Testimony of Malvina Gregory, MaineHealth in Support of LD 976, “Resolve, to Establish the Task Force on Accessibility to Appropriate Communication Methods for Deaf and Hard-of-hearing Patients”
Thursday, April 6, 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. Please accept this written testimony in support of LD 976, “Resolve, to Establish the Task Force on Accessibility to Appropriate Communication Methods for Deaf and Hard-of-hearing 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.

MaineHealth is dedicated to ensuring that our Deaf and hard-of-hearing patients have the tools and accommodations necessary to ensure them equal access to our programs and effective communication. This commitment to excellence and patient-centered care requires a constant process of feedback, staff training, and innovation.

MaineHealth Interpreter & Cross-Cultural Services is proud to sponsor and support one of just two Deaf and Hard-of-Hearing Patient and Family Advisory Council in the United States. Our Maine Medical Center Deaf and Hard-of-Hearing Patient and Family Advisory Council is comprised of hard-of-hearing and Deaf members of our community, but also parents of Deaf individuals, and CoDAs (children of Deaf Adults). Its diverse representation guides us in thinking about how we shape our programs and plan for patient access in all aspects.

The creation of a Task Force to study this dynamic is laudable and necessary. We have heard from our Council Members that communication barriers lead to delayed treatment and, ultimately, worsened health outcomes within their communities. Recent mandates from the Joint Commission¹ and CMS²

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¹ [https://www.jointcommission.org/our-priorities/health-care-equity/Health Care Equity | The Joint Commission](https://www.jointcommission.org/our-priorities/health-care-equity/Health Care Equity | The Joint Commission)
² [https://www.cms.gov/about-cms/agency-information/omh/health-equity-programsHealth Equity Programs | CMS](https://www.cms.gov/about-cms/agency-information/omh/health-equity-programsHealth Equity Programs | CMS)
further emphasizing reduction of health disparities and guaranteed language access within telehealth settings only make this more imperative. It is important that the State take the necessary steps to identify and measure care gaps as well as identify and disseminate successful best practices. State assessment and information sharing will not only identify current gaps, it will assist our hospitals to proactively plan and achieve a state of readiness for upcoming increased regulatory requirements.

We would recommend that the Task Force expand the scope of its study to also include the availability of CART (Communication Access Real-time Translation) and the reliability of internet connections. Automatically generated voice transcriptions and caption are notoriously prone to error and should not be utilized in clinically critical settings. CART, which employs human transcriptionists trained in medical terminology, ensures accurate communication of complex medical symptoms, diagnoses, and treatment plans and is the recommended modality in health care settings. ADA guidance further specifies that if video remote interpreting options are chosen that “real-time, full-motion video and audio over a dedicated high-speed, wide-bandwidth video connection or wireless connection that delivers high-quality video images that do not produce lags, choppy, blurry, or grainy images, or irregular pauses in communication.”

Our Patient and Family Advisory Council members tell us that when this standard is not met, they are forced to depend on passing written notes, lip-reading, or family members for communication. Proposed rulemaking to Section 1557 of the Affordable Care Act, due to be formalized this summer, will only further strengthen these regulatory requirements prohibiting automated communication in medical settings and reinforcing the need for equity in telehealth. It would be useful for the State to assist hospitals in identifying service gaps in preparation of these more rigorous standards aimed at reducing health disparities.

With that said, I thank Representative Dodge and the Health and Human Services Committee for their consideration of this important topic. Thank you for your time and consideration and I would be happy to answer any questions you may have.

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3 https://www.ada.gov/resources/effective-communication/