Testimony of Maritza Rosado to the Human Services Committee
Tuesday, February 20, 2007 Concerning Proposed Bill No. 198, LCO 1140

Senator Harp, Senator Prague, Representative Giannaros, Representative Pawelkiewicz, Representative Ayala, Senator Gomes, Representative Reinoso and fellow members of the Human Services Committee:

Thank you for this opportunity to provide testimony to your committee this afternoon. I am speaking in support of Bill No.198, LCO 1140. An act concerning the availability of interpreter services under the Medicaid Program.

My name is Maritza Rosado. I reside in Ansonia, and I work for Southwestern Area Health Education Center, (AHEC), a 501(c)(3) non-profit agency in Bridgeport, whose purpose is to engage in public and private partnerships that address disparities in medical and dental care in Connecticut. This is accomplished through supporting direct service providers and providing health professional training and development programs with the goal of increasing access to high quality care for underserved populations.

As a Project Coordinator, I work closely with local and state organizations collaborating, and initiating support for face-to-face Medical Interpretation. I am also a member of the Latino Hispanic Resource Committee (LHRC) part of Naugatuck Valley Project which was formed to assist the Limited English Proficiency population of the lower Naugatuck Valley (Ansonia, Derby, and Seymour).

One of the primary responsibilities with Southwestern AHEC as part of the Connecticut AHEC Program is to oversee the development and progress of the Medical Interpreters Initiative. The CT AHEC Program conducted a Medical Interpreter Needs Assessment Survey in 2004 of hospitals, community health centers, health departments, outpatient facilities, nursing homes, home health agencies, and large private medical offices. With a 23% response rate, the data collected suggests that the three most difficulties encountered by health care organizations in providing interpretation services are:

1. Adequate staff training in the use of medical interpretation services
2. Provision of formal medical interpretation training to bilingual staff members, and
3. Assessment of language fluency in bilingual staff members who provide medical interpretation services.

Agencies that responded to the needs assessment results reported they would provide internal support of Medical Interpretation by:

- Providing a salary increase for bilingual staff members who obtain certification on their own - 30.2 %
- Provide salary increase for bilingual staff who obtain a certificate in medical interpretation- 23.8 %
- Cover the cost of training if less than $1,000 per staff member-47.6%
- Provide paid release time to attend a 56 hour certification training-76.2%

Testimony of Maritza Rosado to the Human Services Committee
Tuesday, February 20, 2007 Concerning Proposed Bill No. 198, LCO 1140

The need of qualified Medical Interpreters is increasing with the changing demographics of CT residents, and with the overall shortage of nursing and allied health professionals, particularly those with minority backgrounds. Professional and formalized training of medical interpreters is necessary for access to quality health care for all populations. Currently California and the state of Washington require medical interpreters to be certified by examination and registration. In Massachusetts Medical Interpreters must show proof of attending a training program that is a minimum of 48 to 54 hours. Rhode Island currently has no state regulations, and has just initiated their first Medical Interpretation training program.

At the very minimum, a Medical Interpreter must have an excellent command of English and another language, and must have technical, health-related language training in medical terminology, either through formal language classes or through working in healthcare.

Why face-to face Medical Interpretation? Research studies support impact of interpreter services on health outcomes and patient satisfaction. Providing face to face medical interpretation will increase access to care, improve quality of care, health outcomes, and health status. "Most importantly, the use of trained interpreters was associated with increased intensity of emergency department services, reduced return rates to the emergency department, increase clinic utilization, and lower thirty-day charges without any simultaneous increase in length of stay or cost of visit." *

The CT AHEC programs strongly recommends that the state of Connecticut adopt the following requirements:

- Adoption of the National Standards for Medical Interpretation (**www.ncich.org**)
- All persons providing Medical Interpretation in Connecticut should provide proof of successfully completing a training program in Medical Interpretation
- Education and training of health and human service providers, hospitals, health care agencies and organizations regarding the need and use of Medical Interpreters in the health care arena.

Providing adequate Medical Interpreter services has become one of my passionate issues. Experiencing personal incidents on this issue has driven the desire to move forward in full armor to support this bill. In the past, I have had to serve as a translator in my personal and work experience. Could you imagine yourself as a child having to miss school so you can accompany your grandmother/ or family member to a doctor's appointment? Being faced with questions as a child to translate and not having the full understanding of the human body or medical terms. Have you ever been pulled from your specific job responsibility to serve as a Medical Interpreter in another department you did not work for? I have had to experience these things which could have resulted in misdiagnosing individuals but also my own family.

As members of this Committee, we ask that you support Bill No.198, LCO 1140. An act concerning the availability of interpreter services under the Medicaid Program.

Testimony of Maritza Rosado to the Human Services Committee
Tuesday, February 20, 2007 Concerning Proposed Bill No. 198, LCO 1140

Thank you for your attention.

Maritza Rosado
Project Coordinator, Southwestern Area Health Education Center
Work address and telephone: P.O. Box 550, Bridgeport, (203) 372-5503
Home address and telephone: 110 Woodbridge Ave. Apt.L3. Ansonia, (203) 732-3573

*Berstein J, Berstein E, Dave A et al Trained Medical Interpreters in the Emergency Department: Effects on Services, Subsequent Charges, and Follow-up. J of Immigrant Health, October 2002 4(4), 171-176.