ACA, ADA, and Title VI Policy Analysis and Health Impact Report

By Madison Blucas, Nicolette Rojas, Jacob Shomali, & Tais Williams,
2025-2026 OMHHD Capstone Team at the Gillings School of Global Public Health

Executive Overview

This report examines how Title VI of the Civil Rights Act of 1964 (Title VI), the Americans with Disabilities Act of 1990 (ADA), and the Affordable Care Act of 2010 (ACA) collectively shape equitable access to healthcare in North Carolina. Through policy analysis, this report assesses how effectively these laws have reduced health care disparities and identifies opportunities to strengthen their implementation at the state level.

Analysis centers on disability inclusion, with a focus on the Deaf and Hard of Hearing (DHH) community, for where disability rights and language access intersect. While Deaf culture does not always view Deafness as a disability, federal law provides protections for the DHH community under both disability and language access frameworks. The Four Pillars of Accessibility is a framework that guides this report in defining what true health care access looks like:

1. **Language Access** – ensuring clear and equitable communication for all patients.
2. **Digital Access** – making telehealth platforms, electronic records, and online health information fully accessible.
3. **Physical Access** – ensuring health care buildings, spaces, and transportation are barrier-free and inclusive.
4. **Communication Access** – ensuring effective interactions, including interpreters, captioning, and other aids for people with communication needs.

This developing framework, designed and currently being refined by Bethany Wagner and the NCDHHS Office of Language and Communication Access (OLCA), emphasizes that accessibility cannot be separated into isolated parts. Each pillar supports the others; if one is removed, the whole structure weakens. Using this lens, this report aims to deconstruct not only how federal policies are written, but how they are interpreted, complied with, and operationalized in North Carolina.

Key Policies Overview

Title VI, the ADA, and the ACA represent three key policies that collectively advance equity, accessibility, and nondiscrimination in the U.S. health care system. While each law emerged from distinct social movements and legal contexts, their shared purpose is to eliminate barriers that prevent full participation in health programs and services.

1. Title VI of the Civil Rights Act (1964)

The U.S. Department of Health and Human Services (HHS) Office for Civil Rights requires that recipients of federal funds take reasonable steps to ensure meaningful access to health care and services for individuals with limited English proficiency (LEP). Title VI prohibits discrimination on the basis of race, color, or national origin in programs or activities receiving federal financial assistance. For the Deaf and Hard of Hearing community, Title VI intersects with disability law where language access and communication equity converge.

Impact on North Carolina:

- **Title VI is the legal foundation** for language access in NC Medicaid and public health services (LEP Plans, interpretation/translation, Deaf/HoH access).
- 2025 Federal Policy changes, including the replacement of **EO 13166** with **EO 14224**, create uncertainty around language access guidance and compliance, although North Carolina services remain in place.
- **State strategies needed:** uphold standards, ensure accountability, and prevent backsliding despite federal shifts.
- **Progress so far:** migrant health outreach, interpreter training programs, Culturally and Linguistically Appropriate Services (CLAS) standards in workforce development.
- **Ongoing gaps:** interpreter shortages, poor language-preference data, no required staff training.

- **Key opportunities:** codify statewide protections, expand Medicaid interpreter reimbursement, integrate Title VI/ADA/ACA §1557 compliance

Policy Improvements:

- **Strengthen compliance and data collection**: Expand federal capacity for Title VI compliance; require standardized data on language need and interpreter use.
- **Restore disparate-impact protections:** Enable action on discriminatory outcomes even without intent (e.g., network gaps, facility placement).
- **Unify equity standards:** Align Title VI with ADA, ACA §1557, and CLAS for a single, proactive health equity framework.
- **Invest in community access:** Fund interpreters, bilingual staff, community health workers, and partnerships with trusted local organizations.
- **Protect access from policy shifts**: Enact state-level safeguards (e.g., NC codification of interpreter access and accessible communication).

2. Americans with Disabilities Act (ADA, 1990)

The ADA extends civil rights protections to individuals with disabilities, mandating equal opportunity and effective communication across public services (Title II) and places of public accommodation (Title III). Within health care, this means ensuring accessible facilities, auxiliary aids and services (such as interpreters and captioning), and non-discriminatory policies and procedures. The ADA's standards form the legal backbone of physical and programmatic accessibility, which remain central to inclusive care delivery.

