# Access to Healthcare for Everyone



A Call to the Medical Community to Provide Effective Healthcare for Patients Who Are Deaf or Hard of Hearing



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To determine which auxiliary aid or service to use, healthcare providers are strongly encouraged to consult with the patient. Whichever manner of communication is ultimately utilized, it must be effective.

Healthcare providers must also provide effective communication for companions with whom the healthcare provider communicates. Communication with companions could include communicating discharge information to a patient's spouse, communicating a child's treatment options to a parent, communicating with a patient's roommate to gather symptom information, or any other situation in which a hearing companion would be consulted for information or to make a decision affecting a patient.

## Who Pays?

If a sign language interpreter is needed, the healthcare professional is responsible for paying the cost of the interpreter. The healthcare professional is not required to bear an undue burden, but a net loss on a single patient does not establish an undue burden. The overall financial impact on the business operation as a whole is considered and should take into account tax benefits available to healthcare professionals who provide accommodations.

#### **Enforcement**

The U.S. Department of Justice and the Office of Civil Rights (OCR) at the U.S. Department of Health and Human Services have the authority to investigate and resolve complaints against healthcare providers for failing to provide equal access to healthcare services. Since 1998, the Department of Justice has settled more than 25 cases against healthcare providers for failure to effectively communicate with deaf patients and has entered settlements ranging from \$5,000 to \$353,000. These figures are in addition to cases settled by OCR and numerous private lawsuits against healthcare providers.

### No "One Size Fits All" Communication

An interpreter is typically the only effective way for signing and hearing persons to communicate with one another. However, this may not be true for people with less severe hearing loss. For persons who are hard of hearing and do not sign, being able to read the speaker's lips as they hear the communication may help them understand what is said. In such cases, healthcare professionals should face the patient when speaking, make sure that there is nothing covering her or his face (such as a mask), and ensure that the room is well lit. For these patients - unlike many patients who are deaf - written communications may aid in effective communication as well. The easiest way to ensure effective communication is to ask the patient how he best communicates.

## Who is a "Qualified" Interpreter?

The ADA requires medical professionals to use "qualified interpreters," who are persons able to interpret effectively, accurately, and impartially. Family members are rarely qualified to interpret. Few know the specialized vocabulary used in healthcare situations, are rarely impartial, and may keep serious diagnoses or prognoses from their ill family member. Conversely, the patient may not want to share information about her or his health with the family member, and may fail to provide needed information as a result.

In North Carolina, professional interpreters must be licensed by the N.C. Interpreters and Transliterators Licensing Board. The N.C. Division of Services for the Deaf and Hard of Hearing maintains an online registry of interpreters licensed in North Carolina and identifies those who have medical interpreting certificates.