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Commission on Health Equity
Testimony in Support of HB 5608

Presented by

Dr. Raja Staggers-Hakim, Executive Director

Good Morning Senator Stillman, Representative Ritter and members of the Public Health Committee. For the record, I am Dr. Raja Staggers-Hakim, Executive Director for the Connecticut Commission on Health Equity. The mission of CHE is to eliminate disparities in health status by race, ethnicity, gender, national origin and linguistic ability thereby improving the health for all state residents.

I am here today to testify in favor of HB 5608, "An Act Concerning the Implementation of Culturally and Linguistically Appropriate Standards in Health Care Settings."

Culturally and Linguistically Appropriate Standards or CLAS Standards were developed by the U.S Department of Health and Human Services – Office of Minority Health to support the elimination of health disparities based on race, ethnicity, and linguistic ability. There are, in total, fourteen national standards organized around three themes: *Culturally Competent Care*, *Language Access Services*, and *Organizational Supports for Cultural Competence*. HB 5608 focuses on CLAS Standards 4-7 which are federal mandates that require recipients of federal funds to offer Language Access Services. These services include:

1. Providing language assistance services, including bilingual staff and interpreter services, at no cost to each patient or consumer by the health care organization
2. Providing verbal offers and written notices, in the patients preferred language and informing patients of their rights to receive language assistance services.

3. Assurance, by the health care organizations, of competent of language assistance provided to limited English proficient patients and consumers by interpreters and bilingual staff; and
4. Providing easily understood patient-related materials and posted signage, in the languages of commonly encountered groups.

Connecticut residents have much to gain from HB 5608 that establishes accountability in healthcare around language access services. According to 2009 Census data, 18.3% of CT residents indicated speaking a language other than English in their homes – this is greater than the national average of 17.9% of people who indicate speaking a language other than English at home.

Studies demonstrate a wide range of adverse effects that limited English proficiency (LEP) can have on health and use of health services including:

1. impaired health status;
2. lower likelihood of having a regular physician;
3. lower rates of mammograms; pap smears, and other preventive services;
4. non-adherence to medications;
5. greater likelihood of a diagnosis of a more severe psychopathology;
6. leaving the hospital against medical advice among psychiatric patients;
7. less likelihood of follow-up after an emergency department visit;
8. greater risk of hospital admissions among adults;
9. increased risk of drug complications;
10. longer medical visits;
11. higher resources utilizations for diagnostic testing;
12. lower patient satisfaction; and
13. impaired patient understanding of diagnoses, medications, and follow-up.

Recent research demonstrates that the use of untrained, non-professional interpreters, such as family members, is associated with a substantially higher risk of interpreter errors of potential or actual clinical consequence.

In addressing language access services, HB 5608 will ensure accountability for the incorporation of the National CLAS Standards 4-7 among healthcare providers and facilities in Connecticut that receive federal funds. CLAS mandates require health care organizations to make language access services readily available to diverse populations including patients with *limited English proficiency* (LEP).

This legislation will allow for the Commission of Health Equity to:

1. Establish a comprehensive collaborative of healthcare entities in Connecticut for information sharing and support.
2. Conduct an analysis on the number of LEP individuals served in health care settings and methods used in such settings to ensure compliance with CLAS Standards
3. Establish a self-monitoring board that ensures culturally competent health care access throughout the state
4. Conduct train-the-trainer workshops on best practices for the implementation and compliance of National CLAS Mandates
5. Report findings to the general assembly, including a report on the challenges of implementing language access services as mandated in CLAS standards.

Non-compliance of National CLAS Mandates by entities receiving federal funds is subject to fines and loss of federal funding. Federal CLAS mandates support Joint Commissions Requirements around access services to diverse populations and are compliant with Title VI of the Civil Rights Act through the provision of "reasonable, timely, and appropriate language care" to linguistically isolated populations.

In closing, Connecticut has great need for health services among vulnerable populations that are adequate, appropriate, and accessible. Evidence demonstrates that certain sub-populations in Connecticut have poorer health outcomes than the population at large. These groups experience reduced access to culturally competent and coordinated services, often resulting in lower quality care and delayed medical treatment. Racial, ethnic, and linguistic minorities are particularly vulnerable, as are other groups that experience social and or economic disadvantages, such as immigrants, people with disabilities, and homeless populations.

HB 5608 proposes to heighten the quality of CT health care systems through improved access among Connecticut residents who might otherwise receive insufficient medical services. By improving the outcomes of Connecticut residents from diverse populations and promoting culturally competent and integrated care models, HB 5608 may reduce costs due to health-related complications or medical error, leading to a stronger health care system.

Disparities along racial and ethnic lines affect both health status and access to essential care. HB 5608 supports the reduction of racial-ethnic disparities in the establishment of accountability for language access services that will improve health while increasing support for healthy living by families from multiple diverse cultures. In the facilitation of health care workforce training to promote cultural and linguistic competence, HB 5608 will further serve the state's diverse populations.

By working with health care systems to ensure accountability of Language Access Services, HB 5608 will support the elimination of health disparities by race, ethnicity, gender and linguistic ability thereby improving the health for all of Connecticut's residents.

Thank you for allowing me to testify today in support of HB 5608.