

JOSH GREEN, M.D.  
GOVERNOR OF HAWAII  
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII

STATE OF HAWAII  
DEPARTMENT OF HEALTH  
P. O. Box 3378  
Honolulu, HI 96801-3378  
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KENNETH S. FINK, M.D., M.G.A., M.P.H.  
DIRECTOR OF HEALTH  
KA LUNA HO'OKELE

**Testimony in SUPPORT of HCR71 HD1  
REQUESTING THE DEPARTMENT OF HEALTH TO CONVENE A  
STAKEHOLDER WORKING GROUP TO MAKE RECOMMENDATIONS TO  
ENHANCE MEANINGFUL ACCESS TO HEALTH CARE IN THE STATE  
THROUGH THE PROVISION OF LANGUAGE ASSISTANCE SERVICES.**

SEN. JOY A. SAN BUENAVENTURA, CHAIR  
SENATE COMMITTEE ON HEALTH & HUMAN SERVICES

Hearing Date: April 17, 2024

Room Number: 229

1 **Fiscal Implications:** N/A.

2 **Department Testimony:** The Department of Health (DOH) supports HCR71 HD1 and offers  
3 friendly amendments.

4 DOH acknowledges that Limited English Proficiency (LEP) individuals and individuals living  
5 with physical disabilities face barriers in equitably accessing healthcare when language and  
6 translations services are not provided. A [2023 meta-analysis](#) found that LEP persons risk having  
7 poor perioperative care and outcomes, and another; and a [qualitative study published in 2018](#) in  
8 the Journal of Clinical Nursing concluded that language barriers, in any country or setting, can  
9 negatively affect nurses' ability to communicate effectively with their patients and thereby have a  
10 negative impact on the provision of appropriate, timely, safe, and effective care to meet patient's  
11 needs.

12 While Medicaid beneficiaries have access to translation services, privately insured LEP persons,  
13 including those in the ALICE cohort (Asset Limited, Income Constrained, Employed) likely do  
14 not. A discussion of stakeholders in from government, industry, and non-profits convened by  
15 DOH is a prudent investment in assuring all Hawaii residents have a fair and just opportunity to  
16 achieve optimal health and well-being. Thank you for the opportunity to testify.

1 **Offered Amendments:**

2 From Page 3, Line 13

3 BE IT FURTHER RESOLVED that the Department of Health  
4 is requested to invite stakeholders, including at least  
5 one LEP individual with experience accessing health  
6 services, health care providers, insurers,  
7 representatives of community-based organizations,  
8 language service providers, and the Healthcare  
9 Association of Hawaii, to participate in the Stakeholder  
10 Working Group; and

11  
12 BE IT FURTHER RESOLVED that the Stakeholder Working  
13 Group is requested to:

14 (1) Study and assess language access in health care  
15 settings across the State and on each island in the  
16 State, including but not limited to:

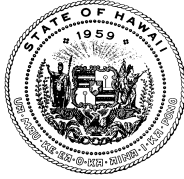
- 17 (A) Experiences of LEP populations using  
18 language assistance services;  
19  
20 (B) Existing language assistance services and  
21 workforce;  
22  
23 (C) Disparities faced by LEP individuals in  
24 access to health care;  
25  
26 (D) Practice of using family members and  
27 friends as interpreters in health care  
28 settings;  
29  
30 (E) Availability of interpreters; [~~and~~]  
31  
32 (F) Requirements for providing interpretation  
33 services in medical and health care  
34 settings; and  
35

1                   (G) Benefits and impacts of technologies such  
2                   as artificial intelligence; and

3                   (2) Make recommendations to enhance meaningful  
4                   access to health care in the State for individuals  
5                   requiring language assistance services; and

6

7



**STATE OF HAWAII**  
**OFFICE OF LANGUAGE ACCESS**

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**Testimony in SUPPORT of HCR71 HD1**  
**REQUESTING THE DEPARTMENT OF HEALTH TO CONVENE A**  
**STAKEHOLDER WORKING GROUP TO MAKE RECOMMENDATIONS TO**  
**ENHANCE MEANINGFUL ACCESS TO HEALTH CARE IN THE STATE**  
**THROUGH THE PROVISION OF LANGUAGE ASSISTANCE SERVICES.**

Senator Joy A. San Buenaventura, Chair  
Senator Henry J.C. Aquino, Vice Chair  
Senate Committee on Health and Human Services

Hearing Date: 4/17/2024

Room Number: 225 & Videoconference

- 1 **Agency's Position:** The Office of Language Access (OLA) supports the House Concurrent
- 2 Resolution (HCR) 71 HD1 and defers to the Department of Health (DOH) on implementation
- 3 and resource needs.
  
