# HEALTH POLICY OVERVIEW & ECONOMIC IMPACT

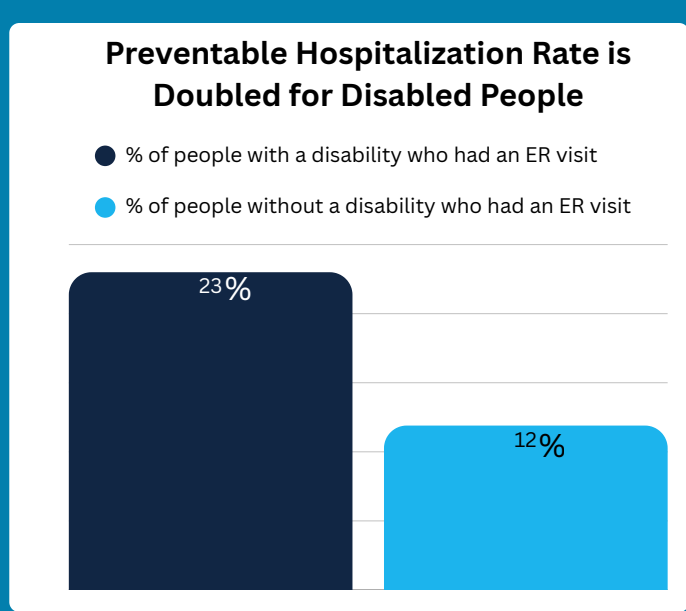
# TITLE VI, ADA, & ACA

## Introduction

**Title VI of the Civil Rights Act** of 1964 (Title VI), the **Americans with Disabilities Act** (ADA), and the **Affordable Care Act** (ACA) establish the foundation for high quality health care in North Carolina. These laws require health systems to deliver care that is accessible, nondiscriminatory, and responsive to communication needs. Yet, people with disabilities and Deaf and Hard of Hearing residents still face barriers that lead to preventable, costly health complications.

## How Accessibility Pays Off

- Improving accessible primary care for people with disabilities reduces **preventable hospitalizations** and **ER visits**, lowering high-cost emergency care.
- Accessible communication reduces **medical errors** and **readmissions**, improving care quality while lowering system-wide costs.




## NC Snapshot: Who's Impacted & What it Costs

- **1.4 million** North Carolina residents live with a disability: about **1 in 4 adults.**
  - **1.2 million** NC residents experience some form of hearing loss; this is expected to increase to **1.6 million.**

- In 2019, more than **1.1 million** residents were uninsured, especially in rural NC, driving higher use of emergency care and uncompensated costs.
- Medicaid Expansion Impact:
  - **650,000+** residents have gained coverage since December 2023.
  - **$8 billion** in federal funding has flowed into the NC economy, supporting hospitals and rural health systems.

## Title VI

- Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, and national origin in programs and activities receiving federal financial assistance.
- Interpreter services cost far less than **adverse events, readmissions, and malpractice payouts** linked to communication barriers.
- Language access improves **treatment adherence**, especially for OB/GYN care, cardiovascular disease, and diabetes.
- Patients with low English proficiency who lack interpreters have **much higher ER use** and **3× higher risk of preventable adverse events**.
- Removing communication barriers could save **billions** in U.S. hospital costs each year.

Communication barriers add an extra **2.4 hospital days per patient**, costing U.S. hospitals over **$12 billion** each year.

Addressing communication needs reduces preventable adverse events, saving an estimated **$6.8 billion** annually.

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## ADA

- The Americans with Disabilities Act protects people with disabilities from discrimination.
- ADA compliance reduces institutionalization costs, which are far higher than community-based services.
- Accessible communication (ASL, captioning, telehealth) reduces clinical errors and improves efficiency.
- Most U.S. hospital websites fail to meet WCAG accessibility standards, increasing legal and operational risks.
- The NC Innovations waiver is cost-effective and supports people with intellectual and developmental disabilities.
  - **>18,000 residents** remain on the waiting list, with rural residents experiencing the longest delays, contributing to crisis episodes and preventable hospitalizations


Only **5%** of U.S. hospital websites meet ADA digital accessibility standards, while **20%** are fully non-compliant, creating significant legal and access risks.

