



**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
HUMAN SERVICES COMMITTEE
Tuesday, February 26, 2008**

**SB 34, An Act Implementing The Governor's Budget Recommendations
With Respect To Social Services Programs**

The Connecticut Hospital Association (CHA) appreciates the opportunity to submit testimony concerning **SB 34, An Act Implementing The Governor's Budget Recommendations With Respect To Social Services Programs.**

CHA opposes section 1. Governor Rell's budget eliminates the \$4.7 million in appropriations for interpreters under Medicaid and SB 34 eliminates the requirement to amend the state Medicaid plan to include foreign language interpretation services in the healthcare setting as a covered service. Healthcare disparities can arise when patients encounter barriers to communication. Hospitals already provide interpreter services for their many LEP patients, but generally are not reimbursed for the costs of providing these services. In some other settings, LEP services may not be readily available, exposing LEP patients to potential difficulties in scheduling appointments with primary care providers or otherwise accessing care. Without an interpreter, these patients may have trouble communicating their needs, which can lead to confusion and ultimately to higher healthcare costs. Allowing interpreter services to be reimbursed under the Medicaid program is a small, but meaningful step in assisting hospitals that are already using resources to provide this vital service to their LEP patient population. Each year, the need for LEP services increases significantly, further challenging our healthcare system. Last year, the General Assembly enacted, and the Governor signed, legislation that recognized this critical need and allowed medical interpreters to be reimbursed under the Medicaid program. CHA urges the elimination of this requirement.

CHA also opposes section 2, which requires the Department of Social Services (DSS) to amend the definition of "medically necessary" services utilized in the administration of the medical assistance program to conform the definition of said term to the definition provided in section 17b-192-2 of the regulations of Connecticut state agencies with respect to administration of the state-administered general assistance program. It is CHA's understanding that by so modifying the definition of medical necessity, it would reduce the services and care provided to Medicaid recipients that they need to lead healthy and productive lives.

Thank you for your consideration of our position.

For additional information, contact CHA Government Relations at (203) 294-7310.