The Connecticut Hospital Association (CHA) appreciates this opportunity to submit testimony concerning HB 5321, An Act Concerning Interpreter Qualifications.

Before outlining our concerns, it's important to detail the critical role hospitals play in the health and quality of life of our communities. All of our lives have, in some way, been touched by a hospital: through the birth of a child, a life saved by prompt action in an emergency room, or the compassionate end-of-life care for someone we love. Or perhaps our son, daughter, husband, wife, or friend works for, or is a volunteer at, a Connecticut hospital.

Connecticut hospitals are committed to initiatives that improve access to safe, equitable, high-quality care. They are ensuring that safety is reinforced as the most important focus—the foundation on which all hospital work is done. Connecticut hospitals launched the first statewide initiative in the country to become high reliability organizations, creating cultures with a relentless focus on safety and a goal to eliminate all preventable harm. This program is saving lives.

Hospitals treat everyone who comes through their doors 24 hours a day, regardless of ability to pay. In 2012, Connecticut hospitals provided nearly $225 million in free services for those who could not afford to pay. That also means that hospitals provide care to everyone, including those who do not speak English (at all or as a first language) or who may be deaf or hard of hearing – making culturally competent care and health equity a top priority of Connecticut hospitals.

CHA and our member hospitals fully support efforts to continually improve the skills of qualified interpreters; however, immediate adherence to the requirements outlined in HB 5321 would be extremely premature considering the current landscape. This bill is written to strengthen and standardize the qualifications of interpreters serving deaf and hard of hearing persons, but it would not do so. Rather, it would result in a significant decrease to an already limited interpreter pool serving the deaf and hard of hearing population in Connecticut.
Connecticut does not have a large pool of interpreters for deaf and hard of hearing persons. An even smaller portion of that limited pool is willing to serve healthcare organizations due to the unpredictable hours and demands that come with serving in these types of settings. Many in healthcare, including hospitals, must supplement this limited pool with interpreters who can service Connecticut remotely – something provisions in this bill would make more difficult.

Ideally the provisions of this bill may someday be achievable and truly benefit deaf and hard of hearing patients. However, in the context of the current situation, this bill would negatively impact deaf and hard of hearing patients rather than serve them. If HB 5321 passes as written, it will directly result in deaf and hard of hearing persons having fewer interpreters available to them.

CHA certainly supports working toward achieving the goals outlined in this bill, and would appreciate being involved in future discussions around how to do so, but at a minimum, the current timeframes identified in the bill as written do not provide enough time to achieve those goals while still being able to meet the existing population needs.

We cannot stress enough that if this bill passes as written, deaf and hard of hearing persons will be negatively impacted. If the Committee intends to take action on this bill, we would respectfully request that its implementation be delayed until 2018 – the timeline currently proposed for interpreting services in an educational setting. Such a delayed implementation might allow sufficient time for interpreters to meet the requirements of the bill without adverse implications for deaf and hard of hearing persons receiving medical care.

Thank you for your consideration of our position. For additional information, contact CHA Government Relations at (203) 294-7310.