

Testimony of Maritza Rosado as proposed by the Governors Biennial Budget to the Appropriations Committee. Wednesday, February 18, 2009 concerning the Elimination of Funding for Medical Interpreter services under Medicaid.

Honorable Senator Toni Nathaniel-Harp, Representative Geragosian and distinguished members of the Appropriations Committee:

Thank you for this opportunity to provide testimony to your committee this afternoon. I am urging you to reinstate the Department of Social Services budgetary line item for Medicaid reimbursement of medical interpreter services.

Introduction

My name is Maritza Rosado. I reside in Ansonia, and I am the Director of the Medical Interpreter Training Program based out of Eastern Area Health Education Center (AHEC), a 501(c)(3) non-profit agency. The Connecticut Area Health Education Center Program was established in 1995 by the Connecticut General Assembly and received its initial federal AHEC funding in 1997. The Program is based at the University of Connecticut Health Center and is implemented by four regional centers, which are located in the Norwich, Hartford, Waterbury, and Bridgeport areas. The purpose is to engage in public and private partnerships that address disparities in medical and dental care in Connecticut. This is accomplished through supporting direct service providers and providing health professional training and development programs with the goal of increasing access to high quality care for underserved populations. One of the primary responsibilities with Eastern AHEC as part of the Connecticut AHEC Program is to oversee the development and progress of *Interpreting in Health and Community Settings Training Program.*

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An Expensive Mandate

Organizations are required by law to provide language access services to individuals who are deaf or hard of hearing (Section 504 of the Americans with Disabilities Act or who have limited English proficiency (Title VI of the Civil Right Act of 1964). In addition there are several other federal mandates as follows:

- President Clinton's Executive Order 13166, August 2000
- Emergency Medical Treatment and Active Labor Act (EMTALA)
- Americans with Disabilities Act of 1990
- Rehabilitation Act of 1973
- Cultural and Language Assessment Standards (CLAS) of the U.S. Department of Health and Human Services Office of Minority Health.
- Varying state laws including Connecticut (In July 1, 2001 Connecticut implemented "An act requiring competent interpreter services in the delivery of certain acute health care services." Every acute-care hospital, as defined in section 25B, shall provide competent interpreter services in connection with all emergency room services provided to every non-English speaker who is a patient or who seeks appropriate emergency care or treatment).

The Joint Commission Standard R1.2.100 "*requires that the organization respects the patient's right to and need for effective communication.*" Element of Performance 3 requires that the organization "*provides interpretation including translation services as necessary.*" The Joint Commission Standards and Elements of Performance do not specify the strategies that must be implemented to meet these requirements. However, they do provide specific guidance in its standards and survey process.¹

An act concerning the availability of interpreter services under the Medicaid Program (Bill No.198, LCO 1140) was approved in 2007. Its purpose was "To

¹ The Joint Commission Perspectives?. The Official Newsletter of the Joint Commission. Volume 28, number 2. February 2008.

Testimony of Maritza Rosado as proposed by the Governors Biennial Budget to the Appropriations Committee. Wednesday, February 18, 2009 concerning the Elimination of Funding for Medical Interpreter services under Medicaid. improve efficiencies in the Medicaid program by allowing interpreter services to be a covered service thereby promoting access to health care for persons with limited English proficiency and reducing incidents of misdiagnosis.” Public and private reimbursement of medical interpretation is crucial if health care organizations are going to be able to meet the demands of their patients who are limited in their English proficiency as required by law. Medicaid reimbursement for medical interpretation services demonstrates the State of Connecticut’s commitment toward improving access to health care services and eliminating health disparities among minority groups. It also acts as a model and sets the standards for private health insurance companies to reimburse medical interpretation services.