- 4 **Purpose and Justification:** These resolutions request the Department of Health (DOH) to
- 5 convene a stakeholder working group to study and assess language access in health care settings
- 6 across the State and on each island in the State; to make recommendations to enhance
- 7 meaningful access to health care in the State for individuals requiring language assistance
- 8 services; and to submit a report of the Stakeholder Working Group's study, findings, and
- 9 recommendations, including any proposed legislation, to the Legislature no later than twenty
- 10 days prior to the convening of the Regular Session of 2025.
  
- 11 OLA appreciates the Legislature's continued commitment to ensuring language access in
- 12 government programs, services, and activities. OLA notes that the aspirational and exploratory
- 13 goals of both resolutions are in line with OLA's mission, which is to address the language access
- 14 needs of persons with Limited English Proficiency (LEP). OLA is tasked with providing
- 15 technical assistance and coordinating resources to reduce the burden of meeting language access
- 16 obligations.

- 1 The establishment of a working group is an important step toward information sharing and the
- 2 development of ideas and action steps to address the language needs in our state. These
- 3 resolutions will allow OLA to work closely with other partners to further improve language
- 4 access in our state. OLA is committed to collaborating with the DOH and other members to
- 5 further improve language access for all.
  
- 6 Thank you for the opportunity to testify on these resolutions.

**HCR-71-HD-1**

Submitted on: 4/12/2024 3:14:56 PM

Testimony for HHS on 4/17/2024 8:45:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
John C Jack Lewin MD	Testifying for Hawaii State Health Planning and Development Agency (SHPDA)	Support	Written Testimony Only

Comments:



**STATE HEALTH PLANNING**

**AND DEVELOPMENT AGENCY**

**DEPARTMENT OF HEALTH - KA 'OIHANA OLAKINO**

Senate Committee on Health and Human Services

Chair Joy San Buenaventura, Vice Chair Henry Aquino, and Members:

Regarding: 71 HCR REQUESTING THE DEPARTMENT OF HEALTH TO CONVENE A STAKEHOLDER WORKING GROUP TO MAKE RECOMMENDATIONS TO ENHANCE MEANINGFUL ACCESS TO HEALTH CARE IN THE STATE THROUGH THE PROVISION OF LANGUAGE ASSISTANCE SERVICES.

Hearing April 17, 2024

8:45 am Room 225

Testimony of John C (Jack) Lewin MD, Administrator, SHPDA

Position: SUPPORT

This resolution expresses a real need for adequate access to language assistance services in health care, long term care, and emergency medical care in Hawai'i across the spectrum of related services in all counties and including rural geographies. SHPDA looks forward to participating on this proposed stakeholder working group and to contributing to innovative ways to achieve this worthy and important goal.

Mahalo for the opportunity to testify.

-- Jack Lewin MD, Administrator, SHPDA





**Testimony in SUPPORT of HCR71**  
COMMITTEE ON HEALTH & HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

Hearing Date: April 17, 2024

Dear Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee,

The Hawai'i Coalition for Immigrant Rights (HCIR) is in **full support of HCR71**, which would establish a stakeholder workgroup to assess language access in healthcare within our state. This resolution recognizes the critical importance of ensuring accessible, affordable, and equitable healthcare for all individuals, regardless of their language proficiency or cultural background.

HCIR is a statewide coalition of immigrant and migrant-led and-serving organizations working to advance the full inclusion and equal justice of immigrants and migrants through advocacy efforts. During the COVID-19 pandemic, at a time when Filipinos and Pacific Islanders, including COFA communities, were disproportionately affected, HCIR was refounded in 2020 to address the urgent needs of communities, particularly focusing on the limited English proficient communities (who comprise the groups disproportionately impacted<sup>1</sup>). We recognized language access earlier on as a critical issue, stressing the necessity for comprehensive support and services to ensure equitable access to healthcare and other essential resources.

