

SENATE BILL REPORT

SB 5807

As of February 25, 2011

Title: An act relating to language access provider services.

Brief Description: Concerning language access provider services for certain medicare patients and public assistance applicants and recipients.

Sponsors: Senators Nelson, Conway, Murray, Kline, Keiser, Brown, Fraser, Shin, Kohl-Welles and McAuliffe.

Brief History:

Committee Activity: Ways & Means: 2/24/11.

SENATE COMMITTEE ON WAYS & MEANS

Staff: Tim Yowell (786-7435)

Background: The federal Civil Rights Act requires recipients of federal financial assistance, including medical providers under the state/federal Medicaid program, to ensure access to federally-financed services for individuals who have limited English-speaking ability. Although the Civil Rights Act does not require it to do so, Washington's medical assistance program has for many years paid interpreters to assist with primary care visits by recipients of state-funded medical programs who have limited English-speaking proficiency. Washington's is one of only 13 state Medicaid programs that pay separately for medical interpreting services in this way.

Legislation enacted in 2009 defined language access providers as independent contractors who provide spoken-language interpreter services for Department of Social and Health Services (DSHS) and Medicaid appointments. The legislation gave such individuals the right to collectively bargain with the Governor through a single statewide representative over compensation, professional development and training, labor-management committees, and grievance procedures. No sooner than July 2011, the Governor must submit any collective bargaining agreement that has been negotiated with language access providers or ordered by binding interest arbitration to the Legislature for ratification and funding.

Upon enactment of the 2009 legislation, the Governor directed the Office of Financial Management (OFM) and DSHS to develop recommendations for improving the efficiency and effectiveness of the spoken-language interpreter program. OFM and DSHS

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

recommended that, in addition to face-to-face interpretation by language access providers, more extensive use also be made of alternative methods such as telephonic and video remote interpreting that have been used successfully in hospitals and other large medical practices for some situations. OFM and DSHS also recommended that the current organization model for delivery of medical interpreter services be replaced. Under the current model, DSHS contracts with six brokering agencies to authorize and schedule interpreter visits. Those brokers typically in turn contract with foreign language access agencies, which in turn contract with or employ individual interpreters. Under the recommended model, DSHS would contract with one or two coordinating agencies that would be responsible for ensuring that the most efficient effective form of interpretation is used for each encounter, for scheduling and paying for services, and for contracting directly with individual language access providers.

As part of her plan for addressing the state's fiscal deficiencies, the Governor has proposed that the state medical assistance programs no longer pay for interpreter services. Such a change is expected to avoid \$10.8 million of state General Fund expenditures during the 2011-13 biennium.

Summary of Bill: For bilingual services that supplement those provided by DSHS community services office staff, DSHS may only contract with language access providers or with a single coordinating entity that contracts with such providers.

Medical interpretive services purchased through state medical assistance programs may only be provided by language access providers who have been certified by the state of Washington.

The state medical assistance program is to seek to increase use of telephonic and video remote interpreting, but may not use such technologies in a number of specified situations, including but not limited to mental health diagnosis and treatment; instances in which demonstrations or visual cues are important; surgeries; births; or where client health and safety would be compromised.

Appropriation: None.

Fiscal Note: Not requested.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony: PRO: It is important to have multiple modes of interpreter services available for use by medical practitioners, while recognizing that there are situations in which only face-to-face interpreters should be used. Medicaid interpreter services are essential to the quality of health care for a relatively modest state investment of only \$6 million per year. The bill would save the state money by eliminating the middle people. Most clinics that serve Medicaid patients can't afford a fancy phone or video systems.

OTHER: The language of the bill should be narrowed to be sure that it doesn't unnecessarily restrict the way hospitals and clinics provide interpreter services. The Association of Language Service Providers agrees that the current system can and must operate more efficiently, and believes that the bill can be improved to better accomplish that.

Persons Testifying: PRO: Dr. Beth Harvey, Washington Chapter of the American Academy of Pediatricians; Dennis Eagle, Washington Federation of State Employees; Magde Rotas, Interpreters United.

OTHER: Chris Van Dyke, Association of Language Service Provider Referral Services; Lisa Thatcher, Washington State Hospital Association.