



STATE OF CONNECTICUT

ASIAN PACIFIC AMERICAN AFFAIRS COMMISSION



Address:

18-20 Trinity Street
Room 202
Hartford, CT 06106
Tel: 860-240-0080
Fax: 860-240-0315
Email: apaac@cga.ct.gov
Website:
<http://ctapaac.com>

Chair

M. Angela Rola

Vice-Chair

Trung Le

Secretary

Uswah Khan

Treasurer

Dr. Atique Mirza

Commissioners

Arlene Avery
Theodore Feng
Jack K. Hasegawa
Sylvia Ho, Esq
Theodore Hsu
George Mathanool
Arvind Shaw
An-Ming Truxes

Executive Director

Mui Mui Hin-McCormick

Legislative Analyst

Alok Bhatt

February 20, 2015

Dear Senator Gerratana, Representative Ritter, and distinguished members of the Public Health Committee,

My name is Alok Bhatt. I serve as Legislative Analyst for the Asian Pacific American Affairs Commission (APAAC/the Commission). The Connecticut General Assembly established APAAC in 2008 to engage and advocate for our state's Asian Pacific American (APA) population. This population consists of peoples originating from over 60 countries, speaking at least as many distinct languages and dialects.

In supporting the civil and human rights of all world language speakers, the Commission testifies in strong support of Senate Bill 856: An Act Concerning Language Interpreters in Hospitals (SB 856).

While APAs comprise less than 5% of Connecticut's total population, we have high linguistic diversity, with nearly 1/3 of all APAs in Connecticut identifying as Limited English Proficient (LEP). Presently, only a small number of local providers focus on culturally and linguistically appropriate services for APA populations. In meeting the complex challenges and needs of small, diverse populations, Connecticut health systems, particularly acute care hospitals, must improve and diversify their knowledge, staff, and operations to grant equal access to world language speakers.

In 2014, APAAC and community partners including Khmer Health Advocates (KHA), Connecticut Coalition for Mutual Assistance Association (CCMAA), and the Lao Association of Connecticut (LACT) conducted a snowball sample Needs Assessment survey our concentrating on Southeast Asian groups, 42% of Cambodian 14% of Laotian, and 31% of Vietnamese community members reported 'Often or Always' experiencing language barriers with their MD. The Commission unacceptable for growing populations in our state to face such barriers to basic human rights such as health care.

The Commission and our partners in advocacy, including the Hispanic Federation of Connecticut, LanguageLink interpreter services, Eastern Area Health Education Center (AHEC), and others, have crafted modifications to SB 856 which reinforce the presently proposed policy. Our amendments push past mere compliance with Title VI of the Civil Rights Act of 1964, which prohibits providers receiving federal funds

18-20 Trinity Street, Hartford, CT 06106
Tel. (860) 240-0080, Fax (860) 240-0315
E-Mail: apaac@cga.ct.gov
Web Site -- <http://ctapaac.com/>



STATE OF CONNECTICUT

*ASIAN PACIFIC AMERICAN AFFAIRS
COMMISSION*



from discriminating against any individual or group due to language.

Our proposal will keep Connecticut consistent with federally recognized Culturally & Linguistically Appropriate Services (CLAS) standards and enable hospitals to adopt and advance best practices, which can lead to providing the greatest services possible. Furthermore, we believe our proposed changes will help ensure that Connecticut residents who speak world languages receive the best quality assistance to meet their health needs.

In recognizing the human rights of APAs and all world language speakers in Connecticut, APAAC urges the Public Health committee to adopt our coalition's amendments to SB 856, and pass this critical bill into state law.

APAAC appreciates your time and consideration of this highly important matter.

Sincerely,

Alok Bhatt
Legislative Analyst, Asian Pacific American Affairs Commission

*18-20 Trinity Street, Hartford, CT 06106
Tel. (860) 240-0080, Fax (860) 240-0315
E-Mail: apaac@cga.ct.gov
Web Site – <http://ctapaac.com/>*

General Assembly

Raised Bill No. 856

January Session, 2015

LCO No. 1327

01327 _____ PH_

Referred to Committee on PUBLIC HEALTH

Introduced by:

(PH)

AN ACT CONCERNING LANGUAGE INTERPRETERS IN HOSPITALS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (NEW) (a) For purposes of this section:

