

September 28, 2017

TO: Chairman Sanfelippo and Members of the
Assembly Committee on Health



FROM: Eric Ostermann, Executive Director, Wisconsin Medical Group
Management Association

RE: Support for AB305

Thank you for holding a hearing providing the opportunity to testify in favor of Assembly Bill 305. I would also like to thank Representative Nancy VanderMeer and Senator Jerry Petrowksi for bringing this bill forward. My name is Eric Ostermann, and I am the Executive Director of the Wisconsin Medical Group Management Association.

The Wisconsin Medical Group Management Association is the leading voice for medical group practice executives in Wisconsin. The WMGMA is comprised of over 200 members across the state, managing nearly 100 unique medical practices consisting of 4,100 physicians and 500 administrative staff.

The primary mission of the WMGMA is to better enable medical practice executives and the organizations they work for to improve the health of the patients and communities they serve.

Assembly Bill 305 provides financial assistance to help those in rural and underserved areas to provide medical interpreter services. As the state becomes more culturally and linguistically diverse, access to interpreter services is essential in ensuring medical professionals comply with federal law and have the ability to adequately serve Wisconsin's population.

Federal law currently requires clinics and hospitals to provide language interpretation for patients with limited English proficiency. While clinics and hospitals are required to provide interpreter services, medical providers in rural and underserved areas do not always have sufficient access to such services. Due to a lack of access, clinics and hospitals have occasionally had to use other methods of communication, which puts those clinics and hospitals at risk of liability.

For instance, in some areas of the state, clinics have had to communicate with a patient using the patient's child to interpret. In other cases, clinics have informed local technical colleges that they are in need of medical assistants with proficiency in a second language.

In both cases, the clinics are not providing adequate medical interpretation services. Qualified medical interpreters are trained to accurately render messages from one language to another, while maintaining accuracy and completeness.

In order to provide proper interpretation services, clinics and hospitals in rural and underserved areas either have to bring in interpreters from outside the community or utilize various technologies to remotely access interpreter services. In both instances, clinics and hospitals incur the costs associated with providing those services. These costs can be burdensome.

Buenos días, me llamo Kayte y estoy aquí hoy para discutir la importancia de intérpretes cualificados en las especialidades de medicina. How does that make you feel? If you experienced confusión or breif panic, this is what many patients in medical centers in Wisconsin experience on a daily basis.

Imagine being in a foreign land and being ill or injured. Imagine being a parent with a child who is ill or injured and needing to seek help with no means of communicating. Now imagine sitting in a doctor's office and receiving information about your health and prescriptions to take, follow up actions, and when to return if your condition becomes emergent; you know the information is vital and essential, but you cannot understand what is being said, or ask questions to clarify. This is a current reality for many people in the United States, Wisconsin, and perhaps, your own neighborhood.

Title VI of the Civil Rights Act of 1964 speaks about not being able to discriminate on the basis of race, color, and national origin by programs receiving federal funds. As a healthcare interpreter, I constantly hold the mantra in my head that 'agencies must provide an interpreter at no cost to the client.' This is their right as defined by the Civil Rights Act. So, how does this effect patient care today? The better question would be how doesn't this effect healthcare today. Every aspect of every visit is a choreographed dance of information between two languages, and when done correctly, it can be beautiful; when done incorrectly, the consequences can be deadly.

From the moment a call is made to make an appointment, or a patient is wheeled into the Emergency Room, the transfer of information effectively and efficiently is critical. The knowledge and mastery of medical terminology, in both languages, as well as the competence to interpret without omission, change, or addition to what is being said is crucial for the success of everyone involved.

The difficulty: qualified interpreters are difficult and costly to find. In many situations, agencies rely on family friends, or even children to interpret for medical appointments. Aside from having no training in

medical terminology and no formal training on interpreter skills, ethics, and techniques; this can be quite uncomfortable for all involved. A parent may not want their child to interpret for a discussion about a sensitive health topic. Even if the parent is not worried about their child knowing about the health concern, the parent may not be getting the accurate information and the full story. Medical terminology may be misunderstood by an untrained interpreter. The message may not be delivered faithfully and necessary information may be missed. All of these can be a deadly combination for the patient and could put the medical provider at risk of a lawsuit or other legal difficulty.

A little about me, I graduated from Viterbo University in La Crosse, WI in May of 2008 with a Bachelors of Arts in Spanish as well as a minor in Biology. While studying at Viterbo, I took classes to target my education toward medical interpreting. After graduating, I was fortunate to have the opportunity to be hired as a medical interpreter for a large medical center, as well as a rural clinic in the Coulee Region. For 3 years I lived, breathed, and (occasionally) slept the life of an interpreter. From well child checks to labor and deliveries, to riding in an ambulance with a young man in danger of losing his hand due to an accident, I was there. Nothing was more important to me than taking that call at 3 AM and racing to the hospital. Why? Because people needed me, because I was the voice of those who were ill and injured and didn't have the ability to communicate at the most delicate of moments when their life was hanging in the balance.

This work augmented my passion to assist others to find equal footing in terms of language and I am so happy to be here today to support Representative Nancy Vandermeer's bill on medical interpreting. I am one voice, but the stories I have seen, the moments I have lived, and the people whose lives have been impacted by medical interpreters are many!

