



Interpreters and Translators, Inc.

**Public Hearing Testimony
Public Health Committee**

March 5, 2014

H.B. No. 5385 AN ACT CONCERNING LANGUAGE INTERPRETERS IN HOSPITALS

Interpreters and Translators, Inc. (iTi) **supports** the overall intent H. B. No. 5385, An Act Concerning Language Interpreters in Hospitals. This proposal amends Sec. 18a-409i of the Connecticut General Statutes, recognizing the importance of language services in acute care hospitals across the State. As a small, woman and minority owned business located in Manchester, CT, iTi has provided language services to hospitals and healthcare facilities in Connecticut for 28 years.

Although this proposal **ensures** that Limited English Proficient (LEP) patients will be provided with interpreter services, current law does not **define** what a “qualified interpreter” is. This leaves the definition of who is a qualified interpreter to the discretion of the individual healthcare facility. Being bilingual does not mean an individual is qualified to interpret in the medical setting. The proportion of errors of potential clinical consequence is significantly lower for professional interpreters compared to utilizing ad hoc (family members, friends or staff members) for language services.¹ iTi shares the Legislature’s commitment to provide the best possible care for non-English speaking individuals.

In a 2011 study titled “Professional Language Interpretation and Inpatient Length of Stay and Readmission Rates,” results indicated that LEP patients who do not receive professional interpretation services had an increase in their length of stay between .75 and 1.47 days. These patients were also more likely to be readmitted within 30 days.² Readmission rates for patients are costly. In 2013, Centers for Medicare & Medicaid services named thousands of hospitals that will lose up to 2% of their Medicare reimbursement as part of an Affordable Care Act program that aims to curb readmission

¹ Flores, G., et al (2012) Errors of Medical Interpretation and Their Potential Clinical Consequences: A Comparison of Professional Versus Ad Hoc Versus No Interpreters, *Annals of Emergency Medicine*, 60,p. 550.

² Lindhold, M. et al (2011). Professional Language Interpretation and Inpatient Length of Stay and Readmission Rates, *Society of General Internal Medicine*, 27,p. 1295-1296.



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rates. Under the Affordable Care Act, the maximum penalty will increase to 3% by 2015.³ Professional medical interpreters, with exceptional language skills and an understanding of the complexities of medical terminology, also possess the cultural competency and sensitivity necessary to break down language barriers and facilitate effective communication and understanding between the doctor and patient. Professional interpreters decrease communication errors, increase patient comprehension, equalize health care utilization, improve clinical outcomes, and increase satisfaction with communication and clinical services for LEP patients.⁴ The amendment to Section 19a-490i of the Connecticut General Statutes is a promising start to addressing health care concerns for the citizens of Connecticut who must rely on others for communication when they are most vulnerable.

In order to eliminate the health disparities that exist for LEP patients, providing interpreters is simply not enough. Professional, medical interpreters must be used in order to ensure the patient clearly understands their diagnosis and clinical errors are avoided. iTi suggests defining qualified interpreters as those who have completed a nationally recognized Healthcare Interpreter Training Program that adheres to the standards set forth by the National Council on Interpreting in Health Care, or those who have been properly vetted by a professional Language Service Company. iTi would be happy to work with the members of the Public Health committee to discuss other aspects of the law such as the definition of qualified interpreters to enhance patient outcomes, improve quality of care and reduce readmission rates.

Thank you.

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³ The Advisory Board Company The Daily Briefing. 5 Aug. 2013. "CMS: The 2,225 hospitals that will pay readmissions penalties next year. 18 hospitals face the maximum penalty,"

⁴ Karliner, L., et al (2006). Do Professional Interpreters Improve Clinical Care for Patients with Limited English Proficiency? A Systematic Review of the Literature, *Health Services Research*, 42, p. 748