SECTION 1557 · WCAG 2.1 AA · PRELIMINARY SURVEY

Website accessibility, surveyed and explained.

Preliminary findings for **A Community Health Center** · the practice's website (anonymized)

396	8	25/25
ACCESSIBILITY DEFECTS FOUND	CRITICAL / SERIOUS ISSUE TYPES	PAGES WITH AT LEAST ONE ISSUE

Section 1557 of the Affordable Care Act, and the U.S. Department of Health and Human Services' 2024 final rule, require health programs that receive federal financial assistance — which includes accepting Medicare or Medicaid — to make their websites, patient portals, and online services meet the WCAG 2.1 AA accessibility standard. For A Community Health Center, the compliance date is **May 11, 2027**. Nearly every provider is covered.

In preparation for that deadline, an automated evaluation of **25 pages** of the practice's website (anonymized) was performed on July 28, 2026, using the same class of tools used in formal accessibility audits. This document summarizes what was found. It is a preliminary survey, not a certification; a full assessment includes manual review that automated tools cannot perform.

Severity follows the standard axe-core impact scale. "Defects" counts individual failing elements against WCAG 2.1 A/AA criteria. This survey covers public web pages and documents only — no patient data is accessed or stored. An accessible HTML version of this document is available on request: hello@civicbinder.org.

SECTION 1557 COMPLIANCE DATES	15 OR MORE EMPLOYEES —	FEWER THAN 15 EMPLOYEES —
	MAY 11, 2027	**MAY 10, 2028**

Principal findings

The issues below are ordered by severity and prevalence. Each affects how a patient with a disability — using a screen reader, keyboard navigation, or magnification — experiences your practice's information and online services.

SEVERITY	FINDING	INSTANCES	PAGES
SERIOUS	**Text with insufficient color contrast** Text is too faint against its background for many patients, including older adults and those with low vision.	305	25
SERIOUS	**Links with no readable text** A screen reader announces "link" with no destination — the patient cannot tell whether it books an appointment or opens a bill.	58	25
SERIOUS	**Links must be distinguishable without relying on color** This affects how patients using assistive technology experience the page.	26	14
SERIOUS	**Hidden content that still receives keyboard focus** Keyboard users are moved into content that is invisible to them.	2	2
CRITICAL	**Menus and controls with broken accessibility structure** Navigation menus and interactive controls are announced incorrectly, or not at all, by screen readers.	1	1
SERIOUS	**ARIA input fields must have an accessible name** This affects how patients using assistive technology experience the page.	2	2
CRITICAL	**Buttons with no readable name** A control announces only "button" — a patient cannot know whether it submits a form or requests a refill.	1	1
SERIOUS	**Embedded frames with no title** Embedded content (scheduling widgets, maps, payment portals) is announced with no description.	1	1

Examples from your site

Three concrete instances, quoted directly from the site's own pages:

Text with insufficient color contrast — on https://a-community-health-center.org

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<span>Find a Location</span>
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Links with no readable text — on https://a-community-health-center.org

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<a href="#" id="wardrobe_wrapper_toggle"></a>
```

Links must be distinguishable without relying on color — on https://a-community-health-center.org/services/telehealth

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<a target="_blank" href="/about-us/locations/" rel="noopener">Call one of our offices today to schedule your appointment!</a>
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Documents (PDF)

5 PDF documents were discovered on the site. Of the 5 examined, **5 lack the internal tagging** required for a screen reader to read them in order — for those documents, an affected patient may receive no usable content at all.

Under the rule, documents made available to the public are covered content. Patient intake and consent forms, notices, visit summaries, and insurance or billing documents posted as untagged PDFs are among the most common — and most consequential — accessibility failures for provider sites.

What compliance requires

By May 11, 2027, A Community Health Center is expected to have:

- ✓ Web content, patient portals, and mobile apps conforming to **WCAG 2.1 AA**
- ✓ Covered **documents** (PDFs, forms) accessible or provided in an accessible alternative
- ✓ A **Notice of Nondiscrimination** and a public **accessibility statement** with a way for patients to report barriers
- ✓ A documented, dated **remediation plan** showing good-faith progress

Section 1557 is enforced by the HHS Office for Civil Rights, which investigates complaints and can require corrective action; noncompliance also puts a provider's federal financial assistance — its Medicare and Medicaid participation — at risk, and private lawsuits over inaccessible health websites are already being filed.

The practical path

Most small practices do not need a $5,000 consultancy engagement. They need a documented record: a complete inventory of what is wrong, the Notice of Nondiscrimination and statement the rule expects, and a dated plan their web vendor can execute. That is what a CivicBinder Readiness Binder contains.

About this document

This preliminary survey was prepared by CivicBinder, a practice preparing health care providers for the Section 1557 web accessibility rule. It covers the 25 pages listed in the appendix of the full report, as scanned on July 28, 2026. It reviews public web surfaces only, stores no patient data, and is provided at no cost and carries no obligation.

The Readiness Binder FROM $1,450

The full engagement produces:

01 **Full accessibility evaluation**
A complete WCAG 2.1 AA evaluation of the site — automated plus manual review — with every finding ranked.

02 **Complete PDF inventory**
Every document, its accessibility status, ranked by prominence.

03 **Notice of Nondiscrimination & Accessibility Policy**
Prepared for the practice to adopt.

04 **Public Accessibility Statement**
With a patient feedback mechanism.

05 **Dated remediation plan**
Specific enough to hand directly to your web vendor.

The fee is flat and payable by card or invoice (W-9 supplied). In most organizations it falls below the small-purchase or discretionary-quote threshold; your own procurement policy governs.

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