More than half of providers point to cost as the principal barrier to providing language services. Most types of private and public insurance do not provide reimbursement.² The White House Office for Management and Budget estimates that interpreting services cost the health care industry \$267.6 million annually. Federal matching grants are available to assist state programs that cover residents living at or near poverty levels. In an August 2000 letter to the states, the U.S. Medicaid director wrote, “...under both the SCHIP and Medicaid programs, Federal matching funds are available for States’ expenditures related to the provision of oral and written translation administrative activities and services provided for SCHIP or Medicaid recipients. Federal financial participation is available in state expenditures for such activities or services whether provided by staff interpreters, contract interpreters, or through a telephone service.” Some immigrant advocacy groups have trained volunteer interpreters and dispatched them to providers at no cost or for a nominal fee; such community language banks exists in New York, Louisiana, and Illinois. The Northern Virginia AHEC has a Language Bank that dispatches trained interpreters in over 70 languages to health care sites. One

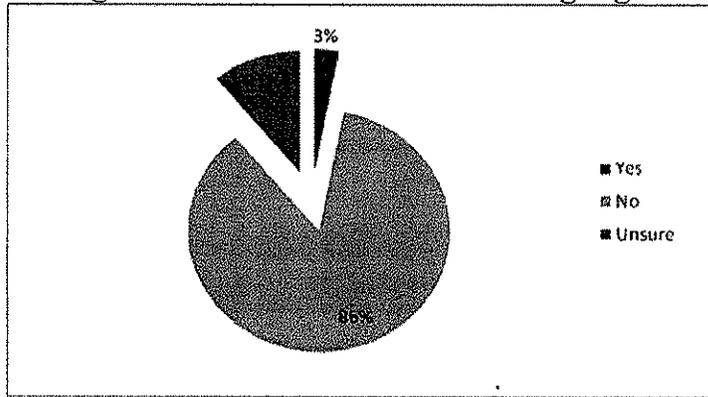
² A Struggle to Communicate: Medical Interpretation in Arizona. A St. Luke’s Initiative. April 2004. <http://www.azdhs.gov/bhs/sccl.pdf>

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California managed care organization, the Alameda Alliance for Health, offers stipends to providers who use interpreters.

A national study of hospitals providing language services was conducted by the Health Research and Education Trust and funded by the California Endowment.³ They reported that only 33% of the nation's hospitals engaged in activities to improve language access to LEP patients. Cost and reimbursement concerns accounted for 48% of the respondents not engaging in language access initiatives and the lack of training and resources for staff as interpreters accounted for 41% of the hospitals not providing language services.

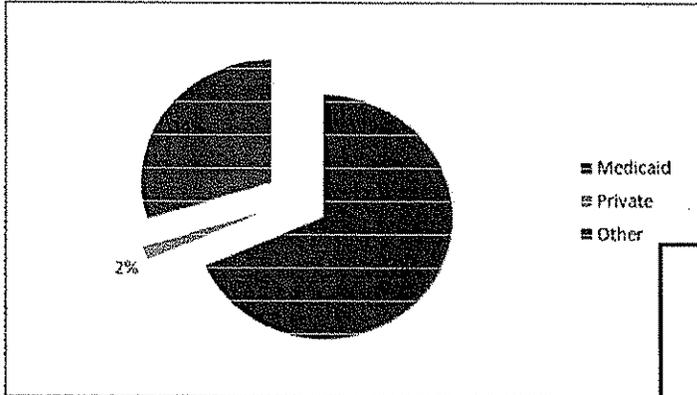
Hospitals Receiving Direct Reimbursement for Language Services



Source of Direct Hospitals Reimbursement

³ ©October 2006 by the Health Research and Educational Trust
<http://www.hret.org/hret/languageservices/content/languageservicesfr.pdf>.

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Source: Hospital Language Services for Patients with Limited English Proficiency: Results from a National Survey

With 80% of hospitals encountering individuals with LEP frequently, and only 3% receiving direct reimbursement for providing language services, the question and challenge are: Who will pay for these services? Hospitals that commit to providing high-quality language services to their patients likely will be rewarded with greater patient and staff satisfaction, which can provide them with a competitive advantage as the demographics of the United States

continue to change. Resources should be targeted toward monitoring and improving language services for all patients with LEP. The ever increasing legal and financial demands on our health care system without adequate reimbursement structures will only result in failure of the system's abilities to meet the basic health care rights of our state. Reinstating Medicaid reimbursement for medical interpreter services is an opportunity for Connecticut to be a leader towards eliminating health disparities.

