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**Civil Rights Groups Secure Federal Approval of Revised Crisis Standards of Care in Arizona**

*Phoenix, AZ –* Today Arizona and national civil rights groups, in close collaboration with the Arizona Department of Health Services (ADHS) and the U.S. Department of Health and Human Services, Office for Civil Rights (OCR) [announce the approval](https://www.hhs.gov/about/news/2021/05/25/ocr-provides-technical-assistance-state-arizona-ensure-crisis-standards-care-protect-against-age-disability-discrimination.html) of [revised crisis standards of care](https://www.azdhs.gov/covid19/documents/healthcare-providers-sdmac/covid-19-addendum.pdf). These standards determine who does and does not receive care in the event of a shortage of health care resources. The revisions announced today ensure that the standards comply with federal civil rights laws and prevent discrimination in the provision of health care during this pandemic.

The following are the critical updates that were made to prevent discrimination in health-care decision-making:

* **Health care decisions that discriminate against protected groups are prohibited.** Triage decisions will be made without discrimination on the basis of individuals' disability, age, race, ethnicity, color, national origin, religion, sex, veteran status, genetic information, sexual orientation, or gender identity.
* **No Exclusions or Deprioritizing Based on Resource Intensity or Diagnosis:** An individual can no longer be excluded from, or deprioritized for, medical treatment based on the fact that they might require more time or resources to recover or because of a person’s diagnosis or functional impairment. Rather than making assumptions about a patient’s ability to respond to treatment based solely on stereotypes, medical personnel must perform an individualized assessment of each patient based on the best objective current medical evidence.
* **Resource Decisions Based Only on Short-Term Survivability:** Determinations about treatment can only be based on short-term survivability. Since long-term predictions of the outcome of treatment is fraught with speculation, mistaken stereotypes, and assumptions about the quality of life and lifespan of older adults and people with disabilities, they are explicitly prohibited.
* **Reasonable Modifications Required:** Hospitals must make reasonable accommodations to the support needs and communication styles of persons with disabilities, and reasonable modifications to the Modified Sequential Organ Failure Assessment (MSOFA)— or other tools that may be used to prioritize access to medical treatment—to correct against the impact prior conditions may have on the assessment of organ failure scoring. Other reasonable modifications, including modifications to no-visitor policies, may also be required to provide equal access to treatment.
* **Reallocation of Personal Ventilators Prohibited:** Medical personnel may not reallocate the personal ventilator of a patient who uses a ventilator in their daily life to another patient whom the personnel deem more likely to benefit from the ventilator in receiving treatment.
* **Blanket Do Not Resuscitate (DNR) Policies Prohibited:** Hospitals must provide information on the full scope of available treatment alternatives, including the continued provision of life-sustaining treatment, and may not impose blanket DNR policies. Physicians may not require patients to complete advance directives in order to continue to receive services from the hospital.

“Individuals with disabilities have a right to equal access to life-saving treatment. These

revised crisis guidelines protect this right, and require that hospitals provide support to exercise this right," said Steven Schwartz, the Legal Director of the Center for Public Representation.

“Advocates diligently worked for more than a year to ensure older adults are treated with dignity during the pandemic,” said Regan Bailey, Litigation Director for Justice in Aging. “This most recent policy out of Arizona further recognizes that discrimination against older adults has no place in the decision of who gets limited life-saving treatment. Arizona’s new policy is an important step in eliminating ageism, ableism, racism, and all other forms of discrimination in health care.”

“Today’s resolution makes major progress toward ensuring that people with disabilities have equal access to medical care during the pandemic and beyond,” said Peter Berns, Chief Executive Officer for The Arc. “We will keep fighting for revisions to policies that could mean the difference between life and death for people with disabilities.”

Those involved in the resolution included Arizona and national advocacy groups for persons with disabilities, communities of color, and older individuals: Arizona Center for Disability Law, The Arc Arizona, Arizona Center for Law in the Public Interest, Native American Disability Law Center, Justice in Aging, Center for Public Representation, The Arc of the United States, Disability Rights Education and Defense Fund, Bazelon Center for Mental Health Law, Autistic Self Advocacy Network, and the American Civil Liberties Union of Arizona.

In addition to working with OCR and other entities to revise crisis standard of care policies nationwide, [The Arc](https://thearc.org/resource/hhs-ocr-complaint-of-disability-rights-washington-self-advocates-in-leadership-the-arc-of-the-united-states-and-ivanova-smith/), the [Center for Public Representation](https://www.centerforpublicrep.org/covid-19-medical-rationing/), and [Justice in Aging](https://justiceinaging.org/covid-19-resources-for-advocates/) have created resources for stakeholders regarding preventing disability and age discrimination in crisis standards of care.