

JOSH GREEN, M.D.
GOVERNOR

SYLVIA LUKE
LIEUTENANT GOVERNOR



SIERRA WHITESIDE
CHAIRPERSON

DAINTRY BARTOLDUS
EXECUTIVE ADMINISTRATOR

STATE OF HAWAII
KA MOKU'ĀINA O HAWAII
STATE COUNCIL ON DEVELOPMENTAL DISABILITIES
'A'UNIKE MOKU'ĀPUNI NO KA NĀ KĀWAI KULA
PRINCESS VICTORIA KAMĀMALU BUILDING
1010 RICHARDS STREET, Room 122
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March 25, 2026

The Honorable Senator Joy A. San Buenaventura, Chair
Senate Committee on Health and Human Services
The Thirty-Third Legislature
State Capitol
State of Hawai'i
Honolulu, Hawai'i 96813

Dear Chair San Buenaventura and Committee Members:

SUBJECT: HB2488 HD2 Relating to the Disability and Communication Access Board

The Hawai'i State Council on Developmental Disabilities (DDC) submits this testimony in **SUPPORT of HB2488 HD2**, 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 the Disability and Communication Access Board (DCAB), which has the expertise to assess communication access needs and provider obligations. We support HB2488 HD2 as an important step toward improving health care access and equity for people with disabilities and look forward to DCAB's findings and recommendations.

Hawai'i State Council on Developmental Disabilities **supports HB2488 HD2.**

Thank you for the opportunity to submit testimony.

Sincerely,

A handwritten signature in blue ink that reads "Daintry Bartoldus".

Daintry Bartoldus, Executive Administrator



DISABILITY AND COMMUNICATION ACCESS BOARD

Ka 'Oihana Ho'oka'a'ike no ka Po'e Kīnānā

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

March 25, 2026

TESTIMONY TO THE SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

House Bill 2488 House Draft 2– Relating to the Disability and Communication Access Board

The Disability and Communication Access Board (DCAB) supports House Bill 2488 House Draft 2 – 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. Effective 7/1/3000.

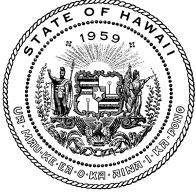
Patients who are deaf, hard-of-hearing, or deaf-blind often encounter significant communication challenges in health care settings, especially at the hospital or when transitioning to a skilled nursing facility. It is the communication that can lead to misunderstandings about treatment plans, delayed 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
Acting Executive Director



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

JOSH GREEN, MD
GOVERNOR OF HAWAII
KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAII

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ADMINISTRATOR

1177 Alakea Street, #402, Honolulu, HI 96813

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March 23, 2026

TO: SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES
Senator Joy A. San Buenaventura, Chair
Senator Angus L.K. McKelvey, 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-HD2 -- RELATING TO THE DISABILITY AND
COMMUNICATION ACCESS BOARD**

HEARING: Wednesday, March 25, 2026 @ 1:40 pm; Conference Room 225

POSITION: SUPPORT with COMMENTS

Testimony:

SHPDA strongly supports HB 2488-HD2, 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 cues 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-HD2.

Mahalo for the opportunity to testify.

■ -- Jack Lewin, MD, Administrator, SHPDA

HB-2488-HD-2

Submitted on: 3/20/2026 6:20:26 PM

Testimony for HHS on 3/25/2026 1:40:00 PM

Submitted By	Organization	Testifier Position	Testify
Louis Erteschik	Testifying for Hawaii Disability Rights Center	Support	Remotely Via Zoom

Comments:

In support.

March 25, 2026

Submitted to the Hawaii State Senate
COMMITTEE ON HEALTH, and HUMAN SERVICES

Honorable Sen. Joy A. San Buenaventura, Chair
Honorable Sen. Angus L.K. McKelvey, Vice Chair

Re: HB 2488, HD2 Relating to the Disability & Communication Access Board

Dear Sen. San Buenaventura, Sen. McKelvey and Members,

I would like to very strongly support HB 2488 HD2, 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 on statewide basis.

