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HOUSE OF
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COMMITTEE ASSIGNMENTS
COMMERCE AND LABOR
HEALTH AND HUMAN SERVICES
JUDICIARY

KANSAS PUBLIC HEALTH ASSOCIATION, INC. 2006 FALL CONFERENCE

I introduced a Health Access House Bill this year, that unfortunately did not make it into the statute books yet. We had great committee testimonies in both the House & Senate Health & Human Services Committees, including health care providers, interpreters, academic/statistician, and even a resourceful testimony in neutral standing as a representative for the U.S. Surgeon General's Office in our Midwest Region. HB 2825 passed the House overwhelming 110 to 15. The Senate Committee Chair tabled this health access bill, unfortunately for no good reason. One of the Senate committee members urged the Chair to break the tie vote and do as she did, to vote to table the bill, which would mean we would have to start all over again next year. Those two Senators are now running for statewide office together, and could be asked what they think of this kind of health access legislation.

This legislation is good, sound policy that makes sense. This legislation had overwhelming bi-partisan support from both the House and the Senate. I look forward to working with my colleagues from both sides of the isle, from both chambers in House and the Senate, including those who may have not supported this before. I humbly ask for your support to help me be highlighting the importance of this policy to all stakeholders involved, especially legislators you may have a great working relationship with. I would be more than happy to have all of us meet to further discuss any concerns or ideas. I look forward to partnering with you or any other organizations interested.

There is clearly a need for this legislation, and coincides very well with our Healthy Kansans 2010 Agenda. Attached is my letter of testimony explaining this, in addition to supportive documents that explain federal law (Title 6) and current Kansas statistics that definitely portray the need in our state.

2006 Legislative Session- HEALTH ACCESS INTERPRETER HB No. 2825

AN ACT providing for a mechanism to establish a VOLUNTARY data bank of interpreters for certain purposes, and to develop a directory of available interpreters.

Be it enacted by the Legislature of the State of Kansas:

Section 1.

(a) As used in this section:

(1) ''Interpreter'' means a person translates in writing, orally, or by signing for parties requiring translation to facilitate communication when they do not share a language. "Interpreter" could equate to fulfilling criteria similar but not limited to the "National Standards of Practice for Interpreters in Health Care" of Sept., 2005, from the National Council of Interpreting in Health Care. See: www.ncihc.org

(2) ''Interpreter data-bank" means a directory listing the names of individual interpreters by languages spoken, by location, or by the interpreter's last name.

(3) ''Services, programs and facilities'' means adult care homes, hospitals, local health departments, community mental health centers and other programs or facilities which provide medical, health care or mental health care services.

(4) "Available interpreters" means any person (over age 18 years) who reports possessing the experience, skills, training, or other qualifications to fulfill the role of interpreter. E.g., "qualifications" could be likened to fulfilling the "National Standards of Practice for Interpreters in Health Care" of Sept., 2005, from the National Council on Interpreting in Health Care. See: www.ncihc.org

(5) ''Secretary'' means the secretary of health and environment.

(6) "VOLUNTARY" means not mandatory

(b) The secretary shall develop a mechanism to:

(1) Establish a data bank of interpreters to assist clients in communications with providers of services, programs and facilities: and,

(2) The secretary shall establish rules and regulations as necessary for implementation. In the absence of certification process for medical interpreters, the placement in a data-base is not endorsement of the qualifications of any individual interpreter.

(c) The secretary, pursuant to K.S.A 75-5616, and amendments thereto, shall appoint an advisory committee to consult with and advise the secretary on the implementation of this section.

Sec. 2. This act shall take effect and be in force from and after its publication in the statute book.

TITLE VI OF THE CIVIL RIGHTS ACT: A PRACTICAL GUIDE FOR PUBLIC HEALTH AND HUMAN SERVICES PROVIDERS

About thirty-two million people in the United States, or 13.8 percent of the population, speak a language other than English at home. This population of people with Low English Proficiency (LEP) represents new and distinct challenges to health and human services providers. Language barriers pose challenging communication issues at almost every level of the health care delivery system. For example, in states like North Carolina, the increase of the Spanish speaking, Hispanic/Latino population has created a critical need for linguistically appropriate services in health and human services agencies around the state. This is the case almost everywhere, and a challenge in the Midwest.

WHAT IS TITLE VI?

