STATE OF HAWAIʻI
KA MOKUʻĀINA O HAWAIʻI
STATE COUNCIL ON DEVELOPMENTAL DISABILITIES
'A'UNIKE MOKU'ĀPUNI NO KA NĀ KĀWAI KULA
PRINCESS VICTORIA KAMĀMALU BUILDING
1010 RICHARDS STREET, Room 122
HONOLULU, HAWAIʻI 96813
TELEPHONE: (808) 586-8100 FAX: (808) 586-7543

February 5, 2026

The Honorable Representative Lisa Marten, Chair
House Committee on Human Services & Homelessness
The Honorable Representative Gregg Takayama, Chair
House Committee on Health
The Thirty-Third Legislature
State Capitol
State of Hawaiʻi
Honolulu, Hawaiʻi 96813

Dear Chairs Marten and Takayama, and Committee Members:

SUBJECT: HB2488 Relating to the Disability and Communication Access Board

The Hawaiʻi State Council on Developmental Disabilities (DDC) submits this testimony in **SUPPORT of HB2488,** which requires the Disability and Communication Access Board to study the health care communication needs of patients who are deaf, hard-of-hearing, or deaf-blind. Requires a report to the Legislature 20 days prior to the 2027 Regular Session.

People with intellectual and developmental disabilities are also part of this demographic and are similarly impacted by communication barriers in health care settings. Many individuals with intellectual and or developmental disabilities (I/DD) rely on alternative or augmentative communication, interpreters, plain language, visual supports, or additional time to understand medical information and express consent, symptoms, or preferences. When health care systems fail to provide effective communication supports, people with I/DD face increased risks of misdiagnosis, inappropriate treatment, and exclusion from their own care decisions.

The Council appreciates that this measure appropriately places responsibility for the study and technical recommendations with Disability and Communication Access Board (DCAB), which has the expertise to assess communication access needs and provider obligations. We support HB2488 as an important step toward improving health care access and equity for people with disabilities and look forward to DCAB's findings and recommendations.

Hawaiʻi State Council on Developmental Disabilities **supports HB2488**.

Thank you for the opportunity to submit testimony.

Sincerely,

Daintry Bartoldus

Daintry Bartoldus
Executive Administrator

STATE HEALTH PLANNING
AND DEVELOPMENT AGENCY
DEPARTMENT OF HEALTH - *KA ʻOIHANA OLAKINO*

JOSH GREEN, MD
GOVERNOR OF HAWAIʻI
KE KIAʻĀINA O KA MOKUʻĀINA ʻO HAWAIʻI

KENNETH S. FINK, MD, MGA, MPH
DIRECTOR OF HEALTH
KA LUNA HOʻOKELE

JOHN C. (JACK) LEWIN, MD
ADMINISTRATOR

February 3, 2026

TO:
HOUSE COMMITTEE ON HUMAN SERVICES & HOMELESSNESS
Representative Lisa Marten, Chair
Representative Ikaika Olds, Vice Chair

HOUSE COMMITTEE ON HEALTH
Representative Gregg Takayama, Chair
Representative Sue L. Keohokapu-Lee Loy, Vice Chair
Honorable Members

FROM: John C. (Jack) Lewin, MD, Administrator, SHPDA, and Sr. Advisor to Governor Josh Green, MD on Healthcare Innovation

RE: **HB 2488 -- RELATING TO THE DISABILITY AND COMMUNICATION ACCESS BOARD**

HEARING: Thursday, February 5, 2026 @ 10:00am; Conference Room 329

POSITION: SUPPORT with COMMENTS

Testimony:

SHPDA supports HB 2488, with comments.

SHPDA agrees that patients who are deaf, hard-of-hearing, or dead-blind should be provided with auxiliary aids and services, including qualified sign language interpreters, to ensure effective communication. Identifying those needs to include patient preference, site specific needs, legal duties and more is crucial.

Hawaii faces a growing number of hard of hearing residents amid its aging population with tens of thousands already affected statewide. Hearing loss significantly impacts health outcomes and quality of life, often exacerbating isolation and chronic conditions.

State data indicate tens of thousands of Hawaii residents experience some degree of hearing loss, including many with serious difficulties. This aligns with demographic projections showing Hawaii's population aged 65 + rising from 200,712 in 2020 to 215,570 by 2030 (24.4% of total population), driving higher prevalence as hearing impairment increases sharply with age. Untreated hearing loss raises risks of cognitive decline, dementia (up to 5x higher) falls, and hospitalizations as it limits communication and early detection of health issues. It correlates with depression, anxiety, and poorer management of comorbidities like diabetes or heart disease in seniors. In Hawaii's island context, access barriers amplify these effects for rural populations.