This legislation is crucial to study the healthcare communication needs of patients in doctors' offices, mental health settings, hospitals to include Emergency Rooms, and rehabilitation facilities. Do you realize how much information is explained about a diagnosis, description for 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 application software for voice to text options.

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

Kindly pass this important bill.

Mahalo in advance,

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



www.AlohaILHawaii.org

Mar 25, 2026

MISSION

Aloha Independent Living Hawaii (AILH) dedicated to providing independent living programs and services for persons with disabilities in Hawaii.

We work together with the community and consumers to improve the quality of life through individual choices and access to services.

EXECUTIVE DIRECTOR

Roxanne U. Bolden

BOARD OF DIRECTORS

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Scott Suzuki
Sheila Castaneda
Jennifer Hartssock

The Honorable Joy A. San Buenaventura, Chair
Senate Committee on Health and Human Services
The Thirty-Third Legislature
State Capitol
State of Hawaii
Honolulu, Hawaii 96813

SUBJECT: HB2488 HD2 – Relating to the Disability and Communication Access Board

Chair and Members of the Committee:

Aloha Independent Living Hawaii (AILH) **supports HB2488 HD2** and offers comments to strengthen its impact for our deaf, hard-of-hearing, and deaf-blind communities.

HB2488 HD2 directs the Disability and Communication Access Board (DCAB) to study the communication needs of individuals who are deaf, hard-of-hearing, or deaf-blind in health care settings and to report findings and recommendations to the Legislature before the 2027 session. The study must consider interpreter and auxiliary aid availability, patient preferences, the needs of in-patients in hospitals and skilled nursing facilities, providers' legal duties, and needed updates to effective communication guidance.

From an Independent Living perspective, effective communication in health care is foundational to self-determination, informed consent, and the ability to remain in the community rather than in institutions. When communication access fails, people may experience misdiagnosis, avoid needed care, or be pushed into higher levels of care that they do not want and that cost the State more.

To maximize the value of this study, AILH respectfully offers the following comments:



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Scott Suzuki
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1. Center disability-led, community-driven input

The bill lists important technical issues, but the quality of the study will depend on directly engaging deaf, hard-of-hearing, and deaf-blind community members, including kupuna, youth, and people on neighbor islands. We encourage the committee to note in its report that DCAB should use community-based listening sessions, accessible surveys, and partnerships with consumer-led organizations to ensure the study reflects lived experience, not only provider perspectives.

2. Include rural and neighbor island health settings

Communication barriers are often most severe where there are few on-site interpreters or specialists, such as rural clinics, small hospitals, and skilled nursing facilities on neighbor islands. The study should explicitly examine geographic disparities in interpreter and tactile interpreter availability and access to remote services, so recommendations do not unintentionally focus only on urban Oahu.

3. Align guidance with enforcement and training

Section 1 directs DCAB to review providers' legal duties and recommend revisions to current guidance on effective communication. AILH encourages the study to consider how updated guidance can be paired with provider training, clear policies, and accountability mechanisms so that recommendations translate into real, day-to-day practice changes in hospitals, clinics, and long-term care settings.

Thank you for the opportunity to testify. This bill is an important step toward ensuring that deaf, hard-of-hearing, and deaf-blind patients can access health care on an equal basis with others, in line with Independent Living values of choice and control. AILH respectfully urges the committee to pass HB2488 HD2 and to consider these comments in its committee report.

