

**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

KENNETH S. FINK, MD, MGA, MPH
DIRECTOR OF HEALTH
KA LUNA HO'OKELE

JOHN C. (JACK) LEWIN, MD
ADMINISTRATOR

February 11, 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: **SB 2414 -- RELATING TO DISABILITY AND COMMUNICATION
ACCESS BOARD**

HEARING: Wednesday, February 11, 2026 @ 1:00 pm; Conference Room 225

POSITION: SUPPORT with COMMENTS

Testimony:

SHPDA strongly supports SB 2414 with comments.

SHPDA agrees that patients who are deaf, hard-of-hearing, or deaf-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.

SB 2414 testimony of SHPDA (2026), continued.

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 SB 2414

Mahalo for the opportunity to testify.

■ -- Jack Lewin, MD, Administrator, SHPDA



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)

February 11, 2026

TESTIMONY TO THE SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Senate Bill 2414 – Relating to the Disability and Communication Access Board

The Disability and Communication Access Board (DCAB) supports Senate Bill 2414 – 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
Acting Executive Director

SB-2414

Submitted on: 2/6/2026 6:46:10 PM

Testimony for HHS on 2/11/2026 1:00:00 PM

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

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 11, 2026

Submitted to the Hawaii State Senate
COMMITTEE ON HEALTH & HUMAN SERVICES

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

Re: SB 2414, Relating to the Disability & Communication Access Board

Dear Chair San Buenaventura, Vice Chair McKelvey and Members,

I would like to very strongly support SB 2414, 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. Before lawsuits emerge, it's crucial for DCAB to study Standards of Practice within the healthcare community focusing on communication access for Deaf, Hard of Hearing and Deaf-Blind persons.

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 SB 2414 to require DCAB to carefully study the communication needs of deaf, hard of hearing and deaf-blind patients in healthcare facilities.

Please pass this important bill.

Mahalo,

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

SB-2414

Submitted on: 2/7/2026 10:45:41 AM

Testimony for HHS on 2/11/2026 1:00:00 PM

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

Comments:

.

PETER L. FRITZ
T-MOBILE RELAY: (808) 586-0077
EMAIL: PLFLEGIS@FRITZHQ.COM

To: The Senate Committee on Health and Human Services; The Senate Committee on Transportation

Hearing Date: February 11, 2026

RE: Comments for SB 2414, Relating to the Disability and Communication Access Board

Chair San Buenaventura, Chair Inouye, and Members of the Committees:

I am Peter Fritz, an individual who is hard of hearing and an attorney. I have personal experience with communication difficulties in a hospital setting. I am submitting the following comments regarding Senate Bill 2414, which proposes a study on communication access for individuals who are deaf, hard-of-hearing, and deaf-blind in healthcare settings. While I understand the need to improve healthcare communication for people with disabilities, much of this information is already available. A report summarizing these resources would not be an efficient use of the Disability and Communication Access Board's (DCAB) resources. A more practical approach would be providing guidance to help individuals address communication barriers through the Americans with Disabilities Act (ADA) grievance process.

A better use of DCAB's resources would be to provide guidance on how individuals can file ADA grievances in healthcare settings when communication barriers occur. I have personal experience with this issue. During two hospital stays for pneumonia, I faced communication barriers. In my first stay, I could not understand the doctor, and other hospital staff were also difficult to understand. Despite expressing my concerns, my complaint was dismissed because the doctor said I could hear some sound. When I filed a formal ADA grievance, however, I received a quick and positive response, which was evident when I was hospitalized for pneumonia again. The hospital made improvements, such as providing written questions for me when I could not hear the doctor. Hospitals take ADA grievances seriously, as these complaints can result in audits and affect funding, particularly for services paid for by Medicare, Medicaid, or other federal programs. Filing a formal grievance is a much more effective way of addressing communication issues and bringing about change than conducting another study.

Instead of conducting a study, I suggest the creation of a guide for the public on how to file ADA grievances with healthcare facilities. This guide should offer practical, clear instructions for individuals on how to submit a grievance, as well as explain how it can help lead to improvements in communication and service.

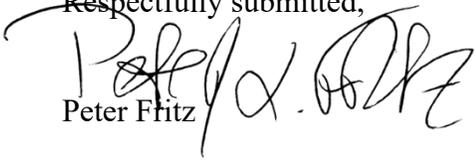
I believe Artificial Intelligence (A.I.) could be a useful tool to help individuals file ADA grievances and lawsuits. More people are using A.I. to assist with ADA complaints, and this technology can make the process easier by helping individuals prepare necessary documents. A.I. could help individuals with disabilities create ADA grievances that could be filed with a healthcare facility. The guidance could include information about how to use A.I. to draft a grievance letter.

Testimony of Peter L. Fritz
SB 2414
Hearing February 11, 2026
Page 2

I do not believe Senate Bill 2414 should move forward in its current form. A study summarizing existing resources on communication access is unlikely to provide new insights or lead to effective change. Instead, I ask that the committee consider legislation that would call for the creation of a guide for filing ADA grievances, which would help individuals address communication barriers in healthcare settings.

Thank you for the opportunity to testify.

