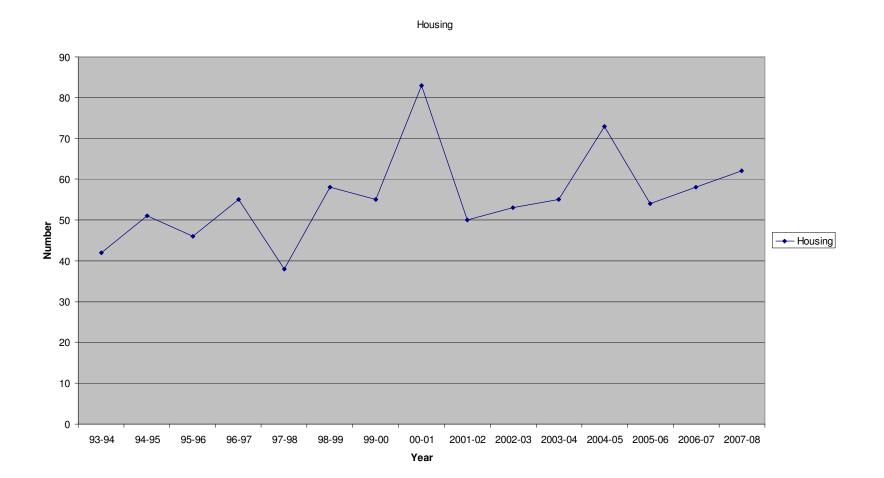
Evaluating & Responding to Student Requests for Health-Related Accommodations Rick Crummins, Esq Michelle Livingston Ralph Manchester, MD

Overview

- The pattern of requests
- The medical perspective
- The legal/regulatory perspective
- The logistics perspective
- Discussion What's the best model for handling these requests?

- For 2007-08 academic year at UR:
 - Academic
 - 32 medical inactive (31 supported)
 - 44 return from med inactive (42 supported)
 - 5 FT to PT (5 supported)
 - Lifestyle
 - 62 housing requests (20 supported)
 - 20 meal plan requests (1 supported)
 - 163 total (we don't do Parking any more)



- Housing Requests
 - 24 single room requests
 - 17 requests to be released from contract
 - 6 requests to be near classes
 - 4 requests for a longer mattress
 - 1 each for access to kitchen, permission to keep "service dog" in room, a "cleaner room", live with "special needs" roommate

- Diagnoses behind supported housing requests
 - Chronic back pain (3)
 - Inflammatory bowel disease (3)
 - Asthma/allergies (3)
 - Mental health problem (2)
 - Migraine (2)
 - Other musculoskeletal (2)
 - One each: DM, CML, epilepsy, dermatomyositis

- Housing request not supported but other recommendations made
 - Standard dust mite allergy control
 - No carpets, drapes or upholstered furniture; pillow and mattress enclosed in airtight case; air purifier
 - Room on quiet floor
 - Extra long mattress
 - Room near bathroom that has a tub

- Diagnoses behind supported meal plan requests
 - NUT ALLERGY

- Diagnoses behind unsupported meal plan requests
 - 6 GI: IBS, celiac disease, GERD, "N/V in DH"
 - 5 Endo/met: obesity, DM, PCO, hypoglycemia
 - 3 Psych: eating disorder, depression, "stress"
 - 1 Cardiovasc: hypertension
 - 1 Neurologic: migraine
 - -3 "vegetarian/vegan"

Equity and non-interference Our educational mission

- What makes sense medically
- What it means to sign a contract
- Financial reality and the role the institution asks us to play
- Evidence-based medicine

- The Harris Faigel Criteria (1990's):
 - 1. Diagnosis
 - 2. Treatment plan
 - 3. How the proposed accommodation will fit into the overall treatment plan
 - 4. A list of peer-reviewed articles that demonstrate the effectiveness of the proposed accommodation

- The evidence base is limited
- Acaricides, HEPA filters and allergy control bedding help with perennial allergic rhinitis but not with asthma
- Pet allergen control measures have not been shown to help asthma
- No evidence that living in one building vs another makes a difference

- Humidity and particulate counts matter some for asthma, but temperature doesn't
- <u>Cochrane Database of Systematic</u>
 <u>Reviews</u> and BMJ's <u>Clinical Evidence</u> are two good sources for evidence-based treatment recommendations

HOWEVER

- It's not just about what makes sense medically
- We also have to follow the law
- And the regulations
- And the interpretation of the regulations

References

- Sheikh A, Hurwitz B, Shehata Y. House dust mite avoidance measures for perennial allergic rhinitis. *Cochrane Database of Systematic Reviews* 2007, Issue 1. Art. No.: CD001563. DOI: 10.1002/14651858.CD001563.pub2.
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- Kilburn S, Lasserson TJ, McKean M. Pet allergen control measures for allergic asthma in children and adults. *Cochrane Database of Systematic Reviews* 2001, Issue 1. Art. No.: CD002989. DOI: 10.1002/14651858.CD002989.

Discussion

- Should the Health Service be providing care <u>and</u> making administrative decisions?
- Should mental health issues be handled differently from physical health issues?
- Should the records be part of the student's chart or kept in a separate file?
- Should someone familiar with ADA, etc review every request?

Discussion

- Should we support a student's request to pursue "alternative" therapy if the student is not on "standard" or evidence-based therapy?
- Should a student be penalized for making false claims in a request?
- Should students sign a statement holding the school harmless if a request is granted?