

Telemedicine Accessibility Audit Checklist — WCAG 2.1 AA

Run this on the live consult, the forms, and the human-communication duty before launch. Engineering guidance, not legal advice — confirm specifics with counsel.

THE LIVE CONSULT (interface — WCAG 2.1 AA)

- Live captions (1.2.4, AA).** Real-time captions are available for the live audio of a visit and the patient can turn them on. Vendor processing the audio has a signed BAA (the audio is PHI).
- Pre-recorded video captioned (1.2.2, A).** Onboarding and patient-education clips have synchronized captions; meaningful visual-only content has audio description (1.2.5, AA).
- Keyboard operable (2.1.1, A).** Mute, camera, chat, screen-share, and end-call all work with Tab + Enter, no mouse. Focus can always leave the video panel (2.1.2, A — no keyboard trap).
- Focus visible (2.4.7, AA).** A clear focus indicator shows which control is selected as the user tabs through the call UI.
- Name, role, value (4.1.2, A).** Every control announces to a screen reader, e.g. "Mute microphone, toggle button, on" — not a nameless "button".
- Status messages (4.1.3, AA).** "Provider has joined", "Connection unstable", "You are muted", "Call ended" are announced to assistive tech without stealing focus.
- Contrast (1.4.3 / 1.4.11, AA).** Text \geq 4.5:1; control outlines, icons, and the recording indicator \geq 3:1. Color is never the only cue (1.4.1, A).

THE ONE TEST BEFORE LAUNCH

Open one consult screen and prove it: turn on live captions, unplug the mouse and operate every call control by keyboard with a visible focus ring, run a screen reader and confirm each button announces its name, role, and state, check text and control contrast, and confirm there is a working path to add a qualified interpreter at full-motion video quality. If any of those fails, the product is not ready — and the deadline (ADA Title II Apr 26, 2027; Section 504 May 11, 2027) is closer than it looks once procurement review is counted.

FORMS, DOWNLOADS & THE INTERPRETER DUTY

- Labels & instructions (1.3.1 / 3.3.2, A).** Every intake and scheduling field has a programmatic label a screen reader reads; required fields and formats are stated in text.
- Error handling (3.3.1 / 3.3.3, A).** Validation errors are described in text, not just a red border, and suggest how to fix them.
- Resize & reflow (1.4.4 / 1.4.10, AA).** Layout survives 200% zoom and a narrow viewport with no horizontal scrolling.
- Documents are accessible.** After-visit summaries, consent forms, and PDFs are tagged and readable by assistive tech — not image-only scans.
- Effective communication (ADA, separate duty).** A path exists to bring a qualified sign-language or spoken-language interpreter onto the call. WCAG captions do NOT satisfy this duty.
- VRI image quality (28 CFR 35.160(b)(2) / 36.303(f)).** The interpreter feed is real-time, full-motion video — no lag or blur — large and sharp enough to show face, arms, hands, and fingers.
- Conformance recorded.** Pass/fail logged per screen; an accessibility conformance report (e.g., an ACR/VPAT) is kept and re-checked on every release.