Hearing difficulties lead to social isolation, reduced independence and lower life satisfaction, straining family caregivers and increasing long term care demands. Daily challenges include misunderstandings in conversations, missing safety cures or exclusion from community events, and worsening mental health. Early interventions like hearing aids can mitigate up to 90% of these impacts, yet affordability remains a hurdle.

A study of the communication needs of deaf, hard-of-hearing and deaf blind would provide direction, identify current resources and identify gaps. This would lead to better care. SHPDA defers to the Disability and Communication Access Board on the specifics, details and costs.

Thank you for hearing HB 2488

Mahalo for the opportunity to testify.

- -- Jack Lewin, MD, Administrator, SHPDA

DISABILITY AND COMMUNICATION ACCESS BOARD
Ka ʻOihana Hoʻokaʻaʻike no ka Poʻe Kīnānā

1010 Richards Street, Rm. 118 • Honolulu, Hawai'i 96813
Ph. (808) 586-8121 (V) • Fax (808) 586-8129 • (808) 204-2466 (VP)

February 5, 2026

TESTIMONY TO THE HOUSE COMMITTEES ON HUMAN SERVICES AND HOMELESSNESS AND ON HEALTH

House Bill 2488 – Relating to the Disability and Communication Access Board

The Disability and Communication Access Board (DCAB) supports House Bill 2488 – Relating to the Disability and Communication Access Board. This bill requires the Disability and Communication Access Board to study the health care communication needs of patients who are deaf, hard-of-hearing, or deaf-blind. And it requires a report to the Legislature 20 days prior to the 2027 Regular Session.

Patients who are deaf, hard-of-hearing, or deaf-blind often encounter significant communication challenges in health care settings, especially at the hospital or when transitioning to a skilled nursing facility. These barriers can lead to misunderstandings about treatment plans, delayed care, and even safety risks during transitions between facilities.

The study will identify communication needs, evaluate current practices, and provide recommendations to improve guidance for health care providers to ensure effective communication.

Thank you for the opportunity to testify.

Respectfully submitted,

Kristine Pagano

KRISTINE PAGANO
Acting Executive Director

HB-2488
Submitted on: 2/2/2026 5:17:02 PM
Testimony for HSH on 2/5/2026 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Louis Erteschik	Hawaii Disability Rights Center	Support	Written Testimony Only

Comments:

This seems like a good idea since DCAB is often the lead agency with knowledge of what is needed by the population referenced in this bill. We do get questions in our office about what are the obligations of health care settings to provide “effective communication” and what constitutes effective communication in different contexts. It would be good to get a handle on this and DCAB is well positioned to undertake this and hopefully it will put all health care providers on the same page.

February 5, 2026

Submitted to the Hawaii State House
COMMITTEE ON HEALTH, and
COMMITTEE ON HUMAN SERVICES & HOMELESSNESS

Honorable Rep. Gregg Takayama, Chair
Honorable Rep. Lisa Marten, Chair

Re: HB 2488 Relating to the Disability & Communication Access Board

Dear Chairs Nakayama, Marten and Members,

I would like to very strongly support HB 2488, requiring the Disability & Communication Access Board (DCAB) to conduct a study of healthcare communication needs of patients who are deaf, hard of hearing, or deaf-blind.

This legislation is crucial to study the healthcare communication needs of patients in doctor's offices, mental health settings, hospitals to include Emergency Rooms, and rehabilitation facilities. Do you realize how much information is explained about a diagnosis, description of complex laboratory results, medication options, and guidance for the deaf, hard of hearing, or deaf-blind patient toward a personal, medical decision. In most cases, time is of the essence. These decisions can be life-saving.

Though this may appear to be mundane, can you imagine how much communication can be missed without one's hearing aids, prescription eye glasses, paper/marsh pen for writing notes, or a smart phone to use the app for voice to text options.

I heartily support HB 2488 to require DCAB to carefully study the communication needs of deaf, hard of hearing and deaf-blind patients in healthcare facilities.

Kindly pass this important bill.

