



February 22, 2013

**TESTIMONY OF PAULA MANN-AGNEW, DIRECTOR OF PROGRAMS,
CATHOLIC CHARITIES
HB 6350- AN ACT CONCERNING THE BUDGET FOR THE BIENNIUM ENDING
JUNE 30, 2015, AND OTHER PROVISIONS RELATING TO REVENUE.**

Co-Chairs Senator Harp and Rep. Walker and esteemed members of the Appropriations Committee. My name is Paula Mann-Agnew and I am the Director of Programs at Catholic Charities. I am here to testify about the cuts in the DSS budget to foreign language interpreter services.

I would like to start by saying that "Medical Interpreters save lives, improve care and reduce costs."

I recently became aware of the unfortunate story of Lia, a child of Hmong-speaking parents who died as much from miscommunication as from illness. When Lia was a few months old, she started experiencing seizures. Twice, she was wrongly diagnosed with pneumonia because her parents couldn't describe her symptoms to doctors. When she was finally diagnosed, she was prescribed a regimen of medications that her parents couldn't understand how to administer. With doctors and parents unable to communicate, Lia experienced a grand mal seizure and died. This family's experience is not uncommon. Hospitals and social service agencies can help avoid mistakes by using medical interpreters, or trained professionals who can facilitate communication between patients and providers.

In 2007, Connecticut made progress by passing the legislation that extended coverage for face-to-face professional interpreters for all Medicaid patients and estimated its cost at \$4.7 million yearly, half of which would be reimbursed by the federal government. Unfortunately, the program has never been implemented.

Medical Interpreter services would be provided under Medicaid through the ASO which would save the state 7,500,000 in FY 2014 and 8,200,000 in FY 2015. Current statutes requires DSS to 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 no later than July 1, 2013. With the conversion from managed care to an ASO structure, the medical ASO now provides interpreting services. Thus, the requirement that DSS implement the use of medical billing codes for foreign language interpreter services is eliminated as it is no longer needed.

It should be noted that the current structure allows the state to maximize federal reimbursement since the ASO's expenditures can be claimed as an administrative service with 75% federal reimbursement as opposed to the 50% reimbursement that would be available if DSS implemented the program.

Catholic Charities' provides services to over 1,000 clients with Limited English proficiency annually. Many of the clients are in need of critical care, including behavioral health, psychiatric medical management, and case management. Quality interpreter services are critical and are often too expensive for the clients or agency. The reimbursement for interpreter services will alleviate the financial burden and ensure quality services. We respectfully urge you consider these facts in supporting the full implementation of interpreter services under the Medicaid system.