

HHS Section 504 – Kiosk Compliance Explained

Why kiosk compliance is service-based, not web-based

Source & authority

This explainer is based on official guidance from the U.S. Department of Health and Human Services Office for Civil Rights (OCR) interpreting **Section 504 of the Rehabilitation Act** as it applies to **web content, mobile apps, and kiosks**.

new-requirements-accessibility-...

Core principle (the key takeaway)

Kiosk compliance under Section 504 is about access to the service – not the technology used.

If a kiosk is used to access a federally funded program or service, **the program must be accessible**, regardless of whether the kiosk uses:

- Web content
- A native application
- Embedded or offline software

The trigger is **use**, not **architecture**.

What Section 504 actually regulates

Section 504 applies to **recipients of HHS financial assistance**, including hospitals, clinics, and health systems that receive:

- Medicare
- Medicaid
- HHS grants or relief funds

Once triggered, Section 504 requires:

Equal opportunity to participate in programs and activities offered by the recipient.

Kiosks are explicitly named as one of the delivery mechanisms subject to this obligation.

Important distinction HHS makes

Web content & mobile apps

- Must conform to **WCAG 2.1 Level AA**
- Have defined compliance deadlines (2026 / 2027)

Kiosks

- **Are not regulated as “web content”**
- **Are not required by this rule to meet WCAG**
- Are governed by:
 - Program accessibility
 - Effective communication
 - Equal access to services

This is intentional and explicit in the guidance.

What “service-based compliance” means for kiosks

A kiosk is compliant **if the service it provides is accessible** to people with disabilities **without discrimination**.

Recipients may meet this obligation in **one of two ways**:

Option A – Accessible kiosk experience (preferred)

The kiosk itself enables:

- Independent use
- Comparable speed, privacy, and dignity
- No added burden for users with disabilities

Option B – Equivalent non-kiosk access (limited fallback)

If the kiosk cannot be used by a person with a disability, the recipient must:

- Provide **immediate alternative access**
- Without delay, stigma, or reduced service quality

HHS gives an example:

Allowing persons with disabilities to go directly to personnel at a main desk to register for services.

new-requirements-accessibility-...

 Important:

This is **not** a blanket exemption. If kiosks are the **primary workflow**, reliance on staff-only alternatives increases compliance risk.

What does *not* matter legally

For Section 504 kiosk compliance, **HHS does not care** whether:

- The kiosk uses HTML or not
- A browser is present
- The software is cloud-based or offline
- WCAG can be technically applied

Those are **engineering details**, not compliance determinants.

Why hospitals interpret this conservatively

Hospitals understand that:

- Kiosks replace front-desk functions
- Front desks are unquestionably subject to civil rights law
- Therefore, kiosks inherit the **same access obligations**

This is why hospitals increasingly require:

- Accessibility representations from kiosk vendors
- Documentation of “Section 504–safe” operation
- Contract language shifting risk downstream