Mahalo,



www.AlohaILHawaii.org

Roxanne U. Bolden

Roxanne Bolden
Executive Director

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TESTIMONY IN SUPPORT WITH COMMENTS

Senate Committee on Health and Human Services

Senator Joy A. San Buenaventura, Chair

Senator Angus L.K. McKelvey, Vice Chair

HB 2488, HD2

Relating to the Disability and Communication Access Board

Wednesday, March 25, 2026 | 1:40 PM

State Capitol, 415 South Beretania Street

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

I. Introduction and Position

I am an attorney. I am hard of hearing. I have a sibling who is disabled by cerebral palsy. I am an advocate for individuals with disabilities and a former member of the Disability and Communication Access Board. I submit this testimony in support of HB 2488, HD2. My comments address how the bill's mandate should be carried out. The most important thing DCAB can do is teach individuals with disabilities how to file an ADA grievance. That is the remedy. It is already available. I have personal experience with the grievance process.

The problem this bill addresses is real and well documented. Patients who are deaf, hard-of-hearing, or deaf-blind face communication failures in health care settings that delay care, compromise safety, and in some cases have driven patients to leave Hawaii entirely to find adequate treatment. The legal obligation to fix this already exists. Health care providers are required under Section 504 of the Rehabilitation Act and Titles II and III of the Americans with Disabilities Act to provide effective communication, including qualified interpreters and auxiliary aids. Title II applies to public entities, including public hospitals. Title III applies to private entities operating places of public accommodation, which includes private hospitals and medical offices. Providers receiving Medicare or Medicaid reimbursement carry additional federal compliance obligations under those programs. The law is clear. What is missing is enforcement. The remedy is the formal grievance, and it is already available. DCAB's report should teach patients how to use it.

Another study and another report will not move institutions. The problem is not a lack of information. The remedy is the formal grievance. The first step is to file a grievance directly with the health care facility. That

internal grievance puts the provider on notice and creates a written record. If the provider does not respond adequately, the second step is to file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights (HHS OCR). HHS OCR enforces Section 504 and Section 1557 of the Affordable Care Act against providers that receive federal financial assistance. A provider that fails to ensure effective communication and receives a complaint to HHS OCR faces a compliance review. A pattern of complaints can affect federal funding. Hospitals understand this risk.

DCAB's report, if this bill passes, should prioritize practical guidance on this two-step process. That is the recommendation I urge this committee to consider.

II. The Testimony Record Documents the Problem. It Does Not Address the Remedy.

The testimony submitted to the House Committees on Human Services and Homelessness and on Health, and subsequently to the House Committee on Finance, is extensive and consistent. No testimony in opposition was filed at either hearing.

The following agencies and organizations submitted testimony in support: the Disability and Communication Access Board, the State Health Planning and Development Agency, the Hawaii State Council on Developmental Disabilities, the Hawaii Disability Rights Center, and the Hawaii Civil Rights Commission (HCRC).

Individual testimony documented specific failures across multiple facilities and settings. A deaf-blind patient who uses tactile fingerspelling was denied a medical procedure because the provider's policy required an ASL interpreter, a method the patient does not use. During a subsequent 157-hour hospitalization, the same patient received five hours of ASL interpreter support from the hospital. His family provided the remaining communication support, despite a hospital policy prohibiting family interpretation. A deaf patient was unable to enter a hospital emergency room after hours because the facility's only entry system was an audio callbox. Another deaf patient left Hawaii entirely because providers repeatedly failed to supply adequate communication during treatment for a serious medical condition.

HCRC's testimony stated the legal position directly: effective communication in health care is not optional. It is a legal and civil rights requirement. HCRC identified three specific barriers: limited interpreter availability, inconsistent provider compliance, and the absence of clear guidance on effective communication obligations.

The Hawaii Disability Rights Center confirmed that its office regularly receives questions about what health care providers are legally required to provide. The knowledge exists. The legal framework exists. What is missing is a mechanism for patients to enforce their rights.

III. The Guidance Already Exists

The National Association of the Deaf (NAD) has published comprehensive guidance on the rights of deaf and hard-of-hearing individuals in health care settings. That guidance covers the legal obligations of providers, the types of auxiliary aids and services that must be offered, and the standards for effective communication. It addresses hospitals, emergency rooms, skilled nursing facilities, and outpatient settings.

