# Medical Device Nonvisual Accessibility Act

## Issue—Inaccessible digital interfaces prevent blind individuals from independently and safely operating medical devices that are essential to their daily healthcare needs.

**Medical devices with a digital interface are becoming more prevalent and less accessible for blind Americans.** The rapid proliferation of advanced technology is undeniable. Most new models of medical devices—such as glucose, oxygen, and blood pressure monitors and CPAP machines—along with the emergence of in-home devices that offer medical care options (such as chemotherapy treatments and dialysis) require consumers to interact with digital displays or other interfaces. This new technology is constantly being developed and deployed without nonvisual accessibility, which creates a modern-day barrier. The inaccessibility of these medical devices is not a mere inconvenience; when accessibility for blind consumers is omitted from the medical technology landscape, the health, safety, and independence of blind Americans are in imminent danger.

**According to the Center for Connected Medicine, telehealth currently makes up 20 percent of all medical visits, and more healthcare providers are looking to expand telemedicine services.[[1]](#endnote-1)** According to the Pew Research Center, Rural Americans live an average of 10.5 miles from the nearest hospital,[[2]](#endnote-2) and according to the Journal of the American Pharmacists Association, across the United States, 8.3 percent of counties had at least 50 percent of their residents live greater than 10 miles from the closest pharmacy.[[3]](#endnote-3) As a result of inaccessibility, blind and low-vision Americans are at a distinct disadvantage when it comes to receiving the same virtual healthcare as our sighted counterparts.

**Nonvisual access is achievable, as demonstrated by several mainstream products.** Apple has incorporated VoiceOver (a screen reading function) into all of its products, making iPhones, MacBooks and Mac desktops, and iPads fully accessible to blind people right out of the box. Virtually all ATMs manufactured in the United States are accessible, and every polling place is required to have a nonvisually accessible voting machine. Frequently, a simple audio output or tactile feature can make a product accessible at little to no additional cost for manufacturers.

**Current disability laws have not been able to keep up with advancements due to the expeditious evolution of medical technology and its incorporation into medical devices.** Although the Americans with Disabilities Act and other laws require physical accessibility for people with disabilities (e.g., wheelchair ramps, Braille in public buildings), no laws protect a blind consumer’s right to access medical devices. The National Council on Disability concluded that accessibility standards lag behind the rapid pace of technology, which can interfere with technology access.[[4]](#endnote-4) This trend of inaccessibility will continue if accessibility solutions are ignored. Only a fraction of medical device manufacturers have incorporated nonvisual access standards into their product design, while others continue to resist these solutions.

## Solution—Medical Device Nonvisual Accessibility Act:

**Amends the Federal Food, Drug, and Cosmetic Act to require new applications for Class II and Class III medical devices with a user interface to meet nonvisual access standards.** Any devices that do not meet the nonvisual access standards will be considered adulterated by the Food and Drug Administration.

**Calls on the Food and Drug Administration (FDA) to promulgate nonvisual accessibility regulations for Class II and Class III medical devices.** The FDA will consult with stakeholders with disabilities and manufacturers and issue a notice of proposed rulemaking no later than twelve months after the date of enactment of the act. The FDA will publish the final rule that includes the nonvisual accessibility requirements no later than twenty-four months after the date of enactment of the act.

**Requires manufacturers of Class II and Class III medical devices to make their products nonvisually accessible.** Manufacturers who submit a new application to the FDA twelve months following the publication of the final rule must demonstrate compliance with the nonvisual accessibility standard. Manufacturers may file for an exemption for one of two reasons: clear and convincing evidence that making the medical device nonvisually accessible would fundamentally alter the use of the product or proof that modifying the medical device would create an undue hardship for the company.

**GOAL—END UNEQUAL ACCESS TO MEDICAL DEVICES FOR BLIND AMERICANS.**

## Cosponsor the Medical Device Nonvisual Accessibility Act.

**For more information, contact:**

Justin Young, Government Affairs Specialist, National Federation of the Blind

Phone: 410-659-9314, extension 2210, Email: jyoung@nfb.org or visit [www.nfb.org](http://www.nfb.org)

1. *See* Center for Connected Medicine*, Telehealth utilization settles in at 20% or less of medical appointments*, available at<https://connectedmed.com/resources/post-pandemic-telehealth-utilization-settles-in-at-20-or-less-of-medical-appointments/> [↑](#endnote-ref-1)
2. *See Pew Research Center, How far Americans live from the closest hospital differs by community type*, available at <https://www.pewresearch.org/short-reads/2018/12/12/how-far-americans-live-from-the-closest-hospital-differs-by-community-type/> [↑](#endnote-ref-2)
3. *See* Journal of the American Pharmacists Association, Access to community pharmacies: A nationwide geographic information systems cross-sectional analysis available at [https://www.japha.org/article/S1544-3191(22)00233-3/fulltext](https://www.japha.org/article/S1544-3191%2822%2900233-3/fulltext) [↑](#endnote-ref-3)
4. *See* National Council on Disabilities, *National Disability Policy Progress Report: Technology that enables access to the full opportunities of citizenship under the Constitution is a right* at 19 (October 7, 2016), *available at* <https://ncd.gov/progressreport/2016/progress-report-october-2016> [↑](#endnote-ref-4)