



SB 1405 (Soto):

Task Force on Reimbursement for Language Access Services

It is estimated that one in five Californians (6-7 million) are limited English Proficient (LEP), speaking English less than “very well”. In fact, more than 40 percent of all Californians speak a language other than English at home. In four counties – Imperial, Los Angeles, Monterey and San Francisco, between one-quarter and one-third of the population is LEP.

Latinos comprise one-third of California’s population and over two-third of California Latinos (78 percent) speak a language other than English at home. More than one-third of the Asian population in California is LEP. African Americans, American Indians, and Pacific Islanders also are impacted by language needs in their communities. A majority of Chinese, Vietnamese, and Koreans are LEP. About half of recipients in the Medi-Cal and Healthy Families programs indicate their primary language is not English.

When LEP patients attempt to access the health care system, they are likely to confront language and cultural barriers. In many cases, LEP patients are expected to bring their own interpreters, perhaps using minors, despite federal and state laws requiring the availability of qualified language assistance services. Studies show that the lack of language services impacts access to health services and preventive care, could result in greater emergency room use, impedes patients from comprehending diagnoses and asking questions, and increases the likelihood of patients missing appointments.

Some providers cite the high cost of providing language assistance services as a primary reason for not providing interpreters and translated materials. While costs are certainly an important factor, they need not create an insurmountable barrier to language services.

Background

In August 2000, a letter from CMS reminded states of the availability of federal matching funds to help offset the costs of language services for Medicaid and State Children’s Health Insurance Program (SCHIP) enrollees. Eleven states take advantage of these federal dollars, using a variety of models:

- 1) subcontract with language service brokers/agencies: Hawaii, Washington, Utah, and Vermont
- 2) reimburse providers for hiring interpreters: Idaho, Massachusetts, Maine, Minnesota
- 3) indirectly reimburse interpreters: New Hampshire and Montana
- 4) telephonic language line: Kansas

Virginia and Texas will soon have pilot projects seeking federal reimbursement. We believe that California should be exploring a state reimbursement mechanism to seek federal funds and urge your support for SB 1405.

This bill would:

Create the Task Force on Reimbursement for Language Access Services to examine the issue of establishing a system of language access services within California’s health care system. Consisting of various consumer groups, health care advocacy groups, health care providers, including community clinics and hospitals, as well as state officials, the task force would be responsible for compiling a comprehensive review of existing interpretation models. More importantly, the task force will be responsible for developing and recommending a language access model of care no later than July 1, 2009.

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