Title VI of the Civil Rights Act of 1964 is the Federal law that protects individuals from discrimination on the basis of their race, color, or national origin in all programs that receive Federal Financial Assistance.

WHO IS BOUND BY TITLE VI?

All entities that receive any Federal funding, either directly or indirectly through a sub-grant or sub-contract, are obligated to comply with Title VI. Because Federal funding in health care is pervasive, nearly every health care provider and all health departments in NC are bound by the requirements of Title VI. Covered entities would include, but are not limited to these facilities that receive federal funding:

- All facilities that accept Medicare or Medicaid, incl Hospitals, Physician offices, etc
- All County Local Health Departments in North Carolina
- Community and migrant health centers who receive federal grants
- Social Service Agencies
- Mental Health Services

WHAT ARE MY RESPONSIBILITIES UNDER TITLE VI?

Title VI requires linguistic accessibility to health and human services. The U.S. Office for Civil Rights has interpreted Title VI to require all recipients of federal funds to consider the following:

- Offer translation services at no cost to LEP patients.
- Have written policies for staff awareness of the existence of such policies.
- Ascertain the language needs of prospective recipients at the earliest possible opportunity.
- Have a system for tracking LEP clients and client needs.
- Identify a single individual or department that is charged with ensuring the

provision of language access services.
Publicize the availability of no cost programs and services in non-English community newspapers and on non-English radio and television stations.
Provide written notices to clients in their primary language informing them of their right to receive interpretive service.
Ask family and friends of LEP patients to provide interpretive service only after alternative, no-cost methods have been explained (Minors should not be used to interpret).
Ensure the availability of a sufficient number of qualified interpreters on a 24-hour basis, or whenever the facility is open.
Ensure that interpreters are qualified and trained with demonstrated proficiency in both English and the other language, as well as knowledge of specialized medical and other technical terms and concepts in both languages.
Limit the use of telephone interpretation to situations where there is no bilingual staff person or contracted interpreter available.
Have translated materials available.
Conduct community outreach to immigrant communities.

House Committee on Health and Human Services
Testimony for HB 2825
February 21, 2006
By Representative Delia Garcia

Chairman Morrison, Vice Chairwoman Mast, and Rep Holland, and Distinguished Committee Members:

Thank you for the opportunity to speak with you today in support of HB 2825 which provides for a mechanism to establish a voluntary, comprehensive data bank of available interpreters.

It was my honor to be a Committee Member of the Healthy Kansans 2010 along with Representative Peggy Mast during the interim in the summer and fall of 2005. In this collaborative effort with KDHE, and a part of this 25+ member committee of stakeholders, the concern of cultural competency and minority health arose in almost all the top areas of study. I was inspired to further research and collaborate on the idea of introducing a committee bill that asks for some form of organizational structure and framework to the healthcare interpreter resource community.

HB 2825 leads to greater safety and protection measures for all Kansans. It provides for this voluntary, comprehensive data bank to be a resource for persons to go to, in the interpreting health care language, and not just court interpreters. I know I would not want a court interpreter interpreting for my knee surgery if that was the case.
This bill minimizes medical errors, while increasing the quality of care for Kansans, because these interpreters will know the medical language. Therefore, this bill will encourage people to seek out early services by having an interpreter in a safe environment, resulting in a decrease some Medicaid funds and escalating emergency room visits.

I am excited that this bill demonstrates not only Kansas ' commitment, but KDHE's commitment to Minority Health. In my home city of Wichita alone, the school district did a recent study where it recognized and discovered in its findings that there are 58-64 different languages and dialects. There is definitely a need. Other states are addressing this, including one of our neighboring states of Missouri .

This bill is part of a national movement concerning this need, which states have been working on for years. HB 2825 complies with the Federal Law, Title VI of Civil Rights Act of 1964 which promises "equal access to federally assisted programs and activities." I will refer to the KDHE power point on the Limited English Proficiency: A Guide to Compliance with OCR Regulations for Health Care Providers receiving Federal Financial Assistance from HHS. This power point includes the emphasis on increasing protection and safety measures as a direct result of the happenings of other states. This bill does not re-invent any wheel, quite the contrary; it compliments what movement is going on and provides a measure of an organizational structure to the health care services component

that presently do not have this. HB 2825 is one of many important measures in this health care setting. This bill further strengthens greater safety and protection, while serving useful and as guidance to other entities.

I strongly urge you to pass HB 2825 out favorably. Thank you for your attention to this very important matter.