Four brief examples of interpreting in action:

- 1.) I once interpreted for an appointment where the patient was a 7 year old child with a severe congenital blood disorder. This child had to endure countless treatments, hospitalizations, and pokes to test his blood. His mother spoke very little English, enough to say her name, address, phone number, and hello. She was nowhere near proficient in English, yet she had to fully understand each of the therapies and the results of the tests because if she didn't the results could be fatal for her young child.
- 2.) Following a labor and delivery, the infant immediately experienced several difficulties breathing and had some very specific anomalies. Immediate testing as well as consent for an umbilical catheter to save this newborns life was needed. Later that day I sat in the room with the new parents and a neonatologist and delivered the news to the parents that the complications experienced post partum were a result of down syndrome. We then discussed further testing that would be needed as well as resources for these parents to learn more about their son's condition. Without an interpreter present, informed consent would not have been gained, the parents would not know what was going on with their newborn, and they would not have been so quickly directed to resources to assist them and their son with navigating the world after a diagnosis of down syndrome.
- 3.) Perhaps one of the most extreme traumas I was able to interpret for was a young man who had been injured by a piece of machinery. He was in danger of losing his hand. When he was initially seen, a radial pulse could not be detected in the hand; an indication that the injury was deep enough to cut off blood supply to his hand. The minutes felt like hours, I jumped into the ambulance to assure that this very scared young man would have some comfort in knowing the instructions, and what was being said on the ride to the nearest medical center where a specialist could evaluate and treat his condition.

a. I was fortunate enough to follow up with this young man some time after the injury. His hand was saved as a result of the quick actions taken, excellent care from medical staff, and instructions given to him in his native language. Without an interpreter, I am not sure if he would have had the understanding to take the daily cares needed to save his hand.

4.) The final experience I would like to share is that of another newborn who had severe apnea (episodes where he would stop breathing, without rhyme or reason, his body would go limp and he would start to turn blue). After several days in the NICU, he was healthy enough to be sent home with an apnea monitor. The parents were instructed on how to connect the leads to his tiny chest to keep track of his heart rate as well as a lead to check his oxygen level. When either of these leads detected distress, a horrifying alarm would sound and the parents would need to rub his sternum or flick his foot and move him to 'wake' him out of the apnea episode. How scary to bring a new life into the world, a time meant to be celebrated with joy, only to find out that there are now several special instructions and complex machinery keeping the child alive. Understanding the machinery and what was happening was a life or death matter, without an interpreter, would this child have survived?

This bill is going to make sure that the mother, whose son is suffering from a severe blood disease, understands the complicated amount of medications, treatments, and therapies she must administer on a daily basis to keep her son alive. This bill represents the young man in the ambulance in danger of losing his hand. This bill shows the importance of patient education in the patients native language for new parents taking their child home on a sleep apnea monitor; that they will know what to do to save their small child's fragile life when the deafening alarm goes off all hours of the day and night. This bill is to ensure that every patient has access to qualified medical interpreters who have education and training in the accuracy of conveying their message.

In the medical profession it is often said 'first do no harm;' I ask of you how can we safely do no harm without trained interpreters. Please find it in your hearts and minds to consider this bill as it is very necessary; lives are on the line every day, and you have the ability to tip the balance in favor of the patients. Thank you for your time.



NANCY VANDERMEER

STATE REPRESENTATIVE • 70TH ASSEMBLY DISTRICT

TO: Honorable Members of the Assembly Committee on Health

FROM: State Representative Nancy VanderMeer

DATE: September 28, 2017

SUBJECT: Testimony in Support of AB 305

Thank you Chairman Sanfelippo and members of the Assembly Committee on Health for holding a hearing on Assembly Bill 305 today. As the author of this legislation, along with Senator Petrowski, I am pleased to testify before you and to take any questions that committee members may have.

As you may already be aware, federal law requires clinics and hospitals that receive federal funding to provide language interpretation services to patients with limited English proficiency. However, medical providers in rural and underserved areas don't always have sufficient access to such services. Often times, clinics and hospitals in such areas have to either bring in interpreters from outside the community or utilize various technologies to remotely access interpreter services. It can be difficult for some hospitals to find and retain interpreters, especially in urgent care or emergency situations which creates a viable safety concern for patients and also can create additional confusion in an already stressful situation.

AB 305 requires the Department of Health Services (DHS) to create a program to provide grants to reimburse medical clinics and hospitals for language interpretation services provided to patients. To be eligible, the clinic or hospital must be located in a rural area or serve medically underserved populations. DHS would have the ability to award a total of \$100,000 in each fiscal year of the biennium to qualifying providers.

As you'll hear today from those here to testify in support of this legislation, qualified medical interpreters provide a critically valuable service to both those seeking medical care and also those delivering medical care to patients. These services facilitate accuracy and efficiency of care.

Ensuring that clinics and hospitals located in rural and medically underserved populations are able to better shoulder the financial burden of finding and retaining language interpretation services and also comply with federal law is an important step we can take to help provide our medical providers with the tools to serve those in need.

In closing, I ask that you join Senator Petrowski and myself in support of this effort. Thank you for the opportunity to testify here today, I would be happy to answer any questions you may have at this time.