Attachment A to this testimony lists those resources. The committee is invited to review them. They address, in detail, exactly what DCAB would study under HB 2488. The information exists. It is publicly available. A Hawaii-specific study will not produce knowledge that does not already exist at the national level. It will produce a document.

The real gap is not information. It is patient awareness of how to act on that information.

IV. The Formal Grievance Is the Remedy

The grievance process has two steps. Patients should understand both.

The first step is to file a grievance directly with the health care facility. The letter should be addressed to the Patient Relations or Patient Advocate office. It should state who the patient is, what occurred, on what date, and what accommodation was needed and not provided. The letter does not require a special form. It can be a simple letter. Filing internally puts the provider on notice and requires a written response. It also creates a record that supports any subsequent external complaint. A sample grievance letter is provided as Attachment B.

What most patients do not know is that internal grievances are not simply filed away. Hospitals that participate in Medicare and Medicaid are required under federal law, specifically 42 CFR 482.13, to maintain a formal grievance process. That process must be approved and overseen by the hospital's governing body. Every grievance must be tracked, investigated, and resolved with a written response. The hospital's compliance with this requirement is subject to review by the Centers for Medicare and Medicaid Services (CMS) during on-site surveys. Patient rights, including the grievance process, is among the most frequently cited areas of deficiency in CMS hospital surveys. A pattern of grievances

relating to the same issue, such as repeated failures to provide effective communication to deaf or hard-of-hearing patients, creates a documented record of systemic noncompliance. Federal surveyors are trained to identify exactly this kind of pattern.

The second step, if the provider does not respond adequately, is to file a complaint directly with HHS OCR. HHS OCR enforces Section 504 of the Rehabilitation Act and Section 1557 of the Affordable Care Act against health care providers that receive federal financial assistance. A complaint to HHS OCR triggers a formal investigation. OCR has the authority to require corrective action and, in cases of serious or persistent noncompliance, to refer the matter for enforcement action that can affect a provider's federal funding. OCR actively uses this authority. In February 2026, OCR secured a resolution agreement against a hospital that denied a sign language interpreter to a deaf patient, and OCR stated publicly that it will take robust enforcement action against providers that fail to remove communication barriers. A formal complaint filed with HHS OCR is not a courtesy complaint. It is a regulatory record with real consequences.

The internal and external mechanisms reinforce each other. An internal grievance creates a record in the hospital's files that CMS surveyors will review. An external complaint to HHS OCR creates a record at the federal level that OCR investigators will pursue. When both are filed, the institution faces accountability at two levels simultaneously. Hospital risk managers and compliance officers monitor grievance patterns for exactly this reason. When the volume or nature of grievances signals a systemic problem, administration responds. Filing a grievance is not a personal act of protest. It is a data point in a federal oversight system that hospitals take seriously because their participation in Medicare and Medicaid depends on it.

At the state level, the Hawaii Civil Rights Commission has enforcement jurisdiction over Hawaii's anti-discrimination laws covering public accommodations and access to state and state-funded services. Patients may file complaints with HCRC as an alternative or in addition to HHS OCR. Both mechanisms are available. Most patients do not know how to use either one.

V. What DCAB's Report Should Include

If this bill passes, DCAB's report should not be another description of the problem. It should be a practical guide to the remedy. Specifically, the report should include the following.

