CLINICAL EDITORIAL

Telehealth, Justice and the Silent Voices of CRT Users

WRITTEN BY: Tabatha James, ATP/SMS, OTR

As I write this in early March, we are aware the future of telehealth remains uncertain, but a recent extension has bought us more time. The latest policy update has pushed back restrictions on telehealth services from March 31, 2025, to Sept. 30, 2025. For now, Complex Rehab Technology users, individuals with mobility limitations, those in rural or underserved areas, patients with chronic illnesses, mental health service recipients and caregivers reliant on remote consultations will not be abruptly cut off from vital telehealth access.

But make no mistake, we are still dangling from the cliff. This is a delay, not a decision. It is a temporary compromise, not a guarantee of long-term access. And that distinction is critical because for many, telehealth has never been about convenience. The need for telehealth is undeniably rooted in equity, survival and the fundamental right to healthcare access.

Still, some stakeholders and policymakers contend telehealth is a luxury. I strongly disagree. This is not just a matter of policy or economics; it is a moral imperative. This issue forces us to reckon with the philosophical foundations of justice, fairness and empathy within health care. If we are serious about building a system that values inclusion, then telehealth cannot be framed as short-term relief, it must be recognized as essential infrastructure.

Lately, I've been drowning in books on ethics, law and human behavior, trying to make sense of a world that seems determined to defy them. If nothing else, they've taught me justice isn't as self-evident as we'd like to believe. John Rawls' ‘“veil of ignorance’” is a thought experiment that challenges individuals to design a health care system without knowing whether we would be born rich or poor, disabled or able-bodied, urban or rural. If we truly embraced this principle, we would build policies with guaranteed access to care, not just for the fortunate but also for everyone. Through this lens, telehealth is not just an option, it's a necessity.

And yet, despite the ethical clarity, the American health care system operates on assumptions of mobility, independence and financial stability. These are privileges not everyone has. Without telehealth, CRT users, many with significant mobility challenges, are forced to navigate inaccessible transportation, endure physical strain and spend limited resources just to access basic medical care.

I am from, and I serve the people of Appalachia. Every week, I see firsthand what limited health care access really looks like. Many of my clients don't have reliable transportation or caregivers to assist them, and even when a ride is available, safely transferring in and out of a vehicle can be an impossible task. Some have no choice but to rely on ambulance transport for a routine appointment, if they can secure it at all. Others are forced to travel for hours just to see the nearest specialist, turning basic medical care into an exhausting, often unattainable ordeal.

The assumption in-person care is always accessible is a dangerous illusion. It is an assumption that disregards the lived experience of those for whom travel is not merely an inconvenience but a barrier that cannot be crossed.

Behavioral law and ethics remind us that policy must be designed for real people, not an imagined, self-sufficient, able-bodied majority. When legal frameworks willfully overlook marginalized groups, they don't just fail them; they create systemic barriers that actively reinforce exclusion.

CONTINUED ON PAGE 32

CLINICAL EDITORIAL | CONTINUED FROM PAGE 30

With recent legislation, key telehealth provisions, such as removing geographic restrictions, expanding provider eligibility and allowing audio-only services have been extended until September 30, 2025. That buys us six months, but what happens after that?

A truly just society does not need to debate whether individuals deserve access to health care. It does not grant access in increments, subject to legislative whim. It affirms access as a right.

The RESNA Code of Ethics notes the duty of rehabilitation and assistive technology professionals to act in the best interests of individuals with disabilities and to avoid harm through unnecessary barriers. If telehealth restrictions return in October 2025, limiting CRT users' ability to receive care, it will not be just an administrative decision, it will be a direct violation of the ethical tenets that support our profession. And that should make us feel some kinda way.

Iris Marion Young, a philosopher of social justice, argued that justice is not just about distributing resources fairly, but about dismantling the structures that create oppression. By this standard, any rollback of telehealth would be a deliberate reinforcement of systemic barriers, reintroducing harm that policy could prevent.

To those still reading, we know the real issue isn't whether telehealth should remain accessible to CRT users, it's whether our decision-makers are willing to prioritize inclusion and equitable health care or continue treating them (and us) as afterthoughts.

The temporary extension to Sept. 30, 2025, offers relief, but it is not a resolution. We cannot let this issue fade into the background, only to scramble when the next policy deadline looms. Now is the time for resilience and continued advocacy to push for permanent telehealth protections that ensure ongoing, reliable access for those who depend on it.

If justice means anything, it means refusing to create barriers where none are necessary. It means understanding that health care is not a privilege, it is a fundamental recognition of human dignity.

And so, once again, we stand at a crossroads, not only with policy, but with principle. The decisions made in the coming months will determine whether our society truly values fairness, empathy and justice in action, or only in rhetoric.

If we are serious about building a health care system that serves everyone, then telehealth cannot be seen as temporary relief. It must be a permanent guarantee of access.

CONTACT THE AUTHOR

Tabatha may be reached at TABATHAOT@GMAIL.COM

Tabatha James, ATP/SMS, OTR, is a supplier-side ATP/SMS and occupational therapist invested in furthering the Complex Rehab Technology industry through public health policy, clinical advocacy and technology innovation. With a passion for improving health care access and equity, she collaborates with clinicians, policymakers and industry leaders to drive meaningful changes. James' dedication extends to mentoring emerging professionals and contributing to initiatives that improve access and lead to better outcomes for individuals relying on CRT.