

Health Cos. Must Act Quickly To Secure Digital Front Doors

By **Beth Pitman, Shannon Hartsfield and Christine Walz** (May 7, 2026)

Healthcare providers' counsel must be prepared for a fast-approaching deadline that is likely to affect a broad swath of providers.

When considering how patients enter a hospital or physician's office, long-standing state and federal laws require that the offices be designed and constructed to be physically accessible to individuals with disabilities. Similar requirements apply to a provider's website and other technology and virtual services — the provider's digital front door.

Information regarding healthcare services is now more frequently obtained through digital technology, and providers rely on the use of electronic health records, patient portals, websites and other forms of digital health to reach the public and their patients. When patients enter through a provider's digital front door, the technology and virtual services must be accessible to those with disabilities as well.

Three federal laws — the Americans with Disabilities Act, Section 504 of the Rehabilitation Act and Section 1557 of the [Affordable Care Act](#) — regulate the accessibility of a provider's website, kiosk, mobile apps, telehealth platform and other digital health technologies.

All three laws prohibit discrimination on the basis of disability, but Section 504 specifically requires implementation of digital accessibility standards necessary for assuring that individuals with disabilities receive equal access to healthcare.

Notably, compliance with Section 504 is required by May 11 for many healthcare providers receiving federal financial assistance. Healthcare attorneys should encourage these entities to review their digital front doors to ensure they are meeting the standards set forth in the law.

The Consequences of Section 504 Accessibility Discrimination



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Section 504 digital accessibility requirements fundamentally alter the risk profile of patient-facing digital interfaces. This exposure involves both regulatory enforcement and private litigation risks. As with Section 1557 nondiscrimination, the [U.S. Department of Health and Human Services](#)' Office for Civil Rights investigates and enforces violations of Section 504.

The OCR will investigate complaints and initiate compliance reviews or investigations. If a violation is found, it will impose corrective action plans and penalties, and suspend federal funding. It may also refer the matter to the [U.S. Department of Justice](#) for legal action. The OCR's historical enforcement is complaint-driven and typically includes a resolution and settlement process.

Section 504 also provides individuals with the opportunity to seek relief in federal court through a direct legal action against healthcare providers that intentionally discriminate or act with deliberate indifference. This is in addition to OCR enforcement, and does not require prior enforcement action by the OCR.

Scope

Healthcare providers that receive federal financial assistance, such as participation in Medicare, Medicaid and other federal health plans, [Centers for Medicare & Medicaid Services](#) shared savings programs, federal grants, and other federally funded healthcare programs, are required to implement digital health accessibility requirements.

Section 504 requires that any web content, mobile applications or kiosks provided by a healthcare provider through contract, licensing or other arrangements must be accessible.

These include website content, website scheduling, registration, payment and other links used by patients or visitors; electronic health records and patient portals; kiosks used for registration or check-in and form completion; electronic communications through email, chat, text and other communication platforms; mobile apps for scheduling, payment, communications, education and delivery of telehealth services; other telehealth platforms; and social media posts.

There are some exceptions, such as previously archived web content, preexisting conventional electronic documents, preexisting social media posts, content posted by a third party that is not contracted with the healthcare provider, and individualized password-

protected or otherwise secured documents.

Timing

For providers with more than 15 employees, the deadline to comply is May 11. For providers with 15 employees or fewer, the compliance deadline is May 10, 2027. An exception to this deadline is found in the portion of the regulation to be codified at Title 45 of the Code of Federal Regulations, Section 84.88.

According to Section 84.88, a healthcare provider does not have to comply if it can demonstrate that compliance will result in a "fundamental alteration in the nature of the healthcare program or undue financial and administrative burdens."

Section 84.88 also states that the decision must be made by the head of the recipient of federal financial assistance, "or their designee after considering all resources available for use in the funding and operation of the program or activity, and must be accompanied by a written statement of the reasons for reaching that conclusion."

The recipient still needs to take other actions that would not result in such burdens or alterations, but would still permit individuals with disabilities to receive benefits and services to the maximum extent possible.

Few healthcare providers self-develop digital health platforms; for that reason, the burden rests solely on the healthcare providers to ensure that contracted technology vendors deliver digital health in compliance with Section 504.

Advising Clients Up Against the Deadline

Now is the time for healthcare providers to make sure their digital front door is open to everyone and that virtual services are available to all patients, regardless of disability status.

Given the numerous types of digital interfaces subject to the requirements, full remediation by the 2026 deadline for larger employers will be difficult. Considerations when determining what to tackle first include whether the platform is necessary for accessing care.

For example, patient scheduling or intake systems should be among those taking top

priority. The volume of patients and potential patients interacting with the platform is also an important consideration. Fixing a public-facing website may need to be handled before a little-used mobile app. To make sure they can comply by the deadline, providers should engage in a number of tasks, including the following:

- Budget appropriate resources necessary for compliance and assign staff or departmental responsibilities, including appointing an individual to oversee compliance, field accommodation requests and serve as a liaison to the OCR if needed.
- Develop a prioritized remediation plan to ensure full compliance by the applicable deadline, as early as May 11.
- Adopt and implement policies and procedures and train staff. While Section 504 does not require policies, the OCR will review policies and procedures in its investigation of alleged noncompliance.
- Implement processes to identify disabilities in patients and companions, engage in usability testing, create a mechanism for reporting barriers, respond to requests for accommodations, and incorporate feedback from people with disabilities on the web content and mobile apps.
- Identify all web content, mobile apps and kiosks, and assess all digital health technologies or compliance with the required standards; this may require coordination and cooperation of vendors.
- Review electronic documents, such as patient handbooks, notice of privacy practices and other documents made available electronically for compliance.
- Consider and assess potential comparable alternatives for inaccessible digital health and accommodations for various forms of disabilities, i.e., hearing impaired, speech disability, sight impaired, hearing and sight impaired, intellectually impaired, mobility impairment, and mental health disabilities.
- Integrate accessibility requirements into vendor and services procurement diligence, and implement periodic audit, evaluation and monitoring processes.
- Review digital health contracts and license agreements, and incorporate appropriate provisions for compliance obligations and risk mitigation.

Documentation is central to any compliance strategy. Counsel should emphasize the need to develop and maintain robust written records of initial and ongoing compliance efforts,

including audits performed, remediation steps taken, training logs and vendor communication to help demonstrate good faith and defend against claims of deliberate indifference to the legal requirements.

Conclusion

Attorneys advising healthcare providers should focus on key priorities for creating and offering a digital front door that affords equal access to, and delivery of, healthcare services. The primary objective is to ensure that all individuals have access to quality healthcare.

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