Rates for Interpreter Services

- Hawaii Medicaid (fee for service) \$25-\$45/hour
- Maine Medicaid (fee for service) \$30-\$40/hour
- Minnesota Medicaid (fee for service) \$50/hour
- Utah Medicaid (fee for service) \$35/hour
- Washington Medicaid (fee for service) \$34-\$39/hour
- Multicultural Association of Medical Interpreters, \$45-\$60/hour
- Oneida, New York (private community foundation) (offers discounted rates with contracts)

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Assessment of Connecticut's Medical Interpretation Services

As Connecticut becomes increasingly diverse, hospital systems face an enormous challenge in providing quality health services to patients with limited English proficient (LEP) patients. In particular, health care providers are increasingly challenged in their efforts to ensure that LEP patients have adequate language assistance services, such as medical interpreters and written materials translated into the appropriate language.⁴ In order to improve quality and reduce medical errors, effective communication between health care providers and LEP patients must be taken into consideration.⁵ According to Marsha Regenstein, Principal Investigator of *Speaking Together*, most hospital administrators know that many of their patients speak languages other than English, but very few know the true demand for languages services in their institutions or how well they are meeting that demand.

In 2004 Connecticut AHEC Program, in collaboration with the Connecticut Hospital Association, conducted a Medical Interpretation Needs Assessment Survey of health care provider organizations. Of the approximately 1,500 surveys distributed, 247 surveys were returned. The regional distribution of returned surveys approximated the population distribution. Respondents included community health centers, home health agencies, public health districts, hospitals, private medical clinics, outpatient and inpatient mental health or substance abuse organizations, and rehabilitation facilities.

The survey found that the majority of health care institutions relied on existing staff and patient relatives for medical interpretation. Most of the responding health care organizations (76%) spent less than \$1,000 a year on interpretation services.

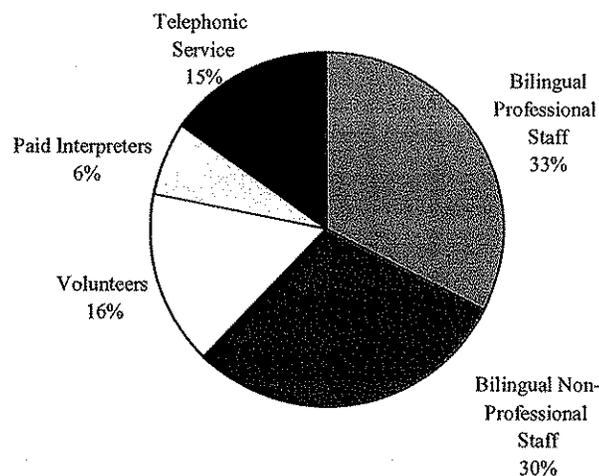
⁴ The Massachusetts Access Project, April 2002

⁵ Improving Quality Health Care Relies on Effective Language Services. George Washington University, School of Public Health and Health Services. An Issue Brief from *Speaking Together*. October 2007

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With the exception of one hospital, respondents did not have a training program for staff members who serve as interpreters. More than half of the survey respondents reported that less than 5 percent of their professional staff is bilingual, indicating that existing staff who have medical training is insufficient to meet the interpretation needs of patient populations. Overall, medical interpretation was provided by bilingual professional staff 32 percent of the time and bilingual non-professional staff 30 percent of the time. Telephonic interpretations services and volunteers were used approximately 30 percent of the time.

Figure1. Who Provides Medical Interpretation Services?



Source: Connecticut AHEC Medical Interpreter Survey 2004

Figure 2 displays those medical interpretation services that were rated as very and moderately difficult to provide. The data suggest that the three most difficult types of interpretation services for health care organizations to provide are the following:

