Section 504 Protections for Students with Inflammatory Bowel Disease (IBD)



Section 504 of the Rehabilitation Act of 1973 is a Federal civil rights law that protects students from disability-based discrimination in schools (including preschools, K-12 schools, colleges, universities, and other postsecondary institutions) that receive Federal financial assistance.

Under Section 504, a student with inflammatory bowel disease (IBD) can be a student with a disability for purposes of Section 504 if the student's IBD substantially limits one or more of the student's major life activities. <u>34 C.F.R. § 104.3(j)(1)(i)</u>.

What is IBD?

According to the <u>Centers for Disease Control and</u> <u>Prevention</u>, IBD is a group of lifelong conditions that involve inflammation of the digestive tract, including Crohn's disease and ulcerative colitis. Symptoms such as diarrhea, changes in bowel movements, abdominal pain, fatigue, nausea, and weight loss are common and may come and go in periods of flare-up and remission. Dehydration, malnutrition, anemia, joint pain, skin changes, eye irritation, delayed or impaired growth, and mental health disorders may also occur.

Can a student with IBD have

a disability under Section 504?

Yes. A student with IBD has a disability if their IBD substantially limits one or more of their major life activities.

The Office for Civil Rights (OCR) enforces Section 504 against entities that receive Federal financial assistance from the Department of Education.

In addition to the rights and obligations discussed in this fact sheet, a child with a disability attending a public K-12 school may have additional rights under Section 504 (such as the right to a free appropriate public education (34 C.F.R § 104.33)) and the Individuals with Disabilities Education Act. Parents also may have additional rights under those statutes and their implementing regulations.

OCR also shares in the enforcement of Title II of the Americans with Disabilities Act (ADA) with the Department of Justice (DOJ), and DOJ enforces Title III of the ADA. Both Title II and Title III can also apply to schools. For information, see DOJ's ADA home page at <u>www.ada.gov</u> or contact DOJ at 1-800-514-0301, 1-833-610-1264 (TTY).

IBD can, for example, substantially limit the operation of the digestive system, which is a major bodily function and therefore a major life activity under Section 504. <u>29 U.S.C. § 705(20)(B)</u> (incorporating <u>42 U.S.C. § 12102(2)(B)</u>).

IBD can also substantially limit other major bodily functions, including functions of the immune system and bowel function. <u>29 U.S.C. § 705(20)(B)</u> (incorporating <u>42 U.S.C. § 12102(2)(B)</u>).

Whether a student has IBD can be established by a medical examination, medical tests (such as blood testing, stool testing, or an endoscopy), and scans and imaging techniques such as a computerized tomography (CT scan) or magnetic resonance imaging (MRI). But medical tests are often not required to determine that a student is substantially limited in a major life activity. For example, a student's history of experiencing frequent diarrhea, abdominal pain, fatigue, and weight loss may provide sufficient information to determine that a student's IBD substantially limits a major

life activity. A school may always accept that a student has a disability without any documentation or medical tests.

Under Section 504, the issue of whether an impairment substantially limits a major life activity should not demand extensive analysis. <u>29 U.S.C. § 705(20)(B)</u> (incorporating <u>42 U.S.C. § 12102(4)(B)</u>, which incorporates § 2(b)(5) of the <u>findings and purposes</u> of the ADA Amendments Act of 2008).

The term substantially limits must be construed broadly in favor of expansive coverage, to the maximum extent permitted by the statutory language. <u>29 U.S.C. § 705(20)(B)</u> (incorporating <u>42 U.S.C. § 12102(4)(A)</u>).

An impairment does not need to prevent, or significantly or severely restrict, an individual from performing a major life activity in order to be considered substantially limiting. It is enough that an impairment substantially limits the ability of an individual to perform a major life activity as compared to most people in the general population. Additionally, an impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active. <u>29 U.S.C. § 705(20)(B)</u> (incorporating <u>42 U.S.C. § 12102(4)(B)</u>, which incorporates § 2(a)(7)-(8), (b)(5)-(6) of the <u>findings and purposes</u> of the ADA Amendments Act of 2008, and § 12102(4)(D)).