Mahalo in advance,

Eleanor Macdonald, M.Ed., CRC (ret.)
District 13

HB-2488
Submitted on: 2/3/2026 11:54:08 AM
Testimony for HSH on 2/5/2026 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Kaili Swan	Individual	Support	In Person

Comments:

I am in strong support of this HB2488 beacuse people with disability need alternative ways of communication for people with hearing impaired like american sign language ect please pass this HB2488

HB-2488
Submitted on: 2/3/2026 12:57:48 PM
Testimony for HSH on 2/5/2026 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Sherry Shimizu	Individual	Support	Written Testimony Only

Comments:

February 3, 2026
Dearest Honorables Representatives Marten (Chair), Olds (Vice Chair), and Members Amato, Hartsfield, Keohokapu-Lee Loy, Takayama, Takenouchi, Alcos, and Garcia of House Committee on Human Services & Homelessness (HSH); Takayama (Chair), Keohokapu-Lee Loy (Vice Chair), and Members Amato, Hartsfield, Marten, Olds, Takenouchi, Alcos, and Garcia of House Committee on Health (HLT):

Aloha, I am typing to you all today to express my support for this bill or resolution HB2488, because it is imperative to study and gather the stories / needs of various Deaf-Blind and Deaf people's legal rights to receive quality health care. There are many who have died in hospitals settings without having their communication met. Two dearest friends will submit their respective testimonies, one is Deaf-Blind and did not receive any Braille communication access at Queens Hospital (there are other Deaf-Blind who do not read Braille and prefers Sign Language interpreters, so this study will ensure each patient's preferences); the second friend is Deaf and encountered a frustrating situation (which I've also experienced as a Deaf person at another facility) where they were not able to enter Kuakini Hospital after-hours with only an intercom to talk with ER staff. Please consider alternatives to audio or verbal based communication methods.

Another aspect I would like you to be aware of are Hearing children with parent(s) who are Deaf-Blind or Deaf; when the children require emergency care and are perhaps too young to communicate, it is not on them to interpret, so the parent(s) who are not the patient, requires communication access as well. Thank you for your time and I hope you all will support this bill HB2488.
Sincerely,
Sherry Shimizu

Thursday, February 5, 2026, 10:00 am

HB 2488: RELATING TO THE DISABILITY AND COMMUNICATION BOARD, which Requires the Disability & Communication Access Board to study the health care communication needs of patients who are deaf, hard of hearing, or deaf-blind. Requires a report to the Legislature 20 days prior to the 2027 Regular Session.

1. Committee on Human Services & Homelessness:
Chair: Rep. Lisa Marten
Vice Chair: Rep. Ikaika Olds

2. Committee on Health:
Chair: Rep. Gregg Takayama
Vice Chair: Rep. Sue L. Keohokalole-Lee Loy

Honorable Representatives,

My name is Rod Macdonald. I am writing to urge your vigorous support for the following bill:

HB 2488: RELATING TO THE DISABILITY AND COMMUNICATION BOARD, which Requires the Disability & Communication Access Board to study the health care communication needs of patients who are deaf, hard of hearing, or deaf-blind. Requires a report to the Legislature 20 days prior to the 2027 Regular Session.

The purpose of this legislation is to urge DCAB to study the issue of 'effective communication" when providing services to individuals with disabilities - in particular individuals who are Deaf, Hard of Hearing or Deaf-Blind. In effect, this is to implement in Hawaii provisions of the Americans with Disabilities Act (ADA).

I would like to draw your attention to Title 3, 42 U.S.C. §§ 12181-12189 (2020); and 28 C.F.R. §§ 36.101- 36.607 (2016). Title III of the ADA applies to all private health care providers. See 42 U.S.C. § 12181(7)(F).

This legislation is of great personal importance to me. I have no usable eyesight, and I have no usable hearing. I also use a wheelchair due to poor balance.

Why formal guidelines are needed in Hawaii:

(1) Several years ago I had an appointment at Queens Medical Center for a CT scan. Upon arrival the doctor told me he could not perform the procedure because his policy manual stated that if a patient is Deaf, he must provide an ASL interpreter. I explained to him that I did not use American Sign language; that my wife was fully capable of interpreting as MY choice of communication method ("Tactile Fingerspelling" or the Rochester method); and my wife was there with me. Still the doctor refused to do the CT scan.

I spent six weeks arguing with the hospital's policy office. In the end, they provided both an ASL interpreter and a "Computer-Assisted Notetaker," (CAN). The CAN interpreter's equipment could not fit in the procedure room, so my wife ended up interpreting anyway while the ASL interpreter and the CAN sat in the waiting area.

