State of Maine
131st Legislature, First Regular and First Special Session

Task Force on Accessibility to Appropriate Communication Methods for Deaf and Hard-of-hearing Patients

January 2024

Office of Policy and Legal Analysis

STATE OF MAINE
131st LEGISLATURE
FIRST REGULAR SESSION AND FIRST SPECIAL SESSION

Task Force on Accessibility to Appropriate Communications Methods for Deaf and Hard-of-hearing Patients

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Executive Summary

The 131st Maine Legislature established the Task Force on Accessibility to Appropriate Communications Methods for Deaf and Hard-of-hearing Patients (referred to in this report as the "task force") with the passage of Resolve 2023, chapter 97 (Appendix A). Pursuant to the resolve, seven members were appointed to the task force:

- One member of the Senate appointed by the President of the Senate who serves on the Joint Standing Committee on Health and Human Services;
- One member of the House of Representatives appointed the Speaker of the House who serves on the Joint Standing Committee on Health and Human Services;
- One member representing the Department of Health and Human Services, Office of Aging and Disability Services, appointed by the Commissioner of Health and Human Services;
- One member representing Disability Rights Maine, appointed by the Commissioner of Health and Human Services;
- One member representing the Maine Educational Center for the Deaf and Hard of Hearing and the Governor Baxter School for the Deaf, appointed by the Commissioner of Health and Human Services;
- One member representing the Department of Labor who works with compliance issues regarding deaf and hard-of-hearing persons, appointed by the Commissioner of Labor; and
- One member of the public who is a person who is deaf or hard of hearing, appointed by the Speaker of the House.

A list of task force members can be found in Appendix B.

The duties of the task force, which are set forth in Resolve 2023, chapter 97, are as follows:

1. The availability of American Sign Language interpreters in health care settings;

2. The availability of other communication technologies in health care settings, such as video interpreters, automatically generated voice transcriptions and automatically generated captions;

3. Staff education and training programs on overcoming barriers to health care experienced by deaf and hard-of-hearing patients; and

4. Successful models for overcoming barriers to health care experienced by deaf and hard-of-hearing patients.

Due to a compressed timeframe, the task force was only able to hold two meetings instead of the typical four meetings that studies authorized by Legislative Council generally undertake. Therefore, the task force was only able to take a preliminary look into its many duties described in the authorizing legislation. As such, the task force developed short-term recommendations

that the Legislature can enact, but also recommends reconstituting to further consider the duties required by the authorizing legislation.

Over the course of its meetings, the task force developed the following recommendations:

- That the task force be reconstituted in the interim following the Second Regular Session of the 131st Legislature with the same membership and one additional member with expertise in medical interpreting;
- Require data collection to better inform long-term solutions and solicit policy proposals from relevant agencies that address barriers to ASL interpreter licensure;
- Require the implementation of language access plans at all healthcare providers in the state as well as the development of statewide guidelines for the appropriate use of VRI services in healthcare settings;
- Require that the Maine Association for the Deaf's Sign Language Interpreting Committee annually present to the Legislature's Committee on Health and Human Services; and
- Mandate that medical providers attempt to provide an in-person ASL interpreter when one has been requested and that those requests and outcomes are recorded and reported regularly.

I. INTRODUCTION

The 131st Maine Legislature established the Task Force on Accessibility to Appropriate Communications Methods for Deaf and Hard-of-hearing Patients (referred to in this report as the "task force") with the passage of Resolve 2023, chapter 97 (Appendix A). Pursuant to the resolve, seven members were appointed to the task force:

- One member of the Senate appointed by the President of the Senate who serves on the Joint Standing Committee on Health and Human Services;
- One member of the House of Representatives appointed the Speaker of the House who serves on the Joint Standing Committee on Health and Human Services;
- One member representing the Department of Health and Human Services, Office of Aging and Disability Services, appointed by the Commissioner of Health and Human Services;
- One member representing Disability Rights Maine, appointed by the Commissioner of Health and Human Services;
- One member representing the Maine Educational Center for the Deaf and Hard of Hearing and the Governor Baxter School for the Deaf, appointed by the Commissioner of Health and Human Services;
- One member representing the Department of Labor who works with compliance issues regarding deaf and hard-of-hearing persons, appointed by the Commissioner of Labor; and
- One member of the public who is a person who is deaf or hard of hearing, appointed by the Speaker of the House.

