

SB 6684 – Requiring Language Access Services for Persons with Limited English Proficiency in Health Care and Insurance Matters

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My name is Lori Buchsbaum, and I am a staff attorney at Northwest Health Law Advocates, a nonprofit organization promoting access to affordable healthcare for consumers. I am here representing POWER, Parents Organizing for Welfare and Economic Rights, an organization of low-income parents. I want to stress to you the importance of language access services for people who do not speak or understand English well enough to communicate effectively with their health care providers. While understanding and acting on medical diagnoses and treatment information can be hard for anyone, it is nearly impossible for people who have difficulty understanding English. Hundreds of thousands of Washingtonians fall into this category. In fact, when a person is unable to communicate due to language barriers, it can be a life and death issue.

The Institute of Medicine has identified effective communication as an important step toward preventing medical errors and decreasing disparities in health care.ⁱ

Research shows that:

- Patients who need interpretation, but don't get it, receive poorer quality care. This is because they often do not understand their diagnoses, the treatment they receive, instructions on how to take medications, and the potential side effects of the medications. They also have difficulty communicating about their symptoms and understanding choices of treatment, which can lead to improper diagnosis, confusion about diagnosis, poor treatment decisions, delayed or improper treatment, and poor compliance with treatment plans.^{iii, iv, v}
- People who need, but do not receive, interpretation use preventive services less often than English speakers.^{vi, vii} They are less likely to have a source of primary care,^{viii} and they have unnecessary hospitalizations or diagnostic tests for certain conditions.^{ix}
- Patients who have no access to interpreters are often forced to make ad hoc arrangements to get interpretation services from people who are not properly trained.^x It is especially risky to have children interpret, since they are unlikely to have a full command of two

languages or of medical terminology; they frequently make errors of clinical consequence; and they are particularly likely to avoid sensitive issues. In addition they are exposed to information that should be confidential.^{xi}

- Limited English Proficient patients suffer permanent or severe harm or death due to medical errors or adverse events more than twice as often as English speaking patients.^{xii}

Recently, the Joint Commission recommended that health care organizations “use well-trained medical interpreters for patients with low English proficiency.”^{xiii} The Joint Commission also recommended that health care organizations train all staff to recognize and respond to patients with language barriers.^{xiv}

Washington has an excellent policy of providing translation and interpretation services to its medical assistance populations. Organizations that receive federal funding from the Department of Health and Human Services are already required to provide meaningful access to interpretation and translation services for limited English proficient persons.^{xv} Senate Bill 6684 puts public employees and enrollees in Basic Health and private health plans on a par with individuals served through federally-funded programs. We call on insurers and other state programs to step up and provide the translation and interpretation services that are needed by their members to get the full benefit of the health services they receive.

The language access services required by the bill will improve access to, and quality of, health care for Washington residents. Without effective communication between patient and provider, the goal of quality, accessible health care for all Washingtonians cannot be achieved.

ⁱ Institute of Medicine, 1999, *To Err is Human: Building a Safer Health System*, Committee on Quality of Health Care in America. Editors: Kohn, L.T., Corrigan, J.M., and M.S. Donaldson. National Academy Press, Washington, D.C.

ⁱⁱU.S. Department of Health and Human Services, Office for Civil Rights, “Hospitals and Effective Communication,” <http://www.hhs.gov/ocr/hospitalcommunication.html> .

ⁱⁱⁱ Ku, L. How race/ethnicity, immigration status and language affect health insurance coverage, access to care and quality of care among the low-income population. Washington, DC: Kaiser Family Foundation, August 2003.

^{iv} (1) D, Goodman N, Pryor N. What a difference an interpreter can make: Health care experiences of uninsured with limited English proficiency. Boston, MA: The Access Project, April 2003. (2) David RA,

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xii "What Did the Doctor Say?:" Improving Health Literacy to Protect Patient Safety, p. 18, The Joint Commission, 2007, available at: http://www.jointcommission.org/NR/rdonlyres/D5248B2E-E7E6-4121-8874-99C7B4888301/0/improving_health_literacy.pdf.

xiii *Id.* p.6.

xiv *Id.*

xv DHHS, "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons," August 4, 2003, <http://www.hhs.gov/ocr/lep/revisedlep.html> : "Department of Health and Human Services regulations, 45 CFR 80.3(b)(2), require all recipients of federal financial assistance from HHS to provide meaningful access to LEP persons.(3) Federal financial assistance includes grants, training, use of equipment, donations of surplus property, and other assistance."