that the Department should consider regarding the impact of this rule on libraries?

Response to Question 28

In my experience as a student with learning disabilities, having access to PDF versions of all my readings was crucial for me to take notes in the margins while reading. Unfortunately, not all readings were available in this format, which posed a significant challenge. I was fortunate to have supportive professors who facilitated access to PDFs, but not every student has the same opportunity. It is essential to ensure that textbooks are made available in multiple formats to cater to diverse learning styles and abilities. This includes PDFs and other accessible formats to accommodate students with varying needs. Additionally, considering the impact of this rule on libraries is crucial, as they play a vital role in providing access to educational materials, especially for students who rely on alternative formats for accessibility.

Question 31: How do postsecondary institutions communicate general information and course-specific information to their students?

Response to Question 31

At Harvard, the school utilizes Canvas as a platform to communicate both general information and course-specific details to students. However, the website interface can be challenging to navigate, particularly in locating readings due to inconsistent entry methods by professors or course coaches. The variability in layout and structure across different classes can pose difficulties for students who require a consistent and easily navigable system to access course-related information.

Question 47: What kinds of individualized, conventional electronic documents do recipients make available and how are they made available (e.g., on websites or mobile apps)? How difficult would it be to make such documents accessible? How do people with disabilities currently access such documents?

Response to Question 47

At Harvard, the primary system used is Canvas. If Canvas were to establish a standardized system and if professors provided documents in accessible formats such as PDFs or other accessible formats, ensuring accessibility would be relatively straightforward. Currently, however, the lack of consistency in document

formats and accessibility features within Canvas can pose challenges for individuals with disabilities in accessing these documents.