



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

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**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 of revised crisis standards of care](#). 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.

"This resolution makes clear that states with similar discriminatory crisis standards of care must change them," said **Jennifer Mathis, Director of Policy and Legal Advocacy at the Bazelon Center for Mental Health Law.** "We are encouraged that the federal government continues to enforce the law in this critically important area."

In addition to working with OCR and other entities to revise crisis standard of care policies nationwide, the Bazelon Center has formed coalitions with disability and civil rights organizations to [create intersectional guides](#) for stakeholders regarding preventing disability and age discrimination in crisis standards of care.