Impact on North Carolina:

- **Advocacy Leadership:** Disability Rights of North Carolina (DRNC) monitors ADA compliance and fights systemic barriers to ensure people with disabilities receive care in integrated community settings.
- **Olmstead Compliance:** In **DRNC v. NCDHHS**, the state agreed to reduce institutionalization and expand community-based services after being challenged for ADA violations.
- **Innovations Waiver Expansion:** Home and Community-Based Services (HCBS) waiver now provides in-home support, employment, and community living options, promoting independence and reducing costly institutional care.
- **Persistent Access Gaps:** >18,000 people remain on waiting lists, with rural residents facing the longest delays, leading to crisis care and lost productivity (Bonner, 2025).
- **Infrastructure & Digital Accessibility:** NC must continue modernizing facilities and ensure telehealth platforms meet ADA standards, especially across rural health systems with workforce shortages.
- **Rural Health Investments Needed:** Federal programs like Rural Health Transformation can strengthen accessible care infrastructure statewide.

Policy Improvements:

- **Strengthen compliance:** Shift from complaint-driven compliance to proactive monitoring across health care and telehealth (DOJ + HHS OCR collaboration).
- **Expand provider competency:** Require disability-inclusive training (Deaf culture, trauma-informed care, interpreter integration) to reduce clinical disparities.
- **Ensure digital accessibility:** Mandate Web Content Accessibility Guidelines (WCAG 2.1 AA), real-time captioning, and screen-reader compatibility for all telehealth and health system platforms.
- **Align ADA and Title VI protections:** Guarantee ASL, captioning, and accessible tech for patients facing both disability and language barriers.

- **Modernize infrastructure:** Update ADA Accessibility Guidelines (ADAAG) for accessible medical equipment and emergency preparedness that meets current standards.

3. Affordable Care Act (ACA, 2010)

The ACA reinforces and expands upon both Title VI and the ADA through Section 1557, the first federal law to explicitly prohibit discrimination on the grounds of race, color, national origin, sex (including gender identity), age, and disability in health programs and activities. Section 1557 integrates the protections of earlier civil rights laws into a unified framework to ensure that health care entities provide insurance coverage and deliver care free of structural and communication barriers.

Impact on North Carolina:

- **Medicaid Expansion (2023):** Expanded coverage to ~600,000 low-income adults, increasing access to primary and behavioral health care, reducing uncompensated care costs, and strengthening rural hospitals. The shift of individuals from state-funded services to federally supported Medicaid (90% federal match) is projected to save the state money and stimulate local economies.
- **Marketplace Access:** NC maintains one of the nation's highest Marketplace enrollment rates. Subsidies have especially supported rural residents, though provider network adequacy continues to lag.
- **Behavioral Health:** Expansion is expected to improve mental-health and SUD treatment access, but persistent rural workforce shortages limit impact.
- **Equity:** Disproportionate benefits for Black and rural residents are expected to narrow coverage gaps. New federal nondiscrimination rules (Section 1557) also give NC stronger authority to ensure compliance with digital and communication accessibility standards across Medicaid and Marketplace entities.

Policy Improvements:

- **Affordability:** High deductibles and cost-sharing still deter care, especially behavioral health and disability-related services; equity requires reducing total out-of-pocket burdens.
- **Network Adequacy:** Behavioral-health networks remain very narrow; regulators should strengthen access standards and track disparities.
- **Medicaid Expansion Gaps:** Expansion improves access and equity; remaining non-expansion states maintain sharper disparities.
- **Behavioral-Health Integration:** Parity has not eliminated silos; scaling integrated primary and behavioral health models is essential and must include language/disability access.
- **Workforce Shortages:** Persistent scarcity of health providers, especially in rural areas, limits care access.
- **Immigrant Coverage Exclusion:** Undocumented residents remain uninsured; state options could close harmful access gaps.

Interconnected Protections

Together, these policies work as a three-part approach to improving accessibility:

- Title VI ensures that language and cultural barriers do not exclude individuals from care.
- ADA ensures that physical and communication barriers are removed.
- ACA Section 1557 ensures that all protected classes, including people with disabilities, receive care without discrimination in both access and quality.

Through their intersection, these laws embody a vision of comprehensive equity. A vision that recognizes that accessibility is not a single policy outcome but a continuous process of compliance, adaptation, and accountability.