Prior to the pandemic, language barriers impeded communication between healthcare providers and patients and contributed to decreased quality of care, poor clinical outcomes, and disparities

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<sup>1</sup> "State Language Data." *Hawaii*, Migration Policy Institute, [www.migrationpolicy.org/data/state-profiles/state/language/HI](http://www.migrationpolicy.org/data/state-profiles/state/language/HI).





in patient-provider interactions. Delays in treatment, inadequate care, medical errors, and underutilization of healthcare services are also consequences of language barriers<sup>2</sup>. The experiences of individuals with limited English proficiency, who often have to rely on family and friends as interpreters in healthcare settings, also highlight the inadequacies and risks associated with such practices.

With over 25.9 percent of persons aged five years and older speaking a language other than English at home, language barriers pose a substantial obstacle to effective healthcare access. This barrier will continue unless we ensure language access as a necessity and a right our state must uphold and maintain.

Establishing a stakeholder workgroup to assess language access in healthcare is crucial to addressing these disparities and improving healthcare outcomes for our communities. It would provide a platform for comprehensive discussions and recommendations for enhancing meaningful access to healthcare.

Thank you for your support and consideration,  
Maria Rallojaj  
Policy and Communications Coordinator

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<sup>2</sup> Rasi, Sasan. "Impact of Language Barriers on Access to Healthcare Services by Immigrant Patients: A systematic review." *Asia Pacific Journal of Health Management*, vol. 15, no. 1, 2020, pp. i271. doi: 10.24083/apjhm.v15i1.271.

**HCR-71-HD-1**

Submitted on: 4/15/2024 9:27:39 AM

Testimony for HHS on 4/17/2024 8:45:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
amy agbayani	Testifying for Hawai'i friends of civil rights	Support	Remotely Via Zoom

Comments:

Chair San Buenaventura, Vice chair Aquino and members

My name is Amy Agbayani, co-chair of the Hawai'i Friends of Civil Rights. (HFCR). We strongly support this resolution requesting DOH to convene a working group to provide information and recommendations to improve health care for limited English proficient members of our community.. HCIR sees language access as a civil right that supports federal and state mandates. DOH and the proposed stakeholders working group will be able to provide a report that will assist the legislature, DOH and health care providers obtain more current information and develop recommendations to improve health care for immigrant communities.

We respectfully request you approve HCR 71 hd.1

Amy Agbayani, co-chair

Hawai'i Friends of Civil Rights

To: The Honorable Joy A. San Buenaventura, Chair  
The Honorable Henry J.C. Aquino, Vice Chair  
Senate Committee on Health and Human Services

From: Paula Arcena, External Affairs Vice President  
Mike Nguyen, Public Policy Manager

Hearing: Wednesday, April 17, 2024, 8:45 AM, Conference Room 225

RE: **HCR71 HD1 Requesting the Department of Health to convene a stakeholder working group to make recommendations to enhance meaningful access to health care in the state through the provision of language assistance services.**

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AlohaCare appreciates the opportunity to provide testimony in **strong support of HCR71 HD1, including friendly amendments for consideration.** This resolution requests the Department of Health to convene a stakeholder working group to make recommendations to enhance meaningful access to health care in the state through the provision of language assistance services.

Founded in 1994 by Hawai'i's community health centers, AlohaCare is a community-rooted, non-profit health plan serving over 84,000 Medicaid and dual-eligible health plan members on all islands. Approximately 40 percent of our members are keiki. We are Hawai'i's only health plan exclusively dedicated to serving Medicaid and Medicaid-Medicare dually-eligible beneficiaries. Our mission is to serve individuals and communities in the true spirit of aloha by ensuring and advocating for access to quality, whole-person care for all.

AlohaCare is committed to improving access to high-quality care for all people—regardless of their ethnic and cultural background, their immigration status, or their language. In fact, Hawai'i has a rich diversity of cultures and languages. According to the American Community Survey, approximately 25 percent of the population aged 5 and over that have a language other than English spoken at home.<sup>1</sup> We know that access to communication and language assistance for patients and consumers is important to the delivery of high-quality care for all populations. Conversely, communication and language barriers are associated with decreased quality of care and poor clinical outcomes, longer hospital stays, and higher rates of hospital readmissions.<sup>2</sup>

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<sup>1</sup> <https://www.hawaiihealthmatters.org/indicators/index/view?indicatorId=6397&localeId=14>

<sup>2</sup> <https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Lessons-from-the-Field.pdf>

AlohaCare is a proud member of the Hawai'i Coalition of Immigrant Rights, and we are grateful to have championed this resolution among coalition members, stakeholders, and the Department of Health, reaching unanimous consensus and support among the many stakeholders involved on this very important topic.

