



Telehealth is not a new technology, but its use has certainly boomed since the advent of the global COVID-19 pandemic. A national study including 36 million working-age individuals with private insurance shows telemedicine encounters increased 766% in the first three months of the pandemic.

# Making Telehealth Accessible

BY LISE HAMLIN

**T**elehealth is not a new technology, but its use has certainly boomed since the advent of the global COVID-19 pandemic.

A national study including 36 million working-age individuals with private insurance shows telemedicine encounters increased 766% in the first three months of the pandemic, from 0.3% of all interactions between March and June 2019, to 23.6% of all interactions in the same period. ([bit.ly/3Gl8mMO](https://bit.ly/3Gl8mMO))

There are the obvious reasons for the increased use of telehealth: few of us wanted to risk going to the doctor's office at the height of the pandemic. And particularly if you tested positive for COVID, any way to avoid going out of the house made sense.

When I tested positive for COVID in May 2022, I wanted advice from my primary care doctor, but did not want to go into the office. I was offered the option of telehealth, but I was disappointed to learn the telehealth platform they offered was not accessible, that is, did not have the option of providing captions. As it turned out, the appointment was fielded by a nurse practitioner who had a strong Eastern European accent, making it much more difficult for me to understand her speech. That appointment took twice as long as it should have, an inconvenience that could have been avoided with captions.

But consider this: what if I misunderstood what my nurse practitioner said? What if I got the medication instructions wrong? Or did not correctly understand what she said about whether to head to the ER? In fact, any mistake in communication presented the very real potential to harm my health, to make my situation worse or to spread COVID.

For those of us with hearing loss, clear and effective communication is imperative. Not just during a pandemic, but all the time. We should never have to guess what our health care providers are saying to us, in person or on a video platform. The question is: why isn't this equally clear to the medical community?

Given that access was not provided, my first inclination was: there should be a law! I knew the Americans with Disabilities Act (ADA) could be depended on, but I began to wonder if we needed more, if we needed to specially call out effective communication when talking to health care providers via telehealth. The ADA does in fact ensure that people with disabilities have equal access to public places, so, effective communication should be provided in health care settings. The Rehabilitation Act also provides for equal access that includes health care. And people with disabilities are also protected under Section 1557 of the Affordable Care Act (ACA).

With all these federal laws in place, not to mention the possibility of local law, one would think it would be easy to find practitioners who abide by the law. Think again. I have asked, and not found one person who had a telehealth appointment that was captioned. Not one. Granted, that is anecdotal information. But I would not be terribly surprised if a formal study found the same.

I don't think doctors and hospitals are against equal access. I do think that they often don't consider people with hearing loss at all when they set up telehealth appointments or encounter us in face-to-face encounter, or they don't

know how to provide effective communication. I have used speech-to-text at appointments and in the ER. Staff are thrilled to have the communication problem solved.

So, what to do? People with hearing loss must stand up and be heard. We must tell our practitioners that ensuring this communication is effective is not just the right thing to do, it's the law. It's time to ask for accommodations politely, help guide the practitioner, help overcome or reduce communication barriers. But if that doesn't work, it's time to file a complaint with the U.S. Department of Justice, or Health and Human Services Office of Civil Rights.

HLAA now has a committee looking at systemic change to achieve equal access for people with hearing loss. For more information, see [hearingloss.org/programs-events/communication-access-in-health-care](https://hearingloss.org/programs-events/communication-access-in-health-care). And feel free to send an email to [advocacy@hearingloss.org](mailto:advocacy@hearingloss.org). We'd like to help you in your efforts to achieve equal access to health care. **HL**

*Lise Hamlin is director of public policy for HLAA.  
Email Lise at [lhamlin@hearingloss.org](mailto:lhamlin@hearingloss.org).*

## Hearing Life Magazine Would Love to Hear from You!

Many of the articles that appear in *Hearing Life* magazine are written by people with hearing loss, educators, professionals in the hearing health care field, or anyone who would like to help others on their hearing journey. Find guidelines at [hearingloss.org/news-media/hearing-life/submit-an-article/](https://hearingloss.org/news-media/hearing-life/submit-an-article/). Send submissions to [magazine@hearingloss.org](mailto:magazine@hearingloss.org).

### Save the Date

June 29-July 1 is HLAA's 2023 Convention at the New Orleans Marriott, 555 Canal Street. Plan your visit to the "Big Easy," birthplace of jazz, and home to Creole cuisine, rich history and southern hospitality. Registration is open now!