TESTIMONY OF JESSICA L. SZAFRON
ON BEHALF OF BEPPA
BEFORE THE HOUSE OF REPRESENTATIVES
HEALTH AND HEALTH CARE DISPARITIES COMMITTEE
APRIL 26, 2011

CHAIRMAN DAVIS, MEMBERS OF THE COMMITTEE. THANK YOU FOR THE CHANCE TO BE HERE TO TESTIFY IN SUPPORT OF THE AMENDMENT OF SECTION 15 OF THE PHYSICIAN ASSISTANT PRACTICE ACT OF 1987. MY NAME IS JESSICA SZAFRON, AND I AM A HEALTH POLICY AND ADMINISTRATION AND GLOBAL HEALTH STUDENT AT THE UNIVERSITY OF ILLINOIS AT CHICAGO'S SCHOOL OF PUBLIC HEALTH. FIRST OF ALL, I WOULD LIKE TO TAKE A MOMENT RECOGNIZE THE WORK OF REPRESENTATIVE ELIZABETH HERNANDEZ, WHO HAS PLAYED SUCH AN INTEGRAL ROLE IN ENSURING THE RIGHTS OF IMMIGRANT FAMILIES IN ILLINOIS. REPRESENTATIVE HERNANDEZ HAS RECOGNIZED THE NEED FOR CULTURAL COMPETANCE AND MINORITY PARTICIPATION IN HEALTH PROFESSIONS AND HAS WORKED HARD TO ENSURE THAT ALL ILLINOIS FAMILIES HAVE EQUAL ACCESS TO HEALTH CARE AND EDUCATION. THANK YOU FOR YOUR CONTINUED DEVOTION TO THIS IMPERATIVE CAUSE!

TODAY I STAND BEFORE YOU REGARDING THE LACK OF BILINGUAL HEALTH CARE PROFESSIONALS, WHICH POSES A MAJOR PUBLIC HEALTH CONCERN FOR THE RESIDENTS OF ILLINOIS, AND DIRECTLY AFFECTS THOSE WHO ARE LIMITED ENGLISH PROFICIENT, OR LEP. FOUR YEARS AGO, 2,603,244 RESIDENTS OF ILLINOIS SPOKE A LANGUAGE OTHER THAN ENGLISH AT HOME. OF THESE, 1,177,007 SPOKE ENGLISH LESS THAN "VERY WELL" IN ILLINOIS. WHEN POSSIBLE, AD HOC INTERPRETRS ARE OFTEN UTILIZED IN CLINICAL SITUATIONS

INVOLING LIMITED ENGLISH PROFICIENCY (LEP) INDIVIDUALS. ALTHOUGH THE IMPORTANCE OF THESE INDIVIDUALS WITHIN A CLINICAL SETTING CANNOT BE UNDERESTIMATED, THEY ARE NOT THE IDEAL SOLUTION. AD HOC INTERPRETERS AVERAGE ABOUT 31 ERRORS PER CLINICAL ENCOUNTER. OF THESE, 52% CONSTITUTED OMISSION ERRORS, 16% CONSTITUTED FALSE FLUENCY, 13% CONSTITUTED SUBSTITUTION, 10% CONSTITUTED EDITORIALIZATION, AND 8% CONSTITUTED ADDITION ERRORS. FURTHERMORE, 63% OF THESE ERRORS RESULTED IN POTENTIAL CLINICAL CONSEQUENCES, INCLUDING OMISSION OF QUESTIONS REGARDING DRUG ALLERGIES AND OMISSION OF ANTIBIOTIC INSTRUCTIONS, WITH AN AVERAGE OF 19 SUCH ERRORS OCCURING PER CLINICAL ENCOUNTER.

NOT ONLY DO LANGUAGE BARRIERS AND MEDICAL INTERPRETER ERRORS PLAY A MAJOR ROLE ON THE EFFECTIVENESS OF MEDICAL CARE ON BEHALF OF THE PATIENT, THEY ALSO PLACE A MAJOR BURDEN ON OUR HEALTH CARE SYSTEM IN TERMS OF COST. LANUAGE BARRIERS ADVERSELY IMPACT QUALITY OF CARE IN THE FORM OF MEDICAL ERRORS, WHICH RESULTS IN COSTS ASSOCIATED WITH NOT ADDRESSING LANGUAGE BARRIERS. FURTHERMORE, MALPRACTICE LAWSUITS ASSOCIATED WITH LANGUAGE BARRIERS ADD AN ADDITIONAL COST TO OUR HEALTH CARE SYSTEM. CASES OFTEN RELATE TO QUESTIONS OF INFORMED CONSENT, DISCRIMINATION CLAIMS, AND/OR INADDEQUATE DOCUMENTATION ERRORS. IN ONE NOTABLE CASE CONCERNING THE MISINTERPRETATION OF THE SPANISH TERM “INTOXICADO” TO MEAN “INTOXICATED” AS OPPOSED TO “HAVING A SICK FEELING IN THE STOMACH,”

