**No sector of *non-infected* persons in the U.S. is likely to be more adversely affected by COVID-19 than individuals with Intellectual and Developmental Disabilities (I/DD).** Many people with disabilities are at a higher risk of severe medical consequences of COVID-19 because of their underlying medical conditions. Adults with disabilities are three times more likely than adults without disabilities to have heart disease, stroke, diabetes, or cancer than adults without disabilities, and have historically lacked equitable access to the level of medical care necessary to manage these conditions. While the nation focuses on ending the pandemic, it is more important than ever to address the chronic public health issues around I/DD, which affects 1 out of every 6 Americans.

In addition to those supported in group living situations -- whose situations parallel those of elderly clients in nursing homes -- a vast number of individuals with I/DD require in-person care or critical therapeutic support that occurs within the home or on an individualized basis in the community, with little back-up or systematic coverage for the kind of prolonged suspension of services that have been incurred during the pandemic. A significant population now faces evolving threats to the return of baseline service, given uncertainties in State budgets, so a first priority relates to restoration of in-person support services or comparable alternatives.

A second consideration is the likely disproportionate impact of mitigation efforts and social distancing on individuals with I/DD. For many, physical proximity to caregivers and loved ones bridges gaps in intellectual and communication abilities, to make day-to-day life tolerable, predictable, and manageable. The pandemic highlights the reality that quality of life is dependent upon social connection to others, and as millions of people around the world cling to their tablets and smartphones to mediate sustaining some of the most cherished aspects of life, this is an impossibility for many with I/DD, for whom screen-mediated interaction—*if they have access to it*—is an inadequate substitute. Recovery efforts should be substantially guided by recognition of which individuals with I/DD can and cannot benefit from screen-based substitutions for therapy, education, and social interaction.

A third and related domain is the potential for inequity in education across the life span to be exacerbated due to restrictions in response to COVID. The discrepancy in delivery of a free and appropriate public education is already pronounced between what is available to typically developing children versus those requiring special education. Special education for youth with I/DD often requires nuanced physical contact and re-direction, enhanced teacher-to-student ratios, interpersonal prompting, and close attention to the motivational structure of the environment. Many educational considerations extend broadly to job training programs, supported employment for adults with developmental disabilities, and all elements of assistance that are required to sustain the integral role of individuals with I/DD in the national workforce. Mobilizing in-home teachers, including experienced educators retired from the workforce, clarifying which children with I/DD are more versus less amenable to in-home virtual education and supporting newly-unemployed parents to deliver education and/or developmental therapies are critical urgencies.

Fourth is the emergent implementation of telehealth practice in clinical care, which may leave gaps in critical aspects of the delivery of appropriate health care for many individuals with I/DD. Limitations of remote clinical encounters to adequately ascertain the quality of general physical safety represent a significant shortcoming of telehealth encounters, as do monitoring for adverse effects of medications. Gaps in the capacity to communicate with a health care provider that are accentuated in the telehealth context must be recognized and incorporated into risk/benefit appraisals of prioritization for in-person clinical encounters.

Fifth are concerns regarding access to testing and appropriate medical care. The pandemic has amplified hurdles related to transportation and to timely appointments and has raised serious ethical issues surrounding allocation of treatment resources. State policies that base triage decisions on quality-of-life judgments or exclude patients with specific conditions that constitute disabilities should be carefully re-examined while including disability rights advocates in policy development and dissemination.

Finally, there is the Herculean task of ensuring that public decision-making and the massive mobilization of relief funds by federal, state, and local governments equitably responds to the needs and interests of individuals with I/DD. Already, judicious advocacy has averted gaps in legislation that would have resulted in passing over of their interests in the course of the chaotic federal legislative process of the current crisis.

While these efforts include some provisions for individuals with I/DD, the trillions of dollars invested to date do not meet or in many cases do not even address the needs of people with disabilities or the systems and workforce supporting them. Congress must expand home and community-based services (HCBS), which pays for the workforce that supports people with I/DD to live as independently as possible in their communities and supports the workforce with training and access to adequate personal protective equipment.

In conclusion, supporting people with I/DD through the COVID-19 crisis extends far beyond the clinical consequences of infection. Necessary measures for prevention and disease mitigation adversely and disproportionately affect individuals with I/DD, with severe consequences for a vast number of *un-infected* victims of the pandemic. Attention to the manner in which each of these facets of the pandemic impact an individual patient should guide the care provided by every clinician, and it is a new responsibility of all of us to recognize and seek opportunity to offset these unique and disparate aspects of the burden of COVID-19 on members of the community with I/DD.