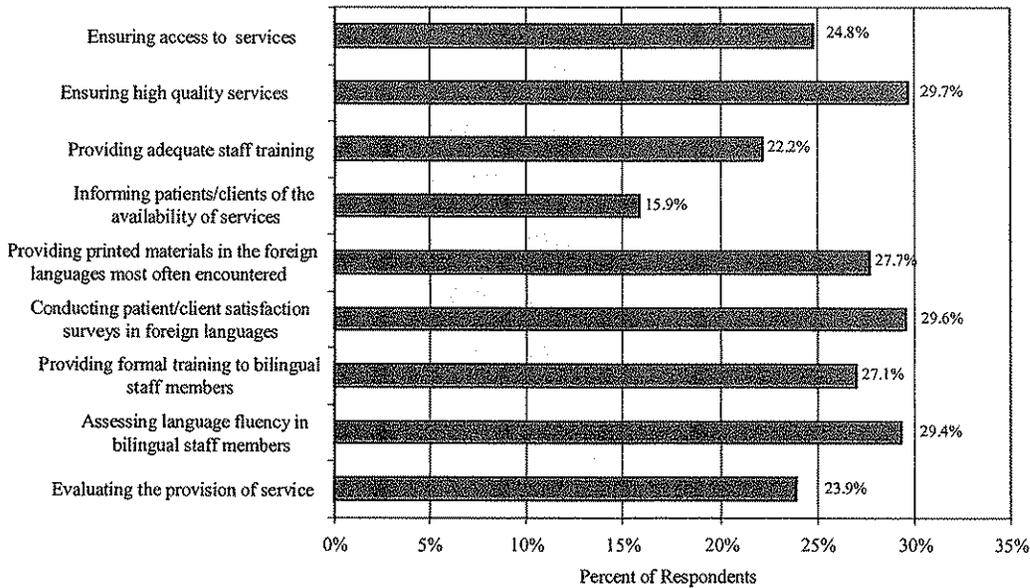
- a. Adequate staff training in the use of medical interpretation services.
- b. Providing formal training to bilingual staff members in medical interpretation.
- c. Assessing language fluency in bilingual staff members who provide medical interpretation services.

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Agencies that responded to the needs assessment results reported they would provide internal support of Medical Interpretation by:

- d. Providing a salary increase for bilingual staff members who obtain certification on their own - 30.2 %
- e. Provide salary increase for bilingual staff who obtain a certificate in medical interpretation- 23.8 %
- f. Cover the cost of training if less than \$1,000 per staff member-47.6%
- g. Provide paid release time to attend a 56 hour (or less) certification training-76.2%

Figure2. Percent of Respondents with Moderate or Great Difficulty in Providing Medical Interpretation Services



Physician Perspective on Serving Limited English Patients

A survey conducted by L.A. Health Care Plan, a public health maintenance organization serving California’s Medicaid and State Children’s Health Insurance programs (2001).

- 51% of respondents reported that cultural and language barriers prevent their patients from adhering to treatments

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- 82% would use translated material if it were available.
- 58% would absolutely use interpreters if available to them; another 17% would most likely use them.
- 92% said cultural and language issues are very important in the delivery of care.
- 49% would be interested in having their staff trained as professional interpreters.

Summary and Conclusion: Medical Interpreter Services

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|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| ➤ Tremendous growth as a discipline | Association (IMIA) and Language |
| ➤ Standards have been developed | Line University (LLU) |
| ➤ Training programs and curricula in place | ➤ Seen by hospitals as un-funded mandate |
| ➤ Emerging technologies for remote services | ➤ Limited insurance reimbursement for services |
| ➤ Laws and federal regulations | ➤ Recommended methods are based on expert opinion rather than research |
| ➤ Research on health disparities | ➤ Seen as a service, not as a profession |
| ➤ National Certification for interpreters being established by International Medical Interpreter | |

Research studies support the positive impact of interpreter services on health outcomes and patient satisfaction. History taking is 70% of the information leading to diagnosis and physicians prefer face-to-face medical interpretation over telephonic interpretation services to elicit symptoms, explain treatment, and develop trust with the patient.⁶ “Most importantly, the use of trained interpreters is associated with increased intensity of emergency department services, reduced return rates to the emergency department, increase clinic utilization, and lower thirty-day charges without any simultaneous increase in length of stay or cost of

⁶ Horowitz and Tollko. UMass Memorial Health Care. Presentation at the Annual Conference for the Mass Medical Interpreter Association, 2006.

visit.”⁷ The necessity of qualified medical interpreters is increasing with the changing demographics of Connecticut’s residents, and is compounded by the overall shortage of nursing and allied health professionals, particularly those with minority backgrounds. Professional and formalized training of medical interpreters is essential for access to quality health care for all populations and the institution of assessing and training bi-lingual staff to provide interpretation services requires the financial support of Medicaid reimbursement.

Respectfully submitted by Maritza Rosado, B.S.

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⁷ Berstein J, et al Trained Medical Interpreters in the Emergency Department: Effects on Services, Subsequent Charges, and Follow-up. *Journal of Immigrant Health*. October 2002 4(4), 171-176.

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