(2) In November 2025, I was admitted to Queens Medical Center with an apparent respiratory infection. I was there for 157 hours. There was a constant parade of IV adjustments, blood work, x-rays (2), CT scans (2) and other tests.

Each morning the hospitalist doctor came in for a conversation with no scheduled time for her/his visit and on the last two days there were multiple discussions on where I would go after discharge. I was there for 157 hours; the hospital provided five consecutive hours of ASL interpreter support (7:00pm-midnight); our Deaf-Blind Support Service Provider (SSP) program provided an emergency 30 hours of support. (It usually provides 10 hours SSP hours/month, funded by Act 218 in 2013 through DHS and Vocational Rehabilitation). My wife and sister-in-law provided 122 hours of exhausting communication support. Most of the communication support came from my family while the hospital has a policy not to allow family members to provide the interpreting service. This was puzzling.

(3) Now, placement after discharge from the hospital. I was supposed to go to a rehabilitation facility, but on the morning of my discharge we were told that they would only accept this placement if I guaranteed to them that I would bring my "machine" that would allow their staff to communicate with me.

I could cobble together a keyboard and a braille display, but I would have to go home to properly disconnect the computer device which I use. Needless to say, I refused that placement in a rehabilitation facility and decided to go home instead.

(4) During our Task Force discussions, another participant, who is Deaf, spoke of going to the emergency room after hours at Kuakini Hospital while in considerable pain. They found only an intercom to talk with ER staff but they were Deaf and could not hear what was said. The door remained locked.

We need effective guidelines, and this legislation is the best way to study the communication needs in health care facilities for Deaf, Hard of Hearing and Deaf-Blind residents.

Please pass this important bill.

Mahalo,

Rod Macdonald, M.A.,LHD

HB-2488
Submitted on: 2/3/2026 6:06:05 PM
Testimony for HSH on 2/5/2026 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Cardenas Pintor	Individual	Support	Written Testimony Only

Comments:

Aloha,

I support this bill.

Mahalo nui,

Cardenas/Cards Pintor (Any Pronouns)

HB-2488
Submitted on: 2/3/2026 6:17:13 PM
Testimony for HSH on 2/5/2026 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Lila Mower	Individual	Support	Written Testimony Only

Comments:

I strongly support this measure.

HB-2488
Submitted on: 2/3/2026 8:12:51 PM
Testimony for HSH on 2/5/2026 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Nikki Kepoo	Individual	Support	Written Testimony Only

Comments:

Aloha Chair and committee,

This testimony is to give full support of HB 2488, requiring the Disability & Communication Access Board (DCAB) to conduct a study of healthcare communication needs of patients who are deaf, hard of hearing, or deaf-blind.

This legislation is crucial to study the healthcare communication needs of patients in doctor's offices, mental health settings, hospitals to include Emergency Rooms, and rehabilitation facilities. As an advocate I have had so many altercations with the healthcare field not providing adequate communication for persons who are deaf, hard of hearing, or Deaf-Blind. A dear friend of mine had suffered a stroke and couldn't write, an interpreter was crucial for his understanding to what was happening and provide clear and quick responses between the first responders and him. Sadly he passed away, he had to move from Hawaii because our healthcare providers refused to give the basic needs that would have helped minimize any guessing or delays in his care by properly providing communication.

Unless you or a loved one is in the midst of this type of situation, it doesn't seem real or even a problem. Just a simple "Stop", "I hurt here", "my level of pain is 8", or "I'm allergic to xyz medications". It's very challenging and inhumane.

Although I fully support HB 2488, we need you all to make it happen. The study is just the 1st step necessary to truly giving the best care to our community.

I appreciate your time in considering this bill and passing it.

Mahalo,

Nikki Kepoo (Parent of a Deaf Child, Advocate for the community)

HB-2488
Submitted on: 2/3/2026 8:50:45 PM
Testimony for HSH on 2/5/2026 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Laura Safranski	Individual	Support	Written Testimony Only

Comments:

I'm in HUGE support of this bill

HB-2488
Submitted on: 2/3/2026 9:20:21 PM
Testimony for HSH on 2/5/2026 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Margaret A. Perkinson, PhD	Individual	Support	Written Testimony Only

Comments:

I support HB2488.