A list of task force members can be found in Appendix B.

The task force was charged to study the accessibility to appropriate communication methods for Deaf and hard of hearing patients in healthcare settings. As laid out in the resolve, those duties specifically include but are not limited to:

1. The availability of American Sign Language interpreters in health care settings;

2. The availability of other communication technologies in health care settings, such as video interpreters, automatically generated voice transcriptions and automatically generated captions;

3. Staff education and training programs on overcoming barriers to health care experienced by deaf and hard-of-hearing patients; and

4. Successful models for overcoming barriers to health care experienced by deaf and hard-of-hearing patients.

Because of the truncated timeframe, the task force was only able to hold two meetings instead of the typical four meetings that authorized studies are typically allowed. Therefore, the task force was only able to do a preliminary look into many of its duties described in the authorizing

legislation. As such, the task force developed short-term recommendations that the Legislature can enact, but also recommends re-constituting to further consider the duties required by the authorizing legislation.

II. TASK FORCE PROCESS

The task force held two meetings on the following dates: December 4 and December 11.

A. First meeting: December 4, 2023

The first meeting of the task force was held on December 4, 2023. Legislative staff provided an overview of the enabling legislation (Resolve 2023, chapter 97 in Appendix A) covering the duties, process and timeline for the task force's work.

Task force members gave extended introductions and had preliminary discussions. Each member spoke of their background, which organization/constituency they were representing, experience with the topic of the task force and any hopes and desires for the study direction or study outcomes.

The task force heard a presentation on communication accessibility in Maine hospitals from Malvina Gregory, Director of Interpreter and Cross-Cultural Services, at MaineHealth. Jeffrey Austin, Vice President of Government Affairs and Communications for Maine Hospital Association, supplemented that presentation by making himself available for any questions or data requests that task force members had for him.

The task force then discussed its next meeting date and who members wished to hear from.

B. Second meeting: December 11, 2023

The second and final meeting of the task force was held on December 11, 2023. Legislative staff provided a draft outline of the task force's report based on its discussions at the previous meeting.

The task force then heard a presentation from Polly Lawson, CI, CoreCHI, a medical interpreter from Pine Tree Society.

The task force next heard from Dr. Judy Shepard-Kegl, Professor of Linguistics, Emeritus, at the University of Southern Maine.

Then, the task force heard from Regan Thibodeau, PhD, and Sandra Wood, both of the University of Southern Maine Interpreter Training Program.

Legislative staff provided an updated outline of a draft report by the task force and task force members discussed and voted on recommendations.

III. PROBLEM IDENTIFICATION

Task force members had robust discussions at their first and second meetings about communication problems in healthcare settings as members of the Deaf, hard-of-hearing, Late Deafened, DeafDisabled, and DeafBlind communities. As described above, the task force was only able to meet twice and has not yet fully flushed out all of its recommendations. Despite the shortened meeting period, the task force did identify several areas for consideration that it hopes to examine if the task force is re-constituted by the Second Regular Session of the 131st Legislature.

A recurring theme from the task force's discussions was the diversity of needs among the Deaf, hard-of-hearing, Late Deafened, DeafDisabled, and DeafBlind communities with regard to communication accessibility, and the extent to which needs can vary across those groups and among individuals. The services offered in medical settings, however, do not reflect these varied needs. As discussed above, many Deaf individuals prefer in-person ASL interpreter services. However, an individual in the hard-of-hearing community may prefer Communication Access Real Time (CART) services, with an individual seeing real-time captioning of the words spoken by their provider. Assumptions made by a medical office or medical provider about what a patient needs for communication aids often leads to miscommunication and frustration – a theme that repeatedly arose throughout discussions.

Members expressed that often when a member goes to a medical appointment, the provider relies on video remoting interpreting (VRI) technology, with an interpreter providing interpreting services from a remote location to the patient on-site. This occurs even though the patient had requested an in-person American Sign Language (ASL) interpreter. Task force members discussed that reliance on VRI technology has numerous limitations. To start, the internet connection upon which the medical office relies upon may be spotty or lack the bandwidth to properly display the person providing VRI services. The patient (and provider) may also be unaware of the qualifications, if any, of the individual providing the remote interpreting services, and there is no accountability for any mistakes or misinterpretations made by the VRI provider. Similarly, the VRI interpreter may not be aware of regional/appropriate cultural signs and technology, potentially leading to further misinterpretations and misunderstandings. Finally, the staff within the medical office may not be properly trained or knowledgeable on how to operate the VRI equipment. This leads to delays in patient care and means the patient may spend less time with the provider than necessary when VRI-related issues take up time during the appointment. This issue alone is evidence that when patients' communication accessibility requests are not honored, critical information can be lost or misunderstood, emphasizing the importance of honoring requests.

