



Update Report from the Field on: National Advocacy for Reimbursement of Medical Interpreters

November 24th 2009

On November 7, the House of Representatives passed its version of the health care reform bill, HR 3962, the Affordable Health Care for America Act which includes key provisions to promote and expand language access for Medicare's LEP population. Specifically, the bill's study on Medicare payments for language services (Section 1221) and the related demonstration program (Section 1222) which awards grants to Medicare service providers to pay for the "provision of competent language services" to Medicare's LEP population to provide the Department of Health and Human Services' Centers for Medicare and Medicaid Services (CMS) with the data they need in order to begin reimbursing medical interpreters.

We were told by key congressional committee staff that CMS was hesitant to reimburse for medical interpreters until they have sufficient data on Medicare's LEP population, including detail on the various types and methods of interpreter services that are provided to beneficiaries. The study and demo will provide CMS with such data, including an analysis of the feasibility of Medicare contracting directly with agencies that provide off-site interpretation including telephonic and video interpretation.

Medicare Reimbursement

We worked with Congress to ensure that the bill's study and demonstration program included credentialed medical interpreters among the types and methods of interpreters examined. At our request, the House Ways and Means Committee recently added new language in the study and demo provisions of HR 3962 related to credentialed medical interpreters.

- The new study language includes a new provision [Sec.1221, 2 (H)] which was inserted on our behalf to examine the extent to which interpreters and translators providing services to Medicare beneficiaries are *trained or accredited*.
- The demonstration program includes a new provision [Sec. 1222, (e) (8)] also inserted on our behalf which requires recipients of the grants to provide HHS with a report that includes an account of the "*training or accreditation of bilingual staff, interpreters, or translators providing services*" under the demonstration.
- Likewise, [Sec. 1222 (g) (3)] requires the Secretary to report on the extent to which those providing language services under the demo were trained or accredited and the nature of accreditation or training needed to ensure high-quality interpretation, translation, or other language services to Medicare beneficiaries.

The new language used the word "*accreditation*" instead of *credentialed* as we had requested. Regardless, this new study and demo language will highlight the importance of utilizing trained and accredited medical interpreter to ensure quality of care of LEP patients. We plan to work closely with CMS as the new language is implemented. Additionally, once the bill has been signed into law, we will work to get a letter from our supporters in congress to the Secretary of HHS to specifically examine the reimbursement of *Certified Medical Interpreters* in the implementation of the study and demo.

Medicaid Reimbursement

HR 3962 also includes an important provision (Section 1723) to extend the 75 percent Medicaid federal matching rate for translation services to all Medicaid beneficiaries. Currently the 75 percent match only applies to children covered under the Children's Health Insurance Program. We asked that congress increase the matching rate even further to 90 percent, but they were hesitant to move beyond the 75 percent due to cost issues.



Senate Legislation

We will be working with Senators to retain this House language, as well as the House study and demo provision in conference. The Senate bill does not include a similar provision, but it does include language related to data collection of primary language. We are working on further clarifying the difference between primary and care language in the Senate bill.

Open invitation to join the Government Relations Advocacy Task Force

We convened advocates and lobbyists and have had key visits in DC in February, April, May, July, August, and will go again December 9th. We are acting on what we say we will do and our actions as well as collaborations, even public/private ones proves to make a real difference. Most lobbying efforts are for corporate profit interests, but we are proud that this effort will help more LEP patients be served by having funds to pay for the services and is setting the stage for upcoming reimbursement:

Link to short video: <http://bit.ly/7DgBGP>

WUSA 11/23/2009 DC 6:19:03 AM: *...you have everybody on both sides putting all of this money in to it. we have three examples that show how it is working. there is a tiny hospital in Connecticut that has never lobbied before and spent \$50,000 of its money this year. and it is a very small hospital. and then there's an organization called language line servicesthey have hired a second lobbying firm and almost doubled the amount of money they spent. the result of that is in the house bill the amount of money that Medicaid has to match has gone in 50% to 75% in this bill. so for them hiring that second firm works.*

We applaud your long standing commitment to language access and other critical health equity efforts and would like to extend an invitation to all that are interested in working together with us to join the "Government Relations Advocacy Task Force" which was initiated earlier this year at the May 1st Forum on National Medical Interpreter Certification in Denver. As this important national advocacy effort moves forward, please contact the Task Force Chair, Suzanne DuMont at sdumont@cardinalpoint.com if you are interested in becoming more active and joining the Government Relations Advocacy Task Force.

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