Adding 10,000 Innovations waivers would generate an estimated **13,000 new jobs** in North Carolina.

## ACA

- The Affordable Care Act increased access to **preventive care**, reducing costly, complex disease complications.
- Medicaid expansion strengthens state economies by **creating jobs,** supporting hospitals, and lowering uncompensated care costs.
- In North Carolina, Medicaid Expansion is projected to:

**bring in *$8 billion* in federal funding**

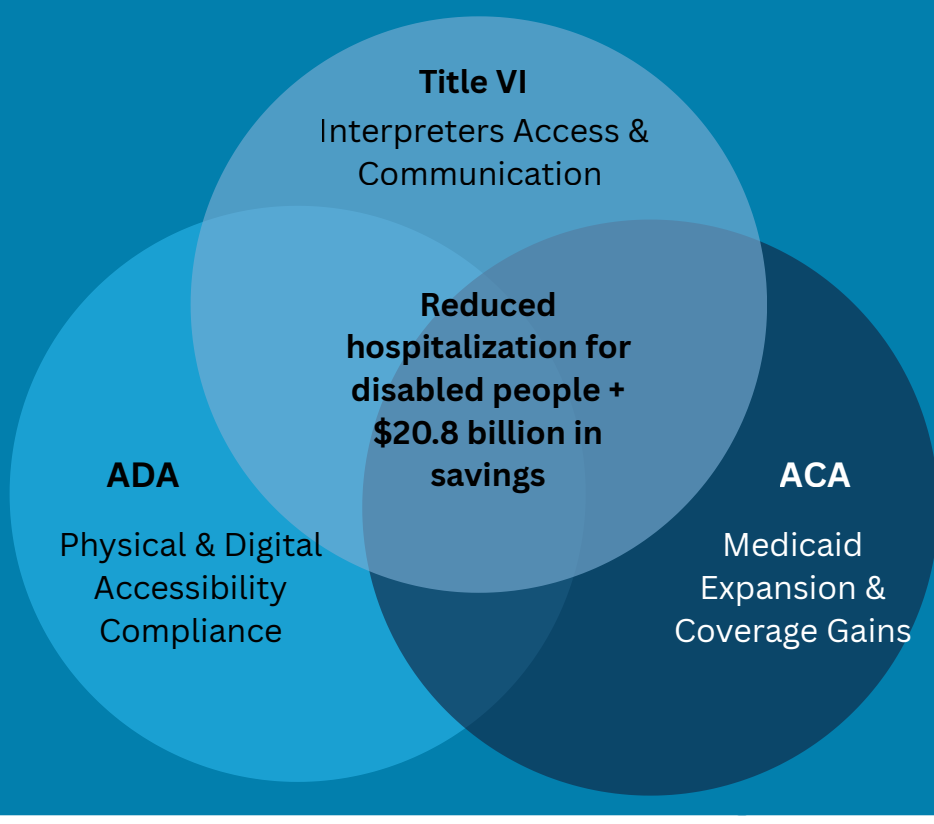
**create 37,200 jobs statewide**

**increase Gross State Product by $2.9 billion**

## Interconnected Impact: When All 3 Policies Align

- Title VI, the ADA, and the ACA reinforce one another to create fully accessible, high quality care.
- Gaps in any policy compliance weaken the effectiveness of the others and leave barriers in place.
- Accessible communication across all three policies reduces errors, improves efficiency, and prevents costly adverse events.
- Strong primary care access reduces reliance on high-cost emergency and acute care.

## What Affordable, Accessible, Quality Health Care Could Look Like in North Carolina




References

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