We urge your favorable consideration of this resolution, as establishing a stakeholder workgroup to assess language access in healthcare would be helpful to addressing health disparities and improving healthcare outcomes for our communities. By examining the experiences of individuals with limited English proficiency, current language assistance services, disparities in healthcare, and the use of family and friends as interpreters, the workgroup will provide valuable insights and recommendations for enhancing meaningful access to healthcare.

Mahalo for this opportunity to testify in **strong support** of **HCR71 HD1**.

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**Offered Amendments:**

From Page 3, Line 6

BE IT FURTHER RESOLVED that the Department of Health is requested to invite stakeholders, including **at least one LEP individual with experience accessing health services**, health care providers, insurers, representatives of community-based organizations, language service providers, and the Healthcare Association of Hawaii, to participate in the Stakeholder Working Group; and

BE IT FURTHER RESOLVED that the Stakeholder Working Group is requested to:

(1) Study and assess language access in health care settings across the State and on each island in the State, including but not limited to:

- (A) Experiences of LEP populations using language assistance services;
- (B) Existing language assistance services and workforce;
- (C) Disparities faced by LEP individuals in access to health care;
- (D) Practice of using family members and friends as interpreters in health care settings;
- (E) Availability of interpreters; **and**
- (F) Requirements for providing interpretation services in medical and health care settings; **and**
- (G) Benefits and impacts of technologies such as artificial intelligence; and**

(2) Make recommendations to enhance meaningful access to health care in the State for individuals requiring language assistance services; and



**Testimony to the Senate Committee on Health and Human Services  
Wednesday, April 17, 2024; 8:45 a.m.  
State Capitol, Conference Room 225  
Via Videoconference**

**RE: HOUSE CONCURRENT RESOLUTION NO. 071, HOUSE DRAFT 1, REQUESTING THE DEPARTMENT OF HEALTH TO CONVENE A STAKEHOLDER WORKING GROUP TO MAKE RECOMMENDATIONS TO ENHANCE MEANINGFUL ACCESS TO HEALTH CARE IN THE STATE THROUGH THE PROVISION OF LANGUAGE ASSISTANCE SERVICES.**

Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee:

The Hawaii Primary Care Association (HPCA) is a 501(c)(3) organization established to advocate for, expand access to, and sustain high quality care through the statewide network of Community Health Centers throughout the State of Hawaii. The HPCA **SUPPORTS** House Concurrent Resolution No. 071, House Draft 1..

By way of background, the HPCA represents Hawaii's Federally Qualified Health Centers (FQHCs). FQHCs provide desperately needed medical services at the frontlines to over 150,000 patients each year who live in rural and underserved communities. Long considered champions for creating a more sustainable, integrated, and wellness-oriented system of health, FQHCs provide a more efficient, more effective and more comprehensive system of healthcare.

This measure, as received by your Committee, would request the Department of Health to convene a Stakeholder Working Group to study and assess language access in health care settings across the State and on each island in the State. The Working Group would be further requested to make recommendations to enhance meaningful access to health care in the State for individuals requiring language assistance services, and submit a report to the 2025 Hawaii State Legislature.

Language barriers impede communication between healthcare providers and patients and contribute to decreased quality of care, poor clinical outcomes, and disparities in patient-provider interactions. The experiences of individuals with limited English proficiency, who often have to rely on family and friends as interpreters in healthcare settings, highlight the inadequacies and risks associated with such practices.

**Testimony on House Concurrent Resolution No. 071, House Draft 1**  
**Wednesday, April 17, 2024; 8:45 a.m.**  
**Page 2**

Establishing a stakeholder workgroup to assess language access in healthcare is crucial to addressing these disparities and improving healthcare outcomes for our communities. By examining the experiences of individuals with limited English proficiency, current language assistance services, disparities in healthcare, and the use of family and friends as interpreters, the workgroup will provide valuable insights and recommendations for enhancing meaningful access to healthcare.

Accordingly, the HPCA urges your favorable support of this measure.

Thank you for the opportunity to testify. Should you have any questions, please do not hesitate to contact Public Affairs and Policy Director Erik K. Abe at 536-8442, or [eabe@hawaiiipca.net](mailto:eabe@hawaiiipca.net).