February 5, 2026

Submitted to the Hawaii State House
COMMITTEE ON HEALTH, and COMMITTEE ON HUMAN SERVICES & HOMELESSNESS

HB 2488 Relating to the Disability & Communication Access Board

Dear Honorable Chairs and Members of the House,

My name is Maile Paongo, and I am a deaf resident of Hawaiʻi. Thank you for the opportunity to submit testimony today. I am testifying in strong support of legislation that improves access, safety, and dignity for deaf and disabled people in our state. My testimony addresses several urgent and interconnected issues.

1. Centralized ASL Interpreting as a Public Good

First, I want to speak on behalf of the deaf community regarding American Sign Language (ASL) interpreting services. While I understand the value of competition in private markets, interpreting for deaf people is not a luxury or a commodity—it is a public good.

Having multiple private interpreting agencies creates unnecessary barriers for deaf consumers. A single, centralized interpreting agency would be easier for the deaf community to navigate and would allow for better coordination of services that meet our daily needs. Currently, valuable time and energy are wasted on competition between agencies. That time could instead be spent improving access, quality, and responsiveness for deaf residents across Hawaiʻi.

2. Inaccessible and Discriminatory Building Entrances

Second, I want to raise serious concerns about how entrances to hospitals and police facilities discriminate against deaf people.

Many facilities, such as Kuakini Medical Center's emergency room and police or correctional facilities, require visitors to use a callbox to gain entry. While these systems may improve security, they fail to consider deaf individuals entirely. I recently experienced a medical emergency and had difficulty entering the emergency room because staff insisted on communicating with me only through a callbox—even after I explained that I am deaf. I was laughed at. I was only able to enter because a nurse happened to see me and came outside to help.

In another incident, I attempted to pick up a family member from jail after bail for a misdemeanor had already been paid. I was refused entry. Later, I was told that staff had to be careful about releasing prisoners. Law enforcement should be capable of distinguishing between individuals who are being released and those who pose a security risk.

Hospitals and police stations must have accessible, non-audio-only methods for deaf people to communicate their purpose and gain entry. Requiring deaf people to "just talk" through systems we cannot use is degrading and discriminatory.

3. Voluntary Disability Identification on State IDs

Third, I strongly support allowing people with disabilities to voluntarily have their disability printed on official state identification, such as a driver’s license or state ID. This could improve quality of life and save lives. Deaf people have been harmed and even killed during police encounters because officers misinterpreted our behavior when we tried to communicate. I fear that I—or another deaf person—could be shot for attempting to signal that we are deaf.

If a disability is clearly indicated on an official ID, law enforcement would be required to comply with the Americans with Disabilities Act and adjust their communication methods appropriately. This would also protect deaf people from being falsely accused of giving consent when we did not understand what was being said. I believe IDs should allow descriptions such as blind, deaf, deaf-blind, or hard of hearing, possibly with standardized symbols to prevent fraud. This information should be on official IDs—not on separate “special” cards that officers may not recognize or may refuse to verify. Time is critical during police encounters, and officers often lack the patience or training to look up separate documentation.

Importantly, this should remain a choice. Some disabled individuals may not want their disability listed, and that decision should be respected. But the option should exist.

Currently, many deaf people rely on the Disability and Communication Access Board (DCAB) for assistance. However, DCAB now has only three staff members and insufficient funding. They cannot meet the needs of the entire disabled population in Hawaiʻi.

Allowing disability identification on IDs would reduce unnecessary miscommunication and ease the burden on underfunded agencies. I have a friend in New York City where disability status is printed on IDs, and she has told me it makes her daily life significantly easier. This type of identification could also help in other situations, such as access to public spaces. For example, dogs are banned at Ala Moana Beach Park, but disabled individuals may rely on service animals. Clear, official identification could prevent disabled people from being fined or harassed while still allowing enforcement of public health rules.

5. The Need for Ethical and Competent Leadership

Finally, I ask for assistance in supporting competent and ethical leadership within the deaf community. In the past, organizations meant to serve deaf people have suffered from corruption, fraud, and mismanagement. For example, prior to 1990, Hawaii Services on Deafness experienced serious financial misconduct.

Too often, institutions led by hearing individuals fail to prioritize the welfare of disabled people. With strong, transparent leadership, our community could come together more effectively and build trust, accountability, and successful fundraising efforts.

Closing

In closing, I urge you to support legislation that recognizes communication access as a civil right, not a privilege. Deaf and disabled people deserve safety, dignity, and full participation in public life.

Thank you for your time and consideration.

