*Please note: pursuant to decisions by various district courts regarding the 2024 Final Rule implementing Section 1557, entitled Nondiscrimination in Health Programs and Activities, 89 Fed. Reg. 37,522 (May 6, 2024) (“2024 Final Rule”), certain provisions regarding gender identity are stayed nationwide. Other provisions are stayed or enjoined as indicated at* [www.hhs.gov/1557](http://www.hhs.gov/1557)*.*

# SAMPLE NONDISCRIMINATION POLICY

[Name of covered entity] complies with all applicable federal civil rights laws, including Section 1557 of the Affordable Care Act (Section 1557). [Name of covered entity] does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)) [optional: (or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes).][[1]](#footnote-1)

[Optional: [Name of the covered entity] currently holds a [religious and/or conscience] exemption from the HHS Office for Civil Rights, which exempts [name of the covered entity] from complying with [list provisions of Section 1557 to which the exemption applies, and the scope/terms of that exemption]].

In compliance with Section 1557 and other federal civil rights laws, we provide individuals the following in a timely manner and free of charge:

* **Language assistance** **services.** [Name of covered entity] will provide language assistance services for individuals with limited English proficiency (including individuals’ companions with limited English proficiency) to ensure meaningful access to our programs, activities, services, and other benefits. Language assistance services may include:
	+ Electronic and written translated documents
	+ Qualified interpreters
	+ [if applicable: Qualified bilingual/multilingual staff]
* **Appropriate auxiliary aids and services**. [Name of covered entity] will provide appropriate auxiliary aids and services for individuals with disabilities (including individuals’ companions with disabilities) to ensure effective communication. Appropriate auxiliary aids and services may include:
	+ Qualified interpreters, including American Sign Language interpreters
	+ Video remote interpreting
	+ Information in alternate formats (including but not limited to large print, recorded audio, and accessible electronic formats)
	+ [if applicable: Qualified readers]
* **Reasonable modifications.** [Name of covered entity] will provide reasonable modifications for qualified individuals with disabilities, when necessary to ensure accessibility and equal opportunity to participate in our programs, activities, services, or other benefits.

To access our language assistance services, auxiliary aids and services, and for assistance in getting a reasonable modification, please refer to [name of covered entity’s] [title for covered entity’s language access procedures], [title for covered entity’s effective communication procedures], and [title for covered entity’s reasonable modification procedures].

[If applicable: For additional assistance, you may also contact[insert name and/or title and contact information for covered entity’s Section 1557 Coordinator].

[Optional: Entities may add additional information related to their nondiscrimination processes for: service animals, public health emergencies, telehealth, accessible diagnostic equipment, value assessment methods, patient care decision support tools (including, but not limited to crisis standards of care), etc.).]

If you believe [name of covered entity] has failed to provide these services or has discriminated in another way on the basis of race, color, national origin, sex, age, or disability, you can:

1. [AS APPLICABLE: File a grievance with [name of covered entity]]

[Insert covered entity’s relevant grievance information.]
2. File a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

*Electronically*: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>

*Via mail:* U.S. Department of Health & Human Services
200 Independence Avenue, S.W. – 509F
Washington, D.C. 20201

1. The enumeration following 92.101(a)(2) is recommended but not required. [↑](#footnote-ref-1)