THE PATIENT WAS MISDIAGNOSED, RESULTING IN A PREVENTABLE CASE OF QUADRIPILEGIA AND A $71 MILLION SETTLEMENT. YET, ERRORS SUCH AS THESE CAN BE EASILY PREVENTED.

THE AMENDMENT OF SECTION 15 OF THE PHYSICIAN ASSISTANT PRACTICE ACT OF 1987 IS A PRACTICAL APPROACH TO ADDRESSING THIS SERIOUS PROBLEM. THE BILINGUAL ENDORSEMENT PROGRAM FOR PHYSICIAN ASSISTANTS (BEPPA) SUPPORTS THIS AMENDMENT. PHYSICIAN ASSISTANTS PLAY AN INTEGRAL ROLE IN OUR HEALTH CARE SYSTEM AND THEIR SCOPE OF PRACTICE IS MUCH LIKE THAT OF A PHYSICIAN, YET THEIR PRESENCE IN THE HEALTH CARE SYSTEM ENHANCES ACCESSIBILITY TO HEALTH CARE, MOST NOTABLY IN UNDERSERVED REGIONS AND TO UNDERSERVED POPULATIONS. PHYSICIANS OFTEN FUNCTION ON A STRICT TIME CONSTRAINT, SO THE PRESENCE OF PHYSICIAN ASSISTANTS ALLOWS FOR REDUCTIONS IN WAITING TIME AND AN INCREASED TIME ALLOWANCE FOR PATIENT-PROVIDER CONTACT.

THIS PATIENT-PROVIDER CONTACT TIME IS ABSOLUTELY CRITICAL FOR ANYONE, BUT PARTICULARLY FOR THOSE INDIVIDUALS WHO ALREADY FACE SUCH INTIMIDATING OBSTACLES IN TERMS OF ACCESSING THE HEALTH CARE SYSTEM, AND THUS OFTEN POSTPONE MEDICAL VISITS UNTIL IT IS TOO LATE AND THE COST OF CARE BECOMES SIGNIFICANTLY ELEVATED. FOR THIS REASON, THE INCREASED AVAILABILITY OF BILINGUAL PHYSICIAN ASSISTANTS IN HEALTH CARE SETTINGS WILL ALLOW FOR GREATER COMFORT AND UNDERSTANDING BETWEEN LIMITED ENGLISH PROFICIENCY (LEP) PATIENTS AND PROVIDERS.

THE AMENDMENT OF SECTION 15 IS THE FIRST STEP IN ENCOURAGING THE EMPLOYMENT OF BILINGUAL HEALTH CARE PROFESSIONALS THAT CAN BETTER SERVE BOTH THE ENGLISH AND NON-ENGLISH SPEAKING POPULATIONS OF ILLINOIS. IMPROVED ACCESS TO HEALTH CARE SERVICES THROUGH THE ENDORSEMENT OF BILINGUAL PHYSICIAN ASSISTANTS WILL NOT ONLY IMPROVE THE HEALTH OF LIMITED ENGLISH PROFICIENCY (LEP) INDIVIDUALS, BUT IT WILL ALSO REDUCE HEALTH CARE COSTS ASSOCIATED WITH LANGUAGE BARRIERS AND AD HOC INTERPRETER ERRORS. THE HEALTH OF THOSE AROUND US HAS A DIRECT IMPACT ON OUR HEALTH, AND THUS IT IS THE MISSION OF BEPPA TO REDUCE THE HEALTH DISPARITIES ASSOCIATED WITH LIMITED ENGLISH PROFICIENCY (LEP), AND TO IMPROVE THE HEALTH STATUS OF ALL RESIDENTS OF ILLINOIS. PLEASE SUPPORT THE AMENDMENT OF SECTION 15 OF THE PHYSICIAN ASSISTANT PRACTICE ACT OF 1987. THANK YOU.