Members said they often make medical appointments several months in advance and inform the medical office that they need in-person ASL interpreter services. However, several members shared that providers frequently make arrangements for an interpreter in the days leading up to the appointment – despite the ample notice that one has been requested – and are unable to find one in that short period of time. This leads to situations where a patient shows up to the medical office for an appointment and is told that an ASL interpreter is unavailable. Some task force members said that they have felt pressure to use VRI services because upon arriving to the medical office and finding out there is no ASL interpreter, they are offered the option to either

use VRI or to reschedule their appointment for a future date – sometimes a date that is months away. Rather than delay their medical care, they reluctantly choose to use VRI services.

Occasionally, patients or providers may rely on a patient's friend or family member to provide interpreting services when an in-person professional interpreter is not available. This practice can be inappropriate in medical settings for a variety of reasons, task force members said. One reason is that they are not a neutral party, meaning that friend or family member may choose to describe a medical condition or medical care option to the patient in a way that shields them from emotional harm. This leads to the patient not receiving all of the information from the provider. Another reason that this practice can be inappropriate or insufficient is that medical terminology is particularly complex and specialized, meaning that the friend or family member may fail to accurately convey to the patient the diagnosis or treatment options that the provider is discussing. Again, task force members emphasized that when providers do not honor patients' specific requests for communication accommodations, the quality of care ultimately declines when communication issues inevitably arise in these situations.

An important aspect of the task force's discussion – and a significant obstacle in forming solutions to these issues – is the general lack of data, including on the availability of ASL interpreters, the number of qualified medical interpreters and the number of complaints from the Deaf, hard-of-hearing, Late Deafened, DeafDisabled and DeafBlind communities. As noted above, a patient may go to a medical office for an appointment and be told that an ASL interpreter is not available despite a request for one. It is not known how often this happens because the recording and tracking of these data is not required nor kept by any entity. It is also not known how many times an individual requests a particular service, such as an in-person ASL interpreter, and whether that request is honored or not fulfilled. There is no state entity or independent organization in the State that compiles these data, nor is there any state entity that tracks how many ASL interpreters are qualified medical interpreters. In Maine, there is no state-level licensing of medical interpreters, just ASL interpreters generally. Therefore, there is no one location where a list of qualified medical interpreters in the state can be accessed. This dearth of information adds challenges and complexities to the task force's work, and underscores that any potential solutions may need to be reevaluated if these data become available.

Task force members also discussed a common issue in the State's workforce and services: regional disparity between Southern Maine and Northern Maine. Though there is no data, task force members discussed the reasonable belief that, because of Southern Maine's population density compared to the rest of the State, the need for ASL interpreters is likely more necessary in that region. Given that Southern Maine is much more populated than Northern Maine, task force members also believe that this means there is more availability of ASL interpreters in Southern Maine as compared to Northern Maine. Therefore, it makes sense that there is a regional disparity in requests and services received in Northern Maine as compared to Southern Maine.

The task force acknowledges that much of their discussion around problem identification relied on anecdotal evidence rather than empirical data. This is partly due to the difficulty of obtaining data during the task force's truncated meeting period, but it is also important to note that much of the data that would be of great use to the task force simply does not exist for the State of Maine.

Although these discussions were largely anecdotal, the task force emphasizes that these problems are persistent, widespread, and complex, and that these discussions would be supported by data gathered pursuant to their following recommendations.