1. The name, address, and online filing information for HHS OCR, with step-by-step instructions on how to file a complaint regarding failure to provide effective communication in a health care setting.
2. The name, address, and filing information for the Hawaii Civil Rights Commission, with the same instructions.
3. Guidance on the use of AI-assisted writing tools to prepare a grievance. Many individuals who are deaf use American Sign Language as their primary language. Written English may be a second language. Drafting a formal complaint in writing is a barrier. AI-assisted programs are now widely used in disability advocacy to help individuals convert a written account of what happened into a formal grievance letter in plain English. These tools can also search for the correct person and address to receive a grievance at a specific health care facility, removing the burden of identifying the right contact before a complaint can even be submitted. AI-assisted tools can produce a finished document, properly formatted, that can be printed and signed without further editing. DCAB should identify these tools and explain how to use them. Effective use of these tools requires a brief introductory instruction. A deaf user should tell the AI at the outset that they are deaf, that American Sign Language is their primary language, and that their written English may reflect ASL structure rather than standard English grammar. The user should then ask the AI to take this into consideration when reading the account and drafting the complaint. With that context, the AI will interpret the meaning of what the person has written rather than treating ASL-influenced English as an error. The result is a formal grievance letter that accurately reflects what happened and is written in plain English that a hospital administrator or federal investigator will understand.
4. A sample grievance letter, demonstrating that a complaint can be submitted as a simple letter and does not require a formal form or legal representation. A sample is provided as Attachment B.

These four items are practical. They are actionable. They do not require DCAB to conduct a study of facts that are already known. They require DCAB to compile and publish guidance that patients can use immediately.

VI. A Personal Account of Why Grievances Work

I offer the following from personal experience. I am an attorney and a former member of DCAB. I am hard of hearing. I have spent years advocating for individuals with disabilities, including my sibling, who is disabled by cerebral palsy. I understand the legal framework. I also

understand what it means to be a patient who cannot communicate with the provider treating him.

I was hospitalized for pneumonia. During that hospitalization, a pulmonologist entered my room. I told her that I could not hear or understand her. She responded by stating that I could hear her, then pulled me forward to check my breathing without addressing the communication problem. There were other similar incidents during that hospitalization in which I could not understand the health care professional treating me and said so.

I had identified myself as hard of hearing at check-in. I communicated in sign language at the front desk. When I recognized that staff did not understand sign language, I stated verbally that I am hard of hearing and that I might need people to speak more clearly or to repeat themselves. That identification was made at the point of admission.

I filed a formal grievance with the hospital. The hospital's initial response placed the responsibility on me. It stated that I had not identified myself as hard of hearing. That response was factually incorrect. I responded to the hospital, pointing out that its own videotapes would show that I began my admission process using American Sign Language and then explained verbally to the admissions staff, as well as multiple times during my hospitalization, that I was hard of hearing and that I would ask to have things repeated that I could not understand clearly. The hospital did not deny my response. I received a letter acknowledging my complaint. The letter stated that the hospital would make a notation in my records that I was hard of hearing. The tone of the letter was conciliatory.

The hospital did not contest the facts.

One month later, I was hospitalized again for pneumonia at the same facility. The experience was entirely different. Staff were prepared. Accommodations were offered. Written instructions were provided. The institutional response had changed.

One grievance. One letter. A measurable change in how the institution treated a hard-of-hearing patient.

That is what DCAB's report should be designed to produce. Not another description of the problem. A practical tool that puts the remedy in the hands of the patient.

I respectfully urge the committee to pass HB 2488, HD2, with the recommendation that DCAB's report prioritize practical guidance on the two-step grievance process, including filing instructions for HHS OCR and

HCRC, guidance on AI-assisted complaint drafting, and a sample grievance letter.

Respectfully submitted,

Peter Fritz
T-Mobile Relay 808.568.0077
pfllegis@fritzhq.com
March 25, 2026

Attachments:

1. Attachment A: Existing Resources on Effective Communication Rights in Health Care Settings
2. Attachment B: Sample Grievance Letter -- Communication Access Complaint

ATTACHMENT A

Existing Resources on Effective Communication Rights in Health Care Settings

For Deaf, Hard-of-Hearing, and Deaf-Blind Individuals

The resources listed below are currently available to patients, providers, and advocates. They address provider obligations, patient rights, communication standards, complaint procedures, and model policies. This list demonstrates that the knowledge base on effective communication in health care settings is well established at the national level. A further study will not produce information that does not already exist.

