



**INTERNATIONAL MEDICAL
INTERPRETERS ASSOCIATION**
Leading the advancement of professional interpreters

Washington Activities related to Medical Interpreting Certification and Reimbursement Advocacy

On July 9th, Izabel Arocha from IMIA, Suzie Dumont from Cardinal Point, and Marty Conroy, from LLS met with key congressional staff and health care committee staff, presenting the recommendations that follow:

- Andrew Dawson, House Ways and Means Health Subcommittee Clerk/Professional staff member 202-225-3625
- Stacy Sachs, Senate Health Education Labor and Pensions (HELP) Committee 202-224-5375
- Meghan Thompson, Health Staff, Office of Senator John F. Kerry (D-MA)
- Rochelle S. Dornatt, Chief of Staff, Office of Congressman Sam Farr (D-CA)
- Heather Gasper, Health Legislative Assistant, Office of Congressman Michael Capuano (D-MA)
- Kelly Whitener, Senate Committee on Finance 202-224-9503
- Patricia Villarreal, Exec Director of the Congressional Hispanic Caucus

Medicare reimbursement of credentialed medical interpreters

Medicare reimbursement of credentialed medical interpreters will ensure that LEP senior population will have access to the quality health care they deserve and are already entitled to under Title VI, Executive Order 13166, and the CLAS mandate. We recommend that any studies or demonstration project related to the reimbursement of medical interpreters focus on language services provided by credentialed medical interpreters for more objective and cost-effective results. The Medicare reimbursement of only credentialed medical interpreters is a substantial cost savings measure to ensure that medical interpreters meet a minimum national standard of training/testing to further prevent adverse events such as medical errors due to unqualified interpretation.

Not limiting language to any particular organization

It isn't necessary for the legislation to stipulate a specific credential, training or certification program. Therefore, our proposal leaves it up to the Administration to determine the type or scope of credential necessary. Likewise, it is important that the language referring to medical interpreter standards of practice or codes of ethics be broadened to include 'published standards of practice and codes of ethics accepted by professional trade associations' as opposed to limiting it to one particular organization's code of standard and ethics. As you know, the IMIA supports all published standards of practice in the field.

Medicaid reimbursement for language services

Additionally, we are pleased that the Senate Committee on Finance included language in their policy proposal to extend the 75 percent matching rate for translation services to all Medicaid beneficiaries for whom English is not the primary language. We would like the final version of the legislation to expand upon this important provision by increasing the federal matching rate and including credentialed medical interpreting services among the list of mandated vs. optional Medicaid services for LEP patients to ensure that more Medicaid beneficiaries would receive this critical health service.

Care language versus Primary Language

It is important that data collection and measurement related to interpreting or translation services be of the language that the patient wants to receive medical care in (ie: "care language") as opposed to their "primary" language, as currently stated in health care reform legislation, which refers to language spoken at home. Data collection and measurement of primary language is not indicative of language needs, and this small change would engender substantial cost savings.