

25 January, 2021

To whom in may concern re: SENATE BILL 2205,

While in a medical setting, patients who do not speak English or speak English as a second language and may have limited English proficiency are at an increased risk of adverse outcomes. Patients who are hard of hearing and/or Deaf and require sign language interpreters are no different. It is inappropriate to expect that 1) a patient should provide his or her own interpreter and 2) that ad hoc interpreter be expected to fully and accurately interpret complex medical information. Therefore, an appropriately trained, medically-literate, professional interpreter is necessary. Title VI of the Civil Rights Act mandates just this service be provided. However, reimbursement is lacking in many states. This puts an undue financial burden on medical facilities. Use of appropriate interpreter services, both in-person (if possible) and via video and/or telephone, improves patient understanding, compliance with directions, patient satisfaction, and ultimately, patient health outcomes.

As an audiologist, I see first-hand what significant obstacles come up when communication breakdowns occur, both from hearing loss as well as language barriers. I have had the advantage of working with many interpreters throughout my career as a medical professional. I not only appreciate the service for my patients' sake, but for mine as well. It would be impossible for me to ensure that my recommendations and explanation of diagnoses are well-received by a patient who is not proficient in English. Use of interpreters protects me as well as other medical professionals from malpractice risk.

I am fully in support of SENATE BILL NO. 2205.

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