Table 1. Ability to Speak English by Language Spoken at Home
Universe: Total population
Geography: Kansas State Totals

Language Spoken at Home	Speak English "very well"		Speak English "well"		Speak English "not well"		Speak English "not at all"		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total population	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	2,688,420	100.0
Not in universe (population under 5 years	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	188,060	7.0
Speak only English	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	2,281,705	84.9
Speak language other than English	120,450	55.1	45,585	20.9	37,815	17.3	14,805	6.8	218,655	8.
African languages	1,385	71.0	410	21.0	135	6.9	20	1.0	1,950	0.
Arabic	1,865	65.8	660	23.3	305	10.8	4	0.1	2,834	0.
Armenian	25	62.5	15	37.5	0	0.0	0	0.0	40	0.0
Chinese	3,210	49.6	2,080	32.1	945	14.6	240	3.7	6,475	0.2
French (incl. Patois, Cajun)	4,950	75.1	845	12.8	760	11.5	35	0.5	6,590	0.2
French Creole	95	79.8	20	16.8	4	3.4	0	0.0	119	0.0
German	12,590	74.9	2,885	17.2	1,270	7.6	75	0.5	16,820	0.6
Greek	570	86.0	85	12.8	4	0.6	4	0.6	663	0.0
Gujarathi	685	69.5	240	24.4	35	3.6	25	2.5	985	0.0
Hebrew	395	89.8	10	2.3	35	8.0	0	0.0	440	0.0
Hindi	1,345	80.8	225	13.5	80	4.8	15	0.9	1,665	0.
Hungarian	135	77.6	35	20.1	4	2.3	0	0.0	174	0.0
Italian	1,040	83.5	165	13.3	40	3.2	0	0.0	1,245	0.
Japanese	1,010	56.5	600	33.5	175	9.8	4	0.2	1,789	0.
Korean	1,595	43.5	1,300	35.4	730	19.9	45	1.2	3,670	0.
Laotian	1,490	47.4	930	29.6	640	20.4	85	2.7	3,145	0.
Miao, Hmong	565	50.9	300	27.0	175	15.8	70	6.3	1,110	0.0
Mon-Khmer, Cambodian	370	50.3	200	27.2	155	21.1	10	1.4	735	0.0
Navajo	200	83.3	25	10.4	15	6.3	0	0.0	240	0.0
Other and unspecified languages	80	45.7	35	20.0	15	8.6	45	25.7	175	0.0
Other Asian languages	1,505	76.4	415	21.1	40	2.0	10	0.5	1,970	0.
Other Indic languages	990	62.9	410	26.0	150	9.5	25	1.6	1,575	0.
Other Indo-European languages	480	74.4	130	20.2	35	5.4	0	0.0	645	0.0
Other Native North American languages	895	75.2	170	14.3	115	9.7	10	0.8	1,190	0.0
Other Pacific Island languages	520	59.8	290	33.3	60	6.9	0	0.0	870	0.0
Other Slavic languages	660	73.7	205	22.9	30	3.4	0	0.0	895	0.0
Other West Germanic languages	1,400	73.9	395	20.8	90	4.8	10	0.5	1,895	0.
Persian	1,190	70.0	325	19.1	150	8.8	35	2.1	1,700	0.
Polish	550	78.7	130	18.6	15	2.2	4	0.6	699	0.0
Portuguese or Portuguese Creole	505	81.5	55	8.9	60	9.7	0	0.0	620	0.

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	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Russian	1,030	51.8	530	26.6	375	18.8	55	2.8	1,990	0.
Scandinavian languages	755	84.8	110	12.4	25	2.8	0	0.0	890	0.(
Serbo-Croatian	460	57.9	180	22.6	120	15.1	35	4.4	795	0.(
Spanish or Spanish Creole	69,275	50.5	26,825	19.5	27,980	20.4	13,170	9.6	137,250	5.
Tagalog	1,575	70.3	545	24.3	95	4.2	25	1.1	2,240	0.
Thai	440	54.0	305	37.4	70	8.6	0	0.0	815	0.(
Urdu	950	79.8	210	17.7	20	1.7	10	0.8	1,190	0.(
Vietnamese	3,510	33.8	3,290	31.7	2,870	27.6	720	6.9	10,390	0.
Yiddish	165	92.2	10	5.6	0	0.0	4	2.2	179	0.(