

Testimony before the Appropriations Committee  
The Department of Social Services Budget  
By Jeannette DeJesús, Executive Director, HHC, Inc.  
February 18, 2009

Good afternoon Senator Harp and members of the Appropriations Committee.

**The Hispanic Health Council and the Connecticut Coalition for Medical Interpretation opposes the elimination of funding for medical interpretation in Medicaid. It is imperative that the state Medicaid plan be amended to include medical interpretation as a covered expense.**

The people of Connecticut deserve an effective, efficient, transparent and high quality system of healthcare that reduces waste, decreases medical error, shortens visiting times, and improves medical outcomes. Ultimately, this has the potential to save tax payers millions of dollars in unnecessary and duplicative medical procedures caused by misunderstandings.

In 2007, the General Assembly passed Senate Bill No. 1484, *AN ACT CONCERNING THE HEALTH FIRST CONNECTICUT AND HEALTHY KIDS INITIATIVES*. It stated that effective July 1, 2007:

The Commissioner of Social Services shall amend the Medicaid state plan to include foreign language interpreter services provided to any beneficiary with limited English proficiency as a covered service under the Medicaid program.

Yet, despite this law, the Department of Social Services did not amend the state plan and now, the governor has again stated that, “DSS will not amend the Medicaid state plan to include foreign language interpreter services as a covered service under the Medicaid fee-for-service program” and that the monies, allocated within the budget will be removed.

For individuals with limited English proficiency (LEP) language is a major barrier to accessing health care and plays an important role in 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.

Without the availability of trained medical interpreters, 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 and costly mistakes can occur.**

Again, I urge you to maintain the \$4.7 m allocation within the DSS budget for medical interpretation and to hold the department accountable for amending the state plan.

- In Connecticut, approximately 146,500 (4.6%)<sup>1</sup> of the state's residents have LEP, and 234,799 (7.4%)<sup>2</sup> residents report speaking English less than "very well"
- Title VI of the 1964 Civil Rights Act "[P]rohibits discrimination on the basis of race, color, and national origin in programs and activities receiving federal financial assistance."<sup>3</sup> This has been interpreted to include discrimination on the basis of language due to the close relationship between language and national origin.
- More than 22,000 people with limited English proficiency were enrolled in Connecticut's Medicaid program in 2003 and used approximately 5% of the program's health services.<sup>4</sup>
- Sixty-five different languages are spoken by low-income Connecticut residents with limited English proficiency, about half of whom are Spanish speaking.<sup>5</sup>
- Connecticut's annual share of providing medical interpreter services through its Medicaid program would total about \$4.7 million if Connecticut takes advantage of the federal match of 50%.<sup>6</sup>

Please see attached fact sheet produced by the Latino Policy Institute.

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<sup>1</sup> Connecticut Health Foundation, *Estimates for the Cost of Interpretation Services for Connecticut Medicaid Recipients*. New Britain, CT: CT Health Foundation, 2006.

<sup>2</sup> U.S. Census Bureau, *Census 2000 Summary File 4 Sample Data, CT*. Retrieved on November 28, 2006 from: <http://www.census.gov>.

<sup>3</sup> Department of Justice, *Coordination and Review Section: Civil Rights Division, Title VI of the Civil Rights Act of 1964*. Retrieved on November 27, 2006 from: <http://www.usdoj.gov/crt/cor/coord/titlevi.htm>.

<sup>4</sup> Connecticut Health Foundation, *Estimates for the Cost of Interpretation Services for Connecticut Medicaid Recipients*. New Britain, CT: CT Health Foundation, 2006.

<sup>5</sup> Ibid

<sup>6</sup> Ct Health Foundation

# Connecticut Coalition for Medical Interpretation



## MEDICAID-REIMBURSED MEDICAL INTERPRETATION

### BACKGROUND

- The Connecticut Coalition for Medical Interpretation (CCMI) won legislative approval for **\$4.7 million** in the Department of Social Services (DSS) budget to pay for medical interpreters for Medicaid recipients.
- The legislation called for an amendment to the Medicaid state plan to make medical interpretation a covered service.

### NOW:

- **Governor's Rell's budget recommends cutting the \$4.7 million** for interpreters under Medicaid and eliminating 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 dignity.

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

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

### THE SOLUTION:

THE CONNECTICUT LEGISLATURE SHOULD **RESTORE** FUNDING FOR MEDICAL INTERPRETATION and REQUIRE THAT MEDICAL INTERPRETATION BE ADDED TO THE STATE MEDICAID PLAN.

IT'S THE RIGHT THING TO DO  
IT SAVES MONEY  
IT'S THE LAW

An initiative of the Hispanic Health Council

# Connecticut Coalition for Medical Interpretation



## MEDICAID-REIMBURSED MEDICAL INTERPRETATION

### 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 the states' total population have limited English proficiency (compared with Connecticut's 4.6%).

### 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, Connecticut Voices for Children, 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 328J, Spanish Speaking Center of New Britain

### About The Latino Policy Institute

The Latino Policy Institute, a project of the Hispanic Health Council, was created to help Connecticut's Latino communities help themselves. With the institute's leadership and expert technical support, the Latino community will define its healthcare needs, develop policy recommendations to help meet those needs and join forces to advocate for changes that will improve the health and well-being of Latinos across Connecticut.