1. "Medical interpreter" means an individual who is immediately able to meaningfully and accurately relate to a person with Limited English Proficiency (LEP), in that person's primary spoken language, the communications of medical personnel.
2. "Limited English Proficient" means a person who, by reason of place of birth or culture, speaks a language other than English and does not speak English with adequate ability to communicate effectively with a health care provider
3. "Qualified" medical interpreter means...An individual who has been assessed for professional skills, demonstrates a high level of proficiency in at least two languages, and has the appropriate training and experience to interpret with skill and accuracy while adhering to the National Code of Ethics and Standards of Practice published by the National Council on Interpreting in Health Care.
4. "Relevant and essential material" means, inclusive:
 - o **Administrative and legal documents** — materials requiring informed consent, obligation, or acknowledgment of certain legal or financial rights and responsibilities; waivers of rights; living wills and advance directives; emergency room release and discharge forms; marketing materials; documents establishing and maintaining eligibility for services; explanations of benefit coverage packages; evidence of coverage cards; and notices of noncoverage

- Clinical information — prevention and treatment instructions, including how to prevent transmission of a communicable disease: what to do before, during, and after a procedure or treatment (e.g., surgery, chemotherapy); how to take medicine; and how to perform routine self-care or self-monitoring
 - Education, health prevention and promotion, and outreach materials — brochures, fact sheets, pamphlets, promotional flyers and posters, health advisories, and other materials that support
5. 'Community Liaison' means an advocate, be it an individual or group, with close ties to the community, who understands the needs of the community, can facilitate communication with hospital staff, and assist in building a diverse pool of qualified medical interpreters for potential hospital staff positions, or instances when a qualified medical interpreter may be necessary.

Section 2. Section 19a-490i of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2015):

Each acute care hospital in this state shall:

- (1) Develop and annually review a policy on the provision of interpreter services to non-English-speaking patients;
- (2) Ensure ~~[, to the extent possible,]~~ the availability of on-site, qualified medical interpreters to patients whose primary language is spoken by a group comprising not less than five per cent of the population residing in the geographic area served by the hospital. On-site, qualified medical interpreters for languages spoken by a group not less than five per cent of the hospital's geographic service area represent the first tier of culturally and linguistically appropriate services that all acute care hospitals in the state must provide;
- (3) If unable to procure a qualified on-site medical interpreter after exhausting resources, or in emergency situations, follow a variety of lower-tier models, including bilingual staff trained for medical interpretation, or telecommunication technology dedicated to language assistance (e.g., a contract interpreter or video remote interpreting). A combination of models, or a multifaceted model, offers the organization a "comprehensive and flexible system [for] facilitating communication" (National Council on Interpreting in Health Care, 2002, p. 4). Under a multifaceted model, for example, telephonic interpreting will

supplement the language assistance provided by bilingual staff to ensure that at all times, language assistance is being provided by qualified individuals:

(4) Prepare and maintain a list of qualified or certified interpreters;

(5) Notify hospital staff of the requirement to provide interpreters to non-English-speaking patients;

(6) Post multilingual notices of the availability of interpreters to non-English-speaking patients around the hospital premises, on the hospital website, and publicly promote the availability of interpretation services. Such notices should include contact information for the Federal Office of Civil Rights, as well as the State of Connecticut Commission on Human Rights & Opportunities, and be translated into languages served by hospitals geographic service area. Such notices should be posted in the Emergency Room and general entrance of the hospital, translated into each language spoken by a group comprising not less than five per cent of the hospital's geographic service area.

(7) Translate relevant and essential materials into languages spoken by populations served by the hospital's geographic service area;

(8) Review ~~{standardized}~~ relevant and essential forms to determine the need for translation for use by non-English-speaking patients;

(9) Consider providing hospital staff with ongoing training related to matters including, but not limited to: cultural competency, communication with LEP patients, such as picture and phrase sheets. Training must enable Hospital staff to recognize when patients may require a qualified medical interpreter and establish effective protocol to provide such services for ~~communication with non-English-speaking patients;~~

(10) Establish community liaisons to non-English-speaking {communities} groups in the geographic area served by the hospital. Hospitals shall collaborate with community liaisons to develop an accountable health care system that provides equitable culturally and linguistically appropriate care and services (Douglas et al., 2009; Wu & Martinez, 2006) (Clas 13)

(11) Submit to the State of Connecticut Department of Public Health an annual report on the use of medical interpreters in the hospital

Statement of Purpose:

To increase the number of qualified medical interpreters working within the state's acute care hospitals, and develop a framework for culturally and linguistically appropriate services in Connecticut.