IV. SHORT-TERM RECOMMENDATIONS

As noted above, the task force's work was significantly impacted by the short time period within which it could complete its duties, and these challenges were exacerbated further by the task force's determination that a lack of relevant data would hinder any long-term solutions. However, the task force believes that the implementation of some short-term solutions would result in great strides being made related to these issues, though more long-term work would still be necessary. In a show-of-hands vote, all members of the task force unanimously endorsed the following recommendations:

Recommendation 1: That the task force be reconstituted with the same membership and one additional member with expertise in medical interpreting. In response to not only the time constraints discussed above but the complexity and wide scope of the task force's duties, the first and most concrete recommendation of the task force is for legislation to be put forward to reconstitute the task force in the legislative interim following the Second Regular Session of the 131st Legislature. In order for the task force to be able to immediately resume their work upon enactment, the task force also recommends that they be reconstituted with the same membership appointments with one addition. Because medical interpreting is a relatively specialized skill, the task force recommends adding one member who has expertise in this field to be able to better guide the task force's work.

Recommendation 2: Require data collection to better inform long-term solutions and solicit solution proposals. The second recommendation of the task force reflects the difficulty of addressing this issue without sufficient data around interpreters, access, and licensing. The recommendation comprises of two separate – but interrelated – components.

i. The task force recommends that the Committee on Health and Human Services put forth legislation that would require two different reports to the committee: first, the task force recommends directing the Department of Health and Human Services, the Department of Labor, and the Department of Professional and Financial Regulation to collaboratively design and propose policy solutions that would ease the barriers to becoming licensed/certified as an ASL interpreter with specific consideration to the licensing/certification of Deaf interpreters. These agencies would present their findings and proposals in a report to the Committee on Health and Human Services for their consideration of further legislation. The task force believes that this, along with the recommendation below, will help to expand the pool of ASL/Deaf interpreters in the state and increase their availability when requested in healthcare settings and beyond.

ii. The task force also recommends legislation that would direct the Department of Health and Human Services, the Department of Labor, and the Department of Education (and/or the University of Maine System) to gather data on the overall

availability of ASL/Deaf interpreters in the state, an estimated statewide need for medical interpreters, and the landscape of available training opportunities for ASL/Deaf interpreters in the state. This would also include a request for recommendations from these entities on how to increase more workforce development opportunities in the state for ASL/Deaf interpreters, how to increase recruitment and retention of ASL/Deaf interpreters, and proposals that could ensure increased wages for ASL/Deaf interpreters that are commensurate to an interpreter's level of licensing/certification and experience. These proposals may include providing more opportunities for mid-career ASL/Deaf interpreters to audit classes at low/no cost to further develop and maintain their skillset. These entities would present their findings in a report to the Committee on Health and Human Services and the Committee on Education and Cultural Affairs for their consideration of legislation.

Recommendation 3: Require the implementation of language access plans at healthcare offices across the state and the development of guidelines on the appropriate use of VRI technology. The third recommendation of the task force involves change at the level of each healthcare office – including, but not limited to, hospitals, doctors' offices, long-term rehabilitation and care facilities, and others. The task force recommends that healthcare offices be required to develop and implement language access plans, much like those that are recommended (but not currently required) for hospitals. The task force feels that MaineHealth's language access plan could be an appropriate model for other hospitals and healthcare offices to meet this requirement. The implementation of a language access plan would standardize the steps needed for a patient to access the services that they need and outline clear steps for healthcare staff to take to meet the needs of the patient. Furthermore, the task force also recommends that language access plans are easily accessible to the public or made immediately available upon request. This is an integral step to help inform patients of not only how this aspect of the healthcare system functions, but to help inform each patient of their rights with regard to language and communication access.

Similarly, the task force recommends that the Department of Health and Human Services, in consultation with Deaf community leaders, develop and distribute statewide guidelines on the suitability of VRI services as a communication option with specific regard for its application in emergency situations. These guidelines would outline best practices for the use of VRI and emphasize that, when an in-person interpreter is requested, those arrangements should always be made ahead of a patient's arrival and VRI may be used very briefly until the arrival of an in-person interpreter. This recommendation addresses the overreliance on VRI services by healthcare providers and seeks to better inform providers about its shortcomings and best uses.

Recommendation 4: Require that the Maine Association for the Deaf's Sign Language Interpreting Committee present before the Committee on Health and Human Services. The task force recommends that the Maine Association for the Deaf's (MeAD) Sign Language Interpreting Committee be annually invited to present to the Committee on Health and Human Services, much like the presentation of agency annual reports or introductions from lobbying organizations at the beginning of the legislative session. The regularity of this presentation would help ensure that issues around sign language interpreting – and perhaps other general

issues affecting the Deaf community – are brought to the attention of the Legislature as they arise.