# HAWAI' APPLESEED

CENTER FOR LAW & ECONOMIC JUSTICE

**Testimony in SUPPORT of HCR71 HD1**  
COMMITTEE ON HEALTH & HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair  
Senator Henry J.C. Aquino, Vice Chair

Hearing Date: April 17, 2024

Dear Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee,

On behalf of Hawai'i Appleseed Center for Law & Economic Justice, I am writing **in strong SUPPORT of HCR71 HD1**, which would establish a stakeholder workgroup to assess language access in healthcare within our state. We need to ensure that all individuals in Hawai'i, from all cultural backgrounds, have access to affordable and equitable healthcare. Language access is the key to this.

I worked with hundreds of COFA families when I was at Family Promise of Hawai'i years ago. While accompanying one of our pregnant mothers to her medical appointment, it became so clear to me that there was an insensitivity on behalf of the medical staff while communicating with her about a serious medical situation. It really bothered me for days. I am convinced that this workgroup would have such a positive impact on all of our residents with limited English proficiency.

By examining the experiences of individuals with limited English proficiency, current language assistance services, disparities in healthcare, and the use of family and friends as interpreters, the workgroup will provide valuable insights and recommendations for enhancing meaningful access to healthcare.

We urge you to support this resolution and take proactive steps to establish the healthcare language access workgroup.

Mahalo for your support and consideration.

To: Senate Committee on Health and Human Services  
Re: **HCR71, HD1 – Requesting the Department of Health to convene a stakeholder working group to make recommendations to enhance meaningful access to health care in the state through the provision of language assistance services**  
Place: Hawai'i State Capitol & Via Videoconference  
Time: April 17, 2024, 8:45 AM

Dear Chair San Buenaventura, Vice Chair Aquino, and Committee Members,

On behalf of Hawai'i Children's Action Network Speaks!, I am writing in **SUPPORT of HCR71, HD1**. This resolution asks the Department of Health to gather a group of people involved or interested in healthcare to discuss how to make it easier for people who are not yet proficient in English to access healthcare and create a report with ideas on how to improve access.

During the pandemic, non-profit organizations worked hard to help limited English proficiency (LEP) families in Hawai'i access the benefits that they were qualified for. We learned that our state lacks resources to provide meaningful language access for LEP families, and the federal government does not provide translations<sup>1</sup> in many languages that are the most spoken by LEP families in Hawai'i.<sup>2</sup>

The urgency of this issue was highlighted again after the Lahaina wildfires. According to the language services coordinator for FEMA, who coordinated language access response after both the Lahaina and Paradise, California, fires, "the diverse cultures of Maui and the fact that many people did not feel comfortable dealing with government agencies, made the response in Lahaina unique."<sup>3</sup>

The working group proposed by this resolution would provide valuable insights and recommendations for enhancing meaningful language access to healthcare in our state by examining the experiences of individuals with limited English proficiency, current language assistance services, disparities in healthcare, and the use of family and friends as interpreters.

As one of the states with the highest portion of foreign-born residents,<sup>4</sup> combined with the lack of resources for translations into many of the languages that are spoken most here, Hawai'i needs to devote more resources to language access than other states do.

Mahalo for the opportunity to provide this testimony. Please pass this resolution.

Thank you,  
Nicole Woo  
Director of Research and Economic Policy

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<sup>1</sup> United States Department of Agriculture Food and Nutrition Service, <https://www.fns.usda.gov/cn/translated-applications>

<sup>2</sup> Hawai'i Data Exchange Partnership, [https://hawaiiidxp.org/quick\\_data/datastory/el](https://hawaiiidxp.org/quick_data/datastory/el)

<sup>3</sup> <https://www.civilbeat.org/2024/03/people-who-dont-speak-english-lost-money-and-help-in-lahaina-response/>

<sup>4</sup> Statista, <https://www.statista.com/statistics/312701/percentage-of-population-foreign-born-in-the-us-by-state/>





**LATE**

## COMMITTEE ON HEALTH & HUMAN SERVICES

### Hawai'i Alliance for Progressive Action (HAPA) Support: HCR71

Wednesday, April 17, 2024 8:45 a.m. Conference Room 225

Dear Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee,

I am writing today on behalf of the Hawai'i Alliance for Progressive Action (HAPA) to express our strong support for HCR71, which proposes the establishment of a stakeholder workgroup to assess language access in healthcare within our state. This resolution is a crucial step towards addressing the disparities faced by individuals with limited English proficiency in accessing quality healthcare services.

