

MINNESOTA
COUNCIL of
HEALTH
PLANS

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March 27, 2018

RE: HF 2023 (Omar) Interpreter registry

Dear Members of the House HHS Committee:

On behalf of the Minnesota Council of Health Plans, I urge your support of HF 2023, a bill to create a spoken language health care interpreter registry. Minnesota's population is becoming more diverse, including persons with limited proficiency in English.

HF 2023 would provide a mechanism to ensure that spoken language health care interpreters possess the specialized knowledge and skills to enable accurate and clear communication between patients and providers.

The registry would eliminate redundant costs of quality assurance activities incurred by health care organizations/providers who are currently spending resources on efforts to verify competency of interpreters working through their contracted agencies.

Research shows that use of professionally trained health care interpreters can improve communication between physicians and patients and save health care dollars by decreasing the likelihood of negative outcomes, reducing the number of inpatient days and interventions, increasing the rate of treatment compliance, and preventing misunderstandings that can result in a wrong diagnosis or medication error.

The Council has a single aim: to bring the opportunity for wellbeing within reach for everyone. This bill goes a long way to further that aim.

Thank you for your consideration of this important legislation.

Sincerely,



Kathryn Kritt
Director of Policy and Government Affairs

March 26, 2018

Dear Honorable Representative Ilhan Omar:

Thank you for being the chief author of bill HF2023, which seeks to ensure that Medical Assistance and MinnesotaCare Limited-English-Proficiency (LEP) patients receive spoken language interpreting services from qualified and competent interpreters.

I've been a Spanish Medical Interpreter at Children's Hospitals and Clinics of MN for 14 years. Requirements to work as an interpreter have changed a lot during that time but we are still far from the standards needed to truly ensure patient safety through consistent quality, effective communication.

I would like to tell you a bit about the kinds of conversations I interpret on a daily basis at work. You see, for the past 12 years of my career, I have worked solely in the Cancer and Blood Disorders Program at Children's. These are LIFE AND DEATH situations. For example, in the past month alone:

- I have interpreted for informed consent process for participation in research, a clinical trial for the treatment of leukemia
- I've interpreted for discussions about the option to withdraw support for a preterm infant with transient myeloproliferative disease, duodenal atresia, ventricular septal defect, and liver failure
- I've interpreted the final (and unexpected) pathology results for a cancerous brain tumor that will require 6 weeks of craniospinal radiation and an unspecified amount of chemotherapy... followed by the reality at even after all of this, the tumor is likely to regrow and eventually take the patient's life.
- I've interpreted devastating CT results showing overwhelming recurrence of rhabdomyosarcoma—and then— less than 12 hours later, interpreted for the hospice doctor during that same patient's active process of dying, in her parents' arms.

I am bilingual. But these are not words or concepts I learned when I learned English as a child, nor when I initially became fluent in Spanish. And of equal importance, nowhere but in my training did I learn how to conduct myself during these extremely sensitive moments. You tell me, if it was your child and you didn't speak English, would being bilingual, paying \$50 and filling out a roster application seem like an adequate minimum standard for YOUR interpreter?

Unfortunately, in my field, I have observed working interpreters with insufficient fluency, and also insufficient knowledge of the code of ethics, to be trusted in these delicate situations. Once, at an initial consult about the risks and benefits of radiation therapy, I witnessed an interpreter who was unable to intelligibly phrase the sentence "many kids like to have music playing or a stuffed animal with them during their treatment." Another time, I was made aware of an independent interpreter who is counseling patients to change insurance and be seen at particular clinics in order for her to get the job and a higher reimbursement rate.

I know there are interpreters and agencies concerned about the additional costs and effort this legislation will require of them. I am personally, and professionally, more concerned about the safety and wellbeing of an already vulnerable population. If we are concerned that our rate of pay is not enough to keep up with these fees and requirements, there are ways to go about it without forgoing these necessary minimum standards.

The bill helps give accountability for the expenditure of State dollars. The State will see savings in the form of reduced medical errors that result from poor communication and reduced readmission rates when patients are better equipped to manage their conditions, having received complete and accurately interpreted information.

Sincerely,



Stephanie Gil

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Spanish Medical Interpreter / LEP Patient Family Advocate
Children's Hospitals and Clinics of MN

I am opposed to the bill HF2023 for these reasons.

First, the yearly cost for an interpreter to be on the registry is absorbent, and out of line for a non-licensed and non-certified interpreter. I am a Minnesota licensed teacher, and I need to renew my license every five years. The cost renewing my license is approximately \$90.00 every FIVE years.

Also, the yearly cost will be very difficult for languages of lesser diffusion such as, but not limited to, Twi, Igbo, Karen, Nuer, Annak. These interpreters do not experience 30-40 hours of contractual work per week like the languages of greater diffusion. Nevertheless, their services are vital and critical and this bill does not consider this.

The Minnesota Department of Health (MDH) Interpreter Roster has over 8000 rostered interpreters. The MDH has collected \$50.00 per interpreter per year, and the money continues to sit in the MDH bank account. It begs the question why \$90.00 a year will be charged in this bill.

Second, there are over 8000 MDH rostered interpreters, and absolutely NO notification of this proposed bill has been sent to all 8000 informing us of what has been proposed.

Therefore, we, as rostered interpreters, have not been given sufficient voice to participate in the development of this bill that reflects our needs and concerns in regard to our profession.

One of our codes of ethics is transparency, and this bill is being proposed behind closed doors, and in secrecy.

Third, there are have been several recent changes to the industry in regard to training and CEUs. Recently, the International Medical Interpreter Association (IMIA) has announced that they will not accept non-accredited hours. They have excluded all trainings from the American Translator's Association, which is a highly renowned and highly reputable. This has left the industry crippled in course offerings, making trainings beyond the 40 hours unaccessible, and cost absorbent. To give an example, the majority of the interpreters living outside the Minneapolis, and St. Paul area, would need to surrender and entire day of work, plus travel costs, plus the CEUS cost only to obtain 3 CEUS. This is not feasible. Losing a day work, not only adversely affects the interpreter's familial financial circumstances, it also causes disruption to the need for services that are all ready stretched and limited outside the Twin Cities.

I oppose this bill. Do not vote for this bill. Please consider these several important points.

Let's go back to the table and make revisions including all of the stakeholders, the MDH roster interpreters.

Respectfully submitted,

Tessa Donato
Spanish Interpreter Roster, #80040