Recommendation 5: Mandate that an attempt is made to provide an in-person interpreter when one has been requested, and that these requests and outcomes are recorded and reported regularly. A problem that the task force repeatedly discussed during their meetings was a concern that, when a patient requests an in-person interpreter in a healthcare setting, the healthcare provider may not be attempting to provide that service and instead make the decision to only provide, for example, VRI instead of what was requested. To prevent decisions being made on behalf of patients, the task force recommends that healthcare providers be mandated to *attempt* to provide an in-person interpreter when it has been requested. To aid enforcement and to help gather the much-needed data around these issues, the task force also recommends that these requests, attempts, and outcomes be recorded by healthcare offices and reported to the Department of Health and Human Services. Recording these data would help shape a picture of the overall availability of interpreters and where the most requests are unable to be met. These data can then inform future solutions and identify where the highest needs are in the state.

V. ADDITIONAL CONSIDERATIONS; FURTHER STUDY

The task force emphasizes that the short-term solutions outlined above are only first steps to addressing issues around communication accessibility in healthcare settings and that there is much additional work to be done. This work was made especially difficult by the time constraints faced by the task force, which informed their prior recommendation to reconvene next legislative interim and continue their work on finding long-term solutions to issues around communication accessibility. Still, the task force wishes to highlight the importance of the following issues:

Patient rights: While the implementation of language access plans would help inform patients of their rights for communication accessibility, the task force emphasizes that there is much work to be done. The task force discussed a potential recommendation to require that all patients are provided with a list of available communication aids and services, a brief description of each service, and information on how to make requests for those services and what steps to take if those requests are not honored. This recommendation requires some additional discussion of its details, but would be directed specifically at patients and build on the short-term recommendation around language access plans.

Training and technical assistance: The task force recognizes that one aspect of communication accessibility may be that healthcare staff at all levels are simply inadequately informed on appropriately communicating with Deaf, hard-of-hearing, Late Deafened, DeafDisabled and DeafBlind patients. Thus, the task force hoped to recommend the development and requirement of ongoing training on such issues for staff members at all levels of the healthcare system as well as development of technical assistance materials, perhaps by DHHS, to support this endeavor.

Ongoing data collection: In addition to asking the above public entities with gathering one-time data on the availability and need for ASL/Deaf interpreters, the task force hoped to

recommend that one or more state agencies develop a mechanism to continuously track real-time availability of ASL/Deaf interpreters, hours worked by interpreters, availability of qualified medical interpreters, and gaps in access with particular attention to disparities between rural and urban areas (or the northern and southern regions of the state).

Wages and incentives: Recognizing the shortage of ASL/Deaf interpreters in the state as well as Maine's uncompetitive wages for interpreters, the task force also hoped to develop recommendations on how to increase wages and incentivize interpreters to remain and work in the state. At their first meeting, the task force did discuss legislation in New Hampshire that waives or reimburses tuition for ASL/Deaf interpreter programs if graduates remain and work in the state for a certain period of time. (Appendix C) However, this was too significant of an undertaking for the task force to explore in their extremely limited timeframe.

Improved access to written materials: The task force frequently discussed that, when communication service requests are not honored, misunderstandings between provider and patient are a common consequence. To address this, the task force discussed the possibility of expanding access to written materials such as discharge plans and informational brochures by offering those documents in alternate formats. This may take shape as documents available in video format with an ASL/Deaf interpreter, for example. This issue primarily arose in discussion at the task force's second and final meeting, and could not be worked on enough to make a concrete recommendation, but the task force still notes its importance.

VI. CONCLUSION

Given the challenges that the task force faced in completing its work this interim with regard to its limited timeline, members would like to reiterate the importance that their work continue in the next legislative interim. There remain many unanswered questions and long-term solutions to be sought, as well as more perspectives that the task force wishes to hear and engage in their work. The complexity of the issues identified in this report warrants long-term attention and ongoing solution development, and the task force is deeply appreciative for the opportunity to continue that work in the future.

The task force would like to thank those that gave their time to present information and perspectives to the task force during their two meetings. These presentations were instrumental in the development of this report and its recommendations, and the task force is grateful for the assistance of those presenters.

