

33 Whitney Ave
New Haven, CT 06510

Voice: 203-498-4240
Fax: 203-498-4242
www.ctkidslink.org

Testimony Supporting:

**Proposed Bill No. 198 An Act Concerning
the Availability of Interpreter Services Under The Medicaid Program**

Mary Alice Lee, Ph.D.

Human Services Committee Public Hearing

February 20, 2007

Dear Senator Harris, Representative Villano, and Members of the Human Services Committee:

I am Mary Alice Lee, a Senior Policy Fellow with Connecticut Voices for Children, a research-based public education and advocacy organization that works statewide to promote the well being of Connecticut's children, youth and families. I am here today to testify on behalf of the sister lobbying organization – Advocates for Connecticut's Children and Youth (ACCY), a statewide, independent, citizen-based organization dedicated to speaking up for children, youth and families.

We strongly support **Proposed Bill No. 198 An Act Concerning the Availability of Interpreter Services Under the Medicaid Program**. Interpretation services should be a Medicaid-covered benefit for clients in the HUSKY Program and fee-for-service Medicaid. We commend members of the Legislature for recognizing effective communication between providers and patients is fundamental to ensuring optimal care and basic decency in health care encounters.

Connecticut has a rapidly growing immigrant population. Between 1990 and 2000, the number of state residents 5 years of age and over who spoke a language other than English at home increased 25 percent, from 466,000 to 584,000.¹ An additional 235,000 spoke English less than “very well.” By 2025, Connecticut will have the 12th highest number of immigrants of any state in the nation. This population trend has profound implications for the Medicaid program, as it will serve increasing numbers of persons who do not speak English well.

Persons with limited English proficiency face many difficulties in obtaining health care: They are often unaware that they are eligible for programs or services. They experience problems getting timely appointments for care. They can be uninformed about, or unable to arrange for, free interpreter services. They may be misunderstood due to erroneous assumptions by medical personnel based on race, ethnicity, surname, accent, or difficulties communicating. They are at risk for unnecessary testing and for medical errors.

¹ Shin HB, Bruno R. Language use and English-speaking ability: 2000. Washington, DC: US Census Bureau, October 2003.

Providers and patients must be able to communicate effectively during each health care encounter. The information they need to share includes an accurate personal health and family health history, explanation of procedures and medications, and warnings about side effects and complications. Consent for care cannot be “informed” if the patient and family cannot understand the treatment. The use of friends and family as interpreters is not an acceptable substitute because, as well-meaning as they might be, they are not trained, may become confused or misunderstand medical terms, or may impose their own opinions, values and beliefs on what they communicate. Use of friends and family as interpreters also jeopardizes confidentiality and creates the potential for conflict of interest.

Title IV of the federal Civil Right Act prohibits discrimination on the basis of race, color, or national origin. The courts and the US Department of Health and Human Services have applied this statute to the protection of national origin minorities who do not speak English well. In 2000, the Office of Civil Rights issued guidance to ensure effective communication with persons with limited English proficiency. Health care providers who care for Medicaid clients must “...take reasonable steps...to ensure meaningful access.” This means that interpreters must be available for any health care provided to persons on Medicaid who do not adequately speak or understand English.

The use of qualified interpreters can improve health care and health outcomes by improving the accuracy and completeness of information shared between the provider and the patient. The cost of interpreter services is not high (average of \$50 per hour) and can actually result in cost savings since fewer diagnostic tests need to be ordered. Based on an analysis of Census data and Medicaid data, the Connecticut Health Foundation estimated that the total cost of providing Medicaid coverage for face-to-face interpreter services for limited English proficient clients would be \$4.7 million annually, with the cost to Connecticut of \$2.35 million after federal reimbursement.² This expense will be partially offset by reduced costs to the Medicaid program resulting from fewer diagnostic tests, treatment errors and complications resulting from non-compliance in treatment due to miscommunication.

The Medicaid program is one of Connecticut’s most effective policy tools for reducing disparities that arise when there are systematic barriers to obtaining need health care. Providing language interpretation services can effectively reduce health care disparities when non-English speaking patients can communicate their health care needs and understand their care. In order to ensure that providers and HUSKY managed care plans fulfill their obligations to ensure effective communication with their limited English proficient clients, the legislature should ensure that interpretation services are a Medicaid-covered expense.

² Bachi A, Stevens B. Seeking solutions: Enhancing health care delivery for people in Connecticut with limited English proficiency (policy brief). New Britain, CT: Connecticut Health Foundation, August 2006.