



HHS ADVISES THAT IT IS COMMITTED TO NO ONE BEING LEFT BEHIND DURING THIS EMERGENCY

March 19, 2020

While the Department of Health & Human Services (HHS) has waived a number of requirements for health care providers in light of the ongoing emergency situation, on March 16, 2020, the Office of Civil Rights (OCR) of the HHS made it clear that civil rights laws and their implementing regulations are NOT set aside during an emergency. These laws and regulations prohibit discrimination on the basis of race, color, national origin, disability, age, sex, and exercise of conscience and religion in HHS funded programs. Roger Severino, OCR Director, noted, “HHS is committed to leaving no one behind during an emergency....Providers should not place persons using wheelchairs or needing accommodations at the end of the line for health services during emergencies.” Concerns raised by the OCR relate to patients with special needs as well as those patients who may be stigmatized as a result of COVID-19 and consequently may not receive necessary health care services and supplies.

SPECIAL NEEDS PATIENTS/AT RISK POPULATIONS

The HHS outlines persons with special needs or at risk in an emergency include:

- Children
- Elderly persons
- Persons from diverse cultural origins
- Individuals with disabilities
- Individuals with limited English proficiency
- Persons who live in institutionalized settings
- Persons who do not have access to transportation

To ensure these individuals are provided an equal access to care and to provide reasonable accommodations under the law, the OCR recommends healthcare providers and covered entities consider adopting, as possible, the following practices to help make sure all segments of the community are served:

- Employing qualified interpreter services to assist individuals with limited English proficiency and individuals who are deaf or hard of hearing;

- Making emergency messaging available in languages prevalent in the affected area and in multiple formats, such as audio, large print and captioning and ensuring that websites providing emergency-related information are accessible;
- Making use of multiple outlets and resources for messaging to reach individuals with disabilities, individuals with limited English proficiency, and members of diverse faith communities;
- Considering and planning for the needs of individuals with mobility impairments and individuals with assistive devices or durable medical equipment in providing health care during emergencies;
- Stocking facilities with items that will help people to maintain independence, such as hearing aid batteries, canes and walkers.

MINIMIZING STIGMA

The OCR also noted a desire to minimize stigma against individuals created by COVID 19 and referenced a CDC article entitled “Reducing Stigma” <https://www.cdc.gov/coronavirus/2019-ncov/about/related-stigma.html> which discusses possible stigma against:

- persons of Asian descent,
- people who have traveled,
- emergency responders or healthcare professionals, and
- persons released from COVID-19 quarantine.

The CDC noted that stigma affects the emotional or mental health of stigmatized groups. The CDC indicated concerns that stigmatized individuals may be denied access to care and efforts should be made to avoid such stigma by a number of actions including maintaining the privacy and confidentiality of those seeking healthcare services and sharing accurate information about how the virus spreads as well as outreach efforts geared to knowledge of COVID-19 without raising fear and reinforcing stereotypes.

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