



RAISED BILL 856 AN ACT CONCERNING LANGUAGE INTERPRETERS IN HOSPITALS

Eastern Area Health Education Center, (EAHEC), Inc. and the Connecticut Multicultural Health Partnership (CMHP) collaboratively are pleased to be able to provide written testimony to the Public Health Committee in support of the general direction of the proposed **Senate Bill No. 856, An Act Concerning Language Interpreters in Hospitals**. Eastern CT AHEC is a long standing leader in health education and workforce development, working towards the development of bilingual/bicultural employees to become qualified and trained Medical Interpreters that work in hospitals and other health care organizations in Connecticut. CMHP is a statewide advocacy group committed to the elimination of racial and ethnic health disparities which include language barriers. Together EAHEC and CMHP work towards promoting the implementation of the National Culturally and Linguistically Appropriate Services (“CLAS”) standards of practice to health care organizations in Connecticut. The overall intent of the legislative proposal will enhance existing accreditation policies and national regulatory laws that are in place.

As Connecticut continues to experience a demographic shift pointing to an increase in individuals with language barriers, hospital systems face an enormous challenge in providing quality health services to limited English speaking patients. The dilemma of ensuring effective communication between medical providers and the Limited English Proficient (LEP) population and the deaf and hearing impaired is complex, facing not only large, urban public hospital systems , but also suburban and rural systems. Increasing attention to quality improvement and medical error reduction initiatives alone is not enough. Implementing policy for effective communication between physicians and patients is critical in ensuring successful health outcomes .

While **Senate Bill No. 856** would increase state oversight of hospitals for an existing set of requirements for the provision of interpreter services to non-English-speaking patients, it is too broad in its language. Recommended changes to this new policy include adding a new section that defines critical terms within this field. Essential terms within this field include but are not limited to: Medical Interpreter and/or Qualified Interpreter, Limited English Proficient, Specifics of Relevant materials for translation, and Community Liaison (see enclosed revised language to proposed bill).¹ Additional changes that will strengthen this policy are outlined in Table 1.

Table 1. Recommended Changes to Senate Bill No. 856

WHERE IT STATES	RECOMMENDED CHANGES
(1) Each acute care hospital in this state “shall”	The term “shall” can lead to ambiguity. Instead recommending to use the term “must”

¹ Recommended Changes have been compiled by collaborative partners within Connecticut.

<p>(2) Ensure [, to the extent possible,] the availability of interpreter services 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;</p>	<p>Remove [, to the extent possible,] instead make this a requirement as supported by Title VI law.</p>
<p>(3) Prepare and maintain a list of qualified interpreters;</p>	<p>Add "Once qualified interpreters are defined" to this statement</p>
<p>(5) Post multilingual notices of the availability of interpreters to non-English-speaking patients;</p>	<p>Language on specific location of notices should be added. For example, "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;</p>
<p>(6) Review standardized forms to determine the need for translation for use by non-English-speaking patients;</p>	<p>In addition to reviewing standardize forms, language should be added to translate relevant and essential materials into languages spoken by populations served by the hospital's geographic service area;</p>
<p>(7) Consider providing hospital staff with picture and phrase sheets for communication with non-English-speaking patients; and</p>	<p>Remove the term "Consider" and use "Provide" hospital staff with ongoing development training related to matters including, but not limited to: cultural competency, communication with LEP patients, such as picture and phrase sheets.</p>
<p>(8) Establish liaisons to non-English-speaking communities in the geographic area served by the hospital.</p>	<p>Add the term "community liaison"</p>

I look forward to your careful consideration of this bill, and am ready to answer any questions you might have. Below is my contact information for your convenience.

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