Finally, the task force would like to make a final endorsement of the short-term solutions recommended in this report. While these issues need further attention, implementation of these solutions would begin the important work of ensuring equitable access to appropriate communication methods for all Deaf, hard-of-hearing, Late Deafened, DeafDisabled, and DeafBlind patients in healthcare settings, and build momentum for long-term work to get off the ground and take shape.

APPENDIX A

Authorizing Legislation: Resolve 2023, c. 97

APPROVED
JULY 11, 2023
BY GOVERNOR

CHAPTER
97
RESOLVES

STATE OF MAINE

IN THE YEAR OF OUR LORD

TWO THOUSAND TWENTY-THREE

H.P. 623 - L.D. 976

Resolve, to Establish the Task Force on Accessibility to Appropriate Communication Methods for Deaf and Hard-of-hearing Patients

Sec. 1. Task force established. Resolved: That the Task Force on Accessibility to Appropriate Communication Methods for Deaf and Hard-of-hearing Patients, referred to in this resolve as "the task force," is established.

Sec. 2. Task force membership. Resolved: That, notwithstanding Joint Rule 353, the task force consists of 7 members appointed as follows:

1. One member of the Senate who serves on the Joint Standing Committee on Health and Human Services, appointed by the President of the Senate;

2. One member of the House of Representatives who serves on the Joint Standing Committee on Health and Human Services, appointed by the Speaker of the House;

3. One member representing the Department of Health and Human Services, Office of Aging and Disability Services, appointed by the Commissioner of Health and Human Services;

4. One member representing Disability Rights Maine, appointed by the Commissioner of Health and Human Services;

5. One member representing the Maine Educational Center for the Deaf and Hard of Hearing and the Governor Baxter School for the Deaf, appointed by the Commissioner of Health and Human Services;

6. One member representing the Department of Labor who works with compliance issues regarding deaf and hard-of-hearing persons, appointed by the Commissioner of Labor; and

7. One member of the public who is a person who is deaf or hard of hearing, appointed by the Speaker of the House.

Sec. 3. Chairs. Resolved: That the Senate member is the Senate chair and the House of Representatives member is the House chair of the task force.

Sec. 4. Appointments; convening of task force. Resolved: That all appointments must be made no later than 30 days following the effective date of this

resolve. The appointing authorities shall notify the Executive Director of the Legislative Council once all appointments have been completed. After appointment of all members, the chairs shall call and convene the first meeting of the task force. If 30 days or more after the effective date of this resolve a majority of but not all appointments have been made, the chairs may request authority and the Legislative Council may grant authority for the task force to meet and conduct its business.

Sec. 5. Duties. Resolved: That the task force shall study accessibility to appropriate communication methods for deaf and hard-of-hearing patients in health care settings and how that accessibility may be improved. The task force shall consider, but is not limited to, the following:

1. The availability of American Sign Language interpreters in health care settings;

2. The availability of other communication technologies in health care settings, such as video interpreters, automatically generated voice transcriptions and automatically generated captions;

3. Staff education and training programs on overcoming barriers to health care experienced by deaf and hard-of-hearing patients; and

4. Successful models for overcoming barriers to health care experienced by deaf and hard-of-hearing patients.

Sec. 6. Staff assistance. Resolved: That the Legislative Council shall provide necessary staffing services to the task force, except that Legislative Council staff support is not authorized when the Legislature is in regular or special session.

Sec. 7. Report. Resolved: That, no later than December 6, 2023, the task force shall submit a report that includes its findings and recommendations, including suggested legislation, for presentation to the Joint Standing Committee on Health and Human Services. The Joint Standing Committee on Health and Human Services is authorized to report out legislation related to the report to the Second Regular Session of the 131st Legislature.

APPENDIX B

Membership List: Task Force on Accessibility to Appropriate Communication Methods for Deaf and Hard-of-hearing Patients

Task Force on Accessibility to Appropriate Communications Methods for Deaf and Hard-of-hearing Patients

Resolve 2023, Ch. 97

Membership List

Name	Representation
Senator Henry Ingwersen - Chair	Member of the Senate
Representative Colleen Madigan – Chair	Member of the House
Elizabeth Hopkins	Member representing the Department of Health and Human Services, Office of Aging and Disability Services
Thomas Minch	Member representing Disability Rights Maine
Emily Blachly	Member representing the Maine Educational Center for the Deaf and Hard of Hearing and the Governor Baxter School for the Deaf
Terry Morrell	Member representing the Department of Labor who works with compliance issues regarding deaf and hard-of-hearing persons
Sitara N. Sheikh	Member of the public who is a person who is deaf or hard of hearing