Respectfully submitted,


Peter Fritz

SB-2414

Submitted on: 2/10/2026 11:12:30 AM

Testimony for HHS on 2/11/2026 1:00:00 PM

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

Comments:

February 10, 2026

Dearest Honorable Senators San Buenaventura (Chair), McKelvey (Vice Chair), and Members of the Senate Committee on Health and Human Services (HHS):

Aloha, I am typing to you all today to express my support for this bill or resolution SB2414, 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.

I think this study needs to occur as to gather more folks' experiences and collectively as a group, they can be empowered and educated to sign (speak) up for their rights. Right now, there are too many feeling isolated and do not have any guidance on what to do when they encounter discrimination by their Doctors and Nurses. Thank you for your time and I hope you all will support this bill SB2414.

Sincerely,
Sherry Shimizu



HAWAI‘I CIVIL RIGHTS COMMISSION

KOMIKINA PONO KĪWILA O HAWAI‘I

830 PUNCHBOWL STREET, ROOM 411, HONOLULU, HI 96813 · PHONE: (808) 586-8636 · FAX: (808) 586-8655 · TDD: (808) 586-8692

LATE

DATE: Wednesday, February 11, 2026
TIME: 1:00 PM
PLACE: Conference Room 225 & Videoconference
State Capitol
415 South Beretania Street

To:

[COMMITTEE ON HEALTH AND HUMAN SERVICES](#)

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

From: Alphonso Braggs, Chair
and Commissioners of the Hawai‘i Civil Rights Commission

Re: SB 2412 Relating to the Disability and Communication Access Board
Testimony in SUPPORT

The Hawai‘i Civil Rights Commission (HCRC) carries out the Hawai‘i constitutional mandate that no person shall be discriminated against in the exercise of their civil rights. Art. I, Sec. 5. HCRC has enforcement jurisdiction over Hawai‘i’s laws prohibiting discrimination in employment (Chapter 378, Part I, HRS), housing (Chapter 515, HRS), public accommodations (Chapter 489, HRS), and access to state and state-funded services (HRS § 368-1.5).

The Hawaii Civil Rights Commission (HCRC) is in support of SB2414. This measure requires the Disability and Communication Access Board (DCAB) to conduct a study on the health care communication needs of individuals who are deaf, hard of hearing, and deaf-blind, and to report findings and recommendations to the Legislature prior to the 2027 Regular Session.

We defer to DCAB as the agency with the expertise and responsibility to implement this study and develop guidance for health care providers. Their leadership is essential to ensuring that recommendations are practical, effective, and responsive to community needs.

HCRC strongly supports this bill because it addresses a critical equity issue: disparities and barriers to accessing health care experienced by deaf, hard of hearing, and deaf-blind individuals. These barriers include: a limited availability of qualified interpreters, including sign language and tactile interpreters, especially on the neighbor islands; inconsistent compliance with legal obligations to provide auxiliary aids and services; and, a lack of clear guidance for health care providers on effective communication practices.

Effective communication in health care is not optional; it is a legal and civil rights requirement. Without it, patients face risks to their health and well-being, and providers risk violating anti-discrimination laws. This study will help identify gaps and propose solutions that advance equity and compliance.

For these reasons, HCRC urges the committee to pass SB2414. We look forward to DCAB's findings and recommendations and stand ready to support efforts that improve access and protect the rights of Hawaii's diverse communities.

Thank you for the opportunity to testify on this measure.

LATE

SB-2414

Submitted on: 2/10/2026 5:05:07 PM

Testimony for HHS on 2/11/2026 1:00:00 PM

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

Comments:

I'm in full support

LATE

SB-2414

Submitted on: 2/10/2026 5:06:15 PM

Testimony for HHS on 2/11/2026 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Kayla Low	Individual	Support	Written Testimony Only

Comments:

May it please the court,

Accessibility for individuals who are deaf, hard-of-hearing, and deaf-blind is imperative, and accessibility is nearly impossible without effective means of communication. Communication is the way in which we all connect with each other, learn about the world, and better ourselves. As a Special Education teacher for students with low-incidence disabilities (severe disabilities), it is my opinion and experience that giving a person a voice is the most important and empowering thing you can possibly do. It is our kuleana to care for others, especially in a health care context. I strongly support this bill to conduct a study that (1) allows health care providers to give their patients the greatest possible care, and (2) gives deaf, hard-of-hearing, and deaf-blind language access to understand the care of their own bodies and minds, throughout their lifetime.

Mahalo for your consideration,

Kayla Low

LATE

SB-2414

Submitted on: 2/11/2026 3:45:45 AM

Testimony for HHS on 2/11/2026 1:00:00 PM

Submitted By	Organization	Testifier Position	Testify
Beth D King	Individual	Support	Written Testimony Only

Comments:

I have been working with Hawaii’s DeafCommunity and the lack of resources is astonishing. More research is needed to update the current affairs of Hawaii Deaf community. We need ASL taught in the schools to grow our own ASL interpreters. We need more ASL interpreted events, news, educational programs and various activities. Please support DCAB and what they are aiming to accomplish by supporting this bill.