

DISABILITY RIGHTS MAINE

March 13, 2024

Senator Joe Baldacci, Chair
Representative Michele Meyer, Chair
Joint Standing Committee on Health & Human Services
Cross Office Building, Room 209
Augusta, Maine 04333

**Re: LD 2255, Resolve, to Reestablish the Task Force on Accessibility to
Appropriate Communication Methods for Deaf and Hard-of-hearing
Patients**

Dear Senator Baldacci, Representative Meyer, and Members of the Joint Standing Committee on Health & Human Services:

My name is Thomas Minch, and I am an Advocate at Disability Rights Maine (DRM). DRM is Maine's federally funded Protection and Advocacy agency. Our mission is to advance justice and equality by enforcing rights and expanding opportunities for people with disabilities in Maine.

DRM's Deaf Services division was formed in 2015, when the programs and staff of the former Maine Center on Deafness (MCD) joined the agency. This addition carried forward a 30-year legacy of history, knowledge, and advocacy for people who are Deaf, Hard of Hearing, Late-Deafened, or Deaf-Blind in the State of Maine.

I am here in support of LD2255. DRM sees a tremendous need for improved access to effective communication in health care settings for Deaf, Hard of Hearing, and other individuals with disabilities. Our agency is frequently contacted by Deaf and Hard of Hearing patients who experience challenges across health settings and throughout the health care experience. From difficulty scheduling services and interacting with office staff, to communication problems during exams, procedures and routine care.

160 Capitol Street, Suite 4, Augusta, ME 04330
207.626.2774 • 1.800.452.1948 • Fax: 207.621.1419 • drme.org

We also know that over time, systemic communication barriers translate into health disparities. For example, Deaf or hard of hearing adults are three times more likely to report fair or poor health as compared to the general population.¹

Faced with these concerns, the Task Force on Accessibility to Appropriate Communication Methods for Deaf and Hard-of-hearing Patients was established. I was honored to serve as a member of this task force. We held intensive discussion about communication problems in healthcare settings for Deaf and Hard of hearing patients, which are both frequent and significant. We developed short-term recommendations, which were presented to the Legislature.

However, the work is not done. Because of shortened timeframes, this Task Force was only able to hold two meetings before it's report due date, instead of the typical four meetings that authorized studies are typically allowed. As a result, the task force was only able to take a preliminary look into its duties, and the issue of communication problems in healthcare settings. More time is needed to study this complex topic and to formulate comprehensive, long-term recommendations.

The consequences of poor communication for Deaf and Hard of Hearing patients can be extremely serious. Ineffective communication can lead to poor health outcomes, longer hospital stays, and unnecessary health care spending.² However, these realities can and must be changed.

The Task Force started the work of understanding these issues, and identifying solutions. We ask you to support re-establishing the Task Force in order that this work can be completed, to develop system-wide improvements to ensure that all individuals have equal access to communication in healthcare.

Thank you for your time.

Sincerely,



Thomas Minch, Advocate

¹ Barnett, S., & Franks, P. (2002). Health care utilization and adults who are deaf: Relationship with age at onset of deafness. *Health Services Research*, 37(1), 103–118. <https://doi.org/10.1111/1475-6773.99106>.

² Hurtig RR, Alper RM, Berkowitz B. The Cost of Not Addressing the Communication Barriers Faced by Hospitalized Patients. *Perspect ASHA Spec Interes Groups*. 2018;3(12):99-112. doi:10.1044/persp3.sig12.99