Icon

Description automatically generated**NEVADA GOVERNOR’S COUNCIL ON DEVELOPMENTAL DISABILITIES**

**DRAFT Position on Health Care**

Individuals with intellectual and developmental disabilities (I/DD) are more likely to experience early death, chronic conditions, and preventable health, dental and vision problems, compared to persons without disabilities. Even with limited access to affordable care, people with I/DD often have difficulty recognizing and communicating their own health care needs. Moreover, there is a significant shortage of qualified, trained health care professionals who are prepared and willing to treat them.

**The Nevada Governor’s Council on Developmental Disabilities (NGCDD)** **believes that comprehensive health care must provide affordable health, dental and vision care coverage, improved quality, and better cost control, while addressing the significant health and health care disparities faced by individuals with developmental disabilities. In addition to improving access to quality medical care for persons with I/DD, the health care system must improve the way our State provides long term services and supports related to all systems of health care such as referrals to affordable and qualified medical professionals, education on preventative health measures, assistance, and supervision with activities of daily living, taking medication, and preparing meals.**

**Policy Recommendations:**

Comprehensive health care must adequately address the following:

1. Access to affordable health, dental, and vision care coverage for Nevadans with developmental disabilities, removing any bias based on pre-existing conditions, congenital impairments, or whether the intervention is habilitative or rehabilitative in nature. People with I/DD must not experience disability-related discrimination in decisions to provide, delay, deny, or limit health care interventions or treatments.
2. People with I/DD must not experience disability-related discrimination when making end of life decisions.
3. Ensure medications are appropriate to the needs of the patient and do not cause undue harm.
4. Assure greater access to quality care by health care providers trained to meet the medical needs of individuals with developmental disabilities.
5. Provide appropriate, accessible health, dental, and vision care for individuals with developmental disabilities.
6. Ensure all policies and programs result in the creation of equal treatment in health-related services to all individuals.
7. Beginning in youth, encourage inclusion of individuals with I/DD in education, prevention, and wellness programs for over-all health, dental, and vision care.
8. Develop and strengthen the “medical home” model to meet the health, dental, and vision care needs of individuals with I/DD.
9. Support the development and continuation of programs that provide education to optometrists and dental professionals on the needs of individuals with I/DD.
10. Support the understanding that wellness, prevention, mental health, health promotion, and a robust public health infrastructure are essential components of health care.
11. Ensure data and assessments of health outcomes are collected and must include disability status. Public health initiatives must support the goal of reducing health care disparities for people with disabilities and improving health and function.
12. Ensure sufficient information is available to understand the risks, demands, potential for significant pain, and benefits of any procedure for which consent is sought provided in ways that accommodate reading, language, learning, and other limitations that are common among persons with I/DD.
13. Ensure medical facilities are ADA accessible and have accessible exam and diagnostic equipment that address complex health care needs.
14. Ensure medical facilities and providers respect and follow supported decision making (SDM) and SDM agreements. This includes understanding and supporting that many individuals with disabilities are their own guardian and do not have a guardianship.
15. Encourage coordinated healthcare between providers and facilities, with intentional focus on patients who may be un/under insured.
16. Adopt policies that increase access to tele-health services.
17. Encourage healthcare providers and facilities to work with Medicaid to ensure access to patients who may lack regular access to care.
18. Encourage adoption of policies that promote a spectrum of services to fully recognize that healthcare is unique to the individual.

Last Review Date: 8/2023

Considerations from Full Council Meeting:

* Discussion surrounded Medicaid services and lack of providers, Medicaid reimbursement rates, spectrum of services, and overall health.

Needs for Change

* In order to consider a persons health, we must also consider their mental health.