



Senate

General Assembly

File No. 647

February Session, 2008

Substitute Senate Bill No. 458

Senate, April 17, 2008

The Committee on Appropriations reported through SEN. HARP of the 10th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING LINGUISTIC ACCESS IN HOSPITALS AND DIVERSITY IN THE HEALTH CARE WORKFORCE.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- 1 Section 1. Section 19a-490i of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective October 1, 2008*):
- 3 (a) Each acute care hospital in this state shall:
- 4 (1) Develop and annually review a policy on the provision of
5 interpreter services to non-English-speaking patients;
- 6 (2) Ensure, to the extent possible, the availability of interpreter
7 services to patients whose primary language is spoken by a group
8 comprising not less than five per cent of the population residing in the
9 geographic area served by the hospital;
- 10 (3) Prepare and maintain a list of qualified interpreters;
- 11 (4) Notify hospital staff of the requirement to provide interpreters to

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either chamber thereof for any purpose:

OFA Fiscal Note

State Impact:

| Agency Affected | Fund-Effect | FY 09 \$ | FY 10 \$ |
|--|-------------|----------|----------|
| Public Health, Dept. | GF - Cost | None | 17,280 |
| Comptroller Misc. Accounts (Fringe Benefits) ¹ | GF - Cost | None | 4,070 |

Note: GF=General Fund

Municipal Impact: None

Explanation

The Department of Public Health (DPH) will incur costs to examine the effectiveness of hospital interpreter/translation services requirements and report by 1/1/10 and biennially thereafter. The agency would need to devote a ¼ time Health Program Associate to this work, at a cost of approximately \$20,820 (\$17,280 DPH; \$4,070 fringe benefits). It is anticipated that these resources would not be needed prior to FY 10.

The bill requires that this examination be accomplished within budgeted resources. Should the adopted FY 10 budget not include funding for this purpose, this will likely result in one of three outcomes: (1) DPH will delay the implementation pending the approval of additional appropriations to meet this mandate in future fiscal years; (2) DPH will shift administrative resources from other department priorities, thereby impacting existing departmental programs; or (3) DPH will not conduct the examination.

¹ The fringe benefit costs for state employees are budgeted centrally in the Miscellaneous Accounts administered by the Comptroller. The first year fringe benefit costs for new positions do not include pension costs. The estimated first year fringe benefit rate as a percentage of payroll is 25.36%. The state's pension contribution is based upon the prior year's certification by the actuary for the State Employees Retirement System (SERS). The SERS fringe benefit rate is 33.27%, which when combined with the rate for non-pension fringe benefits totals 58.63%.

It is anticipated that the agency will continue to monitor and enforce hospital compliance with current law regarding interpreter/translation services in the course of its normal regulatory functions.

The Out Years

The annualized ongoing fiscal impact to DPH identified above would continue into the future subject to inflation. In FY 11, fringe benefits costs would rise to \$9,408.

OLR Bill Analysis**sSB 458*****AN ACT CONCERNING LINGUISTIC ACCESS IN HOSPITALS AND DIVERSITY IN THE HEALTH CARE WORKFORCE.*****SUMMARY:**

Current law requires acute care hospitals to undertake a number of activities to ensure that patients who do not speak English have access to their services. This bill requires the Department of Public Health (DPH), within existing budgetary resources, to examine hospital compliance with these requirements and report to the Public Health Committee, by January 1, 2010 and biennially thereafter.

EFFECTIVE DATE: October 1, 2008

LINGUISTIC ACCESS IN HOSPITALS***Existing Requirements for Hospitals***

By law, each acute care hospital must:

1. develop and annually review a policy on providing interpreter services to non-English speaking patients;
2. ensure, to the extent possible, the availability of interpreter services to patients whose primary language is spoken by a group comprising at least 5% of those residing in the hospital's geographic service area;
3. keep a list of qualified interpreters;
4. notify hospital staff of interpreter requirements;
5. post multilingual notices about interpreter availability;
6. review standardized forms to determine the need to translate

them;

7. consider giving hospital staff picture and phrase sheets to communicate; and
8. establish liaisons to the non-English speaking communities in the service area.

DPH Monitoring and Enforcement

The bill requires DPH, within existing budgetary resources, to (1) monitor and enforce hospital compliance with the above requirements, (2) examine their effectiveness, and (3) report biennially to the Public Health Committee with findings and recommendations on how to improve linguistic access standards in hospitals. The first report is due by January 1, 2010.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Change of Reference

Yea 21 Nay 7 (03/07/2008)

Appropriations Committee

Joint Favorable Substitute

Yea 52 Nay 1 (03/28/2008)