The beneficial effects of mitigating measures, such as medication, used by an individual, must be disregarded in determining whether an impairment substantially limits a major life activity of an individual. <u>29 U.S.C. § 705(20)(B)</u> (incorporating <u>42 U.S.C. § 12102(4)(E)</u>).

How can IBD affect a student's experience in school?

Students with IBD may:

- \rightarrow be absent from school due to medical appointments, flare-ups, hospitalization, or care at home;
- \rightarrow leave class frequently to go to the restroom;
- \rightarrow have an ongoing sense of fear or stress about the possibility of IBD symptoms;
- \rightarrow have difficulty concentrating; and/or
- \rightarrow need to take medication or eat or drink during classroom instruction.

What might a school need to do to address a student's IBD?

If the student's IBD has resulted in the student having a disability under Section 504, that student may require certain modifications (sometimes referred to as accommodations) to meaningfully access or benefit from the school's educational opportunities. <u>34 C.F.R. §§ 104.4</u>, <u>104.44</u>. This is true even if the student is not substantially limited in the major life activity of learning.

Section 504 may require a school to provide modifications. For example:

- → allowing the student to consume water and snacks during instruction or—in an elementary or secondary school setting—go to lunch early or late;
- → granting periodic requests by students or parents for distance learning or the provision of necessary instructional materials for use at home when IBD-related symptoms intensify, making it difficult for a student to leave home;
- → allowing the student to make up work, without penalty, and excusing late arrivals and absences when they miss class due to a medical appointment or when IBD-related symptoms or treatment hinder a student's ability to complete their work;
- → allowing the student to leave class to use the restroom as needed; and/or
- → providing preferred seating or a preferred testing location to facilitate access to the restroom, and pausing the clock if the student needs to use the restroom during an exam.

This fact sheet does not comprehensively address the assistance with IBDrelated medical issues a school may be required to provide. In the elementary and secondary setting, students with IBD may also require some additional level of assistance with medication or ostomy pouches or with symptoms like pain, diarrhea, and fatique. This assistance could range from assistance only in an emergency to a trained school staff member providing ongoing assistance.

Furthermore, even if a student with IBD has a disability but does not need modifications, they would still be protected from discrimination, such as disability-based harassment. For example, Section 504 may require a school to respond to bullying or harassment targeted at students because of their medical condition, or because they are regarded as or have a record of having a disability. <u>34 C.F.R.</u> <u>§ 104.3(j)(1)(ii) & (iii)</u>. Such bullying or harassment, for example, could be related to a student's frequent trips to the restroom.

What remedies might a school need to provide if the school does not appropriately address a student's IBD?

If a school violates the Section 504 rights of a student with IBD, the school may be required to, among other things:

- → offer the student an opportunity to re-take classes, tests, or assignments with appropriate modifications if needed, and without penalty or negative consequence to the student;
- → excuse absences incurred due to IBD and IBD treatment and correct student records regarding unexcused absences; and/or
- → train faculty and staff on addressing peer-to-peer bullying and harassment and on how IBD may manifest and impact a student physically, psychologically, socially, and academically.

What can be done if a student or parent believes a school is not meeting its obligation under Section 504?

- → Section 504 requires schools to develop and implement a system of policies and procedures to address concerns and disagreements that may develop between schools and students. <u>34</u> <u>C.F.R. §§ 104.7</u>, <u>104.36</u>. Parents and students may choose to initiate proceedings in keeping with these policies and procedures.
- → Students, parents, or others who would like to request technical assistance from the Office for Civil Rights (OCR), or who would like to file a complaint, may do so by contacting the <u>OCR</u> <u>enforcement office that serves their State</u>.

For more information on disability-related issues, please visit OCR's <u>Disability</u> <u>Discrimination</u> webpage.

To request language access services or resources, which may include oral technical assistance or written translation of Department information, free of charge, contact <u>OCR@ed.gov</u>.

If you need more information about interpretation or translation services, call 1-800-USA-LEARN (1-800-872-5327) (TTY: 1-800-877-8339). To request documents in alternate formats such as Braille or large print, contact the Department at 202-260-0818 or <u>ofo_eeos@ed.gov</u>.

This fact sheet does not have the force and effect of law and is not meant to be binding, beyond what is required by statutory and regulatory requirements. All enforcement determinations made by OCR are based on the particular factual circumstances presented in each individual case.