



**Mayor's Office for
People with Disabilities**

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Testimony
of
Commissioner Nisha Agarwal
The Mayor's Office for People with Disabilities
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New York City Council
Committee on Disabilities
Committee on Health
Committee on Hospitals
on
Access to Reproductive Health Care
for New Yorkers with Disabilities

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Good morning, Chair Hanif, Chair Narcisse, Chair Schulman, and members of the Committees.

My name is Nisha Agarwal, the Commissioner of the Mayor's Office for People with Disabilities. I have short black hair and brown skin, and I'm wearing a black top and slacks. I have aphasia, and I have my handy cane by my side.

Thank you for scheduling this hearing on reproductive health care for women with disabilities. This impacts me professionally and personally.

New York City has made significant investments in reproductive health care, and MOPD values this incredible progress. Yet women with disabilities continue to face barriers and inequities. This includes inaccessible facilities and equipment in health care settings, accessible communication challenges, and segregated and inequitable health care.

First, I will share some of the laws that are meant to assist women with disabilities.

In 2024, the US Department of Health and Human Services (HHS) updated two rules for health programs who receive federal financial assistance with the goal to improve health care services and civil rights protections for people with disabilities.¹ For example, the final rules require state and local government health care settings to provide appropriate auxiliary aides and qualified interpreters, real-time captioning, qualified readers, audio recordings, and Braille materials, among other supports.²

In addition, the rules also establish a timeline for state and local government health care programs to provide Medical Diagnostic Equipment (MDE) such

¹ Specifically, Section 1557 of the Affordable Care Act (ACA) and Section 504 of the Rehabilitation Act. Federal Register, Nondiscrimination on the Basis of Disability in Programs or Activities Receiving Federal Financial Assistance, 45 CFR Part 84 (Department of Health and Human Services): [federalregister.gov/documents/2024/05/09/2024-09237/nondiscrimination-on-the-basis-of-disability-in-programs-or-activities-receiving-federal-financial](https://www.federalregister.gov/documents/2024/05/09/2024-09237/nondiscrimination-on-the-basis-of-disability-in-programs-or-activities-receiving-federal-financial)

² Dania Douglas, Antidiscrimination Protections for People with Disabilities: 2024 Health Care Regulatory Updates (National Health Law Program, December 2, 2024): healthlaw.org/resource/antidiscrimination-protections-for-people-with-disabilities-2024-health-care-regulatory-updates/

as exam tables, mammography equipment, weight scales and radiology equipment that will assist people with disabilities, especially women.³ These changes take effect in August.

The rules are intended to ensure that all people receive equitable health services. However, many health care settings have yet to reach these standards of care.

In practice, women with disabilities face disparities in reproductive health outcomes. For example, research by a distinguished woman professor with disabilities reported that 81% of women aged 18 years or older without disabilities received cervical screening within the previous 3 years, compared with only 67% of women with chronic mobility limitations.⁴

In another study on reproductive health by the same author, women with disabilities *“were 70 percent less likely than other women to be asked about contraception during routine office visits, because of physicians’ erroneous assumption that they weren’t sexually active.”*⁵ Discrimination and bias have real impact on health outcomes. Accessible equipment and communications alone won’t ensure that women with disabilities have equitable health services - anti-bias training for the health community is crucial as well.

I’d like to now share how the Mayor’s Office for People with Disabilities is supporting and leading this effort in concert with women with disabilities.

Last Friday, MOPD and the Deputy Mayor on Health and Human Services, Helen Arteaga, visited the NYU Initiative for Women with Disabilities in Manhattan. This is a health care setting focused on primary gynecological care and wellness services for women with disabilities, and I went to this institution for many years after my stroke.

We toured through the hospital setting where they had exam tables, mammography equipment, and weight scales designed for women with

³ Ibid.

⁴ Lisa Iezzoni, Cancer detection, diagnosis, and treatment for adults with disabilities (Lancet Oncology, 2022): [thelancet.com/journals/lanonc/article/PIIS1470-2045\(22\)00018-3/fulltext](https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(22)00018-3/fulltext)

⁵ Lydialyle Gibson, Addressing gaps in care for patients with disabilities: Lisa Iezzoni explores the unmet needs of patients with disabilities (Harvard Magazine, May-June 2025).

disabilities. The Director shared that it may take women with disabilities more time to get into their robes, into the exam tables, and go through the mammography procedure but, in the end, it was better for the patients and for the hospital – women received good health care and the hospital reduced the misdiagnosis for women with disabilities. Equally compelling was the internal process. In procurement, the hospital has questions on disabilities for potential vendors to ensure accessibility and the hospital is now in the process of adding data fields for people with disabilities alongside race, gender, etc. The focus is on people centered design but also helps the bottom line – if you do it well, people will come.⁶

We are also planning a roundtable with women with disabilities on health care, with a portion focused on the problems that women face in the health care setting and a larger discussion on solutions with hospitals, clinics and providers to ensure that the health institutions broadly are more inclusive and accessible. We would love it if Chair Hanif could join the roundtable as well.

Personal Reflection

It was a long road to recovery for me, but it was through my family, friends, doctors, therapists, co-workers, and an immense community that I can now walk and talk and argue and dance. And I feel so lucky to have that. But this is also related to my privilege. As a commissioner, I got access to every doctor, every therapist, people at the highest level who helped me to recover. But as I talked to people with cancer and stroke, the difference was palpable. The place that you lived, the employment that you had, the hospital that you went to, the color of your skin -- all played a role in how well and how quickly you recovered. In the end, it was the access that you had, not your medical condition that mattered. Our goal is to change that outcome.

Thank you so much for the opportunity to testify today. I deeply appreciate the Council's attention to this important issue. I look forward to answering your questions and continuing to work together.

⁶ Lauren Landry, What is human-centered design? (Harvard Business School, December 2020): online.hbs.edu/blog/post/what-is-human-centered-design