

Principles for Health Care for People with Disabilities

People with disabilities need access to disability-informed acute and primary health care but may experience many barriers to accessing appropriate care. As a result, there exist significant disparities in non-disability related health conditions for people with disabilities compared to the general population. A comprehensive health care system has many discrete components (acute and primary care, urgent care, emergent care, inpatient, dental, preventive health care, etc.). When these components are “disability-informed” and combined with quality health and wellness efforts, treatment of health conditions, and a focus on social determinants of health - a person’s health outcomes are enhanced – regardless of disability status.

Thus, the following principles will guide DRW's health care advocacy:

Available

1. People with disabilities must have a level of access to the health care system that is at least equal to if not greater than the general population. Access includes the same types of services, comparable costs, locations, providers, consumer communications, and treatment availability.
2. Health care services should be delivered in the way the person with a disability wants and needs – to the same degree as the general population.
3. People with disabilities must have access to a comprehensive array of health care, benefits, services and supports to meet the needs of both their disability and general health conditions, including prevention.
4. Health and wellness efforts must incorporate and address the needs of people with disabilities.
5. People with disabilities must have access that is equal to or greater than the general population to quality dental care, including prevention, across the lifespan.
6. People with disabilities must have access that is equal to or greater than the general population to mental health services.
7. The health care field must be trained and prepared to support and understand the health care needs of people with disabilities of all ages in order to ensure quality, culturally competent prevention and care. People with disabilities must be meaningful partners in training efforts.
8. High quality care for people with disabilities includes continuity and coordination of care across providers and systems and across the age span, particularly for people with complex health care needs. Coordination across systems can include systems outside of health care – incorporating schools, workplaces, housing providers, long-term care, etc. – to the degree necessary and desired by the person with a disability.

Affordable

9. People with disabilities must have greater access to affordable health care that does not burden them with additional costs.
10. Public health care programs, like Medicaid and Medicare, must be available to people with disabilities as they may have less access to employer-sponsored health insurance. Access to Medicaid may be preferable to private insurance benefit plans, as such plans generally do not offer the array of services that people with disabilities may need such as personal care, employment services, or psycho-social rehab.
11. Employer-sponsored health insurance and other private insurance benefit plans should offer an array of services and benefits to the degree necessary and at a cost that allows people with disabilities to remain healthy and living in their communities. Public health care programs should not be the only option for someone with a disability.
12. People with disabilities have the right to know how coverage and payment decisions are made and how they can be fairly and openly appealed

Accessible

13. Health care providers and facilities must offer care to people with disabilities in a physically, linguistically, and programmatically accessible manner.
14. Health care policies must be provided in accessible formats and be culturally competent. Policies must include treatment concerns of people with disabilities with attention to equal access.
15. People with disabilities should be meaningful partners in the development of all aspects of the health care system, including development of policies and programs.
16. Medicaid reimbursement rates must be sufficient to ensure general access to medical providers and services, including specialty providers and services.

Appropriate

17. Public health care systems like Medicaid should be focused on supporting people with high quality health care in their homes and communities and with adequate funding to do so.
18. People with disabilities must not face discrimination of any kind in the health care system due to their disabilities or pre-existing conditions.
19. People with disabilities of all ages and conditions must have access to comprehensive rehabilitation and habilitation supports, in the amounts required, to assist them in maintaining and improving their overall health.

Autonomy and Choice

20. People with disabilities should be in control of and able to direct their own health care decisions to the same degree as others.
21. People with disabilities have the right to informed consent in treatment decisions, timely access to specialty care, and confidentiality protections.
22. People with disabilities have the right to a reasonable choice of providers and to easy to access information about provider options.
23. People with disabilities should have the right to opt out of managed care.