



Providing Health Literate Virtual Health Services

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About ACL

ACL was created around the fundamental principle that all people, regardless of age or disability, should be able to live independently and fully participate in their communities. By advocating across the federal government for older adults, people with disabilities, and families and caregivers; funding services and supports provided primarily by networks of community-based organizations; and investing in training, education, research and innovation, ACL helps make this principle a reality for millions of Americans.

Authorizing Legislation

Older Americans Act:

- Grants for State and Community Programs on Aging
- Activities for Health, Independence and Longevity
- Grants for Native Americans
- Vulnerable Elder Rights Protection

Elder Justice Act:

- Adult Protective Services

Public Health Services Act (PHSA):

- Alzheimer's Disease Supportive Services
- Lifespan Respite Care
- Chronic Disease Self-Management Education
- Paralysis Resource Center
- Limb Loss Resource Center
- Traumatic Brain Injury

Medicare Improvements for Patients and Providers Act (MIPPA):

- Grants to Aging and Disability Resource Centers
- Grants to Area Agencies on Aging
- Grants to State Health Insurance Assistance Programs
- National Center for Benefits Outreach and Enrollment

Developmental Disabilities Assistance and Bill of Rights Act (Developmental Disabilities Act):

- State Councils on Developmental Disabilities
- Developmental Disabilities Protection & Advocacy
- University Centers for Excellence in Developmental Disabilities
- Projects of National Significance

Rehabilitation Act:

- Independent Living State Grants
- Centers for Independent Living
- National Institute on Disability, Independent Living, and Rehabilitation Research

Assistive Technology Act (AT Act):

- Assistive Technology State Grants
- Protection & Advocacy for Assistive Technology
- Assistive Technology National Activities

Help America Vote Act:

- Protection & Advocacy Systems

Omnibus Budget and Reconciliation Act (OBRA):

- State Health Insurance Assistance Programs

LEGAL BACKGROUND

Legal Requirements

- The Americans with Disabilities Act (ADA)
 - Title II: State or local government
 - Title III: Public accommodations or commercial facility
- Section 504 of the Rehabilitation Act of 1973
 - Programs and activities conducted by Federal agencies
 - Entities receiving Federal financial assistance
- Affordable Care Act
 - Under any health program or activity, any part of which is receiving federal financial assistance, or under any program or activity that is administered any entity established under Title I of the Affordable Care Act or its amendments.
- Local and State Requirements, If Applicable

Effective Communication

Covered entities must ensure that communication with people with disabilities is as effective as communication with others.

Auxiliary Aids and Services

Examples of auxiliary aids and services:

- Qualified interpreters
- Qualified readers
- Real-time captioning (CART)
- Accessibility features in electronic documents and other electronic and information technology that is accessible (either independently or through assistive technology such as screen readers)

Qualified Interpreter

Qualified interpreter means an interpreter who is able to interpret:

- effectively, accurately, and impartially
- both receptively and expressively
- using any necessary specialized vocabulary

Electronic and Information Technology

Covered entities must offer people with disabilities full and equal access to the EIT they employ, unless those individuals are provided reasonable accommodations or reasonable modifications that permit them to receive all the benefits provided by the EIT in an equally effective manner.

HHS Office for Civil Rights: Guidance and Resources for Electronic Information Technology: Ensuring Equal Access to All Health Services and Benefits Provided Through Electronic Means:
<https://www.hhs.gov/sites/default/files/ocr-guidance-electronic-information-technology.pdf>

STAKEHOLDER INPUT

Changing Technology

In 1990, House Committee on Education and Labor stated that “the Committee intends that the types of accommodation and services provided to individuals with disabilities, under all of the titles of [the ADA], should keep pace with the rapidly changing technology of the times.”

Accessible Telehealth

- As you invest in permanent changes to include telemedicine in your practice, consider using a telemedicine platform that has capacity to add a third party, for example an interpreter for someone who is deaf, or a remote care provider for a patient with an intellectual disability.
- Consider reasonably modifying your pre-telemedicine appointment practices to allow for additional time to provide a patient with a visual or intellectual disability extra assistance with using the video platform technology.

Statistics

- Flatten Inaccessibility survey of adults who are blind or have low vision: Thirty percent (n=294) of 988 participants reported meeting with their healthcare provider using telehealth and 59 (21%) of 285 participants reported the telehealth platform was not accessible.
- Seventy-two percent of adults who were 85 years or older met criteria for unreadiness in video visits due to difficulty hearing, difficulty communicating, or dementia; 44 percent for ages 75-84; and 25 percent for ages 65-74.

Questions