APPENDIX C

New Hampshire Tuition Reimbursement Statute

TITLE XV
EDUCATION

Chapter 200-M
CART PROVIDER AND SIGN LANGUAGE INTERPRETER NET TUITION REPAYMENT PROGRAM

Section 200-M:1

200-M:1 Definitions. –
In this chapter:
I. "CART provider" means a person who provides computer-aided, realtime translation of spoken language into English text by using a stenotype machine, notebook computer, and real time software to display the spoken text on a computer monitor, or other display device for individuals who are deaf or hard of hearing.
II. "Net tuition" means tuition costs for postsecondary school education that was directed toward the completion of a degree or certificate in judicial reporting, broadcast captioning, real time transcription, or sign language interpretation, or any other degree or certificate that the department of education, division of workforce innovation deems acceptable for purposes of CART provider and sign language interpreter net tuition repayment.
III. "Sign language interpreter" means a person who provides American Sign-Language based interpreting, which is the process of conveying information between American Sign Language and English.

Source. 2009, 207:1, eff. July 15, 2009. 2011, 224:137, eff. July 1, 2011. 2018, 315:27, eff. Aug. 24, 2018. 2019, 118:2, eff. July 1, 2019.

Section 200-M:2

200-M:2 CART Provider and Sign Language Interpreter Net Tuition Repayment Program Established. – The department of education, division of workforce innovation shall administer a program for the promotion, acquisition, and retention of CART providers and sign language interpreters in the state.

Source. 2009, 207:1, eff. July 15, 2009. 2011, 224:138, eff. July 1, 2011. 2018, 315:28, eff. Aug. 24, 2018. 2019, 118:3, eff. July 1, 2019.

Section 200-M:3

200-M:3 Application; Repayment. – An individual who has completed eligible CART or sign language interpreter training in accordance with rules adopted pursuant to RSA 200-M:5, including internships and residencies, and agrees to work as a CART provider or a sign language interpreter in this state, may apply to the department of education, division of workforce innovation for repayment under the CART provider and sign language interpreter net tuition repayment program and become eligible to be reimbursed up to 100 percent of his or her qualifying tuition not to exceed the cost of 4 years of in-state tuition at the university of New Hampshire, during a 5-year period of working as a CART provider or sign language interpreter. A 10 percent net tuition repayment shall be made upon completion of the first year of employment in this state, with an additional 10 percent made after the second year of work, an additional 20 percent after the third year of work, an additional 30 percent after the fourth year of work, and an additional 30 percent after the fifth

year of work.

Source. 2009, 207:1, eff. July 15, 2009. 2011, 224:138, eff. July 1, 2011. 2018, 315:29, eff. Aug. 24, 2018. 2019, 118:3, eff. July 1, 2019.

Section 200-M:4

200-M:4 Repealed by 2017, 195:17, eff. Sept. 3, 2017. –

Section 200-M:4-a

200-M:4-a CART Provider and Sign Language Interpreter Net Tuition Repayment Fund. – There is hereby established a fund to be known as the CART provider and sign language interpreter net tuition repayment fund. The fund shall include any sums appropriated for such purpose. In addition, the department of education, division of workforce innovation may accept public sector and private sector grants, gifts, or donations of any kind for the purpose of funding the provisions of this chapter. The moneys in this fund shall be nonlapsing and shall be continually appropriated to the department of education. The fund may be expended by the department of education to accomplish the purposes of this chapter.

Source. 2019, 118:1, eff. July 1, 2019.

Section 200-M:5

200-M:5 Administration; Rulemaking. – The department of education, division of workforce innovation shall adopt rules, pursuant to RSA 541-A, relative to procedures, eligibility, and qualifications for applicants, qualifying educational costs, criteria for terms of service by a CART provider and/or sign language interpreter, procedures for repayment of net tuition costs, and the administration of the program by the department of education, division of workforce innovation. The commissioner of the department of education shall annually report to the general court on the effectiveness of this program.

Source. 2009, 207:1, eff. July 15, 2009. 2011, 224:140, eff. July 1, 2011. 2018, 315:30, eff. Aug. 24, 2018. 2019, 118:4, eff. July 1, 2019.