



Americans with Disabilities Act: Access to Health Care in Detention and Correctional Facilities

Title II of the Americans with Disabilities Act (ADA) covers the programs and activities of state and local governments, including criminal justice systems.

When an individual is detained or incarcerated, a unique relationship is formed. When a person is taken into custody, the public agency takes on a greater responsibility for that individual's health and safety.

Prisoners lose many freedoms and rights, but they still have certain civil rights, including the right to be free from disability discrimination and to have access to the facilities, programs, and services that are available to similar prisoners without disabilities.

Additionally, all inmates have the constitutional right to be free from cruel and unusual punishment. This constitutional right may be violated when prisoners are purposefully subjected to brutal treatment, when prison operators demonstrate deliberate indifference to serious illnesses or injuries, or when prison conditions are so poor that prisoners' lives or health are seriously threatened.

The public duty to ensure reasonable health, well-being, and safety extends to ensuring that vulnerable individuals, including those with disabilities, are protected from abuse, assault, or self-injury.

Many studies and statistics have indicated that the percentage of individuals who have disabilities is much higher in jails, detention centers, and prisons than it is in the general population. There are undoubtedly many reasons for this, but for the operators of these kinds of facilities, it often means meeting a high level of need for health care services and personal assistance, medications, special diets, assistive devices, and medical supplies.

Additionally, these needs often trigger, or overlap, other ADA requirements, such as the need to provide accessible facilities, to make reasonable modifications in policies and practices, or to provide auxiliary aids and services to communicate effectively with inmates who have vision, hearing, or speech disabilities. For example:

- Inmates who are deaf may need sign language interpreter services to make sure communication is effective for medical assessments, treatments, counseling sessions, etc.
- Inmates with psychiatric disabilities may need alternate approaches (e.g., de-escalation techniques, treatment, medication) to avoid ineffective or damaging punishments (e.g.,

use of force, seclusion) and address disability-related behaviors that may be negative but are not dangerous or threatening.

- Inmates with mobility disabilities may need equal access to facilities, ranging from toilets and showers to recreational spaces, in order to maintain health and avoid medical complications or secondary conditions.

Services Provided Through Contracts

Many detention and correctional facilities hire contractors, including private companies, to conduct programs or provide services to detainees and inmates. Public entities remain responsible for ensuring that these programs and services comply with the requirements of Title II of the ADA, and that inmates with disabilities are provided with adequate and appropriate health care and related services.

Resources

[U.S. Department of Justice \(DOJ\) \(https://www.ada.gov/\)](https://www.ada.gov/)

[Ensuring Equality in the Criminal Justice System for People with Disabilities \(https://www.ada.gov/criminaljustice/index.htm\)](https://www.ada.gov/criminaljustice/index.htm)

ADA Information Line: 800-514-0301 (voice), 800-514-0383 (TTY)

The DOJ regulates and enforces Title II of the ADA in relation to state and local government justice systems, including law enforcement, courts, detention and corrections, probation and parole programs, and related activities.

[National Institute of Corrections \(NIC\) \(https://nicic.gov/\)](https://nicic.gov/)

The NIC provides technical assistance, training, and materials to federal, state, and local detention and corrections systems. Training and materials address a wide variety of issues related to planning and implementing jail and prison programs, including workforce development, community re-entry, and working with victims. Many projects focus on disability or include disability-related components, such as health care, aging in prison, and working with inmates with mental illnesses.



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