Testimony in Support of House Bill 2585
February 17, 2021
House Committee on Behavioral Health
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Good afternoon Chair Sanchez, Vice Chairs Moore-Green and Nosse, and members of the committee. My name is John Curtis. I am a severely disabled senior living in rural southern Oregon. I have been co-facilitating a workgroup of Deaf and medical providers to improve effective communication for Deaf and Hard of Hearing in healthcare settings.

My support of this bill is based upon the heart wrenching stories shared by the Deaf with our workgroup over the past four years. Too often healthcare professionals are ill equipped to communicate with the Deaf, Deaf-Blind and hard of hearing. This includes providers of mental health services.

What I have learned since 2017 is that Video Relay Interpretation is fraught with failure and that most Deaf require in person ASL interpreters to communicate effectively in their language. Yet VRI is the method of choice by many if not most providers. That choice might be a financial convenience or of necessity due to an ASL workforce shortage area. In either case, the deaf patient's suffering is compounded as treating the need is frustrated by the inability to understand the provider.

Cultural differences, limited English proficiency and health literacy frequently present barriers to effective communication with the Deaf. The health care professional's duty to be sure that the deaf patient understands her or him as well as the hearing patient becomes very difficult. Unlike the provider, a qualified ASL interpreter knows how to overcome these barriers. Having one physically present in the same room with the provider and patient ensures effective communication flows both ways.

One reservation I have with HB 2585 is that the OHA can not realistically make qualified ASL interpreters appear from out of nowhere. In geographical terms most of Oregon has an extreme qualified ASL interpreter workforce shortage. Requiring an in person interpreter to travel from the Willamette Valley to a far away appointment becomes lucrative for the interpreter who is paid travel time, mileage and a minimum billing time at the prevailing rate. That burden for a small rural or frontier town provider can be quite onerous. Should that occur, this committee might consider giving the rulemaking process some guidance on the flexibility and limits for the use of an "auxiliary aid" more broadly defined.

Another reservation with HB 2585 is that the definition of "Deaf individual" includes those who successfully navigated healthcare settings for most of their lives as hearing persons and whose deafness occured over time as they aged. Would this bill compel them to learn ASL now that they are deaf?

These reservations aside, I do urge your support of HB 2585 and I thank you for the opportunity to share my thoughts

Sincerely,

John D. Curtis