Testimony of Malvina Gregory, MaineHealth
In Opposition to LD 430, “An Act to Provide Translation Services for Hospital Patients”
Friday, March 17, 2023

Senator Baldacci, Representative Meyer, and distinguished members of the Joint Standing Committee on Health and Human Services, my name is Malvina Gregory, Director of Interpreter and Cross Cultural Services at MaineHealth, and I am here to testify in opposition to LD 430, “An Act to Provide Translation Services for Hospital Patients,” on behalf of MaineHealth.

MaineHealth is an integrated non-profit health care system that provides a continuum of health care services to communities throughout Maine and New Hampshire. Every day, our over 22,000 care team members support our vision of “Working Together so Our Communities are the Healthiest in America” by providing a range of services from primary and specialty physician services to a continuum of behavioral health care services, community and tertiary hospital care, home health care and a lab – regardless of the language our patients speak.

Federal law requires hospitals to take reasonable steps to make language services available to persons with limited English proficiency. Additionally, the Joint Commission, which accredits hospitals and is often a condition of licensure for Medicare and Medicaid reimbursement, requires that hospitals provide interpreting and translation services so that patients receive information about their care in a manner he or she understands. To that end, for our patients who prefer to use a language other than English or who have limited English proficiency, we provide interpreter (spoken) services at all times via telephone or video services. Last year, Maine Medical Center’s Emergency Department treated patients who spoke 37 different languages, and this service was available to each of those patients. Annually, we see over 100 languages throughout MaineHealth’s affiliated programs.

While technology has enabled real-time access to professional interpreters in over 200 languages, translation (written) services have not been as quick to advance. Real-time machine translation services, such as Google Translate, have been shown in studies to be highly inaccurate and dangerous. Professional written translations still require the labor of a human translator. Additionally, we have found that some of the translations provided “out of the box” via electronic health record
platforms, like Epic, provide inaccurate written translations and require manual review by a professional translator to ensure patients are provided accurate information. Instead, our care team members utilize the “teach back method” to ensure our patients comprehend and understand documents for entering into treatment, receiving treatment, prescriptions, and discharge instructions. Using interpreter services, we ask the patient to communicate this information back and, if they are literate, we ask that they write the information in their native language. Additionally, patients can request their prescription label be printed in their native language.

As a system, we are committed to providing all patients with culturally appropriate information in a language they understand. We are striving to manually translate the most commonly used written materials in our top languages, but this is a massive undertaking that is taking a significant amount of time to ensure the translations are accurate. Additionally, with over 100 languages within our health system, it would not be possible to account for every possible treatment and discharge scenario that may occur in every language we encounter.

While we appreciate and support the intent of the legislation before you today, we fear that it would force hospitals to use machine technology to translate written documents, which could compromise patient safety by providing false or inaccurate translations. With that said, I urge the Committee to vote “Ought Not to Pass” on LD 430.

Thank you for your time and consideration and I would be happy to answer any questions you may have.