



126 Sewall Street
Augusta, Maine 04330-6822
(207) 626-7058
www.mainequaljustice.org

Maine Equal Justice

People Policy Solutions

Dina Malual
Policy Advocate
dmalual@mejp.org

MEJ Testimony in *Support* of LD 430, An Act to Provide Translation Services for Hospital Patients

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Good morning, Senator Baldacci, Representative Meyer and members of the Health and Human Services Committee. My name is Dina Malual, I use she/her pronouns, and I'm a Policy Advocate with Maine Equal Justice, a nonprofit legal aid provider working to increase economic security, opportunity, and equity for people in Maine. I am testifying in support of LD 430.

This bill both addresses Maine's changing population and provides a solution to the challenge of language access. As an active member of immigrant-led organizations, Maine Equal Justice daily sees the challenges of resettling immigrant families as a result of inadequate resources. These challenges are worsened due to limited language access. As an organization we stand for equity and believe LD 430 is a step in the right direction.

As a former refugee, I know from firsthand experience what it's like to translate and interpret for relatives. The burden often falls on children who may not entirely understand medical jargon. This bill removes the responsibility from relatives and requires that the institution adequately meet their patients' communication needs.

In 2018, foreign-born individuals made up 4% of Maine's population¹. As numbers continue to rise, so should access. By reducing language barriers, we reduce health disparities and empower individuals to utilize medical resources to prioritize their health. With many displaced or without shelter during Maine's harsh winters, ongoing health challenges from COVID-19 and the flu, plus all the other potential injuries or health issues Maine people experience every day, people with language needs are going to need medical care at our hospitals and adequate interpretation is needed to navigate the decisions and challenges that go along with that care.

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<https://www.americanimmigrationcouncil.org/research/immigrants-in-maine#:~:text=1%20In%202018%2C%2047%2C418%20immigrants%20%28foreign-born%20individuals%29%20comprised,%286%20percent%29%2C%20and%20Korea%20%285%20percent%29.%20More%20items>

Language barriers directly affect the quality of care patients receive. For people who speak languages other than English, this may impact adherence to medication, understanding treatment plans, and overall patient satisfaction². The lack of support is also an added burden on health care workers who may provide an improper diagnosis or another medical error due to the lack of understanding - which can be both dangerous and costly. Excellent quality of care is dependent on strong communication between patients and health care providers.

To strengthen this bill, we recommend including an opt-out option for patients and broadening terminology within this bill. With an option to utilize an appointed interpreter or translator, we are empowering patients. The option creates a space where patients can self-advocate. In addition, we ask that you consider adding language to the bill to be inclusive of both translators and interpreters, with the former converting written language from one language to another and the latter converting spoken words from one language to another. Both are needed to promote quality communication.

Medical interpreters and translators repair the communication gap between patients and providers.³ By utilizing this resource we are putting the patient's health and wellbeing first. For these reasons, we urge you to support LD 430. We also suggest adopting an opt-out option to empower patients. People who speak languages other than English should always be able to access professional interpreters provided by the hospital, or choose an identified adult to interpret if they prefer.

Thank you for the opportunity to share our thoughts with you today. I can be available at your work session and I'm happy to answer any questions.

² https://www.ahrq.gov/downloads/pub/advances2/vol2/Advances-Regenstein_54.pdf

³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1955368/>