National Association of the Deaf (NAD)

Health Care Providers: Know Your Rights -- Overview of federal obligations for health care providers. Covers the ADA, Section 504, and the right to request accommodations.

<https://www.nad.org/resources/health-care-and-mental-health-services/health-care-providers/>

Hospitals and Other Health Care Facilities -- Guidance specific to hospital settings, including consent decrees and settlement agreements that can be presented directly to providers.

<https://www.nad.org/resources/health-care-and-mental-health-services/health-care-providers/hospitals-and-other-health-care-facilities/>

Questions and Answers for Health Care Providers -- Detailed memo on ADA obligations, the limits of lipreading, auxiliary aids, and undue burden standards. Can be handed to a provider.

<https://www.nad.org/resources/health-care-and-mental-health-services/health-care-providers/questions-and-answers-for-health-care-providers/>

NAD Model Policy for Effective Communication in Hospitals -- A complete model hospital policy covering patient registration, communication flagging in medical records, auxiliary aids, VRI, TTY, and complaint procedures.

<https://www.nad.org/wp-content/uploads/2020/04/Model-Hospital-Policy.pdf>

Position Statement on Health Care Access for Deaf Patients -- Comprehensive statement covering provider education, documentation of communication needs, interpreter database development, and applicable federal law.

<https://www.nad.org/about-us/position-statements/position-statement-on-health-care-access-for-deaf-patients/>

Health Care and Mental Health Services -- Resource Hub -- Central NAD resource page covering mental health services, VRI guidance, minimum VRI technology requirements, and provider advocacy statements.

<https://www.nad.org/resources/health-care-and-mental-health-services/>

U.S. Department of Justice (DOJ)

ADA Business Brief: Communicating with People Who Are Deaf or Hard of Hearing in Hospital Settings -- DOJ guidance on when interpreters are required, the inadequacy of lipreading, CART services, and staff training obligations.

<https://www.ada.gov/resources/business-brief-hospital/>

ADA.gov -- Effective Communication -- DOJ's primary resource on effective communication obligations under the ADA for all covered entities.

<https://www.ada.gov/resources/effective-communication/>

U.S. Department of Health and Human Services, Office for Civil Rights (HHS OCR)

Effective Communication in Hospitals -- Selected Complaint Investigations and Resolution Agreements -- HHS OCR enforcement actions against hospitals and health care facilities that failed to provide effective communication. Demonstrates that OCR actively investigates and resolves complaints.

<https://www.hhs.gov/civil-rights/for-individuals/special-topics/hospitals-effective-communication/selected-complaint-investigations-resolution-agreements/index.html>

Filing a Civil Rights Complaint with HHS OCR -- Instructions for filing a complaint online, by mail, or by phone. Deadline is 180 days from the discriminatory act. TDD: 1-800-537-7697.

<https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>

HHS OCR Online Complaint Portal -- Direct electronic filing of civil rights complaints.

<https://ocrportal.hhs.gov/ocr/>

Bayhealth Medical Center Resolution Agreement (February 2026)

-- Recent enforcement action in which OCR secured a resolution agreement after a hospital denied a sign language interpreter to a deaf

patient. **OCR stated it will take robust enforcement action against providers that fail to remove communication barriers.**

<https://www.hhs.gov/press-room/hhs-ocr-bmc-ec-disability-agreement.html>

Hawaii Civil Rights Commission (HCRC)

Hawaii Civil Rights Commission -- Filing a Complaint -- State enforcement body with jurisdiction over discrimination in public accommodations and access to state and state-funded services. Phone: (808) 586-8636. TDD: (808) 586-8692.

<https://labor.hawaii.gov/hcrc/>

Hawaii Disability Rights Center (HDRC)

Hawaii Disability Rights Center -- Hawaii's Protection and Advocacy organization. Provides legal assistance on ADA and Section 504 complaints related to health care access.

