



April 29, 2026

Paula M. Stannard, Director  
Office for Civil Rights  
Department of Health and Human Services  
Hubert H. Humphrey Building, Room 509F  
200 Independence Avenue, SW  
Washington, DC 20201

**Re: Nondiscrimination on the Basis of Disability in Programs or Activities Receiving Federal Assistance Interim Final Rule (RIN 0945-AA30)**

Dear Director Stannard:

The Medical Group Management Association (MGMA) thanks you for your ongoing leadership in enforcing federal civil rights laws in healthcare. With a membership of more than 60,000 medical practice administrators, executives, and leaders, MGMA represents more than 15,000 medical group practices ranging from small private medical practices to large national health systems, representing more than 350,000 physicians. MGMA is strongly supportive of ensuring persons with disabilities are not discriminated against and have equal access to care. We write to you today to express concerns about upcoming requirements related to the Nondiscrimination on the Basis of Disability in Programs or Activities Receiving Federal Financial Assistance final rule that updated regulations under Section 504 of the Rehabilitation Act of 1973 (Section 504 final rule). **Specifically, MGMA urges a one-year delay in the near-term compliance dates of the Section 504 final rule.**

Provisions in the Section 504 final rule promulgated in 2024 institute new accessibility requirements for web content, mobile applications, and kiosks for healthcare entities receiving federal financial assistance. The final rule requires that these recipients meet Web Content Accessibility Guidelines (WCAG) 2.1 level A and AA standards. These technical requirements are complex – WCAG 2.1 includes four principles that are divided into 13 guidelines with 78 success criteria assigned to the three conformance levels (meeting Level A and AA would require meeting 50 of these separate success criteria) – and compliance requires significant staff and financial resources as the standards are applicable to a substantial and ever-changing range of digital content. While the final rule includes exceptions, these exceptions are themselves complicated as there are numerous caveats and qualifiers for specific situations. Taken together, compliance with these standards requires significant resources, time, and training.

The Department of Justice (DOJ) recently issued an Interim Final Rule (IFR) that extended the compliance dates by one year for the same WCAG standards for the accessibility of web information and services applicable to state and local government entities under Title II of the Americans with Disabilities

Act (ADA).<sup>1</sup> This IFR reviews numerous factors that informed the DOJ's decision to delay web accessibility compliance dates. Specifically, the IFR highlighted the "present difficulty these entities face in discerning what is required," as the links in the 2024 DOJ final rule led to the dynamically changeable WCAG website for compliance standards that do not describe what the regulation requires.<sup>2</sup>

Further, the DOJ found that "covered entities could suffer significant consequences if the 2024 final rule's compliance dates are not extended."<sup>3</sup> These consequences include the risk of private litigation, and the DOJ concluded that, even with the fundamental-alteration or undue-burden defenses available, the existence of defenses should not guide decisions on compliance deadlines.

The rationale for delaying web accessibility compliance dates under the ADA equally applies to entities subject to the Section 504 final rule. The significant costs with maintaining compliance with WCAG 2.1 standards, confusion around what is required and when exceptions apply, and potential legal exposure would result in widespread instability to the detriment of medical group operations. This burden would be more pronounced in small and under-resourced practices.

In the proposed Section 504 rule's discussion about the healthcare industry's level of compliance, OCR identified only four states (Louisiana, Maryland, Nebraska, and Washington) that "already either use WCAG 2.1 or strive to use WCAG 2.1 for at least some of their web content."<sup>4</sup> It cited research showing 4.9% of 100 hospitals were compliant with WCAG 2.1. Recent data continues to show widespread gaps in conformance with WCAG standards.<sup>5</sup> Given this level of readiness, it would be prudent for OCR to reassess upcoming web accessibility compliance dates.

There is currently an IFR under review at the Office of Management and Budget (OMB) related to the 2024 Section 504 final rule. We urge OCR to align its IFR with the recently published DOJ IFR to avoid confusion and at minimum delay compliance dates associated with WCAG 2.1 to adequately promote access without instituting costly compliance burdens and opening up potential legal exposure to medical group practices already facing substantial financial stain and increasing regulatory burden.

MGMA supports OCR's desire to ensure that digital content is available to people with disabilities as it is an important avenue for patients to access care and keep informed of treatment options. We urge OCR to utilize a flexible and collaborative approach to facilitate compliance and caution against instituting unworkable standards while promoting increased access for patients with disabilities. Medical groups continue to work to ensure digital access for persons with disabilities; ongoing education and resources from HHS would help improve understanding of these specific standards.

Additionally, requirements related to accessible medical diagnostic equipment (MDE) come into effect on July 8, 2026. MGMA understands the importance of access to MDE equipment as it is a vital aspect of care. We urge OCR to similarly provide an extension to this compliance date so that medical groups that

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<sup>1</sup> DOJ Extension of Compliance Dates for Nondiscrimination on the Basis of Disability; Accessibility of Web Information and Services of State and Local Government Entities, 91 Fed. Reg. 20902 (April 20, 2026).

<sup>2</sup> *Id.* at 20906.

<sup>3</sup> *Id.*

<sup>4</sup> HHS Discrimination on the Basis of Disability in Health and Human Service Programs or Activities Proposed Rule, 88 Fed. Reg. 63423 (Sept. 14, 2023).

<sup>5</sup> See AccessiBe, The Section 504 accessibility gap in healthcare: what the data shows, April 7, 2026, <https://accessibe.com/blog/knowledgebase/the-section-504-accessibility-gap-in-healthcare>; WebAIM's 2026 report on the accessibility of the top 1,000,000 home pages, March 30, 2026, <https://webaim.org/projects/million/#:~:text=95.9%25%20of%20home%20pages%20had,30.4%25%20had%2010%20or%20fewer>.

are not able to purchase this equipment for a myriad of legitimate reasons from supply chain concerns to financial uncertainty are able to come into compliance. We encourage OCR to work with medical practices and allow for enough time for them to make any necessary upgrades.

MGMA looks forward to collaborating on an even-handed approach to avoid implementing burdensome requirements while promoting access to high-quality, cost-effective care. If you have any questions, please contact James Haynes, Associate Director of Government Affairs, at [jhaynes@mgma.org](mailto:jhaynes@mgma.org) or 202-293-3450.

Sincerely,

/s/

Anders M. Gilberg  
Senior Vice President, Government Affairs

CC: The Honorable Russell T. Vought, Director of the Office of Management and Budget