



# *Connecticut Public Health Association*

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## **Medical Interpreter Services for Medicaid Beneficiaries**

The Connecticut Public Health Association (CPHA) supports the need for Medicaid beneficiaries with limited English proficiency (LEP) to have access to medical interpreter services. Senate Bill 843 proposes eliminating medical interpretation services for Medicaid beneficiaries with limited English proficiency. The CPHA urges the legislature to not eliminate this important service that bridges the language gap between health care providers and their patients. Medical interpreter services for people with LEP aids in the reduction of racial and ethnic health disparities, improves patient care and satisfaction, and is associated with reduced health care costs.

### **Background**

In 2003 it was estimated that about 22,353 people with LEP received state Medicaid services in Connecticut and these individuals accessed a large range of health services, which displays the strong need for interpreter services in Connecticut. [1] For these people with LEP, accessing health care, a vital part of one's life, can be extremely difficult, confusing and overwhelming without access to medical interpreter services.

Without medical interpreter services, individuals with LEP will likely not receive access to the quality of care they need, which contributes to a growing increase in ethnic and racial health disparities and results in poor health outcomes. Research has shown that people with LEP experience disproportionately high rates of infectious disease and are more likely to report risk factors for serious chronic diseases, such as diabetes and heart disease. [2] Additionally, individuals with LEP access fewer preventative services and have lower physician utilization rates.[3] Conversely, studies have indicated that LEP patients provided with an interpreter have an overall improvement of clinical care, increased medication compliance, increased satisfaction with care, and greater utilization of outpatient services. [3, 4, 5, 6]

Access to medical interpreters for people with LEP will ultimately reduce health care costs. When linguistically appropriate care is not provided to LEP patients they are more likely to use emergency services for non-urgent health problems. The emergency rooms must contact costly on-call medical interpreters and thus incur the expense of using emergency care and the on-call interpreter. [6,7] Additionally, communication problems between providers and their patients have been associated with physicians prescribing more costly practices such as using more diagnostic services and invasive procedures, increased adverse events occurring during hospitalization, and a greater risk for medical errors compared to English speaking patients. [6, 7]

Access to medical interpreters is a "right" for patients with LEP. The Civil Rights Act of 1964 requires those receiving federal funding such as hospitals, managed care providers, clinics, and health care providers to ensure meaningful access to care for patients with LEP. [6,8] When LEP clients cannot communicate with their health care provider they are excluded from receiving the same services as non-LEP patients, resulting in discrimination. [6, 8] The lack of access to medical interpreters is a liability for the providers and can result in severe negative health consequences for the patient.

### **Recommendations**

The CPHA urges the state to continue the medical interpreter services for Connecticut's Medicaid beneficiaries with LEP. The federal government provides matching funds for state Medicaid programs to aid in paying for medical interpreters for people with LEP.[1] This service is essential to advance health care access in Connecticut that reduces ethnic and racial health disparities, promotes high quality health care, and ultimately leads to decreases in health care costs. Medical interpreters can bridge the communication gap between providers and patients and is a necessity to a growing segment of Connecticut's population.

## References

- 1) Bagchi A. and Stevens B. Connecticut Health Foundation Policy Brief. Seeking Solutions: Enhancing Health Care Delivery for People in Connecticut with Limited English Proficiency. August 2006. Accessed on 02/15/09.  
Available at: <http://cthealth.org/matriarch/documents/10%2026%2006-revised-pb.pdf>
- 2) Institute of Medicine. Unequal treatment: Confronting racial and ethnic disparities in health care. Washington, DC National Academies Press; 2003.
- 3) Karliner L, Jacobs E, Chen A, Mutha S.D. Professional interpreters improve clinical care for patients with limited English proficiency? A systematic review of the literature (Quality and Satisfaction). April 2007; 4 (i2): 727-755.
- 4) Weick R. Krauss NA, Racial and ethnic differences in children's access to care. American Journal of Public Health 2000; 90:1771-1774.
- 5) Woloshin S, Schwartz LM, Katz SJ, et. al. Is language a barrier to use of preventative services? Journal of Internal Medicine, 7; 12: 472-477.
- 6) Regenstein M., Huang J, West C, Mead, H, et. al. Hospital Language Services: Quality Improvement and Performance Measures. Accessed on 2/15/09. Available at: [http://www.ahrq.gov/downloads/pub/advances2/vol2/Advances-Regenstein\\_54.pdf](http://www.ahrq.gov/downloads/pub/advances2/vol2/Advances-Regenstein_54.pdf)
- 7) Center for Disease Control DC, Cultural Competency and Public Health, Accessed on 2/15/09. Available at: [http://www.cdc.gov/dhdsp/CDCynergy\\_training/Content/activeinformation/resources/CV-Crosscult.LITREVI2.pdf](http://www.cdc.gov/dhdsp/CDCynergy_training/Content/activeinformation/resources/CV-Crosscult.LITREVI2.pdf)
- 8) Bagchi A. and Stevens B. Connecticut Health Foundation Policy Brief. Seeking Solutions: State Approaches to covering medical interpreter services in Medicaid and SCHIP programs. April 2007. Accessed on 2/15/09.  
Available at: <http://cthealth.org/matriarch/documents/4%2027%2007%20final%20interp%20models%20brief.pdf>