Respectfully submitted,

Maile Paongo

HB-2488
Submitted on: 2/4/2026 7:54:27 AM
Testimony for HSH on 2/5/2026 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Leilani Kailiawa	Individual	Support	Written Testimony Only

Comments:

Aloha Chair and Committee Members,

My name is Leilani. I am a parent and community leader. I am in strong support of HB 2488. As a parent of achild who is hard of hearing, access to timelyu and appropriate supports is not optional-it is essential. My child relies on accommodations and services to fully access communication, learning and daily life.

It would help families like mine by reducing barriers and ensuring children receive the support they need to thrive at home, in school, and in the community. When we invest in early and ongoing access,m we invest in our children's ability to succeed.

Mahalo for considering my testimony and for supporting famiiies like mine across Hawaii

With gratitude

Leilani Kailiawa

HB-2488
Submitted on: 2/4/2026 9:48:35 AM
Testimony for HSH on 2/5/2026 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Kekai Kaaumoana-Cummings	Individual	Support	Remotely Via Zoom

Comments:

WRITTEN TESTIMONY
IN SUPPORT OF HB2488
Relating to DCAB and Health Care Communication Access

My name is **Kekai Kaaumoana-Cummings**. I was born on **Niʻihau**, I am a **resident of Kauaʻi**, a **current student at the University of Hawaiʻi at Mānoa**, and I am **Native Hawaiian**. I am submitting this testimony in strong support of HB2488, relating to the Department of Commerce and Consumer Affairs (DCAB) studying health care communication access for Deaf, Hard of Hearing, and Deaf-Blind individuals.

I am Deaf, and I am sharing my personal experience to explain why this bill is necessary. I have consistently faced barriers when accessing health care due to the lack of qualified interpreters. Many times, no interpreter was provided, which prevented effective communication with doctors and medical staff. This made it difficult to understand my medical condition, treatment options, and other critical health information.

The situation is even more serious in emergency room settings. When Deaf or Deaf-Blind parents bring their child or children to the emergency room, there is often no immediate access to an interpreter. This creates confusion, delays, and serious risks to patient safety. Parents must be able to communicate clearly with health care providers to protect their children's health and well-being.

I am deeply concerned not only for myself, but also for the future of Deaf children, Deaf-Blind children, and Deaf adults who will continue to struggle without proper communication access in health care settings. No one should feel fear or uncertainty when seeking medical care simply because they cannot communicate.

HB2488 is an important step toward identifying these gaps and improving health care communication access. I respectfully urge you to support this bill to ensure equal, safe, and effective health care for Deaf, Hard of Hearing, and Deaf-Blind individuals.

Mahalo for the opportunity to provide this testimony.

HB-2488
Submitted on: 2/4/2026 9:57:16 AM
Testimony for HSH on 2/5/2026 10:00:00 AM

Submitted By	Organization	Testifier Position	Testify
Lapule	Individual	Support	Written Testimony Only

Comments:

WRITTEN TESTIMONY IN SUPPORT OF HB2488 Relating to DCAB and Health Care Communication Access

My name is Lapule Valente. I am a resident of Kauaʻi. I am a mother of a deaf adult son. I am submitting this testimony in strong support of HB2488, relating to the Department of Commerce and Consumer Affairs (DCAB) studying health care communication access for Deaf, Hard of Hearing, and Deaf-Blind individuals.

I am sharing my sons personal experience to explain why this bill is necessary. I He has consistently faced barriers when accessing health care due to the lack of qualified interpreters. Many times, no interpreters were provided, which prevented effective communication with doctors and medical staff. This made it difficult to understand his medical condition, treatment options, and other critical health information.

The situation is even more serious in a emergency room settings. When Deaf or Deaf-Blind parents bring their child or children to the emergency room, there is often no immediate access to an interpreter. This creates confusion, delays, and serious risks to patient safety. Parents must be able to communicate clearly with health care providers to protect their children's health and well-being.

I am deeply concerned not only for my son but also for the future of Deaf children, Deaf-Blind children, and Deaf adults who will continue to struggle without proper communication access in health care settings. No one should feel fear or uncertainty when seeking medical care simply because they cannot communicate.

HB2488 is an important step toward identifying these gaps and improving health care communication access. I respectfully urge you to support this bill to ensure equal, safe, and effective health care for Deaf, Hard of Hearing, and Deaf-Blind individuals.

Mahalo for the opportunity to provide my testimony.