<https://hawaiidisabilityrights.org/>

Submitted in connection with testimony on HB 2488 HD2, Thirty-Third Legislature, 2026, State of Hawaii. March 2026.

ATTACHMENT B

Sample Grievance Letter -- Communication Access Complaint

A grievance does not require a special form. A letter is sufficient. Date and sign the letter. Send it to the hospital's Patient Relations or Patient Advocate office. Send by certified mail or email with a read receipt. Keep a copy. A-assisted writing tools such as ChatGPT, Google Gemini or Claude can help a deaf or hard-of-hearing individual convert a written account of what happened into a formal grievance letter. Simply describe what occurred and ask the program to draft a formal complaint letter.

[Your Name]

[Your Address]

[City, State, ZIP]

[Your Email Address]

[Date]

Patient Relations / Patient Advocate Office

[Hospital Name]

[Hospital Address]

RE: Formal Grievance -- Failure to Provide Effective Communication

Dear Patient Relations Representative:

I am submitting this formal grievance regarding the failure of [Hospital Name] to provide effective communication during my care on [date(s)]. I am deaf / hard of hearing. I am protected under Section 504 of the Rehabilitation Act of 1973, Title II and/or Title III of the Americans with Disabilities Act, and Section 1557 of the Affordable Care Act. These laws require health care providers that receive federal financial assistance, including Medicare and Medicaid reimbursement, to ensure effective communication with patients who are deaf or hard of hearing.

Description of the Incident

[Describe what happened factually. Include: the date and location; the name of the provider or staff member, if known; what communication was required (e.g., explaining a diagnosis, obtaining informed consent,

discharge instructions); what accommodation you requested or needed; and what the provider did or failed to do.]

Impact

[Describe how the failure affected you. Example: I could not understand the information provided about my condition or treatment options. I was unable to provide informed consent. I did not understand my discharge instructions.]

What I Am Requesting

I request that [Hospital Name] take the following steps:

- Provide a written response to this grievance within 30 days.
- Review this incident and describe the corrective action taken.
- Confirm that [Hospital Name] has a written policy for providing auxiliary aids and services to patients who are deaf or hard of hearing, and that staff have been trained on that policy.
- Confirm that my medical record has been flagged to indicate my communication needs for all future visits.

Please be advised that if this matter is not resolved, I intend to file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (HHS OCR). HHS OCR has jurisdiction under Section 504 and Section 1557. I may also file a complaint with the Hawaii Civil Rights Commission. Complaints must be filed within 180 days of the date of the discriminatory act.

I am available to discuss this matter at the address or email above.

Respectfully,

[Your Signature]

[Your Printed Name]

Where to File an External Complaint

Step 1: File with the facility first.

Patient Relations / Patient Advocate Office

[Hospital Name]

[Hospital Address]

Step 2: If no response or unsatisfactory response, file externally.

U.S. Department of Health and Human Services, Office for Civil Rights (HHS OCR)

Online: <https://ocrportal.hhs.gov/ocr/>

Toll-free: 1-800-368-1019 | TDD: 1-800-537-7697

Deadline: 180 days from the date of the discriminatory act.

Hawaii Civil Rights Commission (HCRC)

830 Punchbowl Street, Room 411, Honolulu, HI 96813

Phone: (808) 586-8636 | TDD: (808) 586-8692

<https://labor.hawaii.gov/hcrc/>

HB-2488-HD-2

Submitted on: 3/20/2026 2:01:37 PM

Testimony for HHS on 3/25/2026 1:40:00 PM

Submitted By	Organization	Testifier Position	Testify
Johnnie-Mae L. Perry	Individual	Support	Written Testimony Only

Comments:

I, Johnnie-Mae L. Perry, Support

2488 HB RELATING TO THE DISABILITY AND COMMUNICATION ACCESS BOARD.

HB-2488-HD-2

Submitted on: 3/23/2026 7:12:16 AM

Testimony for HHS on 3/25/2026 1:40:00 PM

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

Comments:

I strongly support this measure.