



CONSORTIUM FOR CITIZENS WITH DISABILITIES

Health Task Force Telehealth Principles
July 2020

The Consortium for Citizens with Disabilities (CCD) is the largest coalition of national organizations working together to advocate for federal public policy that ensures the self-determination, independence, empowerment, integration and inclusion of children and adults with disabilities in all aspects of society.

During the COVID-19 public health emergency, the health care system rapidly transitioned to providing many health care services through telehealth. As our nation recovers, policymakers will be determining a more permanent telehealth policy. Telehealth policies should improve health care services and access for people with disabilities and follow civil rights law.

Ensure Disability and Language Access

Telehealth coverage and access policies must ensure access for people with disabilities and limited English proficiency and comply with all existing civil rights laws. This includes the use of interpreters and provision of materials in alternative formats and non-English languages. Telehealth modalities must be compatible with screen reading software and other assistive technology, consistent with Web Content Accessibility Guidelines 2.0 (or latest version).

Ensure Multiple Access Modalities

To ensure equitable access to telehealth for people with disabilities, all payers must cover multiple access modalities, including audio-only and other non-broadband based modalities. The patient should have the right to choose among the available and appropriate modalities.

Ensure Privacy Protections

While many privacy requirements have been waived during the public health emergency to allow for rapid adoption of telehealth, going forward telehealth modalities must comply with patient privacy protections, including those of the Health Insurance Portability and Accountability Act (HIPAA).

Continue to Cover In-Person Services and Ensure Network Adequacy

Beneficiaries and enrollees from all payers must retain the right to receive health care in person and the availability of telehealth services should supplement, not supplant, the availability of in person services. Health plan policy or practice should not require the use of telehealth or discourage in-person visits, such as through higher copays for in person visits, additional prior authorization, or other utilization management requirements. Plans should continue to be required to meet network adequacy requirements based on in-person services.

Allow Providers to Deliver and Patients to Receive Services at Any Site

Payers should cover telehealth for patients located at any site, and providers at any originating site.

Reimbursement should be provided for services delivered across state lines, subject to state law, including licensure and patient privacy laws.

Ensure Equitable Reimbursement

Telehealth services should be reimbursed at a rate sufficient to ensure provider participation.

Cover Electronic Prescribing and Ordering

Health care payers should cover prescriptions for medications and orders for durable medical equipment, home health, and other services made via telehealth, without requirement for a previous in-person visit. Electronic prescribing and prescribing following a telehealth visit should also be allowed for controlled substances.

Ensure Telehealth Promotes Equity

Care must be taken to ensure telehealth addresses health disparities among people with disabilities, including those that are due to systemic racism and other socio-economic injustices. This requires ensuring telehealth policies are culturally responsive, and meaningfully address lack of or limited access to reliable broadband, technologies, and digital literacy training.

Ensure Patients Can Make Informed Decisions

Patients and providers are equal parties in the decision-making process about whether to use telehealth. This equity in decision-making should apply not only to the decision about whether to use telehealth, but also the decision to continue using it during the course of treatment, based on patient preferences and clinical evidence and judgement.

Providers and payers must accurately disclose beneficiary cost-sharing obligations prior to service and connect beneficiaries and providers with the resources they need to understand their financial responsibilities.

Payers must maintain a directory of telehealth providers and/or include information about providers that are available via telehealth in their provider directory.

Payers and the federal government should also engage in an education campaign to ensure that the public understand telehealth opportunities and responsibilities.

Data collection

Data must be collected as telehealth becomes more common, including detailed demographic data on usage and outcomes by the following categories individually and in combination: race, ethnicity, age, disability status, preferred language, sex, sexual orientation, gender identity, socio-economic status, insurance coverage and geographic location. Data must be collected in accordance with patient privacy laws, with the opportunity for patients to opt-out of providing demographic data, and protocols for removing identifying characteristics of patients from the data.

Signatories:

ALS Association

American Academy of Physical Medicine & Rehabilitation

American Association on Health and Disability

American Council for the Blind

American Foundation for the Blind
American Music Therapy Association
American Occupational Therapy Association
American Physical Therapy Association
American Medical Rehabilitation Providers Association
Autistic Self Advocacy Network
Brain Injury Association of America
Center for Medicare Advocacy
Center for Public Representation
Children and Adults with Attention-Deficit/Hyperactivity Disorder
Christopher & Dana Reeve Foundation
Epilepsy Foundation
Family Voices
Justice in Aging
Lutheran Services in America - Disability Network
National Alliance on Mental Illness
National Association of Councils on Developmental Disabilities
National Association of State Head Injury Administrators
National Center for Parent Leadership, Advocacy, and Community Empowerment (National PLACE)
National Disability Rights Network
National Down Syndrome Congress
National Health Law Program