

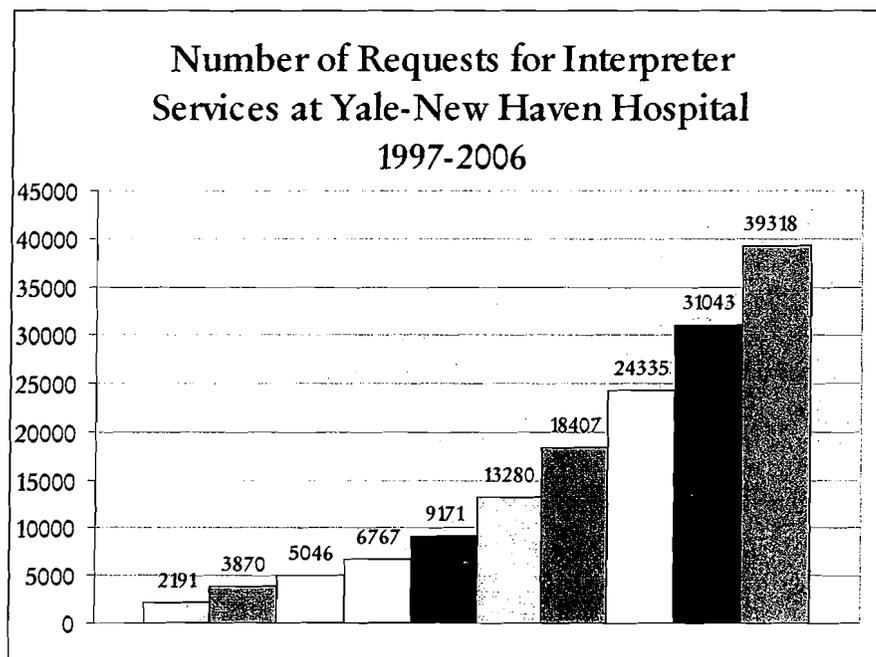
Testimony of Yale-New Haven Hospital
Before the Human Services Committee
February 20, 2007

**PB 198, AN ACT CONCERNING THE AVAILABILITY OF INTERPRETER SERVICES
UNDER THE MEDICAID PROGRAM.**

Good Morning Chairman Harris, Chairman Villano and members of the Human Services Committee. I appreciate the opportunity to testify on behalf of Yale-New Haven Hospital in support of Proposed Bill 198, An Act Concerning the Availability of Interpreter Services Under the Medicaid Program.

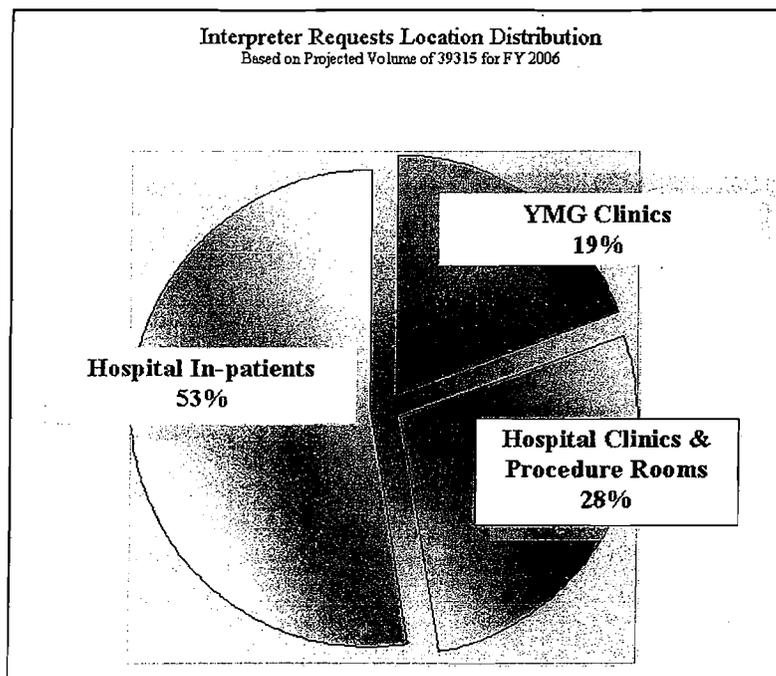
My name is Jacqueline Ortiz and I am the Translation Coordinator for Yale-New Haven Hospital. I have the responsibility to ensure that vital forms and patient education materials are available to Limited English Proficient (LEP) patients in 12 languages.

Our Interpreter Services program started in 1997 with one interpreter and several bilingual volunteers and staff members. In only 10 years we have grown to include a staff of 14 full and part-time professional medical interpreters, one translation coordinator and several support staff positions. Interpreter Services provides in-person interpreting, phone interpreting, interpreting services for the deaf and hard of hearing, video interpreting, and written translation in 12 area languages. All of our staff interpreters have bachelor's degrees, are tested for competency in medical interpreting, and receive over 50 hours of additional training in language interpretation technique, medical vocabulary, and ethics.



Our program has grown at an impressive rate. In FY1997 we received approximately 2100 requests. During FY 2006, our department received over 39,000 requests for language services. We completed over 600 translations and offer our vital documents in 12 languages (vital documents include consent forms, financial forms, legal documents like advance directives and HIPAA forms and information).

Interpreters are critically important at certain points in a patient's care: taking and documenting the patient's medical history, explaining procedures and general care plans, educating patients, signing legal documents, updating families on the patient's care, and providing care instructions after discharge. As you can see from the following pie chart, our interpreters provided services extensively throughout the hospital in-patient units, procedure rooms and hospital outpatient clinics, as well as the Yale University's Yale Medical Group outpatient clinics.



During FY 2006 we provided interpreter services in over 70 languages. Of the population of non-English speakers who receive care at Yale-New Haven Hospital, over 88% are Spanish speakers. The other most frequently encountered languages include: Turkish, Portuguese, American Sign Language, Mandarin Chinese, and Russian.

Obviously, as our program has grown, so have our costs. During FY 2006, the cost to Yale-New Haven Hospital to provide this interpreter service to our patients with limited English proficiency was \$1,012,591.

We believe strongly that language services are critical to patient safety and quality of care. In the absence of well-organized language services, interpretation tends to happen through untrained interpreters including family members, friends, children, bystanders or staff or students who lack the language skills and experience interpreting. Interpreters who lack the proper training are dangerous because healthcare providers who use them have no possible way of knowing if the information is transmitted correctly to the patient.

Numerous studies, like those done by Dr. Glenn Flores, a leading researcher in this field from the Medical College of Wisconsin, have studied the kind of mistakes made by these informal interpreters. Interestingly, the highest number of medically significant errors is committed by

staff members who have “faulty fluency” – or in other words, providers who over-estimate their language skills and unknowingly commit errors. Most medical institutions that lack formal language services rely on these very people to provide medical interpreting. Safe and accurate language interpretation requires a high level of linguistic skill in both English and the target

language, an extensive medical vocabulary, knowledge of the operation of the institution, and an awareness of cultural issues that may impede clear communication.

Funding is one of the major roadblocks to providing quality language services. While we have been quite successful in providing in-person services in Spanish, we struggle to find ways of offering in-person interpreting for other languages in a cost-effective manner. Phone interpreting is not always appropriate, especially in culturally sensitive encounters like those that involve end of life discussions or mental health assessments. Our next objective is to expand in-person services for other commonly encountered languages. Reimbursement for these services would assist us greatly to that end.

We strongly support Proposed Bill 198 to reimburse interpreter services through the Medicaid program. Increased funding will permit hospitals like Yale-New Haven Hospital to expand interpreter services to enhance quality care.