At HAPA, we firmly believe that healthcare is a fundamental human right that should be accessible to all individuals, regardless of their language proficiency or cultural background. The diverse linguistic landscape of Hawai'i, with over 25.9 percent of individuals speaking a language other than English at home, underscores the pressing need to ensure language access in healthcare settings.

The COVID-19 pandemic and recent natural disasters, such as the Lahaina fire, have highlighted the profound impact of language barriers on access to healthcare. Individuals with limited English proficiency face significant challenges in communicating with healthcare providers, which can lead to decreased quality of care, poor clinical outcomes, and disparities in patient-provider interactions.

One concerning practice that has emerged is the reliance on family and friends as interpreters in healthcare settings. While well-intentioned, this practice can compromise patient privacy, lead to misunderstandings, and result in inadequate healthcare delivery.

Establishing a stakeholder workgroup to assess language access in healthcare is a proactive and necessary step towards addressing these disparities. By examining the current state of language assistance services, disparities in healthcare outcomes, and the use of informal interpreters, the workgroup will provide invaluable insights and recommendations for improving access to healthcare for all individuals in our state.

In conclusion, I urge you to support HCR71 and take meaningful action to establish the healthcare language access workgroup. By doing so, we can move closer to ensuring that every individual in Hawai'i has equal access to the healthcare services they need and deserve.

Mahalo for your attention to this important issue.

A handwritten signature in black ink, appearing to read 'Anne Frederick', is positioned above the typed name.

Anne Frederick  
Executive Director



April 17, 2024

The Honorable Joy A. San Buenaventura, Chair  
The Honorable Henry J.C. Aquino, Vice Chair  
Senate Committee on Health and Human Services

Re: HCR 71 – Requesting the department of health to convene a stakeholder working group to make recommendations to enhance meaningful access to health care in the state through the provision of language assistance services

Dear Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee:

Hawaii Medical Service Association (HMSA) appreciates the opportunity to provide testimony in support of HCR 71, which requests the department of health to convene a stakeholder working group to make recommendations to enhance meaningful access to health care in the state through the provision of language assistance services.

Hawaii is rich in our diversity of cultures, customs, and languages. However, with more than 25 percent of people over the age of five speaking a language other than English at home, it is no surprise that one of the biggest challenges Hawaii faces is ensuring that all our residents can access health care services when they need them. We appreciate the legislature's efforts in continuously finding ways to improve access across our state.

Thank you for the opportunity to testify in support of HCR 71.

Sincerely,

Dawn Kurisu  
Assistant Vice President  
Community and Government Relations

**HCR-71-HD-1**

Submitted on: 4/14/2024 9:16:50 AM

Testimony for HHS on 4/17/2024 8:45:00 AM

Submitted By	Organization	Testifier Position	Testify
Thaddeus Pham	Individual	Support	Written Testimony Only

Comments:

Aloha Chair San Buenaventura, Vice Chair Aquino, and HHS Committee Members,

As a public health professional and child of refugees, I am writing **in support of HCR71**, which would establish a stakeholder workgroup to assess language access in healthcare within our state. This resolution recognizes the critical importance of ensuring accessible, affordable, and equitable healthcare for all individuals, regardless of their language proficiency or cultural background.

My parents were Vietnamese refugees who were lucky enough to find resources and professional opportunities, despite language barriers. Before my father passed from preventable chronic disease, we were mired in healthcare challenges even though all five children spoke English as a first language. I can only imagine how prohibitively challenging for those with less English language proficiency.

With over 25.9 percent of persons aged five years and older speaking a language other than English at home, it is evident that language barriers pose a substantial obstacle to effective healthcare delivery. Furthermore, in light of the unprecedented challenges posed by the COVID-19 pandemic and the recent Lahaina fire, we have witnessed firsthand the impact of language barriers on access to healthcare. As we move forward, it is essential to ensure language access as a necessity and a right that our state must uphold and maintain.

Language barriers impede communication between healthcare providers and patients and contribute to decreased quality of care, poor clinical outcomes, and disparities in patient-provider interactions. The experiences of individuals with limited English proficiency, who often have to rely on family and friends as interpreters in healthcare settings, highlight the inadequacies and risks associated with such practices.

