



**STATE OF HAWAII
OFFICE OF LANGUAGE ACCESS**

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**Testimony in SUPPORT of SCR49/SR37
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: 3/22/2024

Room Number: 225 & Videoconference

1 **Agency's Position:** The Office of Language Access (OLA) supports the Senate Concurrent
2 Resolution (SCR) 49 and the Senate Resolution (SR) 37 and defers to the Department of Health
3 (DOH) on implementation 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. If the measure is passed, OLA is committed to collaborating with the DOH
- 5 and other members to further improve language access for all.

- 6 Thank you for the opportunity to testify on these resolutions.



Friday, March 22, 2024 at 1:00 pm
Conference Room 225

Senate Committee on Health and Human Services

To: Chair Joy A. San Buenaventura
Vice Chair Henry J.C. Aquino

From: Paige Heckathorn Choy
AVP, Government Affairs
Healthcare Association of Hawaii

Re: **Submitting comments**
SCR 49/SR 37, 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

The Healthcare Association of Hawaii (HAH), established in 1939, serves as the leading voice of healthcare on behalf of 170 member organizations who represent almost every aspect of the health care continuum in Hawaii. Members include acute care hospitals, skilled nursing facilities, home health agencies, hospices, assisted living facilities and durable medical equipment suppliers. In addition to providing access to appropriate, affordable, high-quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing over 30,000 people statewide.

We are submitting **comments** on this measure, which seeks to bring together a group of stakeholders to assess language access in healthcare settings, and to make recommendations as necessary to the legislature. We appreciate the focus on the need for a robust workforce, and would also suggest that the committee include considerations of any additional funding needed to implement measures that the group may recommend.

This measure does note that providers should be included in any working group—however, we suggest that our organization, which is an association of members, could be a good inclusion to the group and would encourage the addition of other similar types of organizations in the working group. This could include associations that represent plans or other providers, such as community health centers. Thank you for considering our comments on this measure.



LATE

March 22, 2024

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

Re: SCR 49 / SR 37 - 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:

Hawai'i Medical Service Association (HMSA) appreciates the opportunity to offer testimony in support of SCR49 / SC37 which would request that the department of health convene a stakeholder working group to improve access to care through language assistance services.

We support the legislature's intent to improve health care access for our residents of Hawaii and breaking down any barriers that may exist.

Thank you for the opportunity to testify in support of SCR 49 / SR 37.

Sincerely,

Dawn Kurisu
Assistant Vice President
Community and Government Relations



Testimony in SUPPORT of SR37 & SCR49

COMMITTEE ON HEALTH & HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

Hearing Date: March 22, 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 SR37 & SCR49**, 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 impacted¹). 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.

¹ "State Language Data." *Hawaii*, Migration Policy Institute, www.migrationpolicy.org/data/state-profiles/state/language/HI.



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 in patient-provider interactions. Delays in treatment, inadequate care, medical errors, and underutilization of healthcare services are also consequences of language barriers². 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

² 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.

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: Friday, March 22, 2024, 1:00 PM, Conference Room 225

RE: **SCR49/SR37 – 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.**

AlohaCare appreciates the opportunity to provide testimony in **strong support of SCR49 and SR37**. These resolutions request 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.¹ 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.²

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

² <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 these resolutions 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 these resolutions, 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 **SCR49 and SR37**.



HAWAI' APPLESEED

CENTER FOR LAW & ECONOMIC JUSTICE

Testimony in SUPPORT of SCR49 & SR37
COMMITTEE ON HEALTH & HUMAN SERVICES

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

Hearing Date: March 22, 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 SCR49 & SR37**, 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 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.



Testimony in SUPPORT of SR37 & SCR49

COMMITTEE ON HEALTH & HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

Hearing Date: March 22, 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 SR37 & SCR49**, 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 impacted¹). 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.

¹ "State Language Data." *Hawaii*, Migration Policy Institute, www.migrationpolicy.org/data/state-profiles/state/language/HI.



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 in patient-provider interactions. Delays in treatment, inadequate care, medical errors, and underutilization of healthcare services are also consequences of language barriers². 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

² 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.



Testimony in SUPPORT of SR37 & SCR49

COMMITTEE ON HEALTH & HUMAN SERVICES

Senator Joy A. San Buenaventura, Chair

Senator Henry J.C. Aquino, Vice Chair

Hearing Date: March 22, 2024

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

My name is Suzanne Zeng, and I am President of **Language Services Hawaii**, a Hawaii company who provides interpreters and translators to hospitals, clinics, courts, various state agencies, and private firms on all islands of Hawaii.

The importance of having a professional interpreter in times of illness cannot be understated. Most hospitals in Oahu request either an in-person or over the phone interpreter for their patients. The other county hospitals are not utilizing the services available for in-person interpreters and often get frustrated when waiting for a phone interpreter from a mainland company in one of the languages we consider common in Hawaii. Two health insurance companies we work with provide Quest members with interpreters free of charge, but only Quest members. Those going to private doctor offices are normally asked to bring their own interpreter with them. Many resort to family members who do not speak medical terminology and do not know the importance of accuracy and other ethical practices professional interpreters adhere to. The decisions made based on what is understood have had devastating consequences. I have heard countless stories from Limited English speakers of the problems they encountered due to a lack of language access in healthcare settings that do not utilize professional interpreters. Establishing a stakeholder workgroup to assess the situation would only be beneficial to understanding what is truly happening in terms of equity in healthcare. I am asking you to support this resolution to support this workgroup and support equity among our residents.

Sincerely,

Suzanne M Zeng,

President

P.O. Box 160951
Honolulu, Hawaii 96816
Ph 808.892.3446
Fax 808.379.3826
LanguageServicesHawaii.com

SR-37

Submitted on: 3/19/2024 2:45:35 PM

Testimony for HHS on 3/22/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Nanea Lo	Individual	Support	Written Testimony Only

Comments:

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

I am writing in support of SR3756 & SCR49, 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.

[PROVIDE BACKGROUND OF WORK OR EXPERIENCE]

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'ili, O'ahu

Testimony in SUPPORT of SR37 & SCR49
COMMITTEE ON HEALTH & HUMAN SERVICES

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

Hearing Date: March 22, 2024

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

I am writing **in support of SR37 & SCR49**, 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

SR-37

Submitted on: 3/20/2024 12:59:34 PM

Testimony for HHS on 3/22/2024 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Dianne Deauna	Individual	Support	Written Testimony Only

Comments:

Aloha members of the Senate Health and Human Services Committee,

I stand in strong support of SR 37, which requests the Department of Health to convene a stakeholder working group to make recommendations to enhance meaningful access to healthcare in the State through the provision of language assistance services.

As a Filipino immigrant, I understand the difficulty of navigating services here in Hawai'i. Immigrants make up a majority of the State population and it is only just to ensure equitable access to health care by creating a working group to really evaluate how language assistance services can be improved.