

Testimony of Jeannette DeJesús
Human Services Committee
February 26, 2008

RE: S. B. No. 34 An Act Implementing the Governor's Budget Recommendations with Respect to Social Services Programs

Good morning members of the Human Services Committee. I am Jeannette DeJesús, the Executive Director of the Hispanic Health Council. I was here last February to testify in support of the addition to the DSS budget of **\$4.7 million in appropriations for interpreters under Medicaid; and an amendment to the state Medicaid plan to include foreign language interpretation services in the health care setting as a covered service.** You listened and generously acted on behalf of the more than 22,000 CT residents (currently on Medicaid) with Limited English Proficiency. Regrettably, the Governor has now eliminated funding for medical interpretation, and has rescinded the requirement to amend the Medicaid State Plan to make interpretation a covered service. These are shortsighted and short-term actions! They 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.

Quality health care is something that all people deserve, regardless of wealth, race, culture, class, educational status or language. It is easy to agree with this sentiment but difficult to act on it. However, as legislators, you have the ability to return the health care debate to its core- the right of all people to quality health care.

In a recent report, *A Profile of Latino Health in Connecticut*, published by the Hispanic Health Council's Latino Policy Institute, we identified language barriers and the shortage of trained medical interpreters as a significant barrier to accessing health care services. As you already know, for individuals with limited English proficiency (LEP) language is a major barrier to accessing health care and plays an important role in cultural and socio-economic health disparities. In Connecticut, approximately 146,500 (4.6%) of the state's residents have limited English proficiency, and 234,799 (7.4%) residents report speaking English less than "very well", far exceeding the medical system's capacity to provide them with linguistically appropriate health care.

With few trained medical interpreters available throughout the state, patients are forced to rely on untrained hospital staff, friends, family members and even children to interpret for them. While well meaning, these interpreters are rarely trained in medical interpretation, which requires a specialized vocabulary. Medical interpretation involves not only direct translation, but also cultural sensitivity and understanding. The lack of proper training can result in misunderstandings, incorrect diagnosis and even loss of life. When people are unable to communicate with their doctors serious mistakes can occur.

If the Department of Social Services participates in the federal Medicaid match program for medical interpretation services, we can provide access to medical interpretation services to the more than 22,000 people in CT with limited English proficiency. The CT Health Foundation has estimated that the costs of making medical interpretation service available to Medicaid participants would be approximately \$4.7 million dollars. That means, with the federal match, the total cost to the state would be just over \$2 million. This amount is quite reasonable when you look at the benefits in quality of care received, improved diagnosis, decreased visits to the emergency rooms and improved quality of life.

It is important to amend the Medicaid State Plan to include language interpretation as a covered expense. As a separate covered expense reimbursed by Medicaid:

- The MCOs will have an incentive to let people know it exists because with specific payment for it, the service will not just be perceived as a potential “unreimbursed cost”.
- 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.
- The State will increase accountability by enabling us to track how much money apportioned for medical interpretation is actually being spent on it—expenditure of funds, need for and use of the services, and eventually, quality and long term savings.

Governor’s Rell’s budget eliminating these benefits should be rejected. Last year the legislature’s actions represented good public health and fiscal policy. I urge you to again act on behalf of the people of CT and **reject the elimination of these funds and require that the Medicaid State Plan be amended to include medical interpretation as a covered service.**

Connecticut Coalition for Medical Interpretation

An initiative of the Latino Policy Institute

MEDICAID-REIMBURSED MEDICAL INTERPRETATION FACT SHEET

LAST YEAR:

The Connecticut Coalition for Medical Interpretation (CCMI) successfully advocated for the legislature to:

- appropriate \$4.7 million for the Department of Social Services (DSS) for medical interpretation services for Medicaid recipients; AND
- require an amendment to the Medicaid state plan to make medical interpretation a covered service.

NOW:

For the next fiscal year budget, Governor Rell has recommended:

- the **elimination of \$4.7 million** in appropriations for interpreters under Medicaid; and
- elimination of the requirement amending the state Medicaid plan to include foreign language interpretation services in the health care setting as a covered service.

WHY WE NEED MEDICAL INTERPRETATION:

Inability to communicate with a health care provider can cause serious injury or death.

Fact: An estimated 22,000 Medicaid recipients in Connecticut have limited English proficiency.

Fact: Sixty-five different languages are spoken by low-income residents with limited English proficiency (LEP) in Connecticut.

Fact: When qualified interpreters are not available, patients and providers resort to using untrained staff, friends, or family members, *including children*. This can result in misdiagnosed or undiagnosed medical conditions, delayed or inappropriate care, medical mistakes, and higher costs for the entire system, as well as compromised quality of care with regard to confidentiality and dignified provision of services.

Fact: When medical interpretation is available, Latinos report an increase of 70% in their ability to understand a doctor's instruction.

Coalition Members: AARP, Asian Family Services, Catholic Charities, Connecticut Association for United Spanish Action, Charter Oak Health Center, China Communications Consultants, Inc., Community Renewal Team, Connecticut Area Health Education Centers, Connecticut Primary Care Association, Generations Family Health Center, Inc., Greater Hartford Legal Aid, Inc., Hartford Areas Rally Together, Health Care for All Coalition, Hill Health Center, Hispanic Center of Danbury, Hispanic Health Council, Interpreters and Translators, Inc., Khmer Health Advocates, Lao Association of Connecticut, Latino Community Services, Mijoba Communications, Inc., Naugatuck Valley Project, Planned Parenthood of Connecticut, SEIU Local 32BJ, Spanish Speaking Center of New Britain

Fact: The creation of a funding stream for medical interpretation serves as a catalyst for the establishment of a systematic and professional approach to the provision interpretation services across the state, thereby helping to reduce language-based health disparities.

Fact: Face-to-face interpretation services are preferred because they provide greater cultural sensitivity in the translation, leading to improved quality of care for patients.

THE LAW:

Fact: State law requires acute care hospitals to provide interpretation for patients whose primary language is spoken by at least 5% of the population in the service area (Public Act No. 00-119) and to notify all patients of their right to participate in making informed decisions about treatment and care (Public Act No. 05-128).

Fact: Title VI of the federal Civil Rights Act requires recipients of federal financial assistance to ensure that limited English proficient persons can meaningfully use health and social services. Any organization, or individual, that receives federal financial assistance, either directly or indirectly, through a grant, contract or subcontract, is covered by Title VI.

THE EXPERIENCES OF OTHER STATES:

Fact: The District of Columbia, along with 12 states (including Maine, New Hampshire and Vermont), provide reimbursement for interpreter services through the Medicaid program.

Fact: In Maine and New Hampshire, only 2% and 2.4%, respectively, of their total population have limited English proficiency (compared with Connecticut's 4.6%). Both of these fellow New England states include medical interpretation services as a Medicaid-covered expense.

THE SOLUTION:

THE CONNECTICUT LEGISLATURE SHOULD RESTORE FUNDING FOR MEDICAL INTERPRETATION and REQUIRE THAT MEDICAL INTERPRETATION BE ADDED TO THE STATE MEDICAID PLAN. THIS IS ULTIMATELY A COST-SAVING MEASURE AS WELL AS A LEGAL AND MORAL IMPERATIVE.