



Greater Hartford Legal Aid, Inc.

**Testimony of Jamey Bell
before the Human Services Committee**

re.

***Bill No. 34, An Act Implementing the Governor's Budget Recommendations with Respect to
Social Services Programs***

February 26, 2008

Thank you for this opportunity to provide testimony about Bill No. 34. I have worked as a legal aid lawyer for almost 26 years, and have represented low-income health care consumers, primarily children, for the last 14 years. On the basis of this experience I urge you to carefully consider one of the budget "savings" proposed—eliminating funding for medical interpretation, and rescinding the requirement to amend the Medicaid State Plan to make interpretation a covered service. These are shortsighted and short-term actions which will have the longer term effect of perpetuating inadequate access to health care for vulnerable populations, leading to poorer health outcomes and unnecessary increased costs to the public health care system.

Funding for Medical Interpreting under Medicaid

Last year the legislature appropriated funds for medical interpreting in the Medicaid program, and directed DSS to amend the Medicaid state plan to add medical interpreting as a covered service. Governor's Rell's budget eliminating these funds should be rejected; the legislature's actions represented good public health and fiscal policy.

Policy makers on the national and state levels have been focusing on the very real problem of racial and ethnic health care disparities and the very real costs, in human and financial terms, of those disparities. One large barrier to racial and ethnic health equality is difficulty communicating with health care providers because of limited English proficiency. Of course this problem also **increases costs to the health care system** because of the financial consequences of delayed, incomplete or inaccurate diagnoses.

DSS' budget should include payment for medical interpreting as a Medicaid cost, since it would then clearly be a cost which is federally reimbursable at 50%, instead of a cost CT currently may cover 100% on its own. Last year the Office of Fiscal Analysis, and researchers commissioned by the CT Health Foundation, estimated that the cost to the state to provide these services would equal \$4.7 million annually. But after the 50% federal match, the state's cost would be only \$2.35 million. Because of "Title VI" of the Civil Rights Act which prohibits discrimination by entities receiving federal funds, and because it is *necessary* in order to communicate with patients, most of Connecticut's hospitals and clinics provide interpretation services already, most likely out of funds provided by the state. It simply makes sense to maximize federal dollars available to Connecticut to offset essential costs in our health care system, not to mention honoring the medical and moral imperative to "do no harm."



Need for a Medicaid State Plan Amendment

It is not enough to just provide the funding without making the change to the Medicaid State Plan that last year's legislation directed. First, if medical interpretation is a separate covered service, which is reimbursed by Medicaid, then the MCOs will in fact have an incentive to let people know it exists (or at least will not have an incentive to *not* let them know it exists) because with specific payment for it, the service will not just be perceived as a potential "unreimbursed cost .

Second, providers, consumers, and their advocates are more likely to know about the availability of this essential service if it is a separate covered service, leading to increased use and the system and individual health improvements detailed in the section above. Making interpretation a separate covered service will allow it to emerge from the shadows as a service, just as the service itself will then allow those who need it to emerge from the shadows of the underserved.

Third, encouraging medical interpretation to emerge from the shadows as a service is likely to have the corollary effect of increasing the availability and professional qualifications of the qualified interpreters. Making medical interpretation a covered service (and the separate funding of same) will serve as a catalyst for the establishment of a systematic and professional approach to the provision of interpretation services, and the training of interpreters, across the state.

Finally, historically under Medicaid managed care, it has been difficult, or impossible, to track how much money apportioned for medical interpretation was spent on it. Making medical interpreting a separate covered service will provide important **accountability**-- regarding expenditure of funds, need for and use of the services, and eventually, quality and long term savings.

Thank you for your attention.