Establishing a stakeholder workgroup to assess language access in healthcare is crucial to addressing these disparities and improving healthcare outcomes for our communities. By examining the experiences of individuals with limited English proficiency, current language assistance services, disparities in healthcare, and the use of family and friends as interpreters, the workgroup will provide valuable insights and recommendations for enhancing meaningful access to healthcare.

I urge you to support this resolution and take proactive steps to establish the healthcare language access workgroup.

Mahalo for your consideration,

Thaddeus Pham (he/him)

**Testimony in SUPPORT of HCR71**  
COMMITTEE ON HEALTH & HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair  
Senator Henry J.C. Aquino, Vice Chair

Hearing Date: April 17, 2024

Dear Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee,

I am writing **in support of HCR71**, which would establish a stakeholder workgroup to assess language access in healthcare within our state. This resolution recognizes the critical importance of ensuring accessible, affordable, and equitable healthcare for all individuals, regardless of their language proficiency or cultural background.

As a first-generation immigrant, I have experienced the challenges that language barriers can present in accessing healthcare services. I grew up in a household that mainly spoke Ilokano. Although we were lucky to have a primary care physician who spoke Tagalog and understood our culture, my family often struggled to genuinely communicate their health effectively with other healthcare providers. Some words in Ilokano that we may use to describe our feelings may translate poorly into English. Simple tasks such as scheduling appointments, understanding medical instructions, and discussing treatment options also became daunting, especially if you are 12 years old, having to translate for your grandma or father, like how I had to do. Too often, my family relied on my imperfect translations, sometimes leading to misunderstandings and confusion.

Language barriers impede communication between healthcare providers and patients and contribute to decreased quality of care, poor clinical outcomes, and disparities in patient-provider interactions. The experiences of individuals with limited English proficiency, who often have to rely on family and friends as interpreters in healthcare settings, highlight the inadequacies and risks associated with such practices, as with my family.

With over 25.9 percent of persons aged five years and older speaking a language other than English at home, including many of my family members, it is evident that language barriers pose a substantial obstacle to effective healthcare access. As we move forward, it is essential to ensure language access as a necessity and a right that our state must uphold and maintain.

I urge you to support this resolution and take proactive steps to establish the healthcare language access workgroup.

Thank you for your support and consideration,  
Maria Rallojay

**LATE**

**HCR-71-HD-1**

Submitted on: 4/16/2024 9:59:48 AM

Testimony for HHS on 4/17/2024 8:45:00 AM

<b>Submitted By</b>	<b>Organization</b>	<b>Testifier Position</b>	<b>Testify</b>
Nanea Lo	Individual	Support	Written Testimony Only

Comments:

Dear Chair San Buenaventura, Vice Chair Aquino, and Members of the Committee,

I am writing in support of HCR71, which would establish a stakeholder workgroup to assess language access in healthcare within our state. This resolution recognizes the critical importance of ensuring accessible, affordable, and equitable healthcare for all individuals, regardless of their language proficiency or cultural background.

With over 25.9 percent of persons aged five years and older speaking a language other than English at home, it is evident that language barriers pose a substantial obstacle to effective healthcare delivery. Furthermore, in light of the unprecedented challenges posed by the COVID-19 pandemic and the recent Lahaina fire, we have witnessed firsthand the impact of language barriers on access to healthcare. As we move forward, it is essential to ensure language access as a necessity and a right that our state must uphold and maintain.

Language barriers impede communication between healthcare providers and patients and contribute to decreased quality of care, poor clinical outcomes, and disparities in patient-provider interactions. The experiences of individuals with limited English proficiency, who often have to rely on family and friends as interpreters in healthcare settings, highlight the inadequacies and risks associated with such practices.

Establishing a stakeholder workgroup to assess language access in healthcare is crucial to addressing these disparities and improving healthcare outcomes for our communities. By examining the experiences of individuals with limited English proficiency, current language assistance services, disparities in healthcare, and the use of family and friends as interpreters, the workgroup will provide valuable insights and recommendations for enhancing meaningful access to healthcare.

I urge you to support this resolution and take proactive steps to establish the healthcare language access workgroup.

me ke aloha ‘āina,

Nanea Lo, Mō‘ili‘ii, O‘ahu