

M E M O R A N D U M

TO: Senator Saxby Chambliss (R) of Georgia

FROM: M.P.H. Health Policy Advisor

DATE: 28 September 2006

RE: Interpreter services to LEP individuals in Georgia

Introduction

President Bush is supporting legislation to overcome the effects of the Spanish-English language barrier. He renewed an executive order to improve health care services in federally funded sites for people with limited English proficiency (LEP).¹ I recommend you support the legislation and executive order by implementing interpreter services throughout Georgia health care settings.

Language Barrier in Health Care:

The growing Spanish-speaking community throughout Georgia and the remaining United States sheds light on difficulties associated with the language barrier.

STATISTICS:

- Over 46 million people in the United States do not speak English as their primary language and more than 21 million have limited English proficiency.²
- The Hispanic population in the U.S. has most notably changed from 1990 to 2000, increasing by more than 50%.³
- The percentage of individuals who do not speak English is bound to increase due to the changing demographics of the U.S. population.
- In Georgia, the Hispanic/Latino population was over 435,000 in 2000 and is expected to double by the year 2010.⁴

Language barriers can have deleterious effects in health care.⁵ LEP individuals often face substantial communication problems at almost every level of the health care delivery system.

The absence of language services restricts access to and decreases quality of health care. Furthermore, poor communication between health care providers and LEP patients contributes to the growing racial/ethnic health care disparities in the U.S.

In 1964 Congress passed Title VI of the Civil Rights Act to ensure that federal money is not used to support programs or activities that discriminate on the basis of race, color, or national origin (i.e., language).⁶ Nearly every health care provider is bound by Title VI. President Clinton issued Executive Order 13166 in 2000 (reaffirmed by Bush in 2001) which mandates improved access to federal services for LEP individuals.⁷ The Office for Civil Rights within the U.S. Department of Health and Human Services has consistently interpreted legislation to require the provision of qualified interpreter services and translated materials at no cost to patients.

Though federal and state laws require access to linguistically appropriate health care, these laws are little known and rarely enforced. For example, the U.S. Census Bureaus anticipates incredible growth of the Hispanic/ Latino population in Georgia for 2010. However, most health care organizations in Georgia provide either inadequate interpreter services or no services at all.⁸ My proposal is as follows: First, we should increase the availability and utilization of linguistic services for medical encounters. Second, Bilingual staff should be offered training as medical interpreters in accordance with guidelines for training and interpreter education. Last, we should strongly encourage, if not require, Hospitals and other health care facilities to hire competent interpreters.⁹

The use of interpreters in health care facilities (e.g. hospitals, insurance agencies, etc.) will produce three significant outcomes:

- 1) Improved communication between LEP individuals and health care professionals, which will lead to higher reports of quality of care.

- 2) Decreased medical complications and fewer consequences related to misunderstanding medication directions.
- 3) Increased access to care which increases utilization of preventive services resulting in fewer costly ER hospitalizations.

Opponents of the proposal will present two difficulties with providing interpretive services in all health care settings. The first concern is the number of different languages spoken in the U.S. has increased dramatically over the last thirty years. Opponents will argue that the current health system is not equipped to operate in a setting where numerous languages are spoken. Keep in mind that this policy proposal is one of the first steps to reduce health care disparities in the U.S. Not to mention, Hispanics remain the fastest growing minority group.¹⁰ Currently, the Hispanic population makes up over 14.4% of the U.S. population; 43.7% of the minority population.¹¹

Another foreseeable objection to the program pertains to costs and funding. Many health care providers do not provide adequate interpreter services because of the financial burden such services impose. Current levels of funding often are inadequate to meet the rising demand for interpretive services. In 2000, the Health Care Financing Administration (Centers for Medicaid and Medicare Services) issued a letter to all state Medicaid and SCHIP directors clarifying that federal Medicaid and SCHIP matching funds are available for state expenditures related to oral or written translation services. States can receive reimbursement for language services as an administrative expense (equal to 50% of the costs).¹² Thus, providing interpreter services proves financially viable for enhancing delivery of health care to patients with limited English proficiency.¹³ In fact, improving language access for LEP patients may lower health care cost in the long run.

Lastly, your opponents could potentially question your position against the Immigration Reform Compromise Act of 2006.¹⁴ The fact that you firmly stand against illegal immigration has little to no relevance regarding the provisions of interpretive services in health care. Linguistic services are required under Title VI or EO13166 to ultimately help reduce ethnic/racial health disparities. Though illegal immigration greatly contributes to the growing Hispanic population, most of their population increase comes from births in the US rather than immigration.

I propose that we use federal Medicaid matching funds to reimburse for interpreter services. Georgia should join the nine states, which include Massachusetts, Maine, New Hampshire, and Washington, that already obtain federal Medicaid matching funds to reimburse costs associated with the provision of language services to Medicaid beneficiaries. Although reimbursement may not fully cover the costs of services, acquiring federal funds will offset a portion of the required expenditures.

Conclusion:

This memo presents a description of a plan to help eliminate current health disparities resulting from the Spanish-English language barrier. Implementation of this reform can only take place with your assistance in quality legislation. Outlined above are the reasons for providing interpreter services to LEP individuals, my recommendation and its political ramifications, and possible rebuttals for you to address your opposition.

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