



## 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 Network of Community Options and Resources  
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  
Disability Rights Education and